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 23 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 15 countries provided information this way: Benin, Botswana, Burundi, Comoros, Congo-Brazzaville, Ethiopia, Kenya, Liberia, Madagascar, Mauritius, Niger, Seychelles, Somalia, South Africa, Sudan.

Community feedback was also collected during social mobilization activities in the Democratic Republic of Congo (5954 feedback comments), Cameroon (91), Burkina Faso (29), Côte d’Ivoire (30), Rwanda (19), Mozambique (11) South Sudan (7). 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 (26).

Information included in this report was collected between 22 and 28 April.

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 4 countries or more.*

<table>
<thead>
<tr>
<th>Topic</th>
<th>No. of Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs about who is or is not affected by the disease</td>
<td>11</td>
</tr>
<tr>
<td>Statements indicating mistrust of people or institutions</td>
<td>9</td>
</tr>
<tr>
<td>Beliefs about treatments for the disease</td>
<td>9</td>
</tr>
<tr>
<td>Beliefs about protective behaviours</td>
<td>8</td>
</tr>
<tr>
<td>Questions about protective behaviours</td>
<td>7</td>
</tr>
<tr>
<td>Beliefs that disease is man-made</td>
<td>6</td>
</tr>
<tr>
<td>Suggestions about preparedness or response activities</td>
<td>6</td>
</tr>
<tr>
<td>Questions about preparedness and response activities</td>
<td>6</td>
</tr>
<tr>
<td>Beliefs about how the disease spreads</td>
<td>5</td>
</tr>
<tr>
<td>Questions about treatment for the disease</td>
<td>5</td>
</tr>
<tr>
<td>Beliefs that disease does not exist or is not real</td>
<td>5</td>
</tr>
<tr>
<td>Questions about how the disease spreads</td>
<td>5</td>
</tr>
<tr>
<td>Questions about the symptoms of the disease</td>
<td>5</td>
</tr>
<tr>
<td>Observations or beliefs about health care services</td>
<td>4</td>
</tr>
<tr>
<td>Questions about health care services</td>
<td>4</td>
</tr>
<tr>
<td>Statements of thanks or encouragement</td>
<td>4</td>
</tr>
<tr>
<td>Questions about number of cases and geographic areas affected</td>
<td>4</td>
</tr>
</tbody>
</table>
This report shows there persists a confusion in communities about COVID-19, particularly about who is or is not affected by the disease. Common beliefs remain that it is only white, rich or elderly people that are infected. There was an increase of people stating that it only affects those living in urban areas in this week.

A considerable amount of comments indicate 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 and/or minimize the world’s population or African specifically.

There is still a lack of knowledge and numerous rumours on how to treat COVID-19 or the necessary protective behaviour, with many people mentioning traditional herbs, alcohol, hot beverages, garlic or prayer.

There is an increasing amount of comments on preparedness and response activities, with many asking for the distribution of handwashing equipment as well as face masks. Community members also ask for the reopening of churches in schools in DRC. There are also requests from testimonials of people who have recovered from the disease.

There is also an increase in comments about livelihoods, the impact the lockdown has on it and requests for support.

There are still rumours and questions about vaccines, as well as comments and questions about general health services, for example about where to go to receive COVID-19 treatment.

If these rumours are not addressed, they could affect the safe access of Red Cross and Red Crescent volunteers. Based on the feedback in the report, National Societies and partners are recommended to scale up risk communication to explain who can be affected by COVID-19 and correct methods of prevention and treatment. It is also important to explain the virus is a natural phenomenon and what the Red Cross Red Crescent is doing to bring the outbreak under control, including explaining why these activities are expected to help.

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

Heard in: Benin, Burkina Faso, Cameroon, Côte d’Ivoire, DRC, Ethiopia, Liberia, Mauritius, Mozambique, Rwanda, South Africa

“Coronavirus is the disease of big cities.” – Burkina Faso, 26 April 2020

“Coronavirus does not kill children.” – Face to face to RC volunteer, Cameroon, 23 April 2020

“It’s a disease for the white people.” – National Society report, South Africa, 22 April 2020

“Corona affects only young old people, people with chronical illnesses and youth with bad behaviours (who take alcohol and drugs).” – National Society report, Mauritius, 27 April 2020

“Covid-19 is a disease of the nonbelievers.” – Household visit, DRC, 22 April 2020
COVID-19: COMMUNITY FEEDBACK REPORT

#6 - AFRICA REGION - 6 May 2020

Statements indicating mistrust of people or institutions responding to the disease outbreak

