Policy brief

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Beyond reintegration towards reconciliation in the post-Ebola context

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Map of project implementation area. ©Conciliation Resources

Introduction

Since March 2015, Conciliation Resources and our national civil society partners – ABC Development in Guinea, Institute for Research and Democratic Development in Liberia, Network Movement for Justice and Development in Sierra Leone and West Africa Network for Peacebuilding in Côte d'Ivoire - have been implementing a two year project aimed at understanding, mitigating and resolving tensions arising from, or exacerbated by, the Ebola crisis. The project focuses on 18 remote border districts in Sierra Leone, Liberia, Guinea and Côte d'Ivoire where community-based initiatives, called District Platforms for Dialogue (DPDs), are facilitating and mediating dialogue in their respective communities.[1]

The information contained in this policy brief is based on critical insights drawn from our work in these border communities, whose experiences are often not well understood or reflected in policies or best practice guidance.

This brief focuses on the emerging lessons from the DPD facilitated dialogue and mediation activities, which have illustrated that:

- stigmatisation faced by Ebola survivors, their families and others, for example frontline responders, is highly complex, constantly evolving and driven by multiple factors, beyond the fear of infection
- reintegration approaches, aimed at supporting return, do not address the complexity of the situation and may be doing harm[2]
- reintegration, supporting return, should not be the endpoint but the beginning of long term processes that support reconciliation within and between communities and between individuals, communities and the state
- post-Ebola responses must be more responsive to the actual complexities of the context to avoid future conflict.

1. http://www.c-r.org/resources/responding-ebola-driven-conflict

2. Reintegration strategies vary but are often characterised by an interface between a 'receiving community' and a survivor; a rehabilitation package, which may be in the form of a 'kit'; or psychosocial support for the survivor.

Cover image: Woman in Bossou, Nzérékoré Region, Guinea participates in a DPD facilitated community dialogue event to repair strained relations between the local authorities and the population. ©Conciliation Resources

Sources of stigma – beyond fear

The need to support the return and social acceptance of survivors, families of victims and others (for example frontline workers) ostracised as a result of Ebola was critical throughout the crisis and continues despite the epidemic being declared over.

At the start of the crisis, Ebola-related stigma was driven by fear of infection. It was hoped that the decline in perceived and actual risk of infection would mark the end of widespread stigmatisation and exclusion. However, it has become increasingly evident over the course of our project that many continue to be ostracised from their communities well after the Ebola epidemic has been officially declared over by the World Health Organisation.

Some continued ostracisation can be explained by the fact that since late 2015 evidence of the Ebola virus persisting in a survivor's body in the long term has raised concerns and fears amongst the community that survivors may be infectious well after their recovery.[3] Whilst medical studies state that the risk of catching Ebola from a survivor is minimal, poor communication and rumours within the population are serving to once again portray survivors as a risk.

While this underlines the continuing need to resource sensitisation programmes, evidence from DPD facilitated community dialogue sessions demonstrates there are other 'live' sources of stigma, exclusion, and conflict, some of which are being reinforced by the very reintegration strategies which aim to support the return and destigmatisation of those directly affected by Ebola.

Reintegration – reinforcing labels, supporting blame and creating persistent stigma

Ebola transcended ethnic, gender, education and wealth divides. Those infected by Ebola were no different from the rest of the population and just 'lost the lottery,' as community members we work with often say. However, reintegration terminology and approaches risk entrenching a notion of difference between the wider community and those being reintegrated. Individuals that have undergone reintegration have reported that whilst they are now able to return to their communities, they are all too often viewed and defined as nothing more than a survivor or the family of a victim. Being labelled a survivor or a relative of a victim has resulted in individuals being blamed for bringing Ebola to the community and for all the subsequent hardships a community suffered, for example during quarantine. The impact of these labels has meant that for individuals, the multiple facets of their identify can be denied. Their former positions - whether it be as a trader, farmer, or clinician - are no longer recognised or supported and they are prohibited from taking up other roles in the community.

