



Learning from the Ebola Response in cities

Communication and engagement

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About the authors

Leah Campbell is a Senior Research Officer at ALNAP.

Luisa Miranda Morel was an Urban Response intern at ALNAP.

Front cover photo: Two women walk in front of a billboard, which says "Ebola must go. Stopping Ebola is Everybody's Business" in Monrovia, Liberia. Photo: UNMIL/Emmanuel Tobey (2015)

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Executive Summary

This paper explores the urban-specific challenges of the Ebola Virus Disease (EVD) epidemic in West Africa, focusing specifically on community engagement. In doing so, it identifies learning to take forward into future urban public health crises. Key points made in the paper are as follows:

- Communication and engagement are broad terms to describe a variety of ways in which crisis-affected people can be involved in a response.
- All of the countries affected by EVD have complex social and power structures and diverse cultures and populations. These populations exhibit varying degrees of capacity to respond to an epidemic.
- Humanitarians struggled to respond to the scale of the challenge during the EVD response. In particular, the atomised nature of community and diversity among stakeholders made it difficult for responders to use traditional approaches to communication and engagement.
- The range of stakeholders in urban environments provides opportunities for communication and engagement as well as challenges. Unfortunately, many opportunities to effectively engage communities and bring stakeholders together were missed during the EVD outbreak.
- Humanitarians used a variety of communication and engagement approaches during the EVD response, including social media chat groups, community radio and door-to-door canvassing. Communication was particularly challenging owing to restrictions on movement and public gatherings.
- Practical, relevant messaging is critical in urban public health crises. Many messages during the EVD response were clinical, negative and confusing.
- A history of mistrust between the population and authorities further complicated response and furthered new fears. It took time for humanitarians to understand these dynamics and to know how to respond to them.
- The nature of urban communities and lack of social cohesion made it harder to get people to work together within the response. Though there were examples of community self-mobilisation, often these efforts did not receive sufficient support.

1. Introduction

All urban crises are in part crises of scale. During a crisis, the sheer number of affected people in a dense environment can be overwhelming. The complexity of social and livelihood interactions between people adds to this challenge: as the population increases, the number of interactions increases exponentially. The cities affected by the Ebola Virus Disease (EVD) epidemic in West Africa in 2014/15 were no exception. Dynamics of mobility and density, power structures and the nature of 'community' in urban areas all influenced the impact of, and response to, EVD in cities.

The 2014/15 West African EVD epidemic was the first time EVD had spread across urban areas. It infected more than 28,600 people across Sierra Leone, Liberia and Guinea, many of whom were urban residents (CDC, 2016).

Throughout the response, urban populations, governments and humanitarians responding to the crisis grappled with the difficulty of stopping transmissions, reducing mortality and gaining public trust. Many of their approaches required adjustment to the urban context.

As part of ALNAP's **Learning from the Ebola Response in cities** research project, this paper describes how humanitarians communicated and engaged with urban stakeholders in Liberia, Guinea and Sierra Leone. It focuses in particular on how humanitarians navigated urban notions



Humanitarian worker putting up posters to teach communities how to protect themselves against Ebola in Conakry, Guinea; Photo: UNICEF in Guinea (2014)

of community, a dense and mobile population, participation in an environment of little trust and other related issues. In doing so, it aims to identify learning that can inform future public health emergencies in urban contexts.

What are communication and engagement?

Communication and engagement are umbrella terms that can describe a range of ways in which crisis-affected people can be involved in responding to the crises that affect them. The terms cover a number of interactions, including information-sharing, communication, accountability and participation (Brown and Donini, 2014). Communication is an important element of any humanitarian response. At its core, it is about the exchange of information, between crisis-affected communities themselves, between communities and responders (both government and international) and between responders. When done well, communication improves the effectiveness of assessment and response. It can allow people to make informed decisions, prevent dangerous behaviour, address confusion and unrest and align expectations. In aligning expectations, communication becomes the basis for accountability, as people know what they have a right to expect. Communication is particularly critical in public health crises, where it can play a role in preventing the further spread of disease (O'Malley et al, 2009; Savoia et al, 2013).

