Contacts:

Andrew Clark
Regional Program Manager
Search for Common Ground
Tel: +243 810 546 740
Email:aclark@sfcg.org

Sedera Rajoelison
Conflict Research Advisor
Search for Common Ground
Tel: +261 34 08 048 98
Email: srajoelison@sfcg.org
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1. Executive Summary

Search for Common Ground has begun the second phase of the 7-month Tupone Wote Pamoja\(^1\) II project, funded by USAID/OFDA since March 2020, which aims to reduce social and conflict barriers to treatment and referral of patients with Ebola Virus Disease (EVD) in the health zones of Beni, Butembo, Mabalako and Katwa in North Kivu.

In June 2020, Search conducted the first conflict scan of Phase II of this project. The main objectives of the scan were to understand the conflict dynamics and resistance factors that pose barriers to the EVD response in order to provide recommendations for programming regarding the integration of the 'Do No Harm' principle. Focus groups and individual interviews were organized with several categories of stakeholders in these localities to collect information related to the above objectives.

Key Results

Overall, this conflict scan indicated that some rumors still persist around EVD, especially since the new wave of EVD appeared in Mbandaka, Equateur Province, and the emergence of the COVID-19 pandemic. For example, it was identified that some community members still believe that the epidemic in North Kivu is a way to eradicate certain ethnic groups or to make money. In this sense, the recent declaration of the end of the EVD has generated much discussion because positive cases were reported afterwards, increasing the suspicion that it is a "manufactured" disease. Moreover, the announcement of the arrival of the COVID-19 pandemic has further reinforced such rumors, including the belief that responses to the health situation are driven to stay in areas for profit. Additionally, rumors about dignified and secure burials persist, especially those on the use of body bags to bury bodies. These rumors continue to present obstacles for the various activities of the response, especially in the new areas that this project targets (Mabalako, Butembo and Beni). As for a vaccination to prevent EVD, rumors about false side effects continue to spread in the community. These include rumors that the vaccine causes sterility or congenital malformations that could occur after a certain period of time. Finally, this scan helped to identify that stigmatization persists towards survivors of EVD, including the circulation of rumors about the virus remaining incubated in the body for an extended period of time.

In the target health zones of this project, the recruitment of response workers from the community has led to tensions and is linked to several rumors and fears among community members. In particular, there are concerns about the impact of recruiting or

\(^1\) Healing Together in Eastern DRC
collaborating with dangerous people, such as suspects of banditry in order to gain access to inaccessible areas during the response. Some community members accuse the response of not anticipating the reintegration of these staff who formally were associated with dangerous groups and are accustomed to receiving money through the response. After the response it is believed by some community members that such staff will no longer have a sustainable source of income and will want to return to their former occupations. This recruitment has also divided former staff from the health facilities recruited by the response and current staff. The professional reintegration of these former staff is a source of tension because of jealousy towards each other, due to the perception of financial gains obtained by those recruited in the response.

Overall, the response teams are working with state actors in the response to mitigate these tensions and counter rumors however, some community members perceive that some state actors are prioritizing their involvement in the response over their administrative roles, as they believe they will make more money by being involved in the response. Additionally, post-Ebola management needs to be approached in a transparent and community-involved manner, combined with a clear strategy for the reintegration of local staff involved during the response and the social and professional reintegration of survivors.

The analysis resulting from this conflict scan indicates that communities in the target areas need to be consistently informed about the activities of the response in order to avoid a number of possible tensions that may arise towards the teams and the survivors.

Thus, the following recommendations were derived from this scan:

- **Build community confidence in the response team** through developing a clear communication strategy on the response's actions to ensure that the goals of these actions are understood at all levels, combined with community consultations on the strategic choices made by the response;
- **Improve social acceptance of survivors** through the promotion of messages favoring their reintegration and awareness-raising to reduce rumors related to the transmission of EVD by survivors, the prevention of EVD, and the difference between EVD and COVID-19;
- **Strengthen social cohesion** between survivors, families of survivors, communities, former local agents involved in the response and the authorities through the organization of solidarity events promoting understanding and mutual trust.
2. Recent Developments

This conflict scan enabled Search to analyze the evolution of the factors of resistance to the response against EVD. The analysis indicated that rumors are still a major factor contributing to inducing resistance to the response against EVD. Rumors related to the origin of EVD, the use of body bags, Ebola Treatment Centers and vaccinations identified in the previous scan still persist, with evolving manifestations taking advantage of the contextual dynamics in the areas. Our analysis also relates that the actions of the response to the EVD have led to tensions related to the management of the local staff involved in the response: tensions between the community and the response teams, tensions between the local staff involved in the response and the community. These rumours and tensions identified influence community attitudes towards EVD response teams and EVD survivors.

