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Media and local messages on Ebola in the Grand Nord, DRC, November-December 2018

This note provides an overview of a selection of key messages related to the Ebola outbreak and response that were circulating on WhatsApp and in the local media in the *Grand Nord* (Beni and Lubero territories), DRC, in November and December 2018. The note was prepared by Rachel Sweet (Harvard University) with support from Juliet Bedford (Anthrologica). Rachel Sweet is a leading expert on North Kivu and is collaborating with the Social Science in Humanitarian Action Platform to support the response.

Overview

In comparing this collection of messages with those from 1-17 September 2018 (see previous SSHAP brief), several shifts in the content of local-level discussions around Ebola are evident. The initial round of messages demonstrated significant politicisation of Ebola, describing it as the latest 'weapon of war' to be used against the population of Beni and casting doubts on the cause of the disease. Reports persist of different actors on the ground spreading misinformation and politicising Ebola. However, although narratives and fears around Ebola remain, the growing visibility of survivors and the important role of local media sources (primarily radio) in disseminating information appear to be reframing components of the prior discussion. The growing divergence between mainstream media narratives, which treat Ebola as a serious medical issue, and the opposing portrayals, which paint Ebola as a political tool, suggests that positive messaging may be helping to build community trust and overcome resistance. Despite this cautious optimism, ongoing violence still has the potential to provoke popular unrest that may disrupt the response and shift narratives of Ebola back towards political concerns. The following points are notable:

- **Mainstream media coverage of Ebola:** In the previous round of messages, a number of prominent local media outlets were involved in promoting politicised narratives of Ebola. Now, however, outlets (e.g., *Beni Lubero Online*) that published the 'Ebola as a weapon of war' arguments are no longer disseminating this view. Another outlet for local journalists (*jambomag.com*), which had linked Ebola to a potential security threat from national or international interests, appears no longer to be operational, for reasons that remain unclear. In the December round of messages, radio stations and local media directly address and discredit views that either discount the danger of Ebola, promote the distrust of response teams, and/or dissuade populations from seeking treatment.
- **Message content:** As overt messages on the political motives of Ebola appear to have subsided, a larger proportion of message content focuses on the medical treatment of Ebola patients. Concerns appear less oriented towards whether the government or international community is using Ebola as a tool of repression, and more towards what happens at treatment facilities. Two points are raised consistently. The first issue is the fear of misdiagnosis: community members are concerned that individuals with symptoms similar to Ebola (e.g. malaria) will be 'automatically treated' as if they had Ebola; the focus of communication from both local radio and local administrative authorities is on directly addressing this concern. The second issue is the fear of stigma associated with Ebola for patients once they are released from ETCs and reintegrated into the community.
- **Ituri:** There are reports that some members of the population in Ituri Province regard the Nande (the demographic majority in the *Grand Nord*) as responsible for 'bringing Ebola' to the area. Tensions with the Nande have a long-standing economic dimension, in which the Nande (who are not originally from Ituri) have held disproportionate control over trade routes, sometimes to the perceived detriment of local populations. In the past, this has contributed to inter-ethnic violence. The potential for Ebola to be appropriated in the escalation of ethnic tensions should be taken into consideration by the response.
- **Ebola and elections:** Overall, it appears that Ebola is less frequently linked to the political aspects of the upcoming elections than the earlier politicisation had indicated. Political heavyweights from the *Grand Nord*, including the RCD/K-ML leader Mbusa Nyamwisi, his national deputy Kiro Tsongo Gregoire, and FARDC General Bwambale Kakolele, are visiting the area and/or making political statements in advance of elections. All messages are circulating via WhatsApp (see below). Only Mbusa and Tsongo have explicitly mentioned the Ebola response, and both discussed it in relatively positive terms. Nonetheless, some members of the population believe that Ebola is a means to prevent them from voting. Given the high level of displacement around Beni, it is possible that communities will lack access to their assigned voting stations, and this could spur protests and potentially fuel support for armed actors. In his statements, Tonso has problematised the Ebola response as creating potential difficulties for voters to attend polling stations. Within the *Grand Nord* and across the country, the need for security ahead of the elections (including an effective response to Ebola) is consistently emphasised. The widely-regarded *Conférence Episcopale Nationale du Congo* (CENCO) highlighted the need to control Ebola in order to have credible elections.
- **The role of local actors:** Local radio stations, a communication channel with the widest reach, have started '*Ebola broadcasts*' to dispel misinformation about Ebola. These broadcasts often include interviews with Ebola survivors who present a positive view of Ebola response teams. Youth associations are also hosting public forums on Ebola that are able to convene large crowds. Their support for, or conversely their skepticism of, response teams can be highly influential at the community level, both in the *Grand Nord* and throughout DRC. There is a persistent but significant subset of the population that remains opposed to Ebola responders (to varying degrees). Continuing and scaling support for local actors who are the most likely to favourably realign the perceptions of this group is critical.