Stigmatisation of frontline workers

Like survivors, frontline Ebola workers - such as health workers, contact tracers and burial teams - remain stigmatised by wider society and deeply traumatised by their experiences. Similarly to survivors their segregation can be driven by community fear, but they have also been held responsible for their perceived role in disrespecting and destroying existing cultural norms and traditions, and financially benefitting from the crisis through 'blood money.'

In Liberia, for example, the mandatory cremation of bodies was hugely controversial.[4] A public backlash led the government to abolish this policy after four months in favour of 'safe and dignified' burials, however the individuals responsible for cremations are to this day marginalised from society and accused of destroying sacrosanct funeral rituals. A December 2015 New York Times article concluded that: "the ostracism darkened what was already an abysmal time for the men, so much so that now, a full year after the country has ceased the cremations, their lives remain virtually destroyed."[5]

3. 'Interim Guidance for Management of Survivors of Ebola Virus Disease in U.S Healthcare Settings', Centre for Disease Control and Prevention (May 2015): http://www.cdc.gov/vhf/ebola/healthcare-us/evaluating-patients/guidance-for-management-of-survivors-ebola.html
4. 'Liberia orders Ebola victims' bodies to be cremated', BBC (2014): http://www.bbc.co.uk/news/world-africa-28640745
5. Cooper, Helen. 'They Helped Erase Ebola in Liberia. Now Liberia Is Erasing Them', New York Times (2015): http://www.nytimes.com/2015/12/10/world/africa/they-helped-erase-ebola-in-liberia-now-liberia-is-erasing-them.html

Orphelia (left) with her neighbour in Camp 8, Nimba County, Liberia. ©Conciliation Resources

"I survived Ebola but I am the same person": Orphelia's Story

In August 2014 Orphelia's husband fell ill. She had heard about Ebola on the radio, but few in her community believed Ebola was real – no such disease had ever reached the remote border communities in Nimba County, Liberia.

Orphelia took care of her husband at home but within a few days her husband had deteriorated and both she and their only child began to feel ill. A week later, after visiting the local health clinic in Karnplay, they were transferred to an Ebola Treatment Unit (ETU) where the whole family was diagnosed with Ebola. Within two days their whole community, Camp 8, had been placed under quarantine. Orphelia slowly recovered but both her husband and son died.

When Orphelia was given the all clear and released from the ETU, her community would not accept her and she was forced to live with her brother in a neighbouring village. Six months later, Orphelia was finally able to return to her home in Camp 8 but she remained stigmatised and ostracised. She was always introduced or referred to as 'Orphelia, the Ebola survivor.' Surviving Ebola had become her sole identity within the community. Her segregation from the community continued; she wasn't allowed to use the communal water pumps, no one helped her with her crops and she was forced to eat alone.

The community were no longer afraid of her but, as the sole 'survivor' in the village, she was blamed for the death of others in the community and for the hardships and stigma the community faced when they were placed under quarantine.

The DPD mediated an ongoing space for dialogue between the community and Orphelia and over time the community mistrust and anger was eroded and slowly replaced by friendship, recognition and collaboration. Orphelia is more than a survivor, she is, as before the outbreak, a central figure of Camp 8 fully involved in all aspects of community life.

> *"I survived Ebola but I am the same person as before. Over the past nine months, the DPD have helped the community see this."*
>
> Orphelia

A new stigma – perceived monopolisation of post-Ebola benefits

Over the past months, in addition to the discrimination experienced by some as a result of their identity as an Ebola survivor or frontline worker, many describe a 'fresh stigmatisation' driven by their perceived monopolisation of post-Ebola benefits.

The emphasis by government and operational actors on supporting reintegration and the visibility of these interventions, especially at a community level, has made the wider population perceive that only the needs of *some* are being addressed. The subsequent perception is that the rest of the community is being excluded from post-Ebola recovery 'dividends' and this is leading to resentment against those individuals who are perceived to be benefiting. Jenneh Massalley, an Ebola survivor who lost her parents, siblings and one child to the virus, said: "Every time I leave from here and go to Tienni, people say 'that woman is going for her money.' They say that I'm going to receive plenty of money, $100 each time. But it is not so. I come back and they ask for their share, but I have nothing to give them."

