

RUMOR BULLETIN #3

NOVEMBER 2020

FOR HUMANITARIANS

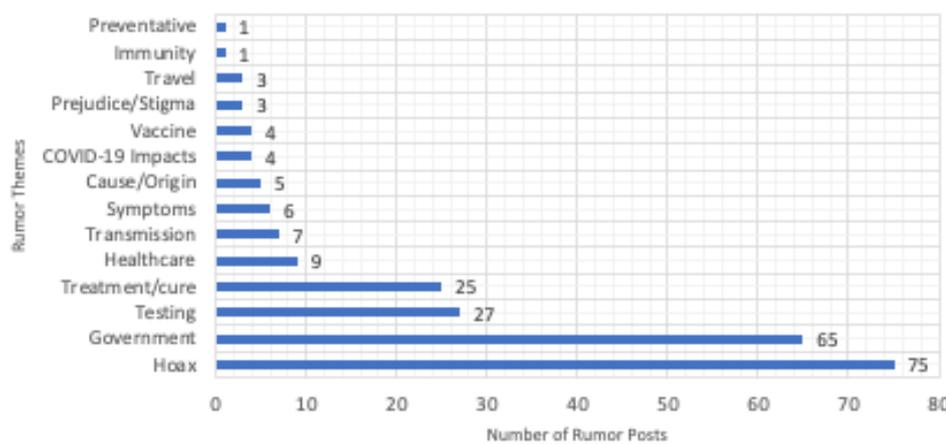


Internews

The Rooted in Trust project at Internews aims to respond to the COVID-19 “infodemic”, including fake news and rumors which affect access to basic services and assistance of vulnerable communities in Sudan. This periodic collection of the rumors that circulate throughout Sudan aims to provide humanitarian and public health actors suggestions for integrating community perspectives and concerns into their communication activities and strategy. Rumors gathered from social media do not derive exclusively from popular groups with large numbers of followers, but aim to include voices of diverse, vulnerable and marginalized groups.

This third bulletin is the product of a collection of rumors detected by the **Sudan** team, and its partner **Andariya**, as part of the Rooted in Trust project. In the period of November 6-18th, the team collected 235 rumors from social media sources commonly used in **Sudan** (*Facebook, WhatsApp, Twitter and Instagram*). The rumors discussed were selected through a risk analysis that brings to the forefront the misinformation with the highest risk and potential impact on vulnerable people, particularly people displaced by armed conflict.”, which are the target communities of the Rooted in Trust **Sudan** project.

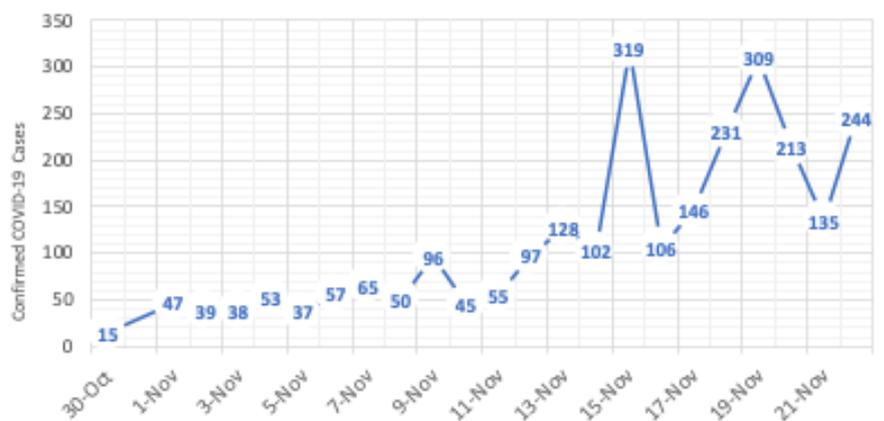
Rumor Posts by Theme



The Situation in Sudan

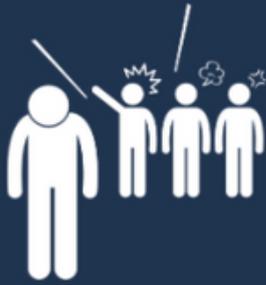
Since the start of November, Sudan has witnessed a high increase in COVID-19 cases. As of 2 November 2020, the Ministry of Health announced the second wave of COVID-19 had hit Sudan. As of 24 November, Sudan recorded 16,431 COVID-19 cases, compared to 13,744 cases on 24 October.