Engagement is a broader concept, which includes communication but also various degrees of participation by affected people in decision-making. These include consultation (where people are asked their opinion, and this informs the final decision), participation (where affected people and humanitarian bodies make decisions jointly) and ownership (where decisions are made exclusively by the affected people themselves). Engagement can take many forms, occurs at different scales (individual, collective, city and national) and can have differing levels of impact. Despite a lack of precise terminology, engagement has been identified as a key element of crisis response, particularly in successfully controlling outbreaks (SMAC, 2014; WHO, 2015b). Engagement can raise awareness, strengthen local capacity, improve social cohesion and increase resilience. Largely for these reasons, the Ebola Interim Assessment Panel has argued that the EVD response illustrates the 'absolute necessity of community engagement in a public health emergency' (Stocking et al., 2015).

Why are communication and engagement a challenge in urban areas?

Urban contexts exhibit high levels of density, diversity, connectivity and change, which create complex social dynamics that are constantly changing over time. These patterns complicate responses in urban spaces, but also offer opportunities. They affect communication and engagement in a number of ways.

Table 1: Urban challenges to communication and engagement

Urban attributes	Challenge to communication	Challenge to engagement
<p>Scale A higher number of people affected by a crisis, with differing perspectives to consider in a response</p>	<ul style="list-style-type: none"> • Large numbers of people to reach 	<ul style="list-style-type: none"> • Many existing engagement approaches use committees or representative community leaders that aren't suitable for large, diverse populations
<p>Density A large number of people and communication channels</p>	<ul style="list-style-type: none"> • More difficult to target communication • Opportunity of using existing mass communication channels (radio, TV, SMS) 	<ul style="list-style-type: none"> • Certain sub-sections of the population (often the more vulnerable) such as internally displaced or disabled people can be invisible, intentionally or not, among dense populations, and 'missed' by engagement approaches
<p>Diversity Diverse motivations, interests, histories, capacities, needs, vulnerabilities and power structures</p>	<ul style="list-style-type: none"> • Risk of communication being misunderstood • Need to tailor communications to multiple audiences, using multiple media • Varying levels of access to information sources (e.g. many but not all in urban environments have mobile/Internet access) 	<ul style="list-style-type: none"> • Difficulties identifying homogenous communities and representative leaders • Differing interests among diverse individuals make 'community' based engagement difficult • Neighbours are not necessarily representative of one another
<p>Mobility Constant movement and change of people, information and the built environment, which create uncertainties and require frequent adaptation</p>	<ul style="list-style-type: none"> • Information is constantly changing; messages need to be constantly repeated in order to reach 'new' population, and share updated information 	<ul style="list-style-type: none"> • People are on the move, found in different places • Communities may not be geographically based

2. Understanding urban ‘communities’ during the Ebola Response

How do you minimise the communicability of a disease like Ebola or cholera when you have people living literally on top of one another?’ (Interviewee).

The EVD-affected urban centres of West Africa are all highly diverse contexts with a dynamic mix of social and political structures, religions, traditions and levels of education. In order to work effectively in these urban spaces, humanitarians had to expand their understanding of urban communities, leadership, relationships and power dynamics.

Knowing that urban crises occur at scale does not necessarily prepare humanitarians to deal with this fact

Urban populations are large, dense and mobile. Despite prior experiences of these characteristics in several other recent urban crises, humanitarians interviewed during this research noted that, while responders may have intellectually understood the concept of density, they had not necessarily encountered it in practice, where it seemed quite daunting. Similarly, the mobile nature of the urban population, accustomed to moving around the city and between rural and urban areas, was a sharp contrast to rural village populations where EVD had been contained before. This inability to deal with density and mobility limited the speed and effectiveness of the response, and particularly complicated communication and engagement efforts. Humanitarians had to find ways to understand the nature of urban contexts in order to keep up with the speed at which information and people move across an urban environment. Table 1 illustrates some of the challenges urban environments pose to traditional communication and engagement strategies.

What is community?

The concept of community is broadly defined in the literature. In one sense, a community is constituted by ‘any group of people who are linked by social ties and common perspectives, and engage in joint actions’ (AAPG, 2016: 13). Communities can be local, national, political, religious or any of a number of types of association. Another definition labels a community as ‘a kind of social group, formation or system of institutions’ characterised by both the relations between a set of social groups and those between the people who make up those groups (Frazer, 1999: 6). When people coalesce into communities, they increase their capacity to communicate with the outside world, interact and contact their neighbours and friends for the purpose of sharing experience or news, and offer each other hope and support (CDAC, 2016).

