



This regular collection of information and rumors aims to provide recommendations to humanitarian and public health agencies so that they can integrate them into their risk communication and community engagement activities and align them with the perspectives and information needs expressed by the community

Denial of the existence of COVID-19 persists in the communities, leading to an increase in positive cases in Mali, with the corollary of overwhelming screening and patient management services. Through this biweekly newsletter, we respond to rumors denying the existence of COVID-19 by providing communities with reliable information to protect themselves, their loved ones and prevent the spread of the disease.

**Internews**

The *Rooted in Trust* project aims to disrupt and mitigate the flow of misleading, inaccurate or malignant information to vulnerable populations affected by humanitarian crises during the COVID-19 pandemic.

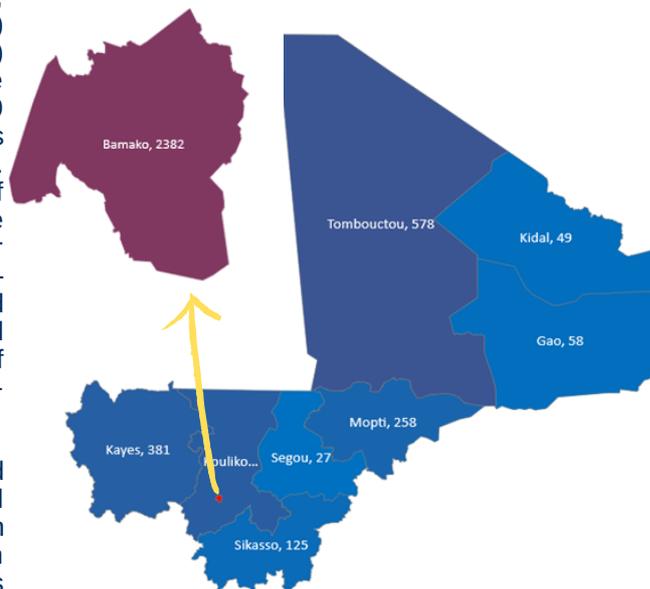
In Mali, the *Rooted In Trust* project focuses on listening to and collecting rumors about the virus and the COVID-19 response among displaced populations in the District of Bamako and the regions of Sikasso, Segou, Mopti, and Timbuktu.

We are working in the field with 16 community radio stations and the NGO AMSODE to capture the perceptions and concerns of the community on COVID-19 and health issues in general in order to propose an adapted response and contextualized media content that meet the information needs and provide solutions acceptable to the populations.

## COVID-19 SITUATION IN MALI

From November 16 to 22, 2020, three hundred and fifty-five (355) cases of COVID-19 and four (4) deaths were recorded during the period. The milestone of 4,000 confirmed COVID-19 cases was reached on November 18, 2020. The cumulative number of confirmed cases since the beginning of the epidemic is four thousand two hundred and fifty-five (4,255) including one hundred and forty-five (145) imported cases. The cumulative number of cured is three thousand twenty-four (3,024), a cure rate of 75.1%.

In addition, one hundred and forty-five (145) deaths occurred out of the 4,255 cases, i.e. an overall lethality rate of 3.4%. Men are the most affected by this pandemic in a proportion of 68% of positive cases against 32% for women. The age group 30-34 years is the one in which the largest number of confirmed cases of COVID-19 has been observed.



Distribution of confirmed cases of COVID-19 by region as of November 22, 2020. (Source: Ministry of Health)

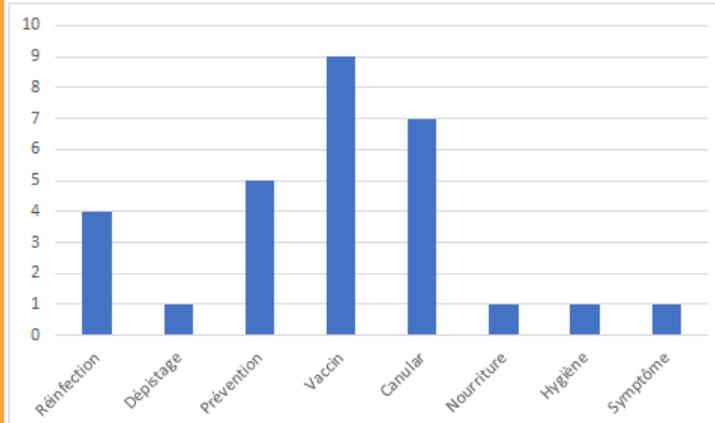
## HOW WE DO IT

Data collection is conducted in the field with field workers, through community radio stations and through monitoring of various information platforms and sites (Facebook, Twitter, WhatsApp, publications, commentaries, stories, etc.).

