Noah Okumu September 9th, 2020

Dispelling COVID-19 rumours at local levels in Pakwach, Uganda

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Rumours can have significant consequences for how local communities engage their health systems, posing problems for epidemic containment which can rely on trust in state actors. Noah Ukumu examines rumours associated with COVID-19 in the Pakwach district of Uganda, and the methods Village Health Teams are adopting to dispel them.

This blog is part of the series Shifting Spaces, an emerging timeline of COVID-19 responses from Kenya, Malawi, Tanzania and Uganda from the LEAD research project at the Firoz Lalji Centre for Africa. It is the second blog from Pakwach, Uganda.

Mapping rumours is critical for how people interact with a health system. Rumours as a form of knowledge affects the degree of trust in state and healthcare actors, and how people choose to balance their everyday lives with COVID-19 prevention measures. By May 2020, the Pakwach COVID-19 task force in Uganda had identified the spread of rumours related to COVID-19 and initiated a community-based programme of activities to counteract the misinformation. These activities were led by the existing Village Health Teams (VHTs), groups of volunteer community health workers organised by the Ugandan Ministry of Health to connect communities to the health system by providing health advice and limited routine interventions.

While rumours are locally constituted, in Pakwach people also engage with regional and global experiences, spread mostly through WhatsApp and, to a lesser degree, Twitter. VHTs have been able to confront this multi-scalar landscape of misinformation by providing accurate information within their own communities.

The changing rumourscapes of COVID-19

Pakwach is located along the western Rift Valley where temperatures are generally high. In the early months of the pandemic, the people of Pakwach made connections between high temperatures and the survival of COVID-19 in the district. It was said, '*ngom Jonam liet, Corona chopu kwon go kan*' ('this place along the lake/river is too hot, Corona cannot survive'). Similarly, since Pakwach is separated from wider Uganda by the River Nile, it was thought that COVID-19 would not cross into the District. Local climatology and geography formed the basis of early rumours, which ushered a sense of protection to people in the region.

Rumours were also adapted to the social-moral terrain. Different communities advocated that alcohol, for example, would protect

against the virus. Consumers of alcohol said: '*wan umadh two corona maku wa ungo, sanitayiza ni rimu mwa chon!!!*' ('we alcoholics can't contract Corona virus because we already have sanitizer in our blood'). Connections were made between the alcohol content of sanitisers, and alcohol consumed at trading centres.

These rumours also extended to traditional foods, which were assumed to provide adequate immunity against COVID-19. Claims such as '*wan wachamu kadu atona ma jumundu camu ngo, rimu mwa tec*' ('we do eat rock salt which Europeans don't eat, so our blood is strong') – circulated communities. More broadly, residents of Pakwach suggested that diets could boost immunity.

With these rumours in the community, a disease that was once dreaded as '*tho ngom*' (pestilence) was slowly downgraded to the status of a common cold or cough. As with this affliction, it was claimed that COVID-19 could be managed with '*Chai ndimu*' (lemon tea). Building on this claim, it was said that around September to November 2019 the population in Pakwach suffered a terrible condition of flu and cough which they claim was 'their corona'. Since populations survived, so too would they survive 'corona'.

In other cases, young people suggest that COVID-19 does not exist. The very first incidence of the four truck drivers who had tested positive remains a puzzle to some youth who keep asking:

> *'[K]orona eni re tye andha, make apoli magi vutu ku diraiva jupimu gi man junwangu ungo korona ne ikumgi?'*
> ('*If truly Covid-19 is existed and if truly it was contagious as portrayed and if the drivers were genuinely positive, why were the sex workers (who were their immediate contacts) tested negative for COVID-19 after the 14 days?')*.*

While the drivers tested positive, sex workers with whom they had interacted (after the test at the District border, but before the release of

the results), tested negative. Since these sex workers were people of Pakwach, distinctions were drawn between outsiders and insiders. Some young people concluded: *'ineno, ceng lietho mi Pakwach uwangu korona m'umaka umak jum'uvuthu ku diraiva'* ('you see! The high temperatures of Pakwach burnt the corona on those that slept with the drivers'). Alongside these perceptions, Pakwach residents explained that COVID-19 only circulates in the towns, since it is a disease for the 'rich' who travel more. Since many consider themselves 'poor', they were unable to contract COVID-19.

