Covid-19 rumour tracking bulletin

September 2021

Key findings

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downplay</td>
<td>40%</td>
</tr>
<tr>
<td>Origins</td>
<td>16% (44)</td>
</tr>
<tr>
<td>Vaccine</td>
<td>15% (39)</td>
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<tr>
<td>Prevention</td>
<td>13% (35)</td>
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<tr>
<td>Transmission</td>
<td>6% (16)</td>
</tr>
<tr>
<td>Cure</td>
<td>5% (14)</td>
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<tr>
<td>Exaggeration</td>
<td>5% (13)</td>
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</table>

The most common rumours community members reported were:

- **Downplaying the risk of Covid-19**: the belief that Covid-19 is not a real threat, that only old people can die from it, and that Africans are naturally immune.

- **Origins of Covid-19**: the conviction that the virus is a result of divine punishment, as well as bioweapon conspiracy theories.

- **Covid-19 vaccines**: fears that the vaccine poses serious health risks and conspiracy theories around the vaccine.

Rumours downplaying the risk of Covid-19 have consistently been the most reported kinds of rumours since tracking began in April 2020. **Rumours about the dangers of vaccines continue to surface**, which is particularly concerning given the low rate of immunisation, as only 2% of the total population has received at least one dose of the vaccine.

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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. [https://groundtruthsolutions.org/wp-content/uploads/2020/09/COVID_19_bulletin_uganda-R2.pdf](https://groundtruthsolutions.org/wp-content/uploads/2020/09/COVID_19_bulletin_uganda-R2.pdf).

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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 April and August 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 FFRM hotline.

Humanitarian staff did not actively solicit these rumours, but rather took note as community members asked questions or made comments regarding Covid-19. Some 270 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 shared.
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;1 the Yale Institute for Global Health and UNICEF's Vaccine Messaging Guide;2 the World Health Organisation's Covid-19 Information SMS Message Library;3 and UNHCR’s bulk Covid-19 SMS blasts.6

Key recommendations:

• **Countering vaccine misinformation** such as rumours around unfounded negative side effects (such as that vaccines invariably lead to blood clots and weaken or infect healthy people) or conspiracy theories (such as the vaccine being used as a tool to lower the population in Uganda, to sterilise women, or to control people’s mental faculties) – is the first step in reducing vaccine hesitancy. This should be done by providing communities with accurate information from the Ministry of Health in accessible formats, as well as providing space for communities to ask questions and raise 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 in order to enable communities to make informed decisions.7

• **Efforts to better understand community motivations** would be beneficial in informing communications around the vaccine to counter hesitancy. Whether motivations relate to the economic, social, or health benefits of a vaccine rollout, focusing on those which the community finds most important 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 whether people perceive Covid-19 as a risk and in building trust in the vaccine.** To help build such trust, political leaders and senior officials should continue to be vaccinated publicly where possible, as President Museveni was recently.9

• **Avoiding repeating rumours when trying to debunk them** is recommended, as studies suggest such repetition has a counterintuitive effect, making rumours seem more familiar and therefore encouraging acceptance.10

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8 Ibid.


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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.

**Background**

This is the sixth in a series of rumour tracking bulletins covering various 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 ADRA, African Women Rising, CARE, Internews, IRC, 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 quarterly basis. Previous rumour tracking bulletins can be found here.

**Key messages:**

• Covid-19 can have severe impacts on your health. The best way to protect yourself is to get the vaccine, which is very effective against severe outcomes of Covid-19, such as hospitalisation. For more information about Covid-19, call 0800 323232.
- **Community sensitisation to the virus should be ongoing** and should take place through trusted information channels (such as radio, mobile loudspeaker, and community meetings) and come from trusted sources (such as NGOs, UN agencies, and presidential addresses). Sensitisation efforts should highlight how the virus affects all nationalities, ages, and economic groups and should attempt to debunk the rumours outlined above.

- **Sharing photographic and video depictions of people who have contracted Covid-19 is encouraged** 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 is important** in raising awareness. A variety of platforms should be used to reach both Ugandan nationals and refugee populations. Ugandan nationals mainly mention the 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 Teams (VHTs).13

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- **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 both had their first jab. Health workers, teachers, and the elderly will be prioritised in 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.

