

# THE RIT HUMANITARIAN BULLETIN

## ABOUT ROOTED IN TRUST 2.0

Rooted in Trust 2.0 (RiT 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. It seeks to provide health and humanitarian organisations with rumor trends identified through systematic collection and analysis of social media listening data. Rumor trends identified, and analysis done are to help humanitarian actors and health workers better inform their Risk Communication & Community Engagement (RCCE) strategies. Selection of featured rumors is based on a risk assessment matrix that accounts for the frequency of the discussion or social media engagements and its potential impact in the community.

### Rumors

#### 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.



From January 27, 2022, up to February 8, 2022, Internews Zimbabwe collected 36 rumors identified across different social media platforms (Facebook, Twitter, and WhatsApp). Collected rumors were sparked by Government of Zimbabwe (GoZ)'s announcement that schools will reopen on February 7, 2022, after the deferment from January 10, 2022. Some rumors emanated from political debates around the national voter registration campaign being carried out by Zimbabwe Electoral Commission (ZEC). Sentiment analyses of rumors have been largely negative. The word COVID-19 has featured negatively in jokes, political comments, and advertisements. Overall, there is a marked increase in the intersection of political discourse and COVID-19 as the country gears for By-Elections scheduled for March 26, 2022. Of the 36 rumors collected online, 22 (61%) expressed that COVID-19 was outdated and COVID-19 nationally reported statistics by the MoHCC were biased and misrepresenting the situation on the ground. Decreasing COVID-19 infections have created a myth that COVID-19 no longer exists in Zimbabwe. This may contribute to vaccine hesitancy and defaulting of people who took the first vaccination dose.

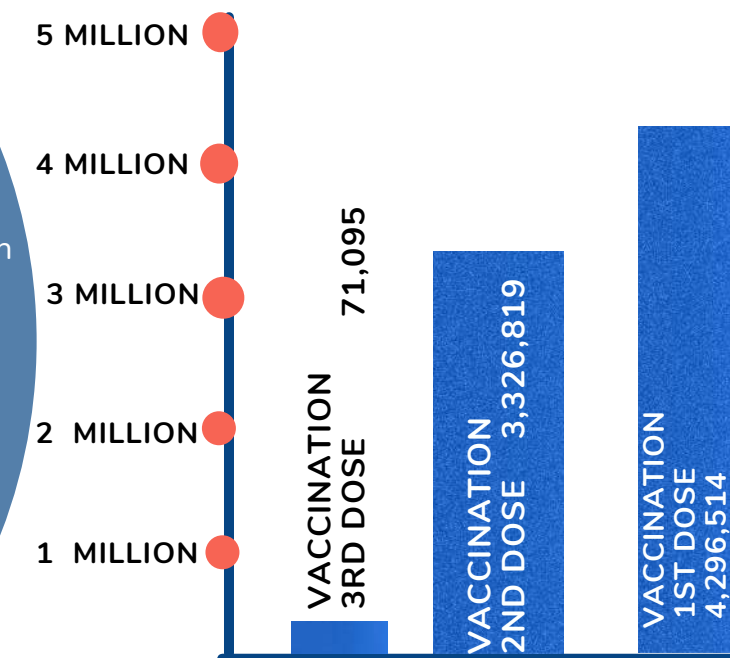
## COVID-19 Zimbabwe Keys Statistics

COVID-19 infections are decreasing in Zimbabwe, with 109 new infections reported on average each day during the period under review (Reuters, 2022). The Ministry of Health and Child Care (MoHCC) reported the following COVID-19 keystatistics (expressed on average) in the Situation Report during the two weeks under review:

<b>3,390</b> ACTIVE CASES PER DAY	<b>109</b> NEW CASES	<b>2</b> DEATHS	
<b>2,869</b> 1ST DOSE ADMINISTERED	<b>3,035</b> 2ND DOSE ADMINISTERED	<b>1,797</b> 3RD DOSE ADMINISTERED	<b>96%</b> RECOVERY RATE

## TREND ANALYSIS

ZIMBABWE VACCINATION UPDATE  
8 FEBRUARY 2022



Source: Visualisation by Rooted in Trust

About 26% of the population in Zimbabwe has received full vaccination (2 doses). This means that only 35% of the herd immunity target of 9.4 million (60% of the overall population) has been reached.

