

RUMOUR BULLETIN #1

OCTOBER 28, 2020



Internews

This first edition of the Rumour Bulletin examines two concerns that have been collected and are gaining momentum in the field and on social networks. People question the supposed dangerousness of wearing a mask and therefore reject its use. Allegations of mistreatment of patients with COVID-19 in some medical facilities have surfaced in Timbuktu and are widely reported.

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

The Coronavirus pandemic broke out in Mali on March 25, 2020. As of October 28, 2020, health authorities in Mali reported **3,515 cases** of coronavirus, **136 deaths** and **2,665 cases cured**. **Nine (09) regions** and **thirty-eight (38) health districts** have been affected. The statistics of cases in the intervention regions of the *Rooted In Trust* project is illustrated as follows: **50.6% in Bamako**, **0.7% in Segou**, **3.5% in Sikasso**, **7.6% in Mopti** and **16.9% in Timbuktu**.

**Regional coronavirus cases' statistics are as of October 18, 2020.*

COVID-19 SITUATION IN MALI

HOW WE DO IT

Feedback collection is done 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 categorized under a theme and risk level. Selection for this newsletter is based on a risk assessment matrix that takes into account the frequency of the theme, the credibility of the rumor and the potential impact on the community and health and humanitarian services.

This first edition of the humanitarian newsletter examined 70 rumors collected from October 14 to 28, 2020, including 41 on Facebook, 12 on Twitter 11 on Whatsapp, 4 on news sites, 1 on Instagram and 1 online. In addition, 48 of these rumors were classified as medium risk, 16 as high risk and 6 as low risk.

Rumor tracking provides information on community concerns about COVID-19 and can be used to align communication and engagement activities with the information needs of the community.

Whether the rumour is frequent or incipient, we give it equal importance if the level of risk is deemed sufficiently high. In fact, a rumour, even if it is not widely spread and rarely heard, can have a significant level of risk to motivate our decision to treat it. If this rumour presents a potentially high risk to the health of communities, a ripple effect and sufficient credibility in the local context, we will choose to present it as a priority without losing sight of all the observations and rumours collected.

IMPORTANT

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. The project is designed to help reduce the flow of misleading, inaccurate or malignant information to vulnerable populations affected by humanitarian crises during the COVID 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 meets the information needs and provides solutions acceptable to the populations.

WHY DO THESE RUMOURS MATTER.

These two rumors have been selected because we consider that they constitute great risks for humanitarians and vulnerable populations; indeed, the first rumor could generate resistance to the wearing of masks and facilitate the spread of COVID-19; as for the second, it could perhaps provoke the rejection of health and humanitarian programs and jeopardize the safety of responders.

WHAT ARE PEOPLE SAYING



Internet user on Twitter

Wearing face masks causes suffocation

"Prolonged use of face masks causes suffocation. Breathing constantly the exhaled air turns into carbon dioxide, causing dizziness. This intoxicates the user and even more so when moving around, performing actions."

FACTS

According to a new study published in October 2020 in the Annals of the American Thoracic Society, the risks of carbon dioxide poisoning are unfounded. The WHO specifies that *"the prolonged use of face masks can be uncomfortable, but it does not lead to carbon dioxide poisoning or lack of oxygen. When wearing a face mask, it is recommended that you ensure that it fits properly and is tight enough to allow you to breathe normally. It is also suggested that single-use face masks should not be reused and should be changed as soon as they become wet"*.

In addition, for reusable cloth face masks, it is recommended to ensure that they are washed regularly. WHO reminds that the wearing of non-medical cloth face masks by the general public is recommended in places where physical distance is impossible.

This same rumour has appeared in several different countries and contexts. Wearing a mask is uncomfortable and when its use is not common practice, it is normal for people to look for reasons to justify not wearing it.

Sources

- ATS Journals. Effect of Face Masks on Gas Exchange in Healthy Persons and Patients with COPD. 28 Oct 2020
- WHO. Mythbusters. 28 Oct 2020
- WHO. Coronavirus disease (COVID-19): Masks, online, 28 oct 2020.

WHY DOES IT MATTER?

Wearing a face mask is one of the barrier measures recommended by the WHO where physical distancing is difficult to apply in public or indoor spaces to combat the spread of COVID-19.

Rumors about the risks inherent in wearing face masks may encourage people to stop wearing masks and expose themselves and those around them to the virus.

