

Democratic Republic of the Congo

Applying the People First Impact Method (P-FIM) in the context of the Ebola and Covid-19 Response

1. Background

In the latest Ebola outbreak in Eastern DR Congo starting in August 2018, the team of Malteser International DRC used a people-centred approach, in order to respond to increasing mistrust and spread of rumours about the Ebola epidemic.

The People First Impact Method (P-FIM)¹ puts the people at the centre of the response, giving the community a voice. The aim is to understand the communities' perception and values, as well as the solutions they are already implementing to address existing challenges. A P-FIM session consists of around 15 participants from the community, a facilitator supported by a reporter and an observer.² At first, we engage the community in a goal-free discussion, which generates an environment of trust. The basis of this trust relationship enables a two-way communication between humanitarian agency and the affected community. When we reach such a communication level, the community shares openly their feelings and emotions. As a part of the two-way discussion, we can identify and use people's existing resources and capacities and the community formulates themselves what they need as additional support.

2. Objective

In order to address the current Covid-19 outbreak in DR Congo and to reduce the harmful impact of the pandemic, people are put at the centre of Malteser International's response, using the P-FIM approach.



P-FIM session with a youth group in Ariwara (March 2020).

¹ More information on P-FIM as well as a comprehensive toolkit on how to use P-FIM can be accessed here: <http://p-fim.org/>

² While the reporter is mainly responsible to record statements of the community, the observer mainly focuses on the atmosphere in the group and registers, which level of communication the discussion reached. Both, reporter and observer can support the facilitator in the discussion.

3. Experience from the Ebola Response

The outbreak of an epidemic and especially the application of prevention measures such as social distancing and isolation can generate mistrust within the community. Moreover, pre-tailored messages often fail to link directly to the perception of the community and common beliefs of disease transmission/origin, and thus often fail to show effect. For instance, the promotion of handwashing, is unlikely to be adopted by the community, if misbehaviour is commonly believed to be the cause of the disease.

Lessons learnt from the Ebola epidemic in DRC showed that a response that is created without the population risks to be rejected by the community, triggering rumours and mistrust. This led to violence against health care workers and facilities, hampering the Ebola response. Moreover, the spread of rumours in Ariwara, composed a security threat against Malteser International (MI) as an organization. Using the People First Impact Method (P-FIM), MI DRC was actively listening to the community through leading a goal-free and two-way discussion. The DRC team conducted P-FIM sessions with a total of over 4,000 participants. It is only through the use of this approach, that MI DRC understood people's perception of the Ebola epidemic, existing rumours and their proposed solutions. Based on the results of these consultations, sensitization messages were elaborated closely with the community and MI engaged them in the communication and dissemination of those messages. In addition, weekly interactive radio shows were conducted with participants from the P-FIM activities. The short sensitization messages and an Ebola sensitization song were broadcasted several times per day.

4. P-FIM during the Covid-19 response

Experiences gained during the Ebola response can now be applied to the most recent outbreak of Covid-19. MI uses the P-FIM method to understand the context and environment the community currently lives in, facing the Covid-19 outbreak, and how they understand the pandemic and preventive measures, to ultimately create the response together with the community.

4.1 Approach

Having implemented P-FIM before, a good number of field staff have already been trained on how to apply the method. From mid-March 2020, MI DRC has been conducting P-FIM activities in three health Zones (Ariwara, Mahagi and Aru, with a population of 89,559) in Ituri Province, with a total of 89 P-FIM sessions to date (871 participants). Many different population groups

and associations were involved in order to gather multiple and diverse perceptions e.g. from women associations, school children, youth groups, association of people with disabilities, religious groups, local authorities, Congolese Business Association (CBA), farmers, car/motorbike cleaners, hairdressers, tailors, logging associations, etc.