- The AstraZeneca vaccine is approved by the World Health Organisation and is 100% effective against severe or critical disease and hospitalisation. For more information about Covid-19, call 0800 323232.

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- Without a vaccine, the only preventative measures proven to reduce your risk of 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 Organisation and is 100% effective against severe or critical disease and hospitalisation. For more information about Covid-19, call 0800 323232.
**Downplaying Covid-19**

- The most common rumours – both in this category and overall – relate to downplaying the seriousness of Covid-19, as has been the case since April 2020.
- Over half of the rumours captured from Nakivale and Kiryandongo downplay the risk of the virus.
- More women than men shared rumours around downplaying Covid-19 risks – 37% of all rumours reported by women fell into this category, compared to 25% of all rumours captured from men.
- The opinion that only elderly and white people are affected by the virus featured again in this period.
- Other rumours included the conviction that the virus is being used for political purposes, that it does not exist, and that Uganda is too warm for Covid-19 to survive.

<table>
<thead>
<tr>
<th>Breakdown of rumours relating to downplaying the virus (n=109)</th>
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</thead>
<tbody>
<tr>
<td>Covid-19 is not dangerous</td>
</tr>
<tr>
<td>Only old people can die</td>
</tr>
<tr>
<td>Our race/ethnicity is immune</td>
</tr>
<tr>
<td>Gov. is playing up Covid-19 for politics</td>
</tr>
<tr>
<td>Covid-19 is not real</td>
</tr>
<tr>
<td>Uganda is too warm for Covid-19</td>
</tr>
<tr>
<td>It only affects urban areas</td>
</tr>
<tr>
<td>It only affects rich people</td>
</tr>
<tr>
<td>Covid-19 exists but is not in Uganda</td>
</tr>
<tr>
<td>Other*</td>
</tr>
</tbody>
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**16% of rumours relate to:**

**The origins of Covid-19**

- Rumours that Covid-19 is a punishment from God continue to circulate, with people sharing the belief that only those who have sinned will be impacted by the virus.
- Bioweapon conspiracy theories persist, with people sharing their opinion that the virus was created by global superpowers to reduce the population in Uganda. Others say they believe that the virus was created to help governments and businesses make money.

<table>
<thead>
<tr>
<th>Breakdown of rumours relating to the origins of the virus (n=44)</th>
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<tbody>
<tr>
<td>It is divine punishment</td>
</tr>
<tr>
<td>Bioweapon conspiracies</td>
</tr>
<tr>
<td>Manufactured for profit</td>
</tr>
<tr>
<td>Other*</td>
</tr>
</tbody>
</table>

**15% of rumours relate to:**

**Covid-19 vaccines**

- Rumours around the severe negative side effects of the vaccine include the belief that it invariably causes blood clots, that it weakens the body, and that it causes Covid-19 in healthy people.

*Other includes the belief that only certain blood types can contract Covid-19 or that it is an excuse for service cuts.*

*Other includes the belief that Covid-19 originated from monkeys and baboons or from humans consuming wild animals, such as monkeys and cats.*

*“Covid-19 is just a myth; it does not exist. They keep on lying to us and saying that it kills, but in our area we have never witnessed anyone killed by Covid-19.” – Kiryandongo, Ugandan female in her 30s

*“Covid-19 is a disease sent by Satan. If you die as a result of that virus, you just go straight to Satan, and that is the way Satan takes his people to him. It is because most people in the world support him.” – Palabek, group of Ugandan youth*
Other people believe the vaccine is being used by global superpowers as a form of mind control, to reduce the African population, and to sterilise women.

Breakdown of rumours relating to vaccines (n=39)

- High negative side effects: 41% (16)
- Conspiracy theories: 21% (8)
- Vaccine is ineffective: 10% (4)
- Vaccine is a bioweapon: 8% (3)
- Vaccine causes death: 5% (2)
- Other*: 15% (6)

13% of rumours relate to:

Preventing Covid-19

- Communities refer to various home remedies – such as consuming fruit, fish, salt, marijuana, monkeys, bats, tea, hot water, and sugar – to prevent contracting the virus. Aside from consuming these home remedies, others mentioned the importance of playing football regularly.

