

# Institutional Constituents and Community Capacity for Ebola Prevention: A Cross-Border Study of Pô in Burkina Faso and Navrongo in Ghana Faso

## Project Team

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The Red Cross and Red Crescent network strives to help communities prepare for disasters. In 2012, the American Red Cross and International Federation of Red Cross and Red Crescent Societies established the Global Disaster Preparedness Center (GDPC) as a reference center to support innovation and learning in disaster preparedness.

In 2013, the GDPC created the Research for Resilience and Preparedness program, administered through Response 2 Resilience (R2R), a non-profit organization dedicated to strengthening global disaster resilience through research, training and advocacy.

The goal of the Research for Resilience and Preparedness Program is to identify, prioritize, and support applied research that will deepen the evidence base of good practice around disaster preparedness to strengthen the capacity of national societies and improve the caliber and impact of Red Cross and Red Crescent services in disaster preparedness.

In each country, universities and/or research institutions partnered with their respective national Red Cross and Red Crescent societies to form “Thematic Committees” that identified and prioritized areas for research to deepen the evidence base of disaster preparedness and promote best practice and innovation.

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The field research teams from Ghana and Burkina Faso included Santuah Niagia, Braimah Sanjege, Theophilus Abalori, Gregory Addebah and Chiechambou Atogidiwe (who led the field work in Nahouri Province).

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## Project Summary

**Background:** Epidemiological analysis of the Ebola virus disease (EVD) outbreak in Liberia, Guinea and Sierra Leone found that strong cultural and traditional beliefs and cross-border interaction contributed to its spread. Although Ghana and Burkina Faso did not experience such an outbreak, their porous borders, the shared socio-cultural beliefs, values and practices among frontline border communities, poor access to timely information and colonial legacies are potential threats for the spread of EVD. This study identified governmental and non-governmental institutions/ organizations, communities and their shared beliefs and practices to understand strengths, capacity inadequacies and pathways to leverage capacities for Ebola prevention.

**Methods:** The study area was the Kassena community, which straddles the border between Burkina Faso and Ghana in the Kassena-Nankana in the Upper East Region of Ghana and Nahouri Province in Burkina Faso. Data were collected through 46 key informant interviews with local government authorities, traditional leaders, community service organizations and community members and six focus group discussions (three each in Ghana and Burkina Faso) involving farmers, traders and artisans from the study communities.

**Results:** The results showed a high level of awareness of EBV in the study area and understanding of the cross-border and social-cultural dimensions and potential risks of outbreak of the disease. The study team identified institutions and communities to lead Ebola prevention efforts and capacity gaps for networking for Ebola prevention. A conceptual framework was developed to understand pathways for building a cohesive institutional effort to prevent the spread of EBV in the cross-border communities.

**Conclusions:** The study findings contribute to understanding of border communities' socio-cultural beliefs and practices for effective cross-border public health promotion programming. They highlight the

need for cross-border collaborative efforts to synergize capacities of key organizations and communities, led by local government authorities, to prevent the spread of EBV.

## 1 Introduction

The worst Ebola virus outbreak in history ravaged Liberia, Sierra Leone and Guinea in 2014. The World Health Organization (WHO) said in a statement on March 6, 2015, that the death toll had reached 9,840 and the number of infected people had reached 24,014 (WHO, 2015). The Ebola virus causes a severe illness that results in hemorrhaging and can spread quickly through contact with the body fluids of infected people and anything contaminated with these fluids, killing 90% of people infected. People in direct contact with sick people, such as family members and health care workers, are at highest risk (WHO, 2014).

The terrifying and deadly nature of Ebola virus disease (EVD) is a result of its rapid transmission and the lack of a known cure (Georges-Courbot et al., 1997). The virus is introduced to humans through close contact with the body fluids of infected animals. Between 2008 and 2014, outbreaks of Ebola killed only a few dozen people, but the 2014 outbreak in West Africa was unique. It was thought to be linked to fruit bats instead of gorillas and chimpanzees as had been the case in East Africa (Towner et al., 2007; Omatsu et al., 2007). In 2007 in Uganda, an Ebola outbreak was traced to mothers cooking two dead fruit bats their children had found in a cave.

