

THE RIT HUMANITARIAN BULLETIN

A COVID-19 RUMOR TRACKING UPDATE FOR HUMANITARIANS I ISSUE 1

"This is a trick, it is just so that they can show that they can.

Never in the last month has there been more than 4 people in ICU beds in the whole of Zimbabwe with Covid, but deaths at times have been more than 20 per day. This is a political trick, they are playing games with our children's futures. This is totally unnecessary" (Twitter, 13 Jan 2022).

What's behind this rumor?

Theme: Hoax

Risk Assement: Medium Risk

The continued closure of schools amidst a decline in the number of people testing positive for COVID-19 infection has been a main contributor to the belief that the decision by the government to close schools is ill-informed. People do not believe that the closure of schools has any contribution to the drop in infection rates. The general belief is that it is unnecessary to continue with the closure of schools due to low cases being recorded at present. Most Zimbabwe children, 72% or 4.5 million (UNICEF), live in rural areas and do not have access to online learning platforms for online learning. Furthermore, in urban areas steep data costs have been prohibitive leading to failure by most parents in ensuring access to online learning.

How do we assess the risk of rumors?

The risk level will be determined based on potential to cause harm and what other negative impacts it could have on individuals, communities, or service providers. In particular:

HIGH RISK: These are rumors that are likely to be believed and cause significant and immediate danger or harm to an individual, group, or the wider community.

MEDIUM RISK: Content that is very likely to be believed and cause widespread action and panic. Medium risk rumors are also those that have the potential to have a larger impact on the community and have more traction.

LOW RISK: This is rumor content that if they are believed, they will NOT pose an immediate and severe danger to an individual or the community.

These challenges, coupled with the cumulative time that has been lost by school children since the pandemic onset, have contributed to misinformation and rumors about the prevalence of COVID-19. In addition, there has been increased perceptions that statistics presented by the government are not a true reflection of infection levels on the ground, leading to lack of faith in official figures indicated by the MoHCC.

The proclamation of the March 26 By-Elections by President Emmerson Mnangagwa has led to beliefs by some that continued lockdown measures are a political measure meant to deter opposition political. Therefore, as parents express concern about the failure of their children to go to school, some believe this is mainly due to political expediency rather than on ensuring that COVID-19 infection levels decline.

FACTS

According to official information from the Ministry of Health and Child Care, the daily average death rate for January 2022 was one death per day. The cumulative number of hospitalizations was 45 and the 7-day average for new cases was 160. The MoHCC has a daily robust reporting system on COVID-19 related statistics to the public, on an everyday basis particularly on Twitter and other platforms. These statistics are also shared on radio in news bulletins and by various stakeholders in their social media platforms. From the latest MoHCC Sitrep there are only four severe cases and four cases in the intensive care unit. The mortality rate has fallen to as low as 1 death being reported as of 31st January 2022. School Opening Dates: The government announced on January 4th, the deferment of the school opening dates for learners indefinitely (except for writing classes) with the intent to raise awareness and encourage vaccination amongst learners. While this is negatively affecting learners, it is being done in accordance with international public health care conventions by UNICEF and the Zimbabwe Education Cluster Strategy that shares preventive measures, health needs amongst learners



and costs to be addressed before, during and after opening of schools.



FACTS continued

January Empirical outlook:

- Daily average death rate for January 2022 was at 1 /day
- Cumulative number of hospitalizations was 45
- 7-day average for new cases was 160

Source: Ministry of Health and Child Care Zimbabwe Covid-19 Sitrep dated 31/01/2022

Why is this important?

This unsubstantiated rumor can be detrimental as people may have low risk perception resulting in lack of adherence to prevention protocols and an increase in infections. Moreover, as schools are scheduled to reopen next week (February 07, 2022), this may promote a relaxed attitude towards adherence to prevention protocols and possibly a resurgence of infection. The perceived politicization of the pandemic will potentially continue to raise doubts on the government's efforts to contain the spread of COVID-19 and lead to lack of adherence to COVID-19 safety measures.

What can humanitarians do?

- Provide official information on a regular basis so people can assess the risk: Partners must ensure vulnerable communities in Zimbabwe have continuous access to official health and COVID-19 information, including data. Zimbabweans and cross-Border communities may have competing priorities in their lives and feel COVID-19 is not an issue any more. However, COVID-19 can still pose serious threats to their health, given the reduced access to care and vaccines. Sharing official statistics on COVID-19, as well as relevant statements from public health officers is essential to keep them aware of the situation and potential risks in the country.
- Address concerns of parents: Engage with community groups and leadership from the different border communities and address their concerns. Provide accurate information on the reasons for the halt in schooling, be transparent on the information of return to school for children, and the prevention measures that children may need to observe when back in class. Buttress RCCE strategies with localized and contextual information for communities: Ensure continual reinforcement of risk communication messages and the need for communities to observe safety protocols on prevention of COVID-19. When doing so, partners must consider the specific context of migrant communities in Southern Zimbabwe, adjusting the messages to the grounded reality of people. For instance, partners may consider sharing messages on how to create fabric masks among those communities that are impacted by economic hardships or consider alternatives to physical distancing for people residing in overcrowded spaces. Another option may be to note the illegal crossing points that are being used by border jumpers and ensure that awareness messages are shared in those spaces.



