Community feedback considered in this report was collected between the **15 and 26 July 2020** and shared by Community Engagement and Accountability (CEA) focal points in **10 African countries**.

Community feedback was collected during conversations with community members during social mobilization activities in three countries: the Democratic Republic of Congo (5343 feedback comments), Cameroon (283) and South Sudan (2). Feedback collected through social media in Gabon (16) and Cameroon (3), as well as received during interactive radio shows in Cameroon (16) and Gabon (3) was also included. Feedback shared through staff and volunteers during focus group discussions or via WhatsApp groups has been shared by Cameroon (12) and South Sudan (12). Focal points in six countries shared the main rumours, observation, beliefs, questions or suggestions they are hearing in their countries: Benin, Burkina Faso, Burundi, Lesotho, Madagascar and Malawi.

The most common topic was still **protective behaviour**, especially the wearing of face masks and physical distancing. Many asked about how to protect themselves and their loved ones in general, others wanted to know how to practically practice physical distancing at markets, in public transport or within households. While some asked about how to use masks safely, others complained about negative side effects.

Among the topics most widely spread across countries were also **beliefs about who is or is not affected by COVID-19**. Many mentioned that it was the disease of rich people, of those living in big cities, or old people. Some also stated that it did not kill black people, or believers.

Common were also statements showing **denial of the presence of COVID-19**. Many said that the disease would not be real, that it does not exist in the specific region or country, or that the outbreak has already ended.

A topic that came up across many countries was also the **treatment of COVID-19**. It was mentioned that there was no cure, or that alcohol or natural remedies can be used for treating COVID-19 patients.

Community members also talked about **health care services** in general, and mentioned being afraid of visiting health care facilities, mainly out of fear of being declared as COVID-19 positive, of being infected there or not treated well.

**TO ADDRESS THIS FEEDBACK, WE NEED TO:**

- **Continue to communicate about protective behaviours with communities**, explaining why it can help stop the spread of the virus and how it works in daily life. You can access face mask factsheets and IEC materials, including videos and infographics, [here](#), and use the Ask Dr Ben factsheets answering questions on what is physical distancing and physical distancing at home. Share these materials through social media, with volunteers and branches, and cover this topic on radio and TV shows.

- **Actively address people’s perception that there is no danger of catching COVID-19**. You can use the new [guidance note on mistrust and denial in communities](#). Options among others are to mobilize and engage with youth groups to stop the spread of misinformation, engage trusted community leaders and key influencers, explain more clearly the case rate in your country and what can be expected in the future and develop radio and TV drama/show content about COVID-19.
- Encourage staff and volunteers of your National Society who had COVID-19 and have recovered from it to share their own story. You could record a short video with their testimonials, invite them to interactive radio shows and have them answer questions on WhatsApp or social media.

- Ensure volunteers know how to answer questions about treatments and consider doing a radio or TV show to explain this topic more clearly. Ask Dr Ben factsheets 4, 5, 9, 10, 12 and 14 all help to provide answers on this topic. We also have Ask Dr Ben videos discussing treatments and how people can recover if there is no cure.

- Provide information on where patients are treated and what the processes are too keep COVID-19 patients separate from other patients. There is an Ask Dr Ben factsheet answering the question on where patients are treated that can help. Share this feedback with your Ministry of Health colleagues and encourage them to also address people’s fears of healthcare facilities.

- Work with communities to find local affordable solutions to meet their requests for soap, hand washing stations and masks. Read the interagency guidance note on finding local solutions, which also includes good examples from National Societies across Africa. This also helps build trust and encourages communities lead the fight against COVID-19.

**MOST COMMON FEEDBACK TOPICS ACROSS COUNTRIES**

*This chart includes topics heard in 4 countries or more*

<table>
<thead>
<tr>
<th>Feedback Topic</th>
<th>No. of Countries Community Feedback Was Heard In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs about who is or is not affected by the disease</td>
<td>6</td>
</tr>
<tr>
<td>Beliefs about protective behaviours</td>
<td>6</td>
</tr>
<tr>
<td>Questions about protective behaviours</td>
<td>6</td>
</tr>
<tr>
<td>Belief that the disease does not exist (in this location/anymore)</td>
<td>5</td>
</tr>
<tr>
<td>Beliefs about treatments</td>
<td>5</td>
</tr>
<tr>
<td>Observations and beliefs about health care services</td>
<td>5</td>
</tr>
<tr>
<td>Belief that the disease is of supernatural origin</td>
<td></td>
</tr>
<tr>
<td>Observations or beliefs about governments not responding well</td>
<td>4</td>
</tr>
<tr>
<td>Questions about testing</td>
<td>4</td>
</tr>
<tr>
<td>Questions about the lockdown and reopening of certain places</td>
<td>4</td>
</tr>
<tr>
<td>Statements indicating mistrust of people or institutions</td>
<td>4</td>
</tr>
<tr>
<td>Suggestions linked to lockdown and restriction of movement</td>
<td>4</td>
</tr>
<tr>
<td>Suggestions for response activities</td>
<td>4</td>
</tr>
</tbody>
</table>
1. Questions and beliefs about face masks, physical distancing and other protective behaviours

Heard in: Benin, Burundi, Cameroon, Gabon, DRC, Lesotho, Madagascar, Malawi, South Sudan

