Communicating and engaging with crisis-affected people in humanitarian responses:
a case study of the Red Cross Ebola response in Liberia

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Abstract
Changing the approach to communication and engagement with the local people in Liberia during the Ebola response turned out to be a key strategy in the Red Cross’ work. The Liberian Red Cross’ communication with the crisis-affected people changed significantly during the fight against the Ebola virus, from top-down information to a more dialogical communication approach.

The Ebola epidemic in West Africa has caused more than 11 000 deaths since the outbreak in March 2014. The task of defeating the virus seemed overwhelming at times, but the outbreak finally stopped and all the three worst hit countries: Guinea, Sierra Leone and Liberia were declared Ebola-free by the World Health Organization.

Communication with and participation of the people the aid organizations target have been a central issue for discussion within the international community and development agencies for a long time. During the Ebola response it was clearly stated that communicating and engaging with the people living in the affected area was a core approach during and after the response. This thesis explores how one of the responding humanitarian organizations, The Red Cross, used communication with the crisis affected people in Liberia as a tool in their response to help stop and prevent the virus from spreading.

The study is done as a case study. Main components of the case, and focus for the analysis, are semi-structured interviews with staff and volunteers from the Liberian Red Cross that worked with communication and operational activities during the Ebola response. Red Cross documents from the Ebola response, policy, planning, evaluation and training-documents, are also important part of the case.

Key words: communication for development, humanitarian response, communication with crisis-affected people, participatory communication, Liberia, The Red Cross, Ebola
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## Table of content

**Abstract** ........................................................................................................................................ 1
**Acknowledgments** ......................................................................................................................... 2
**Table of content** ............................................................................................................................... 3
**Introduction** ..................................................................................................................................... 5
**Research questions** ........................................................................................................................ 7
**Terminology** ..................................................................................................................................... 8
**Background** ...................................................................................................................................... 9
**Context** ........................................................................................................................................... 10
  Communication and engagement with crisis-affected people in humanitarian contexts.. 10
  Humanitarian organizations ................................................................................................................. 11
  The Red Cross Red Crescent movement .............................................................................................. 12
  Liberia – a brief background .................................................................................................................. 13
  The Ebola response in Liberia ............................................................................................................. 14
**Problem discussion** .......................................................................................................................... 16
**Limitations of the study** .................................................................................................................... 16
**Literature and theory** ........................................................................................................................ 17
**Studies of interest and previous research** .......................................................................................... 17
  A Comparative Analysis of the Diffusion and Participatory Models in Development
  Communication ........................................................................................................................................ 17
  Briefing: Ebola – myths, realities and structural violence ........................................................................ 18
**Theoretical Framework** .................................................................................................................... 19
  Telling, listening or communicating? ..................................................................................................... 19
  Diffusion/informational model of communication ................................................................................. 19
  Participatory model of communication ................................................................................................. 20
  Why the context matters ....................................................................................................................... 21
**Methodology and field study** .............................................................................................................. 25
**Case study method** ............................................................................................................................ 25
  Defining the case and its components .................................................................................................... 25
**The field visit and conducting the interviews** ..................................................................................... 26
  “The situation” in the Liberian Red Cross ............................................................................................. 26
  Semi-structured interviews ................................................................................................................... 27
  The people I interviewed ....................................................................................................................... 29
  Meeting with IRB-board ......................................................................................................................... 30
  My role and relation to The Red Cross ................................................................................................. 30
**Analysis** ............................................................................................................................................ 32
Objectives – why communicate with the crisis-affected people? ........................................... 32
Communicating for changing behavior ................................................................................... 37
If the context is not enabling for a certain behavior ................................................................. 39
Community engagement – different levels of engagement ...................................................... 41
Local knowledge and Local initiatives .................................................................................... 42
Changing the perception of communication ............................................................................ 43
Conclusion and future studies ................................................................................................. 45
Reflection and relating to the broader discussions ................................................................ 47
References ............................................................................................................................... 49
Appendices ............................................................................................................................. 52
Appendix 1: List of interviewees ............................................................................................... 52
Appendix 2: Thematic interview guide for semi-structured interviews with Red Cross staff 53
Appendix 3: Extracts from interview transcription .................................................................... 54
Appendix 4: Case documents ................................................................................................... 57
Appendix 5: Copy of letter of approval from IRB board, University of Liberia ....................... 58
Introduction
The first ever World Humanitarian Summit took place in May 2016, just before I handed in this thesis. The humanitarian situation around the world is described as “the worst since The Second World War” by UN Secretary-General Ban Ki Moon. People representing different actors gathered at the World Humanitarian Summit: international institutions, governmental representatives to small NGO:s, people from affected communities, and humanitarian actors from the so called “aid sector”. The overarching aim for the summit was to get the participants to commit to a common Agenda for Humanity, a set of actions to prevent conflicts and disasters and to better coordinate the humanitarian responses with long-term solutions. For the humanitarian sector it is becoming more and more challenging to give assistance to the increasing number of displaced people due to conflicts and disasters and weak states that cannot, or chose not to, take responsibility is also a challenging factor.

Some of the issues discussed at the World Humanitarian Summit were how the humanitarian responses could adapt to new challenges through local, inclusive, and context specific responses and how to adapt new approaches to respond to protracted crises and recurrent disasters, reduce vulnerability, and manage risk, by bridging the divide between development and humanitarian partners.

The topic of this thesis is of relevance for these discussions, and vice versa. By exploring how the Liberian Red Cross used communication as a tool in a conscious and at times elaborative ways to make the response activities more inclusive and respectful to local realities, I hope to contribute to the broader discussion of how to make humanitarian responses more inclusive of the crisis-affected people. And although it is not the main focus, the symbiosis and interlacement of development and humanitarian aid is also touched upon in this paper.

Discussions at the World Humanitarian Summit also call for an enhancing community engagement during humanitarian responses, a more community and people-centered approach. It is not a new discussion; after the Tsunami response back in 2005 the big humanitarian agencies evaluated themselves and their work and stated: “...the international aid system needs a fundamental reorientation from supplying aid to supporting and facilitating communities’ own relief and recovery priorities.” (Cosgrave, 2007) But it is an on-going, and important, discussion.

How can that shift be done, how can the discussions turn into practice on the ground? There are a lot of resemblances between the ideas in the discussion about a community- and people-centered humanitarian aid and discussions about participatory development aid. The ideas of a
more participatory aid first rose in the 70’s with the alternative development paradigm, opposing the ideas of modernization theory where the solutions for development were supposed to come from outside experts and follow the models of Western “developed” societies. Ideas that there might not be only one path do development, rather development could be different things in different contexts were formulated. The ideas also affected the way many development actors work. People should get the chance to formulate their own future, drive their development processes themselves. The aid organizations needed to listen more to the people they addressed. Key for this to work is good communication between the different stakeholders. “Communication is the lifeblood of participatory development. Participation in development programs and projects cannot occur without communication for one simple reason: participation is communication, the concepts are entangled, intimately knotted as the strings in a fisherperson’s net.” (Gumicio Dagrón, 2009)

It is a new era with increasing need of humanitarian assistance. In one way this offers a kind of renaissance for humanitarian actors; their work is highly demanded and they are put in the lime light like they have not been for a long time. But this new era also means that they are to work in increasingly protracted and complex humanitarian situations like the situation in e.g. Syria, Iraq, Yemen and South Sudan and the humanitarian consequences for the people affected by these conflicts.

The Ebola epidemic is another example in the recent years where the humanitarian responders were put to test and had to navigate in complex surroundings that demanded a local, inclusive, and context specific response to succeed. The humanitarian situation in the worst hit countries Sierra Leone, Guinea and Liberia, got the full attention from the international society when the epidemic appeared to be a threat of international character. The reaction and concern with the deadly virus and its effects were massive worldwide during the peak of the response.

In the Ebola response it has been identified that communicating and engaging with the people living in the affected area was core in the struggle to stop the epidemic, and how the responding organizations communicated and engaged with the people was a key to success to eventually defeat the virus. At first the communication had a top-down, diffusion/informational, approach and then there was a change to more dialogue and horizontal communication between the Red Cross and the crisis-affected people.

This thesis is about how the Red Cross communicated and engaged with the crisis-affected people in Liberia during the Ebola response. The thesis explores the context, the humanitarian response and the communication activities mainly through the experiences and thoughts of
Liberian Red Cross staff and volunteers that worked on the ground during the response. Experiences of Liberian non-Red Cross staff (“community members”) from two communities offer a wider understanding of the context and communication climate during the epidemic. Red Cross planning, reporting and policy documents offer a view on how the organization as an institution looks upon communication and engagement with the crisis-affected people.

Research questions

- What role did communication with the crisis-affected people play/have in the Red Cross Ebola response in Liberia?
- What were the challenges, respectively the successful factors, for the Red Cross in the Ebola response regarding communicating with the crisis-affected people?
- How did the (Liberian) Red Cross develop their communication with the crisis-affected people during the response?
**Terminology**

**Crisis-affected people** – **target group** – **beneficiaries** – **community members** – **rights holders**

The people aid agencies, development and humanitarian, are set out to work with and assist are called by many different names. The term beneficiaries is still used sometimes by the Red Cross, but it is also criticized within the organization for its patronizing vibe. The interviewees did not use it, they rather talked about “community members” or simply “people”.

When I use the term *crisis-affected people* in the thesis, I refer to the people humanitarian organizations target with their activities (in general or specifically the Red Cross).

**Community**

The term community is not uncommonly used in in policy papers and project plans in a quite careless way and often refers to people that live in a common geographical and socially organized unit. They are often treated as a homogenous group. Though within a community differences in many ways such as gender, ethnic or social group, age, education or livelihood strategy exist and diversifies the unit of people. (Chambers, 1999, Quarry & Ramirez, 2009) In the thesis I use the term community when referring to people living in a geographical place, such as “community x”, but I try to emphasize the existence of sub-groups within the community when necessary for the discussion.