Urban ‘communities’ are different

In an urban context, there are many different types of ‘community’, many of which are not geographically based. Geographically bound groups of people are easier to identify and to understand, and so there is a temptation to assume a neighbourhood is one cohesive group. This has been the basis of most humanitarian and development engagement approaches in the past, which have often used village committees and participatory methodologies that rely on the idea that there is an identifiable community with a degree of common interest that can be represented in decision-making.

Unfortunately, in urban environments this is not usually the case. Urban contexts challenge humanitarians to adopt new understandings of ‘community’ and to consider both social connections (like work or religion) and spatial ones (such as common vulnerability to physical hazards) when working with urban populations.

This difficulty was described by one humanitarian we spoke to who had been working in Moa Wharf, Sierra Leone. In this area, many different communities can be found, as well as many different types of community leadership, none of which is necessarily representative of the entire area.

It is important to understand and work with a range of stakeholders

In order to effectively respond to any urban crises, humanitarians need to take steps to understand, and work with, the diverse range of stakeholders found in an urban environment (Campbell, 2016). Unfortunately, during the EVD outbreak, recognition of the centrality of community leaders came late in the response (DuBois and Wake, 2015).

The EVD response in particular highlights the complexities of power and authority in urban communities. Cities in the affected countries in West Africa contained religious, traditional cultural and government authorities. These overlapping leaderships pose a challenge to engagement, as it can be difficult to understand who is representative of any population in an urban space (Campbell, 2017). The range of stakeholders present in the EVD response meant more people involved in decision-making, and more potential gatekeepers to work through.

The range of stakeholders in urban environments offers an opportunity

Urban crises often pose a wealth of challenges to humanitarian response. However, cities are also hotbeds of opportunity, and there were a number of successful efforts to engage with a range of different local stakeholders throughout the response. For example, Mercy Corps worked with 76 local partner organisations to hire 830 public health trainers and train over 15,000 community educators in Liberia (DuBois and Wake, 2015). Several organisations worked with faith leaders, and some with traditional healers, though many of these opportunities were only taken up late in the response. Humanitarian response is more effective when based on local knowledge, and through consultation or information exchange humanitarians can obtain this information and act upon it.

In addition, the range of actors in urban environments poses multiple opportunities to spread critical health messages to crisis-affected people. For example, during the EVD response, some organisations partnered with existing religious networks to spread public health messages and start a dialogue about behaviour change and safe burial practices (AAPPG, 2016). This was particularly encouraged in Liberia after surveys of communities undertaken by GroundTruth Solutions identified the importance of local religious and spiritual leaders, especially for those experiencing stigma, and the chief executive of the National Ebola Response Centre asked that organisations do more to engage with these actors (GroundTruth Solutions, 2015). Organisations that were able to work with existing leaders found this a useful way of communicating messages about quarantine and discussing community concerns and expectations (WHO, 2015a).

It is important to understand relationships between stakeholders

During the EVD response, humanitarians formed strong connections with national authorities in order to address the large and growing epidemic. These are important relationships to forge. However, humanitarians should also take steps to engage with city and local authorities, and to understand the complex relationships that often exist between different levels of government. Humanitarians should not assume they understand these dynamics, nor, as one interviewee explained, should they adopt a ‘default position’ of conflating ministries with local government.

During the EVD response, communication channels between different levels of authority were often indirect, unclear and limited in their effect, which made it difficult to coordinate between multiple stakeholders. Decisions made at the national level did not consistently involve local authority consultation, or communication, and vice versa. Humanitarians struggled to navigate existing disconnects between different levels of authority, and to understand the broader regional context of mistrust both between and towards authorities (DuBois and Wake, 2015; Smout, 2015; AAPPG, 2016).

Local cultural dynamics should be considered

‘When technical interventions cross purposes with entrenched cultural practices, culture always wins’ (WHO, 2015a).

The EVD response is particularly well suited to highlight the role of social science and the importance of designing culturally appropriate community engagement and mobilisation strategies (Abramowitz et al., 2015; Smout, 2015; AAPPG, 2016).

Existing cultural and religious beliefs in West Africa around burials critically shaped the EVD epidemic and response (ACAPS, 2015; WHO, 2015a). Cultural traditions around how to care for

and bury the dead in particular shaped how people responded and took in information. Traditional approaches to burial in the region, where family members wash and touch the corpse as a mark of respect, stood in stark contrast to the clinical ‘best practice’ around safe burials, where medical teams would place bodies in black bags. These approaches ignored the significance of burial practices for the living, who carry out their cultural practices around burials in order to protect the spiritual wellbeing of the family going forward (DuBois and Wake, 2015).

