

# COMMUNITY CONSULTATIONS ON HUMANITARIAN AID

Findings From GUINEA



WORLD  
HUMANITARIAN  
SUMMIT

ISTANBUL  
23-24 May 2016



Photo above, cover photo: Ivo Brandau/OCHA

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## 1. Introduction

In preparation for the World Humanitarian Summit (WHS), the WHS secretariat commissioned Ipsos to conduct community consultations with crisis-affected communities in multiple focus countries. The countries chosen for the consultations were **Afghanistan, Guinea, South Sudan, Syria, and Ukraine**, representing a diverse range of geographic regions, humanitarian contexts, and actors.

Semi-structured interviews and community workshops were conducted in each country, to gain in-depth information on how affected communities respond to crises, the role they see for international humanitarian responders, issues related to service delivery, and ways to improve identified shortcomings within the humanitarian system.

This complements the consultations with crisis-affected communities and stakeholder groups which took place in previous years and which were synthesized in the report, “Restoring Humanity: Global Voices Calling for Action.” This report highlighted the importance of involving marginalized populations in the planning of humanitarian responses, such as women, children, the elderly, the disabled, and displaced persons, and maintained a focus on security, dignity, and economic opportunity, emphasizing that:<sup>1</sup>

**People’s safety and dignity must be considered the primary aim of humanitarian activity, regardless of the context or actor.**

The “Restoring Humanity” report draws on several priority themes that are critical in ensuring that people’s safety and dignity remain the primary aim of the global humanitarian aid system:<sup>2</sup> **Put People First: Adapt to Context; Build Diverse Partnerships; and Guarantee Reliable Finance.**

<sup>1</sup> World Humanitarian Summit, “Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit,” 2015.

<https://consultations.worldhumanitarianissummit.org/bitcache/32aeda5fe90ceba891060ad51d0bd823da273cf9?vid=555986&disposition=inline&op=view>

<sup>2</sup> Ibid.

In this report these are reflected in the following chapters:

1. Key needs and priorities;
2. Livelihoods and employment;
3. Social Cohesion;
4. Social cohesion;
5. Gender;
6. The challenges of accessing assistance;
7. The role of organizations; and,
8. Information needs and communication channels.

The community consultations conducted by Ipsos seek to create a greater understanding of these priority themes through amplifying the voices of those who have most at stake in maximizing the effectiveness of humanitarian programs.

This report summarizes the findings of the crisis-affected community consultations from Guinea. The community consultation for Guinea consisted of quantitative and qualitative research with 576 community members affected by the Ebola outbreak.



Photo: Ivo Brandau/OCHA

The West African nation of Guinea, with a population of 11,750,000, long suffered from civil conflicts and political instability. More recently, Guinea was highly impacted by the onset of the Ebola virus in 2014 and was identified as where the outbreak began in West Africa, when a toddler died in a small village in the district of Guéckédou.<sup>3</sup> As of December 2015, more than 2,500 individuals, including more than 500 children, had been estimated to have died as a result of the virus, out of more than 3,800 reported infections.<sup>4</sup> After extensive relief efforts, Guinea was declared Ebola-free by the World Health Organization on December 29, 2015.<sup>5</sup>

“WHO commends the Government of Guinea and its people on the significant achievement of ending its Ebola outbreak. We must render homage to the Government and people of Guinea who, in adversity, have shown extraordinary leadership in fighting the epidemic.”

In the initial stages of the crisis, the establishment of Community Care Centres, which isolated affected individuals and provided health and nutritional care to patients, was a key priority. As the number of new cases of infection reduced, the emphasis shifted to developing a rapid response model allowing for the swift deployment of teams and equipment to locations where Ebola cases would emerge.<sup>6</sup>

The crisis was exacerbated by widespread stigma experienced by Ebola survivors and hostility toward health care workers, who were associated with the outbreak of the disease, as well as by additional forms of misinformation. Thus, other initiatives focused on sharing accurate information and improving education about Ebola, especially through influential groups such as parliamentarians, traditional healers, religious leaders, and journalists.<sup>7</sup> More recently, Ebola-related initiatives have involved improving data collection and reporting on various campaigns, strengthening preparedness, counseling, increased social mobilization, surveillance, and communication, and improved supply and logistics of medical equipment and hygiene products.<sup>8</sup>

<sup>3</sup> BBC News, “Ebola: Mapping the outbreak,” January 2016..

<http://www.bbc.com/news/world-africa-287550338>

<sup>4</sup> UNICEF Guinea Situation Report, December 2015.

[http://www.unicef.org/appeals/files/UNICEF\\_Guinea\\_Ebola\\_SitRep\\_9Dec2015.pdf](http://www.unicef.org/appeals/files/UNICEF_Guinea_Ebola_SitRep_9Dec2015.pdf)

<sup>5</sup> World Health Organization, “End of Ebola Transmission in Guinea,” December 29, 2015.

<http://www.afro.who.int/en/media-centre/pressreleases/item/8252-end-of-ebola-transmission-in-guinea.html>.

<sup>6</sup> UNICEF – Ebola response.

[http://www.unicef.org/appeals/ebola\\_response.html](http://www.unicef.org/appeals/ebola_response.html)

<sup>7</sup> Ibid.

<sup>8</sup> UNICEF Guinea Situation Report, December 2015.



Photo: Ivo Brandau/OCHA

## 2. Summary of Findings

In Guinea, two-thirds reported that someone they knew well had been affected by a public health emergency, and many in the qualitative workshops indicated that they had relatives, friends, or community members that had died from Ebola. Thus, it is unsurprising that medical care is the most pressing need for the vast majority of respondents, followed by psychological support and food.

More than half reported that they had lost their means of earning income as a result of the Ebola crisis, and almost half reported that their greatest fear is their inability to earn a living and financial insecurity. Thus, more than two-thirds reported that economic and financial assistance is a critical need in Guinea, and almost two-thirds feel that access to employment is a most-needed service. While about half of respondents in Guinea received financial assistance, less than a tenth received access to employment. Participants in the qualitative workshops emphasized that long-term financial support is needed for communities to build new infrastructure, hospitals, and schools, and to create economic opportunities for communities that have been devastated by Ebola.

Social cohesion within communities was negatively impacted by the Ebola crisis. As a result of misinformation, those who were suffering from Ebola were physically and psychologically isolated from their communities, barring them not only from necessary aid, but also from the social support networks that would have helped in their time of need.

Women — especially widows — were considered more vulnerable and were thus prioritized for receiving aid. Participants in the qualitative workshops believed that women would face more challenges as the result of Ebola, as they were the ones responsible for caring for sick family members. It was also felt that women have less education and money of their own than men, leaving them more vulnerable to the consequences of the epidemic. In addition, it was perceived that women should be priority recipients of aid as they would be most likely to spend aid funds on education and on providing for their children and husbands. Reproductive health care was also reported

to be an important need in Guinea, although emphasized less than general medical care and psychological support by both men and women.

Government corruption was perceived as the primary barrier to accessing aid, with three quarters of survey respondents reporting that corruption was a main factor preventing them from receiving assistance. This explained why many in the qualitative groups felt that long-term assistance needed to be coupled with a commitment to fighting government corruption. The qualitative workshops also revealed that Guineans blame the centralized state committees responsible for distributing aid for hindering access, believing that these committees were at worst stealing funds that should have gone towards repairing communities, or at best distributing the funds inefficiently and inequitably.

Misinformation was also a huge problem in Guinea. According to community health workers who participated in the qualitative workshops, people infected with Ebola did not trust the treatment centers that had been set up, a particularly acute problem in the beginning, when treatment was not very effective and there were many deaths. Since many died while at the treatment centers, some thought that the centers themselves were responsible for the deaths. To combat the misinformation, community volunteers and people who had already been treated needed to testify personally that the treatment centers were safe.

Finally, there was stigma against survivors and health workers, and isolation of those who were being quarantined. Much of this was due to misinformation and superstitions about how the disease could spread, even after treatment, and even respected community members such as religious leaders were impacted by stigma. Community stigma prevented survivors in particular from working, accessing financial and food aid (even when it was available), obtaining other essential services, and getting community support, causing them to face the trauma of isolation in addition to the impacts of the illness.

More than half of consultation participants received help from the UN, of which a large majority found the assistance to be very helpful. Similarly, nearly half of consultation participants received help from the International Red Cross, and the vast majority of this group also found the assistance to be very helpful. However, more than half of those surveyed felt that the

Guinean government should be primarily responsible for providing assistance, while half felt that the United Nations should take responsibility, and a similar number felt that way about the International Red Cross. In the qualitative workshops, participants emphasized the importance of the state responding to a national crisis like Ebola, particularly with regard to spreading awareness and providing early interventions. This was tied to a broader sense of responsibility and self-sufficiency.

Considering that misinformation contributed to the intensification of the Ebola crisis, it is not surprising that more than two thirds of Guineans reported that the provision information about receiving support or assistance is a most critical service. Radio was the most common type of media used by Guineans to find out about receiving assistance, with practically all survey respondents reporting that they used radio as a source. Television was also commonly used, as were more traditional sources of information such as local religious leaders, the national government, and friends and family.



Photo: Ivo Brandau/OCHA



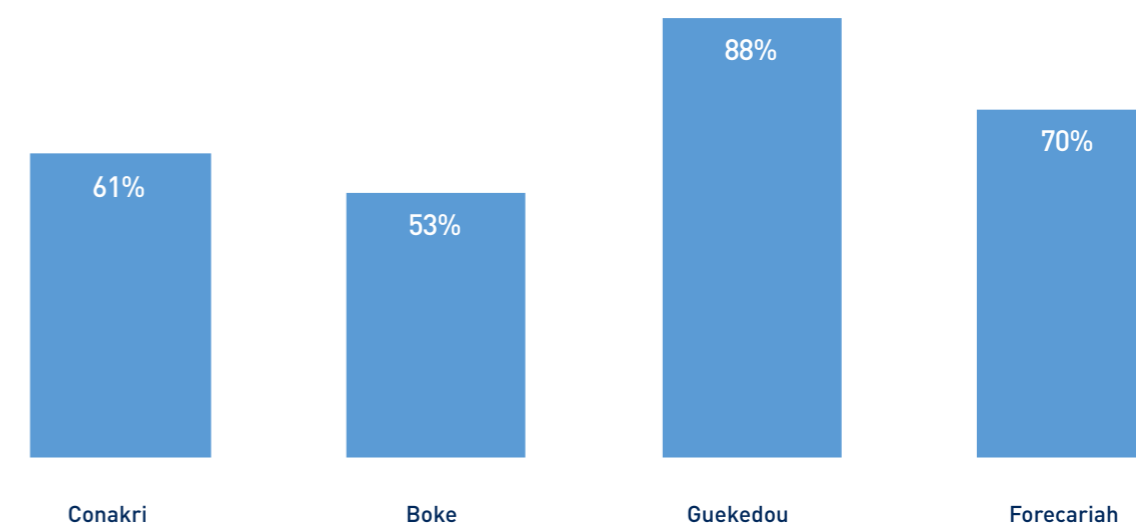
Photo: Ivo Brandau/OCHA

## Detailed Findings

### 3.1 Needs and Priorities

Due to the fact that most participants were impacted by Ebola in some way, it is not surprising that the most critical needs identified were related to food, psychosocial care, livelihood programs, and most importantly, medical treatment and healthcare. Two-thirds (67%) reported that someone they knew well suffered from a public health crisis or an infectious disease.<sup>9</sup> This was much more common in Guéckédou (88%) than in Forécariah (70%), Conakri (61%), or Boké (53%). This is unsurprising, due to the fact that the outbreak began in Guéckédou, and that many had gone to Boké for treatment.

