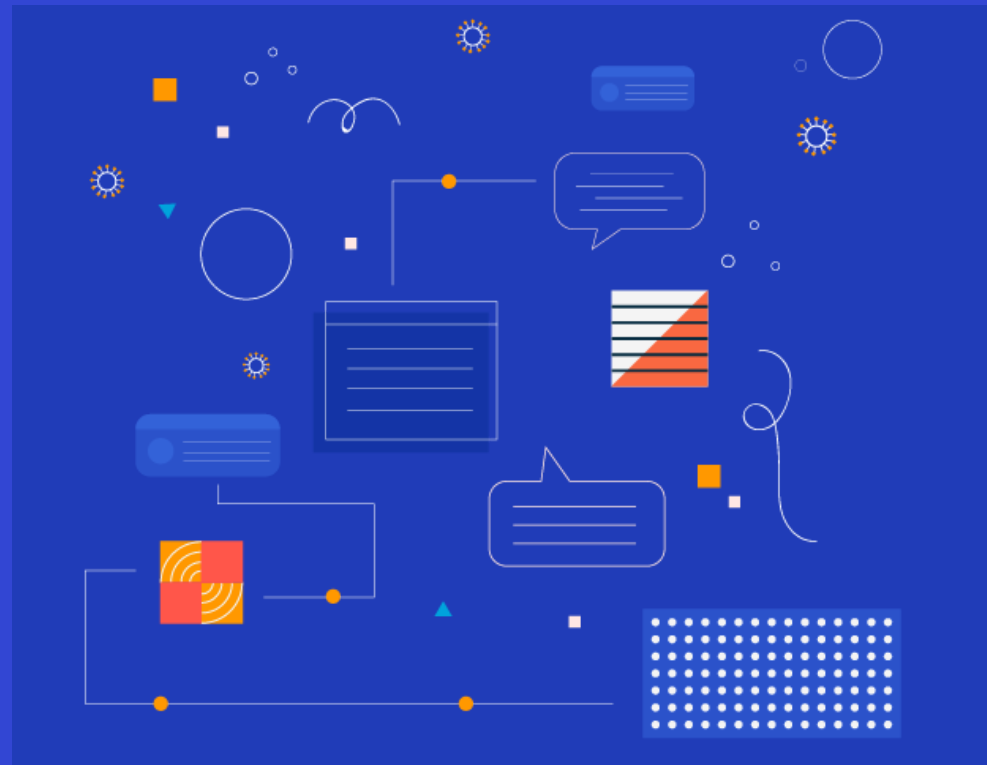




► Sudan Humanitarian Bulletin 1 March 2022

Four Key Themes

- The safety of COVID-19 vaccines
- COVID-19 originating from a decline in faith
- Stigma due to a positive PCR result
- Prejudice towards refugees and vaccine equity



