



# HUMANITARIAN EXPERTS NETWORK

COVID-19 Humanitarian Perceptions Survey VII & VIII  
Myths, Rumours, and Innovation

01 June 2020



## Key findings

The secondary impacts of COVID-19 continue to shift the humanitarian and development landscape across the globe. This week's findings discuss the complexity of COVID-19 myths and rumours driven by cultural and political nuances. We hope this will support national and international actors seeking to mitigate the spread of COVID-19 through behaviour change messaging and initiatives.

HEN members told us that **myths and rumours were preventing people from seeking treatment**. Some rumours claimed that natural remedies and treatments could prevent the disease. Others that certain groups of people were immune. Still others thought that governments or companies had invented the disease for political or economic gain.

HEN members want to learn from the experience of other humanitarians across the world. We asked HEN members about the most innovative solutions they have seen in response to COVID-19. Members provided examples of **digital solutions and new WASH centred designs**. We aim to continue to collect and share learnings from HEN members in future surveys.

To learn more about the HEN network and respondents for this week's report, refer to page 6.

## Limitations

The HEN is a collection of the perceptions of humanitarians as they answer a short set of questions. It is NOT based on a statistical sample, or an even geographical spread. The COVID-19 survey combines and contrasts the current observations of people on the ground in different countries. It provides a distinctive source of information on the situation which is not captured by other information (such as COVID-19 statistics or health and economic data).

Please **share the HEN network with your contacts** across the globe who can help us all develop a clearer picture of how this crisis is evolving and impacting on the most vulnerable communities.

To join the HEN and participate in future surveys, click [here](#). Surveys are currently administered on a weekly basis and will take 5 minutes to complete. We are looking at ways the COVID-19 survey should evolve and the coming weeks will see changes, including to the frequency of the surveys. If you wish to be involved to a greater degree and send us any of your ideas at all – please contact [hen@acaps.org](mailto:hen@acaps.org) we would love to hear from you.

## Voices from the field - What HEN members tell us

“Some humanitarian donors are noting cuts to their source funding. We have not had to cease any projects as yet, but this is anticipated for June 2020.” **Iraq**

“Staying at home reduces immunity and therefore you are more likely to get sick. COVID-19 can be cured by prayers.” **Tanzania**

“From the government side, there is a complete ignorance of the impact of Covid19 in the country, while people know that there are deaths which cannot be explained by other causes. Lots of rumours around the number of deaths as there is no transparency.” **Burundi**

“Most people have enough information regarding COVID-19, but their behaviour, which ignores the information, might create a problem (e.g. putting mask in mouth or chin-not on the nose, going shopping without caring about the social distance).” **Nepal**

“There are challenges in making information accessible in rural and hard to reach areas, and the limitations of social media and posters in these settings. More efforts are needed on community engagement in rural/hard to reach areas.” **Cambodia**

“The question in regards to who is most unlikely to access testing needed to have more options. I put in rural, however IDPs who are in camps with limited movement are also unlikely to access testing due to fear of quarantine, and stigma if they have it.” **Iraq**

“The health system in Yemen has been destroyed by the war since 2015, there is difficulty in diagnosing the affected cases due to the lack of the necessary laboratory tests. Medical staff do not have tools to protection themselves from transmission and there is no transparency in dealing with cases of infection in areas managed by armed militias. This has made a large percentage of people not believe that there is a corona disease and that it is just a rumour or a political battle” – **Yemen**

“Covid-19 is a disease of ‘happy people’. Rural people in Bangladesh have their own perception about getting infected by Covid-19. They believe that Covid-19 is a disease of ‘happy people’ who live in cities or urban areas and feel that those who work hard, like rural people, will not be infected. They also believe that, since they are religious and perform ablutions and prayers five times a day and fast during Ramadan, they will be safe. They also think that those who live in urban areas like slums are most at risk because of the density of the population and that rural people will not be infected.” **Bangladesh**

“Intact natural protected areas do provide food security for communities, and thus are contributing to community resilience. This is more evidence of the importance of intact environment and biodiversity.” **Peru**

## COVID-19 Myths and Rumours

68 (out of 99, almost 70%) respondents told us they had heard of myths and rumours about COVID-19 that were impacting health seeking behaviour and adherence to protective measures. 63 HEN members shared specific examples from the contexts they work in. Most of the examples shared can be grouped into the 7 categories outlined below. Myths and rumours such as these, can and are, affecting behaviours that will contribute to the spread of the virus while undermining government, community led, humanitarian, and development initiatives.