PERCENTAGE OF RESPONDENTS THAT KNEW SOMEONE THAT  
SUFFERED FROM A PUBLIC HEALTH CRISIS/INFECTIOUS DISEASE  
— BY LOCATION



In the qualitative workshops many participants indicated that they knew relatives, friends, or community members who had died from Ebola. Some had suffered from the illness themselves, and others served as community health workers during the crisis.

I was in Kamsar with one of my elder brothers who was ill. He was hospitalized at the CBK hospital. There was a patient in the room who died and they said he had Ebola. It is there that I had the disease.

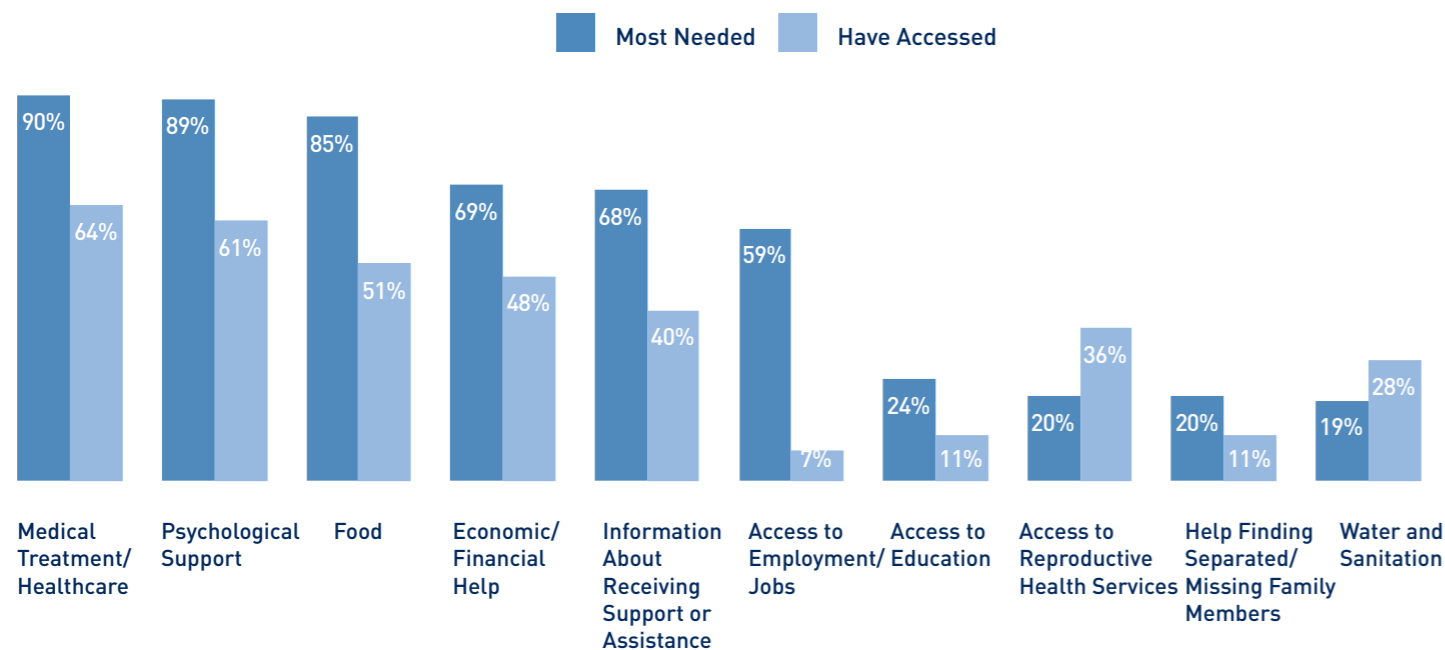
— Interviewee, Boké

<sup>9</sup> Due to ongoing stigma surrounding Ebola, in the quantitative survey people were asked whether “somebody [they] knew well suffered from a public health crisis or an infectious disease [e.g. Ebola, Malaria, Polio, Cholera]”, thus allowing them to not identify themselves as Ebola survivors. In the qualitative workshops, a number of people voluntarily identified themselves as survivors.

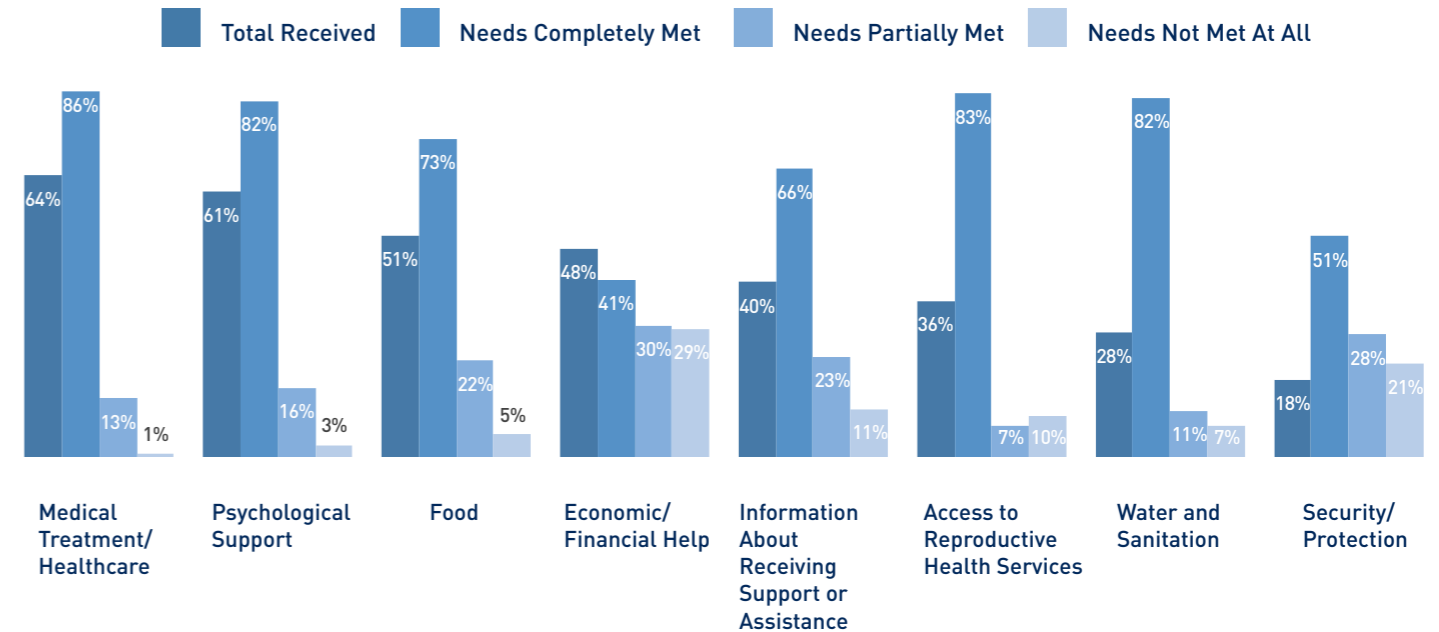
When there was Ebola in Tamarassi, they used to work with the community agents (CA) because even the district chief is a CA too. Morning and evening, we went to take the temperature of people  
 — Interviewee, Boké

Given the nature of the crisis, it is not surprising that a priority need for Guineans is medical treatment and healthcare as well as psychological support. Study respondents also prioritized their need for food assistance, information about receiving support or assistance, and economic and financial help (including access to employment). On a positive note, the resources that Guineans received were in line with their priority needs and, for the most part, either completely or partially met their needs. A majority of Guineans indicated that they received food assistance as well as medical treatment and healthcare, and just less than half received economic and financial help.

**ASSISTANCE MOST NEEDED VS. ACCESSED**



**PERCENTAGE OF RESPONDENTS DIFFERENT TYPES OF AID, ALONG WITH HOW HELPFUL IT WAS**



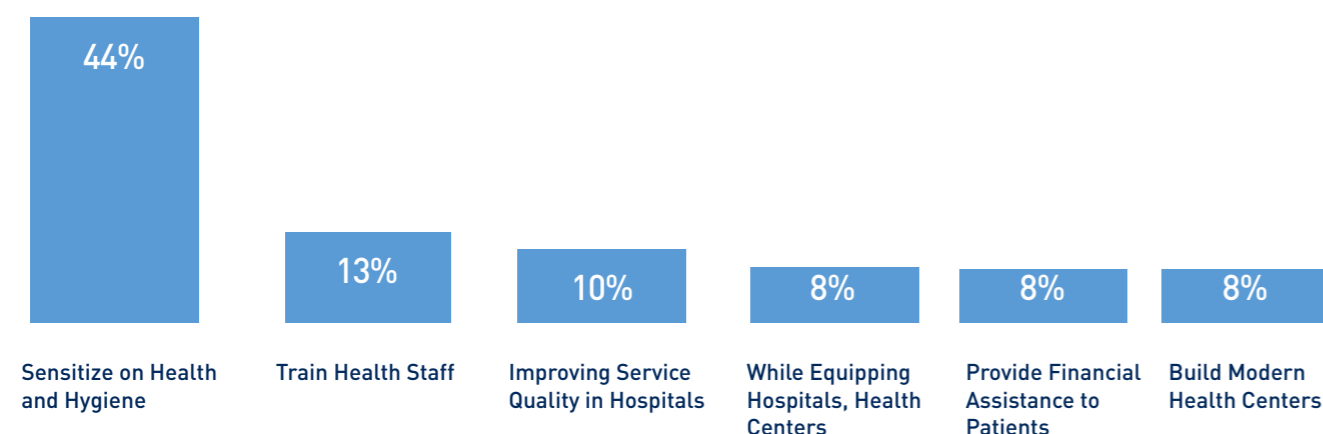
**MEDICAL CARE**

Considering the devastating impact of Ebola, medical care was the most pressing need during the crisis and remains so in its aftermath. While practically all (90%) of participants reported that medical care is the resource that people need most, only one fifth (19%) of respondents reported having regular access to medical care. The need for medical care was reported to be slightly higher in Conakri (92%), Guéckédou (90%), and Forécariah (90%) than in Boké (86%), and was much higher among the lowest income groups (94%) than the middle (74%) or high (86%) income groups.

When asked about ways to improve Guinea in the future, 44% prioritize sensitizing on health and hygiene, another 13% suggested a focus on training health care workers, and another 10% proposed a focus on improving service quality in hospitals.



### GUINEANS' SUGGESTIONS ON THE BEST WAYS TO IMPROVE THEIR COUNTRY



In the qualitative workshops Guineans reinforced this by emphasizing that now that the Ebola crisis has passed, it is most important to prevent future outbreaks and make communities more resilient. They mentioned that as well as ongoing aid for survivors, educating people about hygiene and transmission, training health care workers, providing drugs and sanitation equipment, and building hospitals with a rapid response infrastructure should be priorities.

So we need now to prevent further outbreaks. As soon as it is declared, institutions and governments must take steps quickly to send the detection machines for it not to spread. Just to amend, the Red Cross took the volunteers to be trained and gave them the name 'we do not wait for the disease'.

— Interviewee, Guéckédou

For prevention, we need a lot of drugs, protection, rapid tests, the training of Community Agents, training of youth, and volunteers who go door to door.

— Interviewee, Forécariah

Medical assistance was the most common type of assistance people in Guinea reported receiving. Two-thirds (64%) received medical assistance, out of which 86% had their needs completely met. This assistance was more common in Boké (70%) and Conakri (68%), than in Forécariah (57%) and Guéckédou (63%), and more likely to completely meet people's needs in Boké (94%) and Forécariah (88%), than in Conakry (84%) and Guéckédou (79%).

There was a mobile laboratory that was at the Health Centre in Kassapo, we did blood sampling. The result was released, and they say "Oh, you're suffering."

— Interviewee, Boké

In Forécariah, everyone was treated in the CTE, those of Forécariah, Koya and Conakry in Donka.