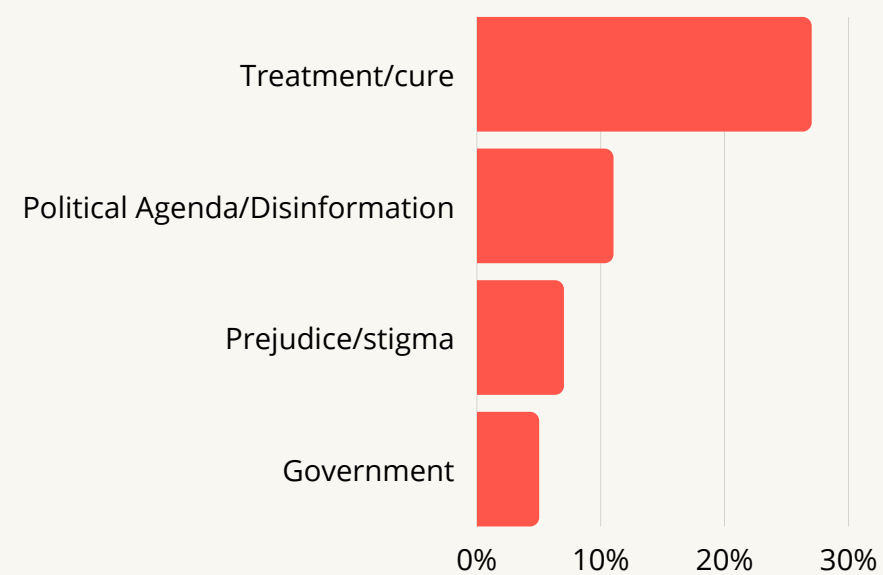
Rooted in Trust

This edition of the humanitarian rumor bulletin on COVID-19 and vaccines is the product of a collection of rumors identified by the Sudan team, as part of the Rooted in Trust project. This bulletin is based on an analysis of The rumors were collected from social media sources most commonly used in Sudan (Facebook, Twitter, and WhatsApp), and were selected through a risk analysis that identifies misinformation with the highest risk and potential impact on vulnerable people, which are the target communities of the Rooted in Trust Sudan project.

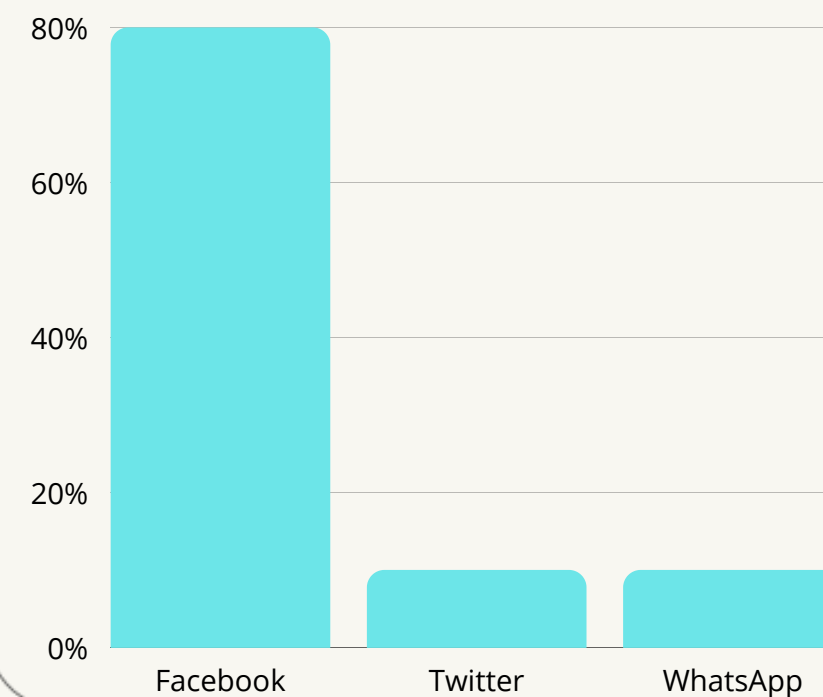
About this Bulletin

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

Top Four Rumor Themes



Data was collected from



113 rumors were collected from social media between 17 January and 15 February 2022

Sudan Covid-19 Snapshot

March 15, 2022

As of 15 March 2022, the official COVID-19 statistics rose to more than **61,715 confirmed cases**, compared to **59,939 confirmed cases** on 14 February 2022. As of 14 February 2022, about 5% of Sudan's population had been vaccinated, and a **total of 5,711,034 vaccine doses had been administered**. Logistical challenges, economic decline, insecurity and misinformation increasing vaccine hesitancy are some of the issues impacting the vaccine uptake in Sudan.



