Finding: Frustration about unanswered demands for hand washing stations and soap, and lack of access to water.

People are asking, "How can you be educating us about handwashing when we don't have clean water?" and "The pump in the village is broken and I can only carry so much water from the next borehole."

What recommendations could you make that give a starting point for further discussion?

Operations should check with the community and contextual analysis about the issue of access to water - what is the gap? Question back to the community: How many pumps do you have?

Community question: How do you have access to water and when do you have access?

Feedback could be really important to the WASH team to plan interventions in the community - i.e bore holes and what support is needed.

QUESTION: WHAT HAS BEEN TRIED BEFORE? WHAT LOCAL KNOWLEDGE EXISTS THAT WE COULD BUILD ON? COULD WE USE LOCAL MATERIALS TO ADDRESS THIS ISSUE? ANYTHING IN NATURE WE COULD USE

NOW: useful for operation to plan and address frustrations i in the community

Builds trust - when involving community in solution and responding to their concern.

Helpful to operations - understanding vulnerability and context and gender in the community?

Do no harm - when we make our response fit with the environment its sustainable and does no harm

NOW: Change and adjust to priorties of the community. In the future this could see longer term effectivenss of our operations.

Builds on strengths of the community by giving them the tools to acess water.

YELLOW

Finding: There seems to be confusion and discontent with the current ring vaccination strategy.

In the feedback, we heard demands for a broad Ebola virus disease vaccination campaign with a proven vaccine and questions demonstrating lack of understanding about 'ring vaccination' strategy. Community members are saying:
- "Why does the vaccination team come to vaccinate in a neighbourhood only after a confirmed case?"
- "Why are they bringing a test vaccine instead of bringing one that is tested and reliable?"

What recommendations could you make that give a starting point for further discussion?

Try phrasing recommendations as questions to consider.

Questions that can help you identify recommendations are:
- What do we not yet understand?
- How could this feedback be relevant to our operations?
- What does this mean for right now in the operation?
- What does this mean for the future of the operation?

BLUE

Finding: There are many questions about response strategies and tactics and their effectiveness, including why the response hasn't changed or been adapted.

- "How do you explain this reappearance of Ebola in our city?"
- "When will the Ebola outbreak end? We have lost our family members and loved ones; is there no way to take other measures to eliminate the Ebola virus disease?"
- "Why hasn't the response changed strategies, given that the current measures haven't ended the outbreak?"

What recommendations could you make that give a starting point for further discussion?

Try phrasing recommendations as questions to consider.

How are the teams in the field reacting to this community frustration?

Are there information gaps? What communication channels or messages could be implemented?

How can we review our response pillars and strategies? Maybe it's time to review in detail

How can we enable community members to discuss some of these concerns with each other rather than just one way to the RCRC/humanitarians? Community-led solution options?

Have we involved security? What should we do to maintain the safety of field teams and head off any major security risks?

How do we currently explain how case identification, contact tracing, treatment, time duration for case outbreaks, etc.? Is it clearly understood by community members?

Do we need to adjust how we respond to hard questions? Do our field teams need refreshers or support in challenging question navigation?

Traiing for field teams

Radio shows, open mic sessions, community committees

What are the bereavement options or cultural practices for community members? Do we have PSS response gaps?

dentify recommendations are:
erstand?
be relevant to our operations?
right now in the operation?
- How ...
- What ...
- What does this mean for the future of the operation?

Frustration mgmt can be hard when doing face-to-face with field teams

GREEN

Finding: There seems to be confusion and discontent with the current ring vaccination strategy.

In the feedback, we heard demands for a broad Ebola virus disease vaccination campaign with a proven vaccine and questions demonstrating lack of understanding about 'ring vaccination' strategy. Community members are saying:
- "Why does the vaccination team come to vaccinate in a neighbourhood only after a confirmed case?"
- "Why are they bringing a test vaccine instead of bringing one that is tested and reliable?"

What recommendations could you make that give a starting point for further discussion?

Try phrasing recommendations as questions to consider.

