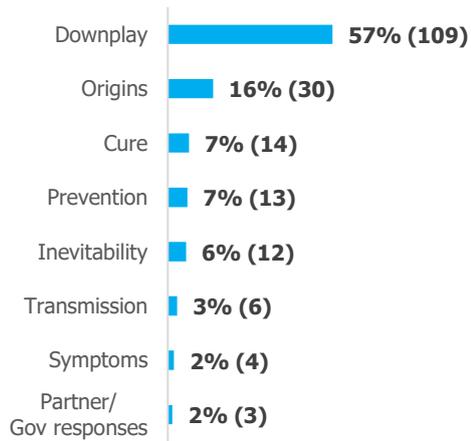


Covid-19 rumour tracking bulletin



Key findings



The most common rumours community members reported were:

- **Downplaying the risk of Covid-19:** the belief that Covid-19 is being used for political motives, that it is not real, or that it is not a serious threat.
- **Questioning the origins of the virus:** bioweapon conspiracy theories asserting that superpowers are using the virus to promote their own interests, that Covid-19 has been manufactured for profit, or that it is a punishment from God.
- **Cures for Covid-19:** the conviction that the virus can be cured by chloroquine or other drugs, home remedies, prayers/belief, or alcohol.

Rumours downplaying the risk of Covid-19 are the most common kind of rumour, as they have been consistently since the first bulletin (published in September 2020), which covered rumours tracked between April and July 2020. Rumours about the origins of the virus that include the idea it is a bioweapon manufactured by world powers and rumours about supposed cures such as alcohol, home remedies, and chloroquine have also featured heavily across rounds.

Background

This is the fourth in a series of rumour-tracking bulletins covering various refugee settlements across Uganda since April 2020' (see the demographic section for more information). The findings will be shared with the humanitarian community in Uganda to provide timely, relevant information about Covid-19 rumours.

As an inter-agency effort, multiple partners have shared rumours documented by their staff and volunteers. Partners include African Women Rising; Alight; AVSI Foundation; CARE; Danish Refugee Council; Finn Church Aid; Internews; International Rescue Committee; Trocaire; and UNHCR.

Partners are encouraged to take part in rumour collection. If you are interested, please contact: ann@ulearn-uganda.org.

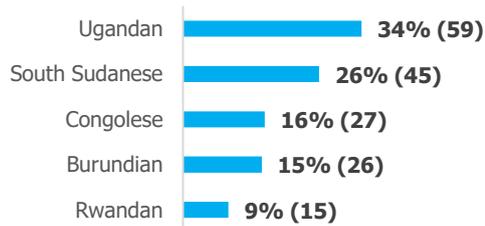
Rumour tracking is an ongoing project and these bulletins will be updated and shared on a every two months. Please share feedback via this quick [link](#). Previous rumour tracking bulletins can here found [here](#).

Method

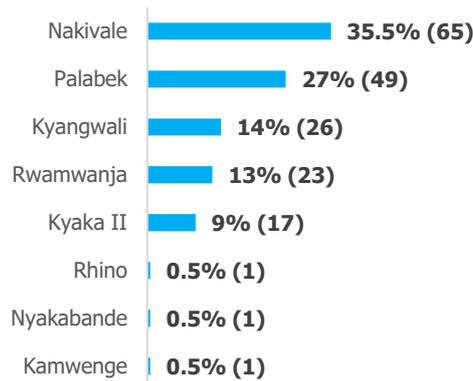
Community volunteers and NGO staff who interact daily with affected communities in Uganda captured rumours during their regular work and interaction with community members from 1 November – 31 December 2020 across various settlements. Humanitarian staff did not actively solicit these rumours, but rather took note as community members asked questions or made comments regarding Covid-19.

Demographics of those who reported rumours (November–December 2020)

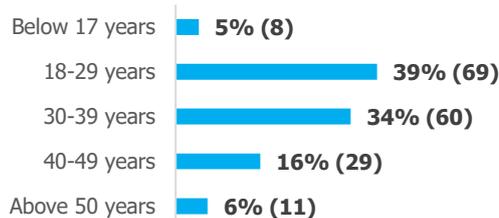
Nationality



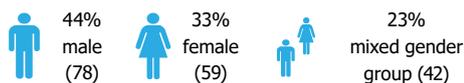
Location



Age



Gender



Some 191 rumours were attributed to refugees from South Sudan, the Democratic Republic of the Congo, Burundi, Rwanda, and Eritrea, as well as to Ugandan nationals.

