

RUMOR BULLETIN #4

DECEMBER 2020

FOR HUMANITARIANS



Internews

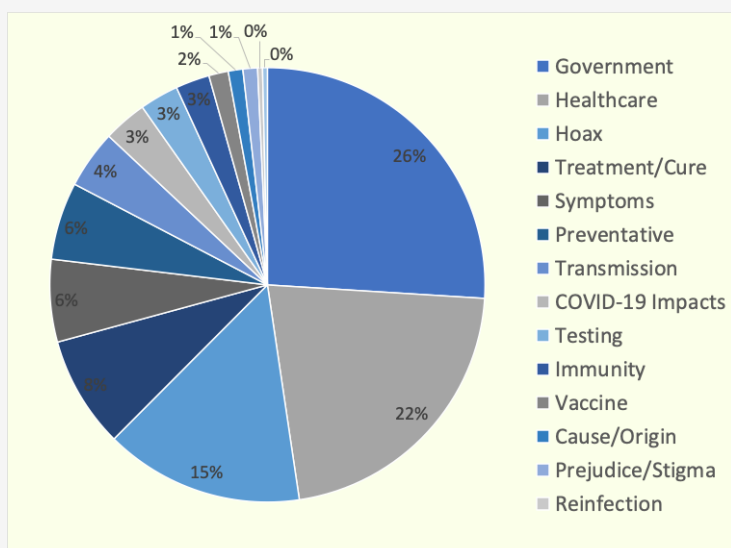
The Rooted in Trust project at Internews aims to respond to the COVID-19 “infodemic”, including fake news and rumors which affect access to basic services and assistance of vulnerable communities in Sudan. This periodic collection of the rumors that circulate throughout Sudan aims to provide humanitarian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

This fourth bulletin is the product of a collection of rumors detected by the Sudan team, and its partner Andariya, as part of the Rooted in Trust project. In the period of November 19-December 1, the team collected 277 rumors from social media sources commonly used in Sudan (Facebook, WhatsApp, Twitter and Instagram). The rumors discussed were selected through a risk analysis that brings to the forefront the misinformation with the highest risk and potential impact on vulnerable people, which are the target communities of the Rooted in Trust Sudan project. This week we focus on: Healthcare shortages, COVID-19 impacts on mental health, vitamins as a preventative for the elderly and masks allegedly causing carbon dioxide poisoning.

COVID-19 in Sudan

Sudan’s Health Ministry announced the second wave of COVID-19 on November 2, 2020. As of November 30, Sudan recorded 18,254 confirmed COVID-19 cases, compared to 13,804 cases on October 30. Most cases identified have been in the capital Khartoum and surrounding areas.

Sudan Rumors Thematic Breakdown



What People Say...

"Hospitals are overwhelmed, full of sick people, and there are no beds in the ICU. The staff have been hit by COVID-19, and there is difficulty in providing treatment." -Female, Twitter

"For six hours we're searching for a hospital, and in the end, we found a bed in Bahri. Unfortunately, the central oxygen was cut off suddenly and without warning in the entire ward, and my father passed away due to lack of oxygen for more than half an hour. I do not know what happened to the rest of the patients in the ward."

- Female, Facebook



The Facts

Sudan's health system was under extreme stress prior to the pandemic and has been further stretched by COVID-19. Studies have shown that at over 50 per cent of Sudanese physicians work abroad, by and large driven by low salaries, poor work environments, and a lack of adequate professional development. One doctor reported to Al-Sudani newspaper "Doctors, like anyone else, cannot serve their patients in the absence of facilities, medicines, equipment, care rooms, and isolation centers".

Reported oxygen shortages are symptomatic of this wider problem. The World Health Organization designated oxygen an essential medicine in 2017, and has been consistently highlighting oxygen shortages in Africa, the Middle East, and other developing regions.

Reuters reported last month that inflation in Sudan has risen to one of the highest levels in the world, and the country risks slipping into hyperinflation, which undoubtedly has had further detrimental impact on healthcare and basic service provision.