— Interviewee, Forécariah

### PSYCHOLOGICAL SUPPORT

The Ebola crisis was not limited to its physical impact, but also created lasting trauma throughout communities. Thus, a large majority of survey respondents (89%) felt that psychological support is a critical service that is most needed. This was higher in Forécariah (96%) and Guéckédou (94%) than in Conakri (83%) and Boké (87%), and was also highest among older people (93% of those 55+ found this to be a most-needed service).

Psychological support was also commonly received (61%), and met the needs of 82% of recipients. Psychological support was more common in Guéckédou (79%) than in Conakri (59%), Boké (61%), and Forécariah (44%), and more likely to completely meet people's needs in Guéckédou (90%) than in Conakri (77%), Boké (79%), and Forécariah (78%).

Participants in the qualitative workshops emphasized that psychological support is particularly important for survivors of Ebola, who have had to cope with both the trauma of the illness and the stigma they faced from their communities, which has had an immense impact on social cohesion at the community level. For many, the crisis continues even after the country has been declared Ebola-free. Guineans need continued psychological support to help people re-build their lives and bring back a sense of normalcy and progress.

Even if you give 1 billion to a healed person, if psychologically he is not fully recovered, the money will not help him.

— Interviewee, Forécariah

### FOOD

A significant majority (85%) reported that food is a most-needed resource. This need was somewhat more common in Forécariah (93%) than in Guéckédou (87%), Boké (84%), and Conakri (80%), and also higher in rural areas (90%) than in urban areas (83%).

First, the drugs, for when I have the fever, when I'm sick. And food, breakfast in the morning. If I do not have that, I'm sick.

— Interviewee, Boké

Half (51%) reported that they had received food assistance, of which three quarters (73%) had their needs completely met. Food assistance was much more common in Guéckédou (81%), than in Conakri (40%), Boké (50%), and Forécariah (36%), and was more likely to meet people's needs completely in Boké (81%) and Forécariah (81%), than in Guéckédou (74%) and Conakri (58%).

At the time of the epidemic, WFP was stationed at Kamsar centre. They gave us a bag of rice, some wheat flour, oil, but no financial support. There was soap, chlorine kits very quickly, and it counts. We also continue to raise awareness about hand washing. There were also boxes and images. Santé Plus also gave. STOP PALU also gave soap and chlorine.

— Interviewee, Boké

### 3.2 Livelihoods and employment

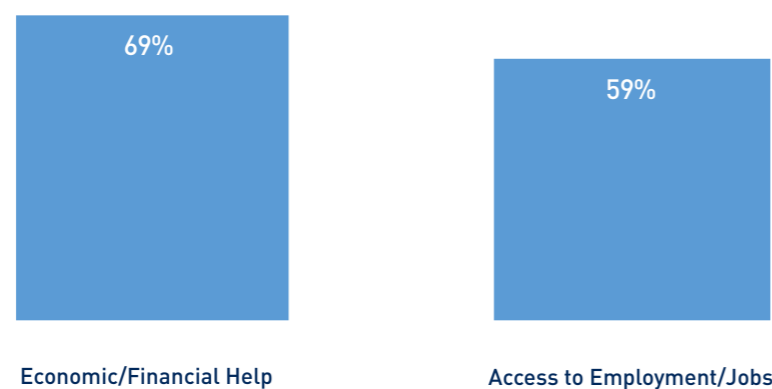
Poverty and a lack of access to basic necessities are critical issues in Guinea that preceded but that were exacerbated by the Ebola crisis.

#### HALF OF RESPONDENTS LOST THEIR MEANS OF EARNING INCOME AS A RESULT OF THE EBOLA CRISIS

Consultation participants were generally economically deprived, with two-thirds (67%) making less than 100,000 GNF (about \$13.00) a month, and 90% reporting that they always or sometimes struggle to make ends meet. More than half (52%) reported that they had lost their means of earning income as a result of the crisis (higher in Conakri (66%) and in urban areas (56%)), and almost half (47%) reported that their greatest fear is their inability to earn a living and financial insecurity.

More than two-thirds (69%) reported that economic and financial assistance is a critical need in Guinea. This need was somewhat higher in Forécariah (77%), Boké (73%), and Guéckédou (70%) than in Conakri (59%). Almost two-thirds (59%) feel that access to employment is a most-needed service — this is somewhat higher in Forécariah (67%) and Guéckédou (62%) than in Conakri (56%) and Boké (55%), and slightly higher in urban areas (62%) than in rural areas (55%).

#### PERCENTAGE OF RESPONDENTS THAT REPORTED FINANCIAL ASSISTANCE OR EMPLOYMENT AS MOST PRESSING NEEDS

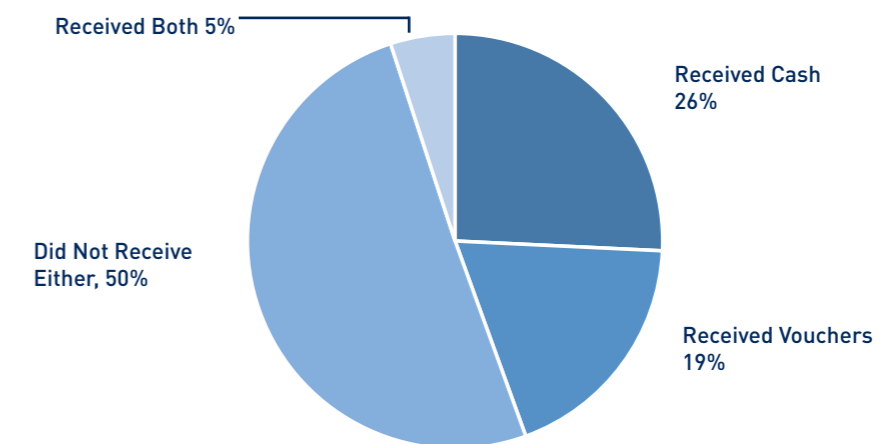


Nearly half (48%) reported receiving any financial assistance, out of which 41% had their needs completely met. While financial assistance was more common in Guéckédou (57%) than in Conakri (44%), Boké (50%), and Forécariah (42%), it was more likely to completely meet people's needs in Forécariah (56%), than in Guéckédou (43%), Boké (36%), and Conakri (31%).

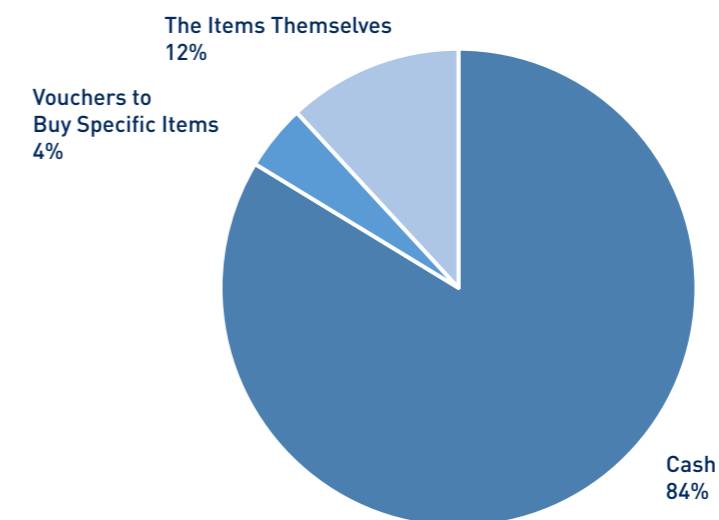
Because I lost my family due to Ebola, first we received humanitarian aid in food, and every family who was a victim received an envelope of 500,000 FGN from MSF and Red Cross. There is also the WFP, which did cash transfers of 609,000 FGN for those cured of Ebola.  
 — Interviewee, Guéckédou

One quarter (26%) reported receiving cash, one fifth (19%) reported receiving vouchers, and just 5% reported receiving both. Cash is a strong preference (83%) for financial assistance, compared to receiving needed items directly (12%) or vouchers (4%). The preference for cash is slightly higher in urban areas with access to markets (85%), compared to rural areas (80%).

#### FINANCIAL ASSISTANCE RECEIVED



#### PREFERRED METHOD OF FINANCIAL ASSISTANCE



### ORGANIZATIONS NEED FINANCIAL ASSISTANCE TO BUILD INFRASTRUCTURE TO HELP AVOID ANOTHER CRISIS

Participants in the qualitative workshops felt that long-term, financial support is needed for communities to build new infrastructure and hospitals, and to create economic opportunities for communities that have been devastated by years of conflict, and most recently Ebola. This speaks to broader issues spanning the humanitarian and development nexus of shorter-term aid and longer-term development needs.

Access to education was also considered a most-needed service by one-quarter (24%) of respondents, and this was supported by discussions in the qualitative workshop.

Again, I ask the state to help children to go school.  
They should help teachers — pay them because if they are not paid, the children will not study.  
Teachers will not have the courage to teach.  
— Interviewee, Boké



Photo: Ivo Brandau/OCHA

### 3.3 Social Cohesion

Participants in the focus groups in Guinea discussed widespread stigma against those impacted by Ebola, as well as hostility toward health workers. While the discussion around stigma mostly centered on it being a barrier to accessing assistance (this is detailed in Section 3.5 below), it is important to note that stigma also had the result of harming social cohesion.

As a result of misinformation, those who were suffering from Ebola were physically and psychologically isolated from their communities, barring them not only from necessary aid, but also from the social support networks that would have helped them in their time of need. Considering that Guinea has had a history of civil conflicts, some with an ethnic dimension, it may also be assumed that tensions within communities were exacerbated in the aftermath of Ebola.

More needs to be done to understand this dimension and what action needs to be undertaken by the government or international organizations to assimilate those who have been directly affected by Ebola. Moreover, educational efforts and communication campaigns are critical to combating stigma.



Photo: Ivo Brandau/OCHA

### 3.4 Gender

#### WOMEN, ESPECIALLY WIDOWS, ARE CONSIDERED MORE VULNERABLE AND A HIGHER PRIORITY

Women – especially widows – were considered more vulnerable and thus higher priorities for aid. Participants in the qualitative workshops felt that women have less education and money of their own than men, leaving them more vulnerable to the effects of Ebola. There was also a widespread perception that women would face more challenges as the result of Ebola, as they were also responsible for caring for their families. In crises similar to Ebola, women, as family caretakers, are a valuable asset in fighting and preventing outbreaks by educating and caring for their families, when they are empowered to do so.

It is women who suffer compared to men. In the family when there is a problem it is the woman who is the first to feel this problem because she is the one taking care of the children.  
— Interviewee, Forécariah

I think women need special assistance because many simply did not study and have no trade. Let them get in trades or give them money because for many widows, they are left alone with their children.  
— Interviewee, Conakry

Therefore, women were felt to be a priority for targeting with aid as they would be most likely to spend aid funds on educating and providing for their children and husbands.

So we must first train women, engage them in raising awareness. Its women who teach hygiene to children to wash their hands, they deal with children. They prepare food, and do anything around domestic problems. We must therefore educate and involve them.  
— Interviewee, Forécariah

Reproductive care was reported to be an important need, although emphasized less than general medical care and psychological support. One-fifth of those surveyed (20%) reported that access to reproductive health services are most needed. This need was somewhat higher among women (23%) than men (19%).

