The Sudan Rooted in Trust Project aims to address COVID-19 rumors and misinformation by collecting and analyzing rumors found on Sudanese social media, and through listening groups with communities impacted by conflict. This bulletin is based on an analysis of 727 rumors collected in Angasna, Arabic, Fur, and Zaghawa, between 18 July and 9 August 2022, from Facebook and Twitter, and through listening groups with communities affected by conflict and displacement in Al-Gedaref, Blue Nile, Central Darfur, East Darfur, Kassala, North Darfur, Red Sea, South Darfur, South Kordofan, and West Darfur States.
Top COVID-19 and Vaccine Rumor Themes

This is the thematic breakdown of 727 rumors collected in Arabic, English, Angasna, Zaghawa, and Fur between 18 July and 9 August 2022, from Facebook and Twitter, and through listening groups with communities affected by conflict and displacement in Al-Gedaref State, Blue Nile, Central Darfur, East Darfur, Kassala, North Darfur, Red Sea, South Darfur, South Kordofan, and West Darfur States.

64% of rumors about COVID-19 and vaccines have been shared by men on social media and during listening groups.
This is an analysis of the emotions expressed in 727 rumors in Arabic, English, Angasna, Zaghawa, and Fur between 18 July and 9 August 2022. Internews found that 36% of the rumors expressed feelings of apathy and indifference. This was prevalent among rumors downplaying the pandemic saying that COVID-19 is just like the flu. Others expressed fear from the possible side effects of the vaccine.

COVID-19 and Vaccine Rumors Based on Risk Level

Risk breakdown based on the analysis of 727 rumors collected in Arabic, English, Angasna, Zaghawa, and Fur between 18 July and 9 August 2022
This is a breakdown of 260 rumors collected during listening group sessions held in IDP and refugee camps in Arabic, Angasna, Zagawa, and Fur between 18 July and 9 August 2022. Internews found that 11% of the rumor data was collected from Darti IDP Camp in Al Geniena, capital of West Darfur state.

As of 26 August 2022, the Sudan's COVID-19 infection rates rose to 63,173 confirmed cases and 4,961 deaths.
COVID-19 cases are being reported on a daily basis all over the world, including in countries where the temperatures can go as high as 48 Celsius, such as Saudi Arabia, Qatar, and Bahrain. All these countries have reported COVID-19 cases throughout the year, including during winter and summer seasons. In addition, these countries are actively vaccinating their residents with the COVID-19 vaccine.

There are no studies that suggest people with dark skin or people from Sudan are immune to the COVID-19 virus. In fact, the World Health Organization Africa states that “up to 65% of Africans have been infected by SARS-CoV-2“. Many COVID-19 cases have been reported in African countries, such as Mali, Ethiopia, and South Sudan. In Sudan, as of 26 August 2022, there have been 63,173 confirmed cases of COVID-19 with 4,961 deaths.

The World Health Organization states that you can still get COVID-19 even if you expose yourself to the sun, as the virus can spread in hot, cold or humid climate. The best way to protect yourself is to wear a face mask or covering, practice physical distancing, and washing your hands with soap and water.
COVID-19 is a respiratory disease which means that it affects the lungs and, in some cases, it becomes hard for the patient to breathe normally. Smoking can increase the severity of sickness if you become infected with the virus. According to BMJ, a global healthcare knowledge provider, “Smoking is highly likely to worsen COVID-19 severity and risk of associated death”.

Dr Muna Abdelaziz, Sudanese UK-based Public Health Director, says that smoking is harmful for the lungs, especially when a person is infected with a virus, which means that the lungs are already damaged if you are a smoker.

Dr Abdelaziz also adds that smoking while infected with COVID-19 can worsen your case and it can make COVID-19 fatal.

Generally, smoking is very bad for our health, and it is associated with many diseases, such as cancer, heart disease, stroke, lung diseases, and diabetes. It can also affect our immune system and weakens it, which makes us more susceptible to developing serious symptoms when getting infected with a virus such as COVID-19.
COVID-19 is a respiratory disease that is caused by the SARS-CoV-2 virus. The virus spreads through the air when an infected person sneezes, coughs, speaks, or breathes. Also in some cases, COVID-19 can spread when you touch surfaces contaminated by the virus.

It is important to note that the virus can only be transmitted from an infected person. If someone was in close contact with a person infected with COVID-19, they can get tested if any of the COVID-19 symptoms appear. If a person tests negative, that means that they probably aren't infected with the COVID-19 virus and they are unlikely to transmit the disease. If a person tests positive, that means that they have the virus, and it usually stays in the body from one to two weeks if it's mild. Most people infected with COVID-19 are no longer infectious following 10 days after symptoms appear if your infection is mild.