Researchers still are not sure where Ebola comes from (Cox et al., 1981) or the exact cause of the 2014 outbreak, but the virus spread panic across West Africa, where handshaking and washing dead bodies were the highest predisposing factors for infection. In Ghana the national response was swift. The government set up an inter-ministerial committee to coordinate national efforts, and WHO designated the country as a center for the distribution of medical supplies to combat Ebola in West Africa. However the porous borders of West African countries,

coupled with the sub-regional economic policy of free movement of goods, services and persons, heightened the potential for the spread of EVD into Ghana and Burkina Faso.

EVD is more than just a health issue, and what happens at the community level and the entry points into the country is crucial for effective containment of the spread of the virus. In 2014 WHO conducted an epidemiological analysis of the outbreak in West Africa and isolated three major factors contributing to continuing transmission:

These factors include transmission [of EVD] in rural communities, facilitated by strong cultural practices and traditional beliefs; transmission of EVD in densely populated peri-urban areas of Conakry in Guinea and Monrovia in Liberia; and cross-border transmission of EVD along the border areas of Guinea, Liberia, and Sierra Leone, where commercial and social activities continue among the border areas of these countries.

Epidemics are no longer confined to the domain of public health and clinical medicine, but are recognized as social, development and international security issues (Castillo-Chavez et al., 2015). This study explored institutional/organizational and community constituents; their strengths, capacity and inadequacies; and the need for synergy of capacities and efforts in framing a local government-based cross-border collaborative platform to prevent and control Ebola and other infectious diseases. Castillo-Chavez et al. (2015) estimated that:

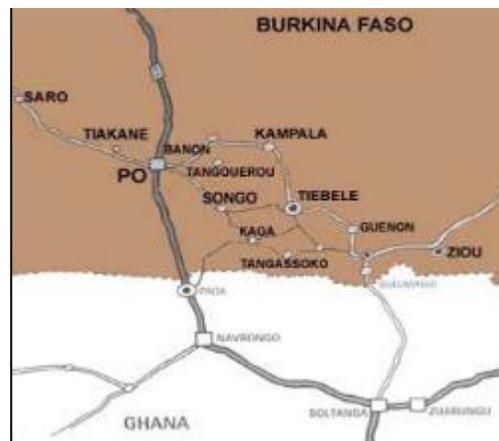
The cost of management of infectious disease outbreaks is almost always greater than the cost of avoiding them. For severe acute respiratory syndrome (SARS), the global cost of a single outbreak was estimated to be between US\$13 billion and US\$50 billion at the currency values of the 2003 outbreak. For Ebola, the cost might be higher—both in the direct, short-term cost of control, patient care, and hospital admission, and in the indirect, longer-term dislocation of the regional economies in West Africa.

### 1.1 Study Area

The Kassena community straddles the border between Burkina Faso and Ghana. It is dispersed in the towns of Pô, Tiébélé, Koupiela and Ziou in Burkina and Chiana, Navrongo and Paga in the Upper East Region of Ghana. The Kassena in Burkina Faso are said to number over 100,000, with the majority living in Nahouri Province.

Upper East Region is the smallest of Ghana's 10 political and administrative capitals. It occupies only 2.7 per cent of the total land area of the country and has a population of about 960,000 (DHS, 2010). The region is located in the northeastern corner of the country and shares borders with Burkina Faso to the north and the Republic of Togo to the east. There is considerable cross-border activity at Cinkassi (Ghana-Togo) and Paga (Ghana-Burkina Faso), as the two communities share common cultural and linguistic ties and social life (figure 1).

Figure 1: Location of the Kassena community in Burkina Faso and Ghana



Kassena-Nankana East and Kassena-Nankana West are two of the region's 13 districts. The capital of Kassena-Nankana East is Navrongo, which is at the tip of the border with Burkina Faso. The political and administrative districts are further subdivided into areas, town councils and unit committees and

are autonomous with regard to planning, budgeting and implementation of projects. The health service is organized in a four-tier system, with regional, district, sub-district and community levels. About 90% of the population is rural, living in compounds of huts built of mud and roofed with straw or zinc. The communal way of life is reflected in sharing sleeping and relaxing spaces and participating in funerals and other festive occasions where people are received with welcoming handshakes and invitations to communal meals.

