

Community feedback in Ebola outbreaks

How can community feedback be included in decision-making processes during outbreak response?

Community feedback is an essential form of evidence in outbreaks

Community voices and concerns can help to inform and improve humanitarian response. Listening to community feedback also underpins humanitarian principles. However, decision makers in outbreaks are besieged by huge amounts of data and many competing priorities, making use of this evidence challenging.

This research aimed to understand how a new qualitative community feedback system was used during the North Kivu Ebola outbreak by decision-makers to shape response policy, as part of a larger project which also examined Safe and Dignified Burial practices.

The study team found that even though community feedback brought important insights, decision-makers struggled to understand and apply evidence to adapt the response. Learning from this study has helped improve use of the community feedback mechanism by humanitarian partners.



Red Cross Volunteers Blandine & Bernadette listen to community concerns and record feedback in Lembabo, Bunia, DRC. Credit: IFRC/Corrie Butler

Background

The Democratic Republic of the Congo (DRC) experienced its 10th outbreak of Ebola from 2018-2020 in the conflict-affected regions of North-Kivu & Ituri, resulting in 2287 deaths from the virus. The DRC Red Cross and the International Federation of the Red Cross developed a community feedback mechanism to gather community perspectives on the Ebola outbreak and response. This feedback data was analysed and used to inform policy and programming collectively at all levels of the response - both to improve the response and to engage communities in the fight against the virus. This study aimed to assess how decision-makers used this new data stream, to inform and improve use of feedback data for future responses.

How the research was conducted

Key informant interviews, focus groups, document reviews and meeting observations were conducted to understand how the feedback data was used, and how this influenced the response. Learning from the study informed adaptations to the feedback mechanism in real time.

Key findings

- The Red Cross' community feedback data was a new qualitative data stream in the DRC Ebola response and was in competition with many other forms of (largely quantitative) evidence.
- Decision makers were largely quantitatively trained. Qualitative feedback data had to be presented in a way that was more palatable to this audience.
- "Evidentiary inertia" was a feature of the response. This meant even when there was a need to change practice, the size and scale of the response made it difficult to change course within a reasonable time frame.
- Decision makers were more willing to adapt response policy and practice when they understood that responding to community feedback could build community acceptance and enable responders to complete their work. Involving the decision makers in developing recommendations from the feedback helped facilitate this understanding.

Implications for humanitarian practitioners and policymakers

Since listening to views of communities affected by crisis is a core humanitarian principle, and can facilitate improved outbreak response, future outbreak responses should include community feedback systems like that of the Red Cross. However, the scale of those systems should be commensurate with the severity of the outbreak and resources available.

Policy makers in outbreak response should consider how to integrate community feedback into the response from the onset of the crisis. Recommendations should be tracked, from that feedback, through to policy implementation.

Where multiple organisations have community feedback systems, these should be complementary. Data should be triangulated and cross-analysed to create coherent recommendations, considering challenges faced by policymakers to absorb evidence during outbreak response, particularly qualitative evidence.

Trialing different approaches to the presentation of community feedback data for various audiences (including those qualitatively trained) can help develop templates which can be used in future outbreaks. Outbreak leadership could also be trained in qualitative (as well as quantitative) sources of evidence, so that they can capitalize on all data streams.

Recommendations for future research

Future research should consider the best mechanisms for collecting and using community feedback data.

More evidence is needed on the barriers to and facilitators of implementing policy change at all levels of outbreak response.

About the study team

This study was conducted by a partnership:

The London School of Hygiene and Tropical Medicine were the academic partner and lead research organisation (Gillian McKay, Hana Rohan, Francesco Checchi).

The International Federation of the Red Cross & Red Crescent Societies, together with the DRC Red Cross, conceptualized and operated the community feedback system and hosted the research (Ombretta Baggio, Cheick Abdoulaye Camara, Eva Erlach, Lucia Robles Dios).

The US Centers for Disease Control & Prevention provided key technical support to the community feedback system and supported the research (Christine Prue, Giulia Earle-Richardson, Vivienne Walz).

Keywords

Decision-making, policy-making, outbreaks, Ebola, accountability, evidence-based policy, Sub-Saharan Africa, North-Kivu, Ituri, community feedback mechanisms

Articles and further reading

Published article:

<https://gh.bmj.com/content/7/2/e005971>

Elrha study page:

<https://www.elrha.org/project/evaluation-of-community-based-ebola-control-interventions-in-the-democratic-republic-of-congo/>



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>