The perception that some are monopolising post-Ebola benefits is even driving tensions within and between the groups the wider population assume are already benefitting, such as survivors and frontline workers. For example, some nurses in Kenema, Sierra Leone, who still have not been paid for their work during the crisis, are now refusing to treat survivors. Agatha Jacobs, a survivor volunteer nurse, expanded on this by saying: "Many of my colleagues will no longer treat survivors when they come to the clinic. They say: 'Why should we? They are getting enough already, when we get nothing.'"

The perception that resources available in post-Ebola recovery programmes are highly selective and narrowly targeted is entrenching and deepening societal divisions and tensions. United Nations Development Programme identified the risk that "community tensions would arise because of perceived unfair distribution of assistance" as highly likely in their post-Ebola recovery strategy and we are now observing the manifestation of this risk.[6]

6. 'UNDP Response to the Ebola Crisis in Sierra Leone: Restoring livelihoods and fostering economic recovery,' UNDP (2015).

Strong relationships between individuals and within communities are not just critical in terms of reducing and avoiding conflict. It was strong intercommunal relationships, which enabled effective early responses to Ebola. Individuals and communities need to be able to rely upon these strong relationships now and in the future to avoid the re-emergence of Ebola and to address other needs. This is especially important in border communities where there are limited services.

Nobody in Guinea, Liberia or Sierra Leone was untouched by the Ebola crisis. The Ebola crisis and subsequent responses created a myriad of wider consequences, which negatively impacted on everybody's lives. For example market and border closures, the collapse of the wider healthcare system, the suspension of schools and rapid inflation. However, all of this pales into insignificance when compared to the psychological trauma for everybody in the region of living in a near-constant state of fear that they or their family could be the next to be infected. Post-Ebola strategies must be conflict sensitive in their design and implementation, recognising the collective victimhood of the population and ensuring that they address the shared needs of communities as well as the specific needs of different beneficiary groups.

> *"If an Ebola widow wakes up in the middle of the night, it will be her neighbours she runs to, not the aid organisation that comes through once a week or once a month. If you only give aid to her, you may just break those bonds, instead of encouraging solidarity with those who have suffered."*[7]
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> John Caulker, Executive Director of Fambul Tok

7. Brown, Ryan. 'In aftermath of Ebola, Sierra Leone finds forgiveness is a powerful resource', Christian Science Monitor (2015): http://www.csmonitor.com/World/finds-forgiveness-is-a-powerful-resource

Jenneh Massalley (right), an Ebola survivor, talks with other community members in Jenneh Wonde, Grand Cape Mount County, Liberia. ©Conciliation Resources

Rumours and misconceptions: post-Ebola recovery programmes in Jenneh Wonde

Jenneh Wonde in Grand Cape Mount County, Liberia, was an Ebola 'hotspot' with the community placed under quarantine for over three months. As transmission rates declined and normality started to return, rumours began to circulate in the district that the residents of Jenneh Wonde were receiving large recovery packages from various international organisations. Other communities believed it was unfair that only Jenneh Wonde was receiving support because they too had been deeply affected by the crisis, even if the number of Ebola cases were significantly less.

When a World Food Programme vehicle was seen entering Jenneh Wonde, these rumours were seemingly confirmed. The next day a group of young men from the surrounding communities visited Jenneh Wonde and demanded a share of the food package. Momo Massalley, Jenneh Wonde Town Chief, explains:

> *"It is true, the World Food Programme had visited us but it [the food package] wasn't much. They only gave a little rice and some oil to each survivor here. But they [surrounding communities] thought we had been given much more. They were saying every house in the village had been given a sack of rice, cassava, salt and oil. But it wasn't so."*

This confrontation led to the group being expelled from Jenneh Wonde and an escalation of tensions with the surrounding villages that assumed the Jenneh Wonde residents were lying to them. In turn the community in Jenneh Wonde were frustrated that they were expected to share any food they had with the same people who they believed had segregated and ostracised them during, and in the aftermath of, the crisis. Momo Massalley continued:

> *"How could they come and ask us for supplies when they abandoned us during the crisis? Only when they thought we were getting big benefits did they visit us again. Even if we had got as much as they said, people wouldn't have shared it with them, not after the way they treated us."*

After a sustained period of mediation, which included individual and joint meetings with every community, the DPD helped to address the misconceptions, sources of rumour and tensions on both sides. To celebrate the communities coming together again, a shared feast was organised in the Jenneh Wonde Palaver Hut with every community contributing to the meal.