2.1. Factors of Resistance to the Response to EVD

Rumors Linked to the Origin of the EVD

This rumour seemed to have subsided in the Katwa zone in the last scan of March 2020 thanks to the sensitization of the response, however, it has recently been amplified since a resurgence of EVD cases in Mbandaka/Equateur. In Katwa, according to participants, one of the major known symptoms of EVD that is present among patients in Mbandaka is hemorrhage, which is why EVD has been termed, "hemorrhagic fever". The lack of symptoms related to hemorrhage among patients in areas near North Kivu therefore provides support to the belief that the supposed EVD in North Kivu is false as it is a made-up virus created in order to exterminate the Nande.

"As they failed with the NALU to balkanize the eastern part, they created Ebola...we have seen before the images of Ebola patients from Guinea and the ones we are seeing now from Mbandaka, it appears to be very different from Ebola here." -stated by a participant at the FGD in Butembo.

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2 The March 2020 conflict scan report [link to report]
Rumors Related to Dignified and Safe Burials
Rumors about the use of body bags have been somewhat dispelled in Katwa and Butembo, although the wills written by the victims often still contain instructions not to use it. On the other hand, regarding areas around Beni and Mabalako, rumors related to the inability of “spirits” of the deceased to exist because they are locked in body bags and are thereby unable to enter into communion with their ancestors still persist. Additionally, according to these rumors, the deceased return to ask their relatives why they buried them in a body bag. Thus, this has led members of communities to go to cemeteries to strip the bodies of relatives deceased of this “harmful” bag. Testimonies that encapsulate the negative perceptions of body bags include the following recorded during this scan.

“We are against this bag because it has a zipper and a number that's purpose serves to provide a count for the deceased, therefore, since there are no new EVD cases, we no longer see the use of such bags.” -Stated by a young boy in Mabalako.

Rumours about Means of Prevention: Vaccination
Vaccination remains one of the key means to prevent EVD. Although there has been an increasing demand for the vaccine, rumors related to the harmful effects of vaccination remain in all areas. For example, despite the March 2020 Conflict Scan in Katwa indicating that the vaccine had been accepted due to it having been licensed, this current scan indicates that it is now the vaccinated people who are the victims of the rumors and they are the ones who largely face stigma from other community members who were not vaccinated. Indeed, rumors suggest that those who had been vaccinated will die after a certain period of time, give birth to babies with mental or physical problems, and/or become infertile, as interviews with participants in the focus groups in Beni, Butembo, Katwa and Mabalako indicate.

"My neighbor is a mother of four children but she gave birth to a child with a physical deformity, which is the effect of the EVD vaccine she had agreed to take. She is also having serious problems with her husband because even one of their children she chose to vaccinate became sick.” -stated by a young man from Katwa.

Additionally, rumors about hand washing with chlorinated water also persist, specifically in Katwa's health zones. According to such rumors, regular hand washing with chlorinated water is dangerous to one’s health, as fingers will swell after two years, and that the chlorine causes vomiting.
Rumors about Ebola Treatment Centres (ETC)
The resurgence of positive EVD cases in Beni continues to raise questions about the treatment of EVD in the health zones. The positive case that stemmed from an ETC in Beni, where the man who tested positive was being treated, was not made known to the public until a few weeks after he was completely cured. This contributed to questions being raised by communities, including: “Can one be cured of Ebola outside the ETC?” and, “Was it really a positive case?” Moreover, this rumor about the relevance of ETCs for treatment has been exacerbated by the declaration of the end of the epidemic and, in parallel, the resurgence of positive cases in Beni two days before this proclamation.

In this conflict scan, COVID-19 was identified by respondents as a "white disease.” Relatedly, some members of the community believe that the response teams are facilitating the expansion of the presence of COVID-19 in order to further benefit from foreign donor funding and stay in the areas. Another rumor that continues to circulate around COVID-19 is that this pandemic is “a creation of Satan,” as stated by some religious participants in our focus groups. Such participants refer to the Bible and argue that during the resurgence of EVD churches were not closed as they are now in the context of COVID-19.

