

# COVID-19: COMMUNITY FEEDBACK REPORT

#7 - AFRICA REGION - 13 May 2020



Community feedback considered in this report was received through reports from Community Engagement and Accountability (CEA) focal points, as well as through primary data collection, in 14 African countries.

Red Cross and Red Crescent National Society CEA focal points were asked to share the main rumours, observation, beliefs, questions or suggestions they are hearing in their countries and to grade them according to their frequency. Focal points from the following nine countries provided information this way: Comoros, Madagascar, Mauritius, Niger, Senegal, Seychelles, Somalia, Tanzania, Uganda.

Community feedback was also collected during social mobilization activities in the Democratic Republic of Congo (4781 feedback comments), Cameroon (179), Burkina Faso (72), and South Sudan (11). Activities include focus group discussions, household visits, community

meetings, social mobilization in public spaces, as well as interactive radio shows. Information was not gathered through structured surveys, but volunteers documented comments relating to COVID-19 they heard during their interactions with community members.

Sierra Leone Red Cross shared community feedback received through their National Society hotline (99). Cameroon also documented feedback received through social media (22) and Burkina Faso Red Cross feedback which was shared by staff and volunteers via a WhatsApp group, as well as focus group discussions (39).

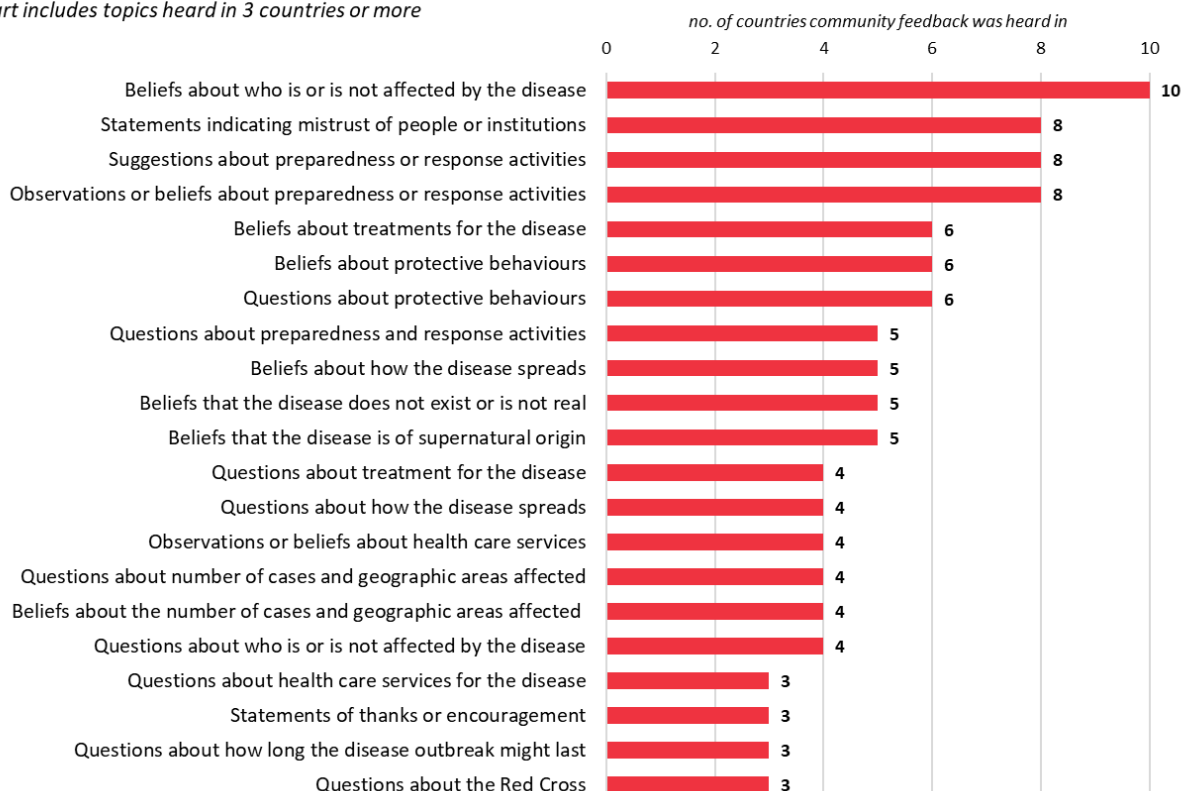
Information included in this report was collected between 29 April and 5 May 2020.

