TUPONE WOTE PAMOJA
GUERISSONS ENSEMBLE DANS L'EST DE LA RDC

CONFLICT SCAN
BUTEMBO-BENI-KATWA-MABALAKO
PROVINCE DU NORD-KIVU

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1. Executive Summary

Search for Common Ground has entered the implementation of the second phase of the 7-month Tupone Wote Pamoja project,\(^1\) funded by USAID/BHA\(^2\) in 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 province.

In September 2020, Search conducted the second conflict scan of Phase II. The scan’s main objectives were to: (1) understand the conflict dynamics and resistance factors that pose barriers to the EVD response, including what unites or divides communities after the EVD response and the emergence of COVID-19; and (2) 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.

Main Results

The conflict scan tells us that the key tensions related to the stigmatization of survivors are fueled by the circulation of several rumors in the communities. Specifically, rumors of survivors facilitating the spread of EVD during the response period are accentuated because victims’ families believe that such survivors claimed to have beaten the disease to prove and support the effectiveness of the response interventions, especially those survivors who have been vaccinated. Additionally, vaccination is perceived to cause side effects among survivors, leading to local communities rejecting vaccinated survivors. This stigmatization is further reinforced by the attitude that some health workers take toward survivors, with some of them refusing to treat survivors attending health centers. Also, survivors' participation in response activities is often interpreted by communities as a sign of their complicity in preventing the spread of EVD. Notably, the rumor that was shown to accentuate stigmatization towards survivors most significant is the rumor the Ebola virus remains active in the bodies of survivors for a long-term period. These findings are further elaborated in the proceeding sections.

The period covered by this conflict scan was also marked by tension felt between the former members of the local response team and the current staff of health facilities. This tension manifests itself in the two ways of: (1) former members of the team, perceived as dangerous after having lost their source of income, represent new actors in the current insecurity landscape; and (2) former staff from the health facilities are facing difficulty reintegrating into their original workplaces.

Former members of the response team from the community are accused of being responsible for the return of insecurity in the area, particularly in Mabalako. It’s alleged that their primary motivation for joining the response team was for financial gains, and they are accused of falsely reporting the rise of EVD cases in their community to justify their presence and thus continue to profit at the expense of their community.

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\(^1\) Healing Together in Eastern DRC
\(^2\) Bureau of Humanitarian Assistance
On the other hand, former members of response teams from the health facilities, whose recruitment at the time of response was often perceived to be non-transparent, have experienced a number of tensions with their former colleagues in the health facilities. This rejection of professional integration of the former members of the response is complemented by the rejection of these former staff members at the community level, whose behavior was judged largely as poor among communities during their time of involvement in the response. This tension is further reinforced during the post-Ebola period by the dissatisfaction of communities towards interventions made by NGOs which, according to some community members, took on the same roles and responsibilities as community structures like the Community Relay Offices (RECO) and the Community Animation Cells (CAC).

Importantly, this conflict scan helped Search to better understand the new community tensions induced by COVID-19, which was identified by respondents as a "white disease." This scan revealed that some members of the community believe that the EVD response teams, in the period before their departure, amplified the spread of COVID-19 in order to still benefit from foreign donor funds and ensure their ability to remain in the area.

The most striking tensions found during this scan concern the relationships between the authorities, NGOs, and other actors sensitizing the community on preventive measures against COVID-19. The barrier efforts, the wearing of masks and other restrictions encouraged by the authorities (and NGOs) are perceived by the community as not respected by actors of these institutions themselves, which then reinforces the rumor that the wearing of masks will lead to the spread COVID-19 and the eventual “extermination” of communities in North Kivu.

