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Tackling and Preventing Ebola while Building Peace and Societal Resilience

*Lessons and Priorities for Action from Civil Society
in Ebola-affected New Deal Countries*





Tackling and Preventing Ebola while Building Peace and Societal Resilience

Lessons and Priorities for Action from Civil Society in Ebola-affected New Deal Countries

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CSPPS Country Teams: Liberia, Sierra Leone, Guinea Conakry, DRC, and Nigeria

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The Civil Society Platform for Peacebuilding and Statebuilding (CSPPS) is the official forum for coordinated civil society participation in the International Dialogue for Peacebuilding and Statebuilding (IDPS). It brings together a diverse representation of civil society globally, both from g7+ countries and from civil society organizations working on issues of peacebuilding, statebuilding, conflict & fragility and development at regional and global levels. Since 2011, we have engaged in the shaping of the IDPS process and its outcomes and in country implementation of the New Deal. The CSPPS Secretariat provides coordination, communication, logistical and analysis support to all Country Teams and ensures country support is relayed, appraised and reported upon. It also assumes administrative functions with active support from Cordaid.

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List of acronyms used

BCC	Behaviour Change Communication
CDC	Centre for Disease Control
CBO	Community Based Organisation
CSO	Civil Society Organisation
CSDEA	Centre for Sustainable Development and Education in Africa
CSPPS	Civil Society Platform for Peacebuilding and Statebuilding
CT	Country Team
DRC	The Democratic Republic of Congo
EVD	Ebola Viral Disease
ETU	Ebola Treatment Unit
IDPS	International Dialogue on Peacebuilding and Statebuilding
INCAF	International Network on Conflict and Fragility
KAP	Knowledge, Attitude and Practices
NGO	Non Governmental Organisation
MSF	Médecins Sans Frontières
NARDA	New African Research and Development Agency
NERC	National Ebola Response Centre
ODDI	Organisation pour le développement durable et intégré de la Guinée
PREGESCO	Programme de renforcement des capacités de la société civile dans la prévention et la gestion des conflits and Afrique centrale
PSG	Peacebuilding and Statebuilding Goals
SCU	Strategic Coordination Unit
SLANGO	Sierra Leone Association of Non Governmental Organisations
WDR	World Development Report
WHO	World Health Organisation

Part **1** Context and Executive Summary



Background and Aims



The current Ebola context

Guinea officially declared that it was hit by the Ebola Virus Disease (Ebola) on 23 March 2014. Within four months Ebola had affected four countries. Liberia declared it was affected on 31 March 2014, followed soon after by Sierra Leone, with the first death reported on 27 May 2014. Isolated and quickly contained cases occurred in Nigeria (25 July), then Senegal (29 August) and Mali (23 October). However, by 20 March 2015 Ebola had infected a reported 24,753 people in Guinea, Liberia and Sierra Leone, killing 10,236.¹

The World Health Organization (WHO) cautioned that significant challenges remain to be overcome before transmission is brought entirely under control.² Guinea is still suffering new contaminations from unknown chains of transmission, Sierra Leone, meanwhile, is seeing its lowest weekly totals since June 2014.³ It has made great progress in monitoring recorded cases and on persons deemed to be at risk that have been in contact with them. However, unknown chains of transmission remain there too. While Liberia may soon be clear of the disease, shortly before this publication went to press, one more new case was reported (20 March 2015), breaking a zero-new-case period that had lasted for more than three weeks. Given the high mobility of the population in the region where transmissions are still occurring, limiting the movements of affected persons and the people they have

been in contact with is considered essential by the WHO.⁴ In compliance with this recommendation, the Government of Sierra Leone ordered a lockdown of the entire population from 27-29 March, using this measure as an opportunity to find all unrecorded cases.⁵

In addition to the tragic physical harm to citizens in these three countries, the disease has severely impacted all aspects of social, political and economic life. Repeated periods of border closures and the quarantining of populations have greatly reduced domestic and international trade. This has slowed economic activities generally and negatively impacted the economic life of communities that rely on the mobility of certain groups (women and youths) for doing household work and local trade and services. However, what is often neither reported nor assessed, is the impact that this severe outbreak of Ebola has had on the already fragile peacebuilding and statebuilding processes. This is the focus of this report.

The New Deal context – principles, promises, and connection to Ebola

Signed on 30 November 2011, during the Busan Aid Effectiveness High Level Forum, the New Deal maps a foundational strategy to change the way aid to fragile and conflict-affected countries is delivered and how trust is fostered between international donor partners, recipient governments and civil society. The objective is to obtain better results. A small grouping of countries affected by conflict and fragility initiated this process and soon developed a voluntary association known as the g7+, which now has 20 members. At the heart of the New Deal lie five Peacebuilding and Statebuilding Goals (PSGs). These focus on the areas of: legitimate or inclusive politics,⁶ security, justice, economic foundations, and revenues and services. The realisation of these PSGs depends on stakeholders' commitment to "FOCUS" on new ways of engaging and supporting inclusive, country-led and country-owned transitions out of fragility. FOCUS (an acronym of the five elements in The New Deal that support engagement) will be achieved through F: country led fragility assessments; O: "one vision-one plan,"; C: country compact; U: the use of the PSGs to frame the monitoring, and S: support for inclusive and participatory political dialogue.

The New Deal also prioritises the need to build "TRUST" as a way of managing resources more effectively, and thus achieving greater aid impact. TRUST is an acronym of the five commitments in The New Deal that will build mutual trust and strong partnerships: enhancing Transparency; Risk sharing, Use (and strengthen country systems), Strengthen capacities and Timely (and

predictable) aid.⁷ Civil society is one of three major partners in the International Dialogue on Peacebuilding and Statebuilding (IDPS) that is driving the New Deal process. Civil society has stressed throughout that TRUST must be developed not simply between national aid recipient g7+ governments and international Northern donor governments – the other two partners – but between New Deal governments and their societies too.⁸ This is consistent with the evolving notions of statebuilding that have shifted attention from a focus on strong state institutions, to an equal need for strong state-society relations to ensure a path for sustained peace and development.

The resilience of Ebola in the three g7+ countries – Guinea, Liberia and Sierra Leone – has highlighted difficult and specific challenges to peacebuilding, statebuilding and development. These challenges must be acknowledged and effectively addressed, but in ways that provide lessons learned and help prevent future crises.

Goals and research methods of this report

The West Africa Ebola crisis has put national peacebuilding and statebuilding processes in three g7+ countries under great pressure. It has also raised questions about the role and value that the New Deal framework has for countries facing such severe crises. The crafters of the New Deal, the key stakeholders in the IDPS,⁹ have asked some tough questions of themselves. They have also mapped out recommendations as to how the New Deal can support the post-Ebola recovery responses, as well as the scope available to them for using the FOCUS and TRUST principles of the New Deal.¹⁰

This report complements these efforts by highlighting civil society country analyses on the priorities for responding to Ebola and preventing future outbreaks on the one hand, and by strengthening peacebuilding and statebuilding foundations in ways that can address and prevent crises on a broader scale on the other. Ultimately, it seeks to encourage dialogue between national civil societies and their governments, as well as with external actors.

The analysis and recommendations in this report are based on research conducted in five countries hit by Ebola – four of which were affected by the same crisis: Guinea, Liberia, Sierra Leone and Nigeria. The fifth is the Democratic Republic of Congo (DRC), where an unrelated outbreak was successfully contained between August and November 2014. Research for the report was undertaken in each country by the Country Teams (CTs)

of the Civil Society Platform for Peacebuilding and Statebuilding (CSPPS).¹¹ The CSPPS is the official platform for civil society engagement with the International Dialogue on Peacebuilding and Statebuilding (IDPS) and New Deal processes. Its mission is to strengthen the voice and capacity of civil society at national (g7+) and global levels to effectively engage in, and influence, the IDPS process to bring results for all.

The report includes full case studies from Guinea, Liberia and Sierra Leone that reflect: 1) the context; 2) the actions that have been taken by the respective governments and other actors; 3) the priority issues to advance effective Ebola responses; and, 4) the links with the New Deal and lessons for New Deal countries. Smaller-scale cases, in the DRC and Nigeria, are presented as comparative works on the crisis from countries where CSPPS CTs are active. In repeated outbreaks of Ebola there, the DRC has developed strong and cohesive response systems, while Nigeria has been particularly efficient in stamping out the disease quickly. These two cases drew upon expert meetings to document national lessons that have emerged over time in crafting effective epidemic response and prevention strategies. CT members visited the affected regions in the three main countries and consulted with the local people, in spite of the personal risks of exposure. In all country cases, extensive interviews and focus groups were conducted. These involved a wide array of key stakeholders, including national and local state officials, international specialists affiliated with in-country Ebola responses and health workers and community representatives. ●

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- 1 WHO, "Ebola data and statistics, Situation summary", 20 March 2015. Available from <http://apps.who.int/gho/data/view Ebola-sitrep Ebola-summary-latest?lang=en>
 - 2 WHO, "Situation Report", 18 March 2015, Available from <http://apps.who.int/ebola/current-situation/ebola-situation-report-18-march-2015>
 - 3 In Guinea a total of 45 confirmed cases were reported in the seven days to 22 March. In Sierra Leone a total of 33 confirmed cases were reported in the same week. WHO, "Ebola situation report", 25 March 2015. Available from <http://apps.who.int/ebola/current-situation/ebola-situation-report-25-march-2015>
 - 4 Ibid.
 - 5 "Ebola: Sierra Leone plans second lockdown to stem epidemic", *The Guardian*, 19 March 2015, available from <http://www.theguardian.com/world/2015/mar/19/ebola-sierra-leone-plans-second-lockdown-to-stem-epidemic>
 - 6 The g7+ prefers the term "inclusive."
 - 7 International Dialogue on Peacebuilding and Statebuilding (IDPS), "A New Deal for engagement in fragile states", November 2011. Available from <http://www.newdeal4peace.org/resources-and-links/>
 - 8 McCandless, Erin, "Cautions against Conflation: Peacebuilding and Statebuilding as Distinct and Complimentary Policy Agendas", *GREAT Insights Magazine*, Volume 4, Issue 1, December 2014/January 2015. Available from <http://ecdpm.org/great-insights/cautions-conflation-peacebuilding-statebuilding-distinct-complimentary-policy-agendas/>
 - 9 The IDPS is the first forum for political dialogue to bring together conflict-affected and fragile countries, international partners and civil society to catalyse successful transitions from conflict and fragility. See www.pbsdialogue.org
 - 10 IDPS, "A New Deal for engagement in fragile states", November 2011, p.2-3
 - 11 Guinea CT led by Organisation pour le Développement Durable et Intégré (ODDI-Guinée), Liberia CT led by the New African Research and Development Agency (NARDA), Sierra Leone CT led by the Sierra Leone Association of NGOs (SLANGO). In DRC the CT is led by Programme de renforcement des capacités de la SC dans la prévention et la gestion des conflits en Afrique centrale (PREGESCO), and Nigeria by the Centre for Sustainable Development and Education in Africa (CSDEA).



Priority Comparative Findings Across Cases

1. Practical application of New Deal principles and goals provides a vital link between crisis response and prevention and the building of resilience

All cases illustrated profound ways in which the New Deal principles, goals and instruments chart a path to forge these critical links. Yet all four New Deal countries reported a considerable lack of awareness and use of the New Deal to inform the response.

Building trust and establishing effective partnerships and policy and practice coherence in peacebuilding and statebuilding – as envisaged in the New Deal principles such as FOCUS and TRUST – lie at the heart of both managing crises and achieving sustainable peacebuilding and development. The New Deal also recognises that constructive state-society relations and empowering key actors for peace who are also “at the heart of successful peacebuilding and statebuilding” are essential for delivering the New Deal.¹

Despite the clear importance of the New Deal principles for an effective Ebola response, all four New Deal countries – Liberia, Guinea, Sierra Leone and the DRC – reported that the New Deal was insufficiently used to benchmark goals and principles for the management of the Ebola crisis. Undoubtedly related, they also lamented the lack of societal and governmental awareness of the New Deal, particularly at sub-national levels. Regarding the New Deal TRUST principle, country systems in numerous cases were not effectively utilised to channel support to combat the crisis, even by New Deal partnering donor countries. This resulted in missed opportunities in building national ownership, as well as in increasing

capacity to better respond to future emergencies. National strategies and governmental actions revealed specific weaknesses in PSG areas. They also highlighted ways in which a lack of commitment to FOCUS, TRUST and PSGs in general can detrimentally affect one another. Examples of these are bulleted below.

- **Liberians** said there was a heavy reliance on international actors and strategies that reflected historical patterns. This festered Liberians’ distrust of the international humanitarian community and undermined the effectiveness of recovery planning and programming. They complained that the Government’s early use of the military and media messaging conveying certain death amounted to “marketing fear” and were thus key factors in paralysing the nation for many months.
- **Sierra Leoneans** felt that although national systems were being utilised, civil society was not effectively engaged at the outset. CSOs had to apply the necessary pressure to ensure they were included in coordination task forces and this undermined the quick development of collective, strategic responses.
- **Guineans** complained that the focus was on the political anchoring of the crisis in ways that fuelled conflict drivers rather than inclusive, constructive and effective responses. This weakened the already challenged relations between political actors in Guinea and between the state and some of its communities.

- **DRC nationals**, meanwhile, offered a positive impression of political and administrative authorities assuming leadership of the coordination and financing efforts. They set priorities on the basis of a Government-led needs assessment and the effective activation of communications and operational mechanisms between all levels of Government, as well as with international partners and civil society.