Unfortunately the Chinese vaccine is not accepted by all countries" (Twitter 12,Jan 2022)

"Since when [does] China give something without side effects? Don't sell Zim to China I beg," (Twitter, Jan 13, 2022).

What's behind these rumors?

Theme: Vaccine Acceptance Risk Assement: Medium Risk

On January 13, 2022, the Zimbabwe government announced that China had donated 10 million doses of COVID-19 vaccines comprising four million Sinopharm and six million Sinovac doses. President Mnangagwa expressed that the donation of vaccines was viewed in the context of "ongoing implementation of other Chinese-funded priority ventures" in the country, testament to strong bonds of friendship and cooperation between Zimbabwe and China dating back to before Zimbabwe's independence in 1980.

In recent years, Zimbabweans have shown increasing skepticism towards Zimbabwe's relationship with China.. Last year, a prominent Chief Chirumanzu received major media coverage after accusing China of looting minerals. This month, January 2022, media reports noted that a Chinese mining company had issued eviction notices to villagers in Binga giving them three months to vacate their ancestral land. These reports and the general skepticism towards activities in Zimbabwe may contributing to the critical position of the general public towards the Chinese vaccine donation







FACTS

On March 12, 2021, government authorized the Medicines Control Authority of Zimbabwe (MCAZ) to permit the use of Covaxin (Indian) and Sputnik (Russian) adding to the two Chinese manufactured vaccines (Sinopharm and Sinovac) that had been authorized for use in the country.

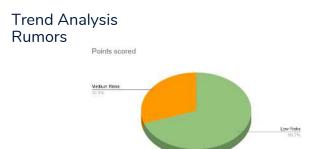
This decision provided for a variety of options for Zimbabweans although the Chinese manufactured vaccines are the only ones readily available. WHO includes Sinovac and Sinopharm vaccines in a list of vaccines that have been evaluated and confirmed to have met the necessary criteria for safety and efficacy as of January 12, 2022. The list is available <a href="https://example.com/here/be/le/bases/ba

Studies looking into the efficacy of COVID-19 vaccines have confirmed that both Sinopharm and Sinovac Vaccines exceed WHO's 50% efficacy threshold. WHO has noted that all approved vaccines have gone through extensive and rigorous testing prior to being distributed for use and are being continuously monitored for safety. A statement on this is available here. WHO further notes that approved vaccines have gone through extensive & rigorous testing prior to being distributed for use and are being continuously monitored for safety.

Why is this important?

Rumor 2 and 3, are likely to fuel vaccine hesitancy, substantiating the conspiracy theories around Chinese manufactured Sinopharm and Sinovac vaccines that communities have always had. One of the conspiracy theories alluded to those vaccines of Chinese origin are substandard compared to ones produced in Europe, suggesting anything coming from China is always of lower quality. It is highly important to address these concerns, as they can lead to loweruptake of vaccines, given that the only injectables readily available in health centers across the country are the ones manufactured in China.

In view of low percentages for vaccine uptake in the country, it is imperative to consider this additional reluctance to the only vaccines available for the wider population. Findings from the most recent Afrobarometer survey in Zimbabwe show that vaccine hesitancy varies widely by demographic groups. The most educated respondents were most unwilling to be vaccinated with 68% compared to 46%-49% among those with low literacy levels. Reluctance to be vaccinated was considerably higher in cities 62% than in rural areas, with 62% and 45% respectively. From the above-mentioned study, men (53%) said they were less likely to get vaccinated compared to women (45%), who indicated that they were unlikely to get vaccinated.



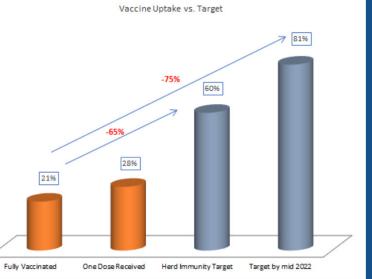
Source: Visualisation by Internews Zimbabwe using rumor collection statistics

Of the 181 rumors collected, 44 were medium risk rumors accounting for 30.3% while low risk rumors constituted 69.7% (refer to table below for Rumor Risk Classification). Rumors collected were mainly sparked by announcement of lockdown extension by the government and their receipt of 10 million vaccine doses from China. Sentiment trends on the Zimbabwe COVID-19 situation have been negative in the period under review. People on social media have questioned the decision of the government to defer schools opening, considering the loss of school time that has been experienced since pandemic onset.

