



# COVID-19: COMMUNITY FEEDBACK REPORT

Ukraine, December report 2020  
Ukrainian Red Cross Society

**This feedback collection aims** to learn about the community's perception and knowledge of COVID-19 in particular regions of Ukraine. Communities were asked to share the main observations, beliefs, questions or suggestions about COVID-19 which they hear in their communities.

## METHODOLOGY

Community feedback outlined in this report was collected by the Ukrainian Red Cross Society (URCS) staff and volunteers from the 7 regions of Ukraine: Kyiv, Ivano-Frankivsk, Zakarpatya, Chernivtsi, Lviv, Ternopil and Poltava. They documented comments relating to COVID-19 they heard during their interactions with community members.

**Data collection method:** URCS staff and volunteers/risk communication and community engagement (RCCE) focal points in each branch were provided with training on how to collect feedback from the community<sup>1</sup>. Feedback was gathered through a structured Google form with open-ended/leading questions and three closed questions on age, gender and regions to be able to analyse data by specific categories. It has been collected using different approaches which were considered to be effective in different communities. These include focus group discussions, community meetings, household visits, phone calls, online surveys, as well as talking to people during the assistance distribution or informational sessions about COVID-19 etc.<sup>2</sup>

**Data:** The community feedback collection process mainly aimed to obtain **qualitative data**. Different from the previously conducted similar studies, this report also includes statistics to compare the community perception from the qualitative perspective as well. The qualitative data was analyzed manually, using an excel table.

**Feedback collection time frame:** November – early December 2020.

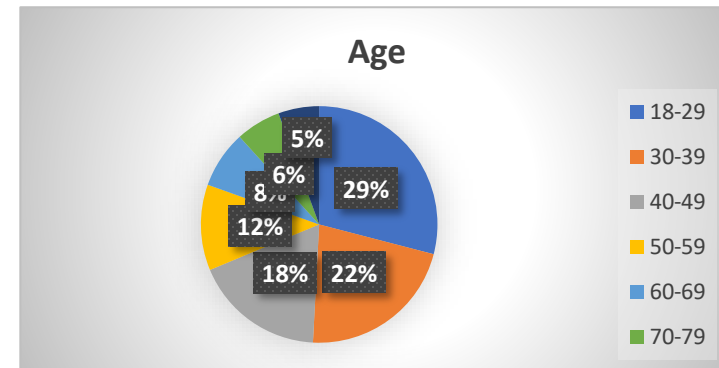
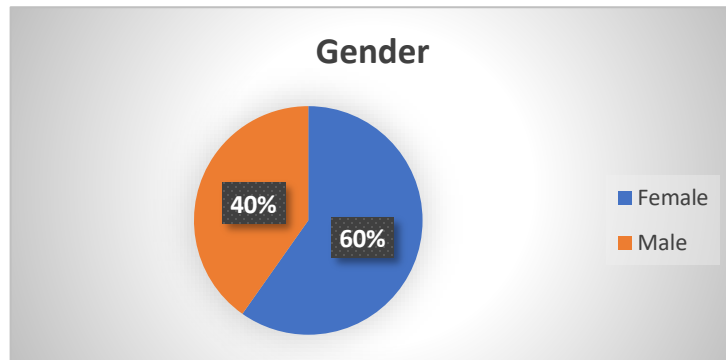
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<sup>1</sup> Training sessions were based on IFRC, WHO, UNICEF materials as well as the guidance provided by the Danish and Ukrainian Red Cross.

<sup>2</sup> Monthly each branch provides up to 30 feedbacks.



**Audience:** 179 respondents (107 female and 72 male)



## OVERVIEW

The December report reflects the tendency that there is continued confusion in communities about the nature and origin of COVID-19. People still misperceive how coronavirus is treated and have questions on protective measures. The new trend shows that the majority of respondents, regardless of gender and age, started to call the virus “deadly”, given the virus scares them because it is an unexplored/ yet not properly studied disease.

### Below are some of the key findings from this study:

- Respondents share their concern that there is no vaccine and treatment available yet to fight against the coronavirus disease. Now, there are more requests for information about the vaccination (when, how and availability, price), not about testing or treatment algorithms if we compare the reports from the previous periods.
- The younger respondents tend to ask questions and doubt the information, where the elderly prefer to rely on their own knowledge and experience. The nature of the questions is different, but often they tend to be around similar subjects/concerns: algorithms for treatment, testing, the course of the disease and the transmission of coronavirus. This is a question mark and area to improve because a lot of this information is publicly available and freely accessible.
- Although almost all the respondents are well aware of preventive measures (92%), some misperception and/or misunderstanding about the COVID-19 is still preserved among the community members. Sometimes these perceptions can even have harmful



consequences for health, like taking the preventive measures that offer traditional medicine (ex. inhalation of alcohol vapour, Ternopil region). Moreover, for some people (approx. 4%), taking preventive measures, such as wearing masks, covering mouth when coughing/sneezing, and keeping a safe distance, “doesn’t make sense”, because they don’t believe it is protective against COVID-19 transmission.