**Development / Social change**

What is the meaning of *development* today? Nederveen Pieterse suggest one definition: “...the organized intervention in collective affairs according to a standard of improvement.” (2010, p.3) Chambers offers a shorter definition saying that development simply is *good change* (Chambers, 1999). Another definition by Korten, as quoted by Nederveen Pieterse: “Development is a process by which the members of a society increase their personal and institutional capacities to mobilize and manage resources to produce sustainable and justly distributed improvements in their quality of life consistent with their own aspirations.” (2010, p. 93) In humanitarian situations, you could say that the society normally has gone through a regression, not just hindering development but going through a, sometimes sudden, *bad change*. I would like to explain *development* in humanitarian contexts to be: *the process to get back to the state the unit was in before the crisis.*
Background

A few years back, when I had worked for the Swedish Red Cross for about a year, I was invited to participate in an international Red Cross/Red Crescent conference with the title Beneficiary Communication Boot Camp. We were around 85 people from 40 different Red Cross/Red Crescent National Societies that were to interchange ideas, practices and experiences on how to communicate with crisis-affected people (‘beneficiary’ in Beneficiary Communication refers to crisis-affected people) we as humanitarian actors are set out to assist. The experiences from the participants varied greatly due to the different contexts we all worked in on daily basis. Beneficiary Communication, I soon learned, was a whole concept that the Red Cross/Red Crescent movement had elaborated with guidelines, methodologies and to a certain extent its own terminology. A concept that is constantly developed, and sometimes questioned, within the organization - only the name, Beneficiary Communication, itself has raised many discussions. Is “beneficiary” a too patronizing term? Is Beneficiary Communication the task of the communication department or the program units? How and why should it be done? The officially stated purpose of Beneficiary Communication is to use communication to provide and receive information from the crisis affected people, and also to give them a voice and empower them to participate in their own recovery. (IFRC A, 2016)

Discussions about Beneficiary Communication raise many different thoughts about what role communication can play to create or contribute to development/social change. For me, having a background from the development sector and participatory communication projects where empowerment and long-term thinking often were in focus, I got really curious about how communication with the crisis-affected people in humanitarian situations work, particularly in the emergency phase.
Context
In this chapter I introduce the theme of communication and engagement with crisis-affected people in humanitarian contexts, give an introduction to humanitarian and development aid, a brief background to Liberian current history and finally explain the structure and mission of the Red Cross and its role in the Ebola response.

Communication and engagement with crisis-affected people in humanitarian contexts
There is a widespread consideration among humanitarian actors for the engagement of crisis-affected people in humanitarian responsive activities. This is demonstrated time and again in guidelines, strategic plans and by initiatives on the ground, where the importance of engagement through participation of, and communication and accountability with the affected community is stressed as key factors to success.

Within humanitarian aid the reason for engaging with the crisis-affected communities can be seen either a tool, a duty or a goal of the response. I believe it is important to keep in mind that the reasons for communication can be varied and multileveled and not always crystal clear to the humanitarian staff themselves. In practice, agencies do not always explicitly state why they believe engagement is important, and staff members working on the same project may have different opinions on the reasons for promoting engagement. (Bonino, Jean and Clarke, 2014)

Three main reasons for why humanitarian responders should engage with the affected community are usually brought up:

Value based or normative reasons: It’s a duty to be fulfilled in order to respect the rights and dignity of affected groups.

Instrumental reasons: It’s a way to improve the quality and effectiveness of humanitarian programs/activities (gaining results, reducing costs, encourage communities to contribute labor or resources).

Emancipatory reasons: It strengthens society and addresses vulnerabilities and inequalities (give voice to marginalized groups, improve sustainability, give people information that enables them to make more informed decisions). (The Brookings Institution, 2008)

But there is no doubt that there should be engagement with the crisis-affected people. All humanitarian organizations that have signed up to the Core Humanitarian Standard on Quality and Accountability (CHS), have committed to a set of commitments, one of them is:

“Communities and people affected by crisis can expect to know their rights and entitlements,
have access to information and participate in decisions that affect them.”. In the Core Humanitarian Standard (CHS) on Quality and Accountability a participatory approach to the crisis-affected people is highlighted (Core Humanitarian Standard, 2016) and in The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief similar ideas of people-centered approach are expressed. (IFRC C, 2016)

Humanitarian organizations
A common distinction between humanitarian aid and international development aid is that the first is described as short-term help: normally material, food and logistic assistance to people affected by a crisis—a natural disaster, war, armed conflicts, famine or the humanitarian consequences from e.g. a widespread economic crisis. Humanitarian aid has orthodoxy its primary purpose to save lives, reduce suffering and maintain respect to human dignity. Traditionally it doesn’t address the underlying political reasons to the particular crisis. (Barnett & Weiss, 2008)

While the latter, international development aid, is long-term work to improve the living situation for people by addressing socioeconomic issues and lasting effects by e.g. climatic changes on different levels from local community to global concerns. While humanitarian aid has its historical roots back in the late 19th century, international development aid was officially born in the aftermaths of the Second World War with the Marshal plan. But these two “disciplines” of aid, that once was quite easy to separate, are becoming more and more intertwined both theoretically and in practice. This is due partly to the fact that many humanitarian situations are more complex and protracted today than they were a few decades ago. Another important factor is that there are more and more organizations participating in the humanitarian field, and not all of them are guided only by humanitarian principles. Globalization, political agendas and discourses of development are affecting what they do and where and how humanitarian organizations act. (Fernando and Hilhorst, 2006)

This changed scene is pushing humanitarian actors, the Red Cross being one of the big ones, to self-reflect and search for new approaches in their attempt to navigate in this increasingly globalized world with complex humanitarian and development situations. How you view, interact and communicate with the crisis-affected people is one important aspect that affects the humanitarian work. Putting the crisis-affected people and communities at the center when addressing humanitarian challenges is also a core responsibility, according to the agenda for the World Humanitarian Summit. Also within the Red Cross Red Crescent movement,
development and relief activities are getting more and more interconnected, and the division of development and relief activities is no longer a clean cut.

**The Red Cross Red Crescent movement**

The Red Cross Red Crescent movement calls itself “a global humanitarian network of 80 million people that helps those facing disaster, conflict and health and social problems” (IFRC A, 2016), and consists of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the 190 National Red Cross and Red Crescent Societies. All units of the movement are to act with their seven humanitarian principles as a backdrop to every action they take: *humanity, impartiality, neutrality, independence, voluntary service, unity and universality.*

ICRC acts mainly within situations of war and internal violence, assisting people affected by those situations, while the IFRC coordinates and directs international assistance following natural and man-made disasters in non-conflict situations. Both the ICRC and the IFRC work in collaboration with the 190 national Red Cross/Red Crescent societies around the world. IFRC does also, beside humanitarian relief work, development work which includes e.g. disaster preparedness programs, health and care activities, and the promotion of humanitarian values. (IFRC A, 2016)

Red Cross Red National Societies first and foremost carry out their humanitarian activities on their own initiative, but they also have an auxiliary role public authorities in their nation. “National Societies also undertake certain roles and activities either to supplement or to substitute the humanitarian work of the public authorities. A National Society is then said to act as an auxiliary to the public authorities in the humanitarian field. Even when a National Society acts in this capacity, it must continue to uphold the Fundamental Principles, including those of independence, neutrality and impartiality, and must at all times maintain its autonomy and remain clearly distinguishable from military and other governmental bodies.” (ICRC, 2013)

During the Ebola response the Red Cross National Societies in the region were important partners to the national Governments, and an indispensable support for the crisis-affected communities. But the task of supporting the Liberian Government was not quite a silver lined mission.
Liberia – a brief background
Liberia, the first and oldest republic in Africa, suffered from internal conflicts during more than a decade between 1989-1997 and 1999-2003. A peace agreement was settled in 2003 and during the first post-conflict years the Liberian state and the country’s health sector was pretty much managed by a loose consortium of international institutions led by the United Nations Mission in Liberia (UNMIL – who still are present in the country), international NGOs, and bilateral donors. In 2005 Ellen Johnson Sirleaf was elected president as the first African female president. (Abramowitz, 2014)

In order to understand how the Ebola epidemic could be so disastrous in Liberia, there is a need for a brief contextual account for Liberia’s recent history and development policy. Though there have been previous Ebola outbreaks in African countries, e.g. in the Democratic Republic of Congo, it did not come to be anywhere near as devastating as this recent outbreak in Liberia (and neighboring Guinea and Sierra Leone). Even during this recent outbreak close by countries like Nigeria and Senegal managed to control and stop the virus much more effectively when the first cases showed up on their territory than Liberia did. Moran and Hoffman (2014) suggest one explanation to this: “What is different about the Mano River countries (Guinea, Liberia and Sierra Leone, my remark) is their recent history of war, state collapse, and crises of governmental legitimacy. In the case of Sierra Leone and Liberia, an additional factor may be the role of multiple and diverse external humanitarian organizations in managing health care in the post-war period, effectively removing more centralized local governments from the responsibility of monitoring and coordinating a single health care policy.” The scattered and weak Liberian health system is described as a direct consequence by the constraints imposed by the IMF (International Monetary Fund), the World Bank and many Western donors in the 1980’s and 90’s that shaped a health and development policy based on privatization for the wealthy and middle class part of the population, and reliance on aid organizations to deliver services to the poor. (Wilkinson and Leach, 2014). The being that many, mainly in rural areas, Liberians turn to “informal” health practitioners is likely also a result of this and not only a choice based on traditional or cultural convictions.

In the post-conflict era economic development in Liberia has very much been based on internationally backed private-sector schemes to annex land for mining, palm oil, biofuels and agriculture. Liberia has some of the highest growth rates internationally, but most Liberians are still living in poverty and the Government in Liberia has increasingly been accused of corruption. This altogether has created a current context where the Liberian state and foreign actors are seen as alien, oppressive or self-serving. (Wilkinson and Leach, 2014).
When the Ebola virus knocked on Liberia’s door, it was about to reveal how fragile the country’s structure is. “In all of those years, there has been no adequate health services, no serious educational system, and no adequate roads in most parts of the country, no electricity or water to most of Monrovia, and all of this despite international aid, foreign investment and new trade contracts. Without adequate schools, hospitals, roads, electricity or water to metropolitan Monrovia, how can Liberia protect its citizens, monitor infected persons, quarantine suspected cases or even educate the people about the catastrophic dangers of the virus?” (Jabbeh Wesley, 2014)

The Ebola response in Liberia

The Ebola epidemic in Liberia claimed its first victims in March 2014 and had its peak half a year later in September. Liberia was the hardest hit country with 4,800 direct victims and the Montserrado County, where the capital Monrovia is situated, was the worst hot spot. Apart from causing a lot of deaths, the Ebola virus took away the livelihood opportunities for many people in the area since they could not do support themselves as usual due to travel restrictions. It also caused stigmatization of survivors and victim’s families and left many families and villages crumbled and children orphaned. Overall it was a big disaster to the West African country on multiple levels.