Ultimately this scan indicates that post-Ebola management must be approached in a transparent manner and with the involvement of communities to better prevent exacerbating community conflicts. Additionally, real-time communication is critical in avoiding the creation of further barriers to misunderstanding. This is especially the case during the ongoing COVID-19 pandemic in the county and NGOs and state authorities should make it a priority to take into account the lessons learned from the EVD response. The analyses that emerged from this conflict scan resulted in the following key recommendations:

➢ **Strengthen the social acceptance of survivors at the community level and at the level of health care services through:**

- The promotion of messages favoring reintegration through local communication channels and by creating participatory radio programs including families of survivors, health personnel, survivors, authorities, and influential leaders on themes that can restore the confidence of communities in survivors;
- Training health personnel on the characteristics of EVD, immunization and COVID-19 so that they can convey the relevant information at the community level; and
- Supporting survivors and their families with psychosocial care, promoting self-acceptance and a better understanding of their situation as survivors.

➢ **Strengthen the organizational dynamics of the health structures through:**
The organization of roundtables between the health personnel and former staff involved in the response in order to allow a mutual understanding between the actors for the improvement of their mutual collaboration;

- Increase effective coordination between humanitarian actors in their strategy of collaboration with health structures.

➢ **Restore community confidence in NGOs, state authorities and actors involved in the fight against the spread of COVID-19 through:**

- Raising community awareness of COVID-19 and the need for barrier measures using various communication channels;
- Organizing community forums to provide a platform for exchange on COVID-19;
- Capitalizing on youth or mothers' associations promoting community awareness of interventions related to the fight against COVID-19; and
- Training defense and security forces on sensitive communication and respect for human rights who are in charge of monitoring the barrier measures.

### 2. Introduction

The *Tupone Wote Pamoja II* (Healing Together in Eastern DRC) project began a new 7-month phase in March 2020, funded by USAID/BHA and implemented by Search, which aimed to "reduce social and conflict barriers to treatment and referral of patients with Ebola disease" in the health zones of Beni, Butembo, Mabalako and Katwa in North Kivu.

This new phase takes place in a local context defined by spiraling conflict and resistance against the actors of the Ebola response. These obstacles to implementation are entangled in complex local dynamics related to historical grievances, widespread public distrust of government authorities and suspicion of the official Ebola Virus Disease (Ebola) teams in North Kivu.

The previous scan, conducted in June 2020 by Search in Katwa, Butembo, Beni and Mabalako, indicates that since June, following the announcement of the end of the EVD epidemic, the response team is no longer present in the health zones of Beni, Butembo, Katwa and Mabalako. However, problems related to social cohesion remain, particularly due to the stigmatization of survivors and the reintegration of former local staff of the response.

On the one hand, survivors are stigmatized because rumors allege they are working with the response team to spread EVD, earning money from the response team and experiencing side effects from vaccination. Similarly, former staff members of the response team are discriminated against in their professional reintegration because...
they are accused of having made money at the expense of the community. Moreover, rumors have circulated that the response team has been recruiting members from pressure groups or collaborated with "bandits or actors of insecurity" in order to access inaccessible areas and break some pockets of resistance. Community members fear that following the declaration of the end of the EVD, these recruited agents will no longer have sources of income and will return to their pre-response occupation, stealing or kidnapping or joining demonstrations that disturb social cohesion.4

Finally, the most frequent rumors refer to COVID-19, mainly related to the notion that the disease does not exist,5 or to the return of EVD following the declaration of a new case in Mbandaka, in the Equateur province.

Search has conducted a second conflict scan in Phase II, which had the objective of analyzing the evolution of conflict dynamics in the last 3 months (July to September) in order to allow the program and its partners to adapt their program during this post-Ebola phase. Specifically, this conflict scan aims to understand the evolution and new dynamics of existing conflicts in the areas.

This 3-fold aim of this study was to:

1. Understand the evolution of conflict dynamics during the last quarter, including what units or divides communities after the departure of the EVD response and the existence of COVID-19 in the zones;
2. Understand the resistance factors that pose barriers to post-Ebola interventions in the last three months;
3. Provide recommendations for programming regarding the integration of the "Do No Harm" principle.

