

# RUMOUR BULLETIN

FOR HUMANITARIANS - 16 NOVEMBER 2020



## Internews

Rooted in Trust (RiT) is a USAID BHA-funded project run by Internews to support humanitarian, public health agencies and local media to combat and manage the spread of rumours and misinformation about COVID-19.

In Afghanistan, Internews is collaborating with local media partners and the Risk Communication and Community Engagement Working Group (RCCE WG) to track rumours and feedback and provide analysis to support the work of humanitarian communicators.

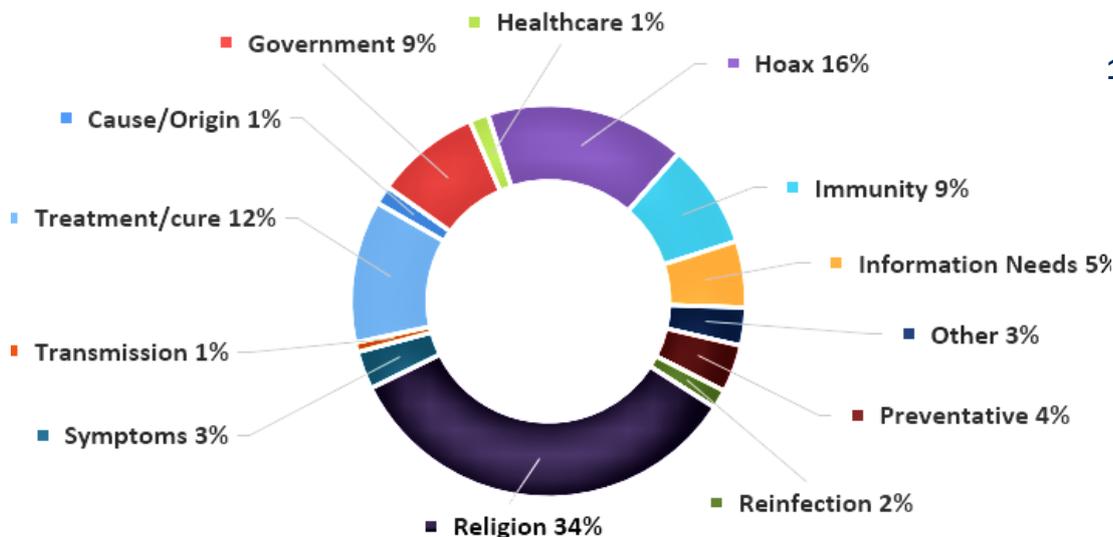
Presented in this rumour bulletin: beliefs that COVID-19 is the same as **influenza** or seasonal 'flu' and questions **whether Muslims are immune** to the virus. This regular collection of community insights aims to provide humanitarian and public health agencies ideas to integrate and align their risk communication activities with community perspectives and provide information according to the needs to the community.

## COVID-19 SITUATION IN AFGHANISTAN

In Afghanistan over 42,000 people are confirmed to have contracted COVID-19 since February 2020 and more than 1,500 people have died of the virus ([WHO COVID-19 Dashboard](#)). Testing remains limited to severe cases and official numbers reported by the Ministry of Public Health may not reflect the full scale of the situation.

Neighbouring Iran is seeing an increase in the number of cases and there are anecdotal reports of a small increase of cases in Afghanistan. Stigma associated with the virus and testing, in addition to "widespread complacency and failure to follow public health advice is creating grave risks in the community with people generally not observing physical distancing or mask wearing protocols" ([OCHA / WHO](#)).

## PREVALENCE OF FEEDBACK THEMES\*



130 pieces of feedback were analyzed and assigned a theme

## HOW WE DO IT:

This rumour bulletin is a collaborative exercise and is produced on behalf the **RCCE working group in Afghanistan**. It includes analysis of data contributed by **International Medical Corps (IMC)**, the **International Organization for Migration (IOM)**, **INTEROS** and **Internews** media partners; **Nai Supporting Open Media in Afghanistan**, **Pajhwok Afghan News** and **Salam Watandar**.

**Rumours, perceptions, beliefs and concerns were collected between 9 August 2020 and 5 October 2020** through face to face collection, social media listening, listening groups and broadcast audience interactions.

Data is assigned a COVID-19 theme\* and risk level\*\*. Selection for this bulletin is based on a risk assessment matrix accounting for frequency of the theme, believability of the rumour and potential impact on the community and humanitarian and health services.

Rumour tracking provides insights of what communities may be concerned about regarding COVID-19 and can be used to align communication and engagement activities with community information needs. It is a qualitative and limited process, done on a rolling basis, intended to provide a timely insights into trending and high risk perceptions. Feedback collected is not necessarily representative of all groups and cannot be presumed to be exhaustive.

