

Communication with rebellious communities during an outbreak of Ebola Virus Disease in Guinea: an anthropological approach

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Abstract

This paper reports on the success of a communication programme among 26 rebellious villages in Forest Guinea during fieldwork in June-July 2014. This was based on listening to complaints and taking into account the customs and culture of those concerned. The main methodologies were socio-anthropological enquiry and action research, based on bibliographic research, observations, formal and informal interviews with resource persons and political leaders from Forest Guinea; women, young and very old people of both sexes, street vendors, restaurateurs, local personal response.

Keywords: Ebola Virus Disease Epidemic—social anthropology-history-conflict- communication – listening - mobilization and community involvement. OuendéKenema Guèdembou, Tekoulo, Kassadou, Nongoa, Koundou, Legobègou, Fangamadou, Tèmèssadou, Djigbo, Bolodou-Guéckedou-Guinea

¹ This fieldwork was conducted during a mission by the author as a consultant to the World Health Organization as part of the fight against the epidemic of Ebola disease in Guinea.

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Introduction

In Forest Guinea, particularly in the region of Guéckédou, some fractious villages have rebelled against the measures that were being taken to control the Ebola Virus Disease (EVD) that had been present since March 2014. Action-research conducted by anthropologists during other epidemics in Congo since 2003 suggests that the root causes of this resistance or reticence² relate to five arenas; to rumours, to fear, to mistrust and lack of confidence in the authorities, to denial of the biomedical discourse, and to the desire to be autonomous and avoid what they understand to be exogenous contamination (Tavares et al. 2014; Saéz et Brochert 2014; Anoko et al. 2014; Epelboin 2009, 2014; Epelboin et al. 2008).

The outbreak of EVD in Guinea, as earlier in Central Africa, has occurred in a heterogeneous social context with a history that from the beginning of colonization to long after independence has been marked by conflicts and crises (e.g. Balandier 1955). These tensions have two dimensions: a vertical dimension in the community relations with political and administrative power and a horizontal dimension concerning conflicts between and within communities.

An echo of these conflicts can be discerned in the experience of those taking efforts to address the Ebola crisis, including national authorities, among the populations terrorized by the illness and death, and frustrated by decades of perceived discrimination, and social claims remaining unmet by successive regimes. The outbreak of EVD has become for these rebellious communities, an arena in which to be heard and to hope to obtain solutions for unemployment and poverty, access to education and health, new schools, bridges and roads among other things.

The difficulties faced by control teams when conducting contact tracing, to locate the sick who have been hidden, and to prevent insecure burials and associated pathogenic customary funeral rites in the community contributes to the exponential spread of the disease.

Faced with these tensions and the serious difficulties that Ebola control services have in understanding the political, historical, economic, social and cultural aspects inherent in the deadly epidemic of EVD, proper communication becomes crucial to help defuse conflicts as they arise and to (re)gain the trust of the community and involve them in the fight.

Social-anthropological inquiry and action research on the ground were the main methodologies used, and this was based on bibliographic research, observations, formal and informal interviews with resource persons and political leaders from the Forest Guinea; women, young and very old people of both sexes, street vendors, restaurateurs, local response personnel, traditional healers, among others.

This article highlights the contribution that anthropology can make in the establishment of communication rooted in a consideration of local circumstances, knowledge and the enhancement of regional cultures.

The strategy contributed to conflict resolution in twenty-six recalcitrant villages in Guéckédou Prefecture of Forest Guinea from June 28 to August 2, 2014.

² The play on words was adopted by the national authorities. Talk of resistance has a political connotation and may result in the deployment of armed forces and worse. By contrast, social reticence, cleansed of all political suspicion, can be overcome by negotiation. Forest Guinea has a strong tradition of opposition to the various regimes.

1. Communication strategy to (re) gain the trust of the population

1.1. Social history of conflict with the government in Forest Guinea

Forest Guinea is not a homogeneous and stable socio-cultural context, as has been stubbornly held throughout the epidemic. Even though the socio-political backdrop was consciously or unconsciously hidden, these conflicts still have historical and socio-political backgrounds that are characteristic of the old traditions of resistance to political and administrative power.