Heard in: Benin, Burkina Faso, Cameroon, Comoros, Congo-Brazzaville, Côte d'Ivoire; DRC, Liberia, Madagascar

“A political war between the great forces that wanted to eradicate Africa, and it backfired.” – Household visit, Côte d'Ivoire, 25 April 2020

“Most people do not agree with the masks coming from Europe, for them they are poisoned masks, which will kill slowly.” – National Society report, Benin, 28 April 2020

“The corona does not exist in Africa it’s a flattery to take advantage of the financing.” – Household visit, DRC, 22 April 2020

“The government is giving false figures on cases.” – Focus group discussion with community members, Côte d'Ivoire, 26 April 2020

Beliefs about ways to treat COVID-19

Heard in: Botswana, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, DRC, Liberia, Madagascar, Rwanda

“Corona is treated by traditional medicine, no need to seek for hospital assistance.” – National Society report, Madagascar, 27 April 2020

“COVID-19 can be cured by using herbs.” – National Society report, Botswana, 26 April 2020

“Locally made juice commonly called cane juice is the medicine for the COVID-19.” – National Society report, Liberia, 28 April 2020

“Traditional healers can treat the coronavirus well.” – Burkina Faso, 26 April 2020

“Chloroquine is a treatment for COVID-19.” – Face to face to RC volunteer, Cameroon, 23 April 2020

Beliefs about protective behaviors

Heard in: Benin, Botswana, Burkina Faso, Cameroon, DRC, Ethiopia, Kenya, Sudan


“Drinking tea without sugar will prevent COVID 19.” – National Society report, Sudan, 27 April 2020

“COVID-19 can be prevented with garlic and ginger.” – Cameroon, 23 April 2020

“Only prayer can help us defeat the coronavirus.” – Burkina Faso, 26 April 2020

Beliefs that the disease is man-made

Heard in: Benin, Burkina Faso, Comoros, Côte d'Ivoire, DRC, Rwanda

“The COVID-19 virus was created by white people to eliminate the elderly from their population, because it is expensive for them to take care of the elderly.” – Côte d'Ivoire, 24 April 2020

“It was the Chinese who made the corona in revenge against the Americans.” – Household visit, DRC, 24 April 2020

“The virus is created by Bill Gate to enhance his business.” – National Society report, Comoros, 27 April 2020
Beliefs about how the disease spreads
Heard in: Burkina Faso, Cameroon, Côte d'Ivoire, DRC, Kenya


“The virus cannot withstand the high heat in Burkina Faso.” – Burkina Faso, 26 April 2020

“The virus is in the air.” – Focus group discussion with community members, Côte d'Ivoire, 23 April 2020

Beliefs that the disease does not exist or is not real
Heard in: Burkina Faso, Congo-Brazzaville, Côte d'Ivoire, DRC, Madagascar

“The disease does not exist, because no one has yet seen on TV a patient suffering from it on his hospital bed.” – Burkina Faso, 26 April 2020


Observations or beliefs about health care services
Heard in: Côte d’Ivoire, DRC, Sierra Leone, Sudan

“A sick patient refuses to go to the hospital.” – National society hotline, Sierra Leone, 27 April 2020

“We're afraid of the corona vaccine because it's poisonous.” – Household visit, DRC, 24 April 2020

“The spread of the disease is high and health services are poor.” – National Society report, Sudan, 27 April 2020

Questions about protective behavior
Heard in: Cameroon, Mozambique, DRC, Niger, Rwanda, Sierra Leone, Somalia

“How to use and what is the duration of a face mask?” – Face to face to RC volunteer, Cameroon, 23 April 2020

“Why even healthy people are recommended to wear the mask?” – National Society report, Niger, 27 April 2020

“How many times can we wash our hands?” – National Society hotline, Sierra Leone, 26 April 2020

“What can we older people do to protect ourselves?” – Focus group discussion with community members, Mozambique, 23 April 2020

“How to protect yourself at the market?” – Household visit DRC, 23 April 2020
COVID-19: COMMUNITY FEEDBACK REPORT

#6 - AFRICA REGION - 6 May 2020

Questions about preparedness and response activities
Heard in: Cameroon, Côte d’Ivoire, DRC, Mozambique, Rwanda, Sierra Leone

“Any plan to continue the lockdown?” – National Society hotline, Sierra Leone, 25 April 2020

“Why does the government continue to confine the other provinces that are not affected?” – Household visit, DRC, 22 April 2020