Other inter-related and relevant examples that demonstrate why applying New Deal principles should be a priority in an effective Ebola response and recovery process, with implications for a wider crisis, are integrated into the rest of the findings and recommendations.

2. Weak institutions and systems prevail, and health systems and institutions are unacceptably weak – particularly for late post-conflict settings

Country reports frequently underscore a core message of the New Deal, which is that strong and effective institutions are needed for peacebuilding, statebuilding and facilitating effective responses to crises. Having robust institutions and systems *will support better crisis response and prevention*. These institutions and systems should support effective institutional strategies to realise PSGs, taking into account security, inclusive politics and justice, economic foundations and revenues and services. The rapid spread of Ebola in all three countries exposed profound and disturbing weaknesses in health infrastructures and systems in particular, but also across wider governance systems and institutions across PSG areas. This was reflected in the three ways outlined below.

- **Fragile health systems at national level were exposed.** In Guinea it was already obvious before the crisis that health systems were weak, both in terms of infrastructure and inadequately qualified medical staff. These weaknesses are believed to account for the rapid spread of the virus. In Sierra Leone the health infrastructure quickly became overburdened by the rapidly rising number of Ebola cases and a lack of reliable planning data, even after the establishment of dedicated emergency facilities.
- **Sub-national-level health systems were unable to cope with treatment demands and were, in some cases, replaced rather than strengthened.** In Sierra Leone, for example, Emergency Operation Centres were set up by the US CDC and the WHO² to respond to the crisis nationally. These were later transferred to the authority of the Ministry of Defence and renamed National Ebola Response Centres (NERC).³ After having expanded into decentralised structures at District level (DERC), NERC was scheduled for dissolution after the resolution of the crisis. However,

plans have still not been made to transfer the skills acquired by more than 20,000 Ebola workers, some of them volunteers, to regular health facilities.⁴

- **Crisis responses by national institutions illustrated a lack of alignment with the PSGs in ways that aggravate drivers of conflict and fragility.** In Guinea, for example, a major conflict driver was that the Government is often perceived to implement exclusive policies. People complain that essential public services seem to be provided to communities known to support the majority party but withheld from communities that are closer to the opposition. This greatly affected the delivery of health services during the crisis; many communities shunned information campaigns and medical efforts, often violently. Similarly, Sierra Leone's response did not sufficiently take into account the disproportionate and specific ways that Ebola affects women.

In the DRC a weakness of the local health infrastructure in the affected Djera sector received immediate attention. Thanks to lessons learned during previous outbreaks of Ebola, dedicated facilities, equipment and expert staff were immediately provided. At the same time, the Ministry of Health made free healthcare available to local populations at existing local facilities and encouraged people to be checked out at a hospital at the first signs of possible symptoms.⁵ Nigeria was able to provide a strong response, thanks to “a wealth of experience and capacity” in its health systems. This experience and capacity was the result of managing previous Polio, Lassa and Cholera crises, and seven years of support from the US Center for Disease Control (CDC), which trained veterinarians, physicians and laboratory experts. All this contributed immensely to the country's capacity to respond to the Ebola crisis.

3. State-society relations, a cornerstone of sustaining peace and building resilient states, demand greater attention

Across all three West African countries there is a strong common message that state-society relations (and the related structures, processes for communication and participatory governance) are notably weak. This is worrying, particularly when considering that Liberia is 10 years post conflict, and Sierra Leone, 15 years post-conflict. These weaknesses are reflected in two main ways:

- Initial outreach by governments to engage civil society and communities in planning and response processes are poor (Sierra Leone and Guinea);
- The communication and outreach with communities are culturally insensitive and inadequately planned, at least in the initial responses, and this resulted in numerous cases of violence (in Guinea and Liberia).

There is a tendency in conflict-affected and fragile states for governmental actors to view civil society as a nuisance, as competition, or even as part of the political opposition. This was reflected in various ways in these cases and was clearly a major impediment to achieving constructive state-society relations in the framework of the New Deal.

Unresolved drivers of conflict and fragility provided the context for an ineffective Guinean Government strategy that in some cases resulted in chaos and even violence.

In Guinea, a deep-seated lack of trust, coupled with poor communication, led to violent attacks by the most radical community members in the affected area of Womey. These attacks were even directed against an official delegation that was assessing the infection and overseeing treatment.⁶ In Liberia, healthcare facilities were attacked and patients brought back home.⁷ This illustrated a worrying lack of trust of officially led responses by parts of some local communities.

The Liberia case demonstrated that placing communities at the forefront of effective response is a vital driver of success.⁸ But despite this knowledge, events in all three West African countries in which the disease took hold emphasised the fact that because the community wasn't engaged in a timely manner it undermined effective early responses.

Where communities were meaningfully engaged early on, the results were positive. This was the case in the DRC, for example, where communities assumed leadership in pivotal ways.⁹ These were organised through community-chosen, voluntary "community relays" that linked focal points with crisis-management staff. CSOs have played an important role in training these community relays over the past decade and the fruits of these efforts were clearly evident in the outbreak of Ebola in the DRC. ●

1 IDPS, "A New Deal for engagement in fragile states", p.1

2 CDC, "2014 Ebola Outbreak in West Africa". Available from <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/>

3 State House of Sierra Leone, "Press Release". Available from: <http://www.statehouse.gov.sl/index.php/contact/1019--press-release>

4 Presentation by Chukwu-Emeka Chikezie, Director, UpI-Africa Ltd., during the "Financing for development: the case of Sierra Leone" session of the OECD Global Forum, Paris, 31 March 2015

5 "Ebola en RDC: lutter contre les rumeurs", RFI, 4 October 2014. Available from <http://www.rfi.fr/afrique/20141004-ebola-rdc-lutter-contre-rumeurs/>

6 "Fear of Ebola Drives Mob to Kill Officials in Guinea", *The New York Times*, 18 September 2014. Available from http://www.nytimes.com/2014/09/19/world/africa/fear-of-ebola-drives-mob-to-kill-officials-in-guinea.html?_r=0

7 "Ebola crisis: confusion as patients vanish in Liberia", *BBC News*, 17 August 2014. Available from <http://www.bbc.com/news/world-africa-28827091>

8 "A key lesson lies in community engagement: the intentional engagement of communities constituted a major turning point in the fight against the virus".

9 This included, for example, securing funerals of all confirmed cases, investigating all deaths, whether related to Ebola or not, the disinfection of all homes where there were confirmed cases and the enforcement of the interdiction of all hunting in the entire Equateur province territory



Recommendations

1. Prioritise the development of inclusive national recovery and prevention strategies, by:

- Building national capacity (both at governmental and civil society level) to achieve country ownership;
- Ensuring that crisis response and prevention strategies are developed in affected countries by placing national actors at the helm, and making commitments to include all key societal stakeholders in the strategy design;
- Infusing crisis response into national development, peacebuilding and statebuilding plans and strategies.

All these cases illustrate the need for national leadership and ownership in responding to crises. While international actors regularly advocate for the principle that national actors must be at the helm of peacebuilding, statebuilding and development activities, adherence to this principle often weakens during emergencies, when international actors assume leadership in ways that are often inconsistent with this principle. All these case studies also emphasise the importance of national processes being truly national. It is not enough for them to be government driven; civil

society must be meaningfully engaged as a partner in both design and delivery.

These cases demonstrate that supporting the effective involvement of civil society calls for the empowerment of civic actors to participate and the development of their capacity. This is *particularly* important where drivers of conflict around the exclusion of certain identity and political groups demand that other societal checks and balances are institutionalised at all levels.

2. Invest early in the development of robust service delivery systems and institutions with crisis response strategy, paying attention to:

- **Building service delivery capacities at sub-national levels;**
- **Establishing early warning, crisis prevention and management systems with provisions for adequate incentives for emergency personnel;**
- **Ensuring compliance with PSG goal number five for “accountable and fair service delivery”;**
- **Enabling free healthcare for all in times of epidemics to encourage populations to seek medical care when they have symptoms;**
- **Ensuring quick and flexible financing measures.**

Given the messaging these past few years, in the wake of the World Development Report (2011)¹ that education and healthcare reforms are only “medium term” challenges, New Deal partners, and indeed the wider policy community, must be particularly alert here. This messaging, however, neither recognises the critically important roles that administrative and social services play in conflict and fragility, nor why they must be top early priorities for peacebuilding and conflict prevention.² The New Deal recognises this in the five prioritised PSGs, and so too has the g7+ in its design of the Fragility Assessment Framework that places all five PSGs on an equal footing in moving towards resilience.

There are many specific recommendations in the country cases about what needs to be done to improve decentralisation and strengthen service delivery. Liberians, for example, argue that these issues need to be injected into the constitutional review and other reform processes, and that the strengthening of community health must be part of the national health strategy.

For states that are making hard-won progress in emerging from conflict and fragility, being confronted with a disaster like this turns back time, derails their progress and undermines the enormous efforts that have been invested. All this can have particularly debilitating effects on public well-being and is a great tragedy. Setting up early warning and crisis management systems must be a top priority for g7+ countries. In the DRC, for example, a powerful lesson learned from dealing with previous crises has been to immediately equip the affected area with the

necessary logistics and multidisciplinary, experienced experts. But this means they must be readily available and can quickly be mobilised for immediate deployment. Similarly, in Nigeria a critical factor was the ready availability of trained and skilled personnel to respond, as well as having the appropriate equipment, such as protective gear. Ensuring an incentive-driven response – with adequate compensation for risk – where fear of infection can undermine delivery of health services, was key to the success in combating Ebola in Nigeria and the DRC.

Accountability and fairness in service delivery are at the heart of effective crisis response. By stimulating people to visit health facilities during the crisis, both Nigeria and the DRC have underscored the benefits of placing immediate and free access to health services as a means of optimising the detection of new cases. These issues also lie at the heart of peacebuilding and state-building, as the Guinea case illustrates. Civil society argues that a first step towards strengthening institutions for effective service delivery lies in addressing perceptions around exclusive policies, because these increase the likelihood of conflict.

Swift and flexible financing mechanisms are needed to ensure an effective response. The Nigerian Government was fully in control of the coordination of finances from the Federal Government budget and private donations – all were channelled through the Government’s “Strategic Coordination Unit”, set up specifically for this epidemic.

3. Build trust and strengthen government-society relations and establish practical means for collaboration to achieve common goals, by:

- **Conducting periodic fragility assessments and working with stakeholders to address sources of conflict and fragility;**
- **Committing to inclusive policy- and decision-making and strategy setting in all contexts, particularly in crises;**
- **Promoting dialogue between government and civil society to support a more profound understanding of the roles and means for collaboration;**
- **Fostering effective communication and collaboration mechanisms to increase civil society's participation in official governance systems.**

As was previously mentioned, the New Deal recognises that constructive state-society relations and empowering key societal actors for peace lie at the heart of successful peacebuilding and statebuilding. They are also essential in delivering the New Deal. “The New Deal and Ebola – A Framework for Effective Recovery” stresses that fostering confidence between people, communities, the state and international partners means that “donors who support civil society should explore with governments how to reinforce these new spaces and help to rebuild trust between states and citizens.”³ This report offers much specific insight into how this can be done, and in ways that prepare for effective crisis response and strengthen foundations for peacebuilding and development.

Existing processes to buttress civil society's role should be applauded and experiences shared between g7+ countries. A case in point is Liberia's “State of Civil Society” report being developed by the Governance Commission, which tries to define the roles, relationships, procedures and systems needed to build stronger state-society relations. Regional and national civil society coordination platforms, such as those in the DRC that are generally and specifically related to the IDPS in Guinea, should be recognised and empowered to help realise the New Deal goals. This is particularly true when it comes to fostering stronger relations between state and society.

4. Right from the start, place communities at the centre of crisis response planning and implementation, by:

- **Ensuring community representatives, including local CSOs, traditional institutions, and local coordination structures and committees, are actively engaged in the design and implementation of planning processes;**
- **Creating clear mechanisms that link community CSOs with national plans and programmes;**
- **Ensuring conflict sensitivity is at the forefront of crafting responses and prevention measures.**

The need to place communities at the heart of response strategies cannot be understated. Their commitment and leadership in crafting responses that will work is vital. This is particularly true in conflict affected contexts and where basic social services are not operational or effective and people have developed unique coping mechanisms over time. Cultural practices also drive behaviour. Addressing issues that ignore these practices calls for the utmost sensitivity and is vital to ensuring early cooperation and community leadership.

In Guinea, it is clear that reconciliation is needed with some communities, where historical drivers of conflict

continue to influence state-society relations. In Liberia, meanwhile, the people believe that community forums for dialogue must be established for post-Ebola strategy and planning. These will create a much-needed space for experience sharing and a source of information for developing a national Ebola strategy, as well as the post-Ebola recovery and development schedule. In the DRC, CSOs are proposing an institutional partnership with the Government that defines roles and provides the necessary resources for ongoing prevention initiatives by civil society at community level.

5. Build national ownership of the New Deal and implement it by:

- **Building whole of government and whole of society engagement;**
- **Actively working towards the realisation of the goals through country frameworks and strategies;**
- **Advocating and practicing New Deal principles and building, strengthening and implementing national monitoring strategies.**

As highlighted by Guineans, national ownership of the New Deal must be established from “civil society to senior civil servants, and across professionals in mass media, education, defence and security, targeting all sectors of political and economic life.” Liberians argue the need to replicate and sustain consultations on the New Deal throughout the country, as a means of preparing for ensuing debates around public reform. Sierra Leoneans, for their part, underline the importance of engaging communities directly in the New Deal process. This is seen as part of a process of strengthening national structures at all levels, from the bottom up.

