

Covid-19 rumour tracking summary

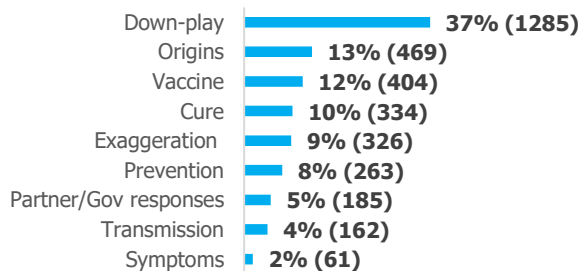


Content

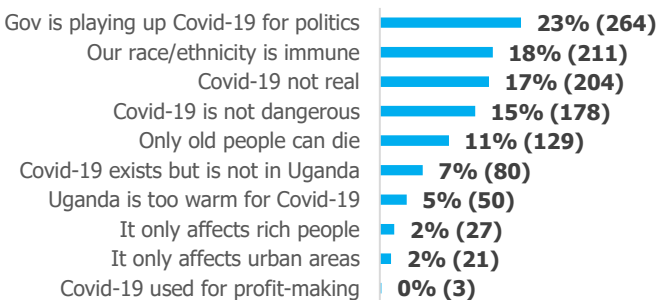
- Trends, April 2020–December 2021;
- Latest rumours, September–November 2021;
- Recommendations;
- Information sharing.

Rumour trends, April 2020–December 2021

Overview of rumours



Downplaying the risk of Covid-19



Community members in Uganda have consistently mentioned downplay, making it the most widespread rumour since tracking began in April 2020. The belief that the government is using the pandemic to secure more international funding for election campaigns has been common. Around the election in January 2021, there were prevalent rumours that the government was using the lockdown as a pretence to tamper with elections.

Method

Community volunteers and NGO staff who interact daily with affected communities in Uganda captured rumours during their regular work across various settlements between April 2020 and December 2021. Rumours were also captured using the UNHCR Inter-Agency Feedback, Referral and Resolution Mechanism (FRRM), as the rumours mentioned were shared by individuals who called the FRRM hotline.

Humanitarian staff did not actively solicit these rumours, but rather took note as community members asked questions or made comments about Covid-19. Some 3,489 rumours were attributed to refugees from South Sudan, 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 shared¹.

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 Although rumours are spreading in Uganda, most refugees can distinguish between Covid-19 rumours and facts. Eighty-one percent of refugee leaders across Uganda in June 2020 were confident people in their communities could separate fact from fiction. Ground Truth Solutions. September 2021. "COVID-19 insight from refugee leaders and humanitarian staff Uganda".

Due to 30% cuts in humanitarian food assistance at the same time as the lockdown in April 2020², followed by a further 10% reduction in February 2021, refugees have shared the idea that Covid-19 is an excuse to reduce or completely stop assistance.



“The government is using Covid-19 to cut food rations and to get more funds from abroad” – Kiryandongo, South Sudanese male refugee in his 50s, November 2021

The misconception that Africans are naturally immune to the virus and only white people or Europeans are affected is voiced repeatedly. This suggests the need to focus on risk communication efforts feature Africans who have contracted the virus, to dispel these rumours.



“Africans have strong immune systems so they cannot die of Covid-19” – Lobule, Congolese male refugee in his 50s, November 2021

Community members have also been consistently sceptical about Covid-19’s existence. People simply say the virus does not exist and is being fabricated for various reasons. This reinforces the need for visual communication like videos, photos, and posters, as many need to see the effects themselves to accept the existence of the virus.



“Covid-19 is just a myth, and it does not exist. They keep on lying to people that it kills but in our area we have never witnessed anyone killed by Covid-19” – Nakivale, female Congolese refugee in her 20s, April 2021

Questioning the origins of Covid-19



People have consistently shared mistrust of official explanations of Covid-19’s origins over the last 18 months. A common rumour is that the virus is a man-made bioweapon in service of global superpower agendas.



“The virus was made by Americans to boost their economy so they remain the super power” – Kiryandongo, South Sudanese male refugee in his 20s, November 2021

Some believe Covid-19 is divine punishment for human sin, which affects the unrighteous, and marks the End Times predicted in the Bible.