- The theme of COVID-19 rumours changes depending on news flow, as such some of them stay longer in the informational field of communities (e.g., “COVID-19 is a weapon that was spread deliberately or vaccines are used for injecting people with a microchip”). Conspiracy theories and false rumours about the artificial origin of the virus are the most common among the negative comments around coronavirus. This tendency is typical for all regions of Ukraine across all age and gender groups.
- 60% of respondents answered that they would be afraid of a person who has COVID-19. The reasons mentioned are that they are afraid to be infected because there is no treatment for coronavirus or hospitals are overwhelmed with COVID-19 patients. At the same time, the 31% who answered negatively arguing that they are young, hence not in the risk group or have experienced the coronavirus disease.
- Only 36% of respondents are exposed to stigma, who thinks that there is a group/or person in the community “who is responsible for a virus spread”. Whereas the majority of the respondents indicated people who don’t follow the quarantine rules, or the local authorities, who are not taking adequate measures, are responsible for the spread of the COVID-19.
- Suggestions and wishes are often related to making coronavirus testing more accessible and providing more support to medical workers. Also, communities request more COVID-19 information that is tailored to the specific sectors or working settings.

## RUMOURS – OBSERVATIONS – BELIEFS<sup>3</sup>

The list of comments is not exhaustive and represent the tendency of respondents' answers. Some comments are unrepeatable and they identified as unique.

### Beliefs about the spread of disease

***“It is a virus that is transmitted by airborne droplets and has a high mortality rate”*** – woman, age 40-49, Kyiv region.

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<sup>3</sup> These highlights are not representative of the regions mentioned in the methodology but indicate broad trends in community perceptions of COVID.



***“Do not smoke outside, because the virus can be transmitted by smoke”*** – woman, 60-69, Ternopil region. (unique comment)

## Beliefs about protective behaviours

***“In order not to get sick, you need to inhale alcohol, eat garlic and pig fat.”*** – woman, age 60-69, Ternopil region

***“At the first symptoms, contact a doctor and isolate yourself ”*** – woman, age 30-39, Kyiv region

***“You need to avoid crowded places and keep a social distance.”*** – woman, age 19-29, Ternopil region

***“The video on the Internet says the masks do not help against the virus, they are dangerous to health. Wearing a mask thickens the blood, red blood rings stick together, which leads to a stroke.”*** – man, age 30-39, Ternopil (unique comment)

## Beliefs about who can be affected

***“Very dangerous disease, especially for the elderly with chronic diseases.”*** – Woman, 70-79, Ternopil region.

***“The disease affects the lungs, the person loses the sense of taste and smell.”*** – woman, age 50-59, Ternopil region.

## Beliefs about disease

***“The virus that affects the lungs.”*** – woman, age 19-29, Poltava region.

***“COVID-19 bacillus can stay in the human body for a long time.”*** – woman, age 60-69, Ternopil region.

## Beliefs about the origin of disease

***“This is all a myth.”*** – man, age 60-69, Ternopil region.

***“Dangerous virus with the uncertain origin and high mortality.”*** – Man, 40-49, Kyiv region

***“It is an artificial virus.”*** – Woman, age 50-59, Mykolaiv region

***“A virus that is created by Americans to reduce the number of the elderly.”*** – man, age 70-79, Mykolaiv region.

***“It is a military weapon.”*** – man, age 40-49, Poltava region. (unique comment)



***“It is an international virus that came from China.”*** – woman, age 30-99, Poltava region

***“The virus has not yet been properly studied”*** – man, age 70-79, Poltava region.

## Beliefs about ways to treat COVID-19

***“Most patients (80%) do not need medical help at all. They are treated at home for the common flu and recover, usually in about a week or two.”*** – woman 18-29, Poltava region.