Ebola exposed particularly weak areas of national ownership that require immediate attention if the New Deal is to survive and realise its goals. Civil society is willing to be a strong partner of national governments in creating whole of society awareness and embracing of the New Deal. Governments, for their part, should immediately create the necessary space to engage and support civil society in its efforts. ●

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- 1 World Bank, *World Development Report: Conflict, Security and Development*, 2001, p.8.
 - 2 United Nations agencies tend to agree. See, for example, UNESCO, *Hidden Crisis: Armed conflict and Education*, 2010, and, McCandless, Erin, “Peace Dividends and Beyond: Contributions of Administrative and Social Services to Peacebuilding,” PBSO/PBF, 2011.
 - 3 IDPS, “The New Deal and Ebola – A framework for effective recovery”, 27 February 2015, p.3

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Part **2** Country Cases



Liberia

Liberia CSPPS Country Team and Focal Point organisation NARDA

1. Introduction

The outbreak of the Ebola Virus Disease (Ebola) in Liberia has had a devastating impact that demands that the relevant lessons are learned. This will help the country embark on a sustained path towards peace-building and development, thus preventing such crises occurring in future. The Ebola crisis resulted in massive international containment interventions. However, these interventions circumvented commitments to the New Deal principles. These principles are national ownership and the use of country systems on the one hand, and attention to the drivers of conflict and peace in developing policy and planning responses on the other. The general consensus now is that Ebola-response efforts have not improved trust, a critical catalyst for peace, between the state, society and international partners. This presents challenges for the implementation of the New Deal.

As an early New Deal signatory and pilot country implementing the New Deal, Liberia, has made progress in the areas of “FOCUS” and “TRUST”.¹ This progress was made with the support of Sweden and the United States as partners. To date, however, there have been few opportunities for assessing the realisation of New Deal commitments. The outbreak of Ebola and the subsequent national response provided a point of entry and an opportunity for Liberian civil society perspectives to be heard.

The following study was undertaken by NARDA, the Civil Society Platform on Peacebuilding and Statebuilding (CSPPS) Focal Point Organisation in Liberia². It shares the findings of an assessment carried out in three regions³ and in the capital, Monrovia. These were done through focus group consultations and in-depth key respondent interviews with selected governmental actors, mainly in Monrovia. The study sought to develop a balanced representation of national opinions on the New Deal and how it relates to the prevention of Ebola and the provision of treatment. Notably, after piloting the New Deal in Liberia for two years, the participants of most focus group discussions and interview respondents had never heard of the New Deal, or of its pilot implementation in the country.

2. Mapping Ebola Actions

Good practices

Liberians participating in this study observed three good practices in the fight against Ebola.

- Firstly, taskforces were established by the Government at national, county, and district levels. Later, parallel interventions by civil society actors and indigenous community groups below district level made it possible for ordinary people to participate in containing and reversing the spread of Ebola.
- Secondly, other prevention and containment measures served as helpful intervention measures. These included the imposition of a state of emergency, the quarantining of heavily affected communities and the restriction of people's mobility, particularly across borders.
- Thirdly, the Government's subsequent acceptance that fighting Ebola was a technical rather than a political challenge led to the reorganisation of the national taskforce. This increased the involvement of healthcare workers and other professionals and decreased the direct involvement of politicians. It also opened the door to a more sector-focused approach.

Importantly, the Government's self-declared inability to adequately respond to the crisis and its appeals to the international community for assistance were also seen as good practices. At the same time, several respondents pointed out that because the appeal did not specifically identify critical priorities, the Liberia Ebola intervention assumed an international character that focused to a greater extent on treatment and cure (international assets) and to a lesser extent on prevention (community, home-grown initiatives). Setting up an internationally

internationally-driven case-management system, for example, improved the mobilisation of international actors, and accelerated the establishment of Ebola Treatment Units (ETUs). The latter were testing laboratories and surveillance systems, which resembles of the aid administration systems of the 1990s that helped to produce the kind of health systems currently existing in the country. However, all this served to reinforce dependency and patronage and undermine trust and the respect of key principles of the New Deal.

Weaknesses and gaps

Respondents believed that the national strategy – particularly the military's spearheading of a heavily centralised response, and the initial mixed messages of certain death – inspired fear much more than it created societal trust and cooperation. "Marketing fear" is considered one of the single, most significant factors that paralysed the nation for many months. Fear eroded the trust in the Government and caused the deterioration of state-society relationships. On a more generic scale this fuelled a state of national confusion, which shaped the country's response for many months. With little capacity and quality assurance to address the challenge, hospitals were seen as incubators of the virus. Most hospitals were shut down and the few that remained operational turned down patients because the Health Ministry forced them to treat every patient as an Ebola suspect. Additionally, health workers at these centres were not issued with Personal Protective Equipment, credible incentives or insurance benefits. Consequently they had little incentive to risk their lives. Restoring confidence in the health system was a challenge. It was

... the national strategy – particularly the military's spearheading of a heavily centralised response, and the initial mixed messages of certain death – inspired fear much more than it created societal trust and cooperation.



characteristic of the level of national fragility, not only in the health sector but in other sectors too.

Beyond information about how to combat the virus, limited information was shared with society on its sources and the actual amount of Ebola funds coming into Liberia from donors to the Government. Information about the Government's own financial and material contributions towards responding to the crisis was also limited. The fact that civil society was not included in many of the taskforces that were developing responses to the crisis exacerbated the population's negative perception. One participant at the Bomi consultation quoted a county official who voiced a common government sentiment: *"CSOs are watchdogs; if they are on the taskforce they would ask too many questions."* CSO leaders believed that if civil society had been recognised and given a role to play in mobilising and organising the population to counter the spread of the virus, the Ebola response process would have been far more effective, and quicker too.

Undoubtedly related to the above-mentioned challenges, contact tracing and surveillance processes also proved

ineffective. These were supposed to help contain and reverse the spread of the disease through the systematic and rigorous identification and tracking of persons who may have come into contact with Ebola victims. Contact tracers often actually ignored suspected or confirmed cases of persons who had been in contact with Ebola victims. This might also have led some affected persons to leave their villages and head for the cities, where they assumed they'd get attention or better treatment, or, conversely, to head for villages to avoid detection in urban areas. Driven by fear, ignorance, and stigmatisation, family members would also hide sick persons, thus risking the lives of the entire family rather than seeking help. Because initially the realities and the communicated messages pointed to a zero survival chance, some patients preferred to just die rather than report to a treatment centre.

Limited community involvement, worsening state-societal relations, deteriorating healthcare services, and the spiralling Ebola death toll all conspired to create suspicion and mistrust in the healthcare and governance systems. During the initial outbreak, the Government adopted a Monrovia-based and heavily centralised

approach, largely excluding communities and marginalising civil society. This led to a plethora of parallel, largely uncoordinated initiatives that did not effectively tap the resilience of the Liberian people. Most members on both the national and sub-national taskforces were viewed as “wrongly placed politicians” because they had neither the knowledge nor the technical skills for efficient response delivery. Moreover, the recruitment methods for the various taskforces did not automatically take into consideration locality, culture and religion-based sensitivities. Community mobilisers came from outside the communities (Ministry of Health, Red Cross, MSF-B, etc.). This did not help to address the low level of trust and the high rate of denial of the very existence of Ebola in communities. Occasionally, because they were perceived as carriers of the disease intending to infect communities, community members attacked community sensitizers, burned ambulances, or even assaulted those taking food to quarantined communities. At least one person was killed in the police shooting of protesting community residents against the quarantining of the West Point community. Clearly, communities were not treated as key partners in quickly preventing the spread of Ebola. However, their persistence and evident commitment to keeping their communities safe from the virus eventually bore fruit, as the national response officially embraced and supported community efforts. It could be argued that the initial poor handling of Ebola led to a rapid increase in deaths from other treatable diseases, such as malaria and diarrhoea. Moreover, there was plenty of room for improvement in contact tracing, both in terms of coverage and follow-up mechanisms.

What could have been better?

The rapid spread of Ebola exposed inherent weaknesses in Liberia’s health and governance systems. On the one hand many people believed that this presented a golden opportunity to increase the decentralisation of decision-making and strengthen local governance – a forgotten tier of national development – and with it, the chance to enhance the role of communities in the delivery of healthcare. On the other hand it has also created welcome space for civil society to consolidate its voice and provide alternatives for national recovery. Attempts were made to get civil society a permanent seat at the national decision-making table. Learning from the Ebola crisis, a governance commission is now commissioning a “State of Civil Society” report. It’s hoped that this will lead to the drafting of a civil society policy that will define roles, relationships, procedures and systems for an effective partnership between civil society and the Liberian State.

The Liberian Government’s appeal to the international community that it did not have the capacity to respond to Ebola, apparently resulted in the international community assuming control of the response in a way that resembled aid provision in the 1990s. The international response centred heavily on “treatment” and “cure” – which, ironically, were deemed impossible – and little on prevention. The latter proved to be the key approach that everyone agreed was possible and the most likely to catalyse a response to the disease. Prevention was focused on using expensive materials (such as chlorine and Chlorax, which are used for bleaching) rather than simply the widely available soap and clean water.

Country systems were not used to channel support to combat the crisis, even by New Deal partner countries. Liberians participating in the consultations believed⁴ that this reduced the total amount of funds available for actual relief assistance for the affected population. Crisis management created an expensive and additional layer of project administration and related costs, and undermined the goodwill and trust between the international humanitarian community and the local partners. This, in turn, contributed to the marginalisation of Liberian civil society in Ebola-, and undoubtedly, post-Ebola- recovery planning and programming – much of which will happen outside the country. The result has been the undermining of national and local ownership and lost opportunities for capacity development to enable Liberia to respond better in future emergencies.

Limited community involvement, worsening state-societal relations, deteriorating healthcare services, and the spiralling Ebola death toll all conspired to create suspicion and mistrust in the healthcare and governance systems.

3. Priority Issues and Opportunities to Advance an Effective Ebola Response

Inclusion and the national ownership of decision-making processes are vital for building the healthy state-societal relations needed to underpin sustainable peace in Liberia. The Liberian Government's admission, nine months into the crisis, that it could not tackle the spread of Ebola alone, along with growing awareness that the centralised Monrovia-based strategy was not working, created welcome space for the active participation of civil society. Critically, this was not just in containing and reversing the spread of the disease, but also in strengthening communities to actively engage in crisis response and post-Ebola recovery. Inclusive politics or governance, a key peacebuilding and statebuilding goal of the New Deal, is a foundation of any kind of recovery in Liberia. It creates space for developing a national consensus on what peace and development is and how it may be achieved. It also provides a springboard for national relationship building, based on openness, accountability, respect and trust, all of which were severely strained during the Ebola crisis. The lessons of devolution, inclusion and people's resilience to the many shocks of national life that were highlighted by the Ebola crisis should be further exploited. They will help enhance the enactment of the national decentralisation law and processes of participation around the constitution review and similar reforms, including the strengthening of community healthcare as part of the national health strategy.

Engaging communities directly and meaningfully in the Ebola response

A key lesson lies in community engagement: the deliberate engagement of communities constituted a major turning point in the fight against Ebola as international aid began to flow into the country and deaths and infection rates started declining. The World Health Organisation (WHO) suggested that situations in which anti-Ebola measures have been most effective are those in which there was greater reliance on communities. This was especially the case in rural areas, where communities acted on their own initiative in creative ways to contain the disease. National decision-making must start with the everyday lives of people in communities and not from the perspective of international and national aid programmes. The involvement of communities in national decision-making is a prerequisite for a nationally owned and locally grown sustainable development agenda.

Building national capacity and strengthening country ownership

International organisations have not fully respected the roles and responsibilities of all stakeholders and development actors. Donors appeared to have had a significant voice in shaping the Ebola response, as much as they had in the Liberian national development strategies. There is now a need for inclusive and open national decision-making and development planning and implementation processes. There must be community forums for dialogue on post-Ebola strategy and planning. This will make it possible to share experiences and stories and thereby provide a source of information for a national Ebola strategy, as well as for post-Ebola recovery and development planning.

The way the Ebola crisis unfolded and the lessons that were learned suggests that the New Deal has not yet impacted the way that Liberia deals with crisis management. Liberians are tired of following the schedules of others, guided by old thinking and practice. Capacity development is needed to enable true national ownership of these processes, particularly when it comes to enabling the healthcare sector to effectively manage emergencies. Liberian civil society has a critical part to play in this process. Collective partnerships, both with civil society and the Government, must be both coherent and orchestrated to work in Liberia. We must move beyond recovering the existing health and governance systems; the faults in these have been exposed and Liberia has suffered the consequences. We are asking our partners to support a truly nationally owned and motivated Ebola recovery dialogue. But we need to plan

National decision-making must start with the everyday lives of people in communities, and not from the perspective of international and national aid programmes.

and programme at our own pace, for we are already seeing signs and symptoms of “business as usual”. Country strategies and conferences should no longer only be defined and held outside our borders, but inside them too.

Building trust and strengthening state-society relations to address future epidemics: the role of civil society

The Liberians who were interviewed strongly reinforced the contention that effective governance processes require the active participation of the Government, civil society and international partners. This was seen as vital to strengthening the prevention, containment and reversal of the spread of Ebola.