The government of Liberia declared state of emergency for little more than four months during the peak. During that time the schools were closed, some communities were put in quarantine – others put themselves in quarantine – and there were restrictions on people gathering for different meetings. (IFRC D, 2016)

Not only is the Ebola virus highly contagious and deadly, the situation got more complex by the fact that the first cases were in a border area between the three countries of Liberia, Sierra Leone and Guinea, an area where a lot of travel and trade goes on. The response engaged a lot of different international and local actors which were mainly coordinated by the World Health Organization (WHO) and the national Government. The WHO, and the international response in general, has been critiqued for reacting late to the situation which led to a bigger disaster than maybe needed. (Wilkinson and Leach, 2014)
To stop the epidemic. Was the number one, and without question, primary goal for the response. The Red Cross followed the World Health Organization’s recommended public health actions for stopping the outbreak, the actions were characterized as five key pillars of response by the Red Cross:

- Psychosocial support
- Surveillance and contact tracing
- Case management and treatment
- Safe and dignified burials and disinfection
- Community engagement – social mobilization and two-way beneficiary communication.

(IFRC D, 2015)

The situation in Liberia at the start of the response was confused. Many people did not believe the virus to be true at first. One Red Cross volunteer tells his personal memory from the beginning of the outbreak like this:

“It was a difficult time. First time we had Ebola in Liberia, it was our first encounter with such a deadly disease. It had not happened before. Those who worked in the burial teams were stigmatized in their communities, in their ordinary working places and even by their friends. Even relatives distanced themselves from them. For three months I did not go home to my house for the safety of my children. Some days we would pick up 50-60 bodies in one day and bring them to the cremation [...]. “ (Interview 5)

When the Red Cross had gathered the necessary resources and could gear up their response, a lot of rumors and misinformation about the virus, how it spread and how you should protect yourself, had already spread in the Liberian society. It was a tough starting point from a communication perspective and in the beginning of the response the organization recognizes that the early communication with the crisis-affected people did not work very well.
Problem discussion
Recognizing that they needed to shift their communication approach, the Red Cross did gradually change the way they communicated in the response. “People’s mind-sets had to be shifted, but to do that responders’ mind-sets had to change as well. There was a need to listen, really listen to people, understand their misgivings and respond in a way that empowered communities.” (IFRC B, 2015) How can this change be understood through the lens of communication for development theories? What did this change consist of and how was it done, according to the people who worked in the middle of it?

Limitations of the study
There are two main limitations to the study that need to be mentioned: firstly there is the experiences of the Red Cross staff/volunteers are in focus. The crisis-affected people and how they perceived the communication is not explored and analyzed. To include the view of crisis-affected people would have given a more holistic understanding of the communication and brought other perspectives to the discussion. Secondly, the interviews in the study were made approximately two years after the Ebola outbreak, and 1, 5 year after the peak of the epidemic. That affected the choice of interviewees, since some of the people who worked during the response were no longer available for interviews in Liberia. And it most likely that the time lap also affect the answers given by the interviewees. Time does that to people’s perception. This does not mean that the information given by the interviewees are less interesting or relevant, yet they are probably a bit different than they would have been during or right after the epidemic.
Literature and theory

Studies of interest and previous research
Communication between humanitarian actors and crisis-affected people is not a theme that is very common in academic literature, while communication in more long-term development context is widely scrutinized. From that area studies on HIV/AIDS communication nourished my thinking process, but also studies that reflected on the different approaches of communication for development were of interest. Below I briefly account for one such article, and also for one of the few academic texts I found about the Ebola response.

A Comparative Analysis of the Diffusion and Participatory Models in Development Communication
In the article A Comparative Analysis of the Diffusion and Participatory Models in Development Communication, Nancy Morris (2003) compares the objectives and outcomes in studies of 44 different development projects. The projects and studies she looks into are health related, e.g. campaigns or programs concerning HIV related issues, immunization or family planning in Africa, Latin America and some in Asia and use communication as a primary tool. She writes that many development interventions wanting to change a specific behavior like e.g start using contraception, treat it like a product and the campaigns can be seen as social marketing campaigns. Social marketing uses the same methods, messages through mass media channels, and the same tools as in consumer marketing: consumer research, pretesting, audience segmentation and campaign evaluation.

Besides social marketing, she lifts entertainment-education as another common method under the diffusion/informational flag. In her study she finds different development campaigns using social marketing techniques and entertainment-education with very different result in seemingly similar environments and target audiences. In some more successful diffusion/informational campaigns, the diffusion of a message through mass media has a secondary communication effect: interpersonal communication triggered by the exposure to a campaign messages. Interpersonal communication either with health personnel, fellow audience or family and friends. And when the first exposure to a campaign message might affect a person’s knowledge or attitude, it is in this interpersonal communication that the behavior change is being pushed.

Regarding the studies of participatory projects, Morris states that they tend to have their primary focus on goals concerning empowerment, equity and community building but most of them also have behavior changes as an underlying aim. “The essence of the participatory
approach lies in working with citizens to determine their needs and to design and implement programs to address these needs, rather than imposing an intervention on a community.” (p. 243) But the main focus are on the process and the long term empowering changes. Several of the projects used elements from both participatory and diffusion/informational approaches, and Morris states that the theoretical division between the two is getting more difficult to sustain.

**Briefing: Ebola – myths, realities and structural violence**

This article by Wilkinson and Leach (2014) discusses the Ebola epidemic and examines responses to the outbreak to offer a different set of explanations, rooted in the history of the region and the political economy of global health and development instead of many of the official explanations from the authorities of weak health systems and local inexperience in dealing with Ebola. It also brings up the early part of the response and how the initial information from the authorities was misleading, and the consequences it brought to the situation. They claim that many of the official explanations to how the outbreak could grow to such large extent are deeply de-contextualized and need to be understood with the political and historical situation of the regions as a backdrop. The article offers an alternative and broader picture of the response than my case study does, while it still brings up some of the same challenges as the people I interviewed but with other explanations.
Theoretical Framework

Telling, listening or communicating?
Even though the work of communication departments at aid organizations often goes under the flag of “communication”, it is surprisingly often they practice sending of information rather than communicating. Communication is a two-way thing and it implies the will of striving for a horizontal dialogue to earn to be called communication. Telling someone what to do is not communication. (Quarry and Ramirez, 2009) The urge for experts or people in power positions to tell others what to do, how to solve their problems and how to create development/social change is widely spread in different parts of society: it is norm in most schooling systems, it is the way most politicians “communicate” when repeating their pre-prepared talking points and it is the way you expect most doctors to communication when you seek medical consultation. This way of talking to people can contribute to the desired communication effect of changed attitude or behavior - if the sender of information is trusted, if the context is enabling and the receiver of information is perceptive to the information.

To stop a health risk situation, like the Ebola epidemic, is a challenging communication situation. Both humanitarian responses and health communication can often be quite technocratic, which itself favors a top-down approach. To get the crisis-affected people to change their behavior in order to stop the epidemic, the Red Cross tried different communication approaches from a very top-down sending messages tactic to a more dialogue like approach, where two-way communication was in focus. Can a shift of communication approach actually turn the development from a top-down telling attitude to a bottom-up searching attitude?

In this theoretical chapter I explain the two dominant theories within communication for development, the diffusion/informational model and participatory communication model. Then I add a theoretical discussion that derives from health communication about how context matters to behavior change communication. All these three theoretical exposés are relevant to understand the role that communication played in the Red Cross Ebola response.

Diffusion/informational model of communication
The diffusion/informational model springs from Everett Rogers’s “diffusion of innovations” theory, which derives from modernization theory of the 1950:s and 1960:s. (Ninan, 2014) Within the diffusion/informational paradigm strategic communication and information campaign are common methods. Three fundamental premises for the informational /diffusion paradigm is that 1) social change springs out of the accumulation of individual, psychological
changes and 2) people make decisions based on their knowledge and attitudes 3) information is a fundamental component for behavioral decisions. (Waisbord, 2014)

Resting on these premises the strategic communication can be described as disseminating persuasive information in order to change people’s knowledge, attitude and therefore, hopefully, their practice (behavior). Many organizations use so called KAP-surveys (Knowledge/Attitude/Practice) when conducting a base-line study before planning an information campaign. You ask the target group a set of question in order to understand their current perception of a specific topic and how they act on this knowledge.

The information/diffusion model center on messages that can be sent to the target audience through multiple channels and activities. The primary goal of information/diffusion activities is individual behavior change through persuasion. (Waisbord, 2014)

Summarized it can be said like this: if people only know what is best for them, they are likely to change their behavior. The informational/diffusion model of communication thinking goes hand in hand with the modernization theory of development; it implies that the unit of development/information target group needs to correct their and expand their knowledge and attitude in order to change their practice. There is a better, more modern or at least less harmful, way of acting that the sender of information has the knowledge about and is sharing with the target group.

Participatory model of communication
Like said the informational/diffusion model of communication thinking is well-connected with the underlying suggestions of modernization theory of development that the development solutions come from external experts. The participatory paradigm goes hand-in-hand with alternative development theory, where the core idea is that development should be endogenous (the notion of endogenous referring to social, cultural and symbolic space) (Nederveen Pieterse, 2010). What development is and how it should be accomplished is to be determined by the people who are living it. Development is people-centered and participatory communication is its pair-horse.

Participatory communication stresses the meaning of communication as dialogue, and not information transmission. “Participatory approaches foreground the notion that communication should activate critical reflexivity, dialogue, and consciousness-raising. Communication opportunities are not conceived as ‘strategies’ to modify informational ecologies and motivate people to abandon practices. Instead, they are tools designed to
facilitate community dialogue to articulate demands and solutions, and stimulate social mobilization.” (Waisbord, 2014)

The participatory communication model emerged partly as a reaction to the sender-receiver thinking of the diffusion/informational model. It accentuates communication being an equal and horizontal interchange of ideas, rather than information transmission from the knowledgeable to the less knowledgeable. The pedagogical approach and methods developed by Paulo Freire in the 1970’s, where dialogue is used as a catalyzer for empowerment has nourished the ideas of participatory communication. Freire also suggested that conscientization, the process of developing a critical awareness of one’s social reality through reflection and action, could be gained through dialogue if it was done on equal grounds marked by trust and respect by the participants. (Waisbord, 2008)

Four theoretical premises that underpins participatory communication: 1) communities are the main protagonists of processes of social change, rather than passive beneficiaries to decisions made by external experts 2) it proposes a communitarian view that makes deliberation and participation in public affairs, 3) it conceives development as a transformative process at both individual and social levels through which communities become empowered and 4) it promotes local knowledge and action as the springboard for social change. (Waisbord, 2008)

Power is also a central issue for participatory communication theory. One way of describing the process of participatory communication is that it is a reversal of power – from extracting to empowering. The outsider acts more like a facilitator or catalyst, and less as an extractor. In dialogue it is not the two-way interchange of information that is essential it is one step further: it is about passing over the initiative to local people (Chambers, 1999).