Where they contributed to the response, anthropologists enabled responders to engage more effectively with populations, based on an understanding of their specific cultural and religious beliefs, particularly around death and burial. Given the challenges the urban context posed too many traditional communication and engagement approaches, expertise from anthropology and related disciplines could have helped fill the gap. However, as one interviewee noted, these opportunities were few and far between, and the lack of anthropologists and sociologists in the response from day one was a ‘lost opportunity’. Similarly, the Ebola Interim Assessment Panel concluded that, ‘Social science expertise is critical to understanding local beliefs, behaviours and customs... enabling those who are at the frontline to better understand the context and work more effectively with communities’ (Stocking et al., 2015: 20). This truly was a missed opportunity, as the response overall suffered from a ‘poor understanding of how to take into account community beliefs, practices, and solutions, properly address rumours, and involve local leaders’ (Moon et al., 2015: 2210).

In many ways, the response treated culture in the form of stereotypes that reinforced a paternalistic view of the situation. This started in rural areas, where people were depicted as ‘irrational, fearful, violent and primitive’ (DuBois and Wake, 2015: vi) but continued as the response spread through urban centres.

Throughout the response, the significance of culture was ignored, with devastating effect. When messaging was insensitive to local culture, people were not effectively engaged, opportunities were missed and the outbreak moved ‘underground’ (Abramowitz et al., 2015; Dalberg Group, 2015; Roache et al., 2015; Smout, 2015; WHO, 2015a; AAPPG, 2016; Campbell, 2016).

Adapting the response to be linguistically appropriate was also a challenge. Many of the initial humanitarians deployed by international organisations did not speak French, and interviewees noted that often coordination meetings were held exclusively in English. These critiques are not new – they echo those made during the 2010 Haiti Response (Grunewald et al., 2010: 44; IASC, 2011: 17).

3. Communicating with and engaging urban populations during the Ebola Response

During the 2014/15 EVD response in West Africa, organisations used a variety of communication and engagement approaches with crisis-affected people. Some examples are presented in the table below.

Table 2. Examples of engagement approaches used in urban Ebola response

Approach	Scale	Method
Using network coverage	Individuals: city level	<ul style="list-style-type: none"> Reaching people through SMS text messaging Identifying and improving phone hotlines Using community radios Using WhatsApp and other online platforms and apps for large group discussions and instant question and feedback platforms
One-to-one	Individuals: neighbourhood	<ul style="list-style-type: none"> House visits to provide individuals with information WASH Ebola Away Strategy: House-to-house hygiene promotion, messaging and surveying on knowledge, attitudes and practices as well as temperature testing and distribution of hygiene kits (Global Communities, 2014)
Information focal points	Collective: neighbourhood	<ul style="list-style-type: none"> Area-based focal points: individuals in charge of providing information on the different pillars of the response
Workshop/event-based engagement and surveillance	Collective: neighbourhood	<ul style="list-style-type: none"> Local volunteers trained by health workers working in slum communities and high-risk areas Listen, Learn, Act methodology: Focusing on collective understanding and designing solutions with communities (ALNAP and CDA, 2012; Featherstone, 2016) Community gatherings Community-Led Ebola Action method adapted from the Participatory Rural Appraisal approach (SMAC, 2014) Events-based surveillance: Working with local health institutions in neighbourhoods to reach out to communities through existing events

It is important for messaging to be practical and relevant

‘There is a big difference between being told to behave in a certain way and being able to discuss a behaviour change’ (Katherine Owen, Ebola: Lessons Learnt Conference, March 2016).

Walking around with a loudspeaker and handing out leaflets may be an effective way to disseminate basic information widely but it does not ensure people fully understand the message and that it is practical and relevant to what they need to know. Particularly early on in the response, much energy was put into ‘informing’ communities. However, despite a large amount of distributed information, communities reported that, although they understood that EVD existed and could be transmitted, they did not know what to do with those already infected (Smout, 2015). This messaging often ‘failed to meet the needs and realities confronting affected populations’ (DuBois and Wake, 2015: 17) and culturally sensitive messages were not prioritised (Stocking et al., 2015).