“Covid-19 is a punishment from devil spirits and signifies the end of the world, as was written also in the Bible” – Palabek, mix of South Sudanese and Congolese male and female refugees, June 2021

Background

This is the final summary of a series of rumour tracking bulletins covering refugee settlements across Uganda since April 2020 (see the demographic section for more information). Each bulletin’s findings 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 Adventist Development and Relief Agency, African Women Rising, Alight, AVSI, CARE, Catholic Relief Services, Community Empowerment For Creative Innovation, Danish Refugee Council, Finn Church Aid, FRRM, Internews, International Rescue Committee, Medical Teams International, Oxfam, Save the Children, Trocaire, and UNHCR.

Project conclusion

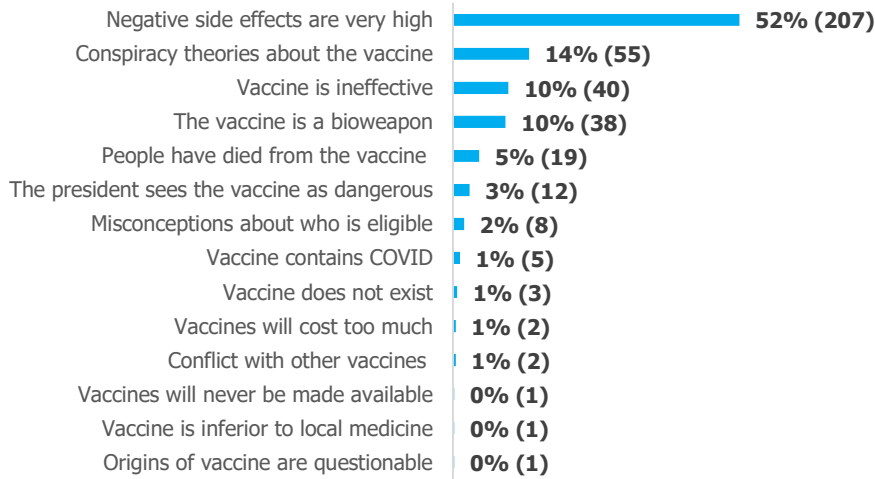
The rumour tracking project ends in December 2021 and this is the final bulletin. A consultation with partners and the AAP (accountability to affected people) Task Force showed that the majority of shared rumours have been sufficiently captured, and an information gap exists in terms of AAP indicators at the individual agency level. This is currently being explored and the full project scope will be designed early 2022.

All previous rumour tracking bulletins can be found [here](#).

Please get in touch with [Ann Mbeiza](#) with any questions or feedback on the project or future plans.

² World Food Programme. 22 December 2020. “[WFP cuts refugees’ food rations in Uganda as funding declines](#)”.

Covid-19 vaccines

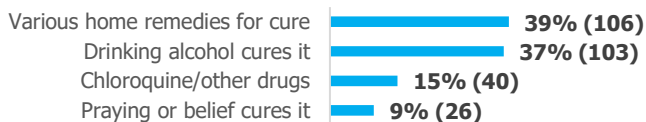


Communities have voiced rumours about the dangers of vaccines since the beginning of 2021. This is concerning because only 2% of the total population is fully vaccinated³. Agencies working to communicate risks can adapt messages based on common rumours. Through trusted information sources like UN agencies, the presidential address, community leaders, and Village Health Teams (VHTs), this could reduce vaccine hesitancy and address community concerns.

Fears about serious health risks from the vaccine are common. These include invariable blood clots, death, infertility in both genders, male impotence, and changes in skin colour.

Conspiracy theories include beliefs that the vaccine signifies membership of the Illuminati (a secret society); is designed for population control; and will kill you within two years.

Covid-19 cures

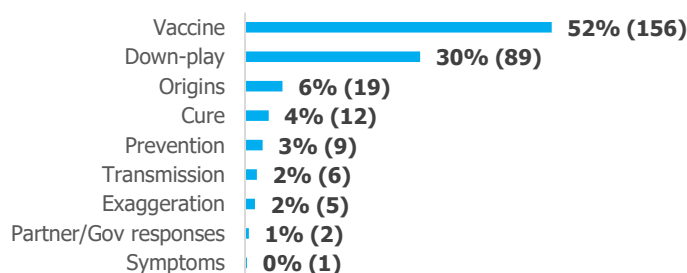


People have mentioned various remedies for the virus: hot water with lemon or salt; tea with salt, lemon, and bicarbonate soda; boiling various green leaves and herbs; fruit; vegetables; and soap. Others say smoking can help cure Covid-19.

Misunderstandings of alcohol as a sanitiser for hands and surfaces have developed into the idea that drinking alcohol is an effective cure. More effort to tackle this persistent rumour would help to reduce alcohol usage.