More than one third of respondents (36%) reported receiving access to reproductive health services, of which 83% said it met their needs completely. These services were more common in Boké (41%), than Conakri (36%), Guéckédou (37%), and Forécariah (30%), and more likely to completely meet needs in Boké (93%) and Forécariah (94%) than Conakri (73%) and Guéckédou (77%)

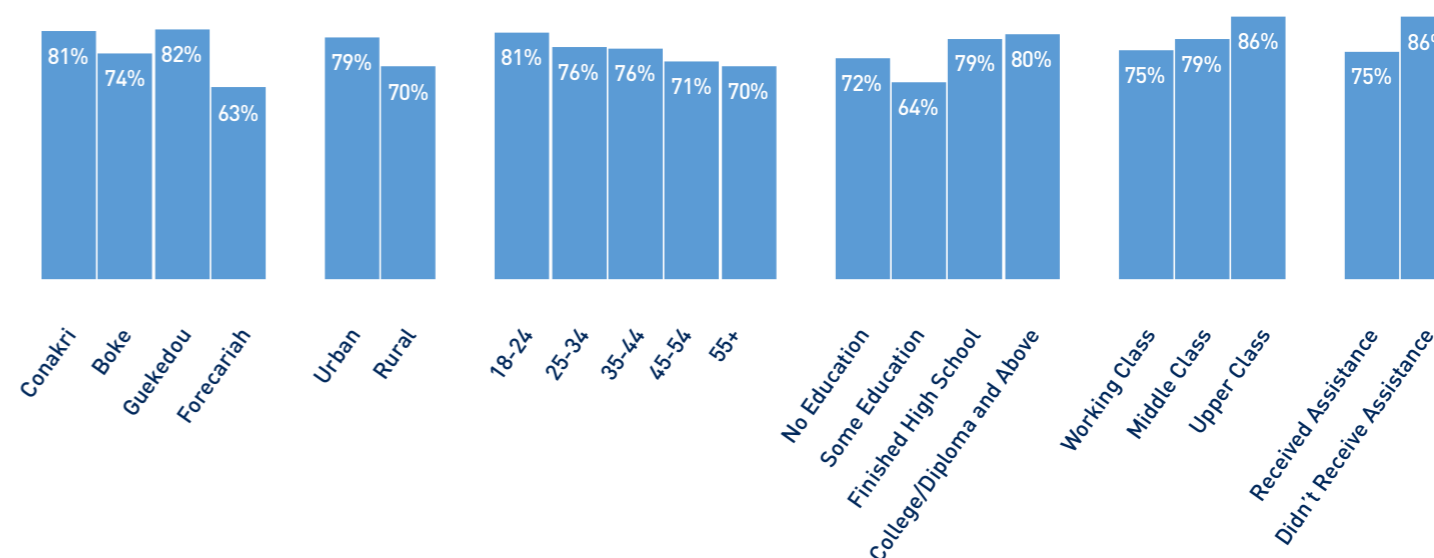
### 3.5 The challenges of accessing assistance

Corruption, misinformation, and stigma all created barriers to accessing assistance during and after the Ebola crisis.

#### AID ORGANIZATIONS NEED TO WORK CLOSELY WITH LOCAL GOVERNMENT IN FIGHTING CORRUPTION

Consultation participants spoke of the need for long-term assistance to be coupled with a commitment to fighting government corruption. Three quarters (75%) felt that corruption was a main factor preventing them from receiving assistance. This perception was most common among those in Guéckédou (82%) and Conakri (81%), and less common in Boké (74%) and Forécariah (63%).

PERCENTAGE OF RESPONDENTS THAT REPORTED CORRUPTION AS A TOP BARRIER TO GETTING SUPPORT — BY SUBGROUP



The qualitative workshops revealed that Guineans blame the centralized state committees responsible for distributing aid funding for hindering access, believing that these committees were at worst stealing funds that should have gone towards repairing communities, or at best distributing the funds inefficiently and inequitably.

Those who have not had their aid, it is because the great leaders who are with us in Guinea are “big eaters”, they blocked the interest of others for their own account.  
— Interviewee, Forécariah

Even though community members have asked organizations for support for various projects such as building health centers and schools, and accessing educational materials on Ebola, they have yet to receive them. There is a widespread sense that those in the government or with connections are benefitting from international funds, as opposed to survivors and impacted communities.

We had asked for food because we could not cultivate the fields without money for the gardens, but we have received nothing.

— Interviewee, Boké

The aid coming for survivors is given to the Guinean State. Keep in mind that such aid will never go to the targeted populations simply because they will create subcommittees to the point that if for example it is 20 000 GNF that was provided for each, sub-commissions will eat up until you see that it is 100 francs that the person will receive.

— Interviewee, Conakry

### **INCORPORATING THE LOCAL CONTEXT IN COMMUNICATION IS KEY TO DEALING WITH MISINFORMATION**

There was also a great deal of misinformation circulating about the disease and about the organizations working to combat its effects.

If you are told that the disease has no treatment, then what is the use of going to the hospital? So that's what made the community very reluctant.

— Interviewee, Guéckédou

According to community health workers who participated in the qualitative workshops, infected persons did not trust the treatment centers that had been set up. This was a particularly acute problem in the beginning, when treatment was not very effective and there were many deaths. Since many died while at the treatment centers, some thought that the centers themselves were responsible for the deaths.

Rumors conveyed in communities said that health centers were human slaughterhouses and rumor grew. People did not want to go to the health center — they were afraid. They said they levied their organs, that they recovered their burned ashes.

— Interviewee, Forécariah

To combat the misinformation, community volunteers and people who had already been treated needed to testify personally that the treatment centers were safe.

We in our community, when we realized that the young people had started to imitate their friends that were highly resistant, we formed a delegation and went to our village to talk to everyone, telling them that doctors do not go there to hurt them, but to save them. They listened to us and this limited the damages in Wadjiba.

— Interviewee, Guéckédou

There was also a perception in the qualitative workshops that early on in the crisis, organizations trying to provide assistance did not respect or follow religious and cultural traditions, specifically with regard to burial procedures. However, participants also emphasized that once organizations explained the importance of preventing contagion during burial and communities explained their traditions, much of this tension was mitigated. In this case, communication alone did not resolve the issue, but working with local leaders to understand the local context enabled aid organizations to be more effective.

No, at the beginning they did not comply, they laid the body in packaging for funerals. After they did the awareness and people understood.

— Interviewee, Boké

In Bincoya in the neighborhood of Koya, there was a woman with Ebola and at the funeral, people came and the Red Cross respected their customs, they did prayers and the Red Cross secured the body until to the funeral. They respected the religious customs of the Soussous community.

— Interviewee, Forécariah

### **STIGMA TOWARD SURVIVORS AND HEALTH WORKERS IS A MAJOR BARRIER TO RECEIVING AID**

In addition, in many communities there was stigma toward survivors and health workers, and isolation of those who were being quarantined. Much of this was due to misinformation and superstitions about how the disease could spread, even after treatment, and even respected community members such as religious leaders were impacted by stigma.

One day an Imam cured from Ebola entered the mosque, and everyone fled.

— Interviewee, Conakry

Community stigma prevented survivors in particular from working, accessing financial and food aid (even when it was available), obtaining other essential services, and getting community support, causing them to face the trauma of isolation in addition to the impacts of the illness. Thus, any kind of aid that offered psychological or moral support, or that managed to reach survivors while they were isolated, was very helpful.

Food assistance was very critical to the people of Guéckédou. WFP came to help them a little relieve because they were secluded from the population. There was what is called stigma that was being felt among them. Then there was WFP to assist these people and give them some hope in life.

— Guéckédou

At this level, as they gave food, they told them — don't think you're away from your parents, your brothers and your friends. You are one of us, you are integrated. But what happened to you is that nature has imposed on your human condition. Agree to live like that so that you and your fellow citizens will be protected. So WFP gave food donations and psychological advice.  
 — Interviewee, Guéckédou

Educational efforts were essential to combating stigma. Community workers played an important role in these efforts, as many of them had had the illness themselves and could attest to the importance and effectiveness of treatment centers.

Wherever we went we targeted groups of people. Our presence in their community greatly interested them and they listened to what they were told and we took the opportunity to convey the message. We had no rejection, they realized that we told the truth because we were in the same communities before we got sick; we went through the cities and returned.  
 —Interviewee, Forécariah

In the beginning there was the stigma, but once the cured formed themselves into associations, that gave them the strength and instead of being scattered we sent in group and this made that the message to be well received because we gave our testimony and rose awareness in the communities where we are known, where we grew and evolved.  
 — Interviewee, Forécariah

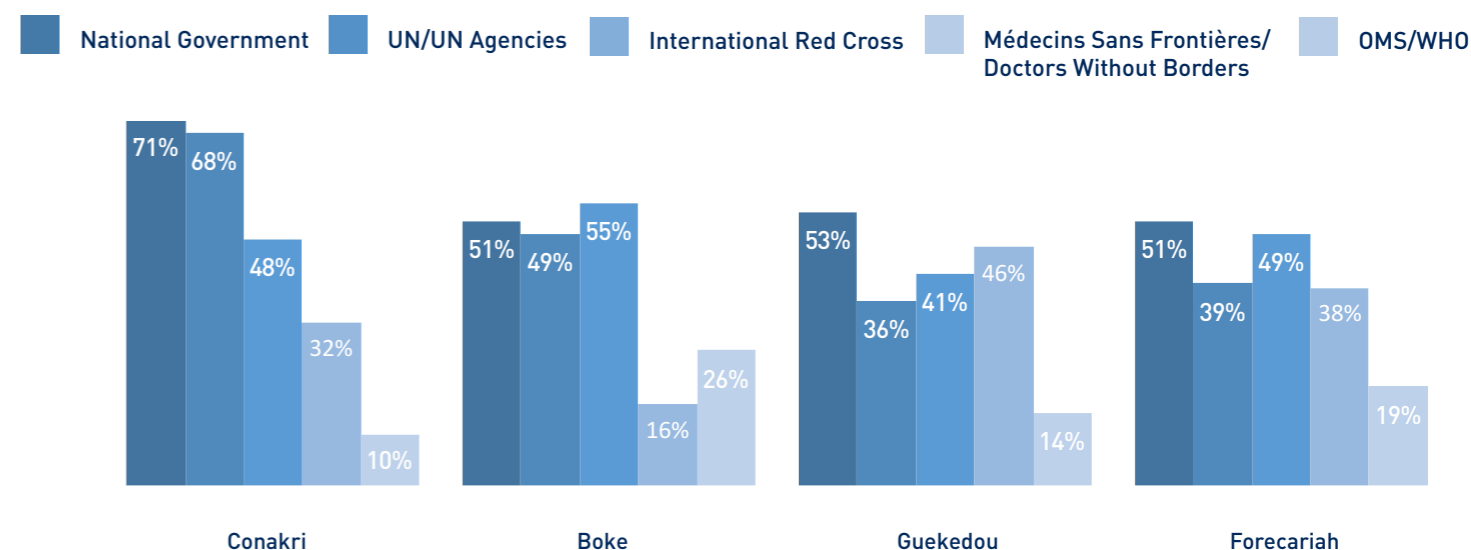
The prevalence of stigma was reinforced by survey data, in which 28% of survey respondents reported that being rejected by the community was one of their greatest fears.

### 3.6 Role of organizations

#### GUINEANS EXPECT THE GOVERNMENT AND INTERNATIONAL ORGANIZATIONS TO PROVIDE AID EQUALLY

The survey data shows a fairly even balance between those who think that the Guinean government should take most responsibility in responding to crises such as Ebola, and those who think that international organizations should take the lead.

PERCENTAGE OF RESPONDENTS THAT REPORTED THE FOLLOWING AS ORGANIZATIONS THAT SHOULD BE TAKING THE MOST RESPONSIBILITY TO PROVIDE ASSISTANCE — BY LOCATION



More than half (58%) of those surveyed felt that the Guinean government should be primarily responsible for providing assistance. This view was much more common in the capital city of Conakri (71%), compared to Boké (51%), Forécariah (51%), and Guéckédou (53%) and more common in urban areas (61%) than rural areas (53%).