The method described in this bulletin does not lend itself to verifying the percentage of refugees who are sharing rumours, but it does highlight the types of rumours being shared.¹

We have analysed patterns in reported rumours according to gender, age, and location, but we have only included differences where each subgroup consists of a minimum of 30 recorded rumours and the difference across these groups is above 10% in the analysis.

For more information on the methodology, including the terms of reference for data collectors and access to the raw data, visit the [Rumour Tracking Team Folder](#).

Demographics

The demographics of those who reported rumours in November–December are different from the previous bulletin (rumours tracked September–October 2020, published in November 2020), in which over half of the rumours recorded came from South Sudanese and Congolese refugees. Over one-third of recorded rumours in November–December came from Ugandan nationals.

The locations where the rumours were recorded are also different. Whereas in September–October, the majority of rumours came from Bidi Bidi, Kyangwali, and Rwamwanja, most this round came from Nakivale and Palabek.

We have seen a slight increase in responses from men (up from 40% in September–October) and mixed gender groups (up from 12% in September–October) in November and December.

The age distribution of those who reported rumours is similar to those in September–October.

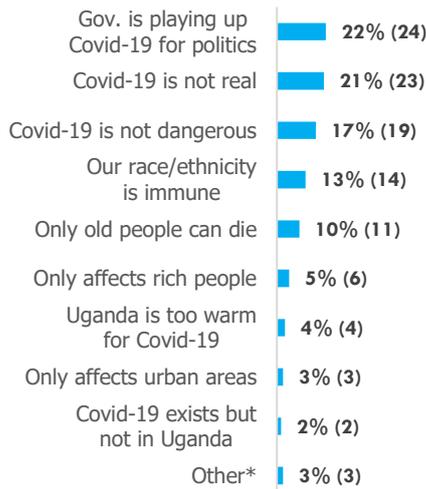
¹ While rumours are spreading in Uganda, it is important to note that recent assessments suggest that most refugees can distinguish between rumours and facts regarding Covid-19. Ground Truth Solutions' key informant interviews with communities across Uganda in June 2020 found that 81% of refugee leaders are confident that people in their communities are able to separate fact from fiction.

57% of rumours relate to:

Downplaying Covid-19

- The most common rumours relate to downplaying the seriousness of Covid-19, as has been the case since April 2020.
- The belief that the government is using the pandemic for its own political agenda is the most common rumour in this category.
- Community members also state convictions that the virus is not real or dangerous, and that it does not affect Africans, the young, people with lower economic means, or those living in rural areas.

Breakdown of rumours relating to downplaying the virus (n=109)

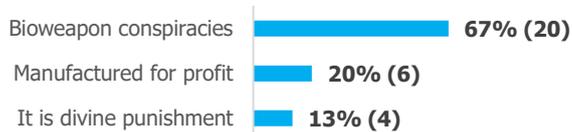


16% of rumours relate to:

Covid-19's origins

- The belief that Covid-19 was manufactured by America or China and is being used as a weapon, was the most common bioweapon conspiracy theory and has been since April 2020.
- Some people believe superpowers are motivated by population control, money-making, and political reasons to manufacture and spread the virus across the globe.
- Other rumours about the origins of the virus include the belief that Covid-19 is divine punishment due to human sin.

Breakdown of rumours relating to origins of the virus (n=30)



7% of rumours relate to:

Covid-19 cures

- Beliefs about virus cures have been consistent since April 2020. Community members have consistently mentioned remedies such as the consumption of drugs like chloroquine; home remedies; prayer; and alcohol.



"Covid-19 is spread by opposition politicians to tarnish the name of the government." – Kamwenge, Ugandan male in his 20s

*Other includes the rumour that only those with tuberculosis and diabetes, people with disabilities, and truck drivers contract the virus.