Latest rumours, September–November 2021

Overview of rumours



“Men do not perform well in bed after receiving the vaccine” – Lobule, Ugandan male in his 30s, November 2021



“The whites are just playing around with Africans and want to kill them in only two years with the vaccines” – Kiryandongo, group of South Sudanese male refugees in their 30s, November 2021

Messages to counter vaccine rumours⁴:

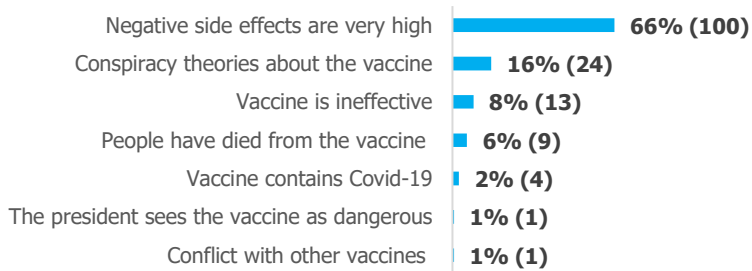
- The Covid-19 vaccine will help your body’s natural defence system to recognise and fight Covid-19. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.

³ Our World in Data. “Uganda: Coronavirus Pandemic Country Profile”. Accessed 1 December 2021.

⁴ UNHCR. 6 December 2021. “Covid-19 vaccine messages for refugees”.

Vaccine rumours have been common since January and make up over half of all rumours between September and November 2021. This suggests increasing concerns as the vaccine roll out continues in Uganda.

Covid-19 vaccines



Ongoing misinformation about negative side effects of the virus includes the ideas that the vaccine makes men and women infertile; causes premature birth or brain damage to unborn babies; causes impotence for men; makes young people age prematurely; and leads to premature death.



“When the virus enters you through the throat, you should drink hot water mixed with lemon to push it into the stomach. The stomach is warm so the virus will die” – Kiryandongo, group of South Sudanese male refugees in their 30s, November 2021

Conspiracy theories suggest that Western powers are using the vaccine to reduce the African population.



“The vaccine causes infertility and turns the skin yellowish and bluish” – Kiryandongo, mix of male and female Rwandan refugees, November 2021



“Breast-feeding mothers are fearful of the vaccine as it causes their babies mental illness in future and their babies will not be healthy” – Kiryandongo, South Sudanese female refugee in her 30s, November 2021

Others believe the vaccine is not dangerous but is just ineffective and not a legitimate means to avoid contracting Covid-19.



“The vaccine is ineffective because those who have received it can still get the virus” – Lobule, Ugandan female in her 30s, October 2021

- The Covid-19 vaccine helps prevent severe disease and deaths and reduces the rapid spread of infection. It has been through extensive and rigorous research and safety processes and is SAFE and EFFECTIVE. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.
- Apart from the Johnson & Johnson vaccine, for the rest of the Covid-19 vaccines in circulation, you need to receive two doses to be fully protected. Please protect yourself and your loved ones by getting vaccinated and encourage others to get vaccinated. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.
- The Covid-19 vaccine has been through extensive, rigorous research and safety processes, like other vaccines. The Covid-19 vaccine is safe and effective and has been approved by the WHO and the Uganda National Drug Authority. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.
- Uganda’s vaccination deployment plan includes refugees. Vaccines are available FREE of charge to both refugees and nationals. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.
- It is important to note that vaccines are safe and effective in protecting you against severe disease and death. However, as with all medicines, side effects can occur after getting a vaccine. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.
- For those who have already received the first dose of the Covid-19 vaccine, ensure that you receive the second dose following guidance from health workers in order to be fully protected. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.

Recommendations

These recommendations follow consultation with various 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 inequality⁵; the Yale Institute for Global Health and UNICEF’s Vaccine Messaging Guide⁶; the World Health Organisation’s Covid-19 Information – SMS Message Library⁷; and UNHCR’s Covid-19 vaccine messages for refugees⁸.