The present conflict scan followed an exclusively qualitative approach and involved the following activities:

- 29 focus group discussions (FG) with community members, families of survivors, families of the dead, members of pressure groups and former local response staff;
- 14 interviews with key informants (KII) including pressure group leaders, traditional chiefs, zone chief doctors, civil society representatives and presidents of the healed.

Note that residents of Butembo, Beni, Mabalako and Katwa were recruited to take part in these activities because of these communities’ involvement with Phase II programming.

### 3. Recent evolution

This conflict scan allowed us to analyze the evolution of the factors of resistance to the EVD response. The analysis observed that rumors about the origin of EVD and the use of the body bag have diminished since the declaration of the end of the EVD epidemic. This is reportedly due to the departure of the response teams from the zones and was confirmed when compared against the findings of our June conflict scan. However, rumors

4 Source: conflict scan - Search June 2020
5 Source: community perception tracker - Mercy Corps - August 2020
about the transmission of the disease through survivors, their complicity in the existence of the EVD, and rumors about the side effects of vaccinations remain persistent. These rumors are significant sources of current stigmatization towards survivors in North Kivu. Additionally, our analysis reports that the actions of the EVD response teams have led to tensions surrounding the reintegration of local staff involved in the response, including perceptions that these staff provoked cases of EVD to earn money and that the same strategy is being replicated with COVID-19. These rumors and identified tensions are influencing community attitudes toward EVD survivors, humanitarian NGOs and former local response staff.

3.1 Community Tensions Related to Survivor Stigmatization

The conflict scan tells us that tensions related to the stigmatization of survivors are induced by the circulation of several rumors in the communities. Thus, such rumors have had a significant impact on community attitudes toward these survivors. The key rumours identified are outlined below:

➢ **Rumors of survivors' complicity in the existence of EVD during the response period**

Rumors about the origin of the EVD have subsided thanks to the sensitization efforts undertaken by the project, despite still circulating rumors that it was a government strategy to keep the Nande from participating in the 2018 elections. However, since the response team left the area, accusations against survivors about their complicity during the response have increased. Accusations have been made by family members of victims and some community members, who claim that these survivors and their families faked contraction of EVD to make money by claiming that they were cured through vaccination while others died. This rumor is spreading in tandem with another rumor that even doctors in the areas have not been vaccinated against EVD. According to the survivors interviewed, social reintegration remains difficult because they feel that they do not receive regular follow-ups from health professionals, thus increasing their community's doubt about them, and in cases where they are invited to psychosocial support activities, and they are accused of still receiving money from NGOs. Furthermore, doubt persists because of rumors that EVD remains in the body after being healed, following the statement of some researchers, which are circulating at the community level. This stigmatization is also observed in the maintenance of cemeteries according to the families of the deceased, because the gravediggers and their families fear that other viruses may be created around them, justifying the presence of the current COVID in the areas.

➢ **Rumours about the side effects of vaccination**

Vaccination is one method of EVD prevention and although there has been a surge in demand for the vaccine, rumors about adverse effects continue to spread in all target areas. In March and June 2020, conflict scans showed that the vaccine had been accepted by the communities after it was licensed. Currently, vaccinated people are victims of rumors and face stigmatization from other community members who haven’t been vaccinated. Rumors suggest that those who were vaccinated will die after a certain period of time, give birth to babies with mental or physical problems, or become infertile. Meanwhile, the vaccinated people and some community members accuse health workers of making their social integration more difficult with the vaccine. There is even a rumor that the vaccine promotes the proliferation of COVID-19. Cases of death recorded in the far north in general (and Butembo) are often believed by community members to be due to the Ebola vaccine or COVID-19.
➢ **Rumors of transmission of EVD by survivors**
The community's attitude towards survivors remains hostile because of misinformation that EVD can still be transmitted after recovery. This attitude is further reinforced by the fact that communities believe that EVD survivors retain the virus in some of their organs long after healing or discharge from a health facility. Survivors interviewed blame the response of the doctors for this stigmatization because they claim that information was not shared carefully enough regarding this issue during the sensitization on the use of body bags, and the awareness on the incubation of the virus in the body even after death was interpreted by some community members as also meaning that healed people also incubate the virus. Specifically, survivors accuse doctors of not making enough of an effort at their level to better facilitate their social reintegration.

