ADAPTING AN EBOLA COMMUNITY FEEDBACK MECHANISM FOR COVID-19
Case study from Democratic Republic of Congo

INTRODUCTION


The DRC Red Cross Society (DRCRCS) has been key in responding to past crises and has built on these experiences to respond effectively to the pandemic.

In the city of Beni in the north-east of the country, an interagency community feedback mechanism originally established to better understand people’s perceptions of the Ebola virus has been adapted to gather insights on COVID-19, helping to guide and shape the response at local and national levels.

“Zoe Masika
UNICEF, Communication for Development (C4D) Officer in Beni

Each agency had tried doing their own thing but realised it would be more effective to work together, that changed everything – we could see the value, agencies had a common goal, and we were able to provide a better strategy and response.

It took some bravery and leadership from everyone involved to work together, but agencies recognised it was the best approach, they had tried these mechanisms on their own and realised it would be more efficient and more effective if we all worked together.
EBOLA ORIGINS

The feedback mechanism was originally set up by the DRCRCS during an Ebola outbreak, with over 800 volunteers documenting the rumours, observations, beliefs, questions, and suggestions they heard from community members during their daily activities.

Responses were analysed to help understand people’s perceptions of the disease and the findings used to inform humanitarian activities.

Community information sessions explaining how organisations handled the deceased, and changing from opaque to transparent body-bags to give reassurance that bodies were not being mistreated, were both actions inspired by community feedback.

Over time, the system became harmonised with multiple agencies collecting feedback through standardised forms and submitting findings to the Red Cross for data consolidation and analysis, before being passed to the local steering committee for discussion and decisions on how to respond.

COVID-19 ADAPTATION

Agencies involved in Beni’s community feedback system immediately realised the value the existing mechanism could have in informing their response to COVID-19.

With the Red Cross still acting as focal point, qualitative feedback tools were adapted to ensure that, as well as continuing to monitor issues around Ebola, people were also able to share their perceptions of the new COVID-19 virus.

While much of the feedback has focused on rumours about COVID-19 that agencies have been able to respond to by engaging people and sharing consistent information through community networks – including through local radio stations – the strategy of engaging with and including community leaders is one directly informed by community feedback.

The broad scope of the mechanism, and the feedback it collects has helped facilitate more coordinated working within organisations, as well as between them, and through the Ministry of Health local reports from Beni are also passed on to provincial and national level coordination bodies to help inform higher level decision making.

“Gentil Musavuli Mwenge
DRC RCS Feedback Manager

UNICEF, WHO, International Rescue Committee, Internews and others are all involved, but Red Cross is the focal point.

We provide standardised log sheets to all the partners, there are separate questions for Ebola and COVID-19, and they submit their feedback to us at the Red Cross.

After collecting all the data, we put it into the system and work with our IM colleagues to analyse what issues are coming up most frequently – it could be a particular rumour, it could be misinformation, it could be a question that people have.

We then report to the steering committee, which is chaired by the Ministry of Health and has representatives from each of the partners, and they discuss and decide what action should be taken in response.
Jean de Dieu  
*Red Cross Community Engagement and Accountability Officer in Beni*

We found that people would be most reassured that vaccination was safe if they knew that local leaders in their community had been vaccinated.

Our approach now is to work with all leaders – religious, political, or community leaders – and for them to be vaccinated publicly.

We engage with local media to encourage them to report when high profile people get vaccinated; the mayor in Beni has been vaccinated and it was on TV.

More people are willing to get vaccinated now, it is still not enough, and there is still a lot of hesitancy, but there is movement.

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Philemon Kahumulendi  
*Ministry of Health, chair of Beni’s feedback mechanism steering committee*

We have done great work – in this area more than 2,000 people have been vaccinated – but with reduced funding there have been fewer NGOs active than before, which unfortunately sent a message that COVID-19 was not so important.

As Ministry of Health we don’t have the funds and capacity to continue activities without the NGOs, so it ends up being stop-start, but to be sustainable we need to be able to continue day-to-day, it all boils down to lack of consistent funding.

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Aime Kasereka  
*C4D consultant with UNICEF in Beni*

The mechanism we have enables a lot of joint working, helps bring people together and increases our responsiveness to community feedback and concerns.

All sectors have an interest in what communities are saying – Protection, WASH, Health, and others – the feedback reports bring these areas together to discuss approaches, and seeing programmes respond to their feedback makes communities feel even more involved.

During acute crises the activities of NGOs increase but unfortunately once funding reduces they can lose momentum and systems that have been established can start to break down.

We’ve kept the feedback mechanism going so far by working together, and hopefully we can continue to do so. But to sustain it needs ongoing financial support and the assured, ongoing presence of humanitarian partners assisting alongside the government.
CONCLUSION

Challenges – DRC’s complex context, incorporating repeated outbreaks of Ebola virus, long-term insecurity, and the arrival of the COVID-19 pandemic, presents a challenging operating environment. While in some ways these long-term challenges have enabled the presence of humanitarian actors and development of tools like the community feedback mechanism, their unpredictable and cyclical nature, and the impact this has on actors’ funding and capacity, makes it difficult to sustain consistent coordination and ways of working between partners.

Learning – The community feedback mechanism is one shared system that has withstood DRC’s dynamic context, testament to the value partners have placed on it. An extremely adaptable tool, only minor changes have been needed to integrate additional COVID-19 data collection. The fact it was already established prior to the onset of COVID-19 meant it was ready to be deployed – and able to deliver insights – right from the off, saving time that would have otherwise been lost setting up a similar system from scratch.

Next Steps – Having confirmed the ongoing utility of the community feedback system, and the desire amongst partners – including the government – to keep it running, ways must now be found to ensure its sustainable continuation. With organisations involved thus far reliant on funding in response to unpredictable emergencies to keep the full system fully operational, it is necessary for all partners to work together to find a model that enables it to carry on day-to-day, and ensuring the infrastructure, and inter-agency relationships and coordination, remains in place, ready to adapt and respond when the next emergency strikes. With their long experience working with the mechanism, permanent presence in the country, and deep links and understanding with communities, DRC Red Cross should be a prime candidate for support to continue, and even expand, their role in coordinating and managing community feedback systems.

Links


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