The West African Civil Society Institute’s (WACSI) efforts continue to make headway as they empower civil society organizations (CSOs) to be effective, efficient and adequately respond to the numerous challenges facing West Africans. The organization does this by equipping CSOs with tools and strategies to be more effective in delivering on their mandate.

It’s no secret that West Africa has long since faced several hurdles. But this past year, these challenges were exacerbated by the unexpected and deadly resurgence of Ebola that ravaged throughout Guinea, Sierra Leone and Liberia.

One of WACSI’s key beneficiaries in Liberia, the National Youth Movement for Transparent Elections (NAYMOTE), who have been working since 2001 to help advance democracy in the country, played an instrumental role in countering this epidemic. After 11 NAYMOTE staff and volunteers participated in a WACSI training on Communication Skills and Strategies organized in May 2014 (just over two months after the Ebola outbreak in Guinea), the CSO was able to overcome a significant challenge they faced for the preceding 13 years: an inability to effectively communicate with its stakeholders.

“NAYMOTE has done a lot of work, but has not been able to effectively communicate with its different stakeholders,” explained Eddie Jarwolo, NAYMOTE’s Executive Director, post-WACSI training. “The organization can now communicate with them in a clear, effective and in a timely fashion.”

In large part, thanks to this five-day training, NAYMOTE staff carefully identified their stakeholders, and the specific communication tools and messages the organization could use to reach out to them. This enabled NAYMOTE to develop a communications strategy that provides a feasible roadmap to delivering key messages to its stakeholders. Key messages such as “It is your right to vote” were crafted to drive the organization’s campaign to motivate more Liberian youth to fully participate in electoral processes in the country.

Beyond creating their first ever organizational communications strategy, NAYMOTE staff also learned how to responsibly communicate on the issue of the Ebola Virus Disease (EVD) in Liberia. For example, through an Ebola Awareness Call Center (a project inspired by the organization’s enhanced communications plan) NAYMOTE effectively reached over 4,125 citizens across all 15 counties, which helped educate on the signs and symptoms of Ebola and how to avoid EVD infection.

“Thanks to the training, we learned to identify and effectively communicate with our stakeholders – especially the youth,” said Aaron Weah, NAYMOTE’s Program Director. “We did this by identifying all the young persons in our database, then calling them directly and educating them on the virus. It was very effective and resulted in an enhanced visibility of NAYMOTE itself.”

The Ebola Awareness Call Center was effective because, “it educated and informed Liberians from across the country about Ebola prevention and control. More than 500 persons who called for tips on how to handle Ebola emergencies in their communities were saved,” added Vanessa Davies, Programs Associate at NAYMOTE.

WACSI’s work on strengthening the capacities of CSOs has benefitted nearly 200 practitioners from over 145 African CSOs, including NAYMOTE. In addition to Liberia, CSOs from Mali, Burkina Faso, The Gambia, Nigeria, Benin, Togo, Ghana, Sierra Leone, Cote d’Ivoire, Guinea, Niger and (for the first time ever) South Sudan, were all strengthened through WACSI’s targeted initiatives. These included capacity-building programs, advocacy engagements to promote an enabling environment for CSOs and research projects to identify the capacity gaps within CSOs in the region.

The types of CSO capacity challenges that WACSI addresses are enormous. Most of these are identified through targeted research conducted within the civil society sector. A research project was commissioned by the Institute and CIVICUS, an international alliance dedicated to strengthening citizen action and civil society throughout the world. It used the Civil Society Rapid Index Assessment and exposed some of these difficulties experienced by CSOs in Benin, Liberia, Sierra Leone, Ghana, Nigeria and Senegal.

In Benin, for example, the report exposed a lack of technical skills, poor governance, problems of leadership, staff turnover, conflicts of jurisdiction between bodies, and the non-specialization of CSOs as some of the main internal factors impeding CSOs’ effectiveness.

In Ghana, among the four main challenges facing CSOs is the lack of skills for staff to carry out their functions. WACSI’s efforts will undoubtedly continue to be relevant to the effective development of the region, and even to the continent’s CSOs for some time yet to come.
When Ebola was first reported in Guinea in December 2013, The West Africa Democracy Radio (WADR), through its team of journalists and producers in Dakar and its correspondents on the ground in Conakry, was one of the only sub-regional media outlets to provide daily reports on this deadly epidemic. Over the next few weeks, their coverage in Guinea was intensified as more emphasis was placed on analyses with experts on the ground, such as the Center for Disease Control (CDC) and Doctors Without Borders (DWB). They provided thoughtful insight on the nature of the virus, the victims and the threats it posed to the entire sub-region.

When Ebola crossed into neighboring Sierra Leone and then Liberia in March 2014, WADR launched a more robust reporting campaign. Through their special correspondent, who travelled to both Sierra Leone and Liberia, and their team of local correspondents, WADR visited different isolation units (treatment centers) in both countries, getting firsthand reports on the state of Ebola victims. They also allowed those affected to tell their own stories. This included reports from healthcare staff on the frontlines risking their lives every day to save the lives of others. At the time, this was nearly unprecedented, especially by local media.

As one Red Cross Ebola volunteer working at the Kenema Treatment Center in Sierra Leone said, “Everybody is running away from me just because I work at an Ebola treatment center. I’m a Muslim and when I go to the mosque to pray, everybody leaves the mosque because they said I’d transfer Ebola to them. But I’ll stay on and fight Ebola.”

At the time, few media outlets were providing this kind of Ebola depth and breadth in their coverage. And yet WADR still went further. They not only covered the stories of death and survival, but also the reintegration process for Ebola survivors when they returned to their communities after being discharged.

“Ebola is not good. I’m happy to be back with my family and my advice to people is that if they suspect having Ebola they have to rush to health facilities,” explained a young Sierra Leonean Ebola survivor after being reintegrated into her community.

As well as covering the loss of lives, WADR provided in-depth reporting on the loss of livelihoods. Through a Special Ebola Series in Liberia and Sierra Leone, they reported daily during an October 2014 mission when WADR senior producer Sheriff Bojang Junior reported on how the virus affected employment, tourism, foreign business and the economy. They also covered how Ebola was affecting the social fabric of both countries, creating an atmosphere of panic, confusion, uncertainty, anxiety, hopelessness and pandemonium.

To help monitor the national and international Ebola response on the ground, WADR carried out a series of interviews with officials. These included policymakers and experts who spoke on issues such as the management of the Ebola response, what was working and what was not, how Ebola funds were used and lessons learnt from the epidemic.

Through WADR’s intensive and consistent coverage of Ebola, including its focus on survivors, WADR helped inspire and motivate people in a time of hopelessness. They helped overturn many commonly-held beliefs, such as the misnomer that contracting Ebola automatically meant death. By providing clear, consistent and accurate information, WADR was able to help sensitize on preventative and treatment options, such as seeking timely medical care.

WADR was also instrumental in enabling people in non-affected countries to connect with those in affected ones. This allowed citizens and officials in the former to better prepare and protect themselves.

As one Sierra Leonean candidly explained in a WADR interview, “We were told that when you have Ebola, you die. But if you say there are more survivors than dead people, then I believe the initial perception of everybody dying isn’t true.”