Nahouri on the border with Ghana is one of the 45 provinces in Burkina Faso, located in the Centre-Sud administrative region. In 2006, the province had a population of 155,463 people. Its capital is Pô in Pô Department, one of five departments in the province. The main ethnic group is the Gurunsi, who are known as the Kassena across the border in the Upper East Region of Ghana.

The population of Burkina Faso has always been highly mobile. The landscape has few natural barriers, and the traditional economic activities of shifting cultivation, semi-nomadic pastoralism and trade require some degree of migration. Today's ethnic groups are the result of this high level mobility. Cultural exchange, even assimilation, and linguistic flexibility were frequently more important than cultural difference. Moving around is common, and Burkinabe are used to intermixing. Wherever they live, they have a strong sense of community and feel it is their duty to help each other. Tolerance for people of different religions is high. The culture of hospitality and intermixing in Burkina Faso in general is a predisposing factor to Ebola infection.

## 1.2 Study Communities

The study communities on the Ghana side of the border were Manyoro, Natugnia and Pindaa, while those on the Burkina Faso side were Adungo, Nahouri and Tangasougou. These were selected based on their location on the border and their lively cross-border trade.

## 1.3 Study Objectives

The study sought to shed light on collaborative mechanisms needed to prevent the outbreak and spread of EVD in settings where health infrastructure is weak by answering the following questions:

1. Which institutions/organizations and communities in the Upper East Region of Ghana and Nahouri Province in Burkina Faso can provide leadership to build a cohesive network against threat of EVD?
2. What types of institutions and community capacity will foster effective EVD prevention and control?
3. What strategies will strengthen institutional and community capacity for effective EVD prevention and control?
4. How can cross-border partnership be developed to foster effective EVD prevention and response?

The research objectives were to:

- Identify institutions and communities to lead action on EVD prevention.
- Determine capacity inadequacies of conventional and non-conventional institutions for networking against EVD.
- Devise measures for providing adequate capacity for institutions.
- Identify pathways for building a cohesive institutional constituency against EVD.

## 2 Project Outputs and Outcomes

The study built rapport between the research team and community gatekeepers, deepened understanding of EVD among local government authorities in Nahouri Province and Kassena-Nankana Municipal Assembly and increased their readiness to collaborate to avert the spread of infectious disease. People in Nahouri

Province learned about UDS and its community outreach-oriented research and teaching programs.

The main outcome of the study was shared understanding among government agencies, CSOs and frontline border communities about the urgent need for a cross-border collaborative action framework to prevent the spread of the Ebola virus into the study area. Specific pathways were recommended for activating cross-border, multi-stakeholder collaborative efforts. The research teams will share the report with the Red Cross Society on both sides of the border, local government authorities and communities, and explore opportunities for funding to carry out implementation research on cross-border collaboration building.

### 3 Methodology

The main source of data was key informant interviews (KIIs) and focus group discussions (FGDs). These two methods were chosen for their ability to probe into responses for insights into the phenomenon under study. A total of 46 key informants (17 women and 29 men) from communities and institutions/organizations were interviewed in the Kassena-Nankana Municipal Area in Ghana and Nahouri Province in Burkina Faso. They were drawn from the local assemblies, traditional authorities, religious sectors, CSOs, the health sector, border security, trans-border transportation, the agriculture sector and dealers of bush meat.

Six focus groups (three each in Ghana and Burkina Faso) involved farmers, traders and artisans from the study communities. There were 11 participants from Manyoro, nine from Natugnia and 10 from Pindaa in Ghana and 11 from Adungo, 10 from Nahouri and 12 from Tangasougou in Burkina Faso. Women made up 43% (13/30) of the Ghana focus groups and 48% (16/33) of the Burkina focus groups. The main occupation of all male participants was farming; most of the women were traders. Only nine people (27%, or 9/33) had attended formal school (18% had attended primary school, while 9% had attended secondary

school) in the Burkina Faso study sites. On the Ghana side, 27% of the participants (8/30) were literate, with equal proportions having had both basic and at least secondary education.