Anxiety around schools opening elicited rumors and misinformation about COVID-19 key messages and statistics. Medium risk rumors analyzed show that complaints on schools opening influenced beliefs that COVID-19 no longer exists, which is contributing to vaccine hesitancy and failure to adhere to COVID-19 safety protocols. Low risk rumors have been associated with COVID-19 being a hoax and the discouragement of people to accept vaccines from China.







Source: Visualization by Rooted in Trust Zimbabwe using statistics from the Ministry of Health and Child Care's (MoHCC) Situational Reports (SITREPs)

Following the discovery of the Omicron variant in November 2021, Zimbabwe stepped up its COVID-19 vaccination campaign by launching a rollout of booster shots in December 2021. Over 5,600 people have received booster shots countrywide since the pronouncement.

COVID-19 Vaccination

Zimbabwe has administered at least 7,564,190 doses of COVID-19 vaccines, assuming that each person got 2 doses this translates to vaccination of about 25.8% of the country's population. COVID-19 infections have been decreasing in Zimbabwe with 172 new infections reported on a weekly average each day, as of January 2022. The highest daily infection of 5678 new infections were reported on the 14th of December 2021 (Reuters, 2022), a figure showing the highest peak of infections in the country, with the figure gradually decreasing in January 2022.

The Ministry of Health and Child Care (MoHCC) targeted to vaccinate 9.4 million of the estimated 14 million Zimbabwean population against COVID-19 by the end of 2021 (The Independent, 2022), that is approximately 60% of the population. Failure to reach the target has been attributed to a combination of complacency and fake news proliferation, leading to the inability to achieve 60% herd immunity. A new target for the year has been set to achieve 81% of the population getting vaccinated by 30 June 2022. Vaccination uptake is tracking 75% below target.







- Acknowledge people's fears and respond with transparency: COVID-19 vaccines' development and distribution has been an unprecedented event in history. It is normal that people have questions and concerns, especially if these arise in a relation of mistrust on certain manufacturers, perceived political agendas or social tensions. Humanitarian actors must factor in communities' concerns and respond to them as transparent as possible. Ignoring their claims will only contribute to further mistrust.
- Provide examples that relate to people's experiences: Humanitarian actors can compile real life stories from communities/ people that have been vaccinated with Sinovac and Sinopham and the side effects that they have experienced to present an accurate picture of vaccinated people's experience. Failure to provide relatable information or advice that is grounded in communities' realities may leave further space for speculation.
- Discuss the importance of herd immunity: It is important for communities to understand what herd immunity is and how it can be achieved in their own context. Discussing scientific concepts and results in a way that is relatable to communities will contribute to further and better understanding of this complex crisis. In this regard, pushing people to get vaccinated when they are not ready or do not understand the purpose may result in additional vaccine resistance.

ABOUT ROOTED IN TRUST 2.0

Rooted in Trust 2.0 is a global pandemic information response program funded by the USAID Bureau for Humanitarian Assistance (USAID-BHA) and implemented by Internews to counter the unprecedented scale and speed of the spread of rumors and misinformation on COVID-19 and COVID-19 vaccines. Rooted in Trust 2.0 in Zimbabwe is working with media, community-based organizations and health and humanitarian actors to build a healthier information ecosystem that is responsive to the needs of migrant communities in Southern Zimbabwe, particularly in the provinces of Matabeleland North, Matabeleland South, Midlands, Masvingo and Bulawayo. Our work focuses on vulnerable groups within these communities, especially on women and youth.

HOW WE DO IT

The purpose of this bulletin is to help mitigate the spread of rumors and misinformation about COVID-19 response in Zimbabwe, providing health and humanitarian organizations with rumor trends identified through systematic collection and analysis of social media listening data and face-to-face feedback from communities. The rumor trends identified and analysis done to help humanitarian actors and health workers better inform their Risk Communication & Community Engagement (RCCE) strategies.

Rumors in this bulletin were collected by Internews Zimbabwe social media monitors, for a period of three weeks from January 5, 2022 to January 26, 2022. Overall, Internews identified 181 rumors from various posts, comments and posts from various platforms which include Facebook, Twitter, WhatsApp and face-to-face discussions. Selection of these rumors was based on a risk assessment matrix that accounts for the frequency of the scenario or social media engagements and its potential impact on the community.

