COVID-19 COMMUNITY FEEDBACK TRENDS AND RECOMMENDATIONS
21 May – 03 June 2020

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.

Six partners shared their trends and priorities for this report: BBC Media Action, IFRC, Internews, African Council of Religious Leaders, UNHCR, UNICEF ESARO, Africa's Voices

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1. Rumours about who is likely to be affected and denial of the outbreak

- *"Corona virus only infects the "big men" and the rich people because most of the people in the South Sudan parliament have tested positive with COVID-19." – South Sudan*

Recommendations to address this feedback:

For partners working on RCCE:

1. Actively address the topics of transmission, who is affected and the existence of the disease in all social mobilisation activities. Use most trusted and effective communication channels that allow two-way communication, such as radio shows.
2. Find ways to share the stories of people who have recovered from COVID-19 through the media or at community level, 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. It's important they are portrayed positively. Organise a media webinar on this topic. For support please contact Julie Langelier at Internews JLANGELIER@INTERNEWS.ORG.
3. 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.
4. Work with the case management TWG to develop key messages that explain the case fatality rate in Africa and what this looks like in reality in a simple and clear way, as well as messages specifically for the most vulnerable, such as elderly.

For partners working on case management:

5. Medical experts should participate in radio shows, public debates to provide correct information, address rumours and answer communities' questions.
6. Work with RCCE to provide scientific findings in all communications and constantly verify and update them based on new evidence.

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2. Lack of information and misunderstanding of response processes, especially lockdown and lifting thereof

- *"The government should use the 53 billion and extend the lockdown in the country a little bit instead of taking us in circles. I am tired of listening to daily briefing without solutions." - Kenya*

Recommendations to address this feedback:

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

1. Provide clear information on policy shifts and address rumours stating that the lifting of lockdown measures means the disease is over.

2. Ensure Government departments in charge of communication and lock down decisions are aware of this confusion around the end of lockdowns and can address this in their public communication.

3. Begin lobbying for expanding the scope for National Response Committees to include other civil society organisations (CSO) and faith-based organisations (FBO), who have valuable insights on the current situation. Engage the regional bodies like the East Africa Community, International Conference on the Great Lakes Region and African Union to mobilise for regional protocols and response including incorporating CSO and FBO.

4. 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. Provide alternatives for rural areas where self-isolation is difficult in many cases.

For partners working on RCCE:

1. Provide clear information on how response processes such as lockdown, quarantine and isolation work and why they help stop the spread of COVID-19 and ensure social mobilizers know how to answer questions and address concerns about public health measures. Make sure messages are updated regularly and social mobilisers actively cover the topic of policy shifts. Organise a media webinar on this topic.

2. Make sure rural areas are covered by social mobilisation activities and people in remote villages have access to information.

3. Create opportunities for decision-makers to listen to citizen feedback and respond to it, e.g. through interactive radio shows or public debates on social media.

4. Support media to provide a positive view of the measures put in place incl lockdown and self-isolation. Negative coverage turns people against them resulting in people avoiding or escaping from government quarantine or isolation facilities or hampering contact tracing effort.

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3. Concerns about porous borders and testing of truck drivers

- *"We are very much afraid of people coming through the border from Somalia day and night; they are the ones who transmit Coronavirus to us. Some of the cases are people who crossed from Somalia." – Dadaab, Kenya*

Recommendations to address this feedback:

For partners working on testing and surveillance and point of entry screening:
1. Make sure adequate measures are in place to monitor movement in and out of camps and inform camp residents of these measures. Discuss appropriate solutions with community representatives and consider providing community leaders with airtime to enable them to report on new arrivals.
2. Provide clear information on quarantine and isolation procedures for people arriving in camps to all people staying and working in camps.
3. Work with UNHCR to respond to the rumors and questions relating to infections through new arrivals in camps through radio programs and other sensitization activities.
4. Provide clear information on testing and screening processes at borders to RCCE partners.

For partners working on RCCE:
1. During all sensitization activities in refugee/IDP camps, include information on public health measures such as surveillance, testing and mitigation of infection risks in camp settings.
2. Make sure partners implementing social mobilisation activities have clear information on border controls, transportation of goods and changes in policies and address rumours and questions during social mobilisation activities.
3. Conduct targeted social mobilisation activities at points of control and stop-over points for truck drivers.

4. Refugee and IDP voices: stigmatization due to COVID-19

- *There is stigma towards persons placed in isolation in the camps as well as towards community leaders / community structures supporting in identification and reporting of those who return to camps and thereafter placed in isolation*
  Recommendations to address this feedback:

For all partners:

1. Integration of Do No Harm and conflict sensitivity programming across all sectors

For partners supporting refugees and IDPs:

1. Better understand issues relating to domestic violence by conducting focus group discussions and key informant interviews.
2. Increase efforts to strengthen women's economic interventions to prevent and mitigate domestic violence at camp level.
3. Actively address stigma during social mobilisation activities and tackle the issue through a cultural perspective, working with religious and community leaders.
4. Ensure there are mechanisms in place to report cases of sexual and gender-based violence and provide adequate support.
5. Work with religious and community leaders to denounce sexual and gender-based violence.

For more information on the work of the RCCE community feedback sub-working group, please contact Eva Erlach at 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.