Eight weeks were spent in the field gaining entry, conducting the interviews and exiting in accordance with local protocol. The first 2 weeks were used to engage local government functionaries, community traditional rulers and community women leaders to obtain community entry and ethical clearance. This provided social space for community oral review and reflection on the study objectives and their resonance with community aspirations. It also enabled the team to build and strengthen rapport with political authorities and traditional leaders.

The data collection phase began with 3 weeks of FGDs. Research assistants provided by the local health NGO Asanté SOS carried out the field interviews in Nahouri Province. The West Africa Resilience Innovation Lab provided basic secretarial services. Audio recordings of the interviews were reviewed daily with the research assistants and insights drawn to inform subsequent group discussions and probe areas that lacked adequate information.

Research teams of three people each in Kassena-Nankana Municipal Area and Nahouri Province conducted the KIIs. The data collection tools were translated into French, but the interviews were conducted in the cross-border language of Kasem. The teams were trained in community entry procedures and cross-cultural and linguistic skills. They practiced using the interview tool and pretested the tool in two communities with similar socio-cultural particularities before conducting the interviews.

Difference in lingering colonial administrative procedures posed major difficulties in gaining access to the study communities. Nahouri provincial in Burkina Faso initially declined entry

into border communities under their jurisdiction, deferring to higher authorities in Ouagadougou, the capital. Eventually, Asanté SOS facilitated administrative as well as local community acceptance.

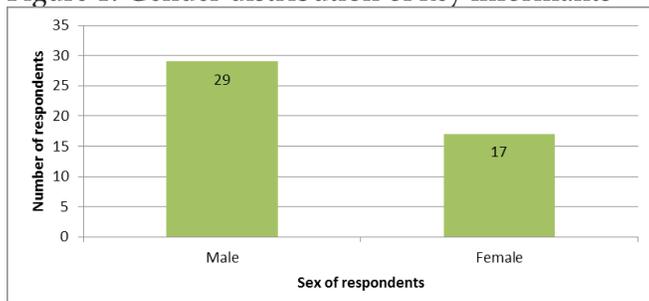
#### 4 Results

The study uncovered participants' level of awareness of EVD, particularly its causal chain (avenues and activities that could lead to infection and spread of the disease) and control or prevention measures. Organizations, institutions, communities and individuals involved in disaster prevention or response, as well as ways they could work collaboratively to prevent or respond to Ebola, were identified in both countries. They study went further to assess the capacity of these bodies to lead a network effort for Ebola prevention or response, ways to strengthen this capacity and pathways for building strong partnerships to win the battle against EVD.

##### 4.1 Sociodemographic Characteristics

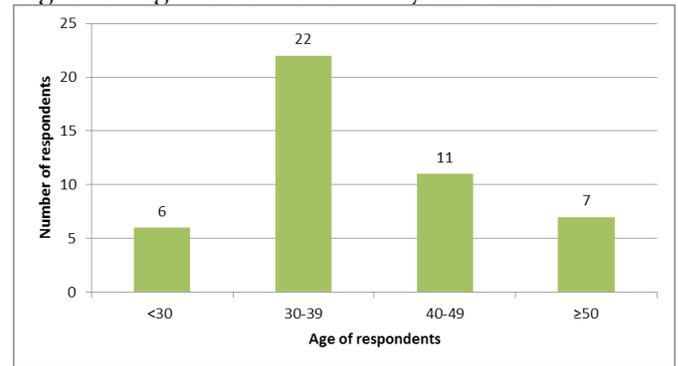
Figure 1 shows the gender distribution of the key informants of the study. There were 12 more female key informants than males.