We should not abandon community members that have been infected by COVID-19 or those that have lost a loved one due to the virus. During times of grief and illness, we need our community's support the most.

We can support our friends, families, and neighbors by calling on the phone to check on them or paying them a visit once they have recovered from the virus and are no longer infectious. It is important to open windows and doors to ventilate the home because the COVID-19 virus can linger in the air even after an infected person has left a room. If we follow what this rumor is saying, then we would be harming members of our community, and promoting stigma at their most vulnerable state. Stigma can lead to people hiding a COVID-19 infection and delaying hospital care when they need the most due to fear of becoming isolated or abandoned by their community.

You can protect yourself and community from COVID-19, by following the preventative measures set by the Ministry of Health, such as wearing a mask or face covering in public or crowded places, practice physical distancing, and washing your hands with soap and water. To learn more about how you can fight COVID-19 stigma, please visit: UNICEF's webpage on preventing and addressing social stigma in our community.
COVID-19 does not discriminate. Cases have been reported in people of all ethnicities, genders, and religions. As of 17 August 2022, Muslim-majority countries such as Saudi Arabia and Qatar, reported more than 1 million COVID-19 cases collectively. Moreover, all over the world states have reported COVID-19 infections and deaths among both men and women. So far in Sudan, over 63,000 people have been infected with COVID-19 and 4,961 people have died due to the Coronavirus, including both men and women.

COVID-19 is a respiratory disease that is caused by the Sars-CoV-2 virus. It can come to you when an infected person sneezes, breathes, sings, or talks in close proximity to you. COVID-19 can infect both men and women, young or old, from all religions, races and ethnicities.
“Millet water treats Corona”  
*Man- Age: 26-35 - East Darfur - Shaq Tabaldi Camp*

“Boiling neem tree leaves and drinking it protects against Corona”  
*Woman - Age: 46-60 - Central Darfur - Khamsa Dagega Camp*

“Unsweetened tea protects from Corona”  
*Girl - Age: 11-14 - Central Darfur - Khamsa Dagega Camp*

“There is no corona what’s happening is normal infections it can be prevented by traditional medicines acacia and hibiscus”  
*Man - Age: 46-60 - South Kordofan - Abu Karshola*

Herbal remedies are a popular and accessible form of treatments in Sudan as some of these remedies have been passed from generation to generation to help relieve symptoms of some common illnesses, such as colds, flu and malaria. Even though hibiscus, acacia, millet, neem leaves, and tea have health benefits—for example neem and acacia can reduce blood sugar levels, tea helps with lowering cholesterol, hibiscus may help lower blood pressure, and millet is a good source of protein—there is absolutely no scientific evidence that suggests any of these home-based remedies can help prevent or cure COVID-19.

With COVID-19 still being a new disease, it is natural that people would rely on herbal remedies that have been used for generations to help alleviate COVID-19 symptoms. However, it is worth noting that extensive or irrational use of herbal remedies, can lead to some undesired consequences, such as “toxic reactions” and “allergic reactions”. For instance, although acacia is used widely in Sudan and has shown to have some benefits, drinking it directly can be hazardous to the body. Moreover, there is no evidence that acacia can treat or prevent a COVID-19 infection.

To date, there are no globally approved treatments for COVID-19 in Sudan. Following the preventative measures set by the World Health Organization and the Ministry of Health, such as maintaining a physical distance of at least 1 meter, wearing a face mask or covering, and washing your hands with water and soap (if available), along with taking the COVID-19 vaccine, remain the most effective way to protect ourselves and our communities from getting infected.
What are Rumors?
Rumors are currently circulating stories or reports of uncertain truth collected from first-hand sources within the community which could take the shape of a question, criticism, or general comments on a situation or topic. We should also note that rumors can be tricky to tackle because they might carry some element of truth.

RESOURCES
TO FIND OUT MORE ABOUT COVID-19 AND THE VACCINES

WORLD HEALTH ORGANIZATION
WWW.EMRO.WHO.INT/AR

MINISTRY OF HEALTH
FACEBOOK PAGE
WWW.FACEBOOK.COM/FMOH.SUDAN

SUDAN HEALTH OBSERVATORY
SHO - SUDAN HEALTH OBSERVATORY | HOME

COVID-19 Hotline  - Serving all areas of Sudan: 9090

How Are Rumors Collected?
Questions, comments, and misconceptions about COVID-19 were collected by Internews’ analysts, who compiled and assessed feedback gathered from Sudanese social media and through face-to-face listening groups with displaced people and communities impacted by conflict. The rumors, perceptions, and misinformation identified have been assessed to be the most prevalent or damaging to the health response. The selection was based on the level of engagement and its potential impact on the community.

We welcome your feedback, questions, and suggestions.
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