Further, survivors face additional stigmatization by health workers themselves, often reporting in this scan that when they arrive at health facilities doctors and nurses sometimes are too afraid to even touch them. According to the survivors interviewed, these stigmatizations take place within various public institutions, at all levels of society and even at the family level. For example, some female survivors reported that when pregnant, they were denied access to health facilitated and some health workers, particularly doctors, refused to treat them for fear of contamination. Such attitudes of some doctors towards survivors (i.e. refusal of treatment) reinforces the larger communities' attitudes of rejection towards survivors, while also fueling the rumors that these survivors are now carriers of COVID-19.

### 3.2. Community Tensions Related to the Discrimination of Former Response Team Members

The previous conflict scan conducted in June 2020 indicated that the strategy of recruiting response agents from the community has led to tensions, particularly on the impact of recruiting or collaborating with dangerous people (such as suspects of banditry) during the response and among community relays (RECO). Below is more detail on issues related to this specific topic:

➢ **Former team members, perceived as being from dangerous groups, have lost their source of income and as actors in the current insecurity and reporting of the resurgence of EVD cases during the response**

Some community members accused the response of not having anticipated the reintegration of staff perceived to be from dangerous groups back into the community and thus, communities feel that these perceived dangerous actors will return to their illicit activities. As a result, communities allege insecurity will become worse and rumors are circulating that the response has recruited among pressure groups or collaborated with "bandits or actors of insecurity" to gain access to inaccessible areas and break some pockets of resistance. The community members interviewed fear that now that the declaration of the end of the EVD has been made, these recruited agents will no longer have any source of income and will return to their pre-response occupation, which may include stealing, kidnapping or joining demonstrations that disturb social cohesion. Moreover, these former staffs are also accused of being potential actors contributing to the resurgence of insecurity in the areas, particularly in Mabalako, and that their primary motivation for joining the response was just to make money and so they declared a resurgence of EVD cases in their community simply to justify their presence and continue to receive funds. On the other hand, many of the former staff interviewed accuse the administrative authorities, specifically the Ministry of Health, of not keeping their commitments regarding efforts towards their reintegration, as well as the granting of bonuses for their service during the response.
➢ **Difficult professional and social reintegration of the former staffs of the response**

Currently, the existing tensions are related to the reintegration of these former staff members into their communities, but especially within their affiliated health structures. Indeed, the professional reintegration of these former staffs is a source of tension largely due to jealousy towards one another related to the perceived financial gains obtained by those recruited in the response. For example, a rumor is currently circulating that if these former staff want to recover their position, they have to allocate a percentage of their salary to the current staff of these health facilities.

Additionally, the conflict scan shows us that this difficult reintegration was induced by suspicions of corruption and nepotism during the recruitment of local staff, creating tensions between the former staff members and the heads of the health structures they are trying to reintegrate into.

Tensions between the RECOs and the Community Animation Cells (CACs) have arisen because the RECOs feel discriminated against by the political and administrative authorities and the technical and financial partners working during the post-Ebola period. This is largely because they were assigned the same roles as the RECO relays to the CACs. This tension seems to stem from the RECOs' feeling of unequal treatment on the part of the authorities and financial partners working in the zone as them. According to the interviews conducted with certain stakeholders, the CACs carry out the same sensitization activities benefiting from remuneration, whereas the RECOs have carried out these activities on a voluntary basis.