### Natural remedies will cure or prevent COVID-19 – reported 14 times

Herbal tea, lemon, garlic, honey, and even water were mentioned as potential cures and preventions for COVID-19. Other practices such as burning things outside the home and non-specified traditional medicines were also touted as a viable cure and/or prevention. Consuming alcohol was mentioned twice, in Nepal and in Central African Republic, as a preventative resource.

### We are already immune; the wealthy are not – reported 10 times.

Most ideas about immunity were linked to the idea that the darker your skin, the less likely you would be to get COVID-19; or that black people or Africans were immune altogether. Africa was not the only region with these kinds of myths. From Papua New Guinea, one respondent shared the perceptions that, “Melanesians are immune to COVID-19, which is why it hasn’t spread here as it has in other parts of the world.” And from Nepal, “...Nepalese are stronger (have strong immunity power) so COVID will have minimal impact in Nepal.” The idea that COVID-19 targeted some groups and not others wasn’t exclusively about ethnicity; some responses indicated that it was a disease that the wealthy, or western, or urban people would suffer more from than poor or rural people.

### COVID-19 isn't real – reported 9 times (in the middle east and Africa).

These ideas appear to be linked to there being some kind of an economic imperative linked to the spread of rumours about the disease, either by pharmaceutical companies, western governments or the governments of the countries who think they could benefit (via corruption) from increased aid to help them deal with the pandemic. These ideas are also linked to broader, and wide ranging, theories that the virus is a deliberate plot, mentioned an additional 9 times (Middle East, Africa and Asia).

**COVID-19 is God's judgement and prayer is the ultimate cure – reported 11 times** There is a religious aspect to ideas around COVID-19 in some places. There were reports (4, in Chad, Burundi, Malawi and Bangladesh) of COVID-19 being a punishment from God, and 7 reports around the idea that prayer was the only way or a key answer to curing the virus. These reports came from a range of Asian and African countries.

“Staying at home reduces immunity and therefore you are more likely to get sick. COVID-19 can be cured by prayers” **Tanzania**

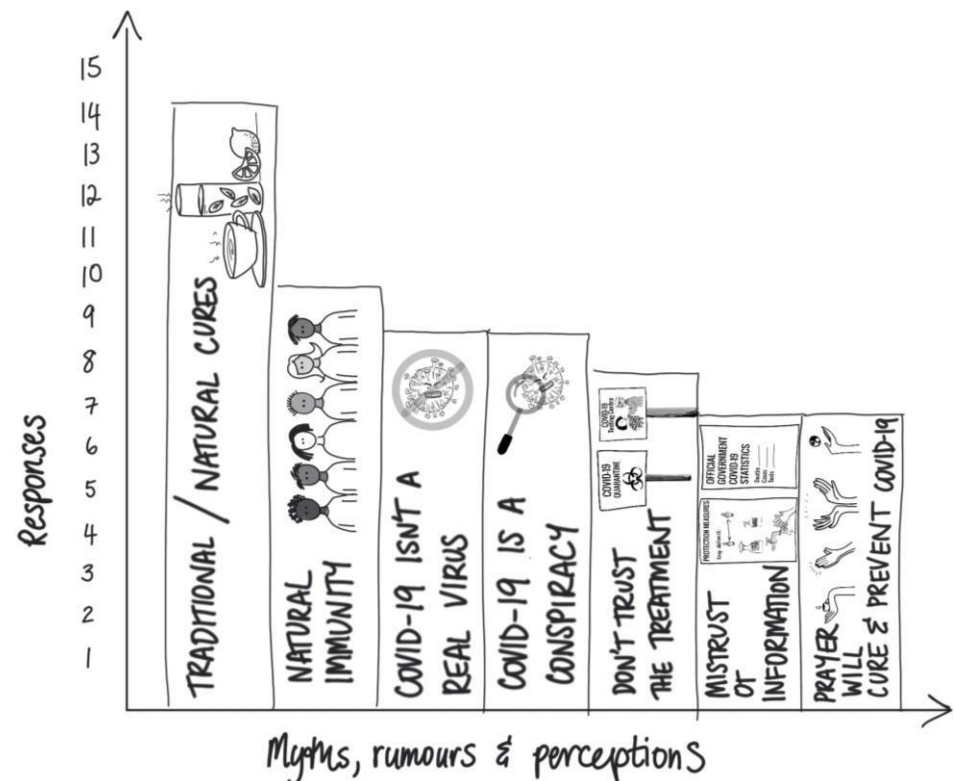
### We can't trust the government

Additionally, rumours demonstrate a lack of trust in government figures on cases and deaths with some locations believing case numbers are inflated and others claiming deaths are taking place from “unknown causes” which are likely to be COVID-19 but are denied by the government.

