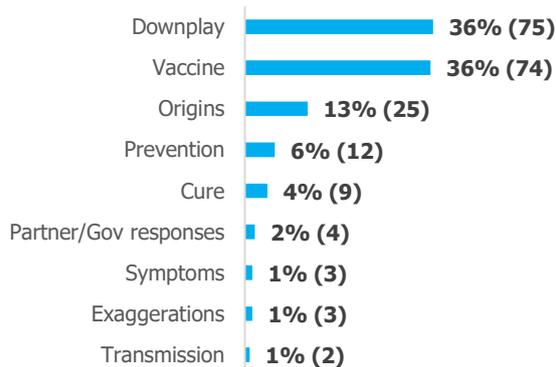


Covid-19 rumour tracking bulletin



Key findings



The most common rumours community members reported were:

- **Downplaying the risk of Covid-19:** beliefs that Covid-19 does not affect Africans, that only older people can die from it, or that it is neither real nor dangerous.
- **Suspicious of the Covid-19 vaccine:** fears that the vaccine is a disguise for bioweapons aiming to reduce population figures and that it poses serious health risks.
- **Questioning the origins of Covid-19:** convictions that the virus is a result of divine punishment or that it was manufactured for profit-making.

Rumours downplaying the risk of Covid-19 have consistently been the most reported kind of rumour since tracking began in April 2020. **Rumours about the dangers of a vaccine feature for the first time** in January–March 2021, raising new challenges for risk communication as the AstraZeneca vaccine rollout begins in Uganda.¹

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 across various settlements between January–March 2021. Humanitarian staff did not actively solicit these rumours, but rather took note as community members asked questions or made comments regarding Covid-19. Some 207 rumours were attributed to refugees from Sudan, South Sudan, the Democratic Republic of the Congo, and Rwanda, 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.²

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

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](#).

¹ Kamoga, J. 2021. "Uganda to roll out first round of Covid-19 vaccine on March 10." *The East African*. March 8. <https://www.theeastafrican.co.ke/tea/science-health/uganda-to-roll-out-first-round-jabs-3315226>.

² 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 can separate fact from fiction.

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; Internews and USAID’s recent study on vaccine inequality;³ the Yale Institute for Global Health and UNICEF’s Vaccine Messaging Guide;⁴ the World Health Organisation’s Covid-19 Information SMS Message Library;⁵ and UNHCR’s bulk Covid-19 SMS blasts.⁶

Key recommendations:

- **Countering vaccine misinformation** such as bioweapon theories or unfounded rumours about negative side effects (such as blood clots, HIV, losing mental faculties, changing colour) is the first step in reducing vaccine hesitancy. This should be done by providing communities with accurate information in accessible formats and providing space for communities to raise questions and concerns so that they can make well-informed choices. Communication activities should explain vaccine risks as well as the individual and community benefits of vaccine rollout, to enable communities to make informed decisions.⁷
- **Community motivations should inform communications** about the vaccine, to counter hesitancy. Whether motivations relate to the economic, social, or health benefits of the vaccine rollout, focusing on what motivates people is key in encouraging behaviour change.⁸
- **Figures in high-visibility positions of authority** (including refugee, faith, traditional, and political leaders; civil servants; and security personnel) **play a key role in people’s perception of Covid-19 as a risk and in building trust in the vaccine.** To help build this trust, political leaders and senior officials should be vaccinated publicly, where possible, like President Museveni was recently.⁹
- **Avoiding repeating rumours when trying to debunk them** is recommended because studies suggest repeating rumours has a counterintuitive effect, making rumours seem more familiar and therefore accepted.¹⁰

Background

This is the fifth 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 of each bulletin are 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 AVSI Foundation; Danish Refugee Council; Finn Church Aid; Internews; International Rescue Committee; and Save the Children.

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 every two months. Previous rumour tracking bulletins can be found [here](#).

³ Internews and USAID. March 2020. “Vaccine ≠ Why vaccine inequality is our biggest COVID-19 communication challenge yet.” <https://internews.org/resource/vaccine-inequality-why-vaccine-inequality-our-biggest-covid-19-communication-challenge-yet>.