Moreover, the perception that the staff were not adequately recruited during the response is a factor of resistance to this reintegration and to any NGO intervention, particularly among young men in Beni and certain members of pressure groups who were not recruited in the response. These groups accuse the NGOs of not considering the skills of the youth to integrate the technical teams, not only of the response to the EVD, but to all humanitarian and development interventions in the area. Additionally, there appears to be a lack of effective communication and accountability in relation to the communities where the projects are implemented. These youth also point out the problematic nature of the FARDC's attitudes toward them, who reportedly often group all the youth as being affiliated with armed groups, further reducing their opportunities to collaborate with NGOs in the province.

Additionally, this conflict scan found that at the community level, the families of deceased persons accuse former staff members of earning money at the expense of those who died from the disease. In fact, it’s some of the healed victims and family members of EVD victims who now accuse these former staff members of having declared them positive for EVD or by alerting the Ebola Treatment Centers (ETCs). This has created tensions between staff, the survivors of the disease and the families of the victims. The difficult social reintegration of staff is also accentuated by their “adulterous and ostentatious attitudes” during the response period, according to the communities participating in the focus groups. In fact, they are accused of having provoked the resurgence

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6 The RECOs are health actors who have worked a lot in community-based surveillance during the Ebola period, and are supported by the different Ebola response projects until the announcement of the end of the MVE in June 2020. Since this announcement, other post-Ebola initiatives have been initiated by other organizations, and Community Animation Cells (CACs) have been created. The CACs are influential people from all walks of life and represent all sectors, in collaboration with the political and administrative authorities, they have taken almost the role of community relays (RECO), who were nevertheless working on a voluntary basis.
of adulterous relationships in the communities, thus inducing negative behaviors from men towards them. Former female staff are even more stigmatized at the social level, as they are accused of having obtained work during the response period in exchange for sexual favors.

### 3.3. Community tensions related to the COVID-19 pandemic

As mentioned previously in this scan, the COVID-19 pandemic is often identified by respondents as a “white disease.” However, some members of the community believe that the response teams, before they leave an area, will amplify the spread of COVID-19 in order to benefit from foreign donor funding and ensure their presence in the area.

➢ **COVID-19 and the perception that it is another post-Ebola alternative for earning money and discriminating against communities in North Kivu**

This scan indicates that misinformation continues to circulate in the community that COVID-19 doesn’t exist but rather is a way for NGOs, especially the response teams, to continue to make financial gains at the expense of the community. Specifically, according to some community members, COVID-19 is an alternative method for NGOs and former response staff to continue to get financial resources from donors, and continue to earn money by working on possible response projects against COVID-19 for the purpose of convincing people that the virus exists. Very similar to the situation recorded at the beginning of the Ebola outbreak, some community members, mainly from Butembo, Beni and interviewees from pressure groups, accuse the authorities of having opened the borders on purpose for COVID-19 to reach their community. Additionally, the rumor that these diseases are a plot to exterminate the Nande people has again spread amongst the community. This specific rumor is circulating rapidly and it’s leading to questions about the potential role of the government in spreading the virus to perpetrate the current massacres and to curb the participation of the Nande people in national politics. Additionally, misinformation related to the presence of the virus and the benefits of masks continues to prevail within the community as they believe that the authorities are popularizing the use of masks in a manipulative manner. According to some focus group participants, the media are also accused of contributing to the popularization of the existence of COVID-19 as they have released statements pertaining to the virus based on what the authorities are reporting rather than health professionals.

➢ **Tensions between the communities and the authorities induced by the preventive measures against COVID-19 and the perception that there is a lack of support from these authorities**

This conflict scan indicated that focus group participants reported that the preventive measures taken by the authorities to prevent the spread of COVID-19 have led to increased tensions between communities and state authorities, including the national police. Specifically, wearing masks, limiting gatherings, and mandating social distancing were cited as the main messages conveyed by the authorities yet communities participating in the focus groups reported that the state actors are not adequately applying these preventative measures. On the other hand, some men in the focus groups in Mabalako stated that state actors continue to disregard community interests similar to state actor behavior during Ebola, referring to interventions during the Ebola response where they attest that health infrastructure was not adequately sustainable and thus, now the same problems related access to health care remain. In fact, some community members from Mabalako, claim that the responses encouraged by NGOs during EVD were poorly analyzed as they did not involve inclusive community
consultation. Since they feel the EVD response did not respond to local needs, they are hoping that the efforts to stem the spread of COVID-19 will be different and be more inclusive.