## WHAT ARE PEOPLE SAYING



THEME: Religion and COVID-19

*"We think COVID-19 does not exist among Muslims communities. If Muslims recite the holy Quran and read five times prayers they never get infected with COVID-19 and also people with good faith can't be affected by this virus."*

Unknown sex, age; Collected in Dawlat Abad district, Balkh province, Northern region

## WHY DOES IT MATTER?

Rumours related to religion was the most common theme in the data analysed for this bulletin, representing 34% of the data. Rumours that Muslims, or those who practice Islam, will not contract COVID-19, or can prevent contracting the virus through religious observance, emerged at the outset of the first wave and continue to persist. When discussing countries that have experienced significant outbreaks, the rumours point to a lack of religious observance as the cause or as 'punishment' for non-Muslims. In addition, rumours persist about preventative and curative measures connected to religion, e.g. Mullahs praying upon sheep and calling for slaughter and distribution of meat to prevent contracting COVID-19 (April 2020, [RCCE WG](#)).

Afghanistan is a highly religious country and it is not surprising that rumours related to religion are common. Religion is comforting, and in uncertain times, people resort to what they know and understand in a time when many questions about the virus are unanswered. There is a tradition of addressing illness through prayer found in most religions, and of course, religious leaders are often the most trusted sources of information in many communities. However, as we have seen in this pandemic, religious leaders have at times also been the source of misinformation.

While rumours heavily connected to strongly rooted cultural practices and emotion can be difficult to eliminate entirely, if left unaddressed they can cause significant impacts to the health and humanitarian response to the pandemic. These rumours encourage complacency in protective measures, testing and treatment. In particular, as we have seen in the crisis so far, if held inappropriately, religious gatherings can be very risky for the spread of the virus.

## WHAT CAN HUMANITARIAN/HEALTH COMMUNICATORS DO?

- **Work with, rather than against, people's religious beliefs to discuss COVID-19.** That might include highlighting passages in the Quran that promote healthy lifestyle and caring for one's elders and vulnerable community members (June 2020, [RCCE WG/NRC](#)). Discuss COVID-19 prevention measures in the context of religion, i.e. what measures can be put in place to limit the risk of infection at religious gatherings? Focus on what people can do to continue their religious practice and stay safe.
- **Work with religious leaders as trusted information providers in the community.** Imams and other religious leaders may also struggle to access quality information about the virus and its spread. Work with religious leaders to set up open communication channels to discuss the pandemic and its impact and be open to responding to their questions and concerns. You might consider using 'influencer' religious leaders to share information via television and radio, and other channels, about the virus, referring to the Ministry of Public Health's guidance, and refuting claims that the virus is a hoax or cannot infect Muslims.
- **Stop, collaborate and listen.** Conduct information campaigns on COVID-19 and preventative behaviour in conjunction with community health workers and religious leaders as health promoters and pastoral caregivers (April 2020, [WHO](#)).

## FACTS

Countries all around the world, including Islamic states, have been impacted by COVID-19 with large numbers of cases in neighbouring Islamic states and beyond.

COVID-19 is a highly contagious respiratory illness which does not discriminate between people of differing religions, ethnicities or genders.

Religion and faith can provide comfort during times of pandemics and other crises, and religious practices should be accompanied with public health protective measures such as social distancing, mask wearing, handwashing and other good hygiene practices, in addition to limiting numbers of people gathering indoors and isolating when feeling ill, which can help to prevent the spread of the virus.

## WHAT ARE PEOPLE SAYING



COVID-19: COLD, FLU or HOAX?

*“COVID-19 is a new name for flu. A painkiller is enough to recover from this disease. It is all about government propaganda.*

*Government tries to represent it as something dangerous. Washing hands and social distancing are not required.”*

Unknown sex, age; Collected in Kandahar province, Southern region

## WHY DOES IT MATTER?

This is a common rumour recorded in Afghanistan since the beginning of the pandemic as well as being a regular feature in rumour data collected around the world. The most believable rumours are those that have an element of truth to them – a nugget of information that makes the other, unverified information more believable. Because both influenza (flu) and COVID-19 share many similar symptoms (e.g. fever or feeling feverish/chills, cough, shortness of breath or difficulty breathing, fatigue) it is a small logic leap for a community members to believe they are similar, or in fact the same condition. It is also very difficult for community members to tell the difference between the two based on symptoms alone, and testing is needed to help confirm a diagnosis.

However, the persistence of this rumour suggests that our communication and engagement activities are struggling to break through. These 'sticky' issues can, over time, erode the communities trust in health providers and decision makers as they fail to connect with what they may perceive to be a disproportionate response. This presents a challenge to pandemic communication efforts now, but may also present an even bigger challenge once a COVID-19 vaccine is approved and vaccination campaigns are planned.