These communication theories can shed light on the communication between the Red Cross and the crisis-affected people in the Ebola response, but to answer the research questions it cannot be looked upon as isolated communication activities. To understand what role they played and the variation of success the communication activities had, they need to be put in relation to the different actors and situation that they were conducted.

Why the context matters
“Context has to do with communities, geography, culture and history. Context is also about the organizations, donor institutions and corporations that shape the economy of a community. It includes government, politics, policies and funding rules, packaged into projects. Context also includes the media that shape how we think, perceive and contribute or not to transform our predicament.” (Quarry and Ramirez, 2009, p. 63)
When you plan a communication activity you can never fully comprehend the reality of the people you want to communicate with. Their local context is likely to be too complex, diverse and dynamic to understand as an outsider. When trying to grasp it, you will filter the information through your own previous experiences, culture and knowledge and there will be distortion, because you cannot escape your own conditioning. (Chambers, 1999) But you can try. “When the roles and behaviors of the outsiders change, so that they become facilitators, sitting down, respecting, listening, learning, not interrupting, in Raul Perezgrovas’ terms ‘being nice to people’, then lower, those who are normally dominated, begin to stand up and assert themselves... express, analyze and develop their realities and to act.” (Chambers, 1999)

The context and institutional cultural of aid organizations where an operational and technocratic approach often is preferred and rewarded over a more searching and participatory approach, is highlighted by Waisbord (2008). Having this operational mind-set when approaching crisis-affected people that live in a local context that is complex, diverse, dynamic and to a certain extent uncontrollable, can create clashes between what is planned at the drawing board and what works in reality. (Chambers, 1999)

Social and behavioral change communication is commonly used when it comes to health related issues. One model that can be used to create a holistic understanding of a health situation, is the Socio-ecological model for Change. Central to this model of thinking towards changes in health behaviors, is that it takes a combination of interventions on both individual level and environmental/policy level to actually cause real changes in behavior. (Sallis, Owen & Fischer, 2008) See illustration of model on next page.
Four core principles of ecological perspectives are proposed by Sallis, Owen & Fischer (2008, p.470):

1) Multiple levels of factors influence health behaviors.
The different levels are: intrapersonal, interpersonal, institutional, community and policy level. A simplified description of the different levels is: individual, interpersonal, or community/social. Different concepts such as sociocultural factors and physical environment can apply to several of these levels.

2) Influences interact across levels.
E.g. a person that already has a high intrapersonal motivation to change her health behavior is more likely to act upon an institutional or community change.

3) Multi-level interventions should be most effective in changing behaviors.
One implication of ecological models is that interventions on only one level are unlikely to cause sustainable change in behavior. If you want people to e.g. smoke less, it is probable that interventions on multiple levels are most effective (information campaigns, restricted smoking areas, higher taxes on tobacco etc.)

4) Ecological models are most powerful when they are behavior-specific.
Depending on what level of factors you want to address, different academic disciplines offer understanding to the change process and target of change: psychology, anthropology, political science, or e.g. communication and media studies. The use of the socioecological model for change springs out of the idea that it is not possible to explain human behavior or social
change in development context by using any one single theory. (McKee, Becker-Benton and Bockh, 2014)

Much of the early communication regarding the HIV/AIDS pandemic focused on individual and behavior change. “These efforts mostly failed because they were based on a series of mistaken assumptions. The early approaches assumed that information alone would lead to behavior change. They also assumed that individuals are able to control their context, when in fact the most vulnerable cannot.” (Quarry and Ramirez, 2009, p.108)

The more complex a context is, the stronger the urge among many aid professionals to simplify, centralize and standardize the solutions, according Chambers (1999). This thinking can be found in the early communication activities in the Ebola response, when the standardized messages were transmitted through different channels like radio programs and information posters/brochures. But Chambers claims a better way is to encourage bottom-up solutions that can vary between the local contexts, and have trust in the ability of people to find their own solutions. To navigate in complex contexts, you need a few directional guidelines rather than detailed pre-packaged solutions. (Chambers, 1999).
Methodology and field study
Since both communication and organizations are multi-layered and multifaceted study objects, I wanted to approach the questions from different angles and levels in search for the answers. And since I was interested in hearing the voices of people with firsthand experience from the response, I opted for case study as my core method. Main components of the case, and focus for the analysis, are the semi-structured interviews with Red Cross staff. Red Cross documents from the Ebola response, policy, planning, evaluation and training-documents, gave me a broader understanding of the case and also a possibility to triangulate what the interviewees tell in the interviews.

Case study method
Case study as a method is often chosen for the ability to combine the search for cause-and-effect connections along with explanations for ‘how’ and ‘why’ questions. Case study inquiries often provide a good fit for the exploration of contemporary issues in real life contexts, especially when the boundaries between the phenomenon of interest and the context are not clear. A case study also relies on multiple sources of evidence using triangulation (Yin, 2009).

Defining the case and its components
When I had decided on my research topic and method, the challenge of defining the unit of study – the case – started. Early on in the process I alternated broad web research for information about the Ebola response and asking Red Cross employees that I knew worked with related issues. I would invite people for a coffee and a chat, send e-mails to names I had heard mentioned and try to get invited to meetings concerning communication with crisis-affected people or the Ebola response. This activities did not just help me defining the case, they also gave me a foundation for my data collection regarding both contacts and some actual data.

The decision on making “the Red Cross´ communication with crisis-affected people in the Ebola response in Liberia” my study case, started to grow when I first heard about the Red Cross´ Girl Units around Liberia and their role in communicating with their communities. That made me curious. But even if the Girl Units was the spark for my curiosity, it later showed difficult to focus too much on them and they ended up being one of many other threads of research. Just a few days before going on the field trip I got informed that the Girl Units that I had planned to visit had not participated in the Ebola response due to restrictions on meetings in their communities during the peak of the epidemic. All their activities had been put on hold for
more than six months. And the Girl Units that would have been of interest for this study, were all situated too far away from the capital that my planned time in Liberia would not allow me to visit them. But I decided that I still would like to get the Red Cross’ staff perception on the method, and I also visited two Girl Units in communities near the capital and these interviews gave valuable contextual information about the situation for civilians during the epidemic.

Since Liberia is one of the Swedish Red Cross’ partner organizations, it was it easier to arrange a field visit to conduct some of the data collection on-site there than to Sierra Leone or Guinea.

Having that decided I started sketching on what components that could build the case and came up with an image on how I perceived it:

The different components needed to be approached in different ways and the data they could offer was to be collected with different methods.

The field visit and conducting the interviews

“The situation” in the Liberian Red Cross
Before going on the visit to Monrovia, I was informed that there was a “situation” in the Liberian Red Cross. The secretary general and the president of the organization had been suspended due to suspicion of fraud, and the organization were to be subject of an external audit. But since I got positive response from Red Cross staff in Liberia when I asked them to participate in my study, and I was told that “the situation” would not affect my I decided to go ahead with the visit as planned. This was about the same time I realized that the original plan of making the Girl Units my prime study object, was not possible. Knowing that a lot can deviate from the original plan in a case study. If the path takes sudden turns, it is desirable to balance adaptability with rigor, but not being rigid, like Yin (2009) says. With these words
ringing in my ears, I decided to make as arrangements as possible before arriving and keep an open mind and time schedule for any opportunity that might come up.

“The situation” turned out to affect my study more than I had realized. Since the bank accounts of the Liberian Red Cross had been frozen while waiting for the external audit, the employees had not gotten their salaries for over two months. Most of the staff still showed up for work as usual and were available for interviews, but this fact had two major implications for my whereabouts: the drivers were on strike (one driver was working the first days I was in Monrovia, then no-one was working) which limited my possibility to move around. And since the project funds also were put on hold, the chances of stumbling across “interesting opportunities” to visit communities outside Monrovia together with Red Cross staff would be non-existing. I had have a hope of arranging visits to communities where the Red Cross did conduct communication activities such as community meetings, sound trucks or door-to-door visits during the response, and also to look up Red Cross volunteers at community level. But adapting to the situation, I settled with interviews with Red Cross staff at the offices in Monrovia (IFRC office and Liberian Red Cross office) and also the two community visits that the Girl Unit staff had arranged for me. Altogether I conducted nine interviews, and the Red Cross staff I interviewed had all worked during the Ebola response, both with planning and conducting activities. I did get very interesting information from the interviewees, but I do regret not listening to the voices of the crisis-affected people more. Eventually I was in Liberia between the 24th of March and the 3rd of April 2016, and I made nine different interviews for the study.

**Semi-structured interviews**
I decided early on to do as many interviews as possible face-to-face using a semi-structured interview protocol with assigned themes rather than elaborated questions. All interviews were recorded, and all of them except three group interviews, were transcribed. The group interviews turned out to be more valuable for my contextual understanding, then data for analysis, with the exception of a few pieces that I extracted from my notes. The interviews varied in length between 30 minutes up to 1,5 hours, depending on various factors: the relevance for the study, if I had been spending time with the person on beforehand and therefore had additional information through informal chatting and the persons availability. When doing the interviews I was guided by the advices of Yin (2009), and I tried to:

- **Ask good questions – and interpret the answers fairly.**
Unlike some other research methods, the case study research requires the researcher to validate and interpret the data during the collection and continually reflect on why the evidence appear as they do, all the time prepared to search for further data to prove or contradict what just has appeared. It is also necessary to:

- **Be a good listener not trapped by existing ideologies or preconceptions.**

Listening during a case study not only refers to the auditory listening, rather the researcher needs to observe or even sense what is happening and trying to “read between the lines”. When reading documents it is important to consider whether the originator of the documented had any special intention with it. And, this was probably the most challenging advice to follow:

- **Have a firm grasp of the issues being studied, even when in an exploratory mode.**

Since the Ebola epidemic was such an earthshaking experience for the people I interviewed, who lived in the midst of it, I sometimes had to struggle not to follow up on the personal stories to much and instead try to focus on the core theme of the interviews.

Thanks to my previous journalistic experience and education, I am used to approach data and information with a curious attitude scented with a critical awareness. One interview can lead to another person to interview, and I also do have quite some training as a radio reporter which due to the medium requires an ability to grasp the moments and dig deeper into interesting things that might “pop up” during the interview and also valuate the information against previous gained facts from other sources.