Trust is a form of social capital that was perceived as crucial to strengthening national resilience. If civil society is to be a springboard for linking and bridging communities to national processes, much more involvement and support in the ongoing drafting of the Civil Society Engagement Policy will be required. It will all call for a concerted effort to link the work of CSOs in communities to national plans and programmes. There must also be room for dialogue and debate within communities, as well as clear mechanisms to give feedback to the Government. To function effectively in this role, CSO networks must be supported so they can strengthen and improve coordination, collaboration and programming among CSOs and CBOs. And to earn the respect of other actors, including communities, CSOs must also demonstrate leadership by being more transparent and inclusive in their actions.

4. New Deal Linkages and Lessons for New Deal Countries

Relationship building with international partners and government officials (national and local) is both desirable and necessary in advancing national Ebola strategy and post-Ebola recovery efforts. The implementation of the New Deal Framework in Liberia lies at the heart of this. However, the fragility assessment needs to be updated. This update must highlight the Ebola experience and its relationship to sustaining historical, institutional and strategic international and national values, systems and structures, as well as the implications for developing national resilience. Establishing coherence through linkages to New Deal principles such as FOCUS and TRUST lies at the root of building more effective

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partnerships, for both managing crises and development. Notably, principles of inclusion, empowerment and participation must be deliberately taken into account to effectively realise FOCUS and TRUST.

The New Deal process and instruments offer entry points for addressing the afore-mentioned challenges. However, at the same time the New Deal principles, processes and instruments should be reinforced and developed in accordance with the three requirements listed below.

- They need to promote the process of collective engagement and the participation of both state and non-state actors in peacebuilding and statebuilding efforts. This can, and should, also apply to defining solutions during emergencies and other challenges that threaten to undermine the progress towards resilience.
- They must encourage the establishment of an accessible national platform of transparency and accountability (both an online forum and an interactive forum at both national county levels). The platform must coordinate activities, with the full inclusion of all stakeholders.
- They have to be integrated into local government structures. Civil society, particularly the CSPPS Liberia initiative, can support the process of improving the integration of the New Deal principles into current governance arrangements.

As discussed earlier, the New Deal and its implementation in Liberia has shown weaknesses. There is insufficient horizontal and vertical societal awareness. Knowledge sharing, even across governmental bodies, is also lacking. Information pertaining to the New Deal

seems very specialised and centred around a few governmental and civil society actors. There is a general lack of awareness nationwide. Most of the participants in all three regional consultations were concerned about this lack of awareness. Some consultation participants felt that in Liberia's peacebuilding and statebuilding efforts, there is too much focus on strengthening the state's architecture, where only a small group of the political elite truly benefits. This is one reason why fragility persists. A member of Nimba NGO Network, Nimba County remarked: "It is very discouraging that we have such an excellent international protocol but haven't had the opportunity to learn about it." To prepare for the ensuing debates around public reform, there is thus a great need to replicate and sustain consultations on the New Deal documents throughout the country. The New Deal provides fresh opportunities to reflect on what hasn't been done well in the area of peacebuilding and statebuilding in the past, so we can get it right in future.

The development and implementation of New Deal instruments are important because they should help to provide the mechanisms needed for the genuine and inclusive participation of both state and non-state actors. This must also include the means for promoting joint and collective actions, strengthening peacebuilding efforts and realising genuine democratic statebuilding. ●

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- 1 Participatory processes and consultations were held during the Vision 2030 and the Agenda For Transformation (also Liberia's "One Vision One Plan" in the New Deal process) that helped identify sources of fragility in Liberia. A full fragility spectrum with country-specific indicators is currently being developed, with the AFT monitoring and evaluation framework being used to measure the progress of the PSGs. By October the country is expected to launch Vision 2030, the AFT and the National Reconciliation and Healing Roadmap.
 - 2 Organisations including: NARDA, P4DP, CSO Consortium on NRM, IREDD, IPC, AGENDA, WONGOSOL, NIPO, LINNK that work as the core team of the New Deal Framework in Liberia.
 - 3 The three regional consultations [held in Zwedru, Gbarnga and Tubmanburg] brought together participants from 11 of the 15 political subdivisions.
 - 4 Focused Group Discussions

**POLICE ORDER
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Sierra Leone

Sierra Leone CSPPS Country Team and Focal Point organisation SLANGO



1. Introduction

From the moment the Ebola Virus Disease (Ebola) hit Sierra Leone, in May 2014, there has been a massive influx of financial and human resources from national and international organisations to help stem the spread of the disease. Various organisations and individuals, at all levels, have collectively risen to the challenge, using a wide array of strategies.

This study offers a critical reflection, from the perspective of civil society on state and non-state actor strategies in the fight against Ebola, as well as the priorities in terms of actions needed to strengthen our collective response. It concludes by discussing how the Ebola crisis and the response to it are linked with some New Deal principles, processes and emerging institutions.

Broadly speaking, use is made of country systems such as Ministerial and District Level coordinating bodies. National civil society organisations (CSOs) are engaged at all levels. All this has served to foster national ownership of the response.¹ However, civil society has had to apply constant pressure to secure its vital role in the implementation process and defend its operating space. Some effort has been made to account for the receipt and use of resources in a transparent manner. The findings of this research clearly suggest that much more work is needed to create greater awareness, countrywide, about the nature and role of the New Deal.

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The research was led by the Sierra Leone Association of Non-Governmental Organisations (SLANGO), which served as the Focal Point organisation for the Civil Society Platform on Peacebuilding and Statebuilding (CSPPS) Country Team (CT). The findings shared in this report are derived from focus group discussions, analysis from our own New Deal CT membership,² and face-to-face interviews with Government personnel, healthcare and social workers, NGO representatives and local communities. These discussions were held in the epicentres of the Ebola crises in Sierra Leone (the most highly threatened and disease-prone areas – the Western Area (rural and urban), Bombali District, Tonkolili District, and Moyamba District).

2. Mapping and Analysis of Ebola Actions

To combat Ebola three structures have been set up by the Government of Sierra Leone (GoSL). In general, these structures try to ensure ownership and the proper use of human and financial resources, and to provide effective coordination. The three structures are:

- The Presidential Task Force, which coordinates the Ministerial (Ebola) Taskforce and local and international fundraising, and liaises with the International agencies that have provided support.
- The Ebola Taskforce, which is part of the Ministry of Health and Sanitation. This taskforce works directly with the District Medical Teams, burial teams, and NGOs dealing with health-related issues in the epicentres. It reports directly to the Presidential Taskforce at State House.
- The Emergency Operations Centre, which was initially set up by the US Centre for Disease Control (CDC) and the World Health Organization (WHO). This was later changed to the National Ebola Response Centre (NERC), which now has a presence in all Sierra Leone's

14 districts and 149 Chiefdoms. The NERC Secretariat is headed by the Minister of Defence, who relies on the military and other state security agencies, like the police and the Office of National Security (ONS), to enforce compliance with Ebola Protocols.

The activities of the two task forces and the NERC focus on providing training courses and developing guidelines related to emergency response activities. These activities pertain to burials, food supplies in quarantine centres, isolation and treatment centres and on providing technical assistance in conducting a pilot on Knowledge, Attitude and Practises (KAP). However, in the formation, setting up and running of these structures there has been limited inclusion or space for CSOs and other non-state actors.

One of the many casualties of the Ebola outbreak is the lack of frequent and reliable data and this makes planning difficult. Restricted movement and overburdened systems make it difficult for people to know exactly what is going on. A number of groups, including the CDC, have conducted surveys to try to monitor the situation. But these have taken time to establish and have been less accurate and representative than in-person surveys. Given such a setting it is often difficult to distinguish between evidence and anecdote.

Restricted movement and overburdened systems made it difficult for people to know exactly what was going on.

Against this backdrop a civil society “Core Group” has been developed for participation in the national crisis response. The group comprises the CSPPS CT Focal Point organisation SLANGO and the Sierra Leone branches of networks such as the Water and Sanitation and Hygiene Network (WASH-Net Sierra Leone), Community Agricultural Development Association (CADA), Democracy and Development Associates (DADA) and Sky Women’s World Network.

Further analysis on the national Ebola response has been clustered into three areas:

- Civil society operating space and impact;
- The effectiveness of communication channels and messaging;
- The impact of Ebola on the socio-economic status of women.

Civil society operating space and impact

At the outset of the outbreak the Government expressed concern about how it thought that rather than focusing on the challenge, CSOs seemed to be unfairly criticising its own efforts. Taken from a 6 February 2015 focus group discussion, a comment by the Honourable Ibrahim Bundu, Majority Leader of the House of Parliament, was illustrative of this sentiment:

“Even before Ebola, we had a strained relationship with civil society. They were making erroneous claims on governance and cultivating bad blood between them and us. They even criticised parliamentarians when they were given their statutory constituency developments funds and asked by the state to use that money for Ebola sensitisation in their communities but Government has created the space. A lot of organisations were registered. There were no strict requirements. We are worried about accountability and lack of focus. The regulation is very clear; if you are involved in inconsistencies, criticism of government etc., you would draw a strong reaction from us. That should not be the purpose of our engagement. We will appreciate constructive criticism but will frown at destructive ones.”

The Government’s decision to encourage the registration of many CSOs during this period shifted the strained dynamics. It showed a clear willingness to create the necessary space for civil society to engage fully with the process, laying the foundations for stronger relationships in future. The intervention of members of Parliament in promoting social mobilisation and better hygiene in their respective constituencies provided added stimulus to the

social mobilisation process at community level. Within the framework of the overall national strategy, CSOs then had more space to work deliberately in building links between key stakeholders and communities. For example, early on the Core Group designed an approach that gave its members and partners the opportunity to analyse ongoing intervention strategies. In a consultative meeting with the key stakeholders (youth groups, councillors, women’s groups, etc.), a questionnaire was designed and this was then used to conduct a survey on key issues in the epicentres (Bombali, Tonkolili, Kambia, Western Rural-Freetown). Interventions like this provided opportunities for interface and dialogue on some of the burning response challenges at community level. Furthermore, there were genuine and open discussions on how participation could be enhanced in the response, and how conflict-sensitive approaches could be employed. The objective was to improve the relationships between communities and healthcare workers so as to prevent Ebola’s spread.

The Core Group helped to strengthen the Ebola response strategy by conducting community and civil society consultations and documenting their views. Using the SLANGO database of NGOs working in the Ebola response, we were able to ascertain the location of all NGOs and Community Based Organisations (CBOs) providing services at regional, district and chiefdom levels. This was to improve the generation and sharing of information between all players, to avoid overlaps and track the delivery of basic services during the response. It was noted that some of the consulted CSOs also participated in the monitoring and distribution of food/non-food items to communities, as part of the Ebola response programme.

Thanks to these strategic initiatives the Core Group has been able to make sound recommendations to the NERC on how to make a more people-centred response. This has built on efforts to increase citizens’ capacities to use preventative measures, communicated as part of Behaviour Change Communications (BCC), an initiative from the Ministry of Health acting on advice from the WHO and Médecins Sans Frontières.³ Community bylaws have also been established to enforce compliance at all levels.

The Sierra Leoneans that participated in this study believe that civil society’s involvement has enhanced hygienic practices, something that has been seen as crucial to the containment of the virus. In their respective communities, youth groups have played a particularly important role as natural leaders/change agents/social mobilisers in promoting hygiene in catchment communities. Religious leaders have also pledged to

The Government’s decision to encourage the registration of many CSOs during this period shifted the strained dynamics.

In the context of the support they provide in the crisis response, CSOs do not benefit from capacity building funds or projects.

communicate hygienic practices and preventative mechanisms into what they preach. These moves significantly impact the effectiveness of communication and messaging, as the next section reveals.

At the same time, intervening CSOs have suffered from significant capacity deficits that have not been addressed as part of the response strategy. For example, in the context of the support they provide in the crisis response, CSOs have not benefitted from capacity building funds or projects. Instead, the Government has let CSOs help at local level, without supporting them, and let international organisations and NGOs act on their own, supported by foreign budgets and plans.

Communication channels and targeted messaging⁴

From the outset of the Ebola outbreak, the Ministry of Health and Sanitation has handled all communication for which templates and terms of references have been developed. These include BCC used in major radio messaging that aims to reach out to all population groups, in all languages.

All stakeholders have been mandated to use such communication templates and CSOs are among those expected to relay BCC instructions. This includes at local level as traditional and cultural systems were at that time identified by national CSOs to enforce Ebola prevention and transmission messages. However, at local level it is difficult for CSOs to receive official information on the status of affected community members, particularly if they are removed from the community.

This changed in June 2014 when the Government decided to increase civil society's participation in the process. CSOs and communities were encouraged and supported in their efforts to share information and to engage in the delivery of services to quarantined zones

and care centres. This has then given civil society unfettered access to all communication channels and they have been allowed to innovate with tools they deem most appropriate and relevant to their interventions. Five months into the crisis, in September 2014, communications were revised. This was because people were refusing to be admitted to hospitals because they believed nobody survived Ebola. Counter messaging was developed about heightened chances of survival from early care.

A 4 February 2015 quote by Haja Rabieou Conteh, Assistant Secretary General of the Market Women's Association, was illustrative of this. It suggested how state funding has been used to support their communications strategies.

"We received funding from the Ministry of Health in early June 2014 to embark on a sensitisation programme. We have been everywhere. Our target audience went beyond our members. We used megaphones and our key message was 'Ebola is real and people should go to hospital when they are sick'. We possibly reached over 100,000 people in all the markets we visited. The activity lasted for two months. All local authorities, including the police, were targeted with our messages."

Key findings from this research on communication and messaging are listed below.

- House-to-house visits and radio broadcasts are considered to be the most effective ways of reaching target audiences. Particular attention is paid to the language needs of various stakeholder groups and local language versions of messaging materials are effectively used.
- TV provides a platform for all players, particularly CSOs, to reach and influence the general public. However, it is only available to population groups residing in certain urban areas, including the capital Freetown, and a few other district headquarter towns where TV services are available.
- Other forms of communication that work in specific situations included music, health talks, text messaging, meetings and workshops, pictures and posters.