- **Countering vaccine misinformation** is the first step in reducing vaccine hesitancy. Rumours around negative side effects and conspiracy theories should be debunked with facts. Communities need Ministry of Health information in accessible formats, and space to ask questions and raise concerns. Such activities should explain vaccine risks as well as the individual and community benefits of the vaccine, so community members can make informed decisions⁹.
- **Efforts to better understand community motivations around the vaccine** would help inform targeted vaccine messages to counter hesitancy. Motivations may relate to the economic, social, or health benefits of a vaccine. Focusing on what communities find most important is key to encouraging behaviour change¹⁰.
- **Figures in high-visibility positions of authority or trust** including refugee, faith, traditional, and political leaders; civil servants; security personnel; teachers, and medical staff **are key to shaping perceptions of Covid-19 and to building trust in the vaccine**. To help build such trust, individuals in such positions should continue to be vaccinated publicly where possible¹¹.
- **Avoiding repeating rumours when trying to debunk them.** Studies suggest repetition often has a counterintuitive effect, making rumours seem more familiar and therefore encouraging acceptance.
- **Community sensitisation on the virus should be ongoing**, through trusted information channels (such as radio, mobile loudspeaker, and community meetings), and from trusted sources (such as NGOs, UN agencies, and presidential addresses)¹². 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 from Africa who have contracted Covid-19** can raise awareness of its seriousness. Downplaying the risk of the virus is possible because many have not seen its effects.

- Even if you are fully vaccinated, the best way to prevent Covid-19 infection is to avoid exposure to the virus by following preventative measures. For more information about Covid-19, contact your local Village Health Team or call 0800 100066.

⁵ Internews and USAID. March 2020. “[Vaccine inequality: Why vaccine inequality is our biggest COVID-19 communication challenge yet](#)”.

⁶ Yale Institute for Global Health and UNICEF. December 2020. “[Vaccine Messaging Guide](#)”.

⁷ World Health Organisation. April 2020. “[Covid-19 Information – SMS Message Library](#)”.

⁸ Covid-19 Community Feedback Sub-Working Group East and Southern Africa. December 2020. “[Covid-19 Community Feedback Trends and Recommendations](#)”.

⁹ Internews and UNAID. March 2020. “[Vaccine inequality: Why vaccine inequality is our biggest COVID-19 communication challenge yet](#)”.

¹⁰ Ibid.

¹¹ Covid-19 Community Feedback Sub-Working Group East and Southern Africa. December 2020. “[Covid-19 Community Feedback Trends and Recommendations](#)”.

¹² U-Learn. 2021. “[Risk Communication and Community Engagement Assessment](#)”.

- **Providing refugees with up-to-date figures and information on case numbers in Uganda is important** in raising awareness. A variety of platforms should be used to reach both Ugandan nationals and refugee populations. Ugandan nationals mainly refer to presidential addresses 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 Teams¹³.

How are we currently sharing the findings from this bulletin?

Regionally:

- 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, develop joint recommendations based on the specific rumours relevant to 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 MoH FAQs and fact sheets on Covid-19 as reference points.
- The online, publicly available dashboard is regularly updated. Implementing partners can use this to inform their risk communication messaging.

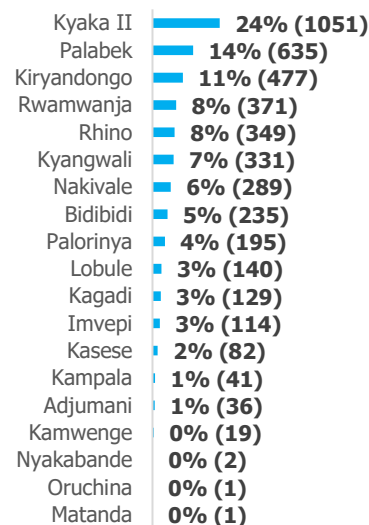
Nationally and regionally:

- We share an overview of rumours with, and thereby try to inform 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; and the Community Feedback Sub-Working Group East and Southern Africa.

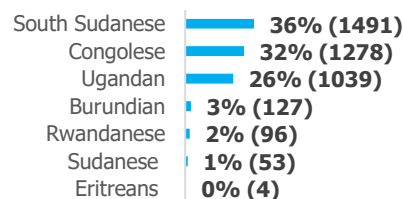
All previous rumour tracking bulletins can be found [here](#).

Demographics of those who reported rumours (April 2020 – December 2021)

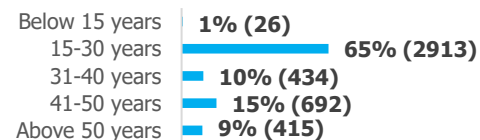
Location



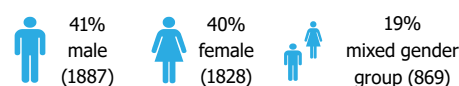
Nationality



Age



Gender



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