“The present situation with COVID-19 marks the end of the world as indicated in the book of Revelation in the Bible. We have lived through Ebola here but never before have the churches been closed while the markets are open.” -stated by a pastor participating in the FGD in Mabalako.

Tensions Related to the Impact of Local Recruitment
The response teams adopted a strategy of local recruitment among members of local structures and communities to help ensure the sustainability of the action and increase the participation of the target populations in order to fight together against the spread of EVD. Additionally this strategy helps the response to access areas and groups that represent hotbeds of resistance to the EVD response. However, this approach has created some divisions between the community and some of the actors recruited locally due to the perception that those recruited are making a lot of money at the expense of the community.
These divisions stem from firstly, the response teams recruited from the RECOs\(^3\) and the FOSAs\(^4\), which led to tensions between the staff of these structures and those recruited in the response. In fact, the FOSAs accused the former staff recruited in the response of favoritism, with the consequence that some staff in these structures now don’t want the staff involved in the response to join their structures once the epidemic is over. Such tension presents future problems related to the reintegration of such local staff (after the response) into their respective structures, and fostering a positive relationship among such local response staff with local populations due to the fact that they are often accused of taking advantage of the EVD to make money at the expense of the community.

On a similar note, this scan indicates that rumors continue to circulate that the response recruited locally from pressure groups\(^5\) and/or collaborated with "bandits” and “actors of insecurity” to gain access to inaccessible areas in efforts to break up some areas that represent hotbeds of resistance to the EVD response. The community members interviewed fear that now that the end of the EVD has been declared, these recruited agents will no longer have any source of income and will return to their pre-response occupation, which likely includes stealing, kidnapping or joining demonstrations that aim to break down social cohesion. Additionally, members of pressure groups, mainly young people according to interviewees, demonstrated against the presence of NGOs in the areas and accused them of favoring the recruitment of "foreign" staff from other parts of the DRC. For example, young people in Butembo claim to have sent a letter to the Governor of North Kivu to denounce the hiring of such foreign staff. Community members claim that the attitudes of these perceived foreign staff undermine social cohesion in the community as “they enrich themselves at the expense of the community and do not respect local values,” as expressed by interviewees.

\(^3\) Community Relay
\(^4\) Sanitary training
\(^5\) This group designates youth movements or certain leaders who put pressure on NGOS and authorities

"The response team reached out to everyone without taking into account what may happen in the post-Ebola era. By giving money to former members of armed groups it facilitated the purchase of arms for them to use against the community. It is the same with the bandits and kidnappers who are idle and who are currently killing the population." -stated by a Civil Society Actor in Butembo.
Attitude of the Community Towards the Response Teams

As mentioned above, the perception that the EVD response teams came to enrich themselves and not to help local communities continues to be found in all target areas. While in Katwa this attitude seems to be improving thanks to the transfer of skills to the health zones, this perception towards response teams remains particularly hostile in Butembo, Beni and Mabalako. This negative perception towards the response teams has been accentuated with the most recent resurgence of positive cases in Beni in April of 2020. According to all the participants in our focus groups, some community members accuse the response teams of being responsible for the resurgence of positive cases due to their fear of unemployment. In fact, according to some of those interviewed during this scan, there is a common rumour that a Cameroonian epidemiologist was determined to have eradicated the epidemic within a community, but because this would not have pleased other members of the response, who wanted to continue to make money, it could not be shared. Additionally, the assassination of a WHO doctor last year, combined with the delay of holding a trial for the case, continues to instil doubt in the community that the people arrested in relation to the crime are guilty and contributes to the belief that real perpetrators are members of response teams.

Attitude of the Communities Towards EVD Survivors

The attitude of communities towards survivors remains virulent due to certain misunderstandings about the process of social reintegration of healed people initiated by the response. Indeed, these survivors are often grouped in an association or recruited by the response to raise awareness in the community, contributing to tensions with other members of the community. Moreover, the appearance of positive cases in Beni are often attributed to these survivors as having contaminated others, leading to a request from the community that the survivors be “isolated in a camp” to further avoid contaminating others. This stigma is further reinforced by the belief that EVD survivors keep the virus in some of their organs for more than 500 days after healing or discharge from a treatment center. The survivors interviewed from Katwa, Beni and Butembo blame the response for this stigmatization because they claim the response teams spread information that indicates that the virus is incubated in the body even after death, which was interpreted by some communities to mean that the virus remained active in survivors. The following testimonies were recorded in relation to this topic:

"Our relationships with other members of the community isn’t like before (before EVD) because we are falsely accused of being responsible for the resurgence of cases in Beni. This is even after we survivors have been investigated and determined to not be responsible for the resurgence. There are even extremist groups who want us to be confined and isolated.” -stated by a survivor in Beni
"I was a pastor before contracting the virus and all the Christians often came to my house from morning to night to join in prayer. But when I treated for EVD and after I spent time at a CTE all of the people who previously came to my house to pray stopped coming altogether" -stated by a pastor participating in the FGD of survivors in Beni

**Relations between State Actors and the Community**

The relationship between state actors and the community was indicated to be problematic as community members believe that these state actors are engaged in the activities of the response in the way that they receive remuneration, at the expense of their primary roles of administrative management and community security. Any authority or service that supports the activities of the response is at the same time perceived as complicit in the response, hence the Swahili expression, “Alisha Meza” to say "he has already swallowed," (e.g. "he is already corrupt").

**2.2 Connectors and Dividers that can Influence Response Activities**

This scan indicates that *public spaces* play an important role in the response. Indeed, churches and schools try to raise awareness in communities about preventive measures against the spread of EVD, such as handwashing or the dissemination of information about EVD. On the other hand, *markets* were identified as a place of division. This is due largely to the fact that there is price inflation due to the presence of the response which has created an increase in demand in terms of primary needs and a division between community members and the staff and/or communities involved in the response, who are perceived to earn more money than others.

Similarly, *community members' attitudes towards the existence and response of the EVD differ*. Factions have been created within communities, such as between those who believe in the existence of the disease and those who do not; between communities recruited as agents of the response and those who have not been recruited; and between those being treated for EVD and the rest of the population. The positions and interests of these various categories of stakeholders appear to influence their attitudes towards EVD and thereby affect the overall social cohesion in a community.

*Preventive measures implemented during mourning ceremonies* remain a divisive element, including wake keeping and the use of body bags. This was further reinforced with the emergence of the COVID-19 pandemic. Traditional practices regarding the dead are very important for communities, according to the focus groups conducted, and the deprivation of such practices due to concerns about the spread of COVID-19 has indeed increased divides among the families of the victims and the response teams.
The above described divisions are further accentuated by political parties, who want to gain the population's support for their causes and who use the community to convey messages about the non-existence of the EVD and exploit weaknesses in the response's actions. Pressure groups are the main resonating actors for these politicians, according to the interviewees, because they have a lot of influence in the community, especially among the youth, who represent a very strong ally for the politicians.

Finally, this scan found that armed groups are increasingly more visible in committing actions such as the burning of some health facilities and making threats towards community members working with the response.

2.3. Main Sources of Information on EVD

Radio remains the most reliable source of information in the health zones of Katwa, Butembo and Beni, providing updated information in local languages. In Mabalako, the sources of information are the CAC6 and Community Relays,7 despite the fact that some interviewees express that doubts remain about the information coming from these channels because they often contradict each other. This leaves word-of-mouth information as another main source for getting information on EVD in community. Additionally, civil society is also a channel for information, as they have been involved from the beginning of the epidemic and have made a commitment to raise awareness among the population, according to respondents in Katwa and Butembo.

2.4 Integration of the "Do No Harm" Principle into Response Activities

This scan indicated that it is important for the population to be informed about the response activities in order to avoid further tension towards the response teams. Real-time communication is essential to avoid creating further barriers to understanding. The response should take into account the lessons learned previously identified in the Katwa health zone8 to mitigate and prevent risks in the new zones of Mabalako, Butembo and Beni, as it was identified that it is the lack of communication and information sharing on EVD that leads to a lack of trust towards the response teams. To this end, the response must capitalize on the main sources of information used by the community to transmit messages, namely: radio, community relays and public spaces. These sources act as reliable vectors for information according to communities.

6 CAC = Community Animation Cell
7 Community Relais and CAC members are also one of the sources of information trusted by the communities because they are elected by the community, they are trained and live with the populations.
Additionally, it was indicated that post-Ebola management must be approached with full transparency and include the involvement of communities so as not to exacerbate the risk of community conflict. Moreover, the reintegration of local staff involved during the response should be done carefully to avoid stigmatization towards former staff from local community members. Specifically, the development of a strategy for the social and professional reintegration of survivors remains imperative. Response interventions should focus on reintegrating survivors and former local staff after the declaration of the end of the EVD by initiating a public consultation on how the community interprets and handles the potential end of the EVD, as well the new presence and consequences of the COVID-19 pandemic.