61,715 COVID-19 Cases



5% of the population vaccinated



5,711,034 vaccine doses

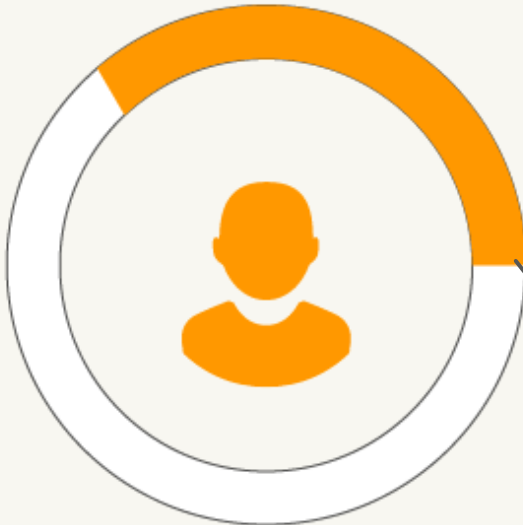
Rumor

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“The reason for this is because people steered away from Allah, so people [should] get closer to Allah so that he removes this sickness from us.”

Man –Facebook

01.



Spread in Arabic through multiple Facebook pages with an estimated reach of 1,100,000 people

What's behind the rumor?

During times of hardship, like the COVID-19 pandemic, people may rely on their faith for guidance and protection against infection. Some may consider the pandemic came about due to a weakened connection in faith and may strive to strengthen their connection with God during this time. These community perspectives are prevalent as seen throughout our social listening data and may also carry a message of hope during times of uncertainty, like an economic crisis or a global pandemic.

In many parts of Sudan, access to healthcare is limited and many have relied for generations on traditional healers, and religious leaders to treat their maladies. **Traditional and religious remedies** continued to be popular respected treatments for various afflictions, such as mental health illness.



Facts



Understanding and knowledge of COVID-19 is not incompatible with faith or observance of religious practices. It is still vital to follow all the necessary steps to protect ourselves and our communities.

Believing in the mercy and protection of Allah can provide comfort to a person when struggling with their physical or mental health as faith can be a source of resilience and hope for families and communities. However, since COVID-19 is a virus and it is transmitted through small airborne particles, there are additional measures that we'll need to take to fully protect ourselves and our communities.

People over the age of 18 years are eligible for a COVID-19 vaccine to protect themselves and those at risk in their communities, such as older people or those suffering from an underlying health condition. In Islam, it is a religious responsibility to care for and shield the sick and vulnerable within our communities.

There are several things we can do to safeguard ourselves and our communities, such as getting vaccinated, wearing a good quality mask, and physical distancing. Community members should avoid crowded indoor or poorly ventilated spaces where possible, and make sure to wear a mask and keep a distance from other people where avoiding such spaces is not possible.

Why is it important?



People may rely solely on religious supplications and their beliefs for protection against COVID-19 and may not practice the recommended preventative measures and choose not to self-quarantine when experiencing COVID-19 symptoms. They may also decide not to seek a COVID-19 vaccination to enhance their protection. Furthermore, if people experience severe symptoms from a COVID-19 infection, they may decide to treat it at home without seeking care in a health facility when it is most needed.

In conflict-affected parts of Sudan and outside of Khartoum, access to healthcare is limited, and often people may travel for hours and days to reach the nearest healthcare facility. This is an additional barrier that may affect people's perception and likelihood to seek care in a healthcare facility or to adapt the recommended preventative measures coming from the Ministry of Health (MoH). Reliance on faith for protection and healing is not only deep-rooted, but it's often the sole remedy for many across the country.

Recommendations

- **Work together with religious leaders:** Humanitarian partners should liaise with Imams and Priests to respond to community perspectives stemming from faith around the vaccines and pandemic, to ensure that public health messages and information are tailored to their information needs and do not clash with their religious views.
- **Consider traditions and norms:** Humanitarian partners and other public health actors should coordinate a robust public health communication campaign with communities of faith, to ensure that COVID-19 messaging is contextualized and responsive to communities' information needs and norms.
- **Reach out where communities are more present:** Humanitarian partners should engage with communities of faith, by setting up listening groups in religious spaces, like mosques and churches, by encouraging dialogue which may result in a nuanced understanding of the concerns these communities have around the preventative measures and vaccines.



What's behind the rumor?