Understand misinformation/rumours better - understand where the misinformation is coming from and why people belive it

specific communication on the purpose, process, length of time, who will be included and why. And where people can ask follow up questions

Understand initial communication that has been shared already, start community engagement early

Use human interest stories as part of communication strategy (volunteers and survivors)

Make vaccine process more transparent, for instance using visual to explain, explain to children schools, use community theatre

Continue to listen to communities, what THEY want to know, what they already know.

Engage volunteers more (from same community) to explain vaccines (building trusted relationships, local languages)

Understand potential knowledge gaps of volunteers

Explain side effects and how vaccines works (example covid vaccine for indigenous communities in LAC)

Make use of people who are already vaccinated, to show that people are well after vaccination (look at security risks and safety)

Take time to explain and 'translate' vaccines into local cultural frame of reference, discuss with local community medical leaders

Work with community healers/local community health leaders

Questions that can help you identify recommendations are:
- What do we not yet understand?
- How could this feedback be relevant to our operations?
- What does this mean for right now in the operation?
- What does this mean for the future of the operation?

ORANGE

Finding: Several beliefs shared by community members seem to suggest that there isn't much trust in the response, and that there's high suspicion. There are also instances of community groups not accepting responders.

- "Go away, there's no Ebola here and no need for your big trucks."
- "Ebola arrived when the foreigners did; I think they brought it with them, so I keep my distance from them."
- "If Ebola is such a big problem, why haven't I seen anyone with the disease?"
- "I heard people say that this Ebola in DRC is not real because people don't have symptoms of bleeding. Only fev so it's actually malaria. But they call it Ebola to get paid."

What recommendations could you make that give a starting point for further discussion?

Try phrasing recommendations as questions to consider.

community meetings with community leaders/religious leaders to understand feedback

consider strengthening communication around Ebola symptoms (in community meetings and other channela)

consider checking our CE approaches

addressing specific rumours

Triagulate with other sources (health clinics)

Work with leaders to understand what happens after we have a case

Ensure people understand Who we are and why we are there/confusion about roles/makings sure there is clarity about roles

recommend to look at evidence from before, share that evidence

coming in as observers

EMPATHY: acknowledging the concerns and listening to their recommendations

Questions that can help you identify recommendations are:
- What do we not yet understand?
- How could this feedback be relevant to our operations?
- What does this mean for right now in the operation?
- What does this mean for the future of the operation?

PURPLE

Potential recommendations:

Finding 1:

How might the response help to ensure that hand washing stations are distributed everywhere they are needed to ensure compliance with hygiene?

COVID-19 response in Cameroon, 2019

The Cameroon Red Cross staff and volunteers repeatedly heard requests for water in order to practice proper hygiene. These suggestions were shared and discussed with the Cameroon national co

ordination structure for the COVID-19 response.

As a result, access to water in vulnerable communities was improved through the construction of 2 boreholes and the installation of water tanks in

at-risk communities with a regular supply of water by the national water company.

Finding 2:

Address community members' questions about the ring vaccination strategy.

Consider updating the Frequently Asked Questions document with an explanation about why this is the current strategy.

Does information on the vaccine trial need to be updated?

Check other social science research and vaccine operations data to see how these beliefs and questions may be impacting the vaccination campaign.

Potential recommendations:

Finding 3:
- How can we be more transparent with the community about the response strategy and decision-making process?
- Consider having a response leader address these questions in communications.
- Give regular updates so that these types of questions don't lead to doubt.

Finding 4: Ebola response, Eastern DRC, 2019
- In response to rumours about rocks or banana trunks being buried instead of actual people who had died from Ebola, new types of body bags were purchased.
- These bags have a transparent window, which reassured families and friends of the deceased during the burial process.

Finding 5: Ebola response in Equateur province in DRC, 2020
The humanitarian response to the Ebola outbreak was met with a lot of suspicion and resistance from community groups. The feedback shared by the community allowed responders to address key issues in dialogue sessions with members of the community who formed key pressure groups.
- This led to issues being resolved and members of these groups to be integrated into the response as volunteers.
- More local vaccinators were also hired.