Figure 1. Gender distribution of key informants



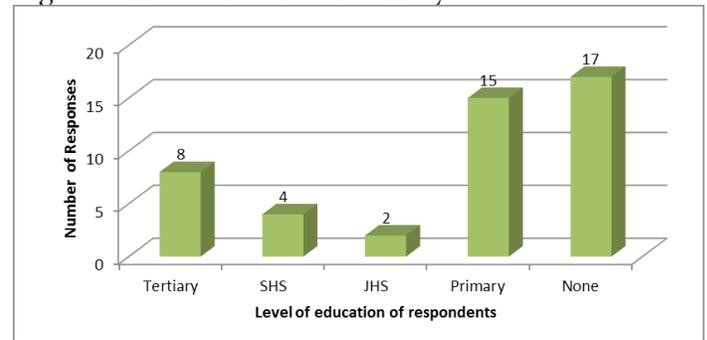
The number of key informants (46) was considered too small to allow for age groups of narrow intervals. Figure 2 shows the distribution of key informants by age group.

Figure 2. Age distribution of key informants



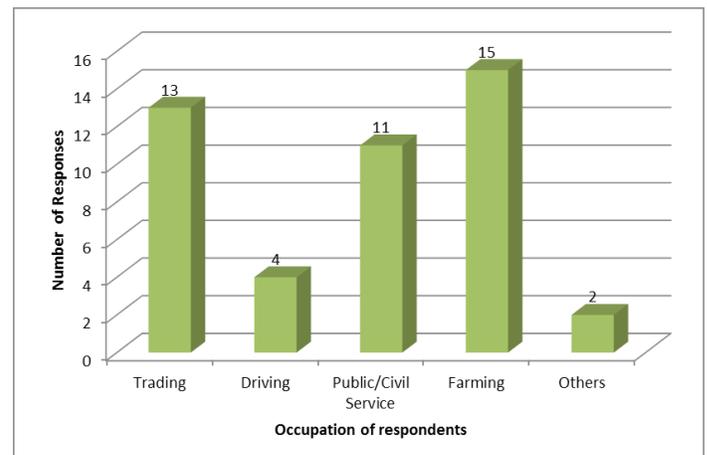
Most key informants were non-literate, but eight had tertiary level education, four had secondary school education, two had junior high school education and 15 had completed primary school (figure 3).

Figure 3. Educational status of key informants



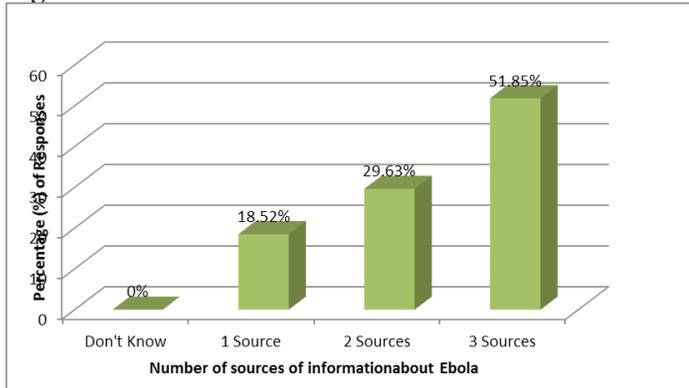
Fifteen of the key informants were farmers, 13 were traders and 11 were public and civil service staff (figure 4).

Figure 4. Occupational distribution of key informants



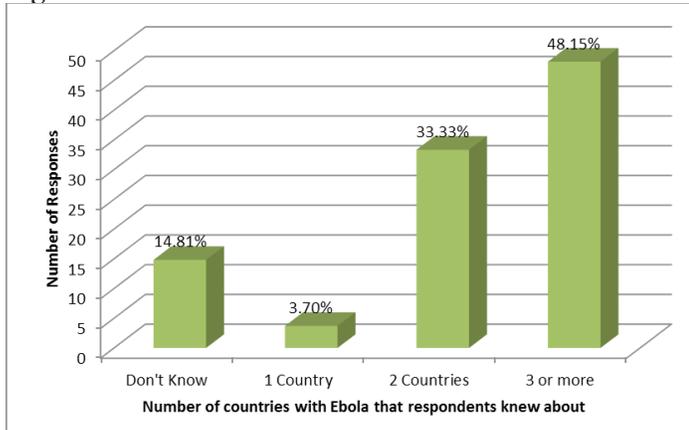
All participants in both the KIIs and FGDs, including frontline border community members, knew about the EVD outbreak. Their sources of information included television, FM radio, community oral announcements, written material and phone calls from relatives in urban areas (figure 5). Over 50% of key informants mentioned three different sources of information, while about 19% mentioned two sources.