The above-mentioned channels are used by the Government and civil society, including faith-based institutions.

Ebola and women

Ebola impacts women harder than men, and civil society must build awareness of this fact into the response strategy. As one female civil society representative stated,



it is women that bear the greater brunt of Ebola: “It is sisters, daughters, aunts, mothers and grandmothers who have selflessly cared for relatives infected with

Ebola. Unwittingly, they have put themselves at great risk.”⁵ Custom dictates that women tend to sick family members, nurse children and work as traditional healers and healthcare assistants. The impact that Ebola has on communities is also felt more from the illness and death of women because they are the key economic actors at community level, gathering household resources (water, food) and delivering goods (small trade).

Custom dictates that women tend to sick family members, nurse children and work as traditional healers and healthcare assistants.

As the Ebola crisis continues, women are also suffering from cuts to initiatives that provide healthcare services at community level to pregnant and lactating women. Fear of possible ailments being classified as Ebola also prevents many women from visiting hospitals and other healthcare facilities. This affects important healthcare issues for women and their children, because all access to basic pregnancy and childbirth care that they need to protect their health and that of their new-borns is curtailed.⁶

With these issues in mind, and to compensate for the lack of gender sensitivity and inclusion in the response and preventative measures, the following interventions are carried out by national CSOs across the country:

- Capacity building sessions are conducted on Ebola prevention and safety measures;
- Water sources are provided for the women;
- Basic hygiene and sanitary supplies are provided;
- Job opportunities on environmental sanitation are provided;
- Traditional and community leads are engaged to involve women in the Ebola safety response;
- In the wake of the Ebola crisis and response, a plea is made for sustained free healthcare;
- Media messages specifically targeting women and girls are developed.

3. Priority Issues and Opportunities to Advance an Effective Ebola Response

The immediate need is to control the spread of the virus. As this report is being finalised there is still uncertainty about when the Ebola outbreak will come to an end. There are, however, promising signs that the infection rate has slowed in some parts of the country and in the districts that were first affected. The transmission incidence rate in Freetown has reduced, including the slums around the city where fewer numbers of infections are being reported. However, rural areas are the most affected by new cases and a population lockdown by the Government in late March suggests that containment efforts are still needed.

The Ebola outbreak has generated much national speculation, about the likely impact of the epidemic and the measures taken to control it. However, little of this speculation is based on hard evidence. It is also clear that an effective response programme cannot function in isolation. The power of partnerships, alliances and networks will always have to be leveraged to ensure that new and transformative structures, processes and relationships are put in place to prevent future epidemics.

This process is both fundamental and necessary when it comes to national ownership and driving behavioural change in cultural practices. These include burial and funeral rites, which have been identified as key challenges to the reduction of infection rates. Partnerships and alliances will strengthen the capacity of country systems and institutions that are engaged in the

Ebola response.

Three key priorities needed to drive a more effective Ebola response have emerged from this study. Public confidence in the healthcare system must be restored, entry points for civil society/non-state actor engagement must be strengthened, and community leadership to spearhead effective Ebola response must be built up. These are now discussed in greater detail.

Restoring public confidence in the healthcare system

Among other things, the Ebola outbreak exposed a lack of trust in the capacities of the Government's healthcare system. Government response efforts, the messaging around Ebola in particular, had tragic consequences that fuelled mistrust. Building societal trust in the national healthcare system will require increased transparency and accountability, which will take time.

To restore confidence in its healthcare system, the Government must:

- Provide reliable and consistent messaging about the disease;
- Address the psychosocial impacts of Ebola on survivors and orphans;
- Upgrade the whole healthcare system and ensure the wider implementation, monitoring and enforcement of free healthcare services;
- Improve the coordination, collaboration and programming among stakeholders in the healthcare system.

Building societal trust in the national healthcare system will require increased transparency and accountability, which will take time.

CSOs played a vital role in Ebola response activities at community level, supporting socio-economic service delivery in culturally sensitive ways to combat Ebola.

Continued strengthening of entry points for civil society/non-state actor engagement

Building on the positive efforts made to date, the Government and international partners need to focus on two things.

- They must facilitate civil society's participation and engagement in the governance and decision-making platforms of the NERC. The New Deal recognises the importance of civil society engagement at local level. CSOs played a vital role in Ebola response activities at community level, supporting socio-economic service delivery in culturally sensitive ways to combat Ebola. This will also support the speedier realisation of New Deal peacebuilding and statebuilding goals (PSGs).
- They need to facilitate and strengthen state and non-state actors to engage in Ebola infection-prevention and control processes that put people and communities at the centre of the action. Apart from generating ownership, this will also increase the security of the system and/or process, as well as people's trust in it. It will also motivate all stakeholders in the sustainable use of human and state resources.

Building community leadership to spearhead effective Ebola response

Given that the national Ebola response process has clearly highlighted the vital role of communities and a people-centred response as critical components in the whole response framework, the Government and partners need to:

- Identify and mobilise existing community organisations and structures to actively participate in preventing the spread of Ebola;
- Support communities' mobilisation efforts in dealing

with resistance against Ebola, such as community concerns and mistrust regarding externally driven actions that are seen as efforts to control them;

- Ensure that Ebola response strategies are more people-centred;
- Encourage women to take control of information dissemination at community and household levels;
- Design and implement a project that will bridge the gap between the cultural tradition of body washing and burial rites and safe burial practices in the context of infectious diseases.

4. New Deal Linkages and Lessons for New Deal Countries

The New Deal implementation framework offers an integrated approach to strengthening governance across sectors. The framework encourages all stakeholders (governments, CSOs and development partners) that are involved in nation-building to build synergies around development issues and national structures and institutions that may hinge on accountability, transparency and the effective use of resources. All the key priority areas listed above can be directly linked to PSG 1, Legitimate Politics. Given the political will, and provided that the available mechanisms, processes and procedures are used, public confidence in the healthcare sector would be enhanced.

The New Deal process provides a space for the genuine and inclusive participation of both state and non-state actors in peacebuilding, statebuilding and development. Achievements in expanding the space that civil society has earned itself, after receiving recognition of the

Achievements in expanding the space that civil society has earned itself, on the strength of the beneficial role it played in responding to Ebola, should be built upon.

beneficial role it played in responding to Ebola, should be built upon. Furthermore, it is still necessary to keep boosting the capacity of civil society. This will facilitate its wider, pivotal role in nation-building – a role that the Government should fully acknowledge.

Building community leadership to better support national responses to crises, as well as ongoing development and statebuilding processes, should be a collective process that involves the state and the relevant communities. The roles and functions of community and traditional leaders must be respected, and this is provided for in the Chieftaincy Act that will let Chiefdoms ascertain their capacities to participate in any future crisis response. Communities require capacity building in myriad areas to support these processes, which will aid both the upward and downward linking of efforts at district, regional and national levels, as well as progress towards national goals. Such efforts will support the realisation of PSG 1 around inclusive politics and other goals, thus facilitating Sierra Leone's move from fragility to resilience.

The New Deal process and its related instruments can be used to inspire and create dialogue platforms between state and non-state actors that will encourage the development and strengthening of national structures and promote ownership and nation-building from community level upwards. This will support broader means of implementing PSG 1, including the establishment of an accountability framework that will help address accountability and corruption-impunity issues that are undermining Sierra Leone's development progress. The wider dissemination of the New Deal among state and non-state actors, and at all levels, will

help this process along. Once the value of the New Deal framework is understood, the PSGs can be used as references when employing country development processes to reduce fragility and conflict risk and instil resilience.

Stakeholder collaboration in the Ebola response is achieving important results and there continues to be increased awareness and understanding of the cycle of transmission the Government wants to bring at prevention-policy level. The experience gained by the CSPPS CT that worked on the Ebola response calls for capacity building support. Lessons learned can then be shared and developed into a national consultative framework, leading to a post-Ebola recovery strategy. ●

The Sierra Leone Association of Non-Governmental Organisations (SLANGO) is a consortium of NGOs, both domestic and foreign, whose primary role is to ensure coordination among its members. SLANGO also serves as a unified voice of the NGO community in Sierra Leone. As part of its role as CSPPS Focal Point, SLANGO forms links between NGOs, Government institutions and donor agencies in the country's New Deal process. SLANGO also coordinates the Civil Society Core Group participating in Ebola response.

Once the value of the New Deal framework is understood, the PSGs can be used as references when employing country development processes to reduce fragility and conflict risk and instil resilience.

- 1 Some national NGOs have critiqued the limited involvement for civil society in the process. This was addressed at meetings held 7 October with the Presidential Task Force and 4 November 2014, between the Ministry of Health and national CSOs. Both meetings were facilitated by SLANGO.
- 2 The meetings and interviews took place in 10 selected communities from 2 October to 7 November 2014.
- 3 BCC include changing communication habits at interpersonal level, e.g. no touching or hugging, changing burial practice from traditional to secured, and advising sick persons to call for help as soon as possible.
- 4 Questions focused on: Which communication channels did you use? Which communication channels worked best or did not work at all? Who were your target audiences?
- 5 Ibid.
- 6 Interview, Ministry of Health of Sierra Leone.



Guinea Conakry

Guinea CSPPS Country Team and Focal Point organisation ODDI-Guinée

1. Introduction

Ebola Viral Disease (Ebola) has significantly undermined the healthcare system and political, economic and socio-cultural life of Guinea Conakry, affecting all sectors of national life. This study assesses the impact of the disease on peacebuilding and statebuilding in Guinea.

Guinea has been affected by one of the worst health crises in its history. In mid-February 2014 the country's health authorities officially declared the existence of Ebola in Guinea. Its spread was rapid, soon affecting several regions – starting with the region of Guékédou in N'zérékoré, and Macenta, followed by Faranah, Kindia, Mamou, and the capital Conakry, and by May, Labe. The virus was spread throughout the country, particularly by people moving around it, affecting lastly, the city of Téliémélé in early December 2014. By 18 February 2015 Guinea had recorded 3,108 cases and 2,057 deaths.¹

The healthcare system in Guinea had known weaknesses before the crisis, in terms of infrastructure and the qualifications of medical staff. These weaknesses accounted for the rapid spread of Ebola, in combination with a lack of awareness among populations of the risks associated with the disease and related prevention behaviour.

Despite enormous efforts made by the Government, civil society and the international aid community to tackle the

epidemic, the chaos arising from it severely impacted the health, economic, political and social well being of the country. This chaos has undermined the country's fragile foundations for peace and development. Notably, the spread of Ebola has affected the country's economy. Customs revenue was 50 per cent lower and other taxes were 35 per cent lower in 2014 than in 2013. In the private sector, the decline was exemplified by a 50 per cent drop in trade during the same period.² The financial and banking sectors witnessed a shattering of the country's growth foundations as much for 2014 results as for previsions for 2015. Anticipated consequences for 2015 are very worrying if Ebola's spread is not stopped.

While studies have been conducted on the Ebola crisis, none of them focused on the impact of the disease on the wider peacebuilding and statebuilding aspects of national life. This study explores the links between Ebola and the New Deal and reflects on Guinea as a signatory to the New Deal that has been part of the International Dialogue on Peacebuilding and Statebuilding (IDPS) process since Accra in 2008. The country's ties to the New Deal have been jointly forged through close collaboration of civil society Focal Points³, along with Government Focal Points. As a New Deal implementing country, Guinea Conakry has received financial support from g7+ countries to help with crisis management.

This study was carried out on the basis of qualitative methodology. Individual and focus group interviews were conducted throughout the country's administrative regions, namely Kindia, Mamou, Labe Faranah, Kankan,

N'zérékoré and urban municipalities of the special zone of Conakry. It was carried out by the Civil Society Platform on Peacebuilding and Statebuilding (CSPPS) and the Focal Point Organisation ODDI-Guinée based in Conakry. It involved the participation of all regional New Deal Civil Society platforms in Guinea, established as part of a former capacity building project led in 2012. The study has benefited from contributions made by civil society platforms, the involvement of civil society with Préfecture consultative boards and the participation of opinion leaders, traditional communicators, and religious leaders in its implementation. However, at the same time the study was hampered by the unwillingness of some public service officials to support the research,⁴ and through the errors of some field investigators who forgot to have their mission orders signed by the competent authorities.

2. Mapping Ebola Actions

Right from the start, the Government sent conflicting messages about the nature of the crisis. The Head of State appeared on television in January 2014 denying the reality of the disease in reference to the affected city of Macenta. Treatment centres were described as "isolation centres" and perceived by the population as places where the sick were brought to die. This was followed by refusals to send affected persons or suspected cases to these centres, amplifying the negative impact of the disease. Other communication mishaps happened in December 2013 and again January 2014, when a Médecins Sans Frontières team gave no warning of an intention to try to disinfect a market in Zerekore. This was interpreted by the population as an attempt to spread the virus, and was followed by protests.

Raising awareness also failed at first, when senior political officials were suspected of concealing the seriousness of the disease. Popular suspicions were fuelled when governmental teams, that were supposed to raise awareness, instead used the opportunity to campaign electorally, making little reference to the disease. The teams also did not include medical staff, and did not take into account the social, cultural and political characteristics of the population in their communication strategy. Their visits were met with great hostility by local communities.

