

Resistance in Guinea – June 2015

There have been numerous recent analyses of the different manifestations of ‘resistance’ and ‘reticence’ that continue to be critical in Guinea.¹ The socio-historical context that has contributed to deep-rooted mistrust of the State and authority (a sense of ‘abandonment’ [the West has only returned to intervene in Guinea to ‘count cases’ and international actors will again abandon the country when cases are ‘acceptably low’]; heavy-handed or repressive interventions; the perception that elites treat people as if they are disposable and unworthy etc.) is well recognised. Yet, as late as June 2015, the Ebola response continues to take insufficient account of this context in the design and implementation of its interventions.

The following key considerations have been collated from the suggestions and insights provided by over twenty-five anthropologists and social-behavioural scientists (based in West Africa and internationally) who answered an on-line call to provide guidance and operational recommendations in relation to on-going community ‘resistance’ in Guinea.

Key considerations

The operational context of the response in June 2015 is very different from the early phases of the response. Knowledge about Ebola has increased, behaviours and practices are being modified to varying degrees, but communities are tired, the level of fear about EVD has decreased and because of the length of the epidemic, distrust in the government and authorities continues to rise. Behaviours that changed in Liberia and Sierra Leone (eg. shaking hands, washing hands) are still not routinely practiced in many areas of Guinea, and there are reports that ‘people are stopping talking about Ebola’, as a coping and distancing strategy but also as way to avoid issues and interventions perceived to be inappropriate or unacceptable.

In the political discourse, communities are being blamed for continuing Ebola because of their ignorance, idiocy and non-compliance. Communities, in return, see politicians and powerful elites benefiting from Ebola whilst they continue to suffer (both from the virus and threat of the virus, and in real socio-economic terms). That ‘Ebola business’ has not been publicly denounced (or even discussed) is critical.

Resistance can be interpreted as a form of empowerment in the face of unacceptable or provocative interventions initiated by the (national and international) response. To minimise and mitigate resistance, and to remove the need to resist, the response needs to fundamentally re-orientate its relationship with the community. Instead of treating community as the locus of negative and detrimental resistance, communities need to be seen as the central component of a positive solution – experiences in Liberia (and increasingly in Sierra Leone) have demonstrated that Ebola will only be contained with the explicit involvement and active participation of local communities.

The response needs to shift from social mobilisation to actual community engagement. Much of the current communication remains one-directional, with the response ‘telling’ people what to do (and even then, not always showing or enabling them how to do it). At this juncture of the response (as opposed to the first phase when key messages about do’s and don’ts, risks, signs and symptoms were appropriate), it is critical that the views, grievances and solutions of communities are listened to, understood and acted upon.

Recommendations

- Who communities listen to and believe is frequently contested in Guinea, but it is evident that ‘real’ sensitisation is not done in public by ‘big’ men or women, but by a ‘mouth-to-ear’ approach that is personal and discrete.
- The response must work with heterogeneous communities in terms of decision-making – individuals exist within communities, and wider social networks must be made part of the operational landscape. Do not bring additional actors in from the outside, but rather integrate social activists who work at the community level and are known to local populations. (Community surveillance committees are already established, but they are not functioning well and represent Western rather than local notions of participation and authority. Imposed community representation is not effective or efficient).
- Involve and mobilise more community based organisations (CBOs) particularly women and youth groups and local NGOs. Support these groups to reinforce their social and political capital and enable them to be active participants (and community-level advocates) in the fight against Ebola (see for example the CQIPS in Liberia). It is recommended that channels of communication are opened between decision-makers and the general population, to facilitate ownership at the local level, foster a sense of responsibility and go some way to providing accountability for affected communities.
- Social mobilisation activities should not be accompanied by military, security or police personnel, but rather by the regional and local elders and representatives from the Communauté Rural du Développement (CRD) in the community being visited.
- Taxi, lorry, poda poda and motorbike drivers are intrinsic actors in the social networks that extend across Mano River populations. These drivers are sometimes called ‘cowboys’ as they are most often young or early middle-aged men with strong ties to one area, and loose connections to many others. These ambivalent links, plus their occupational need to prioritise profit, often decreases the level of respect in which they held. However, they play an important and long-existing role as conveyors and purveyors of information about people and places. In towns and between peri-urban settlements, taxi driver networks are a key communication channel. Taxis are a resource for dealing with ‘normal’ emergencies (eg. a trusted source of transport to hospital to give birth, or after a road accident). Frequently, people use taxi drivers from their neighbourhood, so the relations between

the drivers and users are often personal (and linked to complex client-patron relations, see earlier UNMEER brief). Taxi drivers are already part of the Cross Border plan between Forécariah and Kambia (NB. that Coyah and Kindia taxi drivers are also relevant to the Forécariah prefecture taxi community) and are being included in the Dubreka active-case finding campaign, but they should be involved across the response more broadly.