**Conclusion**

Overall, the analysis conducted through this conflict scan highlights that certain tensions remain in the target areas that could constitute significant obstacles to the activities of the response, especially in relation to those who work on the response teams and those who do not. Such tensions outlined above lead to difficulties in reintegrating former staff members who were involved in the response into the community. Specifically, the fear felt by locally recruited staff and the community's concerns about the reintegration of such local staff after the response were both observed in our analysis. Therefore, this analysis finds that the actions of the response need to be further strengthened related to the social and professional reintegration of people who worked locally in the response, as well as in relation to survivors of EVD, in the period following the end of the EVD epidemic. The response continues to be accused by the community of not having prepared for the professional reintegration of local staff they recruited that communities claimed belong to dangerous groups (such as bandits and armed groups). The tensions related to locally recruited staff are further exacerbated by rumors related to the origin of EVD, the use of body bags, vaccination, and the emergency of the new COVID-19 pandemic in the target areas.

This scan also found that perceptions of survivors of EVD are still negative and their reintegration into the community remains difficult as rumors about the presence of the virus in the body after one is cured of EVD have increased, as well as rumors about the side effects of those who have received the vaccine. Even if the response has put in place strategies for the reintegration of these survivors, a significant lack of understanding on behalf of communities hinders the responses’ strategy as community members themselves are spreading rumors about survivors and their perceived complicity to the response.
Indeed, the analysis resulting from this conflict scan tells us that the population still needs to be informed about the activities of the response in order to avoid all variations of tensions felt towards the response teams during this period following the announcement of the end of EVD. Informing the population will contribute to justifying and informing the community on the critical roles the response team continues to play. Communication and the improvement of social relations between the community and the response staff are essential to avoid the creation of other barriers that could lead to misunderstanding and a breakdown of social cohesion.

Recommendations

The following recommendations were derived from this scan:

- **Build community confidence in the response team** through developing a clear communication strategy on the response's actions to ensure that the goals of these actions are understood at all levels, combined with community consultations on the strategic choices made by the response;

- **Improve social acceptance of survivors** through the promotion of messages favoring their reintegration and awareness-raising to reduce rumors related to the transmission of EVD by survivors, the prevention of EVD, and the difference between EVD and COVID-19;

- **Strengthen social cohesion** between survivors, families of survivors, communities, former local agents involved in the response and the authorities through the organization of solidarity events promoting understanding and mutual trust.
ANNEXES

Appendix 1: Difficulties Encountered
We were not able to reach all of our KII respondents because most target groups (such as health workers) conditioned their participation in these interviews on payment. Additionally, other target groups were very preoccupied with the response activities as the end of the EVD response began to approach. Others groups, especially humanitarians, needed to have permission from their superiors before participating in interviews and answering our questions.

Appendix 2: Methodology
Data collection for this conflict scan was based on a qualitative approach, including two main sources of information: focus groups (FGD) and key interviews. A total of 186 people were consulted for this study, including 91 women. This document presents the elements as they were experienced and reported by certain members of the local population. Note: Search does not endorse or confirm the comments of the population regarding the conflicts in the area.

- **Research team:** Gaspard Mufungizi (Assistant Conflict Analyst) and an enumerator consultant.
- The report was reviewed by Sedera Rajoelison, Conflict Research Advisor and Carlotta Fassiotti, the Regional DM&E Specialist for the Central Africa Region.
- **Mission period:** From June 1-15, 2020
- **Collection areas:** Butembo, Katwa, Beni and Mabalako.

Appendix 3: Terms of Reference

1. Background

About Search For Common Ground
Search for Common Ground (Search) is an international non-profit organization that promotes the peaceful resolution of conflicts. With headquarters in Washington, DC and a European office in Brussels, Belgium, Search's mission is to transform the way individuals, organizations and governments deal with conflict - away from confrontational approaches to cooperative solutions. Search is active in 36 countries including 21 countries in Africa, starting with the Democratic Republic of Congo (DRC) where we have been working since 2001.

Search aims to help parties in conflict to understand their differences and act on their commonalities. Present in the DRC since 2001, Search has offices in Kinshasa, Bukavu, Goma and Kalemie, with a sub-office in Bunia. Search's conflict transformation activities include the use of various tools such as radio and television production, participatory
theatre, mobile cinema and other communication and dialogue tools. Search works with various partners at all levels, including civil society, the media, the security forces, and the government. The DRC program is Search's largest country program, with funding from several donors including DFID, the Dutch government, USAID, and UN agencies.