Overcrowded spaces and densely populated areas are some examples of places where face masks may be needed to protect against COVID-19.

People living and working in refugee / IDP camps may be at higher risk of exposure to the COVID-19 virus if recommendations for mask use are not followed.

Social norms are also a barrier to the adoption of new behaviors. Regular use of masks requires sudden changes in daily behaviors and community practices. Wearing face masks can be uncomfortable, especially in hot environments such as Mali. It may also impose additional costs on vulnerable populations. People may be more inclined to believe such rumors in order to avoid discomfort or difficult lifestyle changes.

HOW CAN HUMANITARIANS ACTORS HELP?

- **Dialogue** with the target community on protective measures against COVID-19 could help address their concerns about wearing masks.
- **More listening sessions** with communities would facilitate the identification of gaps in the understanding of COVID-19.
- **Responding to the information needs** identified in the community would both reduce misinformation and mitigate the negative impact of rumors, while strengthening the bond of trust and participation of the population in the response.
- **Regularly share new information** about COVID-19 with key influencers such as religious and community leaders. This can be an effective practice to advocate for the use of masks. They can be great allies in the fight against misinformation because they are a key source of support and guidance for the communities they serve.
- **Reinforce awareness** among health and humanitarian personnel on the importance of applying barrier gestures - the use of masks, regular hand disinfection, etc. - that enable them to work and provide the necessary care to the population in a safe manner and thus set an example for the rest of the population to follow.

WHAT ARE PEOPLE SAYING?



Resident of Timbuktu
45 years old

Mistreatment
of COVID-19
patients

"Patients suffering from COVID-19 are treated with contempt by the nursing staff of the regional hospital in Timbuktu. For fear of contracting COVID-19, the staff put food in bags and throw it on the patients."

FACTS

After verification, it appears that the health care staff at the Timbuktu hospital treat patients in a respectful manner. The application of barrier measures and the establishment of consistent health protocols are sufficient to ensure adequate treatment of patients and to avoid the spread of the virus among patients, medical staff and the community (visitors, relatives, etc.).

HOW CAN HUMANITARIAN ACTORS HELP?

- **Explaining in detail** how COVID-19 prevention and safety protocols work in health care facilities could be part of conversations with communities. It would also be relevant to discuss with them the organization's code of conduct and recommended humanitarian standards.
- **Establishing** a safe and responsive feedback mechanism for handling complaints is a good practice to strengthen accountability to affected populations in the health response. It is essential to ensure that they understand their rights and recourses.
- **Organizing** visits by community representatives to the centers could be an option to reassure communities about the good practices followed by health workers.

WHY DOES IT MATTER?

Concerns about the COVID-19 crisis may have triggered additional fears and anxieties among Timbuktu communities. Distrust of health workers has already been identified in other African contexts. During the Ebola crisis, lack of trust in health professionals and institutions hampered attempts to contain the epidemic in several countries.

The rumor identified in Timbuktu may be an expression of this general mistrust in humanitarian and health responses in a general climate of fear created by internal armed conflict. These rumors are potentially dangerous because they can cause increased social tension and can lead to verbal or even physical attacks against medical personnel, humanitarian workers, and volunteers. It also contributes to a decrease in the health response to the pandemic. In many parts of the country, health professionals have already fled because of the armed conflict or are unable to work because health facilities have been abandoned. These rumors may therefore contribute to further eroding the humanitarian health response.

In addition, to avoid being mistreated, the people of the country may refuse to go to hospitals for testing or possible health care.

This risky behavior can also affect the family and community if those who test positive for the virus do not receive appropriate care.

Finally, discrimination against people with COVID-19 increases the vulnerability of populations to coronavirus disease.

Sources:

- BBC News. *Ebola in DR Congo: Fear and mistrust stalk battle to halt outbreak*. Online, 8 Jul 2019.
- IFRIC. *DR Congo: Red Cross volunteers attacked during Ebola burial*. Online, 15 Jan 2020.

MORE INFO

Ivory Coast and Kenya

Religious leaders play a key role in promoting positive social change in communities. Not only do they enjoy widespread influence and respect from their followers, but they are considered credible sources of information.

The role of imams in Bangladesh in bringing information to people who have no television, internet access, or telephones.

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.



USAID
FROM THE AMERICAN PEOPLE



Internews
Local voices. Global change.