The interviews with girls from the Red Cross Girl Units in New Kru Town and 12th Street Community did give interesting insights on what it was like during the epidemic and their perception about Ebola. Doing this community
visits also gave me quality time with the Red Cross staff who came along to talk about the response. Photo: Moses J.K. Johnson, Liberian Red Cross

The people I interviewed
A lot of humanitarian responses are carried out by local organizations and local people, volunteers and staff. Even if the financing, and the logos on the material, are from big international institutions, the people on the ground often have local origin. The Red Cross Red Crescent movement normally act together with and through the National Society of the crisis affected country and most people engaged in a Red Cross humanitarian response are national staff and volunteers, and in the case of Liberia, like in many countries, the Red Cross already had an existing structure with local branches and volunteers active in the organization’s ordinary activities within health or preparedness work.

All the Red Cross people I interviewed, except one person who was employed by the IFRC and non-Liberian, are engaged through the Liberian Red Cross (staff or volunteer). They worked during the response for the communication department or the operational Ebola department doing contact tracing, social mobilization, community engagement, burials, infection prevention and control in communities etc. Activities clearly related to the Ebola response. They all live permanently in Liberia and were not only humanitarian workers during the response – they were also members of the crisis-affected communities. But it is important to highlight that even though they are “locals” in the sense that they are Liberian, does not mean that they automatically have a full understanding of the local contexts in all Liberian communities.

I asked all of them to describe “what the situation was like” during the epidemic (either when chitchatting or during the recorded interview), and all of them brought up personal reflections and memories alongside with professional experiences. It was clear that the Ebola epidemic had left no one indifferent. The common narrative is that everyone describes the early part, during the first wave of cases, as a time of denial.

“…when I came back and opened my facebook page surprisingly for me I saw my friend. She went to University with me and worked at a hospital as a nurse. I saw her picture, people posted more and more photos. And the people were writing “Rest in Peace”, “We miss you”, so it caught my attention. I had to take the phone and call, and when I talked her people cried bitterly. What has happened? Nobody could give me the story, just that she had died as a result of Ebola. Because when Ebola first broke out in Monrovia, the hospital was badly affected. Most of their doctors and nurses died from the virus. So that whole day I felt very embarrassed and then I accepted, I accepted in my mind that “yes, I can face Ebola. I can die any time.” (Interview 7)
Meeting with IRB-board

Prior to my field study, I was informed by a Red Cross employee that all academic studies conducted in Liberia needed to be approved by the Institutional Review Board (IRB) at University of Liberia due to ethical considerations. I soon realized that this did not only implicate quite a lot of administrative work, it was also an additional fee of 500 USD to apply for the permission and a time problem, since I needed to present the study to the board and get their approval before conducting the study. Luckily enough I could schedule the meeting on my arrival day and after some clarifications on my method and intention of the study, the IRB-board asked me to revise the application a little bit and gave me an oral “go ahead” if I did the revisions. On the 30th of March the board sent me an approval for the study (Appendix 5).

My role and relation to The Red Cross

Though not designed as an action research study, which would have required me to actively engage in a more practical way in the activities that are studied, this study do have some touching points with the methodological ideas in action research. The design of an action research study takes off from a practioners point of view and aims to improve the practice, rather than in first hand enrich a theoretical discussion - which is the case for this study as well. In social science the most common methods of reasoning are the deductive and inductive approach. Simplified a deductive approach can be explained as starting with a theory, that you develop a hypothesis from which is then tested. While the inductive approach takes the opposite way: from specific observations and search for theoretical explanations. In action research a third method of reasoning is used: abduction. Abduction requires a proximity to practice, either through the researcher herself or in close collaboration with practioners, and an intention to improve the practice by a normative point of departure. Then the “real life”
practice situation is studied, and analyzed with a theoretical framework. The main aim is to improve practice “on the ground”. (Wigblad and Jonsson, 2008)

The fact that I have worked for the Swedish Red Cross, at the communication department, for almost four years does give me double identities, both as a ComDev master student and a Red Cross practioner. My interest in writing the thesis is also double: besides enriching the academic ComDev field with this particular focus on communication in humanitarian contexts, I also hope that this study can feed the Red Cross discussions with some ideas and, although in a modest way, contribute to an improved communication with crisis-affected people in humanitarian responses. This duality has accompanied me all the way, but my sincere intention has been to stay true to my own voice and not be biased. I have deliberately chosen not to let anyone from the Red Cross read the thesis before handing it in, and everything expressed in this paper is my own words.

I also believe my previous experience from working for the Red Cross, although never in Liberia nor with the Ebola response, did offer me a background and foundation to build my new knowledge upon. I felt relaxed with the overall dynamics, could easily understand the terminology and easily connect with the Red Cross staff. Even though I had to be aware all the time not to read my own experiences into the data I collected. In my early interviews I had some moments when I caught myself with filling in gaps in the person´s story, just because I found the story incomplete. This was important insights and made me be more on my toes for the next interviews, since the risk of already have a preconceived position and substantiate is a red flag when conducting case studies. The preparatory phase serves to understand the issue on beforehand, and therefore is always a risk to already have the explanations to why things are the way that they are when starting the data collection. This can be tested by seeing how open the researcher is to contradictive evidence. (Yin, 2009)

When starting planning for the field trip I was set on financing the study with personal funds, but when discussing it with representatives for the Swedish Red Cross they offered to finance the fee of 500 USD to the University of Liberia, the expenses for local trips within Monrovia and to the two communities I visited, and I could also stay at one of the Red Cross’ guest houses for free during my visit.
Analysis
In this chapter I will describe the empirical findings from the case material, case documents and interviews, and discuss them in relation to the theoretical framework bouncing off from my research questions.

Objectives – why communicate with the crisis-affected people?
The overarching objective of communicating with the crisis-affected people throughout the response was to stop the epidemic, to cease transmission of the Ebola virus.

Breaking this overarching objective down into more specific communication goals the objectives that are expressed in the interviews and case documents are of different character. When categorizing them I identify five main communication objectives, they are explained shortly below. Some of them are discussed and analyzed further in other sections of the analysis.

1. **Changing behavior of the crisis-affected people**

A lot of communication aimed at changing risk behavior of the crisis-affected people, which included:

- communication/information to stop behavior that could cause transmission of the virus,
- get people to seek health care if they, or close ones, were infected,
- and convince people to call the burial teams when someone had died.

A variety of methods were used to accomplish behavior change: radio programs, door-to-door visits, community meetings, posters, radio-in-a-box, messages on television and sound trucks in collaboration with local artists. The challenges of succeeding with the behavior change communication was multi-layered: at the early stages some of the messages were, if not wrong, at least left room for too much misinterpretation, the context was not fully explored and understood when formulating the messages and it clashed with the crisis-affected people due to cultural, traditional and religious reasons.

2. **Improving Red Cross activities, both operational and communication activities**

Many of the interviewees bring up feedback from the crisis-affected people as important. The feedback through both surveys and dialogue/conversation was used both to improve operational activities, and refine messages that were being used in the communication
activities. Establishing different feedback channels was considered essential for improving the response along the way, but it also caused initial mistrust between different teams within the Red Cross when feedback from crisis-affected people was transferred from one team to another regarding their work. One interviewee who had a communication task, explains:

“When we bring back the feedback in the beginning, the programs [referring to the units working with more operational activities, rather than communication] considered us being spies.” (Interview 2)

3. **Operational reasons – contact tracing etc**

Some of the communication had in itself operational objectivities, such as the contact tracing to find people that an infected person could have infected in the recent past. The use of mobile phones for doing rapid mobile phone-based surveys (RAMP) were described as important and facilitating work method that made the work easier.

“… there are three questionnaires: the name of the person, the disease, how long they have been sick, if they had travelled before. So that information was also used for contact tracing. It also helped to give the GPS-position, automatically, where we collected the body.” (Interview 6)

Having the possibility of GPS-positioning was highly appreciated due to the fact that a lot of houses do not have addresses and it was difficult to document where they had collected a dead body if they needed to communicate it to other teams.

4. **Building trust with the crisis-affected people**

Several of the interviewees expressed that the Red Cross lost a lot of trust from the crisis-affected people in the earlier parts of the response. Trust that they used to have with the local population due to their long time commitment in the country. The reason for the mistrust is difficult to account for, but some reasons are given by the interviewees: there were rumors that the Ebola virus was planted by the Government and the Red Cross, guilty by association with the Government, also was affected by the rumors. It is not far-fetched to draw the conclusion that these rumors came as a consequence from the population’s previous experiences of not being able to trust the Government to look out for the best of the people. Like accounted for in the introduction, the state and foreign actors are often seen as alien, oppressive or self-serving in Liberia due to a history of corruption and international exploitation of the country’s resources. (Wilkinson and Leach, 2014)
The Red Cross had also stopped with some of its usual activities, e.g. delivering food and other supplies to some communities, which caused difficulties. And the difficult task of collecting dead bodies and disinfecting houses also caused a lot of tension between the crisis-affected people and the Red Cross.

The task for the burial teams was seen as very important since the dead bodies could spread the virus if not handled carefully, the task was also very delicate for various reasons. During a period of the response the government mandated all dead bodies to be cremated, which is not the traditional way of taking care of bodies in Liberia where earth burials is practice. That adding to the mere fact that the teams needed to deal with family members and friends that recently had lost a loved one and take the body away from them, caused a lot of distress and made the working environment difficult for the Red Cross teams.

“So it was mandated that everybody that dies in a house, nobody touches anybody and have to give the body over to the team. So it was a little bit of force. It was more like an order from the president.” (Interview 6)

At first the collecting of dead bodies was run by the Health Ministry and they were escorted by armed police when collecting bodies. When the Red Cross first was assigned to take over the responsibility, they also used police escort.

“When we started we had to use the police to get access, so at that time we could not use the emblem of the Red Cross or the RC ambulance.” (Interview 6)

“The way the RC operated caused confusion and mistrust. There were instances where volunteers collected bodies under the escort of armed security officers – a major departure from established ways of working for a RCM that does not accept armed security even in conflict. Previously, communities knew the Red Cross for their compassion, empathy and respect. To some the Red Cross was view by the community as betraying the good relationship it had built over the years.”