Project Background

The *Tupone Wote Pamoja II* (*Healing Together in Eastern DRC Phase II*) project is entering a new 7-month phase funded by USAID/OFDA and implemented by Search, which aims to "reduce social and conflict barriers to treatment and referral of Ebola patients" in the additional health zones of Beni, Butembo, Mabalako and the former Katwa Phase I health zone in North Kivu.

This new phase takes place in the context of a spiral of conflict and resistance against response actors as Ebola has become entangled in complex local dynamics related to historical grievances, but also due to widespread public distrust and suspicion of official EVD teams in North Kivu in particularly conflict-affected communities. Past conflict scans conducted in 2019 and early 2020 by Search in Katwa, Kayna, Karisimbi and Nyiragongo and at-risk areas of Rutshuru show that rumors about the origin of EVD, DHS, ETCs and the use of chlorinated water remain the major factors of resistance to the response. In the above-mentioned areas, the conflict scans conducted by Search indicate a reduction in the manifestations of rumors thanks largely to the sensitization of the partners in the response on EVD prevention measures and on hygiene practices. Additionally rumors have been decreased through the high number of survivors, the licensing of the vaccine, the establishment of community animation cells (and the training of these members), and the transfer of skills to indigenous people to become involved in the response activities.

However, in the other new areas in North-eastern DRC, namely, Beni, Butembo, and Mabalako, a number of challenges continue to arise in managing and preventing the spread of the disease in the provinces. In recent months, new cases of EVD continue to be confirmed in various health zones in North Kivu, including the two active health zones of Beni and Mabalako. At the same time, traditional beliefs and misunderstandings about EVD due to rumors and further transmission, combined with the lack of capacity of local media to accurately report on the epidemic, have hampered initial public education efforts and continue to raise serious safety concerns for those involved in the response to the epidemic. This situation has become much worse this April with the resurgence of new positive cases of Ebola in the Beni area two days before the announcement of the "end of the Ebola epidemic" was declared.
This misunderstanding and lack of reliable and accurate information continues to be politically exploited to mobilize youth against international and governmental emergency responses to the Ebola crisis. Specifically, young people, especially young men, have played an important role in harboring resistance to Ebola. Furthermore, some youth groups have mobilized against the EVD response and many young people find it difficult to trust messages about Ebola, making their scepticism towards the response teams very influential at the community level. These young people are often more exposed to rumors and misinformation, which fuels high-risk behaviors and increases the stigmatization of those infected and their families. This problem is aggravated by their marginalization in decision-making processes and the high youth unemployment rate in the region.

Because of these complexities, Search will conduct a conflict diagnosis in the new project areas so that the emergency response teams can continue to fully understand the changing dynamics of the response at the health zone level to enable the program and partners to address barriers and ensure that they are not detrimental.

2. Objectives of the study

In order to gain an understanding of the conflict dynamics in the response area and those directly related to the VME response.

The constants of this analysis will enable Search and partners in the response to adapt the program to the context of conflict and ensure that the intervention is conflict sensitive and respects the principle of do no harm.

More specifically, this study aims to:

- Understand conflict dynamics, including connectors and dividers in zones;
- Identify resistance factors that pose barriers to responding to EVD;
- Provide recommendations for programming regarding the integration of the "Do No Harm" principle.

3. Main Study Questions

More specifically, this study should provide information and a quick analysis on the following elements in relation to the specific objectives of the study:

**Objective 1: To** understand conflict dynamics, including connectors and dividers, in areas of conflict.

- What are the recurrent conflicts in the areas that may hinder the EVD response, including the actors involved in these conflicts and their level of influence? Are there any changes from the previous scan in the Katwa area?
What unifies or divides communities in the context of implementing the EVD response? For Katwa, have the connectors and dividers identified in the previous scan evolved?

How do these connectors or dividers affect the response activities?

Objective 2: To identify resistance factors that pose barriers to the response to EVD

What are the community's resistance factors to the EVD response, including the attitudes of the population (youth, men, and women)? Are there any changes for Katwa?

What are the attitudes of the community towards the response staff, the sick and the cured, including the relationship between the communities and non-medical state actors, such as the FARDC, PNC, state authorities, population movements, and rumors? How have these evolved for Katwa?