- Other networks of community actors that have not been fully engaged include market women, drug vendors and traditional healers. Because of their potentially fraught role in a public health emergency, traditional healers (including networks of 'Sage Femme' and 'Karamoko', a learned Muslim scholar who sometimes provides medical care according to Islamic knowledge) have not been consulted or involved in the response. In Sierra Leone and Liberia, work with traditional healers is (finally) underway. In Guinea, the response should recognise and incorporate these trusted frontline providers of care as a potential referral mechanism at the community level.
- There should be increased partnership with traditional and religious leaders, at both prefecture and sous-prefecture levels, and also with the elected CRD. Engagement with religious leaders in Sierra Leone through Focus 1000 was a key component of the response, and through consultation with both Christian and Islamic leadership, messages drawn from the Bible and the Koran were used in effective communication strategies. It is recommended that the national inter-religious council continues to be incorporated into the response and that the participation of religious leaders is increased at all levels.
- General distrust of the medical authorities in looking after the interests of the ill and the dead are pervasive. This should have been effectively dealt with months ago, and the fact that it was not is now a major issue in Guinea. It is imperative that communities have agency in the response and particularly in relation to burial practices. There seems to be a positive desire to bury the dead correctly, and concern that the generalised restriction on funerals is preventing this. Punitive approaches do not work and experiences from Sierra Leone and Liberia show that families and religious leaders must be involved in the burial process (negotiating traditional and medical components).
- From both a supply and demand side, access to ambulance services should still be increased in Guinea. Initiatives such as the 'ambulance open house' that has been successfully rolled out in Sierra Leone (in Kambia and Port Loko) may help to build trust and encourage communities to access services in a timely fashion.
- Roadblocks should not be increased in number, rather they should be better resourced, giving greater visibility to health staff and decreasing the military presence and 'usual hangers-on'. Interpersonal skills need to be improved and targeted training given. If security forces are deployed, they should speak the local language and be well trained and disciplined (rather than asking for increased Kola – money to pass the checkpoint – as often reported). There needs to be increased accountability and monitoring of roadblocks, and any change in roadblock personnel or procedures should be announced on both rural and private radio stations.
- The politicisation of the response is detrimental (as also seen in Kambia recently). An anthropologist recently reported from Conakry that some households were not receiving information or assistance because they supported the opposition. This must be swiftly addressed. Similarly, there is a need to ensure response efforts are scaled across the country and attention given to all prefectures (for example, the recent focus on Dubréka is perceived by many to be reactive).
- Building trust is fundamental. In addition to the above recommendations, other suggestions include: official visits to show respect and dignity to persons in local authority; magnanimous gestures on the part of the state, for example the release of people detained because of their alleged involvement in 'resistance'; the limitation of security interventions, and separation of security and community-based activities. In building trust, there is also a need to take into account issues of authority. Frontline staff are not working in a political vacuum – rather, who they are and the connotations they may represent within the communities they are sent to monitor are significant.
- We need to be focusing on the root causes of resistance and how resistance is manifested at different times and in different places – resistance is not a generic term for non-compliant communities. Understanding community perceptions does not mean a 'quick and dirty' focus group conducted by international personnel turning up in 4x4 with a security escort, and resulting in no tangible outcomes for community. Rather it means the operationalisation of nuanced qualitative data from applied anthropological and socio-behavioural research. For example, in the recent case of the body being moved in a taxi from Forécariah to Conakry, do we really know why the family were moving the body; for what purpose; what was the social capital involved; and the risk-benefit ratio? People know that they should not be moving bodies, and yet they still are – why and for what gain(s)? We need to understand community dynamics in localised contexts and look for examples of positive deviance. This will enable a change of approach in terms of community engagement from negative non-compliance to one that focuses on communities' self-protection and self-mobilisation in which an acceptable level of 'non-compliance' can, in fact, be quite high.

¹ For a selection of critiques, please refer to:

- James Fairhead (2015) Understanding social resistance to Ebola response in Guinea. www.ebola-anthropology.net/wp-content/uploads/2015/04/Fairhead_EbolaASRFinalSubmissionWeb.pdf

- Julianne Anoko (2014) Communication with rebellious communities during an outbreak of EVD in Guinea: an anthropological approach. www.ebola-anthropology.net/wp-content/uploads/2014/12/Communicationduring-an-outbreak-of-Ebola-Virus-Disease-with-rebellious-communities-in-Guinea.pdf

- ACAPS (2015) Guinea: Resistance to the Ebola Response, thematic note. acaps.org/img/documents/t-acaps_ebola_guinea-resistance-to-ebola-response_24-april-2015.pdf