These highlights are not representative for the countries mentioned in the update but indicate broad trends in community perceptions of COVID-19.

## OVERVIEW

### MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES

*This chart includes topics heard in 3 countries or more*



The topic which persists to be discussed in most countries is the topic of **who is or is not affected by COVID-19**. Common beliefs remain that Africans could not get infected or that it is a disease only for rich people. Some people also state that young people would not get it or that it affects those with perceived bad behaviour, such as drug addicts or sex workers.

There are still many comments indicating mistrust in people or organizations in relation to the outbreak, mainly about the **pandemic being used for political purposes or for making money**. Some believe that the disease is deliberately spread with the intention to harm people.

More and more people talk about **preparedness and response activities**. A frequent suggestion is to provide communities with face masks or other protective equipment, as well as the provision of livelihood support. There are

also requests for community health promotion and hand washing equipment.

Many people still ask about the **treatment of those infected with COVID-19**, as well as about **how to prevent the disease**. There is still a lack of knowledge about physical distancing and hand washing and numerous rumours on protective behaviours. Many people mention challenges to adhere to the rules, such as keeping distance to other people, no personal protective equipment, staying home or wearing masks all the time.

Many mention that the pandemic is of **supernatural origin**, mentioning it is the punishment of god or a satanic disease. Others state that it **does not exist** and is something made up.

There is an increasing amount of comments about the **number of confirmed cases and the geographic areas** affected.

## TO ADDRESS THIS, WE NEED TO:

- Scale up risk communication to explain who can be affected by COVID-19, as well as how to prevent and treat COVID-19. Make sure all your staff and volunteers are briefed about these gaps in knowledge, and asked to actively address these in their conversations with people
- Build trust in response efforts by engaging with community leaders, networks and groups, listening to their feedback, concerns and suggestions and working with them to implement solutions and share information with their community members
- Work with people who have recovered from the disease to tell their story in the media and to their communities and make people realize the disease exists
- Involve religious and community leaders in the response, ask them to actively address these gaps in knowledge and build trust in the response with their members
- Find ways to provide and advocate for livelihood support for those who suffer most from lockdown and physical distancing measures
- Work with local and national media and ask them to help address gaps in knowledge and misinformation through their reporting.

## RUMOURS – OBSERVATIONS – BELIEFS

*The rumours, observations and beliefs listed below represent the most frequently heard comments across countries in the IFRC Africa region (in order of most commonly heard).*

### **Beliefs about who is or is not affected by COVID-19**

Heard in: Burkina Faso, Cameroon, DRC, Madagascar, Mauritius, Niger, Senegal, Seychelles, Somalia, Uganda

***“COVID-19 the Toubab’s (white people) matter.”*** – Senegal, National Society report, 4 May 2020

***“This is a disease for the sex workers and drug takers.”*** – Seychelles, National Society report, 4 May 2020

***“The effect of corona virus on black people is minimal compared to the whites.”*** – Uganda, National Society report, 2 May 2020

***“We have only noticed that the epidemic is intended only for the rich and white because it often kills people in this category.”*** – DRC, household visit, 1 May 2020

### **Statements indicating mistrust of people or institutions in relation to the disease outbreak**

Heard in: Burkina Faso, Cameroon, Comoros, DRC, Madagascar, Niger, Senegal, Uganda

***“Some people think Corona does not exist in Madagascar. They say it is a political game.”*** – Madagascar, National Society report, 4 May 2020

