

Community feedback considered in this report was collected between the **20 May and 2 June 2020** and shared by Community Engagement and Accountability (CEA) focal points in **20 African countries**.

Community feedback was collected during conversations with community members during social mobilization activities in seven countries: the Democratic Republic of Congo (18793 feedback comments), Cameroon (1350), Togo (66), Uganda (10), Guinea (6), Mali (3) and South Sudan (2). Feedback received through the National Society hotline in Sierra Leone (103), as well as feedback collected through social media and WhatsApp groups with both community members and staff and volunteers in Cameroon (443) has also been included. Focal points in 12 countries shared the main rumours, observation, beliefs, questions or suggestions they are hearing in their countries: Botswana, Burundi, Kenya, Malawi, Mozambique, Namibia, Seychelles, Somalia, South Africa, South Sudan, Tanzania, Zambia, Zimbabwe.

The community feedback heard across most countries in the last two weeks were **comments indicating mistrust in people or organizations** in relation to the outbreak. Most commonly it is mentioned that the outbreak is used to **make money, for political purposes or for intentionally harming people**. This is often mentioned together with the belief that the disease does not exist in the respective region or country.

This is followed by statements on who is affected by the disease, with the common

assumption remaining that COVID-19 is a **disease of foreign, white and rich people** and that it has less effect on Africans.

A recurring topic are rumours, observations and questions about **behaviors to protect yourself from COVID-19**. Many community members talked about **face masks**, and mention the incorrect use thereof, but also suspicion of masks with comments on negative side effects or rumours that masks are infected with COVID-19. There was also an increasing amount of mentions of **complacency** of people, as well as difficulties with practicing **physical distancing**.

Another common topic was the **treatment** of the disease, as well as **health care services**. Many mentioned natural remedies and alcohol as ways to cure COVID-19, and there were also comments on the cure already having been found. Many ask about how to treat infected people, as well as where patients should go or are taken care of. There are also questions about the **availability of a vaccine**, and strong resentment of a COVID-19 vaccine by some.

Many comments related to **response activities**, with many questions about the lockdown, as well as when places such as schools and places of worship will be opened again. People were also providing many suggestions on how to improve the response and ask for the distribution of hand washing equipment, personal protective equipment (mainly face masks) and community health promotion.

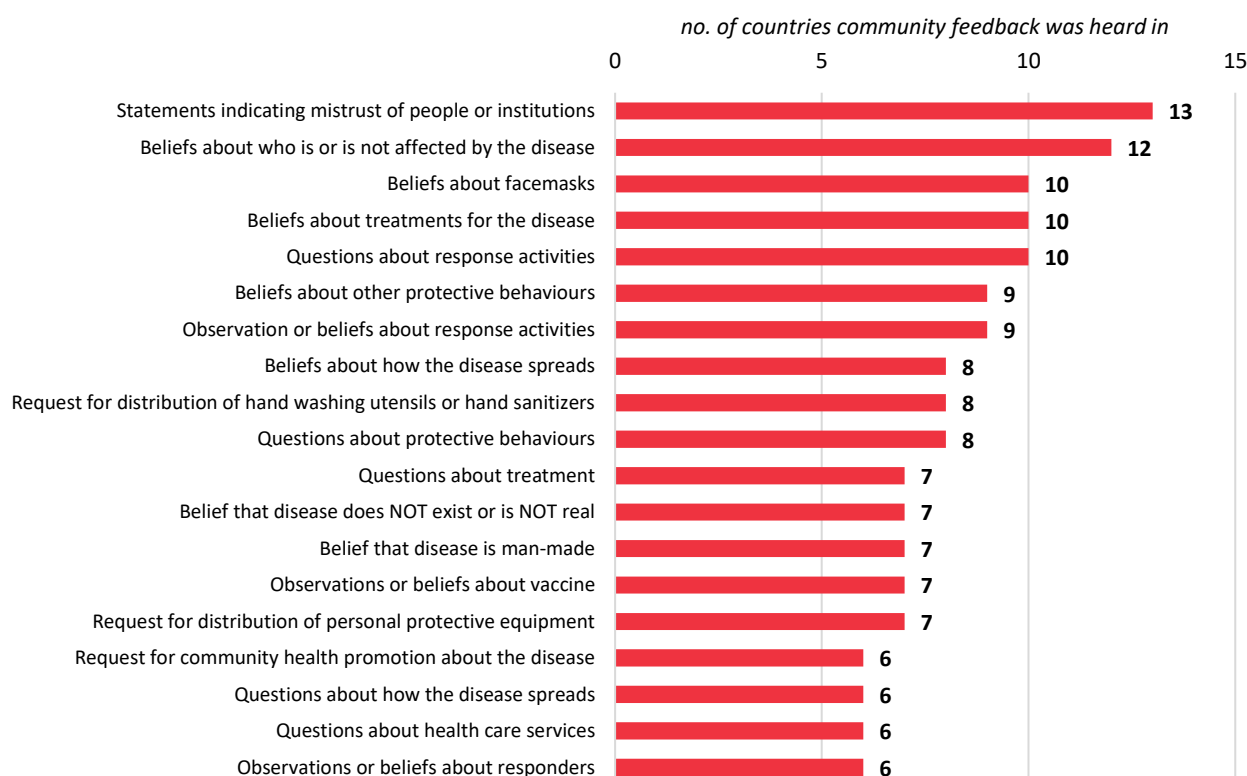
TO ADDRESS THIS FEEDBACK, WE NEED TO:

- We recommend National Societies organise some Focus Group Discussions (if possible) or key informant interviews (by phone if necessary) to find out why people believe COVID-19 is being deliberately spread to harm people and why they believe it does not affect Africans. Until we fully understand where these beliefs come from, it is hard to challenge them and the risk is if mistrust of the response continues it could undermine National Society efforts to stop the outbreak. Also, if people believe they are immune to COVID-19 they are unlikely to follow prevention measures and so infection and death rates will increase.

- Share the [Ask Dr Ben video on safe mask use](#) and addressing the belief [Africans are immune](#) consider dubbing these into local languages or remaking with National Society health staff and sharing widely with volunteers and communities through social media and WhatsApp.
- Actively discuss COVID-19 prevention and who can catch the virus during all social mobilization activities. Explain how COVID-19 spreads, so people understand why prevention measures work. Also warn people about the measures that won't work.
- Provide practical guidance on how to address challenges to adopt protective behaviours, such as how to use a limited amount of water when washing your hands, as well as how to make your own face mask and use it in a safe way.
- Work with people who have recovered from the disease, as well as their families to support them to tell their story and provide communities with more evidence of the existence of the disease.
- Provide clear information on health care services, including where patients are treated and what the procedures are in place to protect people from contamination at hospitals.
- If herbal cures are popular in your country, address this with communities by explaining that so far no cure has been proven to work, so until we have proof, people should continue to follow measures like physical distancing and hand washing as we know these definitely work.
- Work with local and national media and ask them to help address gaps in knowledge and misinformation through their reporting, including reporting stories about people who have recovered from the disease so people realize the virus is real. If your National Society is broadcasting radio or TV shows consider having a show where people who have had COVID-19 can call in to tell their story.

MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES

This chart includes topics heard in 6 countries or more



MOST COMMON COMMUNITY FEEDBACK ACROSS COUNTRIES

1. Statements and questions indicating mistrust and denial of the pandemic

Heard in: Botswana, Burundi, Cameroon, DRC, Guinea, Kenya, Mali, Malawi, Mozambique, Namibia, South Africa, Tanzania, Togo, Zambia

Rumours, observations and beliefs:

"The government needs to reach a certain number of cases in order to receive Western funding. That's why it says everyone is positive." – Guinea, key informant interview, 26 May 2020

"It is not real but political conspiracy, we have not seen any one sick from it." – South Africa, National Society report, 20 May 2020

"COVID-19 was released by white people to kill us." – Cameroon, focus group discussion with community members, 23 May 2020

"G5 wants to rule the world, there is no disease called coronavirus." – Togo, focus group discussion with community members, 24 May 2020