⁴ Yale Institute for Global Health and UNICEF. December 2020. “Vaccine Messaging Guide.” <https://www.unicef.org/media/93661/file/Vaccine%20messaging%20guide.pdf>.

⁵ World Health Organization. April 2020. “Covid-19 Information SMS Message Library.” <https://www.who.int/publications/item/covid-19-message-library>.

⁶ UNHCR. April 2020. “COVID-19: Communication with Communities (CwC) Plan for Refugees in Uganda.” <https://data2.unhcr.org/en/documents/download/77439>.

⁷ Internews and USAID. March 2020. “Vaccine ≠ Why vaccine inequality is our biggest COVID-19 communication challenge yet.” <https://internews.org/resource/vaccine-inequality-why-vaccine-inequality-our-biggest-covid-19-communication-challenge-yet>.

⁸ Ibid.

⁹ 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>.

¹⁰ Yale Institute for Global Health and UNICEF. December 2020. “Vaccine Messaging Guide.” <https://www.unicef.org/media/93661/file/Vaccine%20messaging%20guide.pdf>.

- **Community sensitisation to the virus should be ongoing** and should occur through trusted information channels such as radio, mobile loudspeaker, and community meetings, and from trusted sources (NGOs, UN agencies, and presidential addresses).¹¹ Sensitisation should highlight how the virus affects all nationalities, ages, and economic groups, and attempt to debunk rumours.
- **Sharing photographic and video depictions of people who have contracted Covid-19 to raise awareness of its seriousness.** Humanitarian organisations can lead by example by encouraging staff members to share their stories and experiences, as one [World Health Organisation staff member](#) has done.¹²
- **Providing refugees with up-to-date figures and information on case numbers in Uganda to 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 initiatives as primary information sources, whereas refugees more commonly mention NGOs, UN agencies, community leaders, health workers, and Village Health Teams (VHTs).¹³

Key messaging:

- Covid-19 can have severe consequences for your health. The best way to protect yourself is to get the vaccine, which is very effective against severe outcomes of Covid-19 that require hospitalisation. For more information about Covid-19 call 0800 323232.
- Vaccines help to protect the most vulnerable people in our communities – and are endorsed by public health authorities and well-qualified doctors. For more information about Covid-19 call 0800 323232.
- Uganda has begun its vaccine rollout, and the president and health minister have had their first jabs. Health workers, teachers, and older people will be prioritised for the first phase.
- Covid-19 is a global health pandemic, and governments around the world are reacting with preventative measures. This is in accordance with guidance from scientific communities 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 can only be prevented by a vaccine or social distancing, wearing face masks, and regularly washing your hands. For more information about Covid-19 call 0800 323232.
- Without a vaccine, the only preventative measures proven to reduce your risk of contracting Covid-19 include social distancing, wearing face masks, and regularly washing your hands. For more information about Covid-19 call 0800 323232.
- The AstraZeneca vaccine is approved by the World Health Organization, and 100% effective against severe or critical disease and outcomes that require hospitalisation. For more information about Covid-19 call 0800 323232.

¹¹ U-Learn, Risk Communication and Community Engagement Assessment, 2021.

¹² World Health Organization. April 2020. "Covid-19 Information SMS Message Library." <https://www.who.int/publications/i/item/covid-19-message-library>.

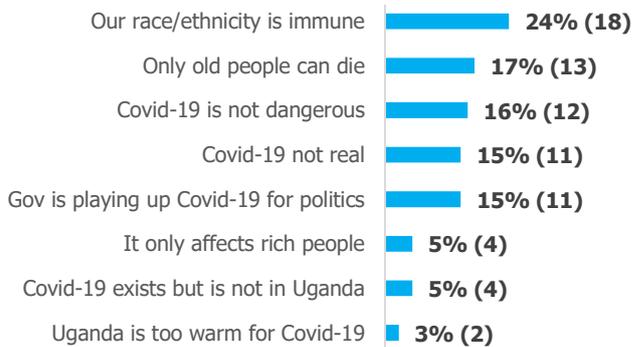
¹³ U-Learn, Risk Communication and Community Engagement Assessment, 2021.