Traditionally, the Kissi majority in Forest Guinea and the "Ebola Triangle" (Guinea, Liberia and Sierra Leone) have no leader. Their egalitarian and fragmented organization (in hamlets and villages) meant that they attached great prestige to the position of the Elder of the lineage (Paulme, 1960). The authority exercised by the chiefs (sector chiefs, district chiefs, sous-prefect, etc.) was only established in the colonial period in an effort to control and govern (Balandier 1955), and was perpetuated since independence by the administration and successive political powers. **Analysing the names of the 69 directors of the region since 1904 that appear on the panels exposed in the meeting room of Gueckedou Prefecture shows from surnames, only 5 or 6 are originally from Forest Guinea (talking in the list of the prefects of the 2nd Republic Kamano, Milimonou, Beavogui, Balamou, etc.).**



Les panneaux d'époque, disposés face au public, rappellent les noms des chefs de cercle, de gouverneurs et de préfets en exercice de 1908 à 2014. Ce respect de la mémoire d'un passé douloureux, notamment colonial, contraste avec la fréquence des rumeurs accusant les «Blancs» de complots, de volonté génocidaire et d'enrichissement. (photo Alain Epelboin)

In Guinea, power is held and exercised mainly by the Fulani and Malinke, mostly Muslims, who are considered by those of forest region as "invaders and heirs to the harmful effects of French settlers," and who are perceived as charged with eliminating the cornerstones of Forest Guinean's religions that consist, for example, of beliefs in spirits and fetishes, ancestor worship, sacrificial and initiation rites, female genital mutilation, the power of witches, and specific funeral rites.

These traditional religious beliefs seem to have been fought over for decades by national authorities in an exercise called "the integration of Guinea in modern life."

Thus, in order to *"transform traditional attitudes and to replace animist fictions with other conception estimated to be more positive and purifying, the state did not tolerate barriers to its action. It first attacked the material supports of beliefs; the fetishes, collecting them and their secret halo that guaranteed power. After unveiling their deceptive tricks in the light of day, and to everyone, and after ordering the fetishes to be burnt, the political authorities continued their work of undermining beliefs using persuasive propaganda and the establishment of authorities at the local administrative level with policies to ensure the continuity of this political strategy"*(C. Riviere 1969).

For the population of Forest Guinea, resistance became a way to reclaim their very essence; to assert their cultural identity and to defend their beliefs. The lack of confidence in the authorities thus finds some justification and allows one to understand accusations to be heard such as "the lack of transparency in management," "complicity with whites," "the personal enrichment of Peul and Malink eat the expense of the misfortunes of Kissi, Toma and Guerzes" and even "taking advantage of the epidemic by authorities to finish off the people of Forest Guinea forest, including the Kissi ethnic group." The Kissi, distributed across the "Ebola Triangle" in Guinea, Sierra Leone and Liberia were the majority of those affected by EVD in July 2014.

These accusations, far from being specific to Guinea, manifest the population's usual frustration during outbreaks of Ebola and Marburg viruses with the authorities described as corrupt and disinclined or unable to provide answers to problems such as poverty, lack of infrastructure, and lack of job opportunities especially for the youth.

1.2. The latent intra and inter-community conflicts

The epidemic catastrophe also provides an opportunity to reveal and bring into the open internal conflicts against secular authorities, between communities, between young and old, and women and men. The community context is marked by a strong distrust in interpersonal relations, associated with the history of resistance to French colonization and subsequently to established power.

In the colonial past, for example, it is still recalled how "traitors" within the population of Forest Guinea facilitated the arrest and execution of a community leader, elected by his peers as spokesperson with the French colonists. In retaliation, this victim cursed the population, condemning it "to tear themselves apart and betray each other."

In the following story, recorded in June 2014, the Dean of the town of Gueckedou, Chairman of the Elders recalled the situation: *My name El Hadj Issa Popei Dembadouno. I was officially installed as the Doyen of the city and president of the Elders of Gueckédou on December 28, 2007. The prefecture of Guekedou has nine sous-préfectures, namely Ouende-Kenema, Koundou, Nongoa, Tèmèssadou,*

Guèdembou, Fangamadou, Gbolodou, Tekoulo and the urban city of Guekedou. Each of these sub-prefectures were traditional chiefdoms³.

On April 17, 1907, Tyèdenan Dembadouno, my grandfather, Chief of Tekoulo received the French settlers in his village. Their mission was to mobilize local people to work for the colonial power. My grandfather received them well, and housed and fed them according to the rules of traditional hospitality. My grandfather then brought together all the warriors, hunters, traditional leaders, griots, etc from other villages to announce the presence to the French settlers at Tekoulou so that together, they could decide to work with them, or expel them. Unanimously, the decision to expel the settlers was adopted by the assembly, which then charged Tyèdenan immediately to transmit this decision to the colonists. He did this faithfully. In response, the colonists ordered the population of the nine villages to convene so that they could publicly confirm the words of Tyèdenan Dembadouno, my grandfather. All denied it and so betrayed Tyèdenan. The colonists ordered them to execute him. Nobody had the courage to do it except Fassouma Camara, a national Kissidougou who introduced himself as executioner.