Community perception data collected by BBC Media Action in October suggests that there is, overall, a very poor understanding in the community of the difference between COVID-19 and Influenza (Oct.2020. BBC Media Action, 'COVID-19 and Community Voice'). As a widespread influenza vaccination campaign is due to start, there is significant risk to the community if they believe they are vaccinated against COVID-19, or that the risk is similar to influenza, prompting a lack of adherence to preventative measures.

## WHAT CAN HUMANITARIAN/HEALTH COMMUNICATORS DO?



Even with widely available evidence to the contrary, beliefs are hard to change. As such, communication interventions from health, humanitarian and government actors will need to be well aligned and consistent to slowly work to address this misinformation.

- **Explain why the difference matters.** Many people might have heard that these conditions are 'different', but what does that mean in practice? The upcoming influenza vaccination campaign is a great opportunity to explain the difference in spread, mortality, long running health impacts and the subsequent impact on the health system. Ensure that community health workers are aware of these concerns and can address them in outreach work.
- **Focus on the light at the end of the tunnel.** COVID-19 restrictions can be overwhelming for communities, and without an approved vaccine ready for distribution, hopelessness or apathy is a common reaction. Focus communication on helping the community to understand the vaccine development process with realistic timelines, and target what people can do to protect themselves in the meantime.
- **Demonstrate good practice** by ensuring your teams wear masks, work in small groups and provide hand sanitizer at health facilities and in interactions with the community.

## FACTS

Seasonal flu and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with the new coronavirus (called SARS-CoV-2) and flu is caused by infection with influenza viruses.

Paracetamol is a common treatment for fever and headaches – two common symptoms of both flu and COVID-19. And while they may reduce the symptoms of these two viruses, they do nothing to reducing the amount of virus (viral load) in the body.

There are some key differences between flu and COVID-19. COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer.

Another important difference is that there is a vaccine to protect against flu while there is currently no vaccine to prevent COVID-19.

## \*What themes do we use to categorize rumours?

- **Testing:** Rumours about testing procedures, efficacy etc.
- **Cause/Origin:** Posts questioning the cause or origins of COVID-19.
- **Treatment/Cure:** Treatment methods, potential or so far unproven cures.
- **Preventative:** Substances or at-home remedies used to prevent contraction or transmission of the virus.
- **Vaccine:** Discussion of vaccines, vaccine trials or vaccination processes and plans.
- **Religion:** Religion and/or religious beliefs or practices.
- **Reinfection:** Information regarding reinfection, reemergence, or relapse in people or animals.
- **Symptoms:** Information describing confirmed or so-far unconfirmed symptoms of COVID-19.
- **Hygiene:** Hygiene practices or products. Advice on so-far unproven hygiene measures to control spread.
- **Travel:** Travel bans, restrictions, road closures, or shutdowns.
- **Prejudice/Stigma:** Expressions of xenophobic, racist, or prejudicial content linked to transmission or contraction of the virus.
- **Healthcare:** Health care options or access to services.
- **Government:** State-mandated regulations or shut-downs related to the virus.
- **Transmission:** Information regarding how COVID-19 spreads.
- **Immunity:** Who can or cannot contract COVID-19 or who is at heightened risk of complications.
- **Impacts:** Any content that claims uncorroborated impacts, either on an individual or the larger community.
- **Hoax:** Claims COVID-19 is not real, a hoax or conspiracy or no longer an issue.
- **Organization:** Information regarding national or local government, or international or local organisations.
- **Food:** relates to food availability or food security (rather than food as a treatment)
- **Other:** For any content that doesn't fall into the other thematic categories.

## \*\* How is risk defined?

Risk is measured by the Rooted In Trust Team based on a range of factors including: a) cultural relevancy, b) timing, c) online engagement, d) the believability of a rumor, and most importantly, e) the potential negative impact a rumor may have on the health, well-being, and safety of local communities or service providers.

**HIGH RISK:** A rumour that is very likely be believed among the community with potentially severe impacts resulting in serious harm to an individual or group such as inciting violence or creating widespread fear or panic. High risk rumours may actively encourage avoidance of testing and treatment, or harm towards health workers and other service providers.

**MEDIUM RISK:** A rumor that has the potential to be believed among the community which poses moderate negative impacts to a community or an individual's health, well-being, or safety. Medium risk rumors may have a moderate impact on health-seeking behaviors.

**LOW RISK:** A rumor that is either unlikely to be believed among the community or which would cause minimal negative impacts to a community or individual's health, well-being, or safety or to the pandemic response.

Have you addressed these rumours successfully where you are working? This bulletin is designed to be a conversation starter among humanitarian, health and government actors. If you have resources, advice or a case study to share, please get in touch!



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For more information about this bulletin, the Rooted in Trust project, or to learn how to contribute to, or access, these data sets, please contact: **Mary Menis, Internews Humanitarian Liaison Officer,** [mmenis@internews.org](mailto:mmenis@internews.org)