Since the detection of the first COVID-19 case in Sudan in March 2020, stigmatization of those that test positive for a COVID-19 infection has been commonplace. Sudanese, like other peoples around the world, are social beings and community is the glue that brings people together. Testing positive for COVID-19 would require the infected person to self-isolate for about two weeks, and for those that experience severe illness quarantining often occurs in COVID-19 isolation centers. Separation from one's family and community is painful, and often people may feel lonely and abandoned by their loved ones and larger community during this time.

The passing of a loved one from a COVID-19 infection may lead to the isolation of the deceased's family, as the funeral may end at the cemetery, without the normal mourning period which could continue for weeks and months, with visitors frequenting the family's home during this difficult time.

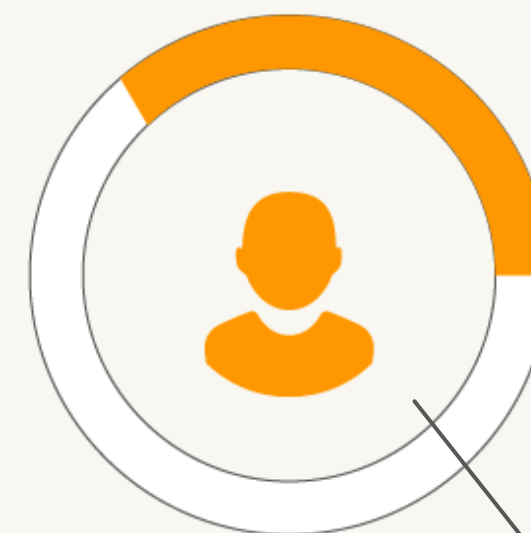
Rumor

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“I swear the numbers are higher, but people see [having] COVID-19 as shameful”

Man -Facebook

02.



Spread in Arabic through multiple Facebook pages with an estimated reach of 1,100,000 people



Facts

COVID-19 is a global pandemic that can affect anyone, regardless of age, race or status. It is a relatively new disease and the uncertainty that it brings with it has contributed to increasing stigma around those suffering from the virus or taking care of patients.



Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak such as COVID-19, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

We can tackle COVID-19 stigma by addressing misinformation around the virus, which may harm infected persons and their families.

Why is it important?



Stigmatization may lead people to hide a COVID-19 infection, out of fear of being excluded from social gatherings, and isolated within their community. This may increase the spread of the virus, discourage people from seeking COVID-19 testing, and even hiding or minimizing their symptoms out of fear of being separated from their family or community.

Stigma can also lead people to avoid or delay going to a hospital when experiencing severe symptoms, which may result in prolonging their illness or worse, lead to the loss of life. In humanitarian settings, where kinship and support are vital for people's survival and well-being, stigma impacts social cohesion and enhances feelings of loneliness and abandonment.

Recommendations

- **Ensure intracommunity dialogue:** Strengthen community awareness around COVID-19 misconceptions fueling stigma and maliciousness towards infected persons and their families, by working closely with trusted and diverse community voices in dialoguing with community members around these concerns
- **Build capacity among local media so they don't contribute to further stigmatization:** Engage with local media to support their understanding of the complexities of stigma and how they can improve their reporting on COVID-19 without contributing to rumors and misinformation that may lead to further stigmatization of infected persons. The media has a central role in addressing malicious misinformation fueling the isolation and abandonment of those affected by COVID-19.
- **Share voices of those who recovered from COVID-19:** Amplify the stories and images of local people who have experienced the coronavirus (COVID-19) and have recovered. Ensure the materials are adapted to all groups and languages.



What's behind the rumor?

Before the rollout of COVID-19 vaccines in Sudan, rumors were already circulating about harmful side effects of the vaccines, with claims that the vaccines are a plot to kill Africans or a way to control the world population by constraining fertility. The novelty of the vaccines and the speed at which they were produced led to widespread skepticism and mistrust, which often went unaddressed. Misinformation and rumors around the COVID-19 vaccines in Sudan and from other parts of the world continue to fuel mistrust in the vaccine.

