

ranging from the lack of a standardised outbreak response framework at the start that could be quickly deployed to the complexity of integrating data from multiple actors and sectors and the low appreciation of the role of M&E data in a health emergency. This led to delays in implementation and missed opportunities for more evidence-based decision-making throughout the emergency.

Even so, the progress that has been achieved is important. The establishment of the IMWG facilitated consultations among partners, and the participatory definition and revision of indicators, criteria and data collection tools increased the acceptability of the system. Efforts to streamline the data cycle through the development and implementation of electronic data capture tools, statistical scripts and visualisation dashboards allowed for real-time analysis and visualisation. The toolkit that has been designed and piloted represents an excellent starting point for future adaptations in other outbreaks.

Conclusion

In the context of outbreaks in disrupted health systems,⁴ a package of health indicators monitoring the performance and status of implementation of multilevel interventions⁵ can identify the strengths and weaknesses of the response, inform decision-making, refine improvement strategies,

4 WHO, *Analysing Disrupted Health Sectors: A Modular Manual*, 2009 (www.who.int/hac/techguidance/tools/disrupted_sectors/en/).

provide lessons learned and improve accountability to affected populations. The implementation of a multisectoral and digitalised monitoring framework has helped raise awareness among response stakeholders of the added value of monitoring inputs, outputs and the status of activities, as well as performance indicators, to complement epidemiological data. The monitoring and evaluation framework has increasingly been incorporated into decision-making at operational, strategic and planning levels, and has become an integral component of strategic response plans. Inter-agency efforts are now needed to ensure that response planning for future health emergencies builds on this experience, and that a performance-oriented and monitoring-driven approach is adopted from the outset of an emergency.

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5 Emanuele Bruni et al., A Package for Monitoring Operational Indicators of the Response to the Outbreak of Ebola Virus Disease in the Democratic Republic of the Congo, *Weekly Epidemiological Record*, 94 (3), 2019 (<https://apps.who.int/iris/handle/10665/279759>).

Security and access in the DRC: implementing an acceptance strategy in the Ebola response

Adelicia Fairbanks

Responders to the Ebola outbreak in eastern Democratic Republic of Congo (DRC) face tremendous challenges in halting the spread of infection, not the least of which is insecurity. Insecurity Insight reports that, between January and November 2019, there were more than 400 attacks against response actors, including threats, abductions and arson. Since January 2019, at least 20 health workers have been killed.¹ According to the UN, the majority of security incidents affecting Ebola responders were linked to armed conflict, community resistance and civil unrest.

Organised attacks, deteriorating security and increased distrust of response actors by local community members have in the past coincided with a rise in Ebola cases and increased transmission in the DRC. In this context, response actors must implement effective humanitarian security risk management measures to protect themselves, as well as

to effectively respond to the epidemic. However, strategic security risk management approaches appear to be largely absent from the response, in part due to a failure by leading response agencies to recognise the DRC as a complex humanitarian emergency, as well as a public health crisis.

This article looks at the implications of this narrow approach and the security challenges response actors face in the DRC, and aims to demonstrate how a humanitarian security risk management approach that focuses on the prevention of security incidents through the adoption of an acceptance security strategy can improve the security and access of responding agencies. It draws on existing literature, as well as interviews with actors involved in the response.

The context

Eastern DRC has been plagued by armed conflict for over 20 years. It hosts the world's largest UN peacekeeping force and a myriad of non-state armed groups with varied and

1 Data compiled by Insecurity Insight on security incident information within the DRC Ebola response is accessible here: <http://bit.ly/38oNumi>.



People who have been in touch with someone who has been infected, receive food aid, in order for the humanitarian community to monitor them during four weeks
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unclear motivations. The conflict has resulted in substantial displacement: North Kivu has an estimated 2.5 million displaced people and refugees. Men, women, girls and boys are victims of violence, sexual assault, forced conscription, extortion and crime. The Kivu Security Tracker shows that, in North Kivu between April 2017 and February 2020, 2,207 people were killed and 1,242 abducted. According to the Aid Worker Security Database, there were 41 major incidents directly affecting aid workers in the DRC between January 2018 and January 2020; of the 80 reported victims, 77 were national staff.

Lack of law and order in the region is compounded by weak government presence. Local communities rely on NGOs and other civil society groups to provide basic services such as education and healthcare. Widespread corruption and poor infrastructure – including no centralised electricity and unpaved roads – severely affect livelihoods and incomes. Community trust in the government is extremely low, and this is exacerbated by a lack of clear boundaries between the Congolese national military and non-state armed groups. Soldiers guarding a Congolese military checkpoint during the day can be found guarding an armed group’s checkpoint at night.

Security challenges

Response actors in the DRC face two overarching security challenges: insecurity resulting from attacks by non-state

armed groups, and community mistrust and resistance. The UN reports 178 security incidents stemming from community resistance to Ebola response activities between August 2018 and May 2019. Data on community perceptions collected through feedback mechanisms indicates that a large number of local community members believe that Ebola is a scheme of the government or others, and that Ebola is an organised business.²

Community mistrust is exacerbated by the consequences of a narrowly focused public health response. Communication with communities is mostly one-sided – focused more on informing rather than asking and answering questions and addressing concerns. Response actors have also been known to enter communities, escorted by armed guards, to retrieve bodies without speaking to community members. Many local staff members lack training in effective community engagement.

The other major challenge is insecurity resulting from attacks by non-state armed groups. Two attacks carried out by rebel militia in November 2019 killed four responders and injured five others. These are just two examples of attacks perpetrated by armed groups against health facilities and response personnel.