Why is it important?

Increasing reports of difficulties finding hospital beds and/or essential lifesaving equipment in Sudan are likely to cause panic and much distress, especially among lower income communities that do not have the option of resorting to private treatment.

Medical-grade oxygen is a pillar stone of COVID-19 treatments for critically ill patients, such as invasive ventilation and low and high-flow oxygen therapies.

Recommendations

- Partners should be clear and transparent about the challenges facing the healthcare system and clarify what steps are being taken to mitigate existing shortages to avoid fuelling fear and misinformation.
- Humanitarian actors could consider conducting joint service and equipment mapping across the Sudanese private and public healthcare sectors to support efficient patient referrals when needed.
- Humanitarians may consider advocating the Sudanese authorities to facilitate public sector referrals to private healthcare services if necessary, supporting universal and equitable access to health care.

Recommendations

It is important to acknowledge reported research on COVID-19, but also to point to the fact that vitamins are not a confirmed prevention measure. At this point, mask-wearing, social distancing and handwashing are the only proven preventative measures.

The elderly in Sudan traditionally play important roles as elders and gatekeepers in the community. Consequently, communities and families do their utmost to support and protect their elders. Humanitarian organizations should embrace this contextual reality to encourage communities to shield their elderly and vulnerable and ensure that precautionary measures are rigorously observed in interactions within the family or community.

Humanitarian organizations should encourage shielding as part of a larger health and WASH promotion response, (e.g. including water supply, provision of soap, COVID-19 awareness, and links to assistance). These other activities are important entry points that can enhance community buy-in and build trust.

Develop strategies to communicate COVID-19 risks that do not spark fear or panic and include tailored messages for those who deny the existence of the disease.

Promote practical ways to shield, making sure the difference between shielding and quarantine is clearly communicated.

Suggest alternative options for shielding if household-level shielding is not feasible due to physical space or economic constraints. An alternative option might be to shield with extended family if there is insufficient space within the family home.

A balance between physical safety and mental well-being is necessary, as social isolation is a serious health threat. Thus, additional psychosocial support is needed for the shielded, and needs to be adapted to local contexts.

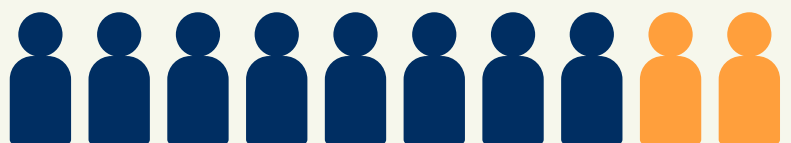


Why is it important?

There has been significant research on the use of vitamins as a preventative for COVID-19 and other respiratory diseases, which may have triggered these perceptions. Misperceptions that vitamin supplements and other dietary changes can prevent COVID-19 indirectly contribute to the spread of the disease by fueling beliefs that loved ones are safe if they follow certain unprescribed regimen.

The Facts

Vitamins, while supportive to the immune system, do not prevent the transmission of COVID-19. Unfortunately, risk of severe illness with COVID-19 increases with age, with older adults at highest risk, with the most vulnerable being among those aged 85 or older. Therefore, people at increased risk, and those who live or visit with them, need to take precautions to protect themselves from getting COVID-19.



Did you Know...?

8 out of 10 COVID-19 deaths reported in the U.S. have been in adults over the age of 65.

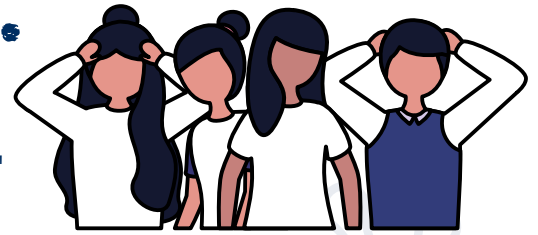
Source: Center for Disease Control and Prevention, 27 Nov 2020

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What People Say...