***“The Americans sent COVID-19 to Cameroon.”*** – Cameroon, face to face to RC volunteer, 29 April 2020

***“Anyone who is declared corona-positive is being paid a lot of money.”*** – DRC, household visit, 2 May 2020

***“Politicians manipulate data to present more positive cases in the hope of attracting donor funding.”*** – Niger, National Society report, 4 May 2020

### **Observations or beliefs about preparedness or response activities**

Heard in: Burkina Faso, Cameroon, DRC, Senegal, Seychelles, Sierra Leone, Tanzania, Uganda

***“Services for COVID 19 reporting is either ineffective or not responded to.”*** – Tanzania, National Society report, 2 May 2020

***“The agents working at the gate are corrupted by the passengers and now we have another case of COVID-19 at Kasindi.”*** – DRC, household visit, 1 May 2020

***“The lifting of the lockdown proves that COVID-19 did not exist.”*** – Cameroon, face to face to RC volunteer, 29 April 2020

***“I’m convinced that drinking the dolo (local beer) protects against disease, so the town hall has no right to close the bars.”*** – Burkina Faso, household visit, 3 May 2020

## Beliefs about ways to treat COVID-19

Heard in: Burkina Faso, Cameroon, DRC, Madagascar, Senegal, Uganda

***“Our traditional healers have the cure for the disease.”*** – Burkina Faso, focus group discussion with community members, 30 April 2020

***“Covid-19 can be cared for by the clergymen.”*** – Cameroon, face to face to RC volunteer, 29 April 2020

***“We’ve learned that aloe vera is the most effective drug to cure corona.”*** – DRC, household visit, 1 May 2020

***“Washing with seawater can cure COVID-19.”*** – Senegal, National Society report, 2 May 2020

## Observations and beliefs about protective behaviors

Heard in: Burkina Faso, Cameroon, DRC, Niger, Sierra Leone, Uganda

***“We’ll never accept your measures because we can’t afford to feed our children at home.”*** – DRC, household visit, 1 May 2020

***“I can’t wear my mask all the time.”*** – Cameroon, social media, 2 May 2020

***“I’m embarrassed to wear the mask because in the city they say that everyone who wears it blames themselves for being sick.”*** – Burkina Faso, household visit, 3 May 2020

***“Complaints of lack of adequate hand washing facility.”*** – Uganda, National Society report, 2 May 2020

## Beliefs about how the disease spreads

Heard in: Burkina Faso, Cameroon, Comoros, DRC, Mauritius

***“It is true that COVID-19 is more dangerous because it is contaminated in the air.”*** – DRC, household visit, 1 May 2020

***“When you don’t have corona and go to hospital for treatment, you catch corona there.”*** – Mauritius, National Society report, 4 May 2020

***“The dead body can still infect when during cleaning it.”*** – Comoros, National Society report, 4 May 2020

***“Covid-19 can be killed by rays.”*** – Cameroon, focus group discussion with community members, 30 April 2020

## Beliefs that the disease does not exist or is not real

Heard in: Burkina Faso, Cameroon, DRC, Madagascar, Senegal

***“There’s no such thing as corona. It’s malaria.”*** – DRC, household visit, 29 April 2020

***“COVID-19 is a political invention.”*** – Senegal, National Society report, 4 May 2020

***“Coronavirus disease doesn’t exist. It’s a government scam.”*** – Burkina Faso, focus group discussion with community members, 3 May 2020

## Beliefs that the disease is of supernatural origin

Heard in: Burkina Faso, Cameroon, Comoros, DRC, Uganda

***“I think that this disease arrived in Burkina Faso because of the spirits of people killed by armed groups and not buried.”*** – Burkina Faso, household visit, 3 May 2020

***“Covid-19 is divine punishment.”*** – DRC, household visit, 30 April 2020

***“That corona virus is as a result of anger from God and if there is consistent prayer, it will go away.”*** – Burkina Faso, household visit, 3 May 2020

