# Scenario exercise: CEA in Emergencies Epidemics

# Facilitator notes

**Time**

* 20 mins per task (3 tasks)
* 10 mins for feedback after each task

**Materials**

* Individual PDFs of the CEA in Emergencies Scenario Participant Epidemic Tasks 1-3, ready to drop in the chat
* Jamboards for the 3 participant tasks

**Preparation**

* Prepare the Jamboards for the scenario group work by copying the three template CEA in emergencies epidemic scenario Jamboards below. Do this by clicking the three dots at the top right of the page and choosing ‘Make a Copy’. Then make sure participants will be able to edit the Jamboard during the group work by clicking ‘share’ and then updating the link access to ‘anyone with the link’ and ‘editor’. Add the links to the facilitator agenda and scenario participant handouts for tasks 1-3. Save the participant handouts as PDFs, ready to share in the chat during the training.
  + [CEA in emergencies epidemics scenario task 1 - assessments](https://jamboard.google.com/d/1F64bWsiVwVtTlZAwXG--JEBTo3h4YQ3AlNlbzujW9TM/edit?usp=sharing)
  + [CEA in emergencies epidemics scenario task 2 - planning](https://jamboard.google.com/d/1N1u_w7bvKVqwurKPakqQtm6SNOR51BbgEI4SxeBaxm8/edit?usp=sharing)
  + [CEA in emergencies epidemics scenario task 3 – implementation](https://jamboard.google.com/d/1NoHON7anfTdNb2cJzri_nBFJrQjZeafM4vtAqS39gG8/edit?usp=sharing)

**Instructions**

1. The scenario has 3 tasks, with a task completed after the CEA in emergency assessments, response planning, and response implementation sessions. These facilitator notes cover all three tasks
2. Each scenario-based task is designed to be fast paced (like an emergency) with groups only having 20 minutes to complete the task and then 10 minutes for presentation and feedback
3. Have the 3 Task PDFs for the Emergencies Scenario ready to be dropped in chat:
   1. Task 1 – following CEA in Emergency Assessments (20 minutes for the task + 10 minutes for presenting and feedback)
   2. Task 2 – following CEA in Response Planning (20 minutes for the task + 10 minutes for presenting and feedback)
   3. Task 3 - following CEA during Response Implementation (20 minutes for the task + 10 minutes for presenting and feedback)
4. Take time to explain each task clearly to participants in plenary before they break into groups. Remind them to build on information they already know about Alexa and Alexa Red Cross shared through previous scenarios
5. Warn groups they will need to feedback at the end so they should note their answers on a flip chart for each task
6. During the group work, give guidance only where needed. Do not give groups the answers but do try to help groups who are struggling or going down the wrong path. The answers to the tasks are in the facilitator notes below
7. Close the groupwork after 20 mins even if groups have not finished the task
8. To present back, ask one group to share their answers for one of the task questions and rotate around the groups over the day. Some tasks have one question and others have two, so in this way all groups will present their work at least once over the course of the day. When one or both answers to the task have been given, ask other groups to add any additional points that the presenting group(s) did not include. You only have 10mins for presenting back so be strict on time and explain all groups will have an opportunity to present back over the course of the day so you will not ask all groups to present on every task. The facilitator should add anything the groups did not mention, using the facilitator notes below.

**The scenario**

Reports of a new strain of influenza have started to emerge in Northeast Alexa. The virus is spreading in urban areas and causing fever, a cough, shortness of breath, headaches, muscle aches, diarrhoea, and vomiting. It seems particularly dangerous for infants, young children, older people, and those whose immune systems are already weakened by conditions such as cancer or HIV. There are already more than 300 suspected cases and 50 deaths, mainly in those whose symptoms developed quickly into pneumonia.

Initial findings by WHO suggest the virus is a new variant of avian influenza, and already the media has started calling the virus the ‘chicken flu’. Prevention measures being promoted by the Alexan Government and WHO include frequent handwashing with soap and water, covering the mouth when sneezing, staying home and self-isolating if you develop symptoms, and wearing a face mask in public places. People are also being advised to make sure any poultry products are thoroughly cooked before eating.

The Alexan Ministry of Health (MoH) is very concerned given the high mortality rates and limited access to healthcare in the Northeast Region. They have asked Alexa Red Cross (ARC) to help lead risk communication and community engagement (RCCE) efforts, as they have been running the resilience programme in this region and have many community-based volunteers. Secondary data available includes:

**Key points from a WHO report on the new avian influenza:**

* While respiratory infections and pneumonia are common in Alexa, this strain of influenza is new and more infectious than existing flu viruses. There are concerns people may not understand the seriousness of this new threat to public health
* The so-called ‘chicken flu’ is being heavily discussed on mainstream media and social media, with a lot of speculation and false information about causes, symptoms, and prevention measures, being widely shared
* Most cases are originating in densely populated areas, including urban slums, called poburgs. The poburgs have formal elected mayors but also informal community leaders, religious leaders, active women’s groups, market associations, and some criminal gangs. Around 70% of the people who live in the poburgs are from the Dali ethnic group.

