

COVID-19: Community feedback: Priorities and Recommendations

From 11th to 25th of May 2020

This report documents the main trends in community feedback reported by agencies responding to COVID-19 in West and Central Africa. It was prepared by the Community Feedback Sub-Working Group, which is part of COVID-19's Interagency Working Group on Risk Communication and Community Engagement (RCCE). This report is produced biweekly

1) Rumours and misinformation about the prevention, treatment, characteristics and origin of the disease

"I've never seen coronavirus patients or anyone die from this disease. That's a lie there's no coronavirus in our country. It's a white and Chinese disease.. » - CAR (MSF)

Recommendations to address this feedback:

ALL AREAS OF THE RESPONSE

- ☐ Inform the ministries involved in the response by sharing evidence so that they are aware of gaps in community knowledge and adapt outreach strategies, and by ensuring that all front-line health workers are aware of these misperceptions and have the knowledge to correct them
- ☐ Support local solutions proposed by local communities/organisations

PARTNERS WORKING ON TREATMENT AND CASE MANAGEMENT

- ☐ All hotline operators/or any other person in charge who respond to community returns should be able to answer for other health questions (symptoms, treatment and prevention of other diseases such as malaria etc.), and be able to refer the caller to the right structure. A monitoring system should also be in place

PARTNERS WORKING ON INFECTION PREVENTION AND CONTROL

- ☐ Advocacy with authorities/stakeholders to increase water availability and facilitate the practice of handwashing

PARTNERS WORKING ON RCCE

- ☐ Cover COVID-19 prevention and transmission themes in all social mobilization activities and try to address other health issues as well. Share your content with other partners working on the response. The IFRC [factsheets](#) and [videos](#) and be used.
- ☐ Prefer two-way communication to ensure that communities have adequate information.
- ☐ Work with religious and community leaders and provide them with information relevant to their concerns. Biblical references developed with senior religious leaders can support the message.

Recommendations to be continued:

- ☐ Continue to explain the routes of transmission of covid19, who are the most vulnerable people, how to prevent themselves and what to do in case of suspicion.

2) Rumours about the stigmatization of infected people

«The nephew of the confirmed case is threatened and forbidden to go to the bus station by young people who suspect him of being able to contaminate them.» CAR (MSF)

Recommendations to be continued:

- ☐ Share the stories of people healed from COVID-19. Be sure to assess the risks in advance to avoid endangering people who have been healed due to stigmatization.

3) Quarantine, containment, self-isolation

« Schools are closed as long as there are no cases of corona virus in the province.» DRC (UNICEF)

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Recommendations to address this feedback:

PARTNERS WORKING ON RCCE

- ☐ Working with communities to reduce the impact of social public health measures on livelihoods without sacrificing physical distancing
- ☐ Better document community challenges.
- ☐ Building the capacity of communities and supporting local solutions (especially shielding) Exchanging on alternatives to containment or mobility restrictions via several information channels to de-politicize the debate

Recommendations to be continued:

- ☐ Inform about the changing measurements according to the shape of the curve. There is a need to explain the risks associated with different times of illness and thus the changes in the associated preventive measures. Communicate well on the notion of "easing" preventive measures while emphasizing the need for barrier measures.
- ☐ Strengthening the link between communication and realistic practice of preventive measures
- ☐ Influence strategic directions based on feedback that reflects the economic/psychological needs, fears and constraints of communities around containment.

4) Treatment and case management

« Why WHO does not want to confirm the corona drug found in Madagascar? » DRC (IFRC)

Recommendations to address this feedback:

PARTNERS WORKING ON TREATMENT AND CASE MANAGEMENT

- ☐ Capacity-building of all stakeholders in interpersonal communication, humanization of the response, strengthening of the Ministry of Health's capacity to take charge, need for more equipment supplied to hospitals;

PARTNERS WORKING IN RCCE

- ☐ Harmonization of Key Messages on Herbal Treatments. (Q/A WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub>)

1) Security and protection

« Corona is government business» CAR (CRF)

Contextualization: The populations refused the volunteers access to their neighbourhood. They also threatened/attacked the volunteers.;

Recommendations to address this feedback:

ALL AREAS OF THE RESPONSE

- ☐ Ensure that volunteers/community mobilizers who interact with communities are from the community.
- ☐ Ensure also - if there are ongoing conflicts or potential conflicts in the areas of intervention - the different parties are fairly represented.

For additional informations on any products from Sub-working group community feedback, please contact Thiaba Fame (ThiabaAnais.Fame@barcelona.msf.org) or Eva Erlach (eva.erlach@ifrc.org)