Regarding treatment, the delivery of prevention kits can be viewed as a success as these reached all Ebola outbreaks, encountering issues only in those communities where denial of the disease was the strongest. Treatment centres have been established, notably in Conakry, Guekedou and

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Macenta. Initially, however, many of the infected people being admitted to the centres in Guekedou and Macenta did not survive. Consequently, families refused to send sick members to treatment centres, a trend that persisted until the first successful treatment of cases were publicised. This was when a higher number of cured patients was noted from December 2014. In Conakry some communities refused to accept the establishment of treatment centres close to their neighbourhood. Protests led by youth groups argued that the centres would only spread the disease. ThermoFlash devices were also delivered to schools and many public buildings to monitor body temperature, along with instructions on hand washing. Criticisms were heard about the reliability of these devices. Using them in different ways on the same person gave varying results, for example.

Early warning committees have also been established at community level with a hotline to the Red Cross in all Conakry neighbourhoods. Comprising a sector head, a youth association representative and civil society representative, each committee is tasked with monitoring suspected cases and given a free number to call the Red Cross. However, these committees are meeting with limited success because they functioned in isolation and they do not use the available local structures for prevention and communication that are usually used by the Government in non-crisis times. Much local information on the extent of the crisis is not reaching Conakry. This is where ODDI Conakry is trying to intervene, offering the use of existing New Deal platforms at regional level to help the early warning committees.

Key weaknesses: the politicisation of response and poor community outreach

As described above, communication failures initially misled and confused communities. The officials involved were either misinformed themselves, or not medically qualified to speak about Ebola. Miscommunication and

simultaneously conflicting political messages about Ebola, from both the ruling majority and opposition parties, caused widespread confusion and chaos in many communities. This led to violent reactions, and, ultimately, worsened the exposure of the population to the risk of infection. Eventually, the Government reorganised its communication strategy and delivery into ways that were more acceptable for communities. On the political front, the Government claims to be making the response to Ebola a priority. The opposition, meanwhile, insists the Government is showing a lack of political will and using Ebola to push for changes in the timing of elections (from holding local elections before the Presidential election to after it). This has been to delay elections at community level. It has caused uproar in the media, and the opposition has regularly threatened to organise mass protests in the capital and call for civil disobedience, by reorganising the local administration by replacing elected officials with special delegations, for example. The opposition argues that the repeated delays are intentional. In response, the Government and majority party have accused the opposition of placing politics above addressing the more urgent needs of the crisis. This situation has further widened the gulf between political actors and has reduced the chances for new political settlements. Tense discussions continue about the dates and the order of elections, with the opposition threatening to leave Parliament over the issue. The likelihood in the face of such uncertainty is that in 2015 there might be no election whatsoever.

The Ebola crisis has thus created challenging conditions that have weakened the already strained relations between Guinea's political actors. Communication and strategies for raising awareness have functioned as mediums through which the conflict has been played out. The opposition has also denounced the lack of transparency with which grants and aid funds have been managed by the Government through the Coordination Committee for fighting Ebola in the Ministry of Health and Public Hygiene. Opposition representatives have been excluded from the Coordination Committee, undermining inclusive response coordination. Among the population, the Government is often perceived to be acting out exclusive policies in which essential public services are provided to communities known to support the majority party, but withheld from communities known to be closer to the opposition.

Poor communication strategies, based on rumours, also had serious adverse effects. The Government, for example, suggested that meat from hunted animals consumed in rural areas was the origin of the disease. This was badly received by communities, who were duly offended. Other rumours circulating on the origins of the

Among the population, the Government is often perceived to be acting out exclusive policies in which essential public services are provided to communities known to support the majority party, but withheld from communities known to be closer to the opposition.

disease were that the virus had escaped from a medical research centre in Sierra Leone and that the incident had to be covered up. Such miscommunications, and exclusion processes around the Ebola response, have resulted in communities not fully buying in the prevention policies, for example, by refusing to abandon funeral ceremonies. In one case efforts to quarantine an imam who had performed such a ceremony for an Ebola victim, caused a violent protest.

Governmental reaction to violence has been disproportionate in ways that have fanned political tensions. The situation in Womey is illustrative. Military intervention was ordered after the local population killed members of an information and awareness-raising mission on Ebola. The mission comprised senior state officials and pro-Government journalists from national and local public radios. The Womey community denied the presence of Ebola, believing that the Government was deliberately causing the infection of the population. The situation escalated violently and ended in the killing of members of the mission. Only one journalist, who was able to plea in the local language, was spared. The military then intervened directly, and violently, against the population. Tense discussions also marked by hunger strikes followed between Forest region representatives and the Central Government. Meanwhile, the displaced population found itself without any access to health services, further increasing the risk of the disease spreading. In Womey, continuing protests at the site of official buildings were put down with further violence, which also increased the risk of exposure to the virus.⁵

Womey is just one example. There were many more violent acts, from beatings to killings, committed by community members against missionaries, health workers and authorities as they tried to contain and prevent the spread of the virus in many communities around the country. These included Macenta, Lola, Guékédou Koyama, Fassakoni, Doumakoïdou, Boffosou, Ballizia, Dorota, Yomou (ouro) Fassakoni, Kissidouougou, Dabola Centre Kindoye, Morygbèya in Dabola, Faranah, Beyla, Boffa, Forécariah Coyah, Marela, Dubréka, Pamelap Forécariah and some districts of Conakry i.e. Yimbaya, Wanindara.⁶

3. Priority Issues and Opportunities to Advance an Effective Ebola Response

Building trust between all actors, and between the Government and communities in particular

Establishing trust between all actors involved in the struggle (taking into account all political sensibilities) as well as the populations in affected areas, is a priority in the effective response to Ebola. Particular caution and planning is needed to address communities where the societal mistrust of the Government has historical roots.

Between 2007 and 2010 political events during the Lansana Conté military regime shattered the trust between state and society through the repeated use of state violence against populations. The period was a historic low of bad governance by the military regime. The President personally extricated senior officials accused of white-collar crime from detention, thus circumventing all legal processes. And this at a time when civil servants were not being paid regularly, trade unions and political parties were inciting strikes, riots were occurring in all major cities, and there were frequent attacks on symbols of the state. The nation was in a highly fragile situation. To this day, many people of the Fula ethnicity and several communities in the Forestière, Moyenne and Haute Guinée regions are still vehemently defiant of the state and its institutions. Consequently, they continue to face exclusion from jobs and public services.

To guarantee a sustainable response, recovery and prevention strategy for Ebola, the Government must take clear action to stop exclusion policies and practices. National leaders need to promote reconciliation in Guinea to stimulate the much-needed national unity. This is



necessary for effective crisis response and to heal longstanding and new political wounds. The exclusion approach of crafting a response to Ebola has made the political gulf between parties even wider. Political parties of all sides need to educate their members that the opposition is not the enemy or a force for evil in a peace-for-development context, but that instead, all stakeholders have a role to play in any crisis. This mode of functioning can work in health, social or electoral-based

crises. The goal is to re-establish trust between the people and the Government, without it the population will suffer.

Communities must understand that peace is the best path towards development, and that systematic resistance to Government policies will jeopardise that peace. This needs to come through clear messaging from the Government and the opposition. Civil society organisations (CSOs) can support this process by teaching communities they should understand decisions and respect laws.

Developing stronger coordination responses

The harmonisation of efforts, and making leaders and communities aware that fighting Ebola is in their common good, is a priority for effective action. In this sense, the crisis is an opportunity to develop better cooperation processes that can benefit other national priorities – e.g. effective governance and collaborative development.

To raise community awareness calls for joint, coordinated efforts that are built upon acknowledging what has not worked so far. New methods of reaching out and communicating are necessary, and people need to be consulted on methods they feel will be accepted in their communities.

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Building the capacity of civil society to fulfil its role as a partner

The crisis illustrates the urgent need for civil society to work as a partner with the Government on key issues. CSOs need to explain to decision-makers that the role and responsibility of civil society are not limited to the systematic denunciation and criticism of the Government and that their objectives are constructive and noble. These objectives include improving the living conditions of communities, and fostering a constant concern to preserve a lasting peace and stimulating inclusive and sustainable economic development. Civil society must serve as a vanguard with institutions of the state, helping to find solutions to the ills that undermine national peace development and create crises such as Ebola.

If civil society is to more effectively fulfil its role, the training and capacity building of CSOs will be needed, as will the raising of awareness for the Government. Civil society should be seen as a check and balance on the Government, not as part of its political opposition. If the Government sees civil society as a parallel power, cooperation will not be possible. The goal is to show decision-makers that civil society does not want to be a political opponent but a watchdog that favours the wellbeing of the people. If political decisions adversely affect the well being of the population, CSOs must remind the state of its responsibilities and the limits of its power. If Government decisions are to offer solutions, civil society must accept a partnership agreement. The Government must be open to civil society's suggested solutions.

If political decisions adversely affect the wellbeing of the population, CSOs must remind the state of its responsibilities and the limits of its power.

Economic losses across sectors must be addressed by state-led economic recovery and the development of public-private partnerships in growth-generating sectors like agriculture and SMEs.

Engaging economic and development actors to support recovery efforts

The de-centralisation of production units from the capital city to the provinces would help establish local workforces, reduce local unemployment and develop other sectors. This would reduce the factors that aggravate crises linked to concentrations of unemployed youths in urban areas. The development of local economic initiatives should be sought in reducing or reversing the rural exodus. Economic losses across sectors must be addressed by state-led economic recovery and the development of public-private partnerships in growth-generating sectors like agriculture and SMEs. In health-related crisis situations, reducing inter-city mobility through the development of local economic activity and providing livelihoods for communities will help reduce the risks.

Utilising the New Deal to address key challenges and build stronger foundations for peace and development

The New Deal offers a key entry point for achieving inclusive agreements, and combating and preventing crises like Ebola. Such agreements provide opportunities to address the cultural and structural differences and broach the political sensitivities within and between communities and the state. National ownership of the New Deal needs to be built by, from civil society to senior civil servants, and across professionals in mass media, education, defence and security, targeting all sectors of political and economic life. The involvement of religious leaders is also key. To facilitate the New Deal and its instruments as a cross cutting framework calls for National ownership.

A fragility assessment involving all stakeholders should be carried out to identify the sources of fragility and their solutions. Good facilitators will be needed. Civil society teams, established at regional levels as part of New Deal regional platforms, can play an important role, alongside religious leaders and traditional communicators who all have a strong audience within populations. All these actors can influence conflicts and crisis resolution.⁷ This should occur in parallel to raising awareness for the New Deal, and peacebuilding in general. Implementing and enforcing this study's findings, and the principles of the New Deal in general, will power Guinea along the path to resilience.

4. New Deal Linkages and Lessons for New Deal Countries

In Guinea, the exclusion of political leaders from decision-making processes has had implications for the nation as a whole. It is a major cause of the crisis of confidence in the Government, leading to disputes and a source of fragility in the social fabric.

If the Government and decision-makers do not respect political commitments, lower levels of trust among the population will become a driver of social protest. For example, the 3 July 2014 agreement to establish new state institutions by the end of 2014, including a Constitutional Council and a Financial Court, has not been met. As yet, only Parliament and the President exist effectively as institutions. In the context of Ebola, or other crises, such issues can become politicised and deepen and fuel political tensions.

This example illustrates the importance of PSG 1 for Guinea, where exclusion is systematic in decision-making and where political agreements are not respected. The lack of an inclusive policy for crisis management, observed in this study in the context of Ebola, offers a critical entry point to the New Deal PSG 1. State and non-state actors need to find synergistic responses to crises and wider social challenges affecting the population. The perception of an effective framework for peace can facilitate the creation of coherent strategy and the commitment to respect agreements. Inclusion at all levels of the state, and across all political parties, can support the resolution of differences. This is true for both national level leadership and decentralised levels of government.

Finding sustainable ways out of fragility towards resilience should be done by advocating and promoting

The lack of an inclusive policy for crisis management, observed in this study on the context of Ebola, offers a critical entry point to the New Deal PSG 1.

understanding of the New Deal among parliamentarians, senior Government officials, the mass media, civil society organisations, the private sector and the defence and security forces. All these stakeholders should be taken into consideration by the decision-making bodies.

Progress requires the greater involvement of civil society in all forms of crisis-resolution processes. This includes the management of the current health situation through capacity-building work, awareness and advocacy. The role of development partners in supporting civil society, both technically and financially, should be amplified.

All fragile countries need to attain a level of ownership of the New Deal that will give most development actors access to the decision-making levels. Progressing out of fragility towards resilience calls for the effective implementation of the New Deal *through* an inclusive and participatory process, involving all stakeholders. ●

- 1 World Health Organization, Ebola Situation Report, 18 February 2015. Available from <http://apps.who.int/ebola/en/ebola-situation-report/situation-reports/ebola-situation-report-18-february-2015>
- 2 Field interviews, Customs and Taxes officials, private sector representatives, January 2015.
- 3 CSPPS Focal Point, first acting from CSO CECIDE (Centre du Commerce international pour le développement) then ODDI-Guinée (Organisation pour le développement durable et intégré de la Guinée), from 2013. The governmental FP position has been located from the start at the Ministry in charge of managing civil service, as part of a service dedicated to inter departmental capacity building for civil servants, SENAREC. The current Minister of public service is a former g7+ New Deal Focal Point, succeeded by a former Focal Point of the Civil Society Platform for Peacebuilding and Statebuilding (CSPPS).
- 4 Notably, this was true of the customs and tax services in the regions of Guékédou and Forestière, and from the directors of Donka and Ignace-Deen hospitals in Conakry.
- 5 Interview, Community Leader (Faya Milimono), January 2015, information corroborated by media reports (private radio and TV), of community protests in the Forestière region, demanding the withdrawal of military forces.
- 6 Interviews, National Coordination Committee for Fighting Ebola (hosted by Ministry of Health and Public Hygiene), Ministry of Justice, January 2015.
- 7 Other organisations can be mobilised as part of conflict management processes, for instance the National Mediators Network (Réseau national des médiateurs).