**TASK 1: Understanding the community context (20 mins)**

Alexa Red Cross is organizing an assessment in the urban areas to help them plan risk communication and community engagement (RCCE) approaches for the response. Building on the data you already have:

1. What information does ARC need to collect in the assessment to help them understand the current context and plan effective RCCE approaches?
2. What methods can they use to collect this information?

Some suggested answers Q1 – Information to collect

* **Contextual information about the community** including:
  + **Community demographics**, including languages spoken, religions, literacy, livelihoods etc,
  + **Community structures** including formal and informal leaders, community groups and associations, other stakeholders such as clinics, health workers, other NGOs, local authorities
  + **Community relations** including how decisions are made, who participates, and if any groups are excluded or marginalized, level of trust, social cohesion and power dynamics between groups and any tensions or conflict
  + **Communication** including peoples’ preferred way to receive information and provide feedback, and which channels of communication they have access to and whether they face any barriers accessing information
  + **Culture and beliefs** including gender roles, attitudes towards marginalized groups, social norms, common religious practices and traditional beliefs or practices – especially in relation to managing outbreaks
  + **Community capacity** including how they are managing the outbreak now, what strengths and skills they have
  + **Perceptions of Alexa Red Cross** including level of trust in the National Society
* **To plan effective RCCE approaches:**
  + **Gaps in knowledge** about the new virus, including causes, symptoms, transmission, treatment, and prevention
  + **Level of threat** people attach to the virus and what concerns them most about it
  + **Common beliefs and rumours about the virus**, and whether people believe these e.g., where it came from, who is affected, how it spreads, symptoms, etc
  + **Any stigma** attached to the virus or those affected
  + **Reasons why people might not engage in safe behaviours or practices** i.e., lack of resources, access to services or conflicting beliefs?
  + **Common and trusted sources of information** about the virus, and how information about the risk is shared in the community
  + **Local phrases** used to describe the risk e.g., the chicken flu

Some suggested answers Q2 – Data collection methods

* **Data can be collected through:** 
  + A mini or rapid knowledge, attitudes, and practices survey – but it would need to be able to be conducted quickly
  + Focus group discussions with different groups, including the Dalis and women’s groups
  + Key informant interviews with community leaders and those with influence in the community such as religious leaders and active community groups in the poburgs.

**TASK 2: Finding community-led solutions (20 mins)**

Unfortunately, cases of the new influenza virus are increasing rapidly in urban areas. The Alexa Ministry of Health has introduced mask wearing and physical distancing recommendations, but these are not being followed in densely populated areas such as urban slums, markets, or places of worship such as churches and mosques. They have asked Alexa Red Cross to step in and work with these communities to find effective ways to implement prevention measures and bring the outbreak under control.

1. Which groups will you work with and how will you go about identifying and supporting community-led solutions?

**Influenza response assessment findings**

* Most people understood standard flu prevention measures, but people said they couldn’t afford to buy masks, and physical distancing and self-isolating when sick would not be possible as they needed to work each day
* The most common sources of information about the new influenza virus were radio (70%), social media (65%), TV (60%) and family, friends, and neighbours (50%)
* However, most people said it was difficult to know which information to trust. The most trusted sources of information about the new virus were community and religious leaders, health workers, and family, friends, and neighbours
* In the poburgs, informal community leaders, women’s groups and market associations said they were being lots of questions about the virus
* There was a higher level of mistrust and denial amongst the Rana communities, who believe the chicken flu has been made up by the Axa Government to destroy their businesses. As a result, a lower percentage of Rana are following key prevention measures like insisting on mask wearing in their shops or allowing staff who are sick to stay home.

Some suggested answers

**Groups to work with include:**

* + Religious leaders of churches and mosques – they are trusted and need to be engaged to find ways to follow physical distancing during services
  + Market associations – have asked for more information and will be critical to finding ways to make physical distancing work in the markets
  + Women’s groups - who commonly discuss childcare and health issues in their groups, and have asked for more information and support so could be important community partners to work with
  + Formal and informal leaders in the poburgs – they are trusted and have been asking questions by community members
  + Rana community and business groups as they have a higher level of mistrust and are a barrier to prevention measures
  + Dali community groups as they live in the poburgs (urban slums)
  + Health workers as they are a trusted source of information
  + Other people of influence in the community – e.g., family, friends and neighbours who are a common and trusted source of information
  + Other active community groups
  + Leaders of criminal gangs
  + Local media, such as radio and TV stations.