SURGE IN CONFIRMED COVID-19 CASES IN SUDAN - NOV 2020



Source: Figures provided by the Sudanese Health Ministry

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Rumor: We will see more diseases with 6,000 refugees arriving in Kassala (Male- Twitter)
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THE IMPACTS OF STIGMA



DRIVES PEOPLE TO HIDE ILLNESS TO AVOID DISCRIMINATION



PREVENTS PEOPLE FROM SEEKING HEALTH CARE IMMEDIATELY



DISCOURAGES THEM FROM ADOPTING PREVENTATIVE MEASURES TO AVOID BEING SINGLED OUT

POTENTIALLY CONTRIBUTING TO MORE SEVERE HEALTH PROBLEMS, ONGOING TRANSMISSION, AND DIFFICULTIES CONTROLLING INFECTIOUS DISEASES.



Why is this important?

Stigmatization of certain groups, such as migrants and refugees, during crisis situations is common. While it is true that the COVID-19 virus itself “does not discriminate” in its transmission, research has shown that the pandemic has worsened existing social and economic disparities and refugees are among groups facing additional burdens of stigmatization and discrimination. Refugees may also face obstacles to accessing health care during a pandemic, including a scarcity of facilities.

The Facts

As of November 23, over 38,000 Ethiopian refugees had crossed the border into Sudan’s **Kassala, Gedaref, and Blue Nile** states. with reports indicating that there are over 2,000 refugees crossing the border every day. Sudanese authorities estimate this figure could rise to 200,000.

So far, there have been a very limited number of cases identified within Sudan’s refugee population. However, there is little access to testing in those areas and the sudden nature of the emergency means refugees have trouble accessing shelter, as well as WASH and health facilities.

What can we do?

- Share the facts: Stigma is driven by insufficient understanding of how COVID-19 is transmitted and how to prevent infection.
- Engage influential figures in the community, such as religious leaders and elders, in encouraging reflection about people who are stigmatized and how to support them. Local celebrities can also be approached to raise the profile of messages that reduce stigma.
- Make sure you portray different ethnic and social groups. Materials should show diverse communities that are being affected, and communities working together to prevent the spread of COVID-19.
- Understand of whether refugee communities are aware of their rights to access health care, and whether they know where and how they can receive it.
- Integrated response: Work towards achieving collective outcomes that reduce need, risk and vulnerability.

Rumor: I was just talking to my son, who is in second grade, and asked him about social distancing at school. He told me that there are two students to each desk. Tomorrow I will go to the school to understand what is going on. (Female -Facebook)

The Facts

The Sudanese Education Ministry has postponed reopening schools on 22 November for two weeks. In preparation for that, the ministry in cooperation with UNICEF has worked on training all school personnel, including Parent-Teacher Associations on [COVID-19 protocols](#). Unfortunately, there are currently insufficient access to PPE and necessary WASH facilities. According to a 2018-2019 Ministry of Education National WASH in School Assessment, only 45.5% of the schools have access to safe water, while access to improved sanitation is 50.8%. Handwashing practice is about 56.5%, while in 57.1% of the schools there is no soap for proper hand washing.

Why is this important?

During the first lockdown this year, over 8.1m students across Sudan were hit hard with the closure of schools due to the pandemic. Already literacy rates in the country are low, particularly among young women: some [45.2 percent of girls and women aged 15-24 are illiterate](#). As information about the necessity of adopting COVID-19 preventative measures becomes more widespread, communities are likely to express concerns over insufficient implementation in schools, and potentially withdraw their children from school.

What can we do?

- Face coverings may provide extra protection. Schools in the position to provide face coverings for employees should do so, especially where on social distancing cannot be applied.
- Communities should be encouraged to produce their own masks. The following [guidelines](#) indicate the most effective materials and how to use masks effectively.
- Promote community-facing awareness raising activities, as well as sessions on preventative measures and dispelling misinformation inside schools.

Rumor: You cannot easily get tested for COVID-19 unless you are really sick or well-off because the test is only available privately and that it very expensive.

Sudanese social media users have expressed concern over limited testing availability. Government-owned testing facilities offer free testing for suspected COVID-19 cases and those showing symptoms, although sometimes over-subscribed, while private testing is prohibitively expensive for most Sudanese, ranging from 40 to 70 USD. The high cost of private COVID-19 testing or long waiting times at government facilities (up to five hours) may deter people from getting tested.