***“Currently there is no vaccine or medicine.”*** – woman, age 50-59, Ternopil region.

***“In order not to get sick, you need to make the following mixture: 100 grams of horseradish, 100 grams of garlic, 100 grams of onions, 300 grams of honey. Mix everything and take 1 tablespoon 3 times a day.”*** – woman, age 60-69, Ternopil region

## Beliefs about people or institutions responding to the disease outbreak

***“There are many people who are sick, hospitals are overcrowded, Ukrainian medicine cannot cope with the number of patients.”*** – age 50-59, woman, Poltava region.

***“There is no one to ask questions about COVID-19, because medicine is at zero levels.”*** woman, age 70-79, Ternopil region.

## QUESTIONS

### Questions about protective behaviour & precautionary measures

***“Which mask is more effective, gauze or medical?”*** – woman, age 50-59, Ternopil region

***“Is it really necessary to take badger fat to prevent this disease?”*** – a man 40-49, Poltava region.

***“What medications to take to boost the immune system?”*** – woman, age 18-29, Mykolaiv

***“When there will be a vaccine?”*** woman, age 40-49, Kyiv region



## Questions about COVID-19 testing

***“Where can I make a free test without a referral from a family doctor?”*** – man 50-59, Poltava region.

## Questions about treatment

***“What is the treatment algorithm if COVID-19 infection is suspected.”*** – woman, age 40-49, Poltava region

## Questions about the disease

***“Should I worry about a virus mutation?”*** – woman 50-59, Poltava region

***“Is it possible to get infected again?”*** – woman, age 70-79, Ternopil region

***“Is it possible to get infected from a person who does not show the symptoms of COVID-19?”*** – woman, age 30-39, Poltava region

***“What other complications can there be besides pneumonia?”*** – a man, age 30-39, Mykolaiv region.

## Questions about transmission and spread

***“How long does the virus stay on the surface?”*** – woman 40-49, Poltava region.

***“Why does this virus only affect the elderly?”*** – woman, age 30-39, Poltava region.

## SUGGESTIONS

### Suggestions about preparedness or response activities

***“I would like to ease the process to get general information about quarantine restrictions in the regions.”*** – woman, age 18-29, Ivan-Frankivsk region

***“Something needs to be done with those young people because they are without masks, they cough.”*** woman, age 60-69, Ternopil region.

***“Make COVID-19 tests more accessible.”*** – woman, age 19-29, Kyiv oblast

***“It would be nice to have some information printed at the building entrance.”*** – man, age 30-39, Mykolaiv region



***“More support from family doctors.”*** –woman, age 30-39, Poltava region

***“Provide all the necessary (things) hospitals and doctors.”*** –woman, age 50-59, Poltava region

***“Pay special attention to the risk group, they often believe rumours and avoid doctors because of the likely costs and difficulties.”*** – man, age 19-29, Poltava region.

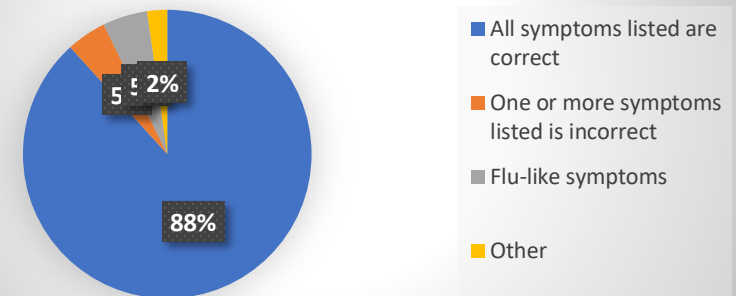
***“Everyone should be made the free PCR tests, and they [doctors] should write true results.”*** – woman, age 60-69, Ternopil region

## KEY FINDINGS<sup>4</sup>

**88%** of respondents listed symptoms of coronavirus correctly.

**5%** - provided wrong answers about the common symptoms of coronavirus, such as vomiting or nausea. Although, other symptoms that they named in their list were correct.

### Do you know what are the symptoms of coronavirus?



<sup>4</sup> The questions are open-ended, with no answer options. Data was analysed manually using an excel table.



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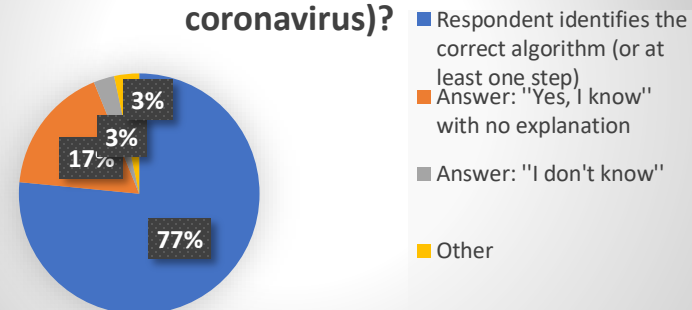
**77%** of respondents identified the right algorithm on what to do if you get sick with flu-like symptoms. Or they provide at least one correct step.