(Case doc 5)
The teams that collected the dead bodies, in the later part of the response stopped being accompanied by the police, changed their names from *Dead Body Management* to *Safe and Dignified Burial teams* (SDG teams), and assigned a team member to communicate with the crisis-affected people, a “beneficiary communication-person”. The task rotated between the members of a team, so the whole team were given training. This person approached the affected community/family first and explained the teams’ mission, negotiated with the relatives to the dead person and answered questions about what they would do with the body etc. This turning point, when they changed the approach from arms to words, is described as a success factor that made the mission safer for the Red Cross staff and easier both for the Red Cross staff and the crisis-affected people. More dignified. The increased trust is assigned to a change of mind-set both within the Red Cross and within the population when the epidemic got worse.

[...] “fear started taking over the population most of the people started to get afraid. There were some communities where we had to go every day to pick up bodies and you had to go in there every other days. It was hard for them to see their families die like that. Especially in the Muslim dominated communities some of them started to get afraid and they were like opening up a little bit. Because their family members started die ... in some houses they had to call every day. So they started to accept us a little bit. So there were no need for the police and we decided to flag with the Red Cross emblem and go to the communities ourselves.” (Interview 6)
There were situations of violence and threat against Red Cross staff/volunteers in the SDG teams in Liberia, and with the additional reports from even worse situations in Guinea and Sierra Leone were Red Cross staff/volunteers got killed in the line of duty, the issue of building trust was not just ideological or operational, it was a question of safety for the Red Cross.

5. Empowerment and building resilience

Empowerment of the crisis-affected people is not an objective that is much highlighted as a particular communication objective by the interviewees, but it is mentioned in case document 2 as a communication goal: “Empower citizens Let them know they have a role to play in keeping themselves and their communities safe. Describe what people can do to “protect yourself, your family, your community.”

It is also brought up as one of the main reasons when the Red Cross decided to go through the Girl Units clubs, a project that they had supported in eight of Liberia’s 15 counties for some time before the Ebola outbreak. The Girl Units project is targeting girls between 13 and 23 years old. “The project aims at empower young girls economically and politically and increase their awareness of and resistance to gender inequities thereby building their self-esteem and self-confidence to take up more space in a male dominated society.” (Case doc 6)

“We tried to carry out the true message about the virus. We knew that the girls out there, they needed help so that they could protect themselves, their families and their communities. They had to take part in the protection of their own lives. So we strategized, what the girls in the communities could do. Previously we got the girls’ names, communities and contact information before the outbreak.” (Interview 3)
The idea to train some of the girls from the Girl Units in Ebola protection, give them material to put up buckets with chlorine solution in strategic spots in their home community to encourage fellow community members to wash their hands and reduce the risks of spreading the virus and have them inform their families and friends about Ebola protection, came up when the normal activities of the Girl Units were put on hold because of the Ebola situation. The Red Cross thought it could be a win-win situation, a way to quickly spread knowledge and awareness of Ebola protection, and also empower the girls.

“The training was about how to protect yourself, your family and your community – first yourself, because you have to do well to be able to help others. I put the training together from what I had learned from the health ministry’s training.

So we taught them how you could get Ebola, how you could protect yourself and also how to mix the chlorine solution for hand washing. And after that we gave them clorox and buckets, so that they could place it in their community for hand washing. The girl would choose where they would put it. You have to find a strategic area in the community, where a lot of people are. Like e.g. the video club ... or at the market place. That they did this also helped to flag them out within their communities, that the RC was working with this girls and that they were contributing to the prevention work.

Why was it important to “flag the girls out”?

We want them to contribute voluntarily within their community. That could also build self-esteem, self-confidence. And that is what the Girl Units project is also all about. The girls should know that they are important. And they can do something to help their community, that they have that within them. And they can take the lead when it comes to such situations.” (Interview 3)

The priority of the communication objectives changed over time in the response, and all the interviewees express self-reflection regarding their own and the organization’s view on communicating with the crisis-affected people. They express it in different ways, but there is clearly a shared narrative of how the Liberian Red Cross changes its approach to communication with the crisis-affected people during the response. The transformation is connected to the support they got from International Federation of the Red Cross (IFRC): training in beneficiary communication, three international beneficiary delegates that worked embedded in the organization at different times during the response, regional knowledge sharing with the National Societies in the other two badly affected countries (Sierra Leone and Guinea) and resources such as material and funding.

Communicating for changing behavior

In the beginning there was chaos and disbelief. That is the shared picture by the interviewees. Ebola was a formerly unknown disease in Liberia and the World Health Organization has been criticized for responding to slow on the serious situation (Wilkinson and Leach, 2014). One of the interviewees tells it like this:
“When I first heard about Ebola virus, I didn’t know what kind of virus was that because this is the first time it was occurring in Liberia. When I heard about that the virus was in Lofa, I read on the Internet that it was very dangerous. I went to Internet to read about it, and it said that it kills like this (snaps her fingers). But it was hard to believe, that it was so deadly and it just came from nowhere … there was a lot of denial at first. It just came from Guinea in to Liberia, it can’t be – there must be a mistake somewhere. So not much attention was payed to Ebola when it first came, it was at the second outbreak that people got afraid. After it started to kill people simultaneously, people really started to get afraid. In August, end of July… that was when it began to be really, really bad.

Do you remember the moment when you realized that “this is real”?

Yes, everyone was afraid of each other. Could it get on your shoes? Or even in the office I was afraid of you, where you had been. You know, it has an incubation time. So you don’t know. If you can get it from skin touch, or from sweat. So it was really terrible. Even if you went in a taxi, you would be afraid.” (Interview 3)

The early messages from the World Health Organization and the Liberian Government added to the chaos: “The message from the medical community was that the epidemic was spreading fast and there was no cure and no vaccine.” (Case doc 5) Even if there was no medical treatment of the disease, there were chances of surviving.

“When the first messages came about Ebola, it said that it did not have any cure. So people thought “Why should I report myself, if I am going to die anyway”? But after the messages were refined; even though there is no cure there are chances of surviving … and then when they started to have some survivors it changed.” (Interview 6)

Early messages about Ebola about not eating “bush meat” (wild small animals) caused confusion:

“Even the first messages when we said that EVD was transmitted from animals to humans, most times when we were in the communities they were like “we have been eating this animals for years, why didn’t we get Ebola before?” (Interview 9)

And also messages that you should not touch anybody that is sick or touch any dead body, instead you should call for assistance, did not land very well. This message in a Liberian context where health care does not always function very well under normal circumstances and the Government and public functions do not have a very high trust among the population.

“Because at first we were just sitting here at the headquarters with the government and crafting messages like “You can get Ebola from body fluids” and this and this... so “prevent yourself from getting Ebola like this”, “do not do this, don’t touch dead bodies.” (Interview 9)

At the early stages of the response the communication to change risk-behavior by the Red Cross consist mainly of pre-designed messages from the Health Ministry and the WHO and are transmitted through their radio shows. External experts, medical experts, are formulating messages about Ebola and how the people should act in this situation and they are “pumped” out in media channels. The communication behavior is following the logic of the informational /diffusion approach to communication that behavioral change springs out of increased
knowledge and access to information. (Waisbord, 2014) But the desired effect of these messages was not achieved, instead the crisis-affected people seemed to become more resistant and mistrust against the senders (Government and the Red Cross) of the messages increased. Why was this? There are possible several different explanations. There is a big difference between addressing a behavioral change on intrapersonal level, e.g. tell people to wash their hands frequently (as long as there is access to water, it is an action that is easy for an individual to do if she believes it to be a good advice to follow), and telling people to break with cultural and religious traditions like e.g. burial rituals. That is a behavior that most likely needs more than just a media sent message to be changed. Then it is not about an individual behavioral change, it is a change that needs to be addressed on community level and not something you accomplish overnight. Using an informational/diffusional approach to that kind of issue is a too simple approach to a complex problem that might be out of control for the individual. (Waisbord, 2014)

Another explanation to why the communication did not accomplish the desired effect of behavioral change might be that the messages were designed out of the world view of the senders, not the target group, the crisis-affected people. One of the interviewees explains the early communication failure like this:

"Because we didn’t have community engagement. We sat at our offices and crafted the messages together with the Ministry of Health based on theoretical facts – what we know about Ebola from the books. We didn’t craft the messages based on the perception of the community members, based on the religious beliefs of the people of Liberia, based on the traditional beliefs of the people of Liberia. We just crafted the messages on the theoretical part, or medical part, of the EVD (Ebola Virus Disease). So when we went to the communities we had differences, like when we were saying “do not touch”. In Liberia according to our tradition there is no way you can see a child sick and you won’t touch them. We should at least say: “Touch with caution”. That were the mistakes that we made, we made the messages based on the theoretical knowledge of EVD, and we didn’t take into consideration the cultural context, or the religious context. Until we started engaging community members in crafting the messages.” (Interview 9)

To even stand a chance to change a behavior through communication, you need to first understand the context the people you communicate with are living in. You need to understand the culture of the crisis-affected people, their previous experiences and knowledge about the theme you are communicating about (Quarry and Ramirez, 2009).

If the context is not enabling for a certain behavior
You need to have a holistic understanding of a health situation in order to change it. (Sallis, Owen & Fischer, 2008) If the context is not enabling for a certain change of behavior, it can be very difficult or even impossible, for an individual to change her behavior. One challenge regarding the communication was that the asked behavior did not work in real life. One
example is that people were asked to call for assistance if someone got sick, but the ambulances did not always show up. It took too long or it could not even make it due to bad roads in some areas.

“But now we were also telling them to call the 4455-number when someone is sick and they will pick the body up, don’t touch the body. But sometimes when they called the number, the response time is more than 24 hours. But there is no way if a child is sick that you will not touch the child in 24 hours. So, we only got to know that when we went to the communities and asked the people why they did not want to have people coming there for the sick and dead people. “because, you people tell us to call – but when we call, you don’t show up. So we have to touch. We don’t want to hear you telling us not to touch.” So we had to change the messages. And that is when we started the infection prevention control program, community based protection. We had to preposition hygiene kits and train the community based health workers on the hygiene kits. We had a strategy that if they call for help and the response time is more than 6 hours, then you use the hygiene kit. We had paracetamol, dehydration salts, gloves, chlorine, disposable gowns …” (Interview 6)

After listening to the crisis-affected people, the Red Cross understood the illogic in this and they changed the strategy by placing hygiene kits in some of the communities.

In the early messaging there were also challenges to reach to some of the crisis-affected people due to language barriers since there are 20 local vernaculars in Liberia.