On January 1, 1915 Tyèdenan was beheaded. It is to this event that once can attribute the secular conflict between Kissidougou and Guéckédou. But before dying, Tyèdenan cursed his community, saying "you will never develop. You are doomed to betray yourselves from generation to generation."

His body was handed over to his cousin, Gbédé Dembadouno for burial. The latter succeeded him and after two years he was replaced by Yola Kamano. After thirty years in power, Yola was himself betrayed by his peers of Tekoulou and was jailed for murder on April 17, 1946. In gratitude, notaries Tekoulou recalled Gbédé to power. Completely fatigued, he died Aug. 20, 1950, and power passed into the hands of N'dakoui Dembadouno which was also revoked following a betrayal on December 31, 1957.

In 1958 the Democratic Party of Guinea (PDG) took power headed by Sekou Toure. Many strikes, betrayal, conflicts and protest movements of the population of Guéckédou followed. This instability is attributed to the curse of Tyèdenan, my grandfather. In 2007, the notables of Gueckedou decided to rehabilitate Tyèdenan to his traditional powers so that he could forgive the population of Gueckedou.

A mausoleum was built on the grave of Tyèdenan. A football field was built and baptised with his name and finally an association of citizens who remember my grandfather was created. It is the Association for the Integrated Development of Guéckédou Prefecture. It is in the context of this recognition that the role of Dean and President of the Elders of the town of Gueckedou was entrusted on me since 2007. Now we must fight Ebola, united."

Since then, however, people still distrust each other in a "fear of betrayal." Competition rules. People do not trust each other and one gives little credit to messages coming from outside: and those related to EVD in particular do not escape this generalised mistrust.

In Gueckédou in July 2014, a national NGO promoting the traditional healers trained them so that they could in turn educate their communities. Some of these traditional healers were accused of treachery and were beaten up by the young people in their villages, while trying to mobilize villagers to fight against EVD.

³The 26 reluctant villages were from these 9 sous-prefectures



A traditional healer attended in the Health center of the Prefectural Health Directorate of Gueckedou after been beaten by villagers

The spectre of these intra and inter-community conflicts has on one hand affected the building of cohesion among community leaders and the public in the fight against EVD, and on the other hand, has made it difficult for the Ebola response teams to access in the villages to inform, educate and mobilize people. Some villages, accusing other villages of being "traitors and to have sold out", went as far as to prohibit Ebola response teams from using the roads that provide access to other villages affected by EVD and that sought help.

1.3. Identifying influential and credible intermediaries

In an effort to communicate on the basis of knowledge of the local culture (the bottom-up approach), it was necessary to analyse the social organization to categorize and understand the barriers in getting the message to the audience. Given the conflictual situation, the strategy was to focus on the credibility and influence of each of the social groups in the community. For example, a young entrepreneur from the capital Conakry was considered influential and credible in Guéckédou thanks to his sponsorship, his regular presence among the community and his investments that provide employment to the people of his region.

The assumption was that the sources of information to be used were not only institutional ones (political, medical and administrative authorities, community leaders, religious leaders), or those who self designate as such (the leaders of revolt).

The social -anthropological analysis of social organization highlighted the importance for mobilization, specifically, of traditional practitioners, heads of the sacred forests, religious leaders (Christians and Muslims), circumcisers, village birth attendants, hunters, youth in general through the consultative Framework youth nationals, returned migrants from the city or in other countries, and the elders.

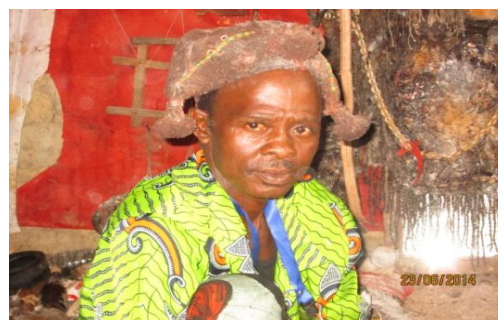
This thus permitted the identification of credible and influential people whose profile did not always correspond to classical norms. Some of those who are often ignored hold key information for understanding the context and find solutions to critical problems. For example, elderly men and women with no official duties, youth, street vendors, traders established merchants, hoteliers and managers of bars, the motorcycle taxi drivers, young professionals and cultural promoters national diaspora ...