The number of people who have taken their first dose but defaulted the second has increased more than expected. On average 3,000 people take the 2nd dose in Zimbabwe daily, however, the gap between accumulative 1st dose vaccination and second dose vaccination is now close to 1 million. Putting this statistic into perspective, a full year would be needed to cover the lag for current second dose defaulters based on average projection. The figures suggest possible vaccine hesitancy amongst individuals who received their 1st dose.

## WHAT PEOPLE ARE SAYING

“My mother. At the peak of Covid it was zumbani with ginger & lemon or tsine with garlic & ginger. Every single day, 9am was a time for concoction,”  
Twitter 1/31/22.

Theme: Treatment/ Cure  
Risk Assessment: Medium  
Risk  
Rumor No. 1

## WHAT IS BEHIND THE RUMOR

The rumor emanates from reports of a decline in COVID-19 infections and active cases since the beginning of the year. In response to this decline, on January 28, 2022, the government relaxed Level 2 lockdown restrictions by extending curfew hours and allowing businesses to extend operating hours. Schools were allowed to reopen on February 7, 2022. Meanwhile, media attention around COVID-19 has been sporadic, with occasional attention when there is breaking news about new variants or a spike in infection rates.

This has given the impression that COVID-19 is becoming a thing of the past as evidenced by lack of strict adherence to COVID-19 prevention protocols in communities.

Limited public comprehension of scientific developments around COVID-19 and developments around the pandemic continues to result in misinformation about the existence and danger still posed by COVID-19.

While cases may be declining, it is important to note that low COVID-19 cases do not mean that the virus has disappeared as scientists predict that COVID-19 will become endemic with the number of infections stabilising across years with seasonal trends and occasional smaller outbreaks.



There is need to emphasize that a decline in COVID-19 cases does not mean the eradication of COVID-19.



## FACTS

- COVID-19 is still present in Zimbabwe given the statistics by MoHCC indicating 3,463 COVID-19 active cases in the country and an average of 134 new COVID-19 infections per day (Reuters) (MoHCC February 7, 2022).
- The Omicron variant whose presence was confirmed in Zimbabwe in December 2021 is still a concern for scientists who have reported over 60 mutations of the variants' genome.
- The Chief Coordinator of the National Response to COVID-19, Dr Agnes Mahomva warned the public against complacency, stating that Omicron had led to an increase in COVID-19 related deaths. Dr Mahomva argued against perceptions of the Omicron wave as being less severe saying “it is not a true reflection of what is on the ground because indeed, we are seeing deaths. Each time we record a death we are saddened, and we just must put out a message of warning.”
- World Health Organization (WHO) has also reiterated that the virus is still dangerous.

## WHY IS THIS IMPORTANT

Community perceptions on the non-existence or reduced risk and threat of COVID-19 have detrimental effects on strides made to ensure that the prevalence rate of the virus remains low. People are likely to become complacent in observing COVID-19 prevention protocols which may lead to an increase in infections. While the relaxation of national lockdown measures may be a relief from COVID-19 fatigue in communities who have been eager to return to normalcy, such measure should not be mistaken for the eradication of COVID-19. Misconceptions and complacency may also fuel vaccine hesitancy at a time when vaccination is being seen as a major avenue for mitigating the spread and impact of COVID-19 in communities.

