# Scenario exercise: CEA in Emergencies Epidemics

# 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 influenza response?**

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

Use [module 6 in the CEA Guide](https://communityengagementhub.org/wp-content/uploads/sites/2/2021/11/RCRC_CEA_Guide_2022.pdf) and [Tool 15: Feedback Kit](https://communityengagementhub.org/resource/cea-toolkit/) to help you.

**Reminder of information shared in the last tasks**

**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.

**The situation**

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.