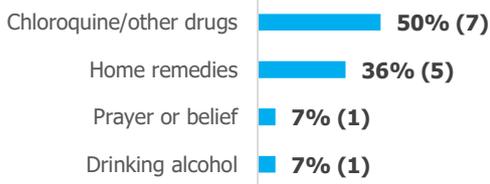


"Covid-19 was manufactured in China in order to get business." – Nakivale, Ugandan female in her 20s



"Eating fruits can cure Covid-19." – Palabek, mix of South Sudanese males and females in their 20s

Breakdown of rumours relating to the curing the virus (n=14)

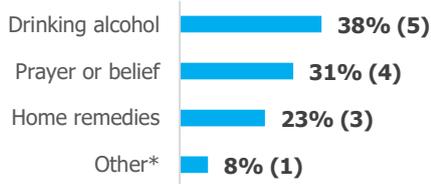


7% of rumours relate to:

Preventing Covid-19

- Community members refer to alcohol, prayer/religious conviction, and various home remedies as ways to prevent contracting the virus. This is consistent with rumours captured since April 2020.

Breakdown of rumours relating to preventing the virus (n=13)



6% of rumours relate to:

The inevitability of Covid-19

- Rumours that Covid-19 has already arrived in communities and that contracting the virus is unavoidable have featured since April 2020.

Breakdown of rumours relating to the inevitability of the virus (n=12)

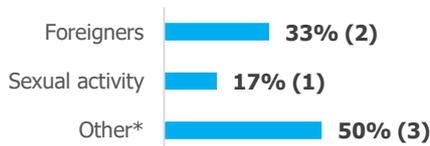


3% of rumours relate to:

Transmitting Covid-19

- Community members have reported the belief that foreigners spread the virus consistently since April 2020, but the idea that sexual activity can transmit the virus began to surface around September 2020.

Breakdown of rumours relating to how the virus is transmitted (n=6)



2% of rumours relate to:

Symptoms of Covid-19

- A few people think someone with Covid-19 would exhibit Ebola symptoms.

Breakdown of rumours relating to the symptoms of Covid-19 (n=4)



“Covid-19 can be prevented by drinking alcohol.” – Palabek, South Sudanese males in their 30s

*Other includes the belief that Covid-19 can be prevented by playing football.

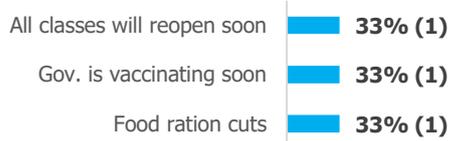
*Other includes the rumours that Covid-19 is transmitted via alcohol, eating frogs, and eating bad food.

1% of rumours relate to:

Partner/government responses to Covid-19

- Community members mention very few rumours relating to the partner or government response to the virus throughout November and December. These include the beliefs that all classes will reopen soon, that vaccinations will begin shortly, and that food rations will be further reduced for refugees.

Breakdown of rumours relating to Covid-19 symptoms (n=3)



Recommendations and messaging based on recorded rumours and other assessments:

These recommendations and key messages were developed after consulting a variety of relevant sources, including the "Community feedback priorities and recommendations" from the Covid-19 Community Feedback Sub-Working Group for East and Southern Africa; the U-Learn Risk Communication and Community Engagement Assessment; the World Health Organisation's Covid-19 Information - SMS Message Library²; and UNHCR's bulk Covid-19 SMS blasts.³

Key recommendations:

- Community sensitisation on the seriousness of the virus should be ongoing and should occur through trusted information channels such as radio, mobile loudspeaker, and community meetings. Sensitisation should highlight how the virus affects all nationalities, ages, and economic groups.⁴
- Figures in high-visibility positions of authority (including refugee, faith, traditional, and political leaders; civil servants; and security personnel) should be seen adhering to measures and taking them seriously. To build trust, political leaders and senior officials could be vaccinated publicly once the vaccine is publicly available.⁵
- Humanitarian organisations should also be seen to be adhering to measures during distributions and interactions with communities.
- Sharing pictorial and video images of people who have contracted Covid-19 could raise awareness of its seriousness. Humanitarian organisations can lead by example by encouraging staff members to share their stories and experiences, as one WHO staff member has done.⁶
- Providing refugees with up-to-date figures and information on case numbers in Uganda could raise awareness. A variety of platforms should be used to reach both Ugandan nationals and refugee populations. Ugandan nationals mainly mention the presidential address and Ministry of Health (MoH) initiatives as primary information sources, whereas refugees more commonly mention NGOs, UN agencies, community leaders, health workers, and Village Health Teams (VHTs).⁷