- Consumption of alcohol is frequently mentioned as an effective way to prevent Covid-19, and several people mention that those who regularly consume alcohol are not contracting the virus.

- Finally, a few people mentioned belief in the power of prayer and faith as an effective method to prevent contracting Covid-19.

Breakdown of rumours relating to preventing the virus (n=35)

- Various home remedies for prevention: 48% (17)
- Drinking alcohol prevents it: 29% (10)
- Prayer or faith prevents it: 17% (6)
- Other*: 6% (2)

6% of rumours relate to:

Covid-19 transmission

- The belief that the virus is primarily spread by foreigners persists.

Breakdown of rumours relating to transmitting the virus (n=16)

- Foreigners spread it: 69% (11)
- Only people with symptoms can spread it: 6% (1)
- Other*: 25% (4)

5% of rumours relate to:

Covid-19 cures

- Rumours that Covid-19 can be cured through consuming chloroquine or other drugs, drinking alcohol, or prayer/faith featured.

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

- Chloroquine/other drugs: 33% (6)
- Drinking alcohol cures it: 20% (5)
- Prayer or faith cures it: 7% (3)

*Other includes the belief that the Covid-19 vaccine is made from oranges, mangoes, the neem tree, or money.

“People in Palabek settlement prevent Covid-19 by putting local salt in their food as a vaccine.” – Palabek, South Sudanese female refugee in her 20s

*Other includes the belief that playing football can prevent people from contracting Covid-19.

“Only white people can spread it.” – Palabek, South Sudanese female refugee in her 30s

*Other includes the belief that Covid-19 is spread via water, via flying eagles, or through food distributors.

“Eating soap and drinking hot water with tea and salt can cure the virus.” – a group of mixed gender South Sudanese refugees in their 20’s, location unknown
In this category, people frequently shared the conviction that contracting the virus is inevitable.

<table>
<thead>
<tr>
<th>Rumour</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covid-19 is inevitable</td>
<td>46% (6)</td>
</tr>
<tr>
<td>Covid-19 is already near me</td>
<td>8% (1)</td>
</tr>
<tr>
<td>Other*</td>
<td>46% (6)</td>
</tr>
</tbody>
</table>

**Exaggerations of Covid-19**

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 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 Ministry of Health FAQs and fact sheets on Covid-19 as reference points.

- The online, publicly available dashboard is regularly updated, and implementing partners can use this to inform their risk communication messaging.

At the national and regional levels:

- We will 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.

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

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

*Other includes the belief that Covid-19 is incurable, that it is already in their communities, or that it signals the end of the world.
Demographics of those who reported rumours (April–August 2021)

Age

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Nationality</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>30% female (110)</td>
<td>Palabek 69% (200)</td>
</tr>
<tr>
<td></td>
<td>34% male (126)</td>
<td>Nakivale 13% (36)</td>
</tr>
<tr>
<td></td>
<td>36% mixed gender group (133)</td>
<td>Kyangwali 11% (31)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kiryandongo 7% (20)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nyakabande 0% (1)</td>
</tr>
</tbody>
</table>

Below 17 years 1% (3)
18–29 years 32% (119)
30–39 years 47% (171)
40–49 years 15% (56)
Above 50 years 5% (20)

Demographics

The demographic composition of those who reported rumours during this period is more diverse than that of the previous bulletin. While the majority (53%) of the rumours collected between January and March 2021 came from Ugandan nationals, only 42% of the rumours recorded between April and August came from Ugandans, followed by South Sudanese and Congolese at 41% and 9%, respectively.

The locations where the rumours were recorded are also different. Whereas in the previous bulletin the majority of rumours came from Palorinya and Rhino, most (61%) came from Palabek in this round.

The age distribution of those who reported rumours in this round includes slightly fewer individuals in the 18–29 age bracket. The differences in the percentage of male, female, and mixed-group response distribution are minimal between rounds.

These differences are expected given the nature of convenience sampling, in which partners submit rumours on a voluntary basis without set targets for locations or other such demographics.