### The recommended treatments will harm you – reported 15 times

The nature of the comments on fear and mistrust of the official treatment available for COVID-19 (mentioned 8 times) indicate they are linked to an overall mistrust of the authorities and the information being shared (mentioned 7 times). The lack of trust in information includes misbelief in the measures being shared to contain and prevent the virus (e.g. for example that staying home and socially isolating in fact reduces immunity).

Instead, some people believe that treatment options such as the test for COVID-19 makes people sick or that the fact that conditions in quarantine are so bad that anyone who comes forward with a suspected case of COVID-19 will be quarantined and are unlikely to be seen again. These beliefs further discourage people from coming forward with symptoms and risk greater spread of the virus.



## Innovation and Adaptation

COVID-19 has changed the face of humanitarian, development and community-based operations as programming has been adapted to new demands and the new reality created by COVID-19, including fluctuating government restrictions, necessary health precautions, and sometimes, limited resources. 61 of 73 HEN respondents said they had adapted at least one sector specific programme within their country context for COVID-19. WASH, health and protection programmes have been adapted the most, with many members talking about the importance of digital solutions as a cross cutting theme.

HEN members noted the need to find *more* ideas for innovations in livelihoods and education programs including finding ways to reach people without technological access for education and scale up of online training using innovative solutions.

A respondent indicated the need for coordination between development and humanitarian actors. This is a conversation that likely will continue as the need for a coordinated response in locations typically not prone to crises now need to be seen with a humanitarian lens as needs increase. In Cambodia, for example, the need for accurate information on risk and scenario planning is necessary for preparedness planning in the event that COVID-19 should reach the remote and hard to reach areas of the country (ACAPS interview with operational actors 05/29/2020)

We asked HEN members to share examples of innovation they are trying out in response to COVID-19.

## Innovation:

“What is the most innovative solution you have seen implemented due to COVID-19.”

### WASH/Health

- Tailor-made WASH units in prisons and detention centres (Cameroon)
- Mobile hand washing stations to use during outreach (Kenya)
- Womens’ groups producing soap; COVID projects then purchase soap from women for handwashing stations
- Touch free handwashing stations including foot activated stations
- Markings and nudges at shared water points used as cheap ways to encourage people to hand wash more often with proper distancing (Iraq)
- Locally handmade PPE and handwashing items and equipment to support local livelihoods (Zambia, Indonesia and Bangladesh)
- Refugee health workers contribute to European medical response

