

Community feedback considered in this report was collected between the **13 and 19 May 2020** and shared by Community Engagement and Accountability (CEA) focal points in **12 African countries**.

Community feedback was collected during conversations with community members during social mobilization activities in three countries: the Democratic Republic of Congo (8325 feedback comments), Cameroon (2790), Togo (22) and Rwanda (4). Feedback received through the National Society hotline in Sierra Leone has also been included (655). Feedback was also collected through social media and WhatsApp groups with both community members and staff and volunteers in Cameroon (1140). Focal points in seven countries shared the main rumours, observation, beliefs, questions or suggestions they are hearing in their countries: Ethiopia, Kenya, Madagascar, Seychelles, South Sudan, Sudan, Tanzania.

The most common community feedback are **comments indicating mistrust in people or organizations** in relation to the outbreak, mainly about the **pandemic being used making money**. Many mention that the disease is used for political purposes, or is man-made. This is followed by statements that the **disease does not exist** at all. Comments of denial are often mentioned in relation to not having seen sick or dead people in real life or on the media.

A recurring topic are rumours, observations and questions about **behaviors to protect yourself from COVID-19**. While some mention

challenges with wearing face masks and ask about the correct use, others mention difficulties to keep a distance to other people in markets, or complacency of community members. There are also questions about correct barrier measures in general, and hand washing more specifically.

Confusions around **how the disease spreads as well as who is or is not affected by COVID-19 persists**. Some mention the disease being airborne or transmitted via satellites or contaminated face masks. Common beliefs remain that Africans cannot get infected or that it is a disease only for rich people.

A common topic are also health care services in general, with mentioned of **fear and refusals to go to hospitals** as they are afraid of being contaminated, mixed up with COVID-19 cases and sent to quarantine. There are also questions about the **availability of medication for COVID-19 or a vaccine**, and strong resentment of a COVID-19 vaccine by some.

Many community members talk and ask about the **number of confirmed cases as well as the geographic areas affected**, with many stating that the disease has not arrived in their location.

Many comments related to **response activities**, with many commenting on the lockdown or lifting of it. People suggest scaling up community health promotion and distributing hand washing equipment or PPE. There are also requests for lifting, as well as reinstating a lockdown.

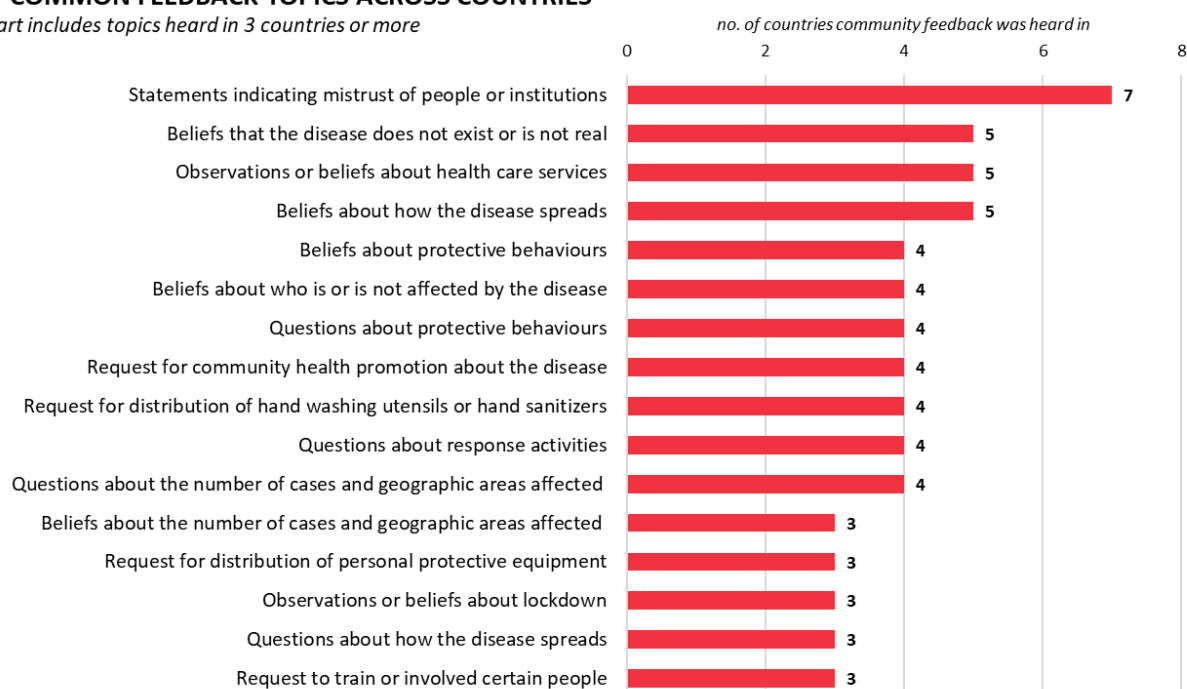
TO ADDRESS THIS FEEDBACK, WE NEED TO:

- Engage communities, groups and leaders in conversations to understand why they mistrust the response and directly address these concerns to build their trust.
- 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.

- 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 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.

MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES

This chart includes topics heard in 3 countries or more



MOST COMMON COMMUNITY FEEDBACK ACROSS COUNTRIES

1. Statements indicating mistrust and denial of the pandemic

Heard in: Cameroon, DRC, Ethiopia, Madagascar, South Sudan, Sudan, Tanzania

Rumours, observations and beliefs:

“Covid-19 is a war between the Americans and the Chinese, and a government policy in our country, as each epidemic is a business opportunity to make money.” – DRC, household visit, 13 May 2020

“Covid-19 is as such is not a big deal, but the ruling party or the government used it as the agenda to divert the political view and opinion of the people towards the election after the coming two months.” – Ethiopia, National Society report, 18 May 2020

“Since we have not seen pictures or video of people being treated or dead of Corona, we will not accept that Corona exist. This is a Government strategy to get funds .” – Madagascar, National Society report, 18 May 2020

“The President of Tanzania noted that animal and papaya samples are being collected under the guise of being for people.” – DRC, household visit, 15 May 2020

2. Protective behaviours

Heard in: Cameroon, DRC, Ethiopia, Rwanda, South Sudan, Tanzania

Rumours, observations and beliefs:

“Wearing a face covering is unbearable, particularly for asthma sufferers. What advice can you give us?” – DRC, household visit, 15 May 2020

“We will be at close quarters in the market and there’s no way that we’ll be able to comply with social distancing.” - “How can you breathe properly when you are wearing a mask.” - DRC, face to face to RC volunteer, 13 May 2020

“Covid-19 can be prevented using local and indigenous, plants and local medicines used in Ethiopia.” – Ethiopia, National Society report, 18 May 2020

Questions:

“How to breathe well while wearing your mask?” – Cameroon, National Society radio show, 15 May 2020

“Can I wash my face mask regularly?” – Cameroon, National Society radio show, 6 May 2020

“Do you have to wear a mask everywhere, even when you’re at home on your own with children?” – DRC, household visit, 13 May 2020

“Why is it acceptable for two people to be on a motorbike together? Is there not a 1-metre distance?” – DRC, household visit, 13 May 2020

“What else do they use when there is no soap?” – South Sudan, National Society report, 18 May 2020

Suggestions:

“People are asking for soap and taps so that they can wash their hands.” – Cameroun, face to face to RC volunteer, 13 May 2020

“Distribute face masks to the population.” – DRC, household visit, 13 May 2020

3. Health care services

Heard in: Cameroon, DRC, Ethiopia, Kenya, Madagascar

Rumours, observations and beliefs:

“When you visit health facilities, you get tested for covid and be quarantined.” – Kenya, National Society report, 15 May 2020

“It’s hospitals that kill patients infected with Covid-19.” – Cameroon, focus groups discussion with community members, 14 May 2020

“The community avoid going to the hospital fearing to be kept there.” – Madagascar, National Society report, 18 May 2020

"We don't want vaccines against the coronavirus because they are there to exterminate us."

– DRC, household visit, 15 May 2020

Questions:

"Can any healthcare centre admit someone who has presented these symptoms?" – DRC, household visit, 15 May 2020

"How do you get tested for the coronavirus?" – Cameroon, face to face to RC volunteer, 16 May 2020

"Have medication or a vaccine against the coronavirus already been found?" – DRC, household visit, 13 May 2020

Suggestions:

"We would like a test each time before bringing someone to the hospital or quarantining them." – DRC, household visit, 13 May 2020

"We need to approve the African remedy." – Cameroon, face to face to RC volunteer, 16 May 2020

4. Who is or is not affected

Heard in: Cameroon, DRC, Kenya, Madagascar

Rumours, observations and beliefs:

"The most vulnerable groups are smokers, alcoholics, rich people and haulier workers." – Cameroon, focus group discussion with community members, 15 May 2020

"Children aged under 18 years old do not get ill with Covid-19." – DRC, household visit, 15 May 2020

"Only the non-religious are victims of COVID 19." – Madagascar, National Society report, 18 May 2020

Questions:

"Is it only older people who are at risk of Covid-19 or is everyone?" – DRC, household visit, 15 May 2020

"Why doesn't Covid-19 affect children who are aged under 18 years old?" – DRC, household visit, 13 May 2020

5. Number of cases and geographic areas

Heard in: Cameroon, DRC, Rwanda, South Sudan, Sudan, Tanzania

Questions:

"Is the Covid-19 over in Juba or it is still there?" – South Sudan, National Society report, 15 May 2020

"How many confirmed cases of Covid-19 are there currently?" – DRC, household visit, 15 May 2020

Rumours, observations and beliefs:

"Corona virus does not exist in Cameroun." – Cameroon, face to face to RC volunteer, 16 May 2020

"The number of cases announced by the government is not real." – Sudan, National Society report, 13 May 2020

"There are no cases of coronavirus in the DRC or in Africa." – DRC, household visit, 13 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, South Sudan

"Thanks to Red Cross for their massive support." – Sierra Leone, National Society hotline, 13 May 2020

"Thank you for this message which will help us to really protect ourselves and protect others." – DRC, household visit, 13 May 2020

"A big thank you to the Red Cross for what it has set up on the ground." – Cameroon, WhatsApp group with staff and volunteers, 15 May 2020

"Appreciation to SSRC for continuous support in giving awareness to the communities on preventive measures" – South Sudan, face to face to RC volunteer, 15 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.