"Is it possible to add anxiety, tension and aggression as a symptom of COVID-19, especially in the period before recovery?"
- Female, Facebook



Why is it important?

Misperceptions about the mental health impacts of COVID-19 could potentially fuel stigmas towards patients and survivors. Additionally, the long-term impacts of COVID-19 on mental health remain unclear, either as a direct result of contracting the disease and/or the indirect impacts of isolation, social distancing and in many cases unemployment. The "infodemic" itself may also be causing high levels of distress and anxiety. Like much of the Middle East and Africa, mental health issues are widely misunderstood and stigmatized; and the healthcare system lacks the capacity to deal with existing caseloads.

The Facts?

The neurological impacts on COVID-19 remain unclear to scientists and it is still too early to understand whether there may be longer-term effects. Bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. Meanwhile, the WHO has noted that COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke. People with pre-existing mental, neurological or substance use disorders are also more vulnerable to the disease and may stand a higher risk of severe outcomes and even death. A study by Khartoum University in 2019 revealed that Sudan's total annual expenditure on healthcare is just 4.3% of the gross domestic product, but that the proportion spent on mental healthcare is unknown. As of 2009, there were just 0.09 psychiatrists and 0.2 psychiatric nurses per 100,000 population, and 0.2 mental health beds per 10,000 people.

Recommendations

- Humanitarian organizations and national authorities need to get a better sense of the extent of the impact of COVID-19 on mental health in Sudan.
- Mental health organizations may consider training lay counsellors, psychologists, nurses and primary care doctors to provide early interventions at grass roots levels, possibly through a mental health hotline.
- Humanitarians may hold awareness raising campaigns on direct and indirect COVID-19 impacts on mental health, as well as an outline of healthy habits- especially for high-risk individuals who are isolated or shielded.
- Being close and communicating with loved ones is essential for mental health. Humanitarians should encourage discussions on how best to maintain these bonds, while respecting social distancing and protective measures to keep everyone safe.
- Humanitarians may also run programs addressing the stigmatization of mental health problems and promoting simple psychological first aid mechanisms that can be used by the community.
- Humanitarians can also support the establishment of a mental health hotline. However, particular care needs to be paid to consistent and sustainable staffing of the helpline so as to do "no harm".

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What People Say...

“Within a few minutes [of wearing a mask] the acidity of the blood changes due to carbon dioxide build-up, which we’re supposed to breath out. Bad aeration starts from here, and the longer you wear a mask, the greater the risk”

- Female, Twitter



Why is it important?

Rumors of possible carbon-dioxide intoxication are widespread worldwide, possibly due to earlier WHO recommendations that masks need only be worn by the sick and by health workers. Yet, this guidance has now been revised and it is important to address these fears as they fuel a lack of compliance with preventative measures

The Facts?

The dangers of “hypercapnia” - where there is too much carbon dioxide in the blood – is one of the most prevalent COVID-19 related rumors circulating globally and has regularly been debunked.

Carbon dioxide molecules are tiny - far smaller than aerosol sprays, that may carry COVID-19, which the masks are designed to stop. So, the carbon dioxide molecules will not be trapped by a breathable material.

When you breathe out, the carbon dioxide will go through the material and is unlikely to build up to the extent that it causes health issues. It’s worth noting that surgeons operate for hours while wearing face masks and have not reported issues with breathlessness or carbon dioxide poisoning.

Recommendations

- Humanitarian organizations, neighborhood resistance committees, TV stations and social media influencers may run sessions on making masks using simple materials found in the home. Communities are less likely to be fearful of masks that they themselves have created.
- Awareness raising sessions should be held to dispel common misconceptions about basic preventative measures. Religious leaders could take an important role in this, as they are highly trusted figures within the communities.
- Humanitarian organizations should engage with mass media, both on a national and regional level, to raise greater awareness of the importance of preventative measures and simple, inexpensive ways of following them.
- Humanitarians and national authorities should model exemplary mask use, especially when in the community and in the media’s eye.



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