Much of the initial communication around EVD was dramatic and negative: ‘Ebola kills’, ‘There is no cure’ and ‘Don’t touch’. These messages were ineffective, and often had unintended effects motivating people to stay away from health care units (AAPPG, 2016) and increasing stigma (DuBois and Wake, 2015). Messages were often clinical-sounding, and not understood by communities (AAPPG, 2016). Some messages unreasonably demanded that people avoid touching each other or using public transport, but at the same time required that people take the ill to Ebola treatment units (ETUs) and hospitals (Abramowitz et al., 2015).

The public, not understanding, responded in panic, hiding sick relatives, reporting fewer cases and spreading misinformation. Several interviewees shared anecdotes of community members who saw neighbours taken to a treatment unit who never came back. Humanitarians often failed to understand that, where their communications did not address people’s concerns, rumours and misinformation would be likely to fill the gap.

While many humanitarians recognised the huge amount of misinformation, they did not effectively understand how this had been spread or how to stop it at source.

Mistrust and confusion complicated communication

Throughout the EVD response, confusion and misinformation proliferated to the extent that it has been labelled an ‘epidemic of mistrust’ (DuBois and Wake, 2015: 31). Partly because of existing cultural beliefs held by affected populations, and also because of a history of mistrust between populations and governments, this dynamic of mistrust between authorities and communities led people to disregard recommendations and orders about EVD (ACAPS, 2015; Stocking et al., 2015; Sustersic, 2015).

During the EVD response, rumours spread that the government was using Ebola for political gains. In 2015, research found that only 50% of those surveyed in Freetown considered the government trustworthy, compared with 70% of the population outside the Freetown capital area (Richards et al., 2015).

Restrictions on movement and gatherings can foster mistrust and hindered communication

Across the EVD response in West Africa, mass-scale restrictions on movement exacerbated existing mistrust between urban populations and officials. Urban populations in Sierra Leone, Liberia and Guinea were not only accustomed, but also dependent, on their ability to move around the city. Their markets, schools and entire livelihoods were put on hold when movement was restricted, public gatherings were banned and public transportation routes shut down in an effort to curb the outbreak.

Urban populations struggled to understand the delays that the dense environment caused for burial teams and ambulances moving around the cramped informal settlements where many urban dwellers live, which increased tensions and in some cases led to violence (Smout, 2015; WHO, 2015b)

Bans on public gatherings also limited some traditional communication methods, and as a result many humanitarians relied on door-to-door approaches, often using volunteers from local communities. While this was an effective adaptation to spread critical information, it does have limits. Communicating with individual households one-on-one achieves communication but does not allow for effective mobilisation of groups of people. It also carries the risk of stigmatising certain households if they are visited and not others. Participatory approaches in such a context are significantly restricted, as people cannot be brought together. In such an environment, technology and social media can be very useful. Throughout the response, community radio, SMS text messaging, WhatsApp and Twitter all provided useful opportunities to quickly disseminate information among large groups of people. In Guinea, an app that translated content into a number of local languages was downloaded over 10,000 times (Dalberg Group, 2015). However, it is unclear how useful technology can be for participation in such contexts. Continuing to explore methods of engagement using emergent technology has been cited as a key avenue for further inquiry (Smout, 2015; WHO, 2015b, 2015c; Fast and Waugaman, 2016).

When neighbours don't identify as a 'collective', it's hard to work together for the 'common good'

As noted above, simple approaches to 'community' based on geographical areas such as neighbourhoods are not always relevant in a city. Humanitarians who want to engage the community should first establish whether the neighbourhood is, in fact, a community.

What is social cohesion?

Social cohesion can be defined broadly ‘as the nature and set of relationships between individuals and groups’ (Guay, 2015: 9). Cohesion can be horizontal, between people and groups in a particular space or environment, or it can be vertical, pertaining to people or groups and the institutions that govern them (Guay, 2015: 9; also REACH, 2014). Social cohesion is a critical part of the politics and dynamics of any area and it is a key variable to be aware of when engaging with a community (Easterly et al., 2006).

According to those interviewed for this research, many of the urban areas affected by EVD in West Africa experienced low social cohesion and community solidarity. Other studies have been conducted that support this claim, pointing to intergroup, post-conflict tension or problems of class-based alienation and separation, which is exacerbated in particular by protracted conflict experience (Easterly, 2006: 10; Fearon et al., 2009: 18; Richards et al., 2015: 8). This complicates communication because, unlike in rural village settings, interviewees had observed mistrust between neighbours and reluctance to share information in urban areas. It also complicated engagement, as one of the biggest challenges became how to bring people together who do not typically communicate, to take action for the collective good.

