



COMMUNITY FEEDBACK REPORT: COVID-19 Vaccine

Papua New Guinea Red Cross Society, January 2024



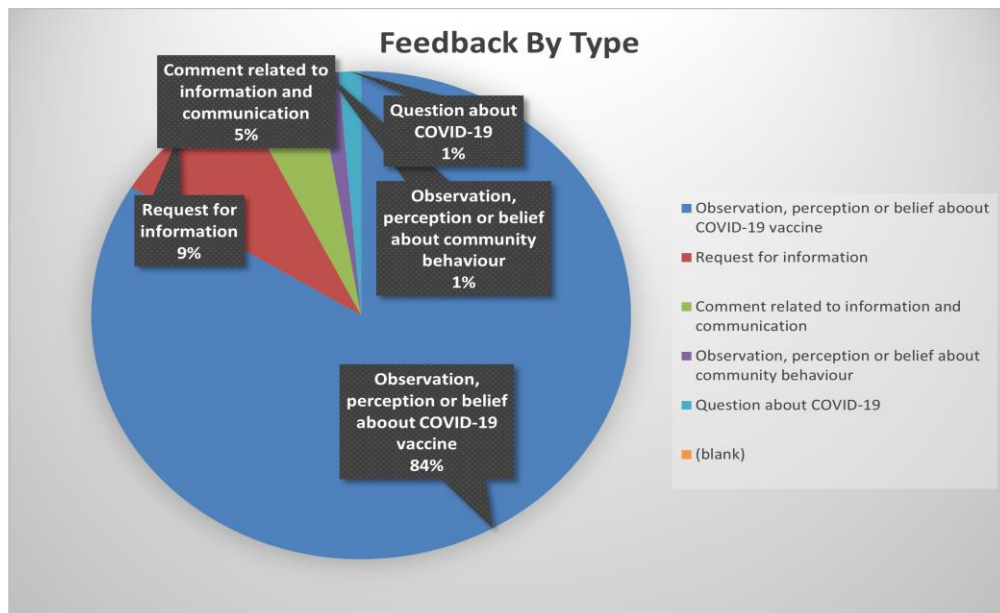
Country context:

Papua New Guinea (PNG) is a country located in the southwestern Pacific Ocean. It occupies the eastern half of the island of New Guinea and numerous smaller islands. It shares the island of New Guinea with Indonesia to the west and is north of Australia.

The country has diverse cultures and languages, with over 800 spoken. Rich in natural resources like gold and oil, the country faces challenges in development, including poverty and limited access to healthcare. Its stunning landscapes, unique wildlife, and traditional customs make it a culturally vibrant yet complex nation.

Community Insights:

Community feedback considered in this report was collected between the 20th of October 2023 and the 16th of February 2024 by Papua New Guinea Red Cross Society, Milne Bay Branch. All of the feedback was conducted through face-to-face interaction with the community members. Total number of feedback is 150 (67 Male, 83 Female). The data that has been collected represents a limited number of communities in respective districts and it should be noted that data is not representative and has limitations.



Total number of feedback (n=150)

In the data collated, 84% of the feedback type received from the interviewees were on; 'Observation, perception or belief'. The other 16% of the feedback data were on; 'Request for information - 9%', Comments related to information - 5%, Observations related to

community behaviour - 1% and Questions about Covid-19 – 1%. The feedback interestingly indicates comments that were quite like other provinces and most related to the COVID-19 vaccine but also to the COVID-19 virus. Some of this feedback was on:

- Requests for PNGRCS to assist with awareness campaigns.
- Concern about confusing language & medical jargon used during previous campaigns.
- Religious beliefs
- Preference for using traditional herbs over vaccines.

Most of the interviewees were hesitant to get vaccinated as outlined above but there were also a few positive comments, although some were not vaccinated, had identified the importance of revised awareness, or getting vaccinated to protect themselves and their families.

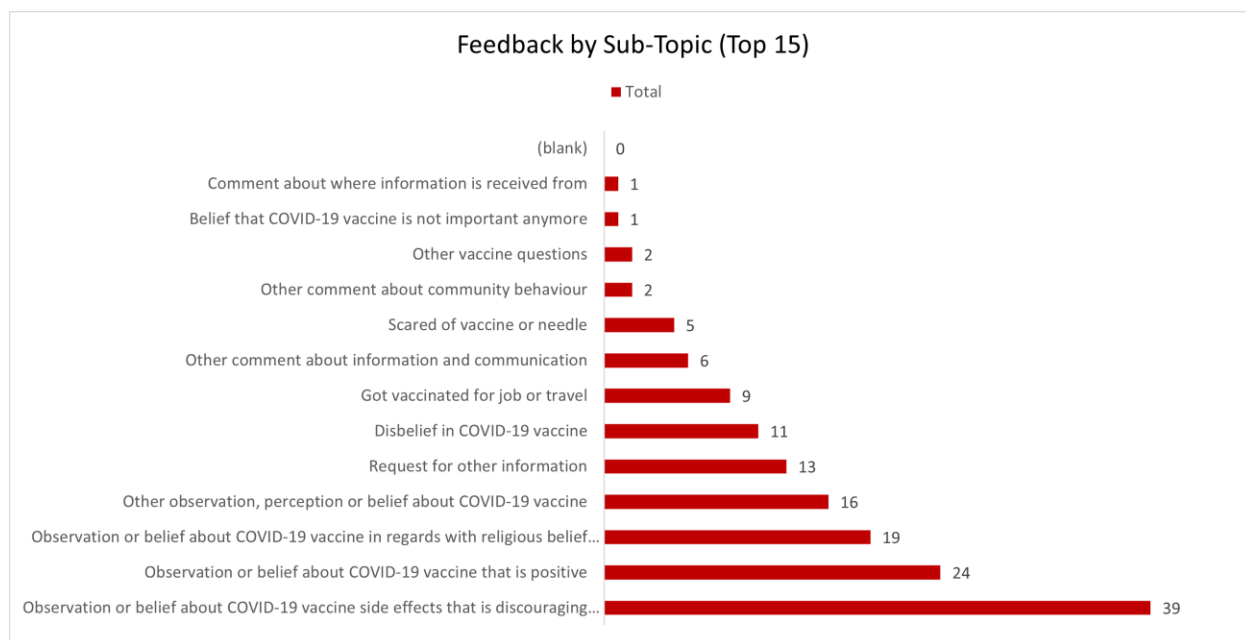
Feedback by sector and topic:

All feedbacks were related to the Health sector, since the survey is related to COVID19. All of the feedback was done through face-to-face interactions. Most of the feedback collected were on the topic, “Observation, perception or belief” which entailed more about people observation, what they heard which influenced decision making and another common identified feedback was around the lack of awareness raising especially around the COVID19 vaccine.

Feedback by subtopic:

As the feedback were further analyzed into subtopics, the data showed interesting analysis indicating, each interviewees perception and observations feedbacks were based on common areas that was mainly on information that were shared, heard or seen and also the lack of awareness in the communities. That had a greater impact towards vaccine hesitancy amongst people.

Many mentioned that they were scared or afraid to take the vaccine because of the stories they heard and a few alleged deaths-related information which many think was caused by the vaccine which were given. And a few related feedback on religious beliefs that discouraged people to take the vaccine.



Total number of feedback (n=150)

Examples of positive and negative feedback received:

Positive feedbacks:

“I got the vaccine. There were side effects but after a few days I felt well again. I got COVID but it was not that serious. My family were upset with me but I told them it's my right and for my health” (Female, age 30-39, Milne Bay branch, PNG)

“It's a new vaccine. A lot more awareness needs to be done and then after time people will begin to except and take the vaccine” (Female, age 40-49, Milne Bay branch, PNG)

“I wanted to get the injection but I was scared of getting more sick. What I heard was, if I get the injection, I will die. But after I heard the stories of people who were vaccinated, I said, I was wrong to listen to those negative talks” (Male, age 30-39, Milne Bay branch, PNG)

“Too many rumors and conspiracy about the vaccine so I didn't get it. Thanks, this pamphlet helps explain and I feel more confident to take the vaccine” (Female, age 30-39, Milne Bay branch, PNG)

“If the covid 19 ever returns, we need to be properly informed by you, Red Cross. I am worried for my family's health (Female, age 50-59, Milne Bay branch, PNG)

Negative Feedbacks:

“A health worker came to do awareness. Not well explained though as the language she used was hard to understand.” (Female, age 18-29, Milne Bay branch, PNG)

“Because of our religion, we were not allowed to get the vaccine..” (Female, age 40-49, Milne Bay branch, PNG)

“There was different kinds of groups that came to do awareness, but then they say different things from one another, that's why we are confused” (Male, age 18-29, Milne Bay branch, PNG)

“I was discouraged by my husband not to take the vaccine. He told me a few people were saying it was good but that it will destroy our reproductive system. That's the whole reason I didn't get vaccinated. (Female, age 18-29, Milne Bay branch, PNG)

Recommendations:

These recommendations collectively suggested are based on the analysis of the feedback data:

- Dissemination of information: Vital information is clearly communicated to the communities through awareness during bigger community gatherings and events. And also the integration of messaging in collaboration with the health authorities during community health patrols.
- IEC materials on “Myths & Facts”: Distribution of IEC materials during community events to ensure people have to right information. Materials to be also translated to local language (Pidgin, Motu and etc) so can be easily understood, especially people in the rural communities.
- Engagement and Collaboration with Local Leaders and Community Based Organizations (CBO): Facilitate a Leadership training with the intention to integrate the COVID-19 and Vaccination messaging and awareness. Leaders includes the community leaders, women and youth leaders, church leaders and etc. The training to ensure that the leaders are equipped with the right information and also understanding what their role and responsibility during any emergencies is or in this situation COVID19 pandemic that has an impact on their community members.
- Story telling or Community Conversations: Community members who had been vaccinated sharing their experiences. This will trigger questions and discussions and creating a ‘safe space’ for community members to openly discuss. Part of this concept is also to understand any learnings and how the community to learn from them. Community to initiate their own recommendation on how they can keep their community safe.

- Capture the learning from community engagement for COVID-19 vaccine promotion emphasize the significance of listening, tailored information sharing, and localized accessibility. These lessons, rooted in trust-building and cultural sensitivity, should be used for wider learning.
- Partnership Collaboration: More collaboration with health authorities and other health institutions to ensure that the correct information is disseminated to the communities in both urban and rural areas. And ensure that the medical interpretation of vaccination is clearly communicated and understood at the community level given the low literacy rate of most of the people.

For more information about PNGRCS and its activities please contact, PNGRCS communication and dissemination officer Bradley Asa <basa@redcross.org.pg> and or IFRC head of delegation PNG maki.igarashi@ifrc.org