Democratic Republic of Congo

DRC CSPPS Country Team and Focal Point organisation PREGESCO

1. Introduction

On 24 August 2014 the DRC formally declared that it had been hit by the Ebola Virus Disease (Ebola). It was the seventh time an outbreak of the disease had been reported in the country.¹ Past Ebola crises had increased the expertise and response capacity of the health administration in the DRC. Medical staff in the country displayed a marked determination to remain on the ground nationwide wherever suspicious deaths were reported, even though it meant they ran the personal risk of being infected and (in some cases) dying as a direct result.² The past crises also educated communities. Those that were affected during previous crises willingly took preventative measures during the current one and abandoned practices that were likely to increase the transmission of the disease, such as conducting unsafe funerals and services for the deceased.

The 2014 outbreak affected the Djera sector in the Equateur province, in the north-east part of the country. The Djera sector is located between the Lomela River (south) and the Bokungu River (north), some 1,200 kilometres from Kinshasa. The Ebola epidemic also

affected other parts of Western Africa at the same time. The DRC therefore had to fight Ebola on two fronts: internally to avoid the disease spreading from the Djera region, and externally to prevent more incoming cases.

The “Zaire” strain of the virus began with patient “zero”, a woman who was infected by bush meat she had prepared for a meal. She subsequently infected her husband and then the medical staff of the health facility to which she was brought and where she died on 11 August 2014. A total of 66 cases were recorded in the DRC, including 49 fatalities (a 74 per cent fatality rate). No further cases have been recorded there since 4 October 2014, which was 42 days after the official announcement of Ebola in the country. According to World Health Organization (WHO) standards, the DRC Government waited an additional 42 to announce the end of the epidemic in the DRC, on 15 November 2014.³

This study was conducted in Kinshasa by health experts from civil society organisations (CSOs) and two members of the CSPPS DRC Country Team (CT).⁴ Medical experts from national (the Health Ministry and Biomedical Institute) and international (WHO, Médecins Sans Frontières and UNICEF) crisis response actors were consulted. In addition to personal, semi-structured interviews (individually or in groups) in Kinshasa, stakeholders in the Djera sector were interviewed by phone. A results-validation workshop between medical experts and all members of the CSPPS CCT was also organised.

2. Lessons learned from the management of the Ebola epidemic in the DRC

Lessons on the state and institutions

From the first alert and subsequent declaration of the Ebola outbreak in the DRC, the political leadership played a critical role in managing the crisis and ending the epidemic. From the very start the political and administrative authorities were intensely involved in this management, including, at the highest levels, the President of the DRC, the Prime Minister, the Minister of Health and the Equateur Province Governor. This involvement facilitated the mobilisation of a great number of development partners to respond to the challenging logistical context of Djera (dense forest, heavy rain, floods, difficult access, communication problems, staff accommodation etc.). The authorities coordinated external funding and facilitated information sharing among external partners (international organisations and

From the first alert and subsequent declaration of the Ebola outbreak in the DRC, the political leadership played a critical role in managing the crisis and ending the epidemic.

NGOs). They allocated funds strategically, based on needs assessments carried out by the Government.

Relying on the Ministry of Public Health for the necessary coordination, the Government set up institutional arrangements at national (Kinshasa), provincial (Mbandaka) and local levels (Lokolia and Boende). Meetings, conducted through conference calls, were held twice a week for each level. An intervention team with proven experience in managing an Ebola outbreak was created. The team comprised clinicians, epidemiologists, lab staff, biologists, data and logistics specialists and psychologists. It was based locally in Boende and Lokolia and reported to the national coordination level, the Health Ministry, twice a week. Having previous experience of developing efficient strategies and appropriate measures made it possible to quickly control the epidemic. Moreover, this hands-on approach created the necessary space for collective reflection, while collaboration between teams at all levels made it possible to share information.

Lessons on strategy

The Ebola epidemic was quickly managed, thanks to the intervention of experienced, multidisciplinary teams and the implementation of the strategy outlined in the following paragraphs.

Community leadership and ownership: Placing communities at the heart of the national strategy has proved to be a major factor in stopping the Ebola outbreak in its tracks. Community leaders support the enforcement of a ban on all hunting in the entire Equateur province. Communities are also assuming leadership in several areas. These include arranging the funerals of all

Placing communities at the heart of the national strategy has proved to be a major factor in stopping the Ebola outbreak in its tracks.

confirmed cases, investigating all deaths, Ebola-related or otherwise, and all deaths in Ebola Treatment Centres, the sensitisation of community members to the risks of the disease and the disinfection of all homes where there have been confirmed cases. “Community relays” have been widely used. These are voluntary contact persons chosen among community members who act as an interface with the crisis management staff. They play a direct door-to-door role by demonstrating prevention practices to households, educating people about the warning signs of infection and informing them about hotlines to emergency services. They also assist crisis staff by counting the number of people in communities, participating in surveys, and introducing and planning sanitary interventions among communities. Community leaders also facilitate the delivery and use of disinfection products by medical teams.

Quality medical access and delivery, clinical rigour and logistical efficiency: The first measure that was taken was to quarantine the Djera region, so as to quickly limit the spread of the Ebola epidemic. Providing free healthcare to all Ebola Treatment Centres and giving people access to regular healthcare centres in the Djera area proved a key factor in the DRC’s success in combating Ebola. A high priority was given to safe burials of the people who had died, right until the end of epidemic. The Red Cross was entrusted with securing bodies before and after funerals. These were organised with the limited participation of family members, who were provided with safe protective gear.

Some of the key measures that were taken are listed below.

- At the start of the outbreak, Ebola Treatment Centres were established in Lokolia, Boende and Mbandaka.
- A Canadian mobile laboratory was established in Lokolia to carry out real-time biological diagnostic activities and to strengthen internal quality control.



- National experts who had participated in the management of previous epidemics were deployed on the ground.
- Laser thermometers were provided to all ports and airports in the province of Equateur and to all the DRC’s 88 border entry points.
- All medical and hygiene employees were issued with personal protection equipment.
- Cases were actively researched and the personal contacts of Ebola victims were closely monitored for 21 days.
- Essential pharmaceuticals were issued to all healthcare centres and free healthcare was provided for the complete duration of the epidemic.
- The staff and intervention teams were motivated through the payment of a risk premium (although not at first). They were selected on the basis of their experience and having a strong interest in solving this humanitarian problem.
- Efforts were made to strengthen the capacity of local service providers throughout Boende.
- Regular airlifts were made between Kinshasa, Mbandaka and Boende.

Lessons on the role of civil society

With its strong access to communities across the DRC, civil society has played a substantial and pivotal role in establishing community ownership of the crisis in the fight against Ebola. As explained above, the community relays, which were developed in 2003 by the communities themselves, act as a local interface between the CSOs and local or central Government. By relaying information to critical service-delivery and crisis-response units, these relays perfectly illustrate the crucial role being played by CSOs. Local NGOs have

... CSOs lack the necessary resources to help populations during the subsequent early recovery and resilience phases.

trained the community relays on essential health and public policies. In the struggle against Ebola, the community relays, regular and community leaders and local officials work to inform and convince populations that they must respect and comply with the measures designed to stop the epidemic.

CSOs have sensitised the population to the risks of the disease at local level through a combination of information-education-communication (IEC) and communication for behaviour change (CBC) programmes. The intention is that civil society will continue its work after the end of the epidemic has been officially declared. However, CSOs lack the necessary resources to help populations during the subsequent early recovery and resilience phases. No regulatory framework exists that could provide the means for this role, or provide for the institutional inclusion of CSOs in national coordination bodies. Consequently, in the absence of funding, activities have quickly slowed down. Given this situation, CSOs would now like to see the emergence of an institutional partnership with the Government that will define roles and provide the necessary resources for ongoing prevention initiatives by civil society at community level. A “resilience” phase – to build preventive measures and practices – has not been planned by the Government in and around Boende, despite official commitments that have been made to develop health, education and transportation infrastructures.⁵

Community relays have also played an important role in raising awareness, while CSOs play a strong role in monitoring changes in risk behaviour and practices among the population. This makes it possible to define and capitalise on the best practices that have emerged during the struggle against Ebola, and in communicating them to all other partners. Given the sheer geographic magnitude of the DRC and its 11 provinces, and that the outbreak of Ebola had only been declared in the Equateur province, the need for communication is

immense. CSOs have a presence in all the provinces, as well as provincial-level coordination structures. Their cooperation is recognised by the Government through a Civil Society Consultation Framework, established in all provinces by a joint initiative from major CSO Platforms.⁶

Lessons learned about media and communication

Generally speaking, the population of the DRC is well informed about external (Western Africa) and domestic outbreaks of Ebola. The people have been informed about the epidemic and given the opportunity to talk about how to manage their fears and concerns. There is a need for communication at personal, group, and local levels (particularly in Boende in the Djera region) and at national level too. Activities to raise awareness have been conducted at local level, with sensitisation messages broadcast by community radio stations. Information leaflets have been distributed during exchanges between the intervention team and the population, with outreach support provided by community relays and CSOs.

At national level information about Ebola has been provided by the media and information leaflets distributed to the general population. A key lesson is that more could have been done here. Personal or small-scale and larger group exchanges with the general public could have been led by civil society, using non-governmental platforms and networks that exist throughout the country (as described above).

Lessons learned about the role of development partners

Partners supporting the healthcare system in the DRC have contributed to the fight against Ebola by providing various necessities. These included mobile laboratory equipment, protective equipment, vehicles, communication material, pharmaceuticals, airlifts, etc. And despite the difficult working conditions in Boende, they engaged directly, on the ground. Médecins Sans Frontières was the first partner to arrive.

Some partners bought their own equipment and led interventions themselves, without using country systems. Budgets set by international partners sometimes exceeded the Government’s assessments of what was needed. Traceability and the accountability of expenditure was also an issue. The sharing of leadership was more positive, as partners let the Government conduct its own needs assessment, with the Health Minister in charge of coordinating efforts and communicating with the population.

3. Lessons for New Deal Countries from DRC experience

For New Deal countries there are six key lessons to be learned from the DRC's management of its Ebola outbreak.

- **Government-led coordination efforts are needed:** Active leadership by the Government is critical. In the DRC this means actively utilising the national coordination committee, which is chaired by the Minister of Health, and ensuring regular communication with various sub-national level committees all the way down to the outbreak locality. This has made it possible

An epidemic prevention model and related policies must be developed and put in place.

to avoid information deficits and asymmetries. An epidemic-prevention model and related policies must be developed and put in place. This will underscore a robust response to Ebola, as well as other epidemics, such as Malaria. The Government's engagement in epidemic response and prevention efforts should be guided by policy, at all levels (national, provincial and local). This is also true for post-epidemic initiatives.

- **Sufficient and coordinated finances:** Funding is an essential requirement in addressing epidemics. There must be transparency and accountability in the mobilisation and coordination of all funding, including what is received externally from partners. A financial commission, tasked with monitoring and accounting for partner expenditure, must be added to the list of technical commissions deployed in epidemic prevention. Finances should be target-based on common needs assessments.
- **Community leadership:** Communities must drive efforts at local level. Key to this is the community ownership of managing safe funerals and the sensitisation of community members to the measures that must be taken to combat and prevent the spread of Ebola.

- **International partner support:** By sharing standard prevention measures for Ebola, partners must work to strengthen the healthcare system and support the sensitisation efforts of the medical staff and the population.
- **Logistical and medical preparedness:** Being prepared for emergencies means having the logistical and medical resources, human resources and other resources close at hand. These are listed below.
 - Lokolia mobile laboratories, airlifts for teams and supplies and VSAT links for epidemiological data are pivotal prerequisites for responding to urgent and vital needs. Multidisciplinary, experienced experts should be identified and readily available to be mobilised for immediate crisis management.
 - Epidemiologic surveillance capacity for monitoring indicators and for the diligent transmission of data is needed. To this end, national laboratory equipment must be operational.
 - Healthcare employees trained in epidemic detection and treatment are needed.
 - In addition to Ebola, regular prevention kits must also be on hand nationwide to ensure that the treatment available for regular diseases also remains at a high level.
 - Gains made in raising the awareness of communities during the fight against Ebola should be exploited by stimulating the population to embrace all prevention and safety measures and best practices.
- **The role of CSOs:** CSOs play a critical role in sensitising the population to the risks and encouraging the collaboration of the community in addressing and prevent crises. The capacity of CSOs to play an active role in this area must be supported in all g7+ countries. ●

- 1 1976 in Yambuku/Equateur, 1977 in Tandala/Equateur, 1995 in Kikwit/Bandundu, 2007 in Mweka et Luebo/Kasai-Occidental, 2008 in Kaluamba/Kasai-Occidental, 2012 in Isiro/Province Orientale, 2014 in Djera/Boende/Equateur
- 2 Eight health care workers lost their lives. "World Health Organization: Democratic Republic of Congo is Ebola-free", CNN, 21 November 2014. Available from: <http://edition.cnn.com/2014/11/21/health/ebola-outbreak/>
- 3 WHO protocol is to officially announce the end of an epidemic 21 days (3 weeks) after end of the last known case. For Ebola the DRC government chose to double the recommended timeframe before announcing the end of the epidemic. Liberia also follows this timeframe.
- 4 DRC CSPPS CT is co-ordinated by Focal Point CSO Pregesco (Programme de renforcement des capacités de la société civile dans la prévention et la gestion des conflits en Afrique centrale).
- 5 To date, only a UNDP consultant has been sent to conduct a needs assessment.
- 6 The dialogue of area working groups with relevant Ministries and state agencies.