Political messaging (from Beni's political figures who have national presence)

1. Mbusa Nyamwisi, RCD/K-ML President

(December interview circulating on WhatsApp, translated from French original)

Mbusa Nyamwisi is the leader-in-exile of the *Rassemblement Congolais pour la Démocratie/Kisangani-Movement pour la Libération* (RCD/K-ML) opposition political party. The party is based in Beni, where it was headquartered in its former capacity as a rebel group during the Second Congo War (1998-2003). Despite living abroad, Mbusa remains one of the most widely-recognised political figures in the Grand Nord. His statement on Ebola vaccines (below) followed immediately after his comments on elections, in which he cast doubt on the transparency of voting machines and the endorsed opposition candidate Martin Fayulu. Amidst political messages, Mbusa's public discussion of Ebola is geared towards containment and promoting vaccination, rather than raising doubts about the role of intervention teams. This marks an important break from the behaviour of political figures earlier in the outbreak, although Mbusa still leaves open the origins of the Ebola virus. It is notable that public statements from leaders (particularly those made in French as here) can be oriented toward positioning oneself favorably in front of external audiences, rather than an accurate reflection of a politician's full range of activities. Mbusa Nyamwisi has previously been described as playing both an 'arsonist and firefighter' around a single issue. It is possible that this message reflects Mbusa in his 'firefighter' role, which does not preclude his or other political opposition's involvement in an 'arsonist' role as well.

(See "Pompier-Pyromanocracy: Mbusa Nyamwisi and the DR Congo's inflammable post-settlement political order" by Judith Verweijen, in Anders Themnér, ed., *Warlord Democrats in Africa: Ex-Military Leaders and Electoral Politics*, (Zed, 2017), pp.41-67).

"About the epidemic, I would like to say, first: I know that among the population there are still some people who think that it's a ruse. No! That's an error, it's false. It's a serious error. The disease is clearly there, regardless of its origin, regardless of how it came.

There are some that say it is biological warfare, that the government wants to kill its citizens with this weapon. There are a lot of people who believe this. No!

Listen, I believe that there are people who have been vaccinated, like His Excellency Monseigneur the Bishop, the [national/provincial] deputies and many other members of families that are vaccinated and that are doing fine. Vaccination is necessary. Regardless of what the origin of Ebola is, people must be vaccinated because it's an epidemic. We all must be vaccinated. I find it regrettable that the disease isn't contained.

Security causes large problems, [it obstructs people from] being vaccinated.

Fortunately the vaccinators are there. The team from the World Health Organization is in the region. Go to the service centers where the vaccine is. We can't waste time debating the origins. Whatever the origins, Ebola is already here. We have no other way to defeat the disease but to trust the teams that are taking care of the disease. The only way to survive is to take care of yourself, and a vaccinator is essential for this. So, we must agree be vaccinated. We must tolerate the [Ebola response] teams there. Thank you".

2. National Deputy Kiro Tsongo

(27 November 2018, Radio Okapi, translated from French original)

Gregoire Kiro Tsongo, longtime opposition politician from the RCD/K-ML party, is well-respected throughout the *Grand Nord*. His statement about Ebola (below) comes near the end of a longer statement on insecurity and politics in Beni. Earlier in the statement, Tsongo references the large displacement around Beni (estimating that 31,000 displaced persons are seeking refuge in Beni from surrounding areas and noting that the population has vacated Rwenzori commune, one of four communes in Beni). Tsongo links the issues of 'indescribable insecurity' and 'chaos' with elections, predicting that insecurity will obstruct residents from voting. Tsongo highlights that the large displaced population in Beni is effectively disenfranchised, given that voters are required to vote at voting centres in their areas of residence (but that the eight voting centres that should be in Rwenzori commune will not be functional). He also notes that efforts to contain Ebola have the potential to interfere with the voting process.

"I've learned that the Minister of Health has taken consistent measures to place Ebola testing centers, with thermometers and antiseptic, at all the voting booths. So I ask myself how, in this context, the elections could take place normally. Knowing that all the voters, before accessing the voting booths, must have their temperature taken and wash their hands, especially given the dilemma of the voting machines. We will have difficulty ensuring that everyone can vote. This is why the health and security situation is a unique problem in the area and demands attention."

Interviewer: *Given the difficulties you have just described, do you worry that [protest / violent] incidents could during the electoral process [in Beni]?*

"Yes, absolutely. The population of Beni in general has the impression about the elections, that everything is being done to obstruct them from voting. It is hard to imagine peaceful elections.

I've called for CENI [Commission Electorale Nationale Indépendante, the national electoral commission] to take exceptional measures to allow the displaced and those that have fled Rwenzori Commune to vote. This is something that CENI can do, because otherwise the voters will feel that they have been cast aside... The electoral process in Beni is chaotic, with the problem of security and Ebola...