As a result, people, showing mild or no symptoms, may not be aware that they are infected and not self-isolate.

Testing all people for COVID-19, including both those who have no symptoms, those who have symptoms of infection, and those who may have been exposed will help prevent the spread of COVID-19 by identifying people who need care. An early positive test encourages people to isolate themselves – reducing the chance that they will infect others and allowing them to seek treatment earlier, which reduces disease severity, risk of long-term disability, or even death. [Testing is important](#) to public health mitigation efforts, helping investigators understand how prevalent the disease is, how it is being spread.

- Unfortunately, there is a lot of confusion about **where** to get a test and **who** should get tested. People have also complained that testing for COVID-19 is too **expensive**. That is why it is essential to increase the number of free testing centers and raise awareness of **where** they are.

- Communities need to understand the importance of testing and self-isolation to protect loved ones.

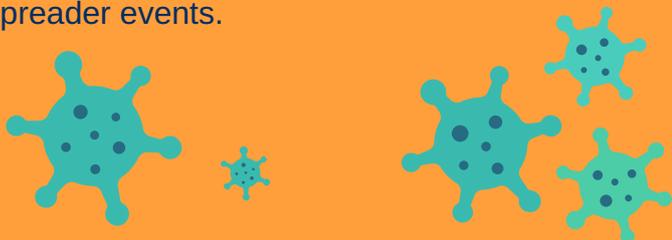
- Humanitarian health actors should support authorities to make free testing more widely available, or at lower cost. This is particularly important for high density populations.

Rumor: Igd al-Jalad (Sudanese musicians) released a COVID-19 awareness raising song a few months ago, yet tonight they held a concert at the national theatre attended by almost 6,000 people. People were singing and dancing and COVID-19 is floating in the air. All that was left was for them to sing "Corona does not exist, do not fool us. (Male -Twitter)



The Facts

COVID-19 seems mainly to spread via respiratory droplets produced by an infected individual during coughing, sneezing, talking or breathing. The next person becomes infected by inhaling these droplets into his or her lungs or by getting them in the nose or mouth. If people got sick right away after they were infected, they might stay at home in bed, giving them few opportunities to transmit the virus. Instead, individuals with COVID-19 are contagious before they have symptoms, meaning they can come into contact with others without being aware they are sick. The CDC estimates that about 40 percent of transmissions occur before the infected person has any symptoms and that symptoms take an average of six days to begin. That time gives an infected individual a long window to come into contact with other people—and to attend super-spreader events.



What is pandemic fatigue?

The World Health Organization has defined "pandemic fatigue" as demotivation to follow recommended protective behaviors, emerging gradually over time and affected by a number of emotions, experiences and perceptions. Pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the COVID-19 pandemic have called for the implementation of invasive measures with unprecedented impacts on the daily lives of everyone, including those who have not been directly affected by the virus itself.

Why is this important?

COVID-19 "fatigue" may be contributing to increasing numbers of super-spreader events across the globe. All the precautions take their toll, and as community spread is stemmed by preventative measures it can seem like the virus has gone away and we don't need to be so strict. This may have been the case in Sudan in the lead-up to the second wave and many large events have been held assuming that they are safe.

Scientists report that so-called super-spreader incidents—in which one person infects a disproportionate number of other individuals—have played an oversized role in the transmission of COVID-19. Therefore, preventing super-spreader events could go a long way toward diminishing its spread within communities.

What can we do?

- It is better to keep groups small, if gatherings are unavoidable, limited to no more than 10. If you are around people you do not normally see, even if it is a relative, wear masks. People should only take their masks off around people who live in their home.
- Use community consultations on the COVID-19 second wave to guide health promotion interventions. Advocate to keep COVID-19 risks on the agenda.
- Public health messaging should focus on providing contextualized information, potentially supported by COVID-19 survivor testimonies. Personal accounts can help communities better understand and believe the risks.

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Rumor: Rumors are spreading that the Health Ministry has revised its protocols on self-isolating, with users making comments such as: “You do not need to self-isolate if you have COVID-19 but have no symptoms” (Male -Facebook).

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Why is this important?