Half (50%) of consultation participants felt that the United Nations should take responsibility for providing assistance — this was more common in Conakri (68%), than in Guéckédou (36%), Forécariah (39%), and Boké (49%), in urban areas (53%) than in rural areas (45%), and among those who have not received assistance (60%) than among those who have (48%).

Almost half (48%) thought the International Red Cross should take responsibility — this was more common among those that have not received assistance (54%) than among those who have (48%) — and one third (33%) thought Doctors without Borders should take responsibility.

In the qualitative workshops, participants emphasized the importance of the state responding to a national crisis like Ebola, particularly with regard to spreading awareness and providing early interventions. This was tied to a broader sense of responsibility and self-sufficiency.

The state should come on time to raise awareness before the disease destroys the population, the state should come through in time. Before international institutions come, the Guinean government must intervene first.

— Interviewee, Boké

It is important to note that Guinea acted before the foreign institutions following the Guinean saying ‘when someone washes your back you must wash your belly’.

— Interviewee, Forécariah

In addition, national and local organizations were seen as critical in enabling aid agencies to do their work, by helping them gain access to and communicate with local populations. In addition, national/local organizations were considered more helpful in providing some critical needs such as psychological support, as they were more familiar with local culture and context. In future crises, international aid organizations should create formal partnerships with national and local organizations to better understand the local context and communicate more effectively with local populations. These partnerships could also be used to fill assistance gaps such as the provision of psychological support.

What national organizations could do, maybe international organizations could not do is the psycho social support that national organizations could do well because to raise awareness, you needed to think about an area called community approaches. So this could not be managed by the international. It is the “national” who could take care of community approaches.

— Interviewee, Guéckédou

However, international organizations were perceived by consultation participants to be better organized and to have more resources than national and local groups, and were thus valued for their effectiveness in combatting the crisis.

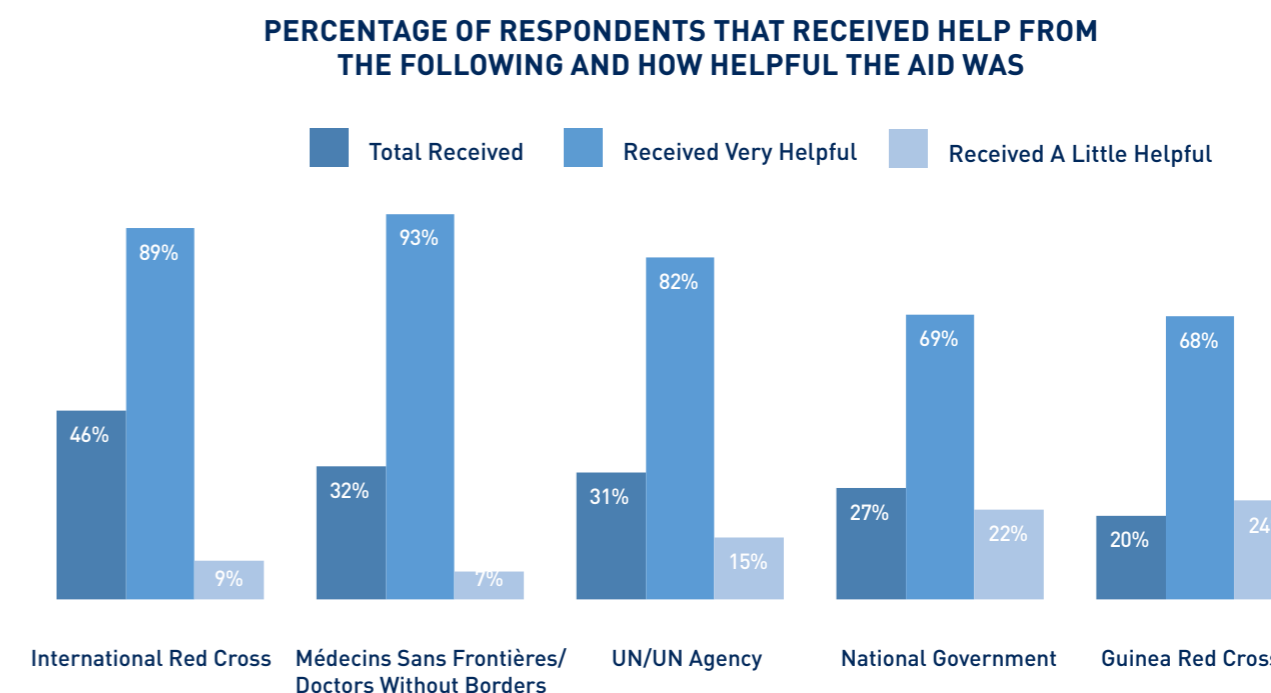
I request that the UN supports health structures for the management and monitoring of the people cured of Ebola, monitoring not only the food, monitoring for treatment and the future of these cured. Women have lost their children because there is no follow-up since leaving the CTE. They should have been entrusted to health structures that are most appropriate to follow them.

— Interviewee, Forécariah

I think that the UN intervention enriched us, this is the reason why we are here. If Guinea had been alone, Guinea would not have all the means to eradicate this virus. It took the intervention of the UN with all its agencies to be healed today and therefore be Ebola survivors. So its intervention was beneficial in my opinion.

— Interviewee, Forécariah

### AID RECIPIENTS FIND INTERNATIONAL ORGANIZATIONS TO BE VERY HELPFUL



More than half (53%) of consultation participants received help from the UN, compared with only one quarter (27%) reporting having received any assistance from the national government of Guinea or local NGOs (18%).

Of those that received aid from international organizations, a large majority (88%) found the assistance to be very helpful. Aid recipients surveyed in all four cities received UN aid at similar levels, although those in Forécariah were most likely to find UN aid to be very helpful (95%), compared to those in Conakri (83%), Guéckédou (87%), or Boké (88%)

Nearly half (46%) of consultation participants received help from the International Red Cross, and most (90%) of these found the assistance to be very helpful. Help from the Red Cross was most common in Guéckédou (57%), compared to Boké (48%), Forécariah (44%), and Conakri (37%). Those in Guéckédou (94%) and Forécariah (96%) were more likely to find the assistance to be very helpful than those in Conakri (82%) or Boké (85%).

The Red Cross came to disinfect the entire house for several days. They took us out for a few hours, we stayed outside, they disinfect all the corners of the house, and gave us food.

— Interviewee, Boké

One third (32%) of consultation participants received help from Doctors without Borders, and the vast majority (93%) of these found the assistance to be very helpful. Assistance from Doctors without Borders was most common in Guéckédou (59%), compared with Boké (28%), Conakri (27%), and Forécariah (16%), and more likely to be very helpful in Guéckédou (99%) and Boké (97%), than in Conakri (88%).

MSF came and gave us drugs, injections, and those who were affected, they were hospitalized at Kindia and Kamsar. I was in Kamsar for 48 hours. They took my blood and they found that I was not “touched” by the disease.

— Interviewee, Boké

WHO and MSF brought us medical support that enabled us to break this disease. The sick of Ebola were quickly declared and brought to the Ebola treatment center and that allowed them to save lives.

— Interviewee, Guéckédou

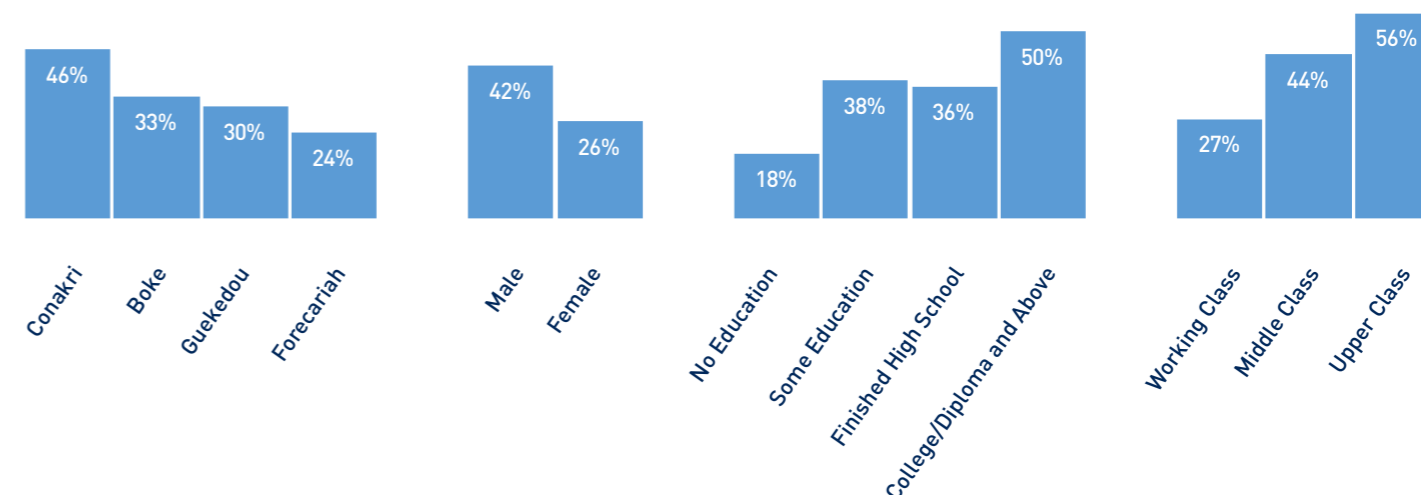
In the qualitative workshops it was clear that participants had a good understanding of the role of various organizations: Doctors without Borders, WHO, and WAHA were involved with identifying and quarantining victims, and also with treating Ebola itself; The Red Cross was mainly responsible for burials, disinfection, and notifying relatives of the deceased; The World Food Program was generally credited with providing food and financial assistance to those impacted by Ebola, which was particularly important since many of these people were isolated due to the disease.

### **BUILDING STRONGER RELATIONSHIPS WITH AID PROVIDERS IN THE COMMUNITY**

One third (34%) of those surveyed provided assistance to others during the crisis. This was more common in Conakri (46%) and urban areas (38%), compared to Boké (33%), Guéckédou (30%), and rural areas (29%).

Providing assistance was also more common among men (42%) than among women (26%), among those with college educations (50%) than among those with high school educations (36%) or those with some or no education (23%), and among the high and middle income groups (48% of both groups) than the low income group (27%).

**PERCENTAGE OF RESPONDENTS THAT PROVIDED HELP TO OTHERS  
— BY SUBGROUP**



Among those that provided help, more than half (56%) provided counseling/psychological support. This was more common in Boké (68%) than Conakri (56%) and Guéckédou (46%), among those in rural areas (63%) than urban areas (52%), and among men (59%) than women (50%).

Nearly half (47%) of those that provided help provided information sharing services. This was more common in Guéckédou (54%) and Boké (53%) than in Conakri (41%). It was also more common among rural areas (53%) than urban areas (45%), and more common among women (52%) than men (45%).

A smaller percentage (19%) provided medical assistance, possibly due to the fact that established organizations had taken responsibility for providing medical care and treatment (as discussed earlier, 64% of those surveyed had reported receiving medical care). This was more common in Conakri (21%) and Boké (18%) than in Guéckédou (11%), and among urban areas (21%) than rural areas (14%). This was also slightly more common among women (22%) than men (17%).

I am the chief of the District. When Ebola entered in Tamarassi, when someone gets sick, I call the ambulance, when it comes they take him to Kindia.

— Interviewee, Boké

Three quarters (75%) of those who provided help reported that financial assistance would have helped them help others more. Over half (53%) of those who provided help felt that medical supplies would have helped them help others more, and 40% felt that food items would have helped them help others more.

However, the assistance received by those who helped others did not necessarily align with needs. Even though financial assistance, medical care, and food were the types of help that would have most benefitted those providing assistance within their communities, only 15% of those providing assistance received financial assistance, 13% received medical supplies, and 13% received food items. Instead, the most common type of help that people providing assistance received was counseling or psychological support (36%), which only 28% reported would help them help others.