3.4. Connectors and Dividers

This section is dedicated to the presentation of connectors and dividers identified after the start of the response that can influence current interventions and dynamics in the areas.

**Connecting** elements include the following:

➢ **Public Spaces as a Vector of Communication Connecting Community Members**
This scan indicates that public spaces play an important role during the response and continue to do so in this time of post-Ebola and the emergence of COVID-19. Indeed, churches and schools continue to attempt to sensitize communities on preventive measures against the spread of COVID-19.

➢ **Awareness and Exchange Activities Between Survivors and Community members**
Community forums and sensitization sessions, including participatory theater activities, are connecting elements within the community as they convey messages about the reintegration of survivors.

➢ **Survivors' Associations**
These structures are an opportunity for survivors to benefit from psychological support by sharing and exchanging on their daily life since their recovery.

**Dividing** elements include the following:

➢ **Attitudes of the Community Toward EVD Survivors and Others Involved During the Response**
Factions have been created at all levels of society, the main dividing line of which is the status of "survivor" of the EVD. At the family level, the community level and the level of state services, survivors are stigmatized and rejected. Similarly for former local staff of the response, their affiliation with the response has led to difficulties in reintegrating into their professional environments. The positions and interests of these various categories of actors seem to influence their attitudes towards EVD, which affects social cohesion.

➢ **State Authorities and NGOs as a Source of Community Divisions**
Barrier measures and awareness raising to limit the spread of COVID-19 continue to divide the community. In this case, the state authorities and NGOs involved in sensitization are perceived as divisive by the community. Some members show an association between prevention measures and corruption that would also involve NGOs, the government, and civil society.

4. Factors of Resistance to Post-Ebola Interventions

The previous conflict scan conducted in June, 2020, recommended that response interventions should focus on the reintegration of survivors and former local staff after the declaration of the end of the EVD and the presence of the new COVID-19 pandemic. This conflict scan sought to analyze and understand the potential factors of
resistance to post-Ebola interventions, specifically taking into account current conflict dynamics related to interventions in health areas.

➢ **Rumors influencing community/health facility staff attitudes toward survivors and former members of the response team**

The perception that the response teams came to enrich themselves and not to help local communities remains despite their departure from the zones. The community's attitude toward the survivors remains virulent because of some misunderstandings about the social reintegration of these survivors through the response and rumors about EVD transmission after recovery. Survivors interviewed blame the response, with doctors refusing to treat them, for this stigmatization.

➢ **Humanitarian interventions considered as factors in the resurgence of the EVD and COVID-19, as well as the strategy of balkanization in North Kivu**

Since the beginning of the response to EVD, members of the response team have been accused of disrupting social cohesion by having ostentatious attitudes. Currently, NGO interventions are being questioned, including both the recruitment process and their performance. Specifically, the response to EVD was seen by some community members as not benefiting those working in the community and creating division within the community based on their participation in the response. NGOs and other actors affiliated with current interventions were seen as profiteers who wanted EVD or COVID-19 to persist in order to make money. According to interviewees, lobby groups are the main resonating actors that convey messages against NGOs because they have a great influence in the community, especially among youth. Mistrust of the NGOs operating in the area is becoming more and more recurrent, with the communities blaming the lack of communication about the interventions of these NGOs. Which has led to the circulation of various rumors about their collaboration with the authorities and armed groups in the spread of COVID-19 as done with EVD in order to balkanize North Kivu and exterminate the Nande. Wearing masks would be an alternative way of getting the armed groups into the cities.