We are ready to go to elections. We're there, we have launched the electoral campaign, Martin Fayulu [the presidential candidate for the opposition] visited. But, given the health and security situation in Beni, we can't pretend that everything is normal. We complain and propose potential solutions to CENI. CENI needs to do everything so that the displaced can vote".

Messages from local administrative authorities in Beni City

3. Vice Mayor of Beni City

(Late November on Radio Tele Rwenzururu (RTR) 'Journal d'Ebola' broadcast, translated from Swahili original)

Here, the Vice Mayor of the Beni City joins a local radio broadcast to sensitise the population about Ebola. His message is not political in nature, but his role in Beni city is. The Vice Mayor is well-regarded and is another longtime RCD/K-ML supporter and affiliate.

"There is a young man who was infected with the virus. He healed because he went to get medicine. They say that there was a sachet [likely a reference to a potion or amulet]. This is false...

Don't run away from the [Ebola response] team that has come here to help us. There are still some people who don't understand that. The response team is not our enemies, no. They are doctors, they are our children... If we hadn't been fighting amongst ourselves, the three infected people would not have fled...

It's a shame to hear that some people are still trying to prevent the response team from doing its job. And to those people that are sowing the narratives of a war against the Ebola teams, we want to show them that now they are the ones who are the enemies. As for me, as Vice Mayor of Beni town, we will resist against those people [who incite resistance against Ebola teams] because they have become enemies to our health and should be taken to the police. We will not continue to deceive people. People who are destroying the cars of the response teams or threatening the teams, we will arrest them.

Ebola doesn't care who you are. Even if you have malaria, Ebola can infect you. If you were poisoned somewhere, Ebola won't fear that poison, it can still infect you."

4. Neighbourhood chief

(Radio Tele Rwenzururu (RTR) 'Journal d'Ebola' broadcast, circulating on WhatsApp, translated from Swahili original)

The local neighborhood chief (*chef de quartier*) of Kasanga Tuha, Ndindi, speaking to the population to support the Ebola response and to seek treatment if sick.

The disease of Ebola is a serious disease. Please, we must respect the Response teams. Many people who are sick are able to return. I'd like to thank the doctors. If you are sick, please don't hide from the response teams.

Messages from community members about Ebola response teams and medical questions

5. Mbuti ('pygmy') elder

(WhatsApp audio, translated from Swahili original)

A Mbuti elder describes his impressions of meeting the response team during a sensitisation meeting, and his views on the origins of Ebola.

Interviewer: *Now, when you went to the meeting to meet with the Ebola response team, what did they tell you?*

Elder: *We didn't get along, we didn't like them [the Ebola response team]. The Mbuti haven't gotten Ebola. The animals that have Ebola stay in the jungle, they don't come to our areas. It's not possible to die of Ebola by eating the meat that we eat. And so those people who say that the animals, and the meat that we eat, has Ebola, we ask them: how would you put Ebola inside of animals? And the monkeys all the way up there, they say that they have Ebola, but how would these animals have got Ebola? Where did Ebola come from? You are the ones that make up all these words about Ebola, and it's you who are using Ebola to kill everyone."*

6. Youth leaders

(Muungano Radio station, WhatsApp audio, translated from Swahili original)

Doctor discussing Ebola with youth leaders in Ndindi, in front of a crowd of community members that have gathered to listen.

Ndindi Youth Leaders: *Is there Ebola or not?*

Crowd: *No, it doesn't exist! / Yes it does!* [arguments, largest support is for 'no there is not Ebola']

Ndindi Youth Leaders: *Ok, thank you. I wanted to say this: Ebola is upon us. Some people say differently. I have a few questions [for the doctor]. The first is this: If someone has the signs of Ebola and then they go to the hospital, but it turns out they just have malaria, will they be allowed to return [home to their families?]. Or, if someone had Ebola but then recovers, can they return to their family? And the second question is this: here at school, the classes are already in session. I don't know how you protect children. In a classroom, if you find a child who is infected with Ebola, is the entire school contaminated, or not?*

Local Doctor: *Thank you very for these question. He [Ndindi Youth leader] said that he knows someone who had the signs of Ebola but returned home. I have two responses. First: many people do return home! If you want information, you can go to the general hospital. I know a respected person from here [Ndindi] who was infected, and he recovered. He returned!*

[Crowd, mixed shouts and arguing, interrupting the doctor]

Ndindi Youth Leaders: *Ok, more questions: What if you have malaria? If you have the signs of malaria, won't you be treated like you have Ebola? And a second question: If a woman is menstruating, since there is blood, you will say it is Ebola. And third: You say that malaria can infect someone, a person will vomit and you will say it is Ebola. And fourth: If a person is pregnant but who miscarries, you will say that it is Ebola. She won't be allowed to return, because you will say that it is Ebola instead. For anything and everything, you'll say that it is Ebola.*