The qualitative workshops also emphasized the importance of local communities in addressing the Ebola crisis. Community health workers and burial teams — often trained by international organizations — were essential to responding to the crisis and providing education and information. Others provided more informal help, like taking care of affected people’s children, providing food, or educating their own family members. However, some felt prevented from helping others due to fear of contracting Ebola themselves or the stigma surrounding Ebola survivors, an issue which will be discussed further in this report.

I too sensitized my friends to wash hands before eating, not to frequent the sick because we do not know if they are suffering from Ebola or not.

— Interviewee, Boké

Me in our neighborhood, I explained to the children how to avoid Ebola and the people cured from Ebola no longer transmit it.

— Interviewee, Conakry

Participants emphasized the need to support community workers, as they would often be the first responders and have the most accurate knowledge of local contexts and needs.

I wanted to clarify: we must support community health officials because it is them who are closer to the community. Because when there is a case in a village far away, before the health care centers and DPS do anything, the community health agent who is in the community will be the first person to be informed. So we must encourage and support them

— Interviewee, Boké

Since aid provided by the community was aligned with local contexts and central to improving self-sufficiency, international aid organizations could consider providing support to local communities, particularly through medical, technical, communications, and logistical training.

### **GUINEANS FEEL LIKE THEY HAVE SOME INFLUENCE OVER THE ASSISTANCE PROCESS**

Only 38% of survey respondents reported having been asked about the experience of receiving assistance before now. This was more common in Boké (44%) and Guéckédou (41%) than in Conakri (36%) and Forécariah (35%), and more common among those who have a college diploma and above (44%), compared to those who have no education (36%) or finished high school (36%). Not surprisingly, this was also more common among those who received assistance (39%) than who did not (31%).

Despite the relatively low percentage of those who had been asked about their experience, most felt that they had at least some influence over the assistance process, perhaps due to the prevalence of within-community assistance necessitated by the Ebola crisis. One third (34%) felt they had had a lot of influence, another third (37%) felt they had had moderate influence, and only one fifth (22%) felt that they had had little or no influence over the assistance they received.

### **PERCEIVED INFLUENCE OVER ASSISTANCE OFFERED**

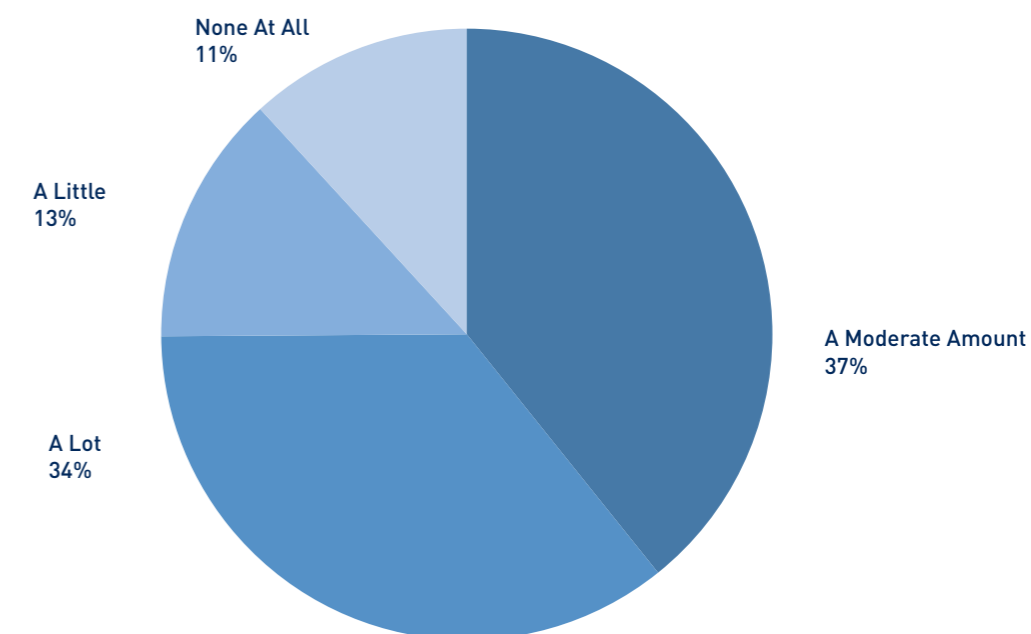


Photo: Ivo Brandau/OCHA

### 3.7 Information needs and communication channels

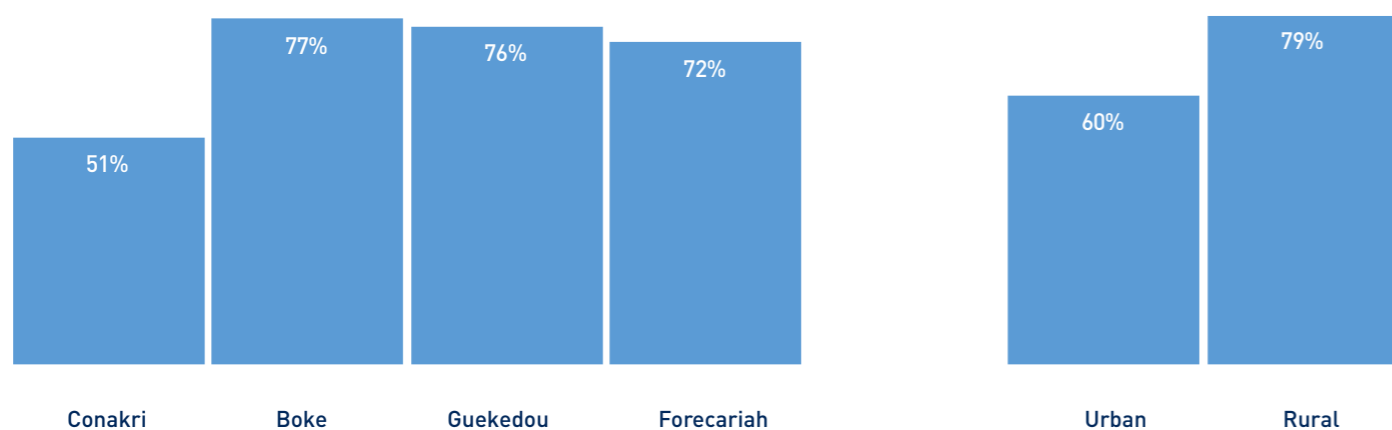
#### MORE SO THAN MEDICAL ASSISTANCE, COMMUNICATION PLAYED A MAJOR ROLE IN SAVING MANY LIVES

Considering that misinformation contributed to the intensification of the Ebola crisis, it is not surprising that more than two thirds (68%) of Guineans reported that information about receiving support or assistance is a most critical service. This was much higher in Boké (77%), Guéckédou (76%), and Forécariah (72%) than in Conakri (51%), and among those in rural locations (79%). Perhaps due to positive impacts from past experience, this is also much higher among those who have received assistance (68%) than those who have not (57%).

The first thing is awareness because when Ebola came, people did not believe. This is what caused many deaths. It must be explained, raising awareness at the community level, this should not be limited just to the urban commune.

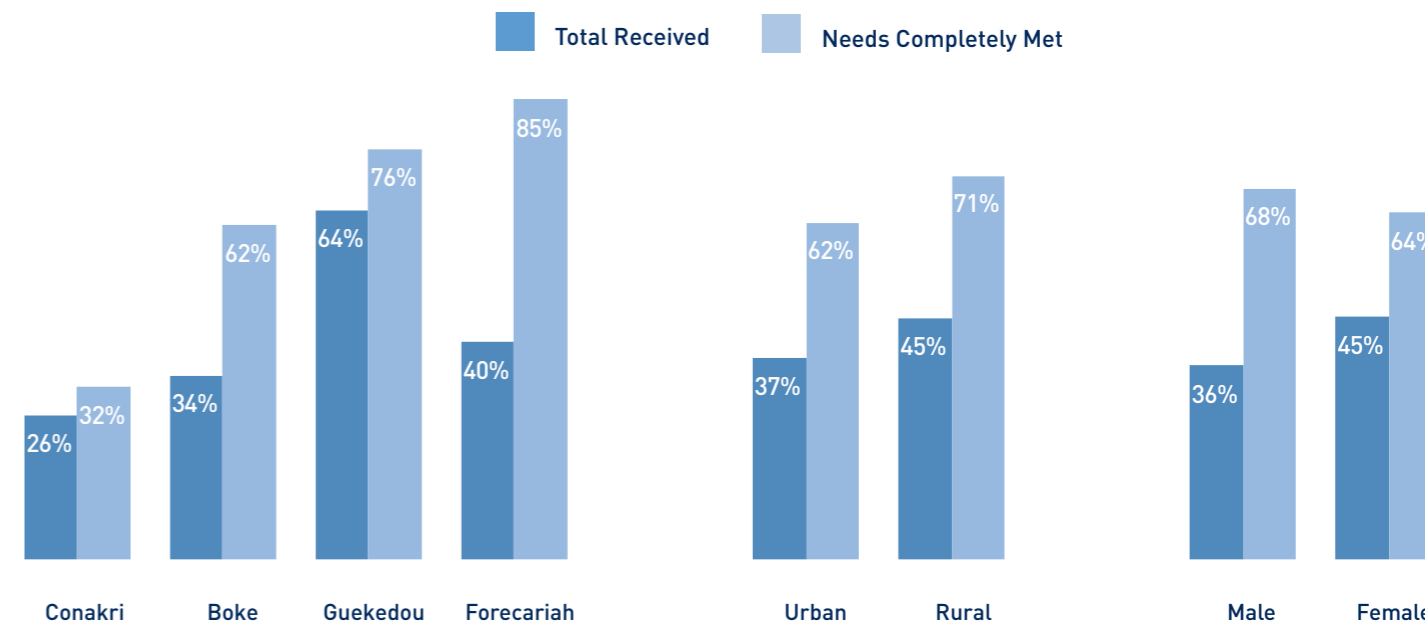
— Interviewee, Boké

PERCENTAGE REPORTING INFORMATION ABOUT RECEIVING SUPPORT AS A MOST-NEEDED RESOURCE — BY LOCATION AND URBAN/RURAL



Forty percent of respondents report having received information about receiving support or assistance. This was most common in Guéckédou (64%) than in Conakri (27%), Boké (34%), and Forécariah (40%). Two thirds (66%) reported that the information met their needs completely, one quarter (23%) reported it met their needs partially, and one tenth (11%) reported it didn't meet their needs at all.

PERCENTAGE OF RESPONDENTS THAT HAVE RECEIVED INFORMATION ABOUT RECEIVING SUPPORT OR ASSISTANCE ALONG WITH WHAT PERCENTAGE HAD THEIR NEEDS COMPLETELY MET



Receiving information was more common among women (45%) than men (36%), although men were slightly more likely to have their needs completely met by the information than women (69% compared with 64%).

#### RADIO WAS THE SINGLE MOST COMMON TYPE OF MEDIA USED BY GUINEANS

Radio was the most common type of media used by Guineans to find out about receiving assistance. Over ninety percent (92%) of respondents used the radio to find out about receiving assistance, particularly in rural areas (96%, compared with 89% in urban areas).

Example: we received cash transfers, we learned the information on rural radio “Sandiapé Bemthio” and also on national radio. There is also information that we receive in the local coordination of the meeting room in retaliation against Ebola because one day a WFP expert announced a donation of food to the population.