In order to comply with Covid-19 prevention measures, P-FIM sessions are held with only 5 to 10 people at once – ensuring social distancing. In addition, following the P-FIM sessions, two-way discussions with community representatives are also conducted through the phone. To implement P-FIM activities through the phone, MI DRC follows a manual, that has specifically been created by one of the founders of P-FIM for the context of Covid-19. Individual participants of the P-FIM sessions contact MI in order to receive additional information or to share their feedback and new arising challenges, while MI frequently reaches out to participants to follow up on sensibilisation activities. However, in DR Congo, the low phone coverage remains a challenge.

4.2 Findings: how the community experiences the Covid-19 pandemic



P-FIM sessions with a group of women in Ariwara (March 2020).

The P-FIM activities showed that in general the community accepted the existence of the Covid-19 pandemic and its preventive measures. However, the community is generally traumatised by reoccurring epidemics; the Ebola epidemic is still ongoing. Some people understood the disease as anger of God. Measures such as social distancing and closure of public places (churches, schools) and borders had a massive impact on people's life. Many people lost their sources of income (cross-border markets and trading, bars, restaurants, etc.), market prices increased dramatically and access to products of basic need became difficult. To cope with the challenges mentioned above, people

are increasingly investing in field work and small livestock and reduce unnecessary expenditures. In addition, the closure of churches and religious places has a strong impact for people who usually cope with such challenges in a spiritual and religious way. Moreover, the community fears uncontrolled border crossing by truck drivers from mining companies as well as the impact of massive population displacement, in relation to the Djugu conflict (Ituri Province) in Eastern DRC.

4.3 Community-led response to the Covid-19 pandemic

In the context of the P-FIM activities, the community formulated messages to use in public mass sensitization campaigns. Moreover, the ways of dissemination were developed together with the community.

Door-to-door sensibilization: Following the P-FIM sessions, the participants actively spread established prevention messages and knowledge by doing door-to-door sensibilization activities.

Radio messaging: MI DRC organized interactive radio shows (so far 3 radio shows in Ariwara, Mahagi and Aru), where participants of the P-FIM sessions were given a voice and had the possibility to share their understanding of Covid-19 and the measures to fight this pandemic. Those radio shows are recorded and redistributed weekly by the radio stations. In addition, the messages designed during the P-FIM sessions, were disseminated in the form of radio spots two times per day, in 9 languages³ and by two radio stations. Similarly, as a part of a wider community sensibilisation program, the Covid-19 song⁴ is broadcasted twice a day, by nine radio stations. Through the radio spots and radio shows, due to a wider broadcast area, we can moreover reach up to 1.2 million people.

Posters and leaflets: MI so far distributed 7,200 posters and leaflets with Covid-prevention messages; (5,452 more will be distributed in June and July 2020). The posters and leaflets include the sensibilisation messages that were established during the P-FIM sessions and were further adapted to the official messages by the Ministry of Health. The participants of the P-FIM activities will be involved in the distribution of those materials.

4.4 Results and way forward

First results after P-FIM activities show that people are conscious about preventive measures and are adopting a beneficial behaviour. The community generally accept screening at entry points. A better understanding of the disease and prevention measures within the community so far helped to reduce the spread of rumours.

P-FIM enables to adapt the humanitarian response tailored to people's need. The trust relationship gained through P-FIM sensitizes communities on the pandemic and prevention measures. However, not only to share one way, but to understand, how prevention measures can be better adapted to people's context. Thus, MI will continue to use P-FIM as an approach, in order to strengthen community engagement and ultimately improving social cohesion within the population.



P-FIM Participants during interactive radio show (Studio Radio Simba, Ariwara).

Malteser International in DR Congo

Malteser International has been working in the eastern provinces of the DRC since 1996 carrying out a variety of projects in the areas of health, WASH, sexual and gender-based violence (SGBV), as well as food and nutrition security.

³ French, Lingala, Swahili, Kakwa, Kaliko, Lugbara, Ndo, Alur and Logo

⁴ The song is accessible on our Youtube channel: <https://www.youtube.com/watch?v=t4LAdAQaqw>