36% 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 beliefs that Covid-19 only affects white people and older people were the most common rumours in this category.
- Other rumours included convictions that the virus is not real or dangerous, and that it is being used for political reasons.

Breakdown of rumours relating to downplaying the virus (n=75)

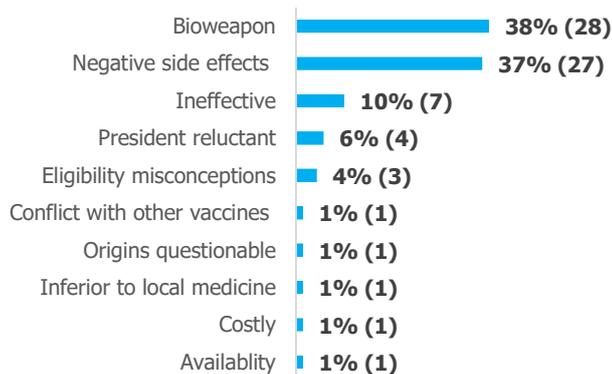


36% of rumours relate to:

Covid-19 vaccine

- Scepticism of the vaccine surfaced in the first quarter of this year, with many rumours focusing on the belief that the vaccine is a bioweapon developed to sterilise women and reduce the African population.
- The second most common rumour about the vaccine was belief in negative side effects, such as blood clots, developing HIV, losing mental faculties, changing skin colour, and death.
- Others do not believe in the efficacy of the vaccine and question why the president initially appeared reluctant to be vaccinated. These rumours may have been dispelled as President Museveni publicly received his first vaccination at the end of March and encouraged all those who are eligible to do the same.¹⁴
- A few people also mentioned misconceptions that people over a certain age or people with disabilities would not be eligible for the vaccine.

Breakdown of rumours relating to vaccines (n=74)



"Covid-19 kills white men only." – Rhino, South Sudanese male in his 30s



"Covid-19 vaccines cause blood clotting in human beings, so some people do not want to be vaccinated. The vaccine also makes people HIV positive." – a group of Congolese male and female refugees, location and age unspecified



"The AstraZeneca vaccine is fake; it is mixed with corona virus. White people produced the vaccines to reduce the African population, who have strong immunity to the virus." – Imvepi, South Sudanese male refugee in his 20s

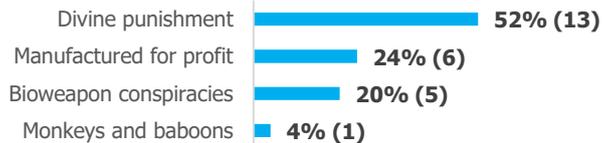
¹⁴ The Independent. 2021. "Museveni joins world leaders, gets COVID/19 jab." March 27. <https://www.independent.co.ug/museveni-joins-world-leaders-gets-covid-19-jab/>.

13% of rumours relate to:

Covid-19 origins

- Rumours that Covid-19 is a punishment from God and therefore will only effect those who have sinned have surfaced again.
- Others believe te virus was created for governments and businesses to make money.
- Bioweapon conspiracy theories persist, with which people share their opinion that the virus was created by superpowers to reduce the population in Uganda.

Breakdown of rumours relating to the origins of the virus (n=25)

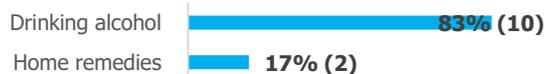


6% of rumours relate to:

Preventing Covid-19

- Community members refer to the use of alcohol and other various home remedies as ways to prevent contracting the virus. This rumour is consistent with those captured in other rounds since April 2020.

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



4% of rumours relate to:

Covid-19 cures

- Rumours that Covid-19 can be cured through home remedies and drinking alcohol featured.