Several months into the pandemic, a rumour spread that the Ugandan government's insistence on face masks was a conspiracy to suffocate the population to death. Many shunned the masks. This presented risks, since many patients refused to wear them when seeking health-services, placing health workers at risk. After the mandatory government bill on wearing masks, many would use them for a short time, to convince the police/security officers at check points and, thereafter, take them off. Added to this was the poor adherence to social distancing policy at the health facilities and hand washing at every entry. The community and patients would only wet their hands and not actually wash.

Rumours often spread through households or family members – through 'trusted' sources, on whom many usually depend for care. Rumours were particularly rife amongst youth groups, who had access to the internet. Over the course of the pandemic, different aspects of local geography, and observations about who did and did not test positive, have fed into changing rumours. While contested, these rumours generally suggested that people of Pakwach may have a naturally immunity, and so do not need to follow public health guidance.

VHTs and dispelling rumours

Early into the pandemic, the COVID-19 Pakwach District Task Force discussed the negative impact of the rumours on the uptake of disease prevention measures in communities. In response, they initiated a series of intensified sensitisation and awareness creation activities through the VHTs, which are comprised of community health workers who have long been used to mobilise communities for health programmes and bring information about health services to the household level. Members of the VHTs are selected by communities themselves through a popular vote in the presence of the Local Council One (LCI). They are usually residents of the community and work on an unpaid, voluntary basis. They are selected because their peers deem them to be dependable and approachable representatives.

The COVID-19 pandemic brought profound shifts to their roles: from providing sensitisation activities on routine issues such as reproductive health and open defecation to the forefront of a global pandemic. Over 100 VHTs received rigorous training on aspects of COVID-19, including the basics of transmission, protection and proper care-seeking behaviours. This was intended to support household-level COVID-19 sensitisation activities, and improve the track and trace surveillance network in Pakwach. This was further supported by providing VHTs with COVID-19 specific IEC (information, education and communication) material in both English and Alur, which increased their capacity to reach community members. After training, the VHTs were expected to respond to two calls: Alerts and Myths.

'Alerts' are calls made by community members to local authorities, such as a village chairman (Local Council One, LC1), to a VHT directly, or to any member of the COVID-19 Sub-County or District Task force. An alert is related to any person presenting a sign or symptom related to the disease. The VHTs make sure all suspects and their contacts are identified and the appropriate actions are taken, which forms the backbone of the District's COVID-19 track and trace system.

VHTs also respond to 'myths', which are widely held but not proven ideas or beliefs about COVID-19 in the community. VHTs are responsible for mapping out and dispelling these rumours in their respective communities with knowledge of the virus.

It has proven more difficult to respond to the 'myths' than to the 'alerts'. It is not always clear where the source of the rumour lies, nor who is spreading rumours. Accordingly, VHTs have gone door-to-door within their communities to investigate the origins of and dispel rumours. In this context, providing public health information has been critical – sensitising families and individuals on the regular washing of hands with soap and clean water, and the dos and don'ts of face masks. VHTs were encouraged to make home visits while donned on face masks and directing the community to reach out to the local tailors to make them with the readily available materials. When provided face to face, this guidance seems to become more powerful than the rumours. In all these interventions, not one of them targeted the 'alcoholics'.

VHTs were also engaged at the Health Facilities within their vicinity to offer health education to patients attending Outpatient Departments. VHTs further used the strategy of reaching out to people in the market places by use of megaphones and posters and any other gathering, sharing key COVID-19 messages in the name of dispelling rumours in communities. They also displayed COVID-19 informational materials in public places like shops, market places, public notice boards at offices and also around churches and bars, though they are closed, for people to read facts about the virus.

Careful coordination of community involvement

Initially, rumours surrounding COVID-19 during the early stages of the lockdown in Pakwach were unprecedentedly high. These rumours have been linked to incidences of local residences to public health measures,

and were mainly discussed by young people and alcohol drinkers, who felt restricted by health policies.

The introduction of the Village Health Team, their adoption and involvement in the response to fight the virus in Pakwach, has ushered in positive results in bringing down and dispelling rumours. VHTs work by example. They wear masks, regularly wash hands with soap and avoid large gatherings (maintaining social distancing), and others have done the same.

Should a COVID-19 vaccine be introduced, it would need to be carefully coordinated through community involvement. The grassroots approach through the VHTs to address the challenge is critical and should be prioritised, embracing the gradually changing role of the VHTs to key players in the primordial prevention of diseases.

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About the author

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