Questions:
“*What needs to be done to control COVID 19 spread?”* – Malawi, National Society report, 19 July 2020

“How can we protect children from COVID-19?” – DRC, household visit, 20 July 2020

“*Why isn’t social distancing respected at the market?”* – DRC, household visit, 15 July 2020

“If lockdown is over why do we still have to wear masks?” – DRC, household visit, 22 July 2020

“How long should a person wear a mask?” – South Sudan, focus group discussion with volunteers, 17 July 2020

“*Why are we suffocating people with this whole mask thing?*” – Cameroon, focus group discussion with community volunteers, 15 July 2020

“How can we protect ourselves against Coronavirus when we don’t have water?” – DRC, face to face to RC volunteer, 22 July 2020

“How can I avoid hand shaking yet it is my tradition?” – South Sudan, focus group discussion with volunteers, 24 July 2020

Rumours, observations and beliefs:
“These masks are giving us problems, we feel so painful behind the ears!” – Lesotho, National Society report, 24 July 2020

“Alcoholics can’t get infected since alcohol is very strong and heats the body up!” – Madagascar, National Society report, 26 July 2020

“You can’t wash visitors’ hands if they’re not willing.” – DRC, household visit, 24 July 2020

“Yes Coronavirus exists but people in the markets and taxi drivers aren’t following the rules, perhaps that’s the real cause of contamination.” – DRC, household visit, 15 July 2020

2. Beliefs about who is or is not affected

Heard in: Benin, Burkina Faso, Burundi, Cameroon, DRC, Madagascar

Rumours, observations and beliefs:
“*COVID affects people in the cities. It doesn’t kill religious people.*” – Benin, National Society report, 16 July 2020

“*Coronavirus is a disease of rich people.*” – DRC, household visit, 15 July 2020

“*Coronavirus only kills old people.*” – Cameroon, focus group discussion with communities, 15 July 2020

“*COVID-19 is only found in cities. It doesn’t exist in rural environments.*” – Burundi, National Society report, 25 July 2020
3. Denial of the presence of the disease
Heard in: Benin, Burkina Faso, Cameroon, DRC, South Sudan

Rumours, observations and beliefs:
“COVID-19 doesn’t exist. It was invented by the Government as a way of getting money to pay their salaries.” – Benin, National Society report, 17 July 2020

“Covid-19 doesn’t exist since we haven’t seen a single person suffering from it.” – DRC, household visit, 15 July 2020

“Coronavirus doesn’t exist, so it’s pointless to wear a mask.” – Cameroon, focus group discussion with community members, 15 July 2020

“There is no Covid-19 in South Sudan.” – South Sudan, focus group discussion with volunteers, 24 July 2020

“The disease has gone.” – Benin, National Society report, 19 July 2020

“The end of lockdown has been announced so you can say that Covid-19 has come to an end.” – DRC, household visit, 22 July 2020

4. Beliefs about treatment
Heard in: Benin, Burundi, Cameroon, DRC, Madagascar

Rumours, observations and beliefs:
“There’s no cure for COVID-19.” – Madagascar, National Society report, 19 July 2020

“Artemisinin is a medicine that treats Covid-19.” – DRC, household visit, 24 July 2020

“Herbal teas are more effective than modern medicines.” – Burundi, National Society report, 25 July 2020

“The only medicine to cure COVID-19 is to drink alcohol.” – DRC, household visit, 24 July 2020

“COVID-19 is a disease invented by the Government to sell chloroquine.” – Benin, National Society report, 17 July 2020

5. Observations or beliefs about health care services
Heard in: Burkina Faso, Cameroon, DRC, Gabon, Madagascar

Rumours, observations and beliefs:
“We’re scared to go to the doctor in case we’re put in quarantine.” – DRC, household visit, 22 July 2020

“When you go to Tengandogo for treatment you’re not given any food.” – Burkina Faso, National Society report, 19 July 2020

“No, I wouldn’t go to hospital even if I was ill.” – Cameroon, face to face to RC volunteer, 18 July 2020

“Many Covid patients, who are hospitalised in the requisitioned healthcare facilities dealing with the pandemic in Gabon, have complained for days about exorbitant prescriptions of up to 200,000 CFA so that the Head of State, Ali Bongo Ondimba, decided to make Covid-19 treatment free in Gabon.” – Gabon, social media, 16 July 2020
The statements of thanks and encouragement listed below represent the most frequently heard comments across countries in the IFRC Africa region.

**Statements of thanks and encouragement**

Heard in: DRC, South Sudan, Cameroon

- “Thank you for the programme as it helps us show those who say that it’s all a lie that they are wrong. Let’s not go along with all that because that’s how Ebola wiped us out.” – DRC, face to face to RC volunteer, 18 July 2020

- “We are grateful to the Red Cross for raising awareness and we’re also very grateful for your visibility here.” – DRC, household visit, 24 July 2020

- “Carry on raising awareness, sorry it’s serious out there, people are still taking it lightly, courage ooooh.” – Cameroon, face to face to RC volunteer, 15 July 2020

- “Thanks to South Sudan RC for repairing bore-holes for us.” – South Sudan, focus group discussion with volunteers, 24 July 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.