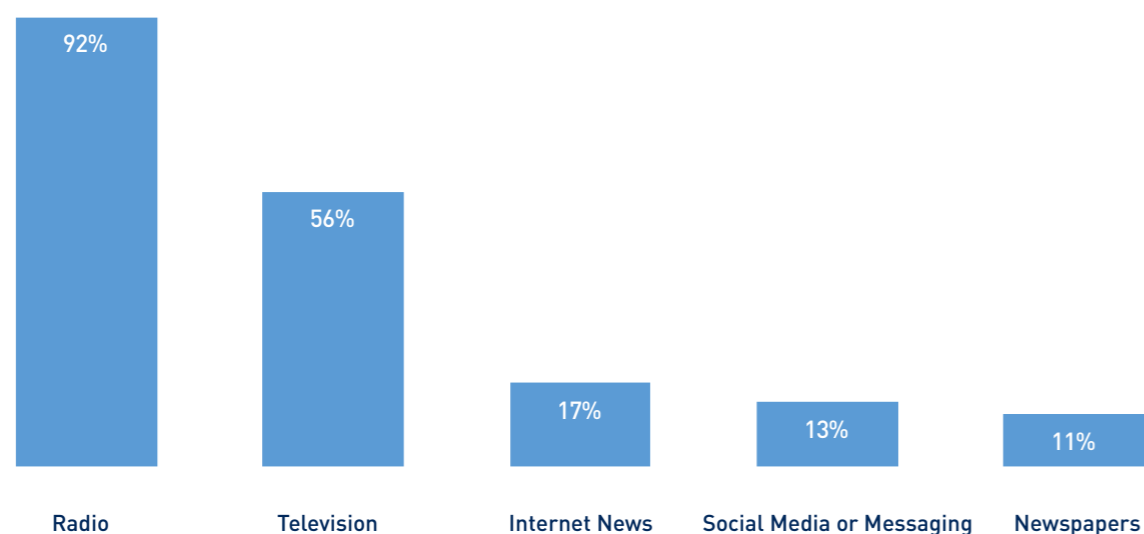
— Interviewee, Guéckédou

More than half (56%) used television, 17% used the internet, and 13% used social media to find out about assistance. Regardless of the source, people want to get information about assistance directly, and some also prefer receiving information about assistance face-to-face, as that lessens the possibility of miscommunication.

Me, I think face to face communication is much better positioned in all that we do because if it's by phone or radio, someone can get up one morning and take his phone and tells things even if it's wrong, but if there are field officers, they can meet with the community and tell them about the reality.

— Interviewee, Guéckédou

**PERCENTAGE OF RESPONDENTS THAT USE THE FOLLOWING SOURCES FOR INFORMATION ABOUT RECEIVING ASSISTANCE**



For direct interactions, local religious leaders were a common source of information, mainly because they could speak to large groups of people at one time at their houses of worship. Nearly two-thirds (59%) received information from this source, of which 82% found it very useful. Religious leaders were most common in Conakri (63%), compared to Forécariah (48%), Boké (53%), and Guéckédou (59%). The high and middle classes were more likely to use religious leaders as an information source (72%), compared to the lower class (56%).

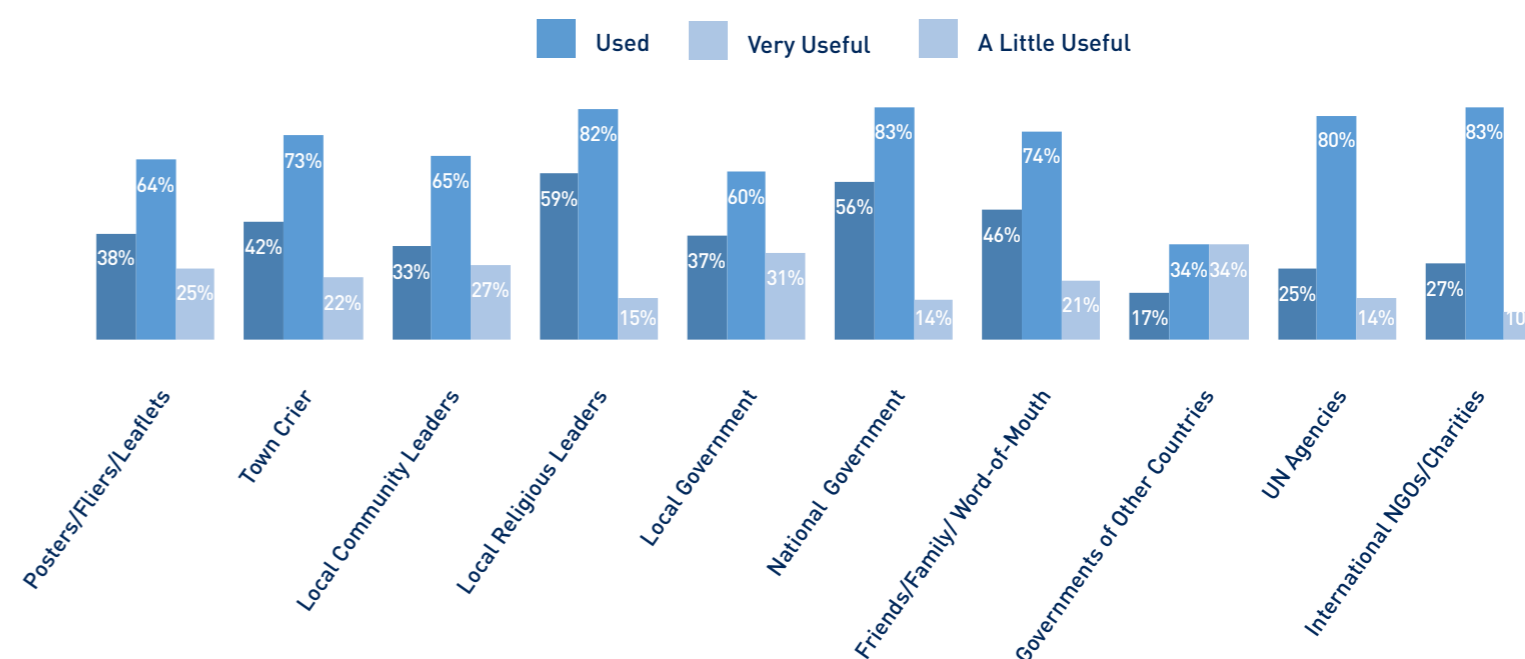
First, you have to go through religious bodies, religious leaders in the neighborhoods, the mosque. For Muslims on Friday there is the information that goes on before the sermon and also before the daily prayers. For churches every Sunday as there is information transmitted.

— Interviewee, Forécariah

More than half (56%) reported receiving information from the national government, of which 83% found it very useful. Information from the government was most common in Conakri (64%) and Forécariah (64%), compared to Boké (50%) and Guéckédou (58%). Those in Guéckédou were least likely to find this information useful (69%), compared to Conakri (86%), Boké (89%), and Forécariah (89%). Information from the national government was also particularly common among the lower social class (63%), compared to the middle class (36%) and the high class (44%).

Nearly half (46%) reported receiving information from friends or family, of which 75% found it very useful. This was more common in Guéckédou (55%) than in Conakri (47%), Boké (42%), and Forécariah (42%), and also most likely to be very useful in Guéckédou (81%) than in Conakri (78%), Boké (69%), and Forécariah (67%). Those in the lower social class were most likely to find this source to be very useful (79%), compared to 60% of the middle class and 69% of the high class.

**PERCENTAGE OF RESPONDENTS THAT USED THE FOLLOWING SOURCES FOR INFORMATION ALONG WITH HOW USEFUL EACH WAS**



Where Guineans shared information about receiving assistance themselves, they were most likely to do so by speaking to friends and family (62%). Men were more likely to do this (66%) than women (57%), as were those 18-24 (73%) and 25-34 (69%), compared to those 35-44 (55%), 45-54 (56%), and 55+ (49%). Those with college educations were more likely to share information with friends and family (76%) than those with high school education (70%), some education (54%), and no education (46%), as were those in the high social class (86%), compared to those in the lower class (61%) and middle class (49%).

Forty percent of respondents shared information by speaking to a large group of people. This was more common in Guéckédou (55%) than in Boké (33%), Forécariah (33%), and Conakri (34%), among men (43%) than among women (36%), and among the middle class (77%) than the lower class (30%) or higher class (56%).

**WAYS THAT RESPONDENTS HAVE PERSONALLY SHARED INFORMATION ON HOW TO OBTAIN HELP AND SERVICES**

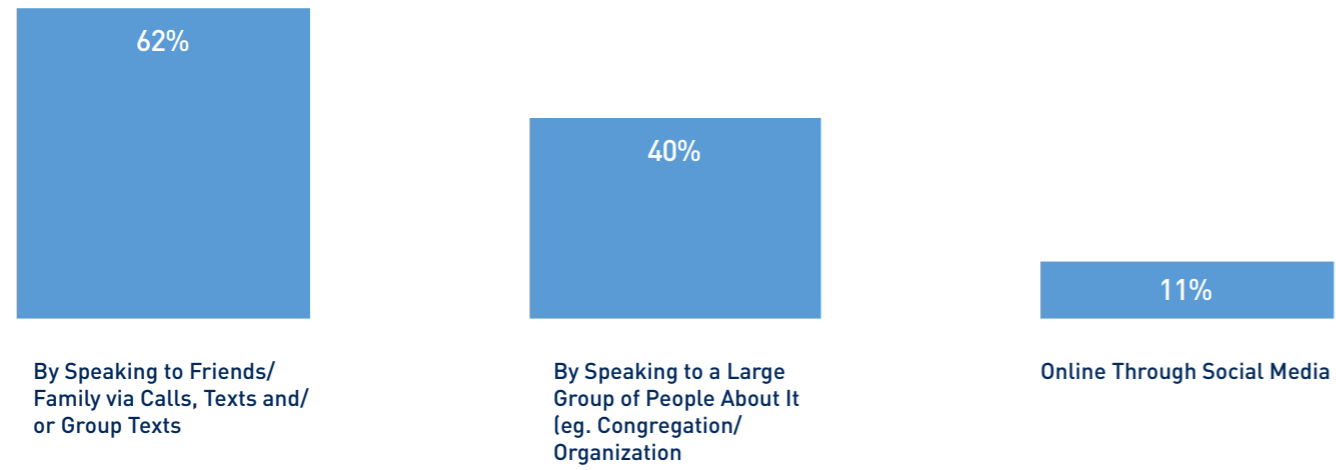


Photo: Ivo Brandau/OCHA



Photo: Ivo Brandau/OCHA



## Conclusions and Recommendations

### NEEDS AND PRIORITIES

Guineans indicated that their priority needs were medical treatment and healthcare, food assistance, and economic and financial help. And, generally, the resources Guineans received were in line with their priority needs and those needs were either completely or partially met.

However, the battle is far from over — Guineans emphasized that even though the country has been declared Ebola free, there is still much mending and prevention to be done. Psychological support is particularly important for survivors of Ebola, who have had to cope with both the trauma of the illness and the stigma they — as well as health care workers — faced from their communities.

In addition to ongoing aid for survivors, more needs to be done to educate people about hygiene and transmission, train health care workers, provide drugs and sanitation equipment, and build hospitals with a rapid response infrastructure.

### LIVELIHOODS AND EMPLOYMENT

Similar to the continued support in the provision of basic needs and priorities, the full extent of the crisis is ongoing and Guineans need aid organizations to focus on long-term economic and financial support, particularly for the half of the population that has lost their means of earning an income as a result of the crisis.

Though poverty and a lack of access to basic necessities are critical issues in Guinea that preceded but that were exacerbated by the Ebola crisis, the current situation is viewed as an opportunity for the long-term economy to rebound. Financial assistance should be used to build new infrastructure, hospitals, and create economic opportunities for communities that have been devastated by years of conflict, and most recently Ebola.