Questions:

"COVID-19 figures are being cooked by authorities?" – Malawi, National Society report, 22 May 2020

"The Goma case is a policy between the government and the customs officers. They sent it to contaminate us?" – DRC, household visit, 23 May 2020

2. Confusion around who is or is not affected by COVID-19

Heard in: Cameroon, DRC, Guinea, Malawi, Mozambique, Namibia, Somalia, South Africa, South Sudan, Uganda, Zambia, Zimbabwe

Rumours, observations and beliefs:

"COVID-19 does not kill blacks" – Zimbabwe, National Society report, 25 May 2020

"We don't believe that COVID-19 can actually lead to the death of Ugandans; because of the varied nutritious food we eat." – Uganda, focus group discussion with community members, 23 May 2020

"Corona is a white person's disease." – DRC, household visit, 25 May 2020

"COVID-19 only kills elderly people." – Cameroon, face to face to RC volunteer, 20 May 2020

Questions:

"Can children catch COVID-19?" – Cameroon, focus group discussion with community members, 23 May 2020

"Can corona kill us, people with black skin?" – DRC, face to face to RC volunteer, 25 May 2020

3. Rumours and questions on protective behaviours, especially face masks

Heard in: Botswana, Cameroon, DRC, Guinea, Kenya, Mozambique, Malawi, Seychelles, Sierra Leone, South Africa, South Sudan, Tanzania, Togo, Zambia

Rumours, observations and beliefs:

"People wear masks a lot less." – Cameroon, face to face to RC volunteer, 20 May 2020

"Masks stifle your breathing." – DRC, household visit, 22 May 2020

"People are misusing the face mask." – Sierra Leone, National Society hotline, 20 May 2020

"Wearing mask for long time can lead to oxygen reduction in the blood, brain and you start feeling weak and may lead to death." – South Sudan, WhatsApp group with staff and volunteers, 22 May 2020

"People in my community wash their hands regularly, even though there is not enough water." – Cameroon, focus group discussion with community members, 23 May 2020

"Children no longer have the right to play and go to school. It is difficult to sensitize children to stay at home." – Mozambique, National Society report, 21 May 2020

Questions:

"Are disinfectants more effective than masks?" – Cameroon, National Society radio show, household visit, 30 May 2020

"Who is allowed to use cloth face mask?" – Malawi, National Society report, 1 June 2020

"Can tailored masks (zilizoshonwa) protect you from the virus?" – Tanzania, National Society report, 24 May 2020

"How do you know how to identify the right disinfectant on the market?" – Cameroon, National Society radio show, 30 May 2020

"Why do people not keep their distance at the market?" – DRC, face to face to RC volunteer, 29 May 2020

"Social distancing - how will it actually be maintained on the beach, schools etc?" – Seychelles, National Society report, 25 May 2020

4. Statements on response activities

Heard in: Botswana, Cameroon, DRC, Guinea, Malawi, Mozambique, Namibia, Seychelles, Sierra Leone, South Africa, South Sudan, Uganda, Togo

Rumours, observations and beliefs:

"The day before yesterday, they were talking about 20 cases, but yesterday they were talking about 8 cases. There is a contradiction here." – DRC, household visit, 25 May 2020

"Due to lockdown some people have lost their livelihoods." – Botswana, National Society report, 1 June

"Opening the borders allowed the virus to spread." – Cameroon, focus group discussion with community members, 25 May 2020

"You have failed to protect barriers and borders." – DRC, household visit, 20 May 2020

Questions:

"Isn't the measure of isolating people to treat them for COVID just a way of stigmatising them which will incite fear and panic in other people?" – Cameroon, National Society radio show, 30 May 2020

"What day will schools and churches open?" – DRC, household visit, 29 May 2020

"For Ebola, they built isolation chambers, so why are they not doing the same for COVID-19?"