Furthermore, **17%** are also supposedly aware of the actions to be taken (answer: "yes, I know" with no further explanation)

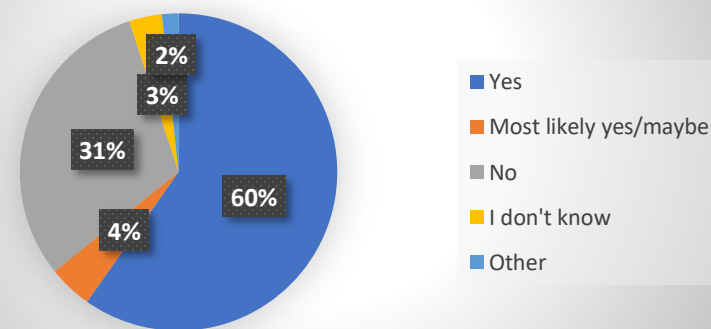
**60%** of respondents answered that they would be afraid of a person who has COVID-19. The reasons mentioned are that they are afraid to be infected because there is no treatment for coronavirus or hospitals are overwhelmed with COVID-19 patients.

**31%** answered negatively arguing that they are young, or not in the risk group or have experienced the coronavirus disease.

### Do you know what to do if someone in your family or community gets sick with flu-like symptoms (similar to a coronavirus)?



### Would you be afraid of someone who has COVID-19?







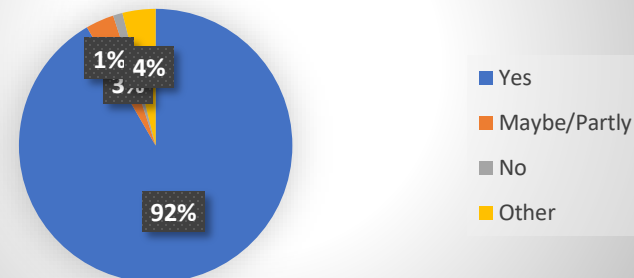
**92%** of community members know about preventive measures on COVID-19.

Moreover, for some people (**approx. 4%**), taking preventive measures, such as wearing masks, covering mouth when coughing/sneezing, and keeping a safe distance, “doesn’t make sense”, because they don’t believe it is protective against COVID-19 transmission.

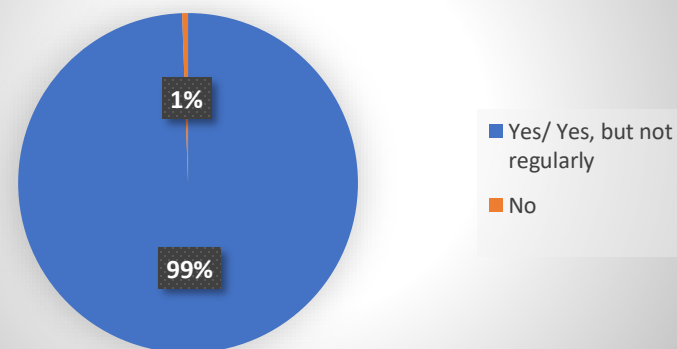
**99%** of respondents shared that people in their community washing their hands.

One “no” answer was received from a woman, age 30-39, Kyiv region, explaining that “there is no possibility of washing their hands”.

**Do you know how to prevent yourself and your beloved ones from getting COVID-19? (preventive measures)**



**Do people in your community wash their hands regularly?**





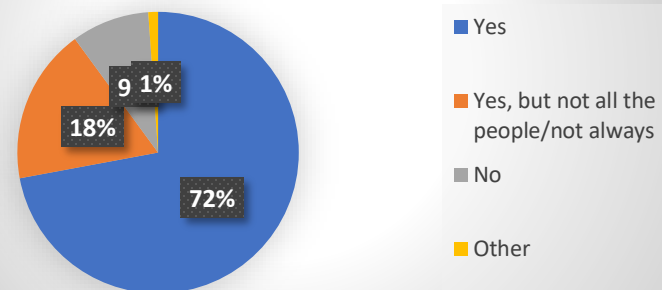
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**72%** of respondents keep a safe distance and cover their mouth when sneezing. In addition, **18%** apply these measures but not regularly or not all the community members.