² For more information, see the latest Social Science in Humanitarian Action ‘Social science and behavioural data compilation’ for the DRC Ebola outbreak, available here: www.socialscienceinaction.org/resources/social-science-behavioural-data-compilation-5-ebola-outbreak-eastern-drc-september-november-2019/.

Security risk management in the DRC: an acceptance approach

Response actors must implement effective humanitarian security risk management in the DRC to protect themselves and reduce the spread of infection. Yet security risk management is often seen as merely the implementation of day-to-day security measures, such as curfews, travel restrictions, the use of armed escorts and the management of security incidents. This oversimplification of security risk management lacks a coherent overall strategy, and fails to take account of the broader implications of activities undertaken in the name of security, such as the use of armed escorts.

An appropriate approach to humanitarian security risk management includes a strategic analysis of measures to prevent security incidents from occurring in the first place. Central to this is the adoption of a humanitarian security strategy. In the DRC, where conflict is ever-present and insecurity is at least partially a function of local actor mistrust, an acceptance approach to security is pivotal. Acceptance involves obtaining the approval, consent and cooperation of communities, local authorities and other stakeholders. In the DRC, this means implementing a security risk management framework that is guided by an over-arching acceptance strategy, within which the security measures adopted aim to foster local trust and ownership of the response.

Addressing all humanitarian needs

A broader approach to the humanitarian crisis in eastern DRC – one not solely focused on Ebola – is essential to improve community acceptance. Arguing for greater community engagement in the Ebola response, Vinh-Min Nguyen, a medical team leader for Médecins Sans Frontières (MSF) in North Kivu, shared the positive impact his team had had on community acceptance by treating medical conditions beyond Ebola.³ This broader approach reassured local communities that their needs were just as important to responders as addressing the risk that Ebola poses in the DRC and at a global level.

Adhering to humanitarian principles

Central to obtaining acceptance is clarifying the role and motivation of response actors. This means adhering to a standard code of conduct, such as the core humanitarian principles of neutrality, impartiality and independence. Response actors should focus on engaging in community dialogue to emphasise their neutral position within the conflict and the independence of the response from broader political and financial interests, and clarify that the primary purpose of the response is to help affected people. Perceptions can be more important than intentions when it comes to obtaining acceptance.

3 V. Nguyen, 'An Epidemic of Suspicion: Ebola and Violence in the DRC', *New England Journal of Medicine*, 380, 2019.

Restricting the use of armed escorts

In conflict environments such as the DRC, civil–military coordination can exacerbate the relationship between local actors – such as community leaders, community members and non-state armed groups – and response organisations. Coordination of this kind – while often perceived as important in ensuring the security of response actors – can blur identities between responders and parties to the conflict and result in the direct targeting of response actors by communities and armed groups. The presence of armed escorts during surveillance activities in eastern DRC has damaged perceptions of response actors among local communities, potentially contributing to the overall climate of insecurity affecting the response and limiting access to affected communities. The use of armed escorts should, therefore, be carefully considered as part of a broader security strategy in the DRC.

Adopting common rules of engagement

It can take weeks for organisations to negotiate access to communities, but these efforts can be thwarted if other organisations adopt different rules of engagement, for instance arriving in the same community, uninvited and accompanied by an armed escort. Incidents of this nature are not uncommon in the DRC and serve to further erode the community's perception of the overall response. To address this risk, the United Nations Children's Fund (UNICEF) and community engagement partners are supporting the Congolese Ministry of Health (MoH) in rolling out principles of community engagement. Adherence to these principles by all response organisations is imperative to regain community trust in the response, and to improve the security of operations.

Supporting dialogue

Dialogue with communities and other stakeholders on all aspects of the response is crucial in fostering trusting relationships. This includes gathering data on local perceptions, needs and concerns and addressing them. Multiple actors in the DRC are carrying out comprehensive feedback activities to improve community engagement.⁴ Several actors are also carrying out social science research to improve responders' understanding of community and individual behaviours, beliefs and practices (particularly in relation to health) in order to adapt response interventions. The MoH-led and UNICEF-supported Cellule Analyses – Science Sociales (CASS)⁵ and the Social Science in Humanitarian Action Platform, for example, conduct social science research and provide publicly available insights, analysis and advice, which response actors can use to inform their security risk assessments and security strategies and measures, and to adapt their response activities and programming.

4 For example the IFRC and the Communications Commission.

5 All CASS information and research is checked by the Congolese Ministry of Health and UNICEF, and is accessible online at https://drive.google.com/drive/folders/1H3JkO3YhEU5TT99-Lk_sAwXRuE9UUKMY.

Conclusion

The Ebola outbreak in eastern DRC is part of a broader complex emergency, where historical and present-day conflict, a weak national health system and other humanitarian concerns interact to intensify the spread of Ebola and exacerbate other humanitarian needs. The World Health Organization (WHO) has acknowledged that the Ebola response must go beyond the public health framework and should take into account broader humanitarian needs, security issues and community engagement. WHO also recognises that one of the most persistent and severe threats to the Ebola response is the insecurity caused by underlying social and political tensions. A humanitarian security risk management lens, which focuses on prevention and the adoption of an acceptance approach, can effectively address these security challenges.

As the world faces increasingly complex emergencies where public health crises interact with conflict dynamics, fragile political, social and economic institutions and broader humanitarian needs, a fundamental shift in approach is needed by health responders. Central to this is a greater understanding of the role that effective humanitarian security risk management can play in a complex emergency of this kind, to improve not only the security of responders, but also their access to communities and the effectiveness of response activities.

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