Some of those officially relegated to a subordinate place or even ignored entirely proved to be leaders against the Epidemic response measures with a power to mobilize that even exceeded those of religious and traditional leaders, and to everyone's surprise. In the village of Sagbè, for example, it was a woman stationed at the entrance of the village who warned away the advocacy and social mobilization teams, swearing to them that she would not be responsible for what might happen in the event that they failed to comply. The Ebola responses teams who ventured in only just saved themselves from being lynched. Anthropological research then revealed that this village belonged to one of the few villages historically headed by a woman, which is why it was the women who ran the popular revolts. An anecdote tells that one of the women chiefs of Sagbè, outraged to see the ground marked by the urine of men, allegedly forced them now to urinate squatting like the women. For local authorities, it is not surprising that it was the ruling women who directed the hostilities in certain villages in Gueckedou.

1.4. Listening to people about the conflicts inherent in the EVD

Methods to listen to the population were made firstly in separate meetings with each of the target groups and during a joint workshop (held on the 26th of June) that brought together on one hand a hundred and fifty community leaders from the nine sous-prefectures Gueckedou, (OuendéKenema, Guèdembou, Tekoulo, Kassadou, Nongoa, Koundou, Legobègou, Fangamadou, Tèmèssadou, Djigbo, Bolodou) and from the urban commune of Guéckédou and on the other hand the Ebola response organisations (the Prefectural Health Directorate, the WHO, the Red Cross and MSF).

Traditional healers form a network of over 8,000 men and women organized in associations or operating individually, according to the register of the Prefectural Health Directorate of Gueckedou. They had benefitted from a close communication with the Ministry of Health at the beginning of the epidemic. Everyone knew the symptoms of EVD. They had not been listened to and involved, but all that was needed was to "what to do" to refer suspected cases to treatment centers and use the emergency phone to alert epidemiological surveillance teams.



One the most influential traditional healer

Enforced decisions such as the announcement by the authorities of the closure of private clinics and those of traditional healers had led to the relocation of certain among them to Gueckedou town

where they could continue to receive patients passed on by intervention teams. For them, EVD persists because *"critics who are respected by the communities are in the process of undermining the work teams fighting against the epidemic. They must involve the communities, giving them the right information so that they no longer listen to the critics. There are sorcerers who take advantage of Ebola to kill people and blame it on Ebola. There are people here who are enriched with Ebola."*



One the most influential traditional healer in his shop with his students

The heads of sacred forests: they are the guardians of traditions and funeral rites. They say they have heard of EVD through the media, but were not involved to participate in the solution. *"Our funeral rituals have always been respected, but with Ebola, there were problems. Despite a slight improvement, notably with the introduction of ritual objects and gifts in the body bag, we see that our own kind is disappearing. Our funeral rites are our identity and our pride. Now, if we are given the means, we will fight against Ebola"*



Head of sacred forest (only men)

Religious leaders (Muslims and Christians): *"We have been involved in raising awareness and have conducted activities in churches and mosques. We received from the Prefectural Director of Health the messages we diffuse regularly. But the messages made people afraid, because they say Ebola has*

neither vaccine nor treatment. Thus the people have preferred to die at home with their relatives instead of going to die in hospital. It makes sense. We will engage in the struggle. We must have the means."



The religious authorities (Muslim and Christian)

The circumcisers (women): "Ebola exists. But the messages that were sent by rural radio initially said that the disease had neither vaccine nor remedy. This is what has caused panic and fear. The information we have been given varied according to the Red Cross, MSF, the OCPH, etc. We are afraid of the disease, but are also afraid of all those who come to us to make us aware of it, track contacts or take away the ill. Our funeral rites are not respected. A circumciser, Sokonö, cannot be buried as a simple village woman. But we lost nine of our circumcisers colleagues. We will contribute to the fight from now on."