"I heard that no refugees will receive food rations." – Kyangwali (nationality and age not recorded)

How are we currently disseminating the findings from this bulletin?

At a regional level

- U-Learn AAP (accountability to affected people) staff participate in the District Task Force Meetings where specific rumours captured in their locations are shared and ways to dispel misinformation are planned.
- U-Learn AAP staff, alongside stakeholders such as the district Risk Communication and Community Engagement focal points and active agencies, come up with joint recommendations based on the specific rumours of the location.
- U-Learn AAP staff collaborate with stakeholders to counter rumours with accurate information through a range of channels such as local media, community leaders, and word of mouth. They use the Interagency and Ministry of Health FAQs and fact sheets on Covid-19 as reference points.
- The online and publicly available dashboard is regularly updated and can be used by implementing partners to inform their risk communication messaging.

² World Health Organisation. April 2020. "Covid-19 Information - SMS Message Library." <https://www.who.int/publications-detail-redirect/covid-19-message-library>

³ Covid-19 Community Feedback Sub-Working Group East and Southern Africa. December 2020. "Covid-19 Community Feedback Trends and Recommendations." <https://docs.google.com/presentation/d/1IIZS3-D41I23YnHzqVtBBO6KQUv8Ori/edit#slide=id.p1>

⁴ U-Learn, Risk Communication and Community Engagement Assessment, 2021.

⁵ Covid-19 Community Feedback Sub-Working Group East and Southern Africa. December 2020. "Covid-19 Community Feedback Trends and Recommendations." <https://docs.google.com/presentation/d/1IIZS3-D41I23YnHzqVtBBO6KQUv8Ori/edit#slide=id.p1>

⁶ Ibid.

⁷ U-Learn, Risk Communication and Community Engagement Assessment, 2021.

- Sensitisation on the origins of the virus should aim to debunk rumours and conspiracy theories by sharing correct information and should occur through radio, because it is one of the most trusted information channels.⁸

Key messaging:

- COVID-19 is a global health pandemic, and governments around the world are reacting with preventative measures. This is in accordance with the scientific communities' guidance and is not political. For more information about Covid-19 call 0800 323232.
- Please remember that Covid-19 is on the rise. Anyone can contract the virus, regardless of age, ethnicity, or economic status. For more information about Covid-19 call 0800 323232.
- Covid-19 is a contagious disease which originated in Wuhan, China and mainly spreads through close contact with an infected person. It was not manufactured by humans and can only be prevented by social distancing, wearing face masks, and regularly washing your hands. For more information about Covid-19 call 0800 323232.
- The following measures are not effective against the coronavirus: chloroquine or other drugs; drinking alcohol; eating vitamin-rich food. The only preventative measures include social distancing, wearing face masks, and regularly washing your hands. For more information about Covid-19 call 0800 323232.
- AstraZeneca and Pfizer are the only two vaccines approved by the World Health Organisation to date, with a 62%-95% prevention rate. Chloroquine or other drugs, drinking alcohol, or eating vitamin-rich food cannot cure Covid-19. For more information about Covid-19 call 0800 323232.

How are we currently disseminating the findings from this bulletin?

At a national and regional level

- We have shared an overview of rumours with, and thereby informed the risk communication strategies of: the MoH Risk Communication and Community Engagement Task Force; the Assessment Technical Working Group; the Communication with Communities (CwC) Task Team; the Community Feedback Sub-Working Group East and Southern Africa; the MoH Covid-19 design workshop; and the MoH Incident Management Team.

⁸ U-Learn, Risk Communication and Community Engagement Assessment, 2021.