– DRC, household visit, 20 May 2020

"How will health and safety be sustained in the work place and the schools during/after COVID 19?" – Seychelles, National Society report, 25 May 2020

"When are we getting food parcels?" – South Africa, National Society report, 24 May 2020

"In other countries they show people who are sick, why doesn't Mozambique do the same? If they don't show it's because nobody is really infected here." – Mozambique, National Society report, 25 May 2020

Suggestions:

"The Cameroonian Red Cross should provide running water for the population to help with hand washing." – Cameroon, focus group discussion with community members, 23 May 2020

"We are asking for washbasins, chlorine and soap for hand washing." – DRC, household visit, 20 May 2020

"Masks should be sold at a very low price." – Togo, focus group discussion with community members, 24 May 2020

"The vigilance service should be strengthened at borders and barriers to prevent the spread of the pandemic." – DRC, face to face to RC volunteer, 27 May 2020

"People who lost income wants Government to pay them weekly allowances, especially the street vendors." – Namibia, National Society report, 20 May 2020

5. Comments and questions about treatment and health care services

Heard in: Botswana, Burundi, Cameroon, DRC, Guinea, Kenya, Sierra Leone, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbabwe

Rumours, observations and beliefs:

"The Bishop of Douala has the cure and we need not bother." – Cameroon, face to face to RC volunteer, 20 May 2020

"God will give us the cure for coronavirus." – DRC, household visit, 29 May 2020

"Drinking alcohol can eradicate COVID-19." – Zambia, National Society report, 20 May 2020

"The WHO lives off the suffering of others which is why it is not encouraging traditional medicine, which already has the solution to COVID-19, and influences our authorities to follow and not listen to the pharmacopoeia. It promotes the spread of disease to create positions for consultants and salaried employees." – Guinea, key informant interview, 26 May 2020

"People infected with COVID-19 die because there is no real care." – Cameroon, focus groups discussion, 23 May 2020

"People avoid hospitals, but they go to some clinics, to healers, and sometimes they can self-medicate." – Togo, focus groups discussion, 24 May 2020

"People were also saying that though we are saying that there is no vaccine, vaccine is there, no wonder there are some recoveries almost everyday." – Zambia, National Society report, 2 June 2020

Questions:

"Are traditional treatments effective?" – Cameroon, National Society radio show, 20 May 2020

"Why don't white people want us to use artemisia?" – Togo, focus group discussion with community members, 24 May 2020

"Is it true that there are organic/herbal medicines able to suppress the corona virus?" – Tanzania, National Society report, 24 May 2020

"What are WHO researchers waiting for to make the coronavirus vaccine?" – DRC, household visit, 27 May 2020

"If someone doesn't have the means, how can they go to hospital?" – DRC, face to face to RC volunteer, 22 May 2020

"Where are they treating coronavirus victims?" – DRC, household visit, 27 May 2020

VIOLENT STATEMENTS

The statements listed below include all comments classified as violent statements across countries in the IFRC Africa region.

Threats against Red Cross volunteers

Heard in: DRC

"You continue to multiply the Coronavirus cases because we are welcoming you into the community. You're going to feel us." – Butembo, North Kivu/DRC, household visit, 30 May 2020

Violent statements

Heard in: DRC

"People who work in the fight against Coronavirus will be hunted down and killed." – Kalunguta, North Kivu/DRC, household visit, 30 May 2020

"If Coronavirus comes here to Butembo, we will use the 'eye for an eye' principle." – Katwa, North Kivu/DRC, household visit, 23 May 2020

"Please do everything you can to stop Covid-19 in Goma and Kinshasa because we will destroy all the trucks and burn down all the hospitals in Butembo." – Katwa, North Kivu/DRC, household visit, 21 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

“Well done for continually raising awareness. When we see you, we trust you and know we are being listened to.” – Cameroon, face to face to RC volunteer, 20 May 2020

“We would like to thank the volunteer team from the Red Cross for raising awareness of the fight against COVID-19 and Ebola.” – DRC, face to face to RC volunteer, 25 May 2020

“Thank you for all that you do to explain COVID-19 to us.” – Cameroon, National Society radio show, 23 May 2020

“Congratulations to the Red Cross and its partners for these broadcasts because thanks to them we know how to protect ourselves from diseases.” – DRC, face to face to RC volunteer, 26 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.