The circumcisers (women)

Traditional births attendants: *"We have learned of the existence of Ebola by rural radio and rumours. Had we been made aware, we would have participated in the struggle because the women in our villages listen to us. Now let's do it, and we need to be trained, to have new messages and prevention kits."*



The traditional births attendants

The hunters: *"It is through rural radio, rumours, walks in the markets, and some traditional healers who are also hunters that we learned of Ebola. Now we will mobilize to fight the disease, but we need to have the means (new messages, boots, phones, soap, chlorine, etc.)"*



The hunters

The youth organisation: *"We are a non-political association for the development of Guéckédou Prefecture uniting all young people without religious and ethnic distinction. For us, the State did not take on its responsibilities early enough at the beginning of the epidemic. The first communication was poor: Ebola has no vaccine or treatment. So why go to the hospital? The grassroots communities were not involved. Outreach activities were not coordinated and they confused people. We feel that it lacks an action plan to carry through these activities. Officials or those sent by the State are not credible to the population. They are politicized and do not live here. This is the case for the health officials who were beaten at Waouh Bengou"*

On June 18th, officials who left Conakry to conduct health awareness of Guéckedou had been assaulted by the population. Wounded, they were repatriated to Conakry.



The youth organization

The model' citizen group: *"We all work in public administration. Among us there are former civil servants, teachers, midwives retired pastors, agronomists, nurses, among others. Our lack of involvement in the fight against EVD is an error on the part of those intervening. But from now on, we are committed to fighting the disease, if we are given the means."*

The elders: *"We are the elders of all the districts. All ethnic groups have their representative in the office of the Elders, that is to say, the Susu, Malinke, the Guerzé, Toma, the Fulani and Kissi. Among us, there are 4 women and 8 men who have been heavily involved in the response."* The group of Elders had been involved in negotiating access response teams to track contacts, giving alerts, investigation and sometimes with funerals with reluctant communities. But the interruption in the payment of their daily expenses had demotivated most of them, and only two women continued to work voluntarily – one of them because her niece had died of Ebola.

For each of these community groups, low involvement, coupled with poor coordination among stakeholders are the main factors that caused the frustration, disillusionment and anger.

A communication day-workshop was then organized with one hundred and fifty community and opinion leaders selected according to the criteria above. The main objective was the meeting between the teams involved and the community so that they could listen to each other; publicise the role of Ebola response organisations in the management of the epidemic, and to share their understanding of the epidemic and the role of community leaders. These sessions were funded by WHO, OCPH, the Red Cross and the Prefectural Health Directorate.



The partners

The WHO epidemiologist explained EVD, its modes of transmission, the behaviour of the virus in the immune system of the person affected, the epidemic curve and the justification for isolating the sick mainly because of its high contagiousness and the need to protect the family.

MSF gave details on the operation of treatment centers, as well as all the humanitarian measures that were needed. For example, they encouraged families to bring patients meals made at home, and provided free transportation for families to visit the sick. They provided mobile phones to the patients to communicate frequently with their families, and confirmed that all the care received was for free, etc. With the aid of a drawing, MSF explained how viruses multiply very rapidly in the body, becoming stronger and more aggressive over the days. The longer that one remained in the house, the more the virus invades the body's defences, and the patient has less and less chance of the fight and to heal despite treatment at the Centres.



Ebola treatment centre in Guéckédou

It has been described how those who had been healed are accompanied into their families after a little celebration by the medical staff and the gifts of new clothes to replace their old ones, and a certificate of health signed by the national health authorities. In case of death, the family is informed as soon as possible and its representatives are personally received by the psychologist and medical support staff to hear details of the patient's situation. In the case where the family wishes, a picture of the body (face uncovered) is made and distributed free of charge to the family as a memory and as proof of death.

The Red Cross / Red Crescent meanwhile focused their remarks mostly on training in preventive methods, followed by the distribution of hygiene kits (soap, chlorine etc ..), and in safe and respectful burials that reduce the risk of contamination in the family and the community. So as to not aggravate the pain, the body is buried in a place chosen by the family, and gifts and other ritual objects to accompany the dead can be placed in the body bag. A total of 500,000 GNF (U \$ 72) is given to the affected family and along with solidarity kits for orphans (mattress nets and food) are distributed.

The key messages were:

"If one goes quickly to the center one has every chance of getting better"

"We can cure Ebola if you go to the treatment center at the onset of the first symptoms"

"We do not isolate the sick, but the virus to protect the family and provide adequate patient care"

"Secure funerals protect the family and the community of contamination"

"Some funeral traditions are respected during secure funerals"

"Community deaths contribute to spread the disease, this is why it should not hide the sick"

"Taking care of the sick at home is a good practice. But with Ebola, one becomes contaminated when caring for the sick at home"

"In the treatment center, we give a lot of free medicines to treat malaria, stop diarrhea and vomiting, give strength to the patient, treat sore throat, and relieve pain and fatigue"

"WHO, MSF, the Red Cross and the Prefectural Board of Health are working together to help communities"

"We do not put living patients in the bags, but only when they have died to protect others from infection as the virus continues to live even after death of the patient"

"We do not suffocate and poison with chlorinated water sprayer. Houses are disinfected to kill the virus. The family is then protected from contamination"

"We do not remove body parts, even if this is done in Forest Guinea during traditional funerals. We invite the family to attend the burial to assure them that the bodies are intact and that they are not dolls."