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ACTIONS AGAINST
EBOLA!



Nigeria

Nigeria CSPPS Country Team and Focal Point organisation CSDEA

1. Introduction

According to the World Health Organization (WHO), the first ever Ebola Virus Disease (Ebola) case in Nigeria was reported in Lagos, Nigeria on 20 July 2014. It occurred when a person arriving from Liberia became ill and was diagnosed with Ebola in Lagos. A total of 20 persons were subsequently infected, and eight of them died.

Nigeria's response to the outbreak was swift and responsive. All reported Ebola cases and their contacts were traced and quarantined for 21 days, as required. The outbreak was active for a total of seven weeks. Six weeks after the last reported Ebola patient was discharged from the hospital the WHO declared Nigeria free of the virus.

Research for this report was conducted by the Civil Society Platform on Peacebuilding and Statebuilding (CSPPS) Nigeria Focal Point, the Centre for Sustainable Development and Education in Nigeria (CSDEA). The methodology of the report includes the use of focused group discussions and individual interviews. Health experts were interviewed from the Ministry of Health, the Nigeria Centre for Disease Control, partners of the Gates Foundation, the Nigeria Field Epidemiology Programme and the African Field Epidemiology Network. Interviews were also conducted with officials of the Strategic Coordination Unit (SCU) managing the Ebola crisis response. Also interviewed were representatives of Civil Society Organisations (CSOs) that were involved in advocacy and messaging on Ebola, as well as one that was involved in direct health support.

2. Lessons Learned from the Management of the Ebola Epidemic in Nigeria

Lessons learned about the state, national institutions, and national Ebola response strategy

Nigeria's experience in eradicating Ebola indicates that strong healthcare institutions with skilled and adequate personnel, together with risk incentives, are pivotal factors in combatting health outbreaks such as Ebola. The wealth of experience and capacity in the country's health sector prior to the outbreak of Ebola is based

... strong healthcare institutions with skilled and adequate personnel, together with risk incentives, are pivotal factors in combatting health outbreaks such as Ebola.

primarily on Polio and Malaria emergency response mechanisms that have been very successful in the country. Other major health emergencies that also prepared Nigeria's public health sector for its swift response to the Ebola outbreak include Lassa Fever and Cholera outbreaks and an incidence of lead poisoning in Zamfara State.

Nigeria's healthcare system is well equipped, with modern facilities and qualified staff underscoring its ability to provide quality healthcare to diagnosed patients, including those being monitored in isolation units. At the heart of this preparedness lie training programmes of the Nigeria Field Epidemiology Programme for Veterinarians, Physicians and Laboratory Experts for health emergency responses initiated by the Federal Ministry of Health and the US Centre for Disease Control over seven years ago. This training prepared healthcare workers on the use of medical equipment, such as Personal Protection Equipment (PPE) and thermometers, in situations of transmissible health disease outbreaks, such as Ebola.

At the onset of the Ebola outbreak, in July 2014, healthcare workers who came into contact with the first infected person, traveling through Lagos from Liberia, did not suspect Ebola. Consequently they too were infected. Immediately after the diagnosis was confirmed, the Federal Ministry of Health set up five emergency units to respond adequately to the crisis. These units will be maintained until the complete end of the outbreak in West Africa. They are modelled on the ones that were set up for the Polio emergency response and most of the manpower was also drafted in from the ranks of those with experience in managing the Polio outbreaks in Nigeria. The five units that were set up for the Ebola response are described in the following paragraphs.

Immediately after the diagnosis was confirmed, the Federal Ministry of Health set up five emergency units to respond adequately to the crisis.

The Strategic Coordination Unit was created to serve as the strategic powerhouse in the fight against Ebola by ensuring the effective functioning of all the other units. This emergency operation centre is based on the Gates Foundation Polio Emergency Operation Centre. The unit has been very effective and has benefitted from staff expertise that was built up through the management of previous epidemics (Lassa Fever and Cholera). It coordinates the financing and sourcing of human resources in a timely and responsive way, while procuring the necessary equipment and paying wages on time too. Providing an incentive-driven response in a situation like this, where fear of infection can undermine the delivery of healthcare, has been key to the success in combatting Ebola in Nigeria.

The Epidemiology and Surveillance Unit plays a specific role in the surveillance, identification, investigation and isolation of cases. Experts and practitioners alike have praised it as a driving force in responding to the Ebola crisis. Since the installation of this unit, around-the-clock active surveillance has been established at all ports of entry, public places (such as banks and supermarkets) and in communities. The objective is to forestall a possible future outbreak of Ebola in the country. This is very important, given that Nigeria is so close to other West African nations that are still struggling to eradicate Ebola. The surveillance is done in three layers. The first layer comprises the completion of mandatory information forms at all ports of entry by everyone entering the country. This is accompanied by primary thermal screening. A secondary thermal screening is administered if, during primary screening, a patient has an abnormal temperature and other possible symptoms of the virus.

The Case Management Unit has provided clinical healthcare to infected persons. The early deaths of the healthcare workers who were infected by the first Ebola victim instilled fear into most of the healthcare personnel and, initially, undermined efforts to respond to the disease. This improved rapidly when the Federal Ministry of Health offered incentives, which resulted in higher levels of motivation and dedication to service among healthcare workers. It is important to state here that while there were enough skilled healthcare workers to provide the necessary clinical care, at the beginning fear undermined their devotion until those incentives were offered. All infected persons, including those under quarantine, were given considerable attention by this unit. The guaranteed availability of resources and equipment means it is possible to isolate and treat all cases after conducting the necessary examinations in each suspected case. The availability of free healthcare also enhances case detection and treatment.

The Training Unit improves and validates the skills of the healthcare workers. This unit is proving to be another major asset in the fight against Ebola in Nigeria. As mentioned earlier, the country had adequate skilled and experienced doctors and laboratory experts before the outbreak, courtesy of the Nigeria Field Epidemiology Programme.

The Social Mobilisation and Communication Unit is responsible for sharing information, educating the public and raising awareness. It has been central to the success

of managing Ebola-related messaging. The information that is shared focuses on how to prevent Ebola and the advantages of early testing and treatment. This unit also addresses and prevents the dissemination of misinformation on Ebola, including rumour spreading and stereotyping.

What these units and the entire response strategy have in common is that the Nigerian Government and its partners have built upon the existing Polio response mechanisms to develop responsive and sustainable



Ebola-surveillance and outbreak-response systems. A major component of the Ebola response efforts in Nigeria has been the introduction of new technologies, such as Android-based phones to enhance routine surveillance and the reporting of new cases. The deployment of the Android-based phone technology has driven tremendous improvements in surveillance and outbreak response in Nigeria, and this is now being replicated in other countries. The availability and quality of healthcare facilities and services in Nigeria has accounted for the swift response.

Lessons learned about the role of civil society and society at large

CSOs have played a key role in sharing information and disseminating best practices. They hold seminars and carry out sensitisation campaigns to increase public awareness on prevention and care. Some CSOs, such as the Society for Public Health Physicians, are also part of the SCU, which has been established by the Federal Government of Nigeria to respond to the Ebola crisis. The participation and representation of CSOs in the SCU during unit meetings¹ underscores the importance of civil society's participation in the overall national response in Nigeria.

National ownership evolved through multi-stakeholder involvement in the crisis response and this has created a sense of dialogue and collaborative action. The Nigerian population, supported by civil society engagement, has thus largely been at the centre of a successful response by being cooperative in identifying and reporting everyone suspected of showing symptoms of the virus. Nigerian citizens have also taken preventative measures to heart, limiting close contact with people and avoiding unnecessary handshakes. Residents boarding buses take extreme measures to keep their distance from fellow passengers.

The private sector has also been instrumental in financing the effort. Apart from the approximately US\$12 million that has been mobilised by the Government of Nigeria to tackle the outbreak and assistance from international organisations such as the WHO, there has also been overwhelming support from the private sector and individuals in Nigeria. For example, Aliko Dangote, a Nigerian billionaire and the Chairman of the Dangote Group, the largest industrial conglomerate in West Africa, is reported to have donated US\$1 million. Moreover, to help in the fight against Ebola, multinationals operating in Nigeria such as Chevron, Shell and Total were reported to have donated items that included cars, buses, thermometers, and PPEs. All these contributions were received and administered by the SCU.

The Nigerian population, supported by civil society engagement, has thus largely been at the centre of a successful response by being cooperative in identifying and reporting everyone suspected of showing symptoms of the virus.

Lessons learned about the role of the media

The media was proactive in increasing public awareness and disseminating information on how to avoid being infected by Ebola, communicating the surveillance measures that were in place and investigating new and possible cases. However, the media (private local, foreign and social media) was also criticised in several quarters for spreading false information about the outbreak, and therefore doing more harm than good by exaggerating the numbers of infections and deaths and scaring the public. In several instances of misinformation by the media, the Social Mobilisation and Communication Unit had to carry out some damage limitation. For example, the numbers of infected people and the rate of infections were initially blown out of all proportion. There was also an incidence of misinformation, again from private local, foreign and social media, on the actual identity of infected healthcare workers and their health status². The media also distorted information provided by Government surveillance structures, CSOs and from social networks. No training was provided to the media on reporting on the outbreak or response.

3. Lessons for New Deal Countries from Nigeria experience

Nigeria's growing success in countering and preventing epidemics and, in this case, the spread of Ebola, can be largely attributed to the proactive measures taken by the Government and other stakeholders. These have focused on ensuring that infected persons receive adequate healthcare and that all suspected cases are isolated and monitored. This provides many lessons for New Deal countries as they seek to improve their ability to respond to Ebola, and, more generally, in preventing crises like these that can derail progress towards building resilient societies and sustained peace and development.

The case of Nigeria shows that healthcare institutions in New Deal countries should prioritise by having well-trained and well-equipped staff and by being prepared for any emergency health crisis. Having sufficient and well-trained doctors and laboratory experts, as well as an effective and strategic infrastructure to coordinate the response, are also pivotal. Furthermore, adequate and timely financing and incentives for healthcare workers has also proved to be crucial to Nigeria's successful handling of the Ebola crisis. New Deal countries that are still struggling to eradicate the virus, should also take these into consideration.

Developing and deploying an effective surveillance and outbreak response mechanism is crucial for anticipating and preventing a health crisis like Ebola. The introduction of new technologies, such as Android-based phones to enhance routine surveillance and report new cases, have been key to Nigeria's success.

Effective and responsible communication systems are required to support such efforts. However, these must be underpinned by being sensitive to what will positively motivate communities and society in general. It is important to initiate dialogue and understanding among the populace. False reporting can lead to the stigmatisation of persons who are falsely reported as being ill. It can also risk causing interpersonal conflicts between a suspected person and that person's community and family, which can all too easily escalate in a crisis situation. To educate the public, Nigeria's Social Mobilisation and Communication Unit has been able to quickly address such situations by communicating the actual infection figures, as well as accurate information on the transmission risks.³

Of key importance for g7+ countries is the fact that the Nigerian Government is fully in control of the coordination

of finances from the Federal Government budget and private donations, all of which are channelled through the Government's SCU. At the same time, there is also strong accountability of the funds to all stakeholders and private donors. Therefore, country systems have been utilised in a transparent and accountable manner, which underscores the national ownership of the response – a principle lying at the heart of the New Deal. ●

Of key importance for g7+ countries, was that the Nigerian Government was fully in control of the coordination of finances.

- 1 CSOs joined meetings of the Strategic Coordination Unit as part of a "situation room" format, where all aspects of crisis response were monitored. These included: infection numbers and rates, the use of quarantine facilities, logistics and the allocation and use of all the necessary resources.
- 2 Focus Group interview, Social Mobilisation Unit staff.
- 3 Including defusing rumours that the virus was airborne.



**CIVIL SOCIETY
PLATFORM**
FOR PEACEBUILDING
AND STATEBUILDING

The **Civil Society Platform for Peacebuilding and Statebuilding (CSPPS)** is the official forum for coordinated civil society participation in the **International Dialogue for Peacebuilding and Statebuilding (IDPS)**. It brings together a diverse representation of civil society globally, both from g7+ countries and from civil society organizations working on issues of peacebuilding, statebuilding, conflict & fragility and development at regional and global levels. Since 2011, we have engaged in the shaping of the IDPS process and its outcomes and in country implementation of the **New Deal for Engagement in Fragile States**.

The goals of CSPPS are to develop and strengthen the voice and capacity of civil society at national and global levels to engage in the process of the international dialogue – in agenda setting, policy negotiation, and in the roll out and implementation of the New Deal. CSPPS strives to infuse peacebuilding values and concerns into the International Dialogue and in related policy processes, globally.

This report examines the Ebola crises, its impacts and priorities for recovery and future crisis prevention from a peacebuilding lens. The case studies in this report were conducted by CSPPS Country Teams in Guinea, Liberia, Sierra Leone, DRC and Nigeria. The report brings recommendations to all IDPS members for priority integration of civil society views into national and regional recovery and crisis prevention strategies. The research and editorial production of this report was coordinated overall by CSPPS Executive Committee member Erin McCandless, with the support of Nicolas Bouchet.

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Civil Society Platform for Peacebuilding and Statebuilding (CSPPS)

Cordaid, as part of its commitment to addressing fragility, hosts the CSPPS coordinating secretariat.

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