Figure 5. Sources of information on the EVD outbreak



Almost one-half (48.15%) of the key informants knew about EVD outbreaks in three or more countries (figure 6).

Figure 6. Awareness of the Ebola outbreak



Almost all (96%) of the key informants and FGD participants thought that Kassena- Nankana Municipal Area and Nahouri Province were at risk from the EVD outbreak.

Why wouldn't I say we are at risk? In Natugnia and also Manyoro and Yuah, day and night people move

across the border to Chebele and Yelwongo and other smaller markets there to buy livestock, sell kalabule petrol [smuggled petroleum products], attend funerals and consult soothsayers. Burkina Faso people in neighboring communities equally cross over here and to Navrongo to see doctors and buy items. It is human beings who transmit the disease. That is why I am saying that we are not fully protected against this disease. It is only God who is protecting us. (FGD participant, Natugnia)

Those who said Ebola would not affect them cited faith in the protection of God/gods, the awareness created by their governments and understanding of ways to prevent the spread of the disease.

Table 1 lists the factors mentioned by key informants as helping to transmit the Ebola virus. Almost 85% mentioned eating infected meat from bats, monkeys and chimpanzees, and 39% mentioned touching the bodies of people who died from EVD.

Table 1. Key informants views on the sources of transmission of the Ebola virus

Transmission factors	Frequency	%
Eating infected bat and monkey meat	39	84.7
Touching dead bodies	18	39.0
Eating wild fruits	7	15.0
Poor hygienic practices	7	15.0
Poor housing	5	10.8
Others	3	6.5
Total		100.0

#### 4.2 Border Community Social, Cultural and Trade Activities

The communities on either side of Ghana's northern border with Burkina Faso share social interactions, traditional beliefs, informal trade and access to health services.

Through long-standing intermarriages between the Kassena from here and those in Ghana, we have a web of kinship ties, friendships and marriages as a result of our common language, livelihoods and location circumstances. It was only the colonial government and modern system of government that sought to create physical divisions among us, but it has not worked. If I have my auntie's children in Navoro Pungu, and there is a funeral there, how can the government say that I need a permit to visit them? We easily will take the footpath and go there. (Elder in a FGD, Nahouri)

In our society, community markets are more than centers for buying and selling foodstuffs, livestock and ingredients. It is there we find spousal mates, identify and reconnect with lost family relations and socialize during the dry season. We also believe that in markets our community ancestral spirits and tangona [local gods] meet to prevail over happenings in the community. (Elderly key informant, Nahouri)

One strong traditional practice that brings people together is the belief in ancestral worship and soothsayer consultation. Soothsaying is a divination method that traditional believers in the study area and elsewhere in West Africa uses for spiritual interpretation of life events and incidents, including childbirth, death, disease, drought, floods and windstorms.

Lots of people from Kasem- and Nankam-speaking communities and people from as far away as Gonno in Chebele come here to consult soothsayers who they believe can see. Up to now we still see people coming to consult well-known soothsayers about their life challenges. (Male key informant, Tangasougou)

Another traditional practice is elaborate funeral gatherings for dead relatives. Understanding funeral practices is necessary to design promotional strategies for preventing Ebola virus transmission among vulnerable populations in West Africa. Traditional burial rites among the Kassena on either side of the border include corpse bathing, bodies lying in state and women sitting by to guide them. Traditional drumming and dancing go on as long as family resources permit. Elderly women of the kin group are by custom required to sit by the corpse until the burial. Burial is done by undertakers known as baye who use their bare hands to hold the body and lay it in a narrow grave. This practice is similar elsewhere in the sub-region. WHO (2014) reports that "in West Africa, the Ebola virus spread through the networks that bind societies together in a culture that stresses compassionate care for the ill and ceremonial care for their bodies if they die." In August 2014, Guinea's Ministry of Health reported that 60% of cases in that country could be linked to traditional burial and funeral practices. In November of the same year, WHO staff in Sierra Leone estimated that 80% of cases in that country were linked to these practices. An FGD participant in Adungu stressed the importance of burial ceremonies among the Kassena people.