Breakdown of rumours relating to curing the virus (n=9)



2% of rumours relate to:

Partner/government responses to Covid-19

- Community members reported the belief that Covid-19 will be used as an excuse to send refugees back to their countries of origin or resettle them in other countries.

Breakdown of rumours relating to the response to Covid-19 (n=8)



"It is the work of the devil that brought Covid-19. It has no cure." – Palorinya, Ugandan male refugee in his 20s



"It's good to drink alcohol since it's the best way to prevent Covid-19." – Palorinya, South Sudanese male refugee in his 30s



"Alcohol is the medicine discovered for treating Covid-19." – Rhino, group of South Sudanese female and male refugees in their 30s



"They reduced food rations saying it's due to Covid-19 but they just want refugees to go back to their home country." – Kyangwali, group of South Sudanese female refugees, over 50 years old

1% of rumours relate to:

Symptoms of Covid-19

- A few people think someone with Covid-19 would appear thin, lose their mental faculties, or change colour.

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



1% of rumours relate to:

Exaggerations of Covid-19

- A handful of people say that Covid-19 is already in their area so cannot be avoided.

Rumours relating to Covid-19 exaggerations (n=3)



1% of rumours relate to:

Covid-19 transmission

- Less frequently, community members report the belief that the virus is transmitted by humanitarian staff and volunteers, or by eating bats.

Breakdown of rumours relating to Covid-19 transmission (n=2)



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.

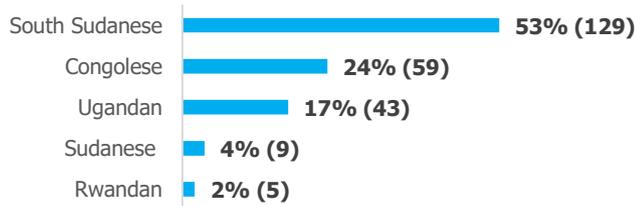
At a national and regional level

- We will share an overview of rumours with, and thereby try to inform the risk communication strategies of: the Ministry of Health Risk Communication and Community Engagement Task Force; the Assessment Technical Working Group; the Communication with Communities (CwC) Task Team; and the Community Feedback Sub-Working Group East and Southern Africa.

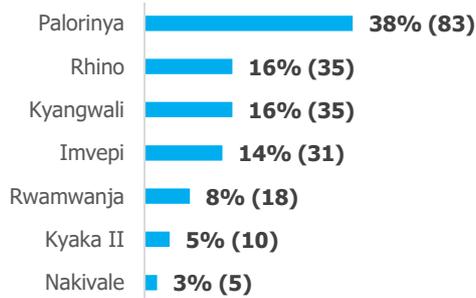
Partners are encouraged to take part in rumour collection. If you are interested, please contact: ann@ulearn-uganda.org.

Demographics of those who reported rumours (January–March 2020)

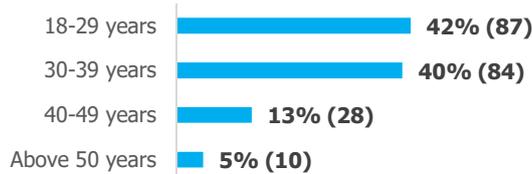
Nationality



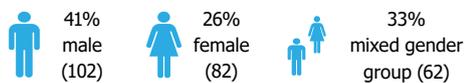
Location



Age



Gender



Demographics

The demographics of those who reported rumours are different from the previous bulletin (rumours tracked November–December 2020, published in February 2021), in which the largest volume (one-third) of rumours recorded came from Ugandan nationals. The majority of rumours (53%) between January–February 2021 came from South Sudanese refugees.

The locations where the rumours were recorded are also different. Whereas in November–December, the majority of rumours came from Nakivale and Palabek, most this round came from Palorinya and Rhino.

We have captured more rumours from men than women this round and seen an increase in responses from mixed gender groups (up from 23% in November–December) in January–March. These differences are to be expected given the nature of convenience sampling, in which partners submit rumours on a voluntary basis, without set targets for locations or other demographics.

The age distribution of those who reported rumours is similar to those in November–December.