"When patients die in Treatment Centers, it is because they do not come to the center from the first symptoms. If you arrive late at the center, it is difficult for the treatments given to help the body fight against disease. But if you come early on in the disease, it is more likely to heal."

The many questions asked by community leaders as a result of these presentations focused mainly on rumours and lack of information such as:

- "The extraction of body parts and organs for sale later by the medical staff,"
 - "The absence of staff who speak the local languages in the treatment center"
 - "Non-free care"
 - "The inoculation of Ebola in the triage area to uninfected people"
 - "The conspiracy between the political and administrative power and Whites"
 - "The refusal to permit visits and meals made at home"
 - "The abandonment of patients themselves during the night"
 - "The lack of devices for personal hygiene of the ill" among others.
 - "The Whites have brought Ebola to eliminate the Africans"
- "The political authorities have invented Ebola to receive the money from Whites and enrich themselves"
- "Why are only Kissi dying and the Kissi continue to work for the Whites?"

The Kissi ethnic group forms a majority in Forest Guinea. It is also the most affected ethnic group from the disease in July 2014, split between Sierra Leone, Liberia and Guinea forest. According to rumours, the epidemic is ethnicised. When community leaders were invited by those managing the interventions to seek their involvement, Guerzé, Toma, the Malinke and Sousou citizens did not attend the meeting on the grounds that "Ebola is a problem of the Kissi."

"Why do they put the living person in the body bag?"

"Why are houses sprayed?"

"Why do all patients taken to the Treatment Center die?"

After satisfactory answers were provided by the partners to the questions by community leaders, the anthropologist analysed the status report of the EVD focusing on the age and sex of the vast majority of deaths (15-49 with women more affected than men); the effects and socioeconomic impacts of EVD on Forest Guinea, and the human and material efforts made by national and international stakeholders to combat EVD. The population who rejected interventions and who show low community involvement but must be able to assume responsibilities in the fight against EVD instead of being mere critical spectators. All partners reiterated to community leaders their commitment to continue to assist in mobilizing adequate resources.

Community leaders were then organized into working groups to reflect on solutions and engage in the fight against MVE.

2. Results of anthropological communication strategy

2.1. Expectations and commitments of the population in the fight against MVE

After reflection in working groups, community leaders committed publicly and/or in writing⁴:

- ✓ To pass on the training to others who have not had the opportunity to attend training Gueckédou.
- ✓ To train the community to report those suspecting they are sick they go quickly to the treatment center.
- ✓ To accept the disinfection of the houses of contact persons.
- ✓ To respect the rules of hygiene, including washing hands with water and soap.
- ✓ To establish committees awareness and monitoring at the village level.
- ✓ To ensure that the population to cease hostilities

Community leaders asked stakeholders:

- ✓ To decentralise managing the response to the epidemic by creating management committees at district, sub-districts and village level.
- ✓ To furnish means of communication, travel and protection to various community stakeholders (mobile phones for alerts, rice, sugar, fuel, means of travel, facilities for washing and disinfecting hands, soap, bleach, kettles, delivery kits, boots, coats and gloves)

⁴ See Annex

- ✓ To harmonise the messages broadcast by the different partners and develop messages of hope (based on the presentations of MSF, WHO and the Red Cross) .
- ✓ To inform the community regularly on progress in the struggle

2.2. Expectations and agreements of Ebola response organisations to support the population in the fight against MVE

The response organisations in turn defined their expectations, in particular the cessation of wide-scale resistance to enable them to hope and to help people understand EVD, and to fight it, and then clarified their commitments:

- ✓ To formulate a plan for "bottom-up" operational communication - "bottom-up" to meet the expectations of the population
- ✓ To harmonize the messages according to the expectations of the community
- ✓ To decentralize the management of the epidemic by creating via prefectural command, management committees at the sub-prefectures, district and villages level.
- ✓ To give the resources to enable the various committees to function
- ✓ To organize awareness sessions for the population with the administrative authorities (prefects, sub-prefects, mayors, etc.) which would begin by listening to the people
- ✓ To mobilize other partners to support communication strategies that respect customs and the culture of the peoples concerned