The data collected is cleaned, analyzed and tagged under a theme and risk level. Selection for this bulletin is based on a risk assessment matrix taking into account the frequency of the theme, the credibility of the rumor and the potential impact on the community and health and humanitarian services.

During the period of November 11-27, 2020, we collected 47 rumors, 18 of which were tagged as high risk, 12 as medium risk and 17 as low risk.

In addition, 38 of these rumors came from Facebook, 5 from Youtube and 1 from Twitter.



Distribution of collected rumors by theme.

## WHAT ARE PEOPLE SAYING

Journalist  
on a Whatsapp group

*"They say that now when you go to the hospital, they put tissue over your mouth to kill you, supposedly because of COVID-19. The nurses come out of silence! Even if you don't have coronavirus disease, they kill you saying that's what it is."*

FEAR OF GOING  
TO HOSPITALS  
AND HEALTH  
CENTERS

In this time of COVID-19, it is common to hear all kinds of rumors, most often based on hearsay, beliefs or communities' lack of knowledge about the disease. Such information can be dangerous because it discourages people from seeking care, thus increasing the risk of infection within communities.

## WHY DOES IT MATTER?

Stigma of health care workers could also present a risk for health workers who are on the front line in dealing with the virus (in the management of patients but also those who are most exposed to the virus) and could lead to discouragement or weariness on their part, and rejection by the population.

Such rumors also help shape beliefs and behaviors that can fuel verbal and physical violence against health workers. Attacks on health workers, medical transport and clinics have been recorded in dozens of countries during various health crises, including the Ebola response. If left untreated, they could lead to further undermining the health response and fragile health systems in Mali, exacerbating the health needs of populations.

## FACTS

The WHO has issued recommendations on infection control measures for health workers caring for patients suspected or confirmed to be infected with 2019-nCoV that should be considered by all medical services.

Stigma and discrimination against health workers, patients and their families must be addressed at all levels and by all actors in the COVID-19 response in order to promote respect and dignity of individuals and communities.

### Sources:

- WHO. Questions and Answers on Infection Control Measures for Health Workers Caring for Patients Suspected or Confirmed to be Infected with 2019-nCoV. Online, 23 Nov 2020.
- Mali Health Cluster. Protection Note October 2020. 23 Nov 2020.
- Medical Anthropology. Ebola in Guinea: forms of stigmatization of surviving health actors. Online, 27 Nov 2020.
- UNAIDS. Addressing stigma and discrimination in the COVID-19 response. Online, 27 Nov 2020.

## HOW CAN HUMANITARIAN ACTORS HELP?

- **Multiply community feedback mechanisms** (by listening to them, involving them in the search for a solution) to participate in strengthening dialogue and the exchange of viable, safe and useful information (for vulnerable populations) between humanitarian, health and community actors.
- **Promote or propose listening (fears, concerns, beliefs) and discussion workshops** for communities in order to prevent stigma of health and humanitarian workers (but also of healed patients and their families). Meetings with health workers and field workers who are closest to the communities and testimonies from healed people can help restore the bond of trust with the populations and convince them to visit the health or assistance centers.
- **Reinforce support actions for humanitarian and front-line health workers** in the COVID response by providing them with accompaniment and psychological support services (to combat fatigue, stigmatization, stress, etc.).

## WHAT ARE PEOPLE SAYING

Internet user of the website maliweb.net

*"Asking poor village residents to regularly wash their hands with soap is a false subject. In Mali, there are thousands of rural people who don't even often have soap to wash their bodies, let alone regularly wash their hands or feet with it. Their first priority is to get enough to eat first..."*

VITAL CONCERNS TAKE PRECEDENCE OVER BARRIER ACTIONS

It is true that living conditions are different in urban and rural areas. Some highly vulnerable populations have limited economic means that could put them at greater risk of disease. However, many of them adapt their lifestyles to the realities of their conditions and often have alternatives to protect themselves.

## HOW CAN HUMANITARIAN ACTORS HELP?

- **Strengthen the mobilization of community and/or religious leaders** in IDP areas in order to understand the perceptions of the communities but also to find alternative solutions for the adoption of sustainable protection and prevention behaviors.
- **Increase knowledge of local practices** to identify possible alternatives to handwashing with soap and propose them to communities in need. During handwashing demonstration sessions, aid workers could propose alternative solutions in the event of difficulties (economic or structural) in accessing water, soap, or alcohol-based gel. These solutions should be discussed with and accepted by communities.
- **Maintain closer relations with the media** and inform them of programs for distributing soap, hydroalcoholic gels and other health kits in the localities so that they can inform the communities.