When an elder dies, it is required that we organize a befitting celebration of his life and send him to his fathers properly. The baye [undertaker] will carry him in the traditional burial mat while dancing, accompanied by war dancers. It is pride of every baye to be the one to hold the dead body and lower it into the narrow tunnel grave. Some will even attempt to lie in the grave with the dead body as sign of the potency of their powers as bayaa. (Male FGD participant, Adungu)

There is a thriving informal cross-border trade of poultry, foodstuffs and fuel between Ghana and Burkina Faso. The trade is not only at the border post at Paga but also through unauthorized trade routes. Most informal traders use unpaved roads that run through the communities to avoid border security

and migration checks. There is a thriving small-scale cross-border tomato trade in Wajia in northern Burkina Faso.

You need to come here late night to witness the number of youth carrying petrol and diesel from Ghana on bush paths on motorbikes and cars to sell to their counterparts across the border. It's a major source of income for most youth in frontline border communities and involves multitudes of people. Petrol is cheaper in Ghana than Burkina Faso. (Female key informant, Pindaa)

*4.3 Collaboration to Prevent EVD Transmission*

All the study participants saw the need for a collaborative effort to prevent the spread of EVD to the study areas in Ghana and Burkina Faso. Table 2 below lists the government agencies, NGOs/CSOs and communities mentioned by participants as important in this effort.

Table 2. Ebola prevention institutions, organizations and communities

No.	Burkina Faso	Ghana
Government agencies		
1	Nahouri Province (Pô and Chebele)	Kassena Nankana Municipal
2	Emergency Service	National Disaster Management Association (NADMO)
3	Commune Health Administration	District Health Management Team
4	Ministry of Agriculture	Ministry of Food and Agriculture
5	Ministry of Education and Culture	National Commission for Civic Education

6	Border Post Security	Immigration and Customs
7		Navrongo Health Research Centre
Nongovernmental, civil society and faith-based organizations		
1	SOS Asanté	CENSUDEV
2	Action Sociale	Red Cross
3	Red Cross Society, Burkina Faso	World Vision
4	World Vision	Ghana Private Road Transport Union
5		Catholic Youth Association-Navrongo
Frontline border communities		
1	Tangasougou	Kayoro
2	Dakola	Pindaa
3	Tambolo	Paga
4	Nahouri	Chaania
5	Pô	Nakolo
6	Sakaa	Manyoro
7	Kayaa	Natugnia
8	Kampala	Sirigu
9	Chebele	Yua
10	Joro	

*4.4 Capacity to Prevent Ebola Transmission*

Adequate knowledge of the disease by all collaborating institutions, organizations and communities was identified as the bedrock for controlling transmission of EVD.

The first thing is having relevant knowledge through training and learning. We want to prevent the disease, but if we lack knowledge, how can we do it? (Male FGD participant, Tangasougou)

One study participant stressed the importance of collaborative effort to prevent any emergency or Ebola outbreak.

The nature of the disease is like a force that will compel you to work together in order to avoid it... zurugaluu mu te dam [Kasem saying meaning “There is strength in collectivism.”] (Male FGD participant, Pindaa)

The second requirement for Ebola prevention mentioned by study participants was a network approach. With the fast spread and destructive nature of the disease, cross-border communities and organizations should share information and experience, mobilize resources and form a joint task force as need arises.

Capacity challenges mentioned by study participants included the colonial legacy and the artificial border dividing the same people.

The crucial issue is the boundaries/division of the same people into two countries, but now some of us see that the boundaries are not to separate us because the white man also did that to enable them do their work. (Male FGD participant, Tangasougou)

Also mentioned were a lack or shortage of resources (e.g., gloves, veronica buckets, nose masks, overalls and soap), transport, personnel and funding; inadequate training of volunteers and health workers; lack of respect/trust between communities; differences in the official languages as well as French and British bureaucracies; recent political instability in Burkina Faso; and poor border controls that heightened feelings of insecurity and made it difficult to harness and synergize cross-border capacity for EVD prevention.