Moving beyond reintegration

The continued need to support the return and social acceptance of Ebola survivors, the families of victims and frontline Ebola workers cannot be underestimated. In developing responses to support reintegration the complexity of the drivers leading to exclusion need to be adequately understood and responded to. Reintegration and post-Ebola recovery strategies which are (or are perceived to be) only responding to the immediate needs of individual beneficiary groups or fail to address the complexity of the contexts may not only be insufficient but, as discussed above, risk entrenching societal divisions and heightening tensions.

In our own work, the DPDs realised early on in the project that supporting the return of survivors and the families of victims by facilitating one-off interface meetings between the community and the individual(s) was not sufficient. DPDs adapted their models to support an ongoing space for dialogue, which looks to understand the interests and needs of all parties, develop areas of common interest between individuals and foster a recognition of shared experience and trauma.

As the project has continued, we have also observed the need for a much wider reconciliation process at all levels of society. Already strained citizen-government relations have been further weakened by the Ebola crisis. Citizens remain frustrated at the widespread accusations of corruption in relation to the distribution of Ebola relief funds at the height of the crisis. Others perceive national government responses to the crisis as being overtly politicised in nature. For example, throughout the crisis, governments have been accused of delaying their response in opposition areas and using states of emergency to strengthen their position by limiting civil society space and the freedom of the press.

In post-Ebola recovery plans and statements, political actors have made widespread promises and commitments and, in so doing, have raised expectations. For example, in acknowledgement of the important contribution of frontline workers, national and international actors have made significant commitments to support them, including livelihood support programmes and employment on the government payroll. The sweeping promises made by national and international actors were always unrealistic given the available resources and, as such, many of these commitments have not been fully implemented. However, the lack of feasibility of the initial promises has not tempered the expectations of frontline workers, who are now growing increasingly frustrated at the delay. This raises the question of what might occur if these expectations are not tempered and continue to go unmet.

Disengaged and disenfranchised youth played a critical role in volunteering as frontline Ebola workers during the crisis. This served to empower the youth population to realise their potential to play important roles in their communities, roles they are traditionally excluded from. It is critical that post-Ebola recovery plans ensure that this empowerment of youth is utilised in ways that allow them to continue to actively and positively participate in the development of their communities and in local and national governance.

The Ebola crisis, and subsequent response strategies, have contributed to the erosion of trust and social cohesion at all levels of society. Whilst the Ebola health crisis in the region is now over, its consequences on trust and cohesion within society will continue to exist for a long time.

To address this, it is critical that reconciliation processes within and between communities, civil society and local and national government and security apparatus are included as part of the post-Ebola recovery strategy.

> *"Bringing people together is a long time process; it is not just one day, one week or one month."*
>
> Melvin B. Kamara, Tewor DPD Chairperson

Findings and recommendations

- Stigmatisation, ostracisation and discrimination faced by Ebola survivors, their families and others, for example frontline responders, is highly complex, fluid and driven by multiple factors, beyond the fear of infection. These factors include:
  - being held responsible for 'bringing Ebola' into a community and all the subsequent hardships a community suffered
  - perceived responsibility for disrespecting and destroying cultural norms and traditions
  - a perceived monopolisation of the post-Ebola relief efforts.
- The reintegration terminology and approaches risk entrenching a notion of difference between the 'wider community' and those being reintegrated.
- Actual and perceived discrepancies in the distribution and benefit of post-Ebola strategies is leading to societal divisions and is likely to deepen community tensions.
- Ebola affected all and post-Ebola strategies must be conflict sensitive in their design and implementation. They must recognise the collective experience of the whole population and provide for the shared needs of communities as well as the specific needs of different beneficiary groups.
- The Ebola crisis, and subsequent response strategies, have contributed to the erosion of trust and social cohesion at all levels of society. Reconciliation processes within and between communities and between the citizen and the state should be included as part of the post-Ebola recovery strategy.

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