[Crowd cheers in support]

Local Doctor: *I have this to say: The activities that we are doing, we are doing with people who are called 'experts' and 'professors', they're international experts. So if a patient comes and they have malaria, or they are just menstruating, or they are in the middle of a miscarriage, the doctors won't confuse this with Ebola, no. The doctors can tell who has Ebola, if you have signs of Ebola, then you'll be examined and then they confirm. If you go the general hospital today, there are people who are sick with typhoid, and they may die of typhoid. They have many different diagnoses. So it's not true that just anyone who is sick is automatically diagnosed with Ebola. So if you say that everything will be treated as Ebola, that's not true.*

[Crowd shouts in protest]

Local Doctor: *Children at school, listen to me. Someone who has Ebola must be kept separate from others, with no contact. So what would we do for a small child? We need sufficient sensitisation and awareness.*

[Crowd shouts in protest]

Local Doctor: *Please listen to me!*

[Crowd shouts in protest]

Local Doctor: *Please listen!*

[Crowd shouts in protest]

Ndindi Youth Leaders: (Asks question about whether the vaccine is potentially dangerous)

(Crowd cheers in support)

Local Doctor: *The vaccine isn't dangerous, you can live a full and regular life.*

[Crowd cheers in protest]

7. Youth leaders

(Radio Tele Rwenzururu (RTR) 'Journal d'Ebola' broadcast, translated from Swahili original)

A major problem is that the youth haven't been affiliated with the efforts to fight against Ebola. The population has difficulty believing the messages about Ebola. The problem is that the youth haven't been involved in disseminating the messages. The message is really important.

8. Messages from recovered Ebola patients

(RTGB radio station, circulating on WhatsApp, translated from Swahili original)

Journalist interviews recovered Ebola patients released from the Ebola Treatment Centre.

Interviewer: *Can you tell us how you left the hospital?*

Ebola survivor 1: *I thank God that I was healed. Because my wife died. My children, they all died. God helped me to heal... [At the hospital] they help us with everything: medicine, food, water to bathe, everything. I'm really grateful to them. This is how God is helping us to survive. All those people [Ebola responders]. They'll treat you for the specific disease that you have. If you have malaria, they'll treat you for malaria. But if you have the Ebola virus, they can treat you and they'll keep you in the isolated area. I was vomiting blood, but God helped me to heal.*

Ebola survivor 2: *I lost a child, I recovered first and my wife also recovered. The doctors gave us everything that we needed, food, water to bathe, everything. First my child died of Ebola [before going to the hospital]. Then my wife became sick, and she went to the hospital right away and spent five days there. She was so sick, she couldn't even leave her bed... If you have malaria, they send you back to the general hospital. But if you have Ebola, they keep you in the Ebola Treatment Centre for maybe ten days, but if you recover, you can leave. I'd like to congratulate the doctor for taking care of us so well.*

(Radio Tele Rwenzururu (RTR) 'Journal d'Ebola' broadcast, circulating on WhatsApp, translated from Swahili original)

Journalist who had disseminated earlier messages casting doubt on the Ebola virus and response teams, now tries to dispel the misinformation after interviewing patients who sought treatment at the hospital. The journalist aims to dispel the worries that Ebola patients will be mistreated at hospitals and to alleviate concerns that everyone will be automatically treated as an Ebola patient regardless of their real medical issues.

"First, forgive me for everything that I said before. I said a lot of things that were incorrect. Because when I went to the hospital, and I spoke with people there, I saw with new eyes. There, if you're a patient, you bathe, you eat. Before, we said that if you go to the hospital, you'd be poisoned. That's not true. The rumors that you'll drink poisoned water there in the hospital, it's not true. I gathered the testimony of three patients. They arrived there at the hospital and they thought they were sick [with Ebola]. But, they were tested and they were told that they did not have Ebola. So they were able to return because they did not have Ebola". (Crowd cheers in support).

Contacts

If you have a direct request concerning the response to Ebola in the DRC, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Juliet Bedford (julietbedford@anthrologica.com) and Santiago Ripoll (s.ripoll@ids.ac.uk). Key Platform liaison points: UNICEF (kchitnis@unicef.org), WHO (bhatiaseviap@who.int), IFRC (ombretta.baggio@ifrc.org), Communication Commission in DRC (jdshadid@unicef.org), GOARN Research Social Science Group (nina.gobat@phc.ox.ac.uk)



The Social Science in Humanitarian Action: A Communication for Development Platform is a partnership between UNICEF and the Institute of Development Studies (IDS) and Anthrologica. Additional funding to support the Platform's response to Ebola in the DRC has been provided by the Wellcome Trust.