### SOCIAL COHESION

Considering that misinformation led to stigma against Ebola survivors, which, in turn, harmed social cohesion in communities throughout Guinea, it will be essential to conduct accurate, timely information campaigns. This will need to be done at the community level, and led by community members, since, during the Ebola crisis, it was community members who were most effective in combatting misinformation. It will also be important to emphasize the role of community members in providing support to those in need during crises such as Ebola.

### GENDER

In crises similar to Ebola, women, as family caretakers, are a valuable asset in fighting and preventing outbreaks by educating and caring for their families. Because of this, women should be a priority for targeting aid as they would be most likely to spend aid funds on educating and providing for their families. In Guinea, those responsible for the disbursement of aid recognized this need and implemented the concept successfully. Going forward, gender-specific needs such as reproductive care should also be included in overall aid strategies for Guinea.

### ACCESS AND BARRIERS TO ASSISTANCE

Guineans blame the centralized state committees responsible for distributing aid funding for hindering access, believing that these committees were at worst stealing funds that should have gone towards repairing communities, and at best distributing funds inefficiently and inequitably.

Other major barriers to accessing assistance were misinformation and community stigma against health workers and those that were affected by Ebola. To combat misinformation and stigma, community volunteers and people who had already been treated needed to testify personally that the treatment centers were safe. But, this alone did not resolve the issue. Working with local leaders helped aid organizations understand the local context, which led them to be more effective in their assistance, education and communications. Implementing effective communications campaigns to educate the public in case of future crises will be essential, especially when there are limited treatment options available.

### THE ROLE OF ORGANIZATIONS

While national and local organizations were seen as critical in enabling aid agencies to do their work by helping them gain access to and communicate with local populations, more than half of participants received help from the UN, compared with only one quarter reporting that they received any assistance from the national government of Guinea or local NGOs.

It was clear that participants had a good understanding of the role of various organizations: Doctors without Borders, WHO, and WAHA were involved with identifying and quarantining victims, and also with treating Ebola itself. Of those that received aid from international organizations, a large majority found the assistance to be very helpful.

Nevertheless, national and local organizations were considered helpful in providing some critical needs such as psychological support, as they are more familiar with local culture and context. To take advantage of this in future crises, international aid organizations should create formal partnerships with national and local organizations to better understand the local context in order to inform assistance strategies and to communicate more effectively with local populations. Moreover, with proper technical training and communication, these partnerships can also be used to fill assistance gaps such as the provision of psychological support.

### INFORMATION AND COMMUNICATIONS

More so than medical assistance, communication played a major role in saving many lives. Radio was the single most common type of media used by Guineans to find out about assistance.

Regardless of the source, people wanted to get information about assistance directly, preferring to receive information about assistance face-to-face, lessening the possibility of miscommunication. For direct interactions, local religious leaders were a common source of information, mainly because they could speak to large groups of people at one time at their houses of worship.



Photo: Ivo Brandau/OCHA



Photo: Ivo Brandau/OCHA

## Appendix: Detailed Methodology

The community consultation in Guinea included quantitative and qualitative research, reaching a total of 576 crisis-affected community members in urban and rural locations in four areas: **Conakry (the capital), Boké, Forécariah, and Guéckédou.**

Conducting interviews on sensitive topics such as humanitarian crises and assistance received was particularly challenging in Guinea. The hostility of communities toward outsiders, and the stigmatization of those who had come into contact with Ebola, meant that the consultation team had to take numerous precautions when recruiting and interviewing participants to ensure consideration of local sensitivities and the safety of the team.

Our participant recruitment approach focused on working with locally-based recruiters to bring members of their own communities into the study. For both the quantitative survey and the qualitative workshops, these recruiters worked to gain the trust of participants, who were then brought to a central location where the data collection took place.

### Ensuring a Robust Sample

The sample for the quantitative survey was recruited first, with the qualitative sample being achieved via follow-up with quantitative participants.

Despite the challenges of recruitment in this context, it was essential that in the areas selected to carry out the study, we achieved good coverage. After it was determined which regions of Guinea were safe to conduct fieldwork, the four metro regions for the study — Conakry, Boké, Forécariah and Guéckédou — were each selected for specific reasons:

- 1. Conakry** was chosen because as the capital of Guinea, many people migrated there from nearby areas for treatment during the crisis.<sup>10</sup>
- 2. Boké** was chosen because of its ongoing struggle with civil unrest and the impacts this had on the Ebola outbreak. Situated in the northwest, Boké was one of the regions of Guinea that continued to report cases after the outbreak had been contained in most other areas.<sup>11</sup>
- 3. Forécariah** was chosen because of its location in the southwest of the country, and the intense outreach that was undertaken by organizations like the WHO to end the outbreak there,<sup>12</sup> which, like in Boké, lasted longer than in other regions.
- 4. Guéckédou** was chosen because it is widely considered to be where the Ebola outbreak began in Guinea,<sup>13</sup> and the location outside the capital where it was the most concentrated.<sup>14</sup>

<sup>10</sup> "Ebola: A new spike in cases in Guinea pushes Conakry treatment centre to the limit". MSF CANADA. 9 October 2014.

<sup>11</sup> <http://www.cidrap.umn.edu/news-perspective/2015/06/ebola-progress-stalls-guinea-and-sierra-leone>

<sup>12</sup> <http://who.int/features/2015/guinea-ebola-vigilance/en/>

<sup>13</sup> Baize, Sylvain; Pannetier, Delphine; Oestereich, Lisa; Rieger, Toni (16 April 2014). "Emergence of Zaire Ebola Virus Disease in Guinea — Preliminary Report". *New England Journal of Medicine* 371 (15): 1418–25.

<sup>14</sup> <http://www.cdc.gov/vhf/ebola/images/west-africa-distribution-map.jpg>

Within Conakry and Boké, there were four stages of selection to get to the participant:

1. 5-6 starting points within each region/metro area — 60% in “urban” areas (defined as the main entrance of the village or public place), and 40% in “rural” areas (defined as the main entrance of the village or a public place such as a market or school).

2. 1 landmark (such as a busy roundabout, major hospital, or other well-known location) selected within each starting point.

3. 10-15 households selected via random walk: each member of the five-person recruitment team sets out in a separate direction from the landmark to ensure good coverage of the area. Recruiters choose every fifth household in the urban areas and every third household in the rural areas.

4. Next birthday method applied at the household to find the study participant. If that person was not available, the recruiter would ask when they would be available and return at that time. If the selected participant wasn't present at the suggested time, the recruiters would move on to the next household. This approach ensured the security of the research team and participants, as strangers showing up at the same household multiple times could have aroused the suspicions of neighbors.

In Forécariah and Guéckédou, because of lingering sensitivities in communities affected by Ebola and armed conflict, a different approach to recruiting participants was taken. In these areas, the Ipsos research team worked with local and international non-governmental organizations (NGOs) that have worked with and are trusted by people in the communities. The NGOs reached out to crisis-affected community members that they had worked with and asked them to come to a central location to meet with the Ipsos research team, transporting people from rural or less-accessible communities as necessary. The Ipsos recruitment team then scheduled a specific time for respondents to come to a centralized location to be interviewed, providing transport to them as needed.

The method described above was used to obtain 70% of respondents for the survey in Forécariah and Guéckédou. A snowball approach was used to obtain the final 30%. For this, ‘seeds’ (randomly selected participants who had already been recruited for the survey) were asked to recruit other people from their community to take part in the survey. Each ‘seed’ was asked to provide the contact information for three additional crisis-affected community members (outside their own family), two of which were interviewed and asked to provide three referrals, and one of which was only asked for three referrals. Two of each of these referrals were interviewed as well, meaning that for each ‘seed,’ nine respondents were interviewed.

The NGO-to-snowball recruit, while less methodologically rigorous than the random walk approach taken in Conakry and Boké due to not having control over geographical coverage, enabled the consultation team to work in areas it would not otherwise have been able to access. Care was taken at every step to ensure that potential bias in the sample was limited, for example, by not allowing snowballing to family members, and by setting quotas on key demographic groups.

## Detailed Sample Profile: Quantitative

The primary objective of the quantitative survey in Guinea was to gather opinions from a broad range of crisis-affected community members. The survey was designed to generate general coverage of demographic groups, and to ensure that vulnerable populations such as women, children, the elderly, the wounded/disabled, and internally-displaced persons (IDPs) were given sufficient weight for analysis. The final profile of the survey sample is shown in the table below:

	<b>BOKÉ</b> Total =115	<b>CONAKRY</b> Total =155	<b>FORÉCARIAH</b> Total =115	<b>GUÉCKÉDOU</b> Total =115
<b>URBAN/RURAL</b>	24% Urban 76% Rural	99% Urban 7% Rural	52% Urban 48% Rural	60% Urban 40% Rural
<b>AGE</b>	18-24 17% 25-34 27% 35-44 29% 45-54 14% 55+ 12%	18-24 15% 25-34 30% 35-44 21% 45-54 12% 55+ 13%	18-24 16% 25-34 29% 35-44 39% 45-54 11% 55+ 9%	18-24 23% 25-34 24% 35-44 13% 45-54 15% 55+ 8%
<b>GENDER</b>	52% Male 48% Female	51% Male 49% Female	50% Male 50% Female	54% Male 46% Female
<b>RECEIVED ASSISTANCE</b>	93% Received 7% Did Not Receive	91% Received 9% Did Not Receive	91% Received 9% Did Not Receive	97% Received 3% Did Not Receive

The survey was 12 minutes long and conducted in French (with translation to local/tribal languages as necessary) with 500 crisis-affected community members.



## Detailed Sample Profile: Qualitative

Qualitative workshops were carried out in each community to gather more in-depth information from crisis-affected community members on their experience of the crisis and of humanitarian aid. Each workshop was attended by approximately 20 crisis-affected community members. In total, 76 community members participated. Participants were recruited based on their age, gender, location, experience of crisis, IDP status, and receipt of humanitarian aid, with quotas set to include parents of school-aged children and community health workers. The workshops did consist of more educated community members, such as health care workers, teachers, and students, perhaps due to their greater willingness to participate.

	<b>BOKÉ</b> Total =18	<b>CONAKRY</b> Total =18	<b>FORÉCARIAH</b> Total =20	<b>GUÉCKÉDOU</b> Total =20
<b>GENDER</b>	9 male 9 female	9 male 9 female	10 male 10 female	10 male 10 female
<b>AGE</b>	Age Under 35:13 Age 35+:5+	Age Under 35:4 Age 35+:5+ Did not specify:5	Age Under 35:12 Age 35+:8+	Age Under 35:16 Age 35+:4+
<b>OCCUPATION</b>	Healthcare Workers:5 Students:4 Teachers:3 Farmers:2 Other:4	Healthcare Workers/ Community Workers:5 Students:1 Teachers:2 Other/Did not specify:10 Other:4	Healthcare Workers:5 Students:7 Teachers:2 Other:2	Healthcare Workers:6 Students:6 Academics and Teachers:4 Other:4
<b>EXPERIENCE OF CRISIS</b>	At least 3 Ebola survivors in the group	At least 5 Ebola survivors in the group	At least 5 Ebola survivors in the group	At least 5 Ebola survivors in the group

Workshops lasted an average of 90 minutes and consisted of full and break-out group discussions of the themes of the consultation. They were conducted in French by local moderators, with translation to local/tribal languages as necessary.

## Data Collection

All quantitative interviews were conducted by Ipsos interviewers in French (with translations to local/tribal languages as necessary) using paper questionnaires, and checked on-site by an Ipsos supervisor before the participant departed the interviewing location. Data entry was undertaken by a separate team in Conakry.

The qualitative workshops were conducted by an Ipsos moderator in French, with translations to local/tribal language as necessary. The workshops were recorded, transcribed, and translated into English for analysis.



Photo: Ivo Brandau/OCHA



Photo: Ivo Brandau/OCHA



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23-24 May 2016