## Observations or beliefs about health care services

Heard in: Cameroon, DRC, Sierra Leone, Tanzania

***“If someone has COVID-19 we have to take him to the hospital, forbid everyone to visit him and if he dies we burn his body.”*** – Cameroon, focus group discussion with community members, 3 May 2020

***“In the DRC we don't have hospitals where corona virus disease is treated.”*** – DRC, household visit, 1 May 2020

***“Sick patients are refusing to go to hospital.”*** – Sierra Leone, National Society hotline, 2 May 2020

***“At hospitals everyone who has high temperature is mixed with the corona patients.”*** – Tanzania, National Society report, 2 May 2020

## Observations and beliefs about the number of cases and geographic areas affected

Heard in: Cameroon, Côte d'Ivoire, DRC, Sierra Leone

***“The death toll for COVID-19 is wrong.”*** – Cameroon, face to face to RC volunteer, 29 April 2020

***“Politicians manipulate data to present more positive cases in the hope of attracting donor funding.”*** – Niger, National Society report, 4 May 2020

***“Because of corona, some of the deaths are attributed to this epidemic.”*** – DRC, household visit, 30 April 2020

## QUESTIONS

The questions listed below represent the most frequently heard comments across countries in the IFRC Africa region (in order of most commonly heard).

### Questions about protective behavior

Heard in: Burkina Faso, Cameroon, DRC, Sierra Leone, Somalia, South Sudan

***“Why do non-infected taximen wear the masks?”*** – DRC, household visit, 30 April 2020

***“How many times can we wash our hands?”*** – Sierra Leone, National Society hotline, 3 May 2020

***“If a breastfeeding mother is affected with Covid-19, what can the mother do to protect the baby?”*** – South Sudan, WhatsApp group with community members, 30 April 2020

***“Does the use of herbal medicine can prevent COVID 19?”*** – Somalia, National Society report, 5 May 2020

### Questions about preparedness and response activities

Heard in: Burkina Faso, Cameroon, DRC, Sierra Leone, Somalia, South Sudan

***“Why are bars opening at the expense of churches and schools?”*** – Cameroon, face to face to RC volunteer, 2 May 2020

***“When will the lockdown end?”*** – DRC, household visit, 1 May 2020

***“Is there any inter-district movement allowed?”*** – Sierra Leone, National Society hotline, 30 April 2020

***“What measures have been taken by the Government to provide the population with?”*** – Burkina Faso, WhatsApp group with staff and volunteers, 30 April 2020

## Questions about ways to treat COVID-19

Heard in: Cameroon, DRC, Somalia, South Sudan

***“Does this disease have medication?”*** – Somalia, National Society report, 5 May 2020

***“Are the drugs made to cure corona virus in Madagascar available?”*** – DRC, household visit, 29 April 2020

***“What is preventing the government from putting in place a policy to popularize the traditional remedy proposed by Monsignor Kleda?”*** – Cameroon, National Society radio show, 2 May 2020

## Questions about how the disease spreads

Heard in: Cameroon, DRC, Somalia, South Sudan

***“Can money not transmit infection on hands since it is held by unknown persons?”*** – South Sudan, WhatsApp group with community members, 30 April 2020

***“Does the mosquito transmit the infection?”*** Somalia, National Society report, 5 May 2020

***“Can pets also transmit the CORONA virus?”*** – DRC, household visit, 1 May 2020

## Questions about the number of cases and geographic areas affected

Heard in: Burkina Faso, Cameroon, DRC, Sierra Leone

***“How many confirm death of corona in Sierra Leone?”*** – Sierra Leone, National Society hotline, 29 April 2020

***“Why do the confirmed COVID-19 cases in our country nothing but increase day by day?”*** – DRC, household visit, 22 April 2020

***“What are the exact numbers of the sick?”*** – Cameroon, face to face to RC volunteer, 29 April 2020

## Questions about who is or is not affected by COVID-19

Heard in: Burkina Faso, Cameroon, DRC, Sierra Leone

***“Isn't Coronavirus a rich person's disease?”*** – Burkina Faso, WhatsApp group with staff and volunteers, 30 April 2020