2.3. Implementation of the commitments and expectations of partners and community leaders

- ✓ The anthropologist has developed a plan for "bottom-up" operational communication to meet community expectations
- ✓ The anthropologist has coordinated the communication cluster to harmonize actions.
- ✓ Decentralized management committees for the epidemic have been set up by prefectural command.
- ✓ The means of communication (mobile phone), protection, of hygiene, means of transport (and responses to other community complaints) have been made available to each of the 26 reticent villages.
- ✓ Campaigns to raise awareness have been conducted by political authorities (by local authorities, Prefect, sous-prefects, district chiefs, village chiefs, heads of sectors, religious leaders, regional and county health departments, etc.) and have been organized with reticent villages.
- ✓ Each of these results has provided an opportunity for the community to express all their frustrations to the authorities, who in turn made speeches of conciliation and cooperation. During these campaigns, the authorities have learned to listen to the people (especially women) in contrast to their usual during tours in the villages.
- ✓ Educational and social mobilization teams have gradually gained access to reluctant villages after the passage of the campaign by political and administrative authorities.
- ✓ The community-based communication strategy received the financial and technical support of many national and international partners (WHO, UNFPA, Red Cross, IFRC, MSF, Ministry of Health, OCPH, UNICEF, among others).

Messages diffused concerning EVD have been harmonized and formulated by consensus by all stakeholders in the communication as follows terms:⁵

1. What is Ebola? Ebola is highly contagious and very serious illness
2. What to do if you have symptoms? On the first symptoms, immediately contact the village chief, the head of the health center and the village vigilance committee: free call 623 56 07 68
3. Are some people cured of Ebola? Yes. There are people who are cured Ebola
4. Why go to Ebola Treatment Center? So that the patient does not contaminate the rest of the family. Because at the treatment center, one treats the symptoms of Ebola and the patient is made stronger to fight against disease
5. What is the treatment that gives the Ebola Treatment Center? One treats the symptoms of Ebola: headaches, diarrhea, vomiting, muscle aches, fatigue, fever and one gives good food.
6. Can the family visit the patient at the Ebola treatment center? Yes, the family can visit the patient when they wish
7. Can the family bring food from home to the Ebola treatment center? Yes, the family may bring food from home to treatment center Ebola
8. Can the patient can speak with their family? Yes, the patient can talk by phone with his family for free.
9. Do we speak the local languages in the Ebola Treatment Centre? Yes we speak Kissi, Toma, Guerzé, Malinke, Susu and Fula
10. What happens in case of death of Ebola Treatment Center? The centre will immediately notify the family by phone. They send someone to inform the village chief. The family will be received by the physician and the psychologist to inform them of the death. The Centre's team washes and clothes the body treatment with clothes provided by the family. It puts ritual objects and gifts brought by the family into the body bag. The family is invited to see the face of the body if they want. The family digs grave in a place of their choice. The Red Cross transport the body to the cemetery. Before the funeral, the family can conduct prayers if they desire. One gives gloves to the family to wear if they want to carry the body bag or coffin.

The mission of the author ended July 16, 2014 and on August 2, 2014, the prefectural authorities of the Ministry of Health declared the end of the reticence in Guéckédou and in the twenty six reluctant villages.

Conclusion

In Forest Guinea just as elsewhere in Ebola outbreaks, different types of explanatory models of the illness coexist and clash: on one side, a biomedical model and protocols restricting individual freedoms and imposing draconian management measures on the sick and the dead, and on the other cultural models that attribute the disease to a trial, or a divine will, to a fault or fracture in the

⁵ These messages were translated orally during outreach sessions in the following major languages: Kissi, Toma, Guerzé, Susu, Malinke and Peul

social order, to the ill effects of the jealous, to evil wizards and cannibalistic sorcerers, and to attacks by nonhuman spirits as jinn, the *Mamiwata* the "devils", the ancestors, the "rebound of fetishes" to conspiracy theories, to negationist theories including political models that attribute the spread of the virus to the criminal will of international genocide.

The coexistence of these competing explanatory models generates misunderstandings on both sides, leading to reluctance and sometimes violent resistance and various intensities as was the case in Forest Guinea, Liberia and Sierra Leone, but also in previous epidemics.

This paper reports the successful experience of mobilization and sensitization based on listening to complaints and taking into account the customs and culture of the peoples concerned during the period from June 28 to August 2, 2014 and concerns 26 reticent villages.