At the early stages of the vaccine rollout in 2021, the MoH noted the prevalence of vaccine hesitancy amongst healthcare workers. An **information ecosystem assessment** conducted by Internews in March 2021 found that conflict-affected communities considered healthcare workers as trusted sources for health information. Some people's decision on whether or not to take the vaccine could be significantly influenced by a healthcare worker's advice or perception.

Rumor

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“No to vaccines.. not for citizens or refugees... vaccines are unsafe and ineffective. They cause heart problems, diabetes, swollen glands, clots, and Barry's boil syndrome.. and may cause death.. the disease, God willing, has a cure rate of 99 percent.”

Man - Facebook

03.



Spread in Arabic through multiple Facebook pages with an estimated reach of 1,100,000 people



Facts

In very rare cases, some people may have severe allergies due to one or more ingredients in the vaccine. People who have severe allergies to an ingredient in the COVID-19 vaccine or have had an allergic reaction to one dose of the vaccine, should refrain from taking a second dose without guidance from a medical professional.



It is not only common, but natural for our bodies to experience temporary mild side effects to the vaccines. This demonstrates that the body's immune system is reacting as expected. According to the **University of Oxford**, there are a number of temporary side effects associated with the COVID-19 vaccines such as fever, chills, arm pain at the injection site, joint pains, fatigue, and nausea. People will not necessarily experience all side effects but are likely to have some for around a day after vaccination.

Why is it important?

Questions around COVID-19 vaccines and their effectiveness are perfectly reasonable. Despite the vaccinations being rolled out in March 2021 in Sudan, to date about 5% of the population has been vaccinated. It is essential to monitor rumors and concerns that claim there are serious side effects of the COVID-19 vaccines. Stories of vaccines resulting in severe health complications have been circulating globally, and these testimonies can trigger fear and rejection of the COVID-19 vaccines.

It is critical that people have access to accurate information as Sudan strives to vaccinate 20 percent of its population by the end of 2022. As rumors continue to circulate about the risk of a COVID-19 vaccination and its potential side effects, a vacuum in information will likely result in a rise in rumors and discourage people from getting vaccinated.

Recommendations

- **Yes, there are side effects to the vaccine - but these are usually mild!:** Humanitarian partners can support public health authorities in sharing clear and straightforward messages on the possible side effects of a COVID-19 vaccination. Together they can help demystify some of the concerns around the vaccines by explaining the difference between side effects and rare allergy reactions to the vaccines.
- **Debunk misinformation and respond to questions:** Public health actors can proactively debunk and respond to misinformation around COVID-19 vaccines, as well as boost the existing emergency hotline and popular social media platforms that aim to respond to the most common questions and concerns regarding COVID-19.
- **Use the preferred channel and the spoken language:** Humanitarian partners should encourage and launch discussions with local partners and public health authorities in identifying the best techniques and styles to communicate public health messages that meet people's information needs and preferred languages and channels of information.



What's behind the rumor?

COVID-19 has no boundaries and anyone can contract a COVID-19 infection. Vaccine disparities are very real across the world, with higher income countries securing far more vaccine doses for their own citizens. Meanwhile, Sudan, like other low and middle-income countries, is at the backend of the vaccine operation, securing vaccines primarily through donations with the COVAX initiative.