### Education

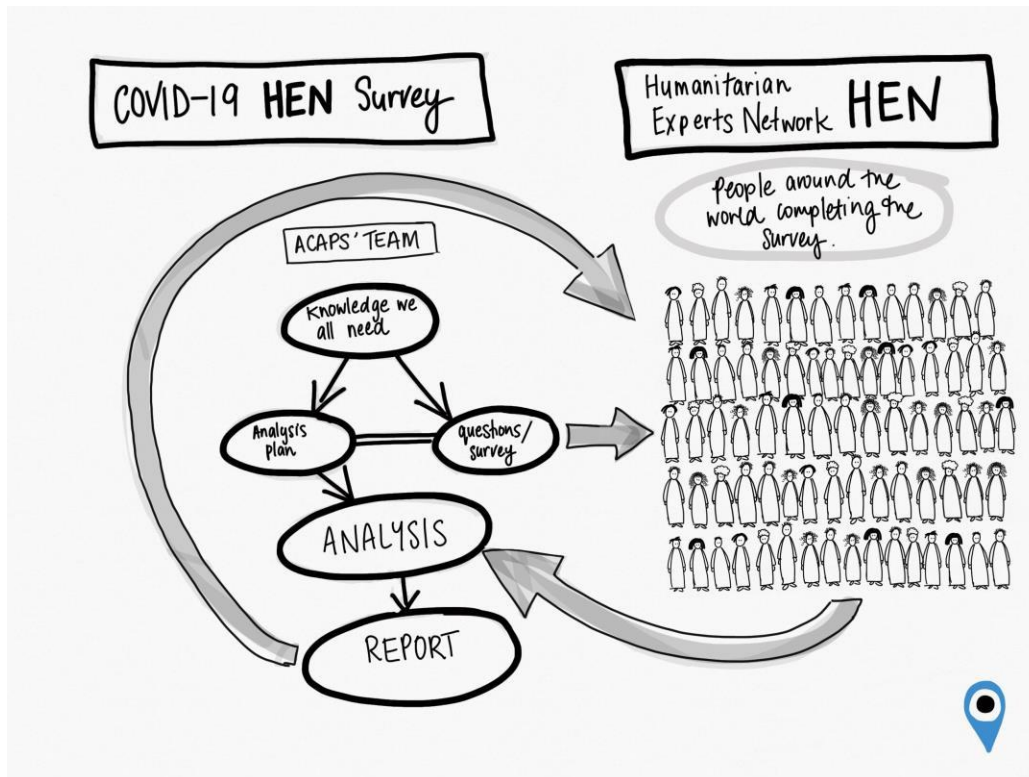
- Multi-dimensional online learning platforms created for distance learning programs
- Provision of hard copies of materials and books to teachers/learners who don’t have digital access (Cambodia)
- Creation of “environmental education platform” which supports the government ministry of education campaign to work from home (Peru)
- Radio based education with government

### Digital Solutions - Multisector

- Development of phone app geared towards a slum population (Bangladesh)
- Digital tools designed for risk communication in urban contexts
- Social media volunteering for risk communication and community engagement
- Online education and delivery legal advice
- Optimized multimodal screening to detect cases
- Vocational training completed through online calls prior to cash disbursement of grants (Palestine)
- Use of online platforms to hear from girls and amplify their voices and concerns (Cambodia)
- Creation of coordination platforms that bring together information and innovative (Honduras and Venezuela)

## How did ACAPS analyse the data?

Six ACAPS analysts, cleaned, coded and summarised the HEN results. We used a Grounded Theory Approach for qualitative data. Surveys are released weekly on Mondays and are open until the following Saturday. This report is based on data from surveys 7 and 8 received on Saturday 23<sup>rd</sup> and Saturday 30<sup>th</sup> May, with analysis and reporting taking place from the May 30<sup>th</sup> to June 1<sup>st</sup> when the report was released. The report focuses on the findings of the survey itself with limited inclusion of secondary data. Income levels displayed in the graphs are based on World Bank classification.



## What is the HEN

The Humanitarian Experts Network (HEN) was established by ACAPS on the 6th of April, 2020. Each week we have invited HEN members to participate in a COVID-19 perceptions survey – about what they are seeing, thinking, and doing in the contexts they work. We do this because we believe their knowledge and understanding is a valuable source of information that can help tell a richer story about the impact of COVID-19 on lives and livelihoods around the globe.

## Who is in the HEN?

As of June 1, 2020, the Humanitarian Experts Network has 892 members (361 female, 453 male) from 485 organizations representing 105 countries of work. HEN members work in INGOs/NGOs, UN agencies, academia, government and donor agencies, think tanks, and in the media and private sector. Over 44% have 10 or more years' experience.

## HEN Week 7 & 8 Survey Respondents

This report is based on a total of 172 HEN responses to two online weekly surveys from May 18-30. In week 7 of HEN surveys (May 18-23) 99 HEN members (35 female, 53 male, 11 prefer not to disclose) responded to the online weekly survey. In week 8 of HEN surveys (May 25-30) 73 HEN members (25 female, 39 male, 9 prefer not to disclose) participated in the survey. The report provides a brief synopsis of the survey findings for each week. The geographical distribution of respondents is as follows: Africa (63), Asia (43), Middle East and North Africa (32), South America (11), Europe (10), North America (8), Oceania (2), not applicable (3).

## Acknowledgements

This report would not have been possible without the faithful participation of HEN members in taking the weekly survey. Thank you for taking time to contribute your thoughts and perceptions of COVID-19 impacts.