But it is a job that would be ephemeral if it is not constantly renewed alongside the spread of the virus in each new village, family, community concerned. Nothing should ever be taken for granted. Beyond local specificities, the outbreak of epidemic disasters has always raised and still raises terror and corollary psychosocial phenomena, denial, rebellion against the powers that be, the negationist theses, conspiracy theories, stigmatisation of agencies addressing the epidemic and survivors, and the search for scapegoats.

Since this successful experience, the epidemic has reached new communities that one has failed to sensitize and mobilize adequately as verbal threats and physical violence have continued to be exerted against the intervention teams. A climax was reached in September 2014 in the village of Womey (Prefecture of N'Zérékoré, Forest Guinea), where eight of outreach team consisting of national administrative and medical cadres were killed by rampaging youth, supported by women (Mary Ouendenou 2014).

It seems that listening and the integration as much as possible of the grievances and customs of the population often continue to be forgotten, crushed by authoritarian reflexes, urgency and the multiplicity of tasks to be performed.

ANNEX

Traditional healers commitment to fight Ebola

République de Guinée
 T. J. S.
 Préfecture de Guéckedou
 Bureau préfectorale des Tradits
 praticiens, guérisseurs et chercheurs
 Sous l'invitation de l'organisation mondiale de la santé
 (O.M.S) évoluant à Guéckedou contre la maladie
 Ebola, dans notre préfecture de Guéckedou
 En effet: Après un brillant exposé de la mission
 sur l'évolution de la maladie, son mode de contamination,
 ses précautions à prendre contre la maladie et
 son mode de traitement qui est pas de notre ressort ou
 de notre compétence.
 Nous envisageons ses dispositions suivantes:
 1) de restituer la formation reçue aux autres qui
 n'ont pas eu la chance de suivre la formation à
 Guéckedou.
 2) La mise en place des Comités de sensibilisation
 au niveau des districts et C.R.
 3) Nous sollicitons auprès de l'autorité préfectorale
 de la santé et les organismes nationaux et inter-
 nationales, afin d'obtenir les différents bureaux
 et Comités en matériels et moyens de prévention
 contre cette maladie ou son éradication
 dans notre préfecture.
 A savoir:
 a) Les gants
 b) Les gants de protection
 c) Les masques
 d) Les moyens de déplacement
 e) Les désinfectants
 f) →

La Commission
 Signé le président
 Docteur Sidiki Traoré N'limoumo dit
 Singuaya (guéri moi)

Women circumciser's commitment to fight Ebola

Les exciseuses (Sokoua).
 Les Solutions:
 1) Nous respecterons désormais les
 règles d'hygiène;
 2) Si nous constatons désormais une
 personne qui présenterait tous les
 symptômes de cette maladie, nous
 allons faire une alerte le plus tôt que
 possible;
 3) Nous allons nous mobiliser désormais
 pour faire campagne, sensibiliser
 dans nos villages et partout où besoin
 sera;
 4) Quand nous allons recourir chemin
 nous allons tenir des rencontres dans
 nos communautés pour leur dire de
 ne jamais avoir peur des véhicules
 de la Croix rouge;
 Si nous constatons qu'une fille qu'on
 doit exciser présente même un signe
 (fièvre, éruption...) nous lui mettrons la

disposition des services compétent
 à la médecine (centre de santé...)
 5) Nous allons nous battre à démenteler
 tous les détracteurs dans nos
 communautés pourvu que cette maladie
 soit vaincue.
 NB: Pour atteindre ces objectifs
 nous avons besoin d'une aide:
 - Les matériels de protection;
 - Les matériels de communication;
 - Les kits de protection: Gants, des
 bottes, le savon de chlore...;
 b) Les moyens de communication;
 c) Les moyens de déplacement.
 La Présidente:
 Ceile Traoré Dembadou

Traditional births attendant' commitment to fight

Grâce des Accoucheuses.

- 1- Deces de nos enfants.
-Reponse: La sensibilisation continu des accoucheuses dans C.R.D
- 2- Comment faire la reference des cas d'ebola.
Reponse: Sensibiliser nos parents à la gravité et consequences de cette epidemie d'ebola
- 3- Déclaration des cas d'ebola.
Reponse: Sensibiliser toujours la communauté à faire déclarer les malades d'ebola pour la meilleur prise en charge et les referer au Centre de Santé à Temps.
- 4- Que faut il faire pour que la population accepte de désinfecter les concessions.
-Reponse: De les sensibiliser l'avantage et l'économie néant de la maladie et éviter la propagation d'ebola.

Vive l'O.M.S
Vive M.S.F
Vive la direction prefectonale de la Santé.
Je vous remercie Amen

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