“What do you propose in the face of growing poverty?” – Focus group discussion with community, Côte d’Ivoire, 23 April 2020

“Why don’t you give us masks and gloves for protection?” – Household visit, Rwanda, 27 April 2020

Questions about ways to treat COVID-19
Heard in: Botswana, Cameroon, DRC, Mozambique, Rwanda

“Is there a treatment for corona virus?” – Household visit, DRC, 24 April 2020

“How is COVID-19 treated?” – Social media, Cameroon, 24 April 2020

“If chloroquine cures COVID-19, why those countries stricken by COVID-19 don’t use it?” – National Society report, Rwanda, 27 April 2020

“Is quinine really effective for treating coronavirus?” – Household visit, DRC, 22 April 2020

Questions about how the disease spreads
Heard in: Cameroon, Côte d’Ivoire, DRC, Kenya, Rwanda

“Does covid 19 spread more at night than during the day?” – Focus group discussion with community members, Côte d’Ivoire, 23 April 2020

“Can’t the money contaminate us, too?” – Face to face to RC volunteer, DRC, 24 April 2020

“Can’t the person transported on the motorcycle contaminate the biker?” – Face to face to RC volunteer, DRC, 24 April 2020

“Are animals likely to transmit the disease?” – National Society report, Kenya, 24 April 2020

Questions about the symptoms of the disease
Heard in: Cameroon, DRC, Ethiopia, Kenya, Somalia

“How do we know if we are infected?” – National Society report, Somalia, 26 April 2020

“What are the symptoms of COVID 19?” – National Society report, Ethiopia, 27 April 2020

“If I have one symptom, does it mean I have the virus?” – National Society report, Kenya, 27 April 2020

Questions about health care services for the disease
Heard in: Cameroon, DRC, Rwanda, Somalia

“Is the corona vaccine already available??” – Household visit, DRC, 24 April 2020

“Why aren’t people vaccinating aagainst the CORONA virus?” – Household visit, DRC, 22 April 2020

“Where can we take the someone suffering from COVIC-19?” – Household visit, DRC, 22 April 2020

“Are patients with COVID-19 receiving health care?” – Face to face to RC volunteer, Cameroon, 23 April 2020
“What can you do when you have been tested positive of COVID-19?” – Household visit, Rwanda, 27 April 2020

Questions about the number of cases and geographic areas affected
Heard in: Cameroon, Côte d’Ivoire, DRC, Sierra Leone

“How many cases are there in Cameroon?” – Face to face to RC volunteer, Cameroon, 24 April 2020

“How many confirm death of corona in Sierra Leone?” – National Society hotline, Sierra Leone, 26 April 2020

“How many people are already infected with Covid-19?” – Household visit, DRC, 22 April 2020

SUGGESTIONS

Suggestions about preparedness or response activities
Heard in: Botswana, Cameroon, Côte d’Ivoire, DRC, Somalia, South Sudan

“Give us face masks and gloves, it’s very necessary really..” – Household visit, DRC, 22 April 2020

“We need hand washing facilities in our homes, and the Government should provide food to the citizens since people are in lockdown.” – Community meeting, South Sudan, 22 April 2020

“Advocate with the authorities to end the lockdown because we’ll starve to death.” – Household visit, DRC, 22 April 2020

“We need our children to go back to school....” – Household visit, DRC, 22 April 2020

APPRECIATION - ENCOURAGEMENT

Statement of thanks and encouragement
Heard in: Cameroon, DRC, South Sudan, Somalia

“Thanks to South Sudan RC for giving awareness, innovations of Tip-Taps in public places to enhance proper and frequent hand washing” – Key informant interview, South Sudan, 24 April 2020

“Thank you for your sensitization on corona.” – Household visit, DRC, 22 April 2020

“We encourage you the Red Cross for spreading this message.” – Household visit, DRC, 22 April 2020

“Congratulations and courage to the CRC for their presence in the field ” – Household visit, DRC, 23 April 2020
How should we respond to community feedback? Update your messages and activities to:

- share this factsheet with staff and volunteers
- address rumours and misinformation, you hear in communities by providing the correct information,
- answer questions communities have about COVID-19, and
- use community suggestions to improve the response where possible.

To support this process, the IFRC CEA team will:

- support more National Societies to collect, use and act on community feedback,
- produce weekly fact sheets addressing the most commonly asked questions, rumours and fears, collected that week from communities across Africa,
- produce weekly videos with a health expert answering most relevant questions from community members and providing the needed facts, the videos will be shared through IFRC Africa’s Twitter platform.

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.