## WHAT CAN HUMANITARIANS DO

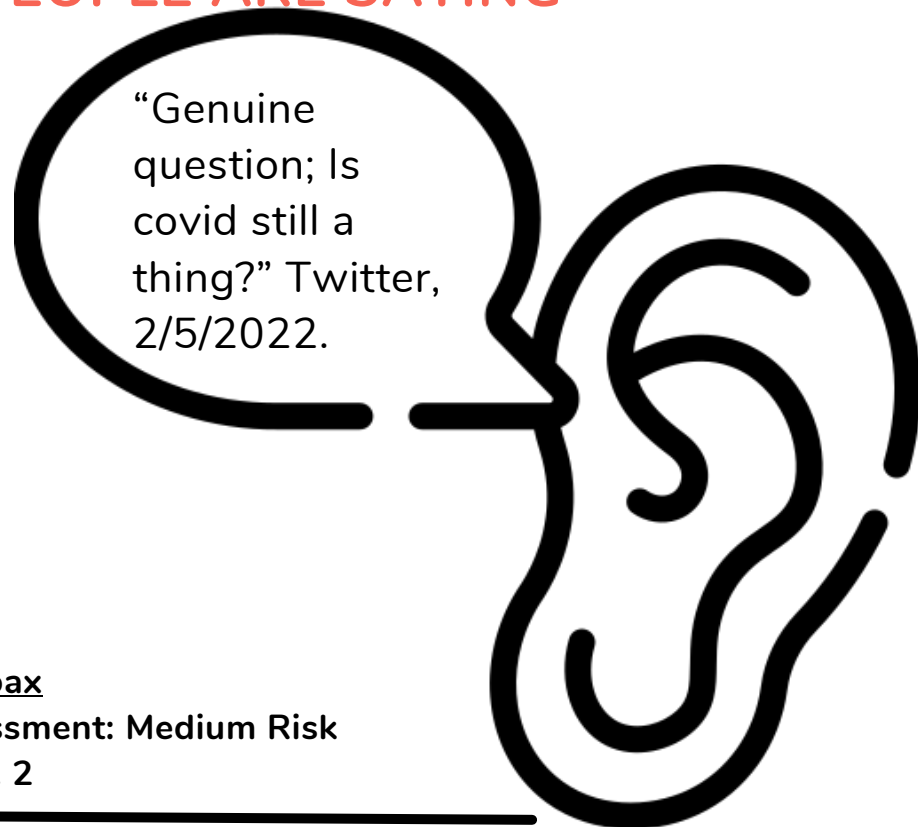
Partners must emphasize in their risk communication efforts the fact that while Omicron is less likely to make people severely ill, its fast transmission rate is still contributing to hospitalizations and deaths, especially among those non vaccinated.

Support existing efforts at schools to provide correct information to teachers, parents, and students on COVID-19 prevalence and why it is important to continue adhering to COVID-19 protocols despite relaxation of lockdown measures.

Partners should consider how to reach migrants who continuously move across borders at formal and informal crossing points so that they are up to date with local trends and understand the need to continuously observe COVID-19 prevention protocols. Understanding the information ecosystem of these populations on the move is essential.

COVID-19 remains a risk to all sectors' programming. Partners must consider the need for continuous awareness raising of COVID-19 prevention protocols as part of their daily interactions with communities.

## WHAT PEOPLE ARE SAYING



**Theme: Hoax**  
**Risk Assessment: Medium Risk**  
**Rumor No. 2**

## WHAT IS BEHIND THE RUMOR

The rumor emanates from reports of a decline in COVID-19 infections and active cases since the beginning of the year. In response to this decline, on January 28, 2022, the government relaxed Level 2 lockdown restrictions by extending curfew hours and allowing businesses to extend operating hours. Schools were allowed to reopen on February 7, 2022.

Meanwhile, media attention around COVID-19 has been sporadic, with occasional attention when there is breaking news about new variants or a spike in infection rates. This has given the impression that COVID-19 is becoming a thing of the past as evidenced by lack of strict adherence to COVID-19 prevention protocols in communities.

Limited public comprehension of scientific developments around COVID-19 and developments around the pandemic continues to result in misinformation about the existence and danger still posed by COVID-19. While cases may be declining, it is important to note that low COVID-19 cases do not mean that the virus has disappeared as scientists predict that COVID-19 will become endemic with the number of infections stabilising across years with seasonal trends and occasional smaller outbreaks. There is need to emphasize that a decline in COVID-19 cases does not mean the eradication of COVID-19.

## FACTS

✔ COVID-19 is still present in Zimbabwe given the statistics by MoHCC indicating 3,463 COVID-19 active cases in the country and an average of 134 new COVID-19 infections per day (Reuters) (MoHCC February 7, 2022).

✔ The Omicron variant whose presence was confirmed in Zimbabwe in December 2021 is still a concern for scientists who have reported over 60 mutations of the variants' genome.

✔ The Chief Coordinator of the National Response to COVID-19, Dr Agnes Mahomva warned the public against complacency, stating that Omicron had led to an increase in COVID-19 related deaths. Dr Mahomva argued against perceptions of the Omicron wave as being less severe saying "it is not a true reflection of what is on the ground because indeed, we are seeing deaths. Each time we record a death we are saddened, and we just must put out a message of warning."

✔ World Health Organization (WHO) has also reiterated that the virus is still dangerous.