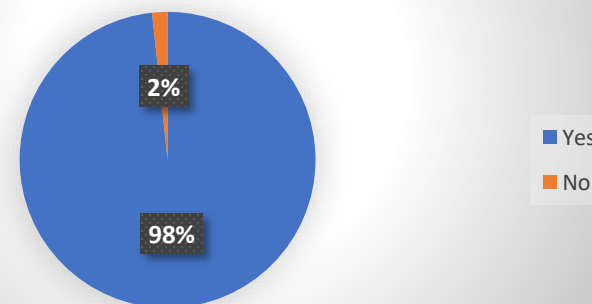
Only, **9%** identified the situation negatively, because people in their community/or themselves think that these measures are useless and cannot protect from coronavirus.

**98%** of respondents airing the room and disinfect surfaces.

**Do people in your community keep a safe distance and cover their mouth with a tissue or elbow when sneezing?**



**Do you open windows and doors to let in fresh air and do you disinfect surfaces to kill germs?**





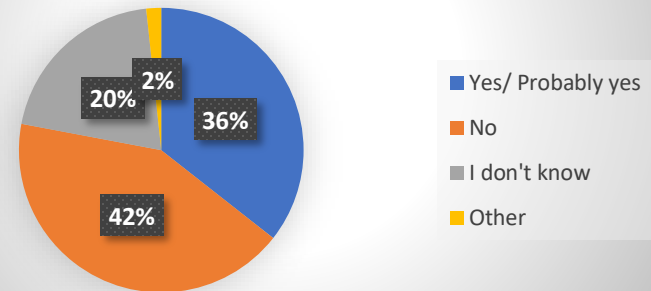
This question is to check the stigmatizing behaviour and the level of stigma in the communities.

**42%** of respondents don't think that there is someone in their community who is responsible for spreading the virus.

**20%** / 36 respondents of 179 respondent preferred to refrain from answering.

**36%** of respondents are exposed to stigma, who thinks that there is a group/or person in the community "who is responsible for a virus spread". Whereas the majority of the respondents indicated people who don't follow the quarantine rules, or the local authorities, who are not taking adequate measures, are responsible for the spread of the COVID-19.

**Do you think there is a group/or person in your community who is responsible for spreading the virus?**



## NEXT STEPS

### KEY RECOMMENDATIONS:

- Discovering new/alternative ways and channels to communicate about COVID-19, as respondents ask standard/typical questions about COVID-19 that is already publicly available for a long time.
- Providing simple and clear information, such as types of masks available, why it's an important preventive measure and how to use and utilise PPE correctly.
- Cooperating with key health actors in Ukraine to prepare the introduction of vaccine information for the public as many respondents started to request this information.
- Tailoring the communication strategy to increase the awareness about the natural origin of COVID-19 to prevent and counterweight the conspiracy theories. At the same time, to continue informational hygiene campaign for all ages.
- Monitoring and reducing the level of "scaring" information about coronavirus. Avoid wording "deadly", "incurable" etc. Possible close cooperation and/or training for the mass media.
- Sharing more new facts on coronavirus to show that the virus has been studied and there is progress.



- Providing mental health support related to COVID-19 is still highly needed for communities. It should be accessible for all groups and ages.

#### STEPS TO RESPOND TO COMMUNITY FEEDBACK:

- Updating messages and RCCE activities on COVID-19;
- Informing communities with relevant information on a regular basis;
- Sharing the correct information about COVID-19 with staff and volunteers on a regular basis;
- Addressing rumours and misinformation that exists within communities by providing the correct information;
- Answering questions communities have about COVID-19;
- Using community suggestions to improve the response where possible.

#### TO SUPPORT THIS PROCESS, URCS RCCE TEAM (internal follow up):

- Coordinating with the communication team to create a content plan on COVID-19-related topics;
- Finding new approaches on how to engage with communities via URCS channels/ external channels;
- Including report recommendations in the communication routine of URCS;
- Updating information on CORONAвипуск website (the URCS website) on coronavirus;
- Updating key tips for staff and volunteers about COVID-19 (key messages) and update Annex1 FAQ about COVID-19;
- Creating rumours tracker to share with URCS branches;
- Finding ways to engage with media to share relevant information about COVID-19;
- Continuing meeting with branches to support information sharing and experience exchange;
- Closely cooperating with key health actors in Ukraine. Sharing the community report with other actors in Ukraine;
- Including findings and action points to the new RCCE phase and its activities to respond to COVID-19;
- Including findings and follow up to the URCS RCCE COVID-19 plan and planning for 2021.