What are the channels for disseminating information on EVD in the zones? For Katwa, have they remained the same or have there been changes?

Objective 3: To provide recommendations for programming on the integration of the 'Do no harm' principle.

What are the risks and opportunities to be considered for the EVD response that do not exacerbate tensions and resistance factors to the EVD response?

What are the recommendations to facilitate the smooth running of the project activities? How have the recommendations from the previous scan been integrated?

4. Methodology

This study plans to use a purely qualitative approach. The qualitative approach envisages focus groups (FG) and key informant interviews (KII).

A. Qualitative approach

Interview with Key Informants:

Semi-structured interviews will be conducted at the level of:

- Traditional healers;
- Civil Society Leaders (CSOs);
- Area Chief Medical Officers;
- Humanitarians working in the response;
- Coordination of the response to the MVE: Head of the Communication and Community Involvement Committee
- Lobby groups;
- State authorities: Bourgmestres and territory administrators;
- Healthcare and non-healthcare staff working in the response to EVD
Specifically, the table above shows the planned target by site for the key interviews:

<table>
<thead>
<tr>
<th>Category of Person</th>
<th>Total Participants</th>
<th>Butembo</th>
<th>Katwa</th>
<th>Beni</th>
<th>Mabalako</th>
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</thead>
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<td>Traditional healers</td>
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<td>Civil Society Leaders</td>
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<td>1</td>
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<td>Humanitarian workers in the response</td>
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<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Head of the Communication Committee</td>
<td></td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lobby groups</td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>State authorities: Mayor of the city, mayors and territory administrators;</td>
<td></td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Healthcare workers working in the response</td>
<td></td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Non-health-care personnel working in the response</td>
<td></td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>32</strong></td>
<td><strong>8</strong></td>
<td><strong>8</strong></td>
<td><strong>19</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

A total of 32 key interviews will be conducted.

**Focus Groups:**
The focus groups target between 8 and 12 people per focus group. The profile of participants in the FG will be based on 4 main criteria:
1. Communities in the target areas (girls, boys, men and women);
2. Health care personnel working in the response;
3. Non-health-care personnel working in the response;
4. Non-health-care humanitarian personnel working in the response;
5. Survivors of EVD.
Table: Distribution of GMs

<table>
<thead>
<tr>
<th>Type of people</th>
<th>Number Total</th>
<th>BUTEMBO</th>
<th>KATWA</th>
<th>BENI</th>
<th>MABALAKO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Young people</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Adults</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Healthcare personnel involved in the response</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-health-care humanitarian personnel involved in the response</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Survivors</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>6</strong></td>
<td><strong>3</strong></td>
<td><strong>6</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

The collection team will identify through quick mini interviews community members to participate in focus groups with the help of project assistants and CSO leaders. The group participating in the focus groups will be homogeneous according to age and gender. In total, 6 FGs are targeted in Butembo, 3 in Katwa, 6 in Beni and 5 in Mabalako.

5. Data Collection and Analysis

Data collection will be carried out by the Conflict Analyst Assistant, who will be supported by the Project Assistant and two local consultants and will work in pairs (one as moderator and one as note taker). The Conflict Analyst will take into account gender representation in the collection team to ensure gender sensitivity. This will enable the team to organise the focus groups according to the target group. That is, the study manager should ensure that the focus groups of women are conducted by women and those of men by men. This study is under the direct supervision of the Assistant Conflict Analyst with the support of the Conflict Research Advisor. The data from the key and FGD interviews will be transcribed into the Excel matrix and a vertical and horizontal analysis by question will be done by the Assistant Conflict Analyst. Data analysis and report writing will be done by the Conflict Analyst Assistant with the support of the Conflict Research Advisor.
6. Geographical areas

The geographical areas targeted include the health zones of Butembo, Katwa, Beni and Mabalako. All these areas are concerned by the FGDs and KIIIs as they are considered relevant in view of the dynamics of existing social obstacles and rumors related to the Ebola virus response.

7. Budget

The available budget is USD $3,500 for the four target areas.

8. Deliverables

The following deliverables are expected:

- An initial study plan detailing the proposed methodology, schedule and data collection tools;
- The transcription matrix of all data from the FGDs and key interviews
- Analysis of the data and production of a first draft of the report in French;
- The production of a final report in French (12 pages maximum, plus appendices) including the following sections:
  - An executive summary with key findings and recommendations;
  - A table of contents;
  - The methodology and limitations of the study;
  - Key findings and recommendations
  - Appendices, including research tools, list of key informants and focus groups, and terms of reference
- A Powerpoint presentation of the report and a presentation of the results to the response team and the local community.