#### *4.5 Measures to Strengthen EVD Prevention/Response Capacity*

The capacity of people, communities and organizations to deal effectively with challenges underpins the mobilization and judicious utilization of both human and material resources. The study found several ways the capacities of organizations and communities could be strengthened to enable them work together to prevent or respond to Ebola outbreaks in both countries. One measure was retraining health workers, volunteers and Red Cross officials in effective communication and community engagement skills. Capacity strengthening in effective local, community-relevant behavior change communication emerged as a key issue for EVD prevention in the study area.

The problem is that the health workers most of the time use information sharing methods that do not help us to completely get the messages they want us to get. They use posters displayed at selected places and radio Gulu [FM station] announcements in Kasem, but at times, when we women are still working and have no time to tune in, the community directly informs us through the traditional rulers and community durbars. In my thinking, this will help us women understand and ask questions more than radio. (Female FGD participant, Adungu)

#### *4.6 Pathways to Cross-Border Collaboration to Control Ebola Transmission*

Table 3 summarizes key pathways that emerged from the KIIs to foster cross-border collaboration to prevent the spread of EVD to the study region.

Table 3. Pathways for cross-border collaboration suggested by key informants

Pathways for cross-border collaboration	No.	%

Local government administration leadership	32	69.6
Inclusion of frontline border community leaders	33	71.7
Cross-border multi-stakeholder meeting	31	67.4
Cross-border action plan	15	32.6
Community-based participatory surveillance, M&E	14	30.4
Diplomatic buy-in from Ouagadougou and Accra	27	58.7
Mainstream indigenous knowledge into behavior change communication	19	41.3

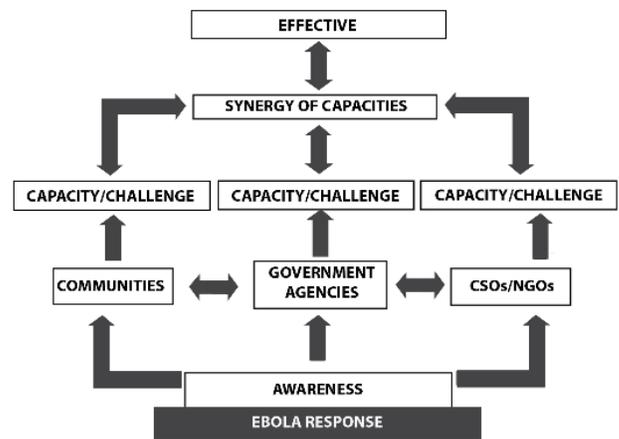
4.7 Conceptual Framework for Ebola Prevention

This cross-border study anchored the EVD prevention response in the awareness and understanding among communities, government agencies and CSOs of the cause, transmission and prevention of the disease. Key community, government and civil society actors have inherent capacities and challenges. The ability to create synergies and complementarity among the capacities of these three broad categories of actors will translate into effective coordinated response to prevent and/or control the Ebola virus.

Analysis of qualitative data involves a range of processes and procedures that reduces, explains

or interprets raw collected data underpinned by interpretive philosophy (Taylor & Gibbs, 2010). Jabareen (2009) referred to a conceptual framework as a network, or “plane,” of interlinked concepts that together provide a comprehensive understanding of a phenomenon or phenomena. The concepts that constitute a conceptual framework support one another, articulate their respective phenomena and establish a framework-specific philosophy. Consistent with the study objectives, the study team identified recurrent themes or concepts in the transcribed FGDs and KIIs to understand pathways for building a cohesive institutional effort to prevent the spread of EVD in the border communities. The interaction among these themes is shown in the framework in figure 7.

Figure 7. Conceptual framework for Ebola prevention



5 Immediate Impact

The study engendered collaboration among key government authorities, NGOs/CSOs and communities in Kassena-Nankana Municipal Area in Ghana and Nahouri Province in Burkina Faso. The Ghana Red Cross Society’s Regional Secretariat in the Upper East Region/Kassena-Nankana supported the research, and its lead officer in the Kassena-Nankana Municipal Assembly participated in the study. For the