Engagement not done well misses an opportunity

Unfortunately, many health care workers described early approaches in the EVD response as top-down, conventional and driven by panic (GOAL, 2016). Engagement was not prioritised in the response, particularly early on, and top-down communication fostered fear and mistrust (DuBois and Wake, 2015). In this environment, affected individuals were not effectively engaged, and local communities were not brought together with authorities. Because of this, an important aspect of the response became resolving extant issues that had resulted from a lack of consultation and participatory decision-making (by the government) in the early phases of the response. One interviewee noted that this problem persisted, and, rather than engaging in dialogues with communities, humanitarians became engaged in a ‘convincing act’ that produced a rift between people’s perception of EVD and the way humanitarians felt they were communicating information about the virus. This raises a question not answered in the learning from this response: if there is a gap between communities and authorities, what is the best role for humanitarians – to identify community leaders? To act as liaison and support the development of better relationships?

Eventually, a shift in the response started to occur and responders focused more on engaging affected people. AAPP (2016) notes that the acceptance of ETUs in communities and safe burial practices increased ‘once communities’ legitimate concerns were addressed and the community was involved in the planning and design of the health programmes’ (p.48).

Opportunities are also missed when self-mobilisation efforts are not supported

Often, despite recognition of their capacity to do so, crisis-affected communities organise and mobilise a response among themselves, although these responses are not always recognised by authorities or humanitarian agencies (Abramowitz et al., 2015). This was the case in the EVD response (Murray et al., 2015).

One interviewee shared with us the example of a neighbourhood within Paynesville, a suburb of Monrovia, which demonstrated its capacity for self-mobilisation. When schools closed down, the neighbourhood divided its community of 6,000 people into four units with ‘task force leaders’ and ‘community mobilisers’ all from within the community. Funds were raised to print t-shirts and post flyers to raise awareness. Without any help from outside responders, said a humanitarian, they were self-organised and managed to prevent Ebola from entering their community, protecting themselves from the many communities around them where there were high numbers of Ebola cases. This experience was later shared with the surrounding communities.

This case provides an important example of a community taking ownership of the response, and of agencies recognising this ownership and placing themselves in a supporting role. The community was able to feel responsible for its effects and its success. As noted above, this would not be an effective



Ebola education sessions at a school in Conakry, Guinea; Photo: UNICEF Guinea (2013)

strategy if the neighbourhood did not also possess a sense of community (and in fact neighbouring areas did not take up the strategy). The lesson for humanitarians may be that they should be alive to, and work to support, local initiatives where they occur, while simultaneously looking to work with non-geographical communities; to build bridges and enhance trust within communities; and to be prepared to take a more central delivery role, informed by effective communications, where community engagement is not possible.

4. Conclusion

‘We must turn this crisis into an opportunity’ (Roache et al., 2014: 15).

Urban communities exist in different, unconventional and diverse forms. While humanitarians may have a conceptual understanding of the challenges these environments pose, they do not necessarily have experience addressing them in practice. These challenges were particularly evident in the EVD response, where humanitarians failed to prioritise engagement and find relevant and effective communication approaches for much of the response. Addressing these challenges is critical to improving response to urban public health crises, especially given the likelihood of crises like these happening in future (AAPPG, 2016).

Community engagement must be a key pillar in future responses. Humanitarians cannot afford to ignore local cultural dynamics or to side-line self-mobilisation efforts. They need to find ways to develop and test messaging that is clear, motivational and relevant to context and to the needs of individuals it aims to reach.

In future urban public health responses, humanitarians should not assume communities are cohesive, or that trusting and representative relationships exist between government and communities. They should be aware of the role of mistrust and take steps to understand complex relationships between stakeholders.

Overall, the observations and experiences of humanitarians involved in the response to EVD in West Africa highlight the usefulness of contextual knowledge and understanding, and the overall importance of effective communication and engagement. In future urban crises, extant urban-specific knowledge should be introduced into the design and implementation of urban response strategies from day one, with sensitivity to the wants and needs of affected communities. This way, urban humanitarian responses can serve as catalysts that strengthen the resilience of urban systems and populations through local, people-centred solutions.

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ALNAP
Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom

alnap@alnap.org