9. Ethics in research and respect for conflict sensitivity and gender

Search will collect data in a manner that respects human dignity. Therefore, Search has developed tools that allow the research team to collect informed consent from all respondents and to ensure that the questions developed are context-sensitive. Ethical considerations will also be taken into account, notably to ensure the confidentiality and safety of respondents, to increase respondent acceptance and to ensure that study participants are not exposed to any form of harm or violence. Therefore, in recruiting participants, the team has taken the following aspects into account:

- If you think this discussion is dangerous or may pose a risk to staff or participants, do not continue;
Before mobilizing the participants, meet with community leaders and/or local authorities to explain the purpose of the conflict scan visit to better understand the issues that would affect the participants and the presence of the research team in the community;

Whenever possible, establish links with a range of key local leaders (formal and informal) when engaging participants. Leaders should not be present in focus groups to ensure that participants feel free to speak openly;

The research team ensured that the investigators were trained in basic research ethics;

During training, the research team must ensure that the tools have been tested prior to the study and adapted to the context.

Theoretical and practical training will be organized with the data collection team prior to data collection. This training will also consist of translating the questionnaire into the respective local language and agreeing on the exact wording that best describes the meaning of each question. In order not to jeopardize the safety of the participants, training on the Do No Harm principles and how to collect data in a context-sensitive manner will be provided. The training will also include a session on the role, importance and different ways of obtaining informed consent from each participant, ensuring that they fully understand what they are agreeing to when answering the questionnaire.

10. Logistical Support and Field Planning

Field data collection will be carried out as follows:

- Courtesy calls and identification of investigators will be made by the Conflict Analyst prior to field visits;
- The training of the interviewers will be done by the Conflict Analyst; as well as the supervision of the data collection by KII will be done by the Assistant Conflict Analyst with the consultants and the project assistant.

The Butembo and Beni office will provide the following logistical support:

- Vehicles and fuel for collection;
- Drivers;
- Accommodation and food expenses for the team during the collection;
- Office supplies for collection (notebook, bic, flipchart, etc);
- Training rooms;
- Focus Group Room;
- Travel costs for focus group participant;
- Etc.

11. Calendar

The study will be carried out in the period from June 1-15, 2020. A first draft of the report will be submitted on June 19, 2020. The final version of the report is expected to
be submitted on July 1, 2020 as well. The following table details the different phases of the analysis including the expected dates:

<table>
<thead>
<tr>
<th>Period</th>
<th>Activities</th>
<th>Responsible</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 20-23, 2020</td>
<td>Elaboration of ToRs and tools</td>
<td>Gaspard/ Sdera</td>
<td>Butembo/ Madagascar</td>
</tr>
<tr>
<td>April 24-28, 2020</td>
<td>Inputs and comments</td>
<td>David</td>
<td>Goma</td>
</tr>
<tr>
<td>April 29t-May 4, 2020</td>
<td>ToR validation process</td>
<td>Gaspard and Sdera and</td>
<td>Butembo/Madagascar and Rwanda</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carlotta</td>
<td></td>
</tr>
<tr>
<td>May 8, 2020</td>
<td>Revision of tools</td>
<td>Sdera</td>
<td>Madagascar</td>
</tr>
<tr>
<td>June 1-15, 2020</td>
<td>Data Collection</td>
<td>Gaspard and Project Assistant</td>
<td>Butembo, Katwa, Beni and Mabalako</td>
</tr>
<tr>
<td>June 16-19, 2020</td>
<td>Report writing and submission of the draft</td>
<td>Gaspard</td>
<td>Butembo</td>
</tr>
<tr>
<td>June 20-25, 2020</td>
<td>Revision of the draft</td>
<td>Sdera</td>
<td>Madagascar</td>
</tr>
<tr>
<td>June 26-29, 2020</td>
<td>Integration of comments</td>
<td>Gaspard</td>
<td>Butembo</td>
</tr>
<tr>
<td>July 1-10, 2020</td>
<td>Submission for validation and review for delivery final version</td>
<td>Carlotta Sdera</td>
<td>Rwanda Madagascar</td>
</tr>
<tr>
<td>July 13, 2020</td>
<td>Delivery of the final report</td>
<td>David</td>
<td>Goma</td>
</tr>
</tbody>
</table>