➢ **Similarly, religious denominations, especially their leaders, are accused of complicity**

In following the current COVID-19 related public health restrictions, such as the closure of churches, some members of the community accuse the churches of being accomplices in the balkanization strategy. Additionally, they are accused of not playing their role as “connectors” during a time when the population needs a safe and inviting space.

➢ **The feeling of unequal access to socio-economic opportunities**

The feeling of non-integration of the local people in the post-Ebola intervention strategy, and now in the response strategy against COVID-19, remains a factor of resistance to all the interventions carried out in the zones.

➢ **The lack of accountability of the authorities and their role in the post-Ebola and COVID-19 period**

The relationship between state actors and the community is facing difficulties due to community members believing that these state actors were engaged in the response activities for the purpose of receiving remuneration at the expense of their primary roles of administrative management and community security. Currently, this feeling of disengagement of the state in the protection of the population at this time of COVID resurfaces due to

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7 youth movements and various local associations
some community members perceiving that the authorities are pursuing their interest above all and thus, communities perceive that the needs of the population are not being taken into consideration.

5. Integration of the "Do no harm" Principle

This conflict scan indicates that the post-Ebola management must be approached in a transparent manner and with a prioritization of involving the communities so as not to exacerbate the risk of community conflicts. Similar to the findings of the last conflict scan, there is a continued emphasis on the importance for the population to be informed about the response activities in order to avoid all kinds of tensions towards the response teams. Specifically, real-time communication is essential in order to avoid the creation of other barriers that could lead to misunderstanding among communities. Additionally, given the context of COVID-19, NGOs and state authorities should take into account the lessons learned from the EVD response process.

Recommendations:

➢ Strengthen the social acceptance of survivors at the community level and at the level of health care services through:

- The promotion of messages favoring reintegration through local communication channels and by creating participatory radio programs including families of survivors, health personnel, survivors, authorities, influential leaders on themes that can restore the confidence of communities in survivors;
- Training health personnel on the characteristics of EVD, immunization and relevant information to COVID-19 so that they can convey the most beneficial information at the community level;
- Supporting survivors and their families with psychosocial care, promoting self-acceptance and a better understanding of their situation as survivors.

➢ Strengthen the organizational dynamics of the health structures through:

- The organization of roundtables between the health personnel and former staff involved in the response, in order to allow a mutual understanding between the actors for the improvement of their mutual collaboration;
- Effective coordination between humanitarian actors in their strategy of collaboration with health structures.

➢ Restore community confidence in NGOs, state authorities and actors involved in the fight against the spread of COVID-19 through:

- Raising community awareness of COVID-19 and the need for barrier measures using various communication channels;
- Organizing community forums to provide a platform for exchange on COVID-19;
- Capitalizing on youth and/or mothers' associations to promote community awareness of interventions related to the fight against COVID-19;
6. Conclusion

From this analysis, we found that current tensions related to the reintegration of survivors and former local staff involved in the response remain exacerbated by the circulation of misinformation. Additionally, the departure of the response team in June has provoked a certain dynamic of conflict within the health structures, fuelled by a feeling of jealousy related to employment status during the response. Likewise, the presence of COVID-19 led to tensions in health facilities.

This scan found that rumors continue to circulate in the community, particularly surrounding NGOs and the authorities in charge of raising awareness on the respect of gestures and preventive measures. The community's perception that the government, NGOs and other actors were trying to introduce a new virus to balkanize North Kivu has been especially disruptive.

Ultimately, the analysis resulting from this conflict scan indicates that the population still needs to be informed about the different interventions in their community. Communication is essential in order to avoid the creation of more barriers that could lead to a lack of understanding of any future interventions in these areas. Therefore, it is important that any future interventions be conflict-sensitive by integrating the recommendations of this report. Consistent efforts to sensitize the community will help to combat the rumors that are at the root of misunderstandings.