

# COMMUNITY FEEDBACK SUB-WORKING GROUP – EAST AND SOUTHERN AFRICA

## COVID-19 COMMUNITY FEEDBACK TRENDS AND RECOMMENDATIONS

27 April – 08 May

This report documents the main trends in community feedback reported by agencies responding to COVID-19 across East and Southern Africa. It was prepared by the community feedback sub-working group, which is part of the COVID-19 Risk Communication and Community Engagement (RCCE) Interagency Working Group. This report is produced every two weeks.

Seven partners contributed to this report: African Voices Foundation, CARE, IFRC Africa, Internews, Shujaz Inc, UNICEF Kenya and WHO.

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### 1. Fear of quarantine and testing (Kenya)

- *“General fear of government-imposed quarantine of those who tested positive, at own expense” – Kenya*

#### Recommendations to address this feedback:

##### Address concerns about quarantine process:

1. Communicate clearly about quarantine now being free to stop people hiding infections and contacts out of fear of a financial burden or being ‘imprisoned’ and ensure basic needs are met for persons in quarantine.
2. Brief those in charge of quarantine and testing of these issues and advocate for clear communication. Willingness to be tested is closely linked to people’s perceptions of what will happen if they test positive, so to build acceptance for testing it is necessary to build acceptance and trust in quarantine.
3. Government and MoH can help rebuild trust in quarantine by explaining the purpose and process of quarantine on TV, radio and social media and assuring the public their concerns have been addressed.

##### Strengthen RCCE in relation to quarantine and testing:

1. Communicate changes to the quarantine approach widely to address people’s fears and concerns to help rebuild trust and acceptance for quarantine and testing.
2. Explain clearly how quarantine and testing works and why they help stop the spread of COVID-19, including what happens if you test positive. Ensure social mobilizers know how to answer questions and address concerns about quarantine and testing.
3. Ask national and local media to help explain the importance of quarantine and testing through their reporting. Are there positive stories of people who have been through quarantine they could cover?
4. Listen to and document people’s feedback and fears of testing and quarantine and its consequences and address these issues during RCCE activities and share with decision makers to take action.

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### 2. Deepening poverty and fears about access to food

- *“Wash your hands, stay at home and eat stones, the government is very unfair. People are dying of hunger. I am asking what strategies the government has in place to ensure that people go back to work or how will they live because the government is not able to provide food.” – Kenya*
- *“When will you support us with food?” - Rwanda*

### Recommendations to address this feedback:

#### For partners working on quarantine, lock-down and self-isolation:

1. Analyse what type of support is needed, in which locations, and in what order of priority to make sure the most vulnerable receive support first. There is currently a lot of overlap for urban informal settlements, but many rural areas where needs are not met. Hunger is the core reason for people disregarding the public health measures, hence it needs to be addressed as a matter of priority.

#### For partners working on RCCE:

1. Collect feedback to understand people's challenges to adhering to quarantine and physical distancing and discuss with communities how these measures could be implemented within their context. Partner's findings on this topics can be accessed [here](#)

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### 3. People believe COVID-19 is not real or they cannot catch it

- *"Corona disease can only kill the elderly" – Mauritius, Mozambique, Rwanda*
- *"Corona will not affect Somalis. Have you seen any Somali with Coronavirus? These are only stories from the West, we should not concentrate on it." Kenya, Dadaab*
- *"Corona virus is real, unfortunately the media don't talk about it properly, so people don't understand the danger" – DRC*

### Recommendations to address this feedback:

#### For partners working on RCCE:

1. Portray people recovered from COVID-19 as heroes and provide opportunities for them to share their stories in the community or through the media, to show the disease is real and that anyone can be affected. Make sure to assess the risks beforehand to avoid putting people recovered at risk due to stigma. For support please contact [Internews](#), resources can be accessed [here](#).
2. Work with religious and community leaders to involve them in the response and ask if they can discuss these issues with their communities. Scripture references developed with senior religious leaders can support the messaging. For support please contact the [African Council of Religious Leaders](#).
3. Brief Government Ministries and agencies involved in the response on these gaps in knowledge so they can respond through their national information campaigns, media briefings and ensuring all frontline health workers and social mobilizers are informed of these misperceptions and have the knowledge to correct them.
4. Partners are welcome to use IFRC's [weekly factsheets for staff and volunteers](#).

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### 4. Reliance on herbal remedies as a cure

- *"Corona is treated by traditional medicine, no need to seek for hospital assistance" - Madagascar*
- *"Covid-19 can be cured by using herbs" –Botswana, Burundi, Rwanda*

### Recommendations to address this feedback:

#### For partners working on treatment and case management:

1. Improve coordination among emergency-response agencies to better respond to needs at the community level.
2. Advocate to Governments and Ministries of Health to exercise caution before promoting untested cures or prevention measures and ask them to still insist on other protective behaviours alongside any herbal cures or it could put people at risk.

**For partners working on RCCE:**

1. Work with medical and trusted experts to address information on cures and enable two-way communication on platforms such as radio or social media.
2. Give constructive advice on treatment - do not stop at “there is no cure”, but provide practical advice on how to alleviate symptoms, where to seek help and how to care for seek people in your household in a safe way.

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## 5. Requests for soap, water and masks and gloves

- *“Provision of masks, soap, food” - South Sudan*
- *“Why don’t you give us masks and gloves for protection?” Somalia, Kenya, Rwanda*
- *Young people raised concerns about limited access to clean running water needed for effective hand washing. Many highlighted having to choose between buying water for cooking and cleaning or preventive hand washing. Information requests on where they can get free supplies – Kenya*

**Recommendations to address this feedback:****For partners working on treatment and case management:**

1. Explore ways to provide sufficient soap, water and other hand washing equipment and protective materials to communities to support them to implement protective behaviours.

**For partners working on RCCE:**

1. Collect feedback to understand people’s challenges to adhering to hand washing and other protective behaviours and discuss with communities how these measures could be implemented within their context.
2. Provide communities with clear information on which protective equipment is useful (that gloves are not needed and advised) and on how to produce your own face mask.

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## 6. Rising levels of stress, loneliness and fear linked to COVID-19

- *82% Kenyans psychologically stressed due to the prevailing situation in the country – Kenya*

**Recommendations to address this feedback:****For all partners:**

1. Work with community representatives to develop community-led solutions. This ensures interventions are more sustainable, appropriate and trusted. Communities’ fear and frustration can be reduced by providing the opportunity for people to play an active role.

**For partners working on mental health and psychosocial support**

1. Build capacity to better coordinate and have trained staff
2. Map out service providers and stakeholders to enable referrals for PSS support
3. Provide trainings for health providers and practitioners and call centre operators on psychological first aid

**For partners working on RCCE:**

1. Share guidance and tips on PSS with social mobilizers, making sure they are aware and equipped to address communities fear and refer them to the right places.
2. Enhance the capacity of governments and humanitarian partners to meaningfully engage and work with communities.

*For more information on the work of the RCCE community feedback sub-working group, please contact Eva Erlach at [eva.erlach@ifrc.org](mailto:eva.erlach@ifrc.org).*

*For information on how these topics are addressed by the members of the working group, please visit our [online tracking table](#).*