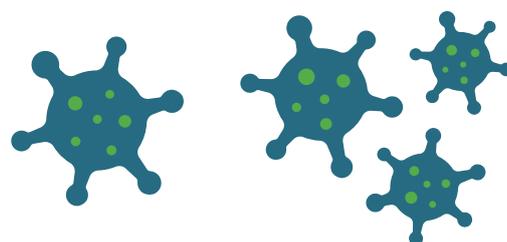
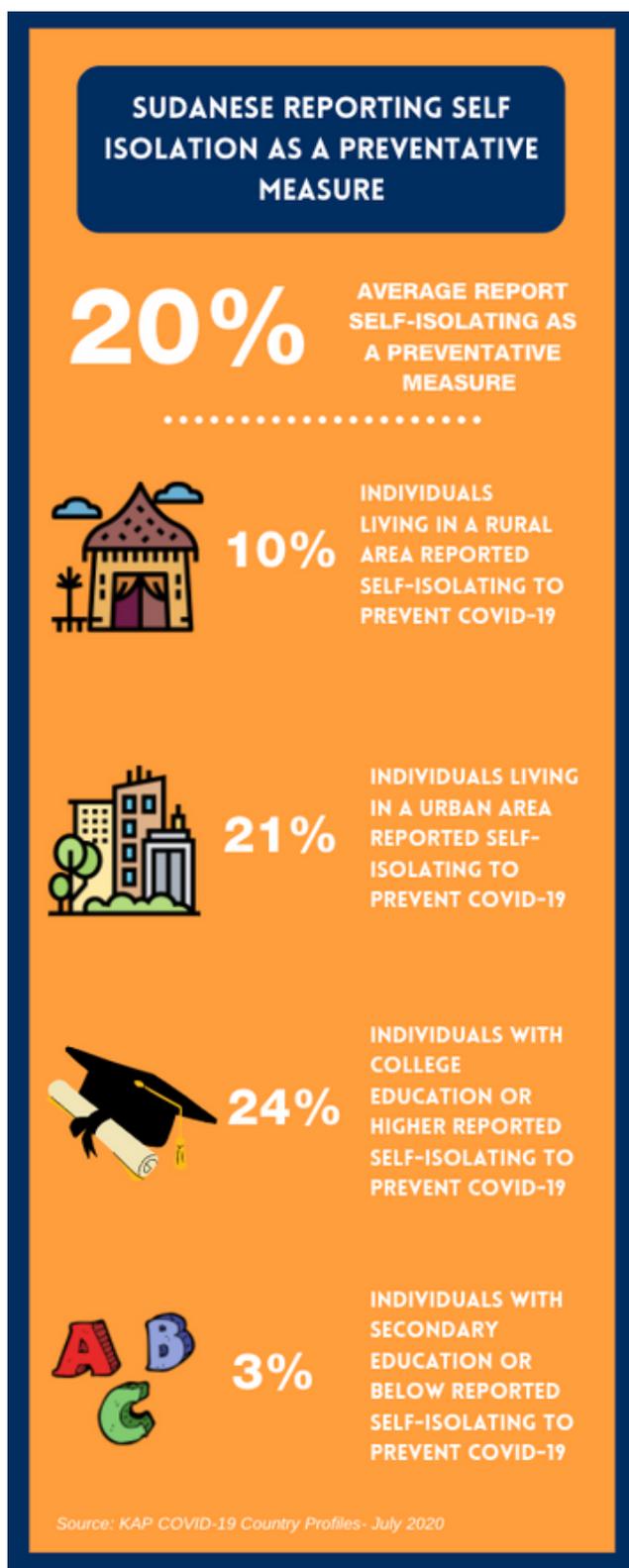
This misperception is very dangerous as communities are less likely to observe social distancing and self-isolation measures and this would likely cause a spike in case numbers, which in turn could further burden Sudan's healthcare system.

The Facts

When someone has been infected with COVID-19 they can pass it on to others when they talk, sneeze, cough or exhale. Nearby people might contract the virus by breathing in tiny infected droplets, or by touching a contaminated surface, and then touching their mouth, nose or eyes. Even a negative result is not a substitute for self-isolating as people can be asymptomatic and test positive at a later date.

What can we do?

- More focus on explaining the big difference those who self-isolate make, keeping themselves and their local community safe.
- Make sure people understand the terminology, explaining the differences between self-isolation and social isolation/lockdown.
- Encourage people to make self-isolation plans in advance.
- Encourage community-based support networks to help vulnerable people needing to self-isolate, ensuring they have essential supplies, and any dependents are looked after.
- Advocate, where possible, for employers to encourage perceptions that self-isolation is a normal, valued and an acceptable thing to do.



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Contact Internews' Humanitarian Liaison Officer Amira Galal (agalal@internews.org) for information.