## WHY IS THIS IMPORTANT

Community perceptions on the non-existence or reduced risk and threat of COVID-19 have detrimental effects on strides made to ensure that the prevalence rate of the virus remains low. People are likely to become complacent in observing COVID-19 prevention protocols which may lead to an increase in infections. While the relaxation of national lockdown measures may be a relief from COVID-19 fatigue in communities who have been eager to return to normalcy, such measure should not be mistaken for the eradication of COVID-19. Misconceptions and complacency may also fuel vaccine hesitancy at a time when vaccination is being seen as a major avenue for mitigating the spread and impact of COVID-19 in communities.

## WHAT CAN HUMANITARIANS DO



📌 Partners must emphasize in their risk communication efforts the fact that while Omicron is less likely to make people severely ill, its fast transmission rate is still contributing to hospitalizations and deaths, especially among those non vaccinated.

📌 Support existing efforts at schools to provide correct information to teachers, parents, and students on COVID-19 prevalence and why it is important to continue adhering to COVID-19 protocols despite relaxation of lockdown measures.

📌 Partners should consider how to reach migrants who continuously move across borders at formal and informal crossing points so that they are up to date with local trends and understand the need to continuously observe COVID-19 prevention protocols. Understanding the information ecosystem of these populations on the move is essential.

📌 COVID-19 remains a risk to all sectors' programming. Partners must consider the need for continuous awareness raising of COVID-19 prevention protocols as part of their daily interactions with communities.

## WHAT PEOPLE ARE SAYING

“Hospital numbers have decreased, the hospital I’m working in, the Covid ward has been closed for the past 2 months zero Covid cases but the stats on TV are increasing (Man shrugging emoji) so I don’t know where these people go,” Twitter, 2/5/2022.

Theme: Treatment/ Cure  
Risk Assessment: Medium Risk  
Rumor No. 1



## WHAT IS BEHIND THE RUMOR

The rumor stems from the alleged discrepancy between the low numbers of people reported to being hospitalized due to COVID-19 compared to numbers of people reported to be testing positive for COVID-19 with mild symptoms that do not warrant hospitalisation. The rumor, as observed in previous rumor trends, also expresses some doubts on the authenticity of COVID-19 statistics issued by the MoHCC. Their accuracy has been a subject of concern since the outbreak of COVID-19 in the country amid fears that the government is inventing (manipulating) statistics to serve its own interests ahead of the upcoming general elections.

Zimbabwe has been recording a decline in COVID-19 cases in 2022, with active cases dropping to 133 new cases per day (February 7, 2022), compared to 1,146 new cases per day on January 7, 2022.

However, concerns about the country’s capacity to effectively roll out COVID-19 tests to as many people as possible has continued to cast a shadow of doubt on statistics published by the MoHCC even though such statistics tally with the more trusted ones published by [Reuters](#).

## FACTS

The daily COVID-19 updates issued by MoHCC indicate that COVID-19 cases are still being hospitalised. While there are no notable reports on the closure of COVID-19 wards, the chairperson of the Health Services Board, Dr Paulinus Sikosana has noted that the country did not have enough health workers to fully utilise COVID-19 centres with Parirenyatwa Hospital, one of the leading hospitals in the country having 40% capacity utilisation of its COVID-19 centre.

COVID-19 infections are still occurring in the country as indicated by the daily COVID-19 updates issued by the MoHCC and Reuters.

Not all people who test positive for COVID-19 need to be hospitalised. Hospitalisation is recommended for “those with moderate to severe disease, severe shortness of breath, severe chest pain, history of poorly controlled diabetes, hypertension or any other chronic illnesses and severe symptoms of pneumonia and poor oxygen saturation (less than 94),” says Dr Tawana Khupe, a medical practitioner based in Bulawayo.

## WHY IS THIS IMPORTANT

This rumor casts doubt on published official COVID-19 statistics and suggests that COVID-19 wards in hospitals are closed. This is misleading and likely to promote the view that COVID-19 is a hoax while discouraging people with COVID-19 symptoms from going to the hospital to seek medical treatment early. People may resort to traditional and non-scientific treatments to managing COVID-19 symptoms at home thereby increasing the risk of developing complications and dying from the disease. COVID-19 safety guidelines may be abandoned if people believe this rumor.

## WHAT CAN HUMANITARIANS DO

Provide healthcare workers, especially those in remote areas of Zimbabwe, with up-to-date information and statistics on COVID-19 trends. It is imperative that health workers have correct and accurate information to share with communities seeing that they are a trusted source of information.

Discuss with communities to understand the claims behind the allegations that the official statistics may be invented. Understand which fears and social tensions may be driving these rumours and how we can best build trust in public health guidance.