“Yes, from the beginning the messages were not … not well in the local context of the communities, everything was in English. There was no time … All the messages that came on a poster in the beginning was in English text, and not everyone can read or write.” (Interview 7)
Before communicating for behavioral change, Quarry and Ramirez suggest a set of steps you should go through to get to know the context of the people you are targeting, you need to grasp the historical, educational, cultural, institutional and geographic dimensions of the context. And you need to understand the current communication system: what channels do they use, who do they trust and what media is available. Document what they know about the topic already. (Quarry and Ramirez, 2009)

Similar analysis is done by one of the interviewees:

“The message has to well defined for this group of people. You have to have to have target audience and understand their situation, their education, their level of understanding and the local context they live before you can define a message. If you e.g. use a big grammar, and complicated words, they might not understand nothing. Or technical terms... It can not just be text, text, text. Maybe you need images.” (Interview 7)

Community engagement – different levels of engagement

It took me a while to grasp what the Red Cross, and other humanitarian actors, actually mean when they are talking about community engagement. In my mind community engagement impose some sort of participatory communication approach, but as I now understand the concept it includes all type of communication with the crisis-affected people. It can be seen as a graph from non-participative (such as messaging examples above through media channels) to participatory community meetings were the method and outcome is focused on the agency of the crisis-affected people. The term community engagement is sometimes even used as an alternative to the term beneficiary communication, but when I asked an interviewee about the difference between beneficiary communication and community engagement, she explains it like this:

“It is like a spoon and a plate. Bencom is like communicating with the communities and community engagement is the channels and methods you are using to communicate.” (Interview 2)

If we apply a thinking of participation to the concept of Community Engagement and arrange the communication approaches from no interaction to local ownership, it can look like this:

No information - Information sending - Information gathering (surveys etc) – Two way interchange of information (both listen and tell) – Dialogue – Actual participation in decisions and empowerment – Local ownership of communication

Where on this “scale” would communication that support a “community and people-centered response” be put? The interviewees discuss the crisis-affected people and community in
different ways. In many occasions they express an operational reason for getting feedback from the community that you need to listen in the community:

...we went to the communities to hear from them, to hear all the rumors. Getting feedback from them on what we had been providing, either aid or information. And then how can we get it better next time? (Interview 7)

Other interviewees express similar thoughts. For them the important shift in the communication approach during the response was that they started to listen in the people’s perception and used that knowledge to improve the operational and information actions. Some examples of dialogue are given, but mainly the communication was conducted on the first half of this scale. This is somewhat in contrast with the expressed will of wanting to encourage local ownership.

The interviewees do express respect for local knowledge and the importance of listening to the understanding and will of the crisis-affected people.

Local knowledge and Local initiatives

At the beginning the Red Cross did take a very top-down, “experts telling the locals”, approach with their communication. By using communication to create a bottom-up searching attitude for solutions, instead of a top-down telling attitude, it is possible to create a more community-centered approach. (Quarry and Ramirez, 2009) Communication, and how you choose communicate, does have a role to play here.

"You have to be careful how you do things. Yes, we are technicians but in the local context, how the community live, you also have to be careful how you do things. With all your technical understanding, you have to consult the community to decide what is best for them. It also creates sustainability. If you do not involve the community, the project is out when you are out. If you left the community the project will not be sustained. If the community did not have a voice, they will not take ownership. So you have to take the community in, listen to them, let them be the lead player and then guide them and they will take ownership. One problem we have in Liberia is that the Government is not respected, so public things are not well taken care of." (Interview 7)
“The essence of the participatory approach lies in working with citizens to determine their needs and to design and implement programs to address these needs, rather than imposing an intervention on a community.” (Morris, 2003, p. 243) Even if the overarching objective of the communication, to stop the epidemic, was non-negotiable, the way to do it could be chosen by the crisis-affected people. And the methods could vary from one local context to another.

“In another community after our visit the town chief said that there will be a fine of 500 Liberian dollars if someone did not have a bucket outside their house or if they did not wash their hands. No body wanted to pay that money, so they washed their hands. That became a law for them, a law that they came up with themselves that would guide them.” (Interview 2)

“They were also giving feedback on the services that we were providing, because the community has to have a say, a voice, on the things that affect them. If you are going to find a solution you have to involve the community, bring in the community so we had face-to-face communication … meeting women and children, going door-to-door. Getting basic information from them. It is like when we went to a community in of the western counties, the team met a lady who was beating grains. You have to look for a communication entrance, how to enter the community, how to break the silence, what can you do to grab the attention. This group went straight to her and took the mottle and started beating the grain by her side. She busted into laughter, and then we came into a whole discussion about Ebola and could listen to her and explain to her what Ebola really was. At last she accepted it, and she developed a relation to RC and would call the Bencom people in the county to let them know when something happened in the community. (Interview 7)”

Changing the perception of communication
It is clear that there is a shared story among the interviewees that the communicational approach they used in the early stages of the response needed improvement and alteration. The interviewees also believe that they managed to change their approach on how to communicate with the crisis-affected people and that it was an important component to eventually succeed the Ebola virus. But to get a better understanding of the communication evolution they paint together, we can start with a story from one of the interviewees about how the communication department worked prior to the Ebola epidemic:

“The purpose of the communication department was just to raise the profile of the Red Cross: what the Red Cross was doing in the communities, improve the image of the Red Cross and show the positive image of the impact that the Red Cross work would have on the communities. Also explaining to the communities the impact and the activities we were doing, like “using the hand pump for water will reduce the waterworn diseases”, and those kind of things. And when the emergency came, we needed to re-strategize and change our focus a bit to emergency reporting because of the short period of time and the urgency people needed to get lifesaving information.” (Interview 7)

At the beginning of the response, he Liberian Red Cross communicated like they use to communicate. But this time the situation was different, and with the support from the International Federation of the Red Cross (IFRC) they increased their focus on communicating
with the crisis-affected people and they tried new methods and approaches. They started sending radio programs on local radio stations in all 15 counties on local dialects, they frequently visited communities to do door-to-door visits and community meetings and they tried new technological solutions like “radio-in-a-box” where you bring a portable radio station and can send from remote communities on to national broadband and spreading the voices of the crisis-affected people to other areas. But seems to be more important, regardless the communication method chosen, is the mind-shift that was done and the decision to start listen instead of only telling. Combating the Ebola virus was not a task that a humanitarian actor could solve alone, it depended on the collaboration and engagement of the crisis-affected people. And the crisis-affected people did not accept the directions given to them by the authorities and the Red Cross. The Red Cross needed to change its approach in order to be able to do their mission and to get the crisis-affected people to find their own solutions. They had to sit down, respect, listen and learn to be able to get the crisis-affected people to grasp the situation and react. (Chambers, 1999) And in this humanitarian response, it was not the technical communication solutions that were in focus:

"Soft" skills like effective listening, open-ended questioning, critical and analytical thinking and facilitation are all critical areas for staff and volunteer development. The staff and volunteers who liaise with the community should be skilled in continually interpreting community feedback into activities for project and programme managers to manage. Buy-in from programme managers is critical to effective community engagement.

(Case doc 1)

This shift was done gradually, but not really implemented until after the worst peak of the epidemic.
Conclusion and future studies

The communication with the crisis-affected people in the Liberian Ebola response showed to have many challenges. Most of them played out at the start of the response when the situation was described as confused, new and complex by the interviewees. They did not have the personal, nor organizational, experience of working with such a contagious and deadly virus epidemic. The early mistrust from the crisis-affected people towards them is also described as a big challenge that required them to re-think their communication approach. But before re-thinking their approach they communicated in the way they used to: by sending pre-designed messages through different media channels. The context as in the historical, educational, cultural, institutional and geographic dimensions of the situation were not really taken into consideration before communicating. The early complications and rumors made the situation difficult to turn around, and when the situation got really bad the Red Cross was pretty much forced to change their communication strategy to even be able to fulfill their mission.

This case study shows that the Liberian Red Cross later took an active choice to prioritize communication with the crisis-affected people and also challenged their own previous understanding of how this communication should be done. They changed their first approach of sending pre-designed informational messages through media channels, to enter into more two-way communication and seeking more dialogue then “telling” people how to act. This transformation can be described as a parallel process of the Red Cross trying new ways to communicate, but it is also described as interconnected with how the context changed: when the situation got worse, people got more desperate and opened up for trying external solutions and information.

There is a unanimous perception that the communication with the crisis-affected people and the change in how they communicated was key for working together with the crisis-affected people and finally, together, defeat the virus.

Even though empowerment and local ownership is mentioned in case documents, there are few examples given from the interviewees of such an approach. Apart from the Girl Units example, the interviewees would speak in quite general terms of “community meetings” and door-to-door visits, but not really telling how this activities were in fact empowering and enabled local ownership. Instead most of the two-way information exchange served to improve the organization’s operational and informational activities.
It was also considered a great success when the Red Cross managed to de-centralize the communication by engaging local community volunteers and contracting local radio stations. Complex situations make it difficult to keep the solution standardized and centrally controlled. Also changing the perspective and start to try to understand the perception of the crisis-affected people is considered a success and something that the interviewees hoped to continue doing in their future work. One interviewee expresses it like this:

“Community Engagement first. That is one lesson we learned from the Ebola. Community engagement from the beginning, from the planning stage to the implementation to evaluation and monitoring we should include the communities. Sometimes we have the expertise when it comes to what we learned from the books, but the communities also have a lot they can advise us to make our work a lot easier.” (Interview 9)

Although it is clear that the Liberian Red Cross did quite a communicational journey during the response and recognized the importance of the context and the perception of the crisis-affected people, the communication cannot generally be considered participatory where the communities are the main protagonists and fully promotes local knowledge (Waisbord, 2008). The overall communication strategy was still based on a diffusion/informational model and most of the two way communication aimed at improving the diffusion/informational communication in a social marketing way of screening the target groups and adapting the information campaigns (Morris, 2003). But there are exceptions, and the soft skills of listening in a more open and dialogical way is also highlighted as a desired ability among the staff and volunteers.

The first responders in a humanitarian situation are normally the people living in the affected area. Although the context can be very different from one situation to another, one disaster to another, often the people who live in the middle of it have ideas of how to go forward. Listen to those people and ideas should be a fundament for a people-centered approach, even though it must be done in different ways according to the different contexts. Maybe it is time for humanitarian actors to really challenge their perceptions of their own mission and how it should be done by trying out the communicational path that leads to the future alternative humanitarian response? Communication alone cannot do the trick, but it has got an important role.