**To identify and support community-led solutions:**

* + Carry out FGDs with the groups above and community members in slums, markets, and places of worship to better understand the challenges they face buying masks, physically distancing and self-isolating
  + Build buy-in and understanding amongst these groups about why physical distancing, mask use and self-isolation will help bring the outbreak under control
  + Discuss what potential options exist to make these measures work. For example, staggered timings to visit markets or use shared sanitation facilities, moving religious services online or onto the radio, providing financial support to people who fall sick so they can stay home, and supporting community groups or local tailors to make face masks
  + Support these existing community groups and committees to become influenza task forces, or set these up with broad representation from across these groups and work with them to identify local solutions and plan how these would be implemented, rolled out, supported, and monitored in the community
  + Provide training and ongoing support to these groups and/or influenza task forces on influenza prevention and on RCCE approaches, and any other areas where they might need additional skills to lead and implement the community-led solutions
  + Engage with key groups and people of influence in the Rana community. Address concerns about the influenza outbreak and try to provide evidence it is real and affecting all groups (Rana, Axa and Dali). Ask these influencers to help build trust in the response within the Rana community and explain why it is important to follow prevention measures like mask wearing and isolating when sick. Consider using radio shows, TV, or social media that are popular in Rana communities. Consider encouraging senior Government Axa and Rana ministers to work together to address this issue. Recruit Rana social mobilizers and train them to carry out RCCE activities in their own communities
  + Support them to communicate about the local measures and community-led solutions to the wider community. Good approaches in this situation include organizing the most trusted sources of information, such as community and religious leaders and health workers, to communicate via the most used communication channels, such as radio, social media and TV. Empower the local groups. Face-to-face communication is also preferred and trusted in Alexa, so training and supporting community groups to lead their own RCCE efforts would be very effective – through visits to neighbours and community meetings (if these are still happening)
  + Support these groups to also listen to feedback from their communities and adjust the local community-led solutions when they are not working.

**TASK 3: Risk communication and community engagement (20 mins)**

Six months into the response, and the influenza virus is still heavily affecting urban areas. A new vaccine has been introduced and is being rolled out by the Ministry of Health. Alexa Red Cross recently produced a report documenting community feedback trends and the results of a perception survey. Key findings include:

* Most people (80%) are calling the virus the ‘chicken flu’
* Many people believe the virus only affects Dalis and/or it is curse from God
* The connection to poultry has led to many rumours, including it is caused by dirty chicken farmers and you can’t get it if you are vegetarian. There have been reports of chicken farmers being attacked and their chickens killed
* Vaccine hesitancy is high, particularly amongst the Dalis who were targeted first for immunization as they predominantly live in the poburgs, which have been worst affected. Beliefs include that the vaccine is way to sterilize the Dali community; that it will give you chicken flu; and that it is not safe and being tested on the Dalis. As a result, many Dalis are refusing to get vaccinated and vaccination teams, who are mainly Axa, have been chased out the poburgs
* A common question collected through the feedback mechanism was about the safety of vaccines, particularly for pregnant women, young children, older people, and those with pre-existing conditions
* Many people reported they don’t like wearing masks, because they make it harder to breathe or people in their community think it means they have chicken flu
* Women’s groups have provided feedback many Dalis are not taking sick children for medical treatment when they fall ill. This is because the main Government children’s hospital that provides free services is at the other side of the city, so it is expensive and difficult for women with sick children to travel there.

How can ARC and partners act on and use these findings to improve the effectiveness of the avian influenza response?

1. What issues do they need to discuss, with who, and what RCCE approaches can they use?

Some suggested answers

* **Decide whether to use the language the community are familiar with** to describe the virus i.e., chicken flu, or whether this could cause more harm such as creating stigma or helping to support misinformation
* **Address the beliefs that the virus only affects the Dalis**, or is a curse from god, by explaining how viruses work, where they come from and main methods of transmission to highlight that they can affect anyone. Discuss this with religious leaders to ensure they also understand the virus and how it transmits so they can communicate this to their members. Consider engaging people from a range of groups who would be willing to share their experiences of catching the virus on radio or through TV to show that anyone can be affected
* **Correct the rumours and misinformation** linked to poultry by presenting the facts of how the virus transmits from person to person, meaning vegetarians can also catch it, and try to reduce the stigma against chicken farmers. However, listen to people’s concerns and don’t just tell them they are wrong
* **Engage with the Dali community** **to understand all their concerns about the vaccine**. Work closely with trusted leaders and influencers in the Dali community. Address the misinformation and fears about the vaccine by sharing the facts about the vaccine and how it works through trusted sources and channels. For example, by explaining the poburgs are being vaccinated first because they have the highest rates of infection, not because they have a higher Dali population. If possible, provide evidence the vaccine is also being given to other groups as well. Recruit Dalis into the vaccination teams to build trust and give more ownership to the local community. Consider using radio shows or social media that are popular with Dali communities and in the poburgs.
* **Ramp up RCCE efforts on vaccine safety**. Use trusted channels and sources e.g., health workers on social media, radio and TV who can talk about how the vaccine works and address people’s fears and answer questions.
* **Ensure health workers, social mobilizers, volunteers, community groups, leaders and religious leaders are also full trained on vaccines** and can answer questions in their communities, so they feel confident to explain it and answer questions about its safety as they are trusted sources of information.
* **Explain why masks can help prevent infection** (sell the benefit) and find out more about why people don’t like wearing them. Ramp up RCCE efforts broadly – through the trusted channels and sources – that mask wearing is a way to protect family, friends and community and does not mean you have the chicken flu. Find ways to support masks to be provided through community-led solutions as well.
* **Share feedback on peoples’ lack of access to children’s clinical services with the Ministry of Health, WHO and any other responders providing medical services.** Advocate for them to establish mobile clinics closer to the poburgs so Dali mothers can more easily access care for sick children.