## WHY DOES IT MATTER?

In addition to emphasizing economic aspects or accessibility (to health services, free health kits, etc.) that put the health of populations at risk, this rumor may also highlight the weariness of some people in the face of the pandemic. Other rumors of this type have been heard, highlighting people's denial and fatigue of the disease and the behavioral and social changes demanded and sometimes imposed.

## FACTS

- Handwashing appears to be well entrenched in Mali's socio-cultural codes. Certain social norms (cleanliness, food sharing, etc.) or religious practices (ablutions) seem to favorably influence handwashing practices even in the most vulnerable communities (IDPs, migrants, people with modest incomes, etc.) despite structural difficulties such as lack of infrastructure, problems of access to water and health kits, etc. A [recent SSHAP study](#) in the Eastern Mediterranean/Middle East and North Africa (MENA) region analyzes the role of cultural influences in the adoption or not of sustainable risk prevention and risk reduction behaviors of COVID-19 and how humanitarian response actors can adapt their risk communication and community engagement strategies.
- Some vulnerable groups may feel even more excluded or misunderstood when asked to follow health instructions and to obtain masks, gels, soap and water when they are struggling to meet their daily needs. According to the [2018 Demographic and Health Survey](#), less than 20 percent of households in Mali have an observed place for handwashing with soap and water.
- Artisanal soap manufacturing can in some contexts significantly reduce the potential cost of purchasing industrial soaps. In addition, the use of ashes or hand rubbing with water are alternative measures that can be encouraged by humanitarians when other options are not available. [WHO and UNICEF](#) recommend that *"in the absence of soap and water or hydro-alcoholic solution in households, the use of ashes may be considered. Ash, in particular, can inactivate pathogens by increasing pH. Finally, washing with water alone, although the least effective of the four options, may reduce fecal contamination of hands and reduce diarrhea. Regardless of the type of product used, hand washing and hand rubbing, including the amount of rinse water used, are key factors in reducing pathogen contamination of hands."*

Sources :

- SSHAP. RCCE strategies to overcome COVID-19 fatigue in the Eastern Mediterranean, Middle East and North Africa. Online, 23 Nov 2020.
- WHO and UNICEF. Water, Sanitation, Hygiene and Waste Management in relation to SARS-CoV-2, the virus responsible for COVID-19. Online, 23 Nov 2020.
- John Hopkins Center for Communication Programs. COVID-19 Prevention When There's No Soap and Water. Online, 27 Nov 2020.

## WHAT ARE PEOPLE SAYING

Female, 23 years old

### DENIAL OF THE EXISTENCE OF COVID-19

*"We don't believe in the existence of Coronavirus disease! As a proof in the markets, we exchange money without protection".*

The virus is transmitted through respiratory droplets. Thus, handling money with your hands could facilitate the spread and transmission of the virus if a sick person (who does not use barrier gestures) comes into contact with bills or coins. This rumour may reinforce the belief that cash does not pose a danger to everyone and that hand washing is not necessary. In addition, markets are places where people are concentrated, which may increase the risk factor for spread if barrier gestures are ignored.

## HOW CAN HUMANITARIAN ACTORS HELP?

- Reinforce, when possible, the distribution of health kits in areas of high concentration.
- Encourage the authorities to continue market disinfection activities on a large scale and in all localities.
- In collaboration with the public authorities and local associations, offer activities (events, street theater, etc.) in markets or public squares and in local languages to remind people of good practices in terms of prevention and protection against the spread of the disease.

## WHY DOES IT MATTER?

In addition to total denial of the disease, this rumor raises concerns about possible contamination from banknotes and currency in general (the WHO has recommended the use of electronic payments despite the relative risk), which could be potentially problematic in settings where populations have limited access to these facilities and do not respect handwashing. Rumor also poses a significant risk because it suggests that people can gather in spaces with large concentrations of people without fearing for their health and without applying barrier measures.

Source :

- INSPQ. Handling money: COVID-19 prevention measures in the workplace. Online, 23 Nov 2020.

## FACTS

- A Canadian study shows that the risk of catching the coronavirus drops significantly when physical distancing is applied with at least one meter distance between individuals; the risk is further halved if a distance of at least two meters is maintained.
- The Malian authorities have carried out disinfection campaigns in markets; it would be important that this additional prevention measure continue to be applied in as many localities as possible and in remote areas.

Sources:

- The Lancet, Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. Online, Nov 23, 2020.
- Maliweb. Mali/Coronavirus: the bus terminal, the Sogoniko market and the Halles de Bamako disinfected by civil protection. Online, Nov 23, 2020.

We welcome your comments and suggestions to help the government and humanitarian organizations address and manage misinformation. Please contact **Gabriel Kpadonou Hounsa**, Humanitarian Liaison Officer, Rooted In Trust, Mali at [gkpadonouhounsa@internews.org](mailto:gkpadonouhounsa@internews.org).