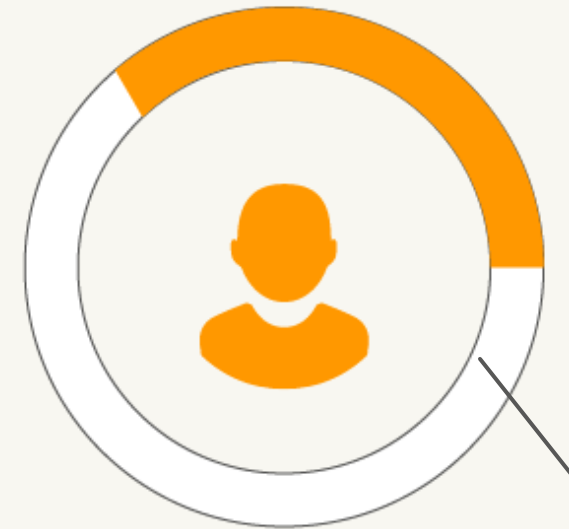
This community perception highlights a level of frustration amongst some Sudanese, who may not have access to vaccines themselves because of limited supplies and are feeling left behind. By the end of 2022, Sudan aims to vaccinate about 20% of the population but for now only about 5% has been vaccinated. Meanwhile, on 15 February 2022, WHO announced that in higher income countries **2 in 3 people had received at least one dose.**

Rumor

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“Vaccinate the native citizens first then you can vaccinate the refugees”
Man -Facebook

04.



Spread in Arabic through multiple Facebook pages with an estimated reach of 1,100,000 people



Facts

The COVID-19 vaccines have been provided by COVAX facility—which provides donated vaccines to low and middle-income countries around the world—with the same protocol being applied for both Sudanese nationals, refugees and migrants.

The MoH is taking the lead with the support of UNHCR and other health partners, like WHO and UNICEF, to ensure vaccinations are accessible to refugees as well across Sudan.

As long as COVID-19 persists, transmission is possible everywhere, as the virus transcends borders and boundaries.



To contain the pandemic, collective action is necessary, including vaccinations being made available to vulnerable communities, like minorities, refugees, migrants and internally displaced persons that are at-risk of developing a more severe illness from COVID-19 due to underlying health conditions. There is no place for prejudice and hate during a global pandemic, as we are all at risk of contracting a COVID-19 infection.

Sudanese citizens and refugees above the ages of 18 are eligible for a COVID-19 vaccination in line with the national vaccine deployment plan.



Why is it important?

Vaccine equity should not only be prioritized at global level, but also at the national and local levels. According to **John Nkengasong**, Director of Africa Centers for Disease Control, “Greater co-operation is the route to ending this pandemic”. Despite the limited number of vaccine doses that are available to Sudan, health authorities have prioritized vulnerable communities, such as refugees and migrants for COVID-19 vaccinations, which are likely to be more vulnerable to a COVID-19 infection due to crowded living conditions.

Recommendations

- **Discuss when and how – and be transparent about it.** Humanitarian organizations and public health officials should share fact-based and consistent public health information on how and when people will be able to access vaccines. It is important to be transparent about what is possible and what is not at this moment, as not to amplify frustration amongst the public.
- **Explain prioritization plans to reach the different groups.** It is important to continue explaining who will be prioritized for a COVID-19 vaccine and the reasons for selection, such as explaining the vulnerability factors leading to the prioritization of specific at-risk groups, like older people, people with underlying health conditions, displaced communities, and migrants.
- **Work with trusted community voices to dispel rumors.** Awareness-raising sessions can be held to dispel common misconceptions about national vaccination plans and create a more inclusive and supportive environment for vulnerable groups, like migrants and refugees. Trusted community members, such as healthcare workers, youth leaders and community elders could take an important role in this, as they are respect figures within the communities.

Additional Resources

- If you want to know more, you can consult **our guidelines and recommendations** on how to better communicate with communities amidst vaccine inequity.
- You can also refer to this **Risk Communication and Community Engagement Guidance on COVID-19 Vaccine for Marginalized Populations**.



Rooted in Trust is collecting, analyzing and responding to rumors in 9 countries, including Brazil, Colombia, the Democratic Republic of Congo, Iraq, Lebanon, Mali, South Sudan, Sudan, and Zimbabwe. We focus on equipping humanitarian communicators, public health responders, and journalists with the tools they need, in the languages they prefer, to combat rumors and misinformation in the COVID-19 crisis. For more information on the project, please visit: internews.org



**Want to give us feedback, get involved, or share data?
We love to chat!**

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