Conducting a case study like this has its benefits and downsides. Like I mentioned in Limitations of the study I truly regret not getting to hear the voices of the crisis-affected people more. On the other hand, interviewing Red Cross staff who had first-hand experiences of the response work did give a much richer understanding of theme than just reading documents.
Humanitarian contexts might be challenging contexts for research, I do not know if that is the reason why there is such an abundance of studies of development projects and so few in humanitarian situations concerning communication for development. I think this is an area of research that deserves more attention, not least in these times of increasing and more complex humanitarian situations around the world. There is a need for more academic research and theoretical discussion to nourish the development of communication and engagement with the crisis-affected people in humanitarian contexts. How can people be empowered when they are in such vulnerable situations? And how can endogenous solutions be heard and respected in humanitarian situations?

Reflection and relating to the broader discussions
On my way home from Malmö University and the examination of this thesis I read an article in the Foreign Policy about the approximately 54 000 people, migrants and refugees, that are stuck near the Macedonian border in Greece on their way to other parts of Europe. The focus of the article is the importance of information and communication with these people, and how their journey so far has been bordered by rumors and misinformation. Rumors that may in some cases have put them in more vulnerable and even life-threatening situations. Now the lack of information is a big challenge for them, information that they need to be able to decide on what to do next. Life-changing, and maybe life-saving, decisions. The writer of the article, who is also the president and CEO of the organization Internews, describes the context from a “communication perspective” like this: “The case of the current refugee crisis in Europe, however, is much more challenging. This population speaks multiple languages and varies wildly in its demographic make-up, literacy rate, and access to smartphones and the Internet.” (Bourgault, 2016) This complexity she describes is put in to contrast to what she refers to as “‘typical’ crisis situations”, where the crisis-affected people share a common language and culture between themselves and the community. And, yes, in one way she is right: it is easier to communicate in some situations than others.

But I think this, in a way, could be the key to understanding the whole challenge for humanitarian organizations to communicate with the crisis-affected people. And I would say that Bourgault is partly wrong, because: The typical crisis situation doesn’t exist. Every crisis situation is unique, and most of them are very complex when you decide to scratch the surface. People are complex and irrational creatures. Culture and communities are complicated phenomena, and history is always present. You can always choose to approach a crisis situation in a simplified way, and sometimes maybe you have to due to lack of resources, time or other factors. But that does not make the situation less complex. But in all its
complexity, the ones who knows the most and should have the most right to have a voice are the crisis-affected people.

If the request for a more people-centered humanitarian response is serious as discussed at the World Humanitarian Summit, communication and engagement with the crisis-affected people will need to play a more crucial role. Technical and medical expertise will always have a key role in humanitarian responses, but combining different areas of expertise can be fruitful. Just like it has been in the development sector over the years.

*Beneficiary communication, or Community Engagement and Accountability* like it is more often referred to nowadays, within the Red Cross Red Crescent movement is given more and more attention and priority I believe. There are some elements in the discussions that call for a more participatory approach where the crisis-affected people are seen as co-drivers of their own response and recovery, though I would say that the main focus is quite operational where the aid is seen as a commodity that is being handed to the crisis-affected community and they are given the opportunity to express their opinion about how it is done and give feedback to improve the service. But it should be stressed that there is not one single discussion on the topic in the movement, and these are only my reflections about the parts that I come across. Like I mentioned above, I believe that it is fundamental to be humble to every situation’s uniqueness and complexity. And the key to understand it better many times is with the person affected by the situation. This reflects back at the humanitarian responders, and I would like to close this paper by quoting the IFRC:s Strategic framework for *Community Engagement and Accountability 2016-2020*: “Community Engagement and Accountability is not only about changing the behavior of communities, but also changing our behavior.”
References


## Appendices

### Appendix 1: List of interviewees

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Date</th>
<th>Length</th>
<th>Place</th>
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<td>1. Red Cross staff (IFRC)</td>
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<td>30:00 min.</td>
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<td></td>
<td></td>
<td>(Aprox.)</td>
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<td>36:21 minutes.</td>
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<td></td>
<td></td>
<td></td>
<td>(Montserrado)</td>
</tr>
<tr>
<td>4. Young community members (Red Cross Girl Units)</td>
<td>29/3 2016</td>
<td>43:01 minutes.</td>
<td>School, New Kru Town Community</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Montserrado)</td>
</tr>
<tr>
<td>5. Adult community members</td>
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<td>58:25 minutes.</td>
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<td></td>
<td></td>
<td></td>
<td>(Montserrado)</td>
</tr>
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Appendix 2: Thematic interview guide for semi-structured interviews with Red Cross staff

How were you involved in the RC Ebola response?

Timeline – what happened when?

*Communication in general during the EVD*

Why did the RC communicate with communities?
Challenges? Successes?
Difference between BenCom and CE?
Two-way communication vs messaging – when and why to use what?
Feedback from the communities?
Best practices and why?
Would you have done any communication differently?

Relation between RC and community members?

Do you think the RC changed the approach to communicating with the communities during the response? How why?
Appendix 3: Extracts from interview transcription

Interview 7

[...]

You said “before we used to communicate our development projects”, what would you say was the purpose of the communication department pre-ebola?

The purpose of the communication department was just to raise the profile of the Red Cross, what the Red Cross was doing in the communities, improve the image of the Red Cross and show the positive image of the impact that the RC work would have on the communities. Also explaining to the communities the impact and the activities we were doing, like “using the hand pump for water will reduce the waterworn diseases”, and those kind of things. And when the emergency came, we needed to re-strategize and change our focus a bit too emergency reporting because of the short period of time and the urgency people needed to get lifesaving information. Before then and one of the newer things that was brought to our colleagues from the Federation was Beneficiary Communication, we never before had that, we only had public communication giving information out to the public.

Even before you must have worked with health messages and things like that?

Yes, before that we had our major campaign, but it was through Ebola it was new with social mobilization...

But before, when you had a health campaign how would you work then? With malaria ... or...

Yes, with malaria or polio.. the government would give key messages, we would get messages from the Health Ministry and then our volunteers, that are in all the counties, would spread the message. We already have volunteers in all the districts, so we would just send the message down and the volunteers would go into the communities for information dissemination.

What channels would you use?

Normally through posters. When I came to the Red Cross we only had one radio show running, that was on the state radio “Beyond the sign post”, and that program would address the situation of community people and their coping mechanisms but it would also high light the Red Cross interventions. Twice a week. A pre-recorded program that would bring up the situations in the communities and at the same time high light the interventions done by the RC. 19:01 But when Ebola came we needed to introduce Beneficiary Communication, and that is a two way communication where you also give the beneficiary a voice to speak. So we had 15 local radio shows, one in each of the 15 counties. That would enhance our rapid information dissemination. We would get the messages from the Health Ministry or WHO and we would develop the message to our target audience in their local dialect, and even produce local jingles. It was throught the IMS – incident management system we got the messages.

I read in the evaluation of the Community Engagement, that one challenge was the adaptation of the messages to local contexts. What do you think about that?

From the beginning ... I made reference to emergency reporting, the time is short, the situation is urgent and a lot needs to be done in a short period of time. Yes, from the beginning the messages were not ... not well in the local context of the communities, for example everything
was in English. There was no time ... All the messages that came on a poster in the beginning
was in English text, and not everyone can read or write. So when you send that poster to the
community, not everyone could read the text. So it was confusing, because they could not
read the text with the images so they had to figure out their own message from the poster and
sometimes that message was wrong. Later on we had to have the radio messages, the
programs, in the local vernacular. We would explain the messages to the audiences in their
local dialects. [...]
myself, if I am going to die anyway?”. But after the messages were refined; even though there is no cure there are chances of surviving … and then when they started to have some survivors it changed. Most of the people did not survive so it was a bit like facing your death squad when facing the ETU, so people did not want to go.

**How did people know about the survivors?** It was on the media. The first people that came out, the media were there and taking their photos. A big attention. […]
### Appendix 4: Case documents

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<td><strong>Case document 2:</strong></td>
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<tr>
<td>Beneficiary communication Regional overview Ebola operations</td>
<td>International Federation of Red Cross and Red Crescent Societies, Geneva, 2014</td>
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<tr>
<td><strong>Case document 3:</strong></td>
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<td>Beyond Ebola From dignified response to dignified recovery</td>
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<td>Evaluating the impact of Safe and Dignified Burials for stopping Ebola transmission in West Africa - summary findings from the anthropological study Liberia</td>
<td>Ginger Johnson, Juliet Bedford, Amanda McClelland, Amanda Tiffany and Ben Dalziel. International Federation of Red Cross and Red Crescent Societies and Anthrologica, December 2015</td>
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<td><strong>Case document 5:</strong></td>
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<td>Community Engagement and Health promotion in Countries Affected by Ebola Crisis in West Africa: A study of Aspects of the Red Cross Response (DRAFT)</td>
<td>For the International Federation of Red Cross and Red Crescent Societies by the International Centre for Humanitarian Affairs, January 2016</td>
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<td><strong>Case document 6:</strong></td>
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<td>Girls Unit (GU) Project Ebola awareness report</td>
<td>Youth &amp; Volunteer Department, Liberia National Red Cross Society, October 2014</td>
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March 29, 2016

Ms. Lisa Qvarfordt
Master Candidate
University of Malmö | Swedish Red Cross | Liberia National Red Cross Society
E-mail: lisa.qvarfordt@redcross.se

Re: The role of community engagement and participatory communication in humanitarian responses—a case study following the traces of the Red Cross response

Dear Ms. Qvarfordt:

Pursuant to 45 CFR 46, the human subjects’ protocol of the above referenced study has been approved by University of Liberia - Pacific Institute for Research & Evaluation Institutional Review Board (UL-PIRE IRB) through a full review held on March 24, 2016. This IRB will review/monitor the protocol during the implementation of the study to confirm human subject procedures. This approval expires on March 23, 2017.

Should there be other additional changes in protocols or incidents involving human subjects during the conduct of this research, you are required to report them right away to the IRB. Changes in research during the period for which IRB approval has already been granted may not be implemented without prior IRB review and approval; except where necessary to protect subjects. Proposed changes to approve human subject protocol must be reported promptly to the IRB for review using a continuation review format.

The IRB will require you to submit a progress report during the implementation of this study. For your record, our IRB number is 00004982, and our Federal-wide Assurance number is FWA 00004982, and our organization number is IOR0004203.

Kind regards,

Sincerely yours,

Ms. Cecelia A. Morris, MSN
Chairperson, UL-PIRE-IRB

E-mail: morris.cecelia@yahoo.com / tegii@ul-pireafrica.org Phone: 0886-522-833 / 0886-583-774