***“Can the military not be caught by covid-19 as they are crammed into their vehicles?”*** – DRC, household visit, 29 April 2020

***“Who are prone to corona?”*** – Sierra Leone, National Society hotline, 2 May 2020

## Questions about health care services for the disease

Heard in: Cameroon, DRC, South Sudan

***“When will there be testing for covid-19?”*** – South Sudan, WhatsApp group with community members, 30 April 2020

***“What's stopping the door-to-door testing?”*** – Cameroon, National Society radio show, 2 May 2020

***“Is there a vaccine against COVID-19?”*** – DRC, household visit, 30 April 2020



## Questions about how long the pandemic may last

Heard in: Cameroon, DRC, Sierra Leone

**“When does COVID-19 end?”** – Cameroon, face to face to RC volunteer, 29 April 2020

**“How long does the coronavirus disease last?”** – DRC, household visit, 29 April 2020

**“When will this end?”** – Sierra Leone, National Society hotline, 30 April 2020

## Questions about the Red Cross

Heard in: Cameroon, DRC, Sierra Leone

**“Why isn't the Cameroon RC testing for COVID-19?”** – Cameroon, face to face to RC volunteer, 30 April 2020

**“What are the concrete actions that the Red Cross has implemented in response to the spread of this pandemic in Cameroon?”** – Cameroon, National Society radio show, 2 May 2020

**“Any food from Red Cross?”** – Sierra Leone, National Society hotline, 3 May 2020

**“You're starting to circulate, is it not a policy to bring Corona into our community?”** – DRC, household visit, 1 May 2020

## SUGGESTIONS

The suggestions listed below represent the most frequently heard comments across countries in the IFRC Africa region.

### Suggestions about preparedness or response activities

Heard in: Burkina Faso, Cameroon, DRC, Niger, Sierra Leone, South Sudan, Tanzania, Uganda

**“We ask for food aid to alleviate the suffering of the communities.”** – Niger, National Society report, 2 May 2020

**“Please end the lockdown as the population is suffering from famine.”** – DRC, household visit, 1 May 2020

**“That sensitization on coronavirus be uniform.”** – DRC, household visit, 29 April 2020

**“Effective community activities: community sensitization in groups, enforcement by surveillance committees, educational talks, accompanying the leaders with in kind-donations, imposing the test on everyone, distributing posters in the community.”** – Cameroon, focus group discussion with community members, 30 April 2020

**“Suggested trainings for all the community members in the settlement.”** – Uganda, National Society report, 2 May 2020

**“That the government provide us with protective gear such as facemasks and gloves.”** – DRC, household visit, 1 May 2020

**“Open schools and churches as other activities are underway.”** – DRC, household visit, 1 May 2020

## APPRECIATION - ENCOURAGEMENT

*The statements of thanks and encouragement listed below represent the most frequently heard comments across countries in the IFRC Africa region.*

### **Statement of thanks and encouragement**

Heard in: Cameroon, DRC, Sierra Leone

***“We still want the sensitization done by the Red Cross because thanks to it we easily understand the information on prevention and the mode of transmission of COVID-19.”*** – DRC, household visit, 1 May 2020

***“Courage to volunteers.”*** – Cameroon, WhatsApp, 2 May 2020

***“I’ve been listening to the Red Cross radio show and it’s a good initiative.”*** – Cameroon, social media, 2 May 2020

***“Thanks to Red Cross for educating us about our sick uncle who was taken away by health workers”*** – Sierra Leone, National Society hotline, 5 May 2020

FOR MORE INFORMATION ON IFRC RISK COMMUNICATION AND COMMUNITY ENGAGEMENT EFFORTS ON COVID-19 IN AFRICA, PLEASE CONTACT SHARON READER AT [SHARON.READER@IFRC.ORG](mailto:SHARON.READER@IFRC.ORG).