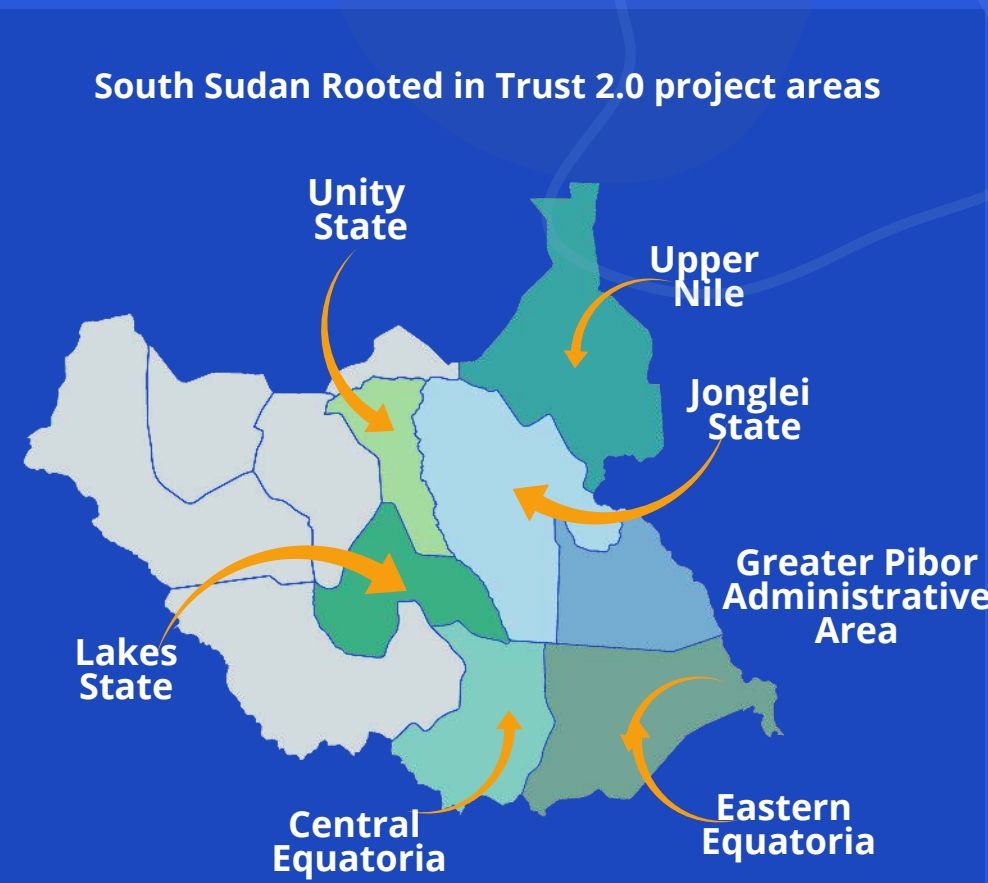




LUGARA #2 HUMANITARIAN BULLETIN

April 1-30, 2022



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This Humanitarian Bulletin has been reviewed by the South Sudan Ministry of Health

This is Rooted in Trust

Internews aims to address misinformation related to COVID-19 by collecting and analyzing rumors, feedback and concerns of communities. Our objective is helping humanitarian and health organizations to respond to these concerns providing timely, coordinated and reliable information that is relevant to communities' contexts. Overall, our aim is that community members can take informed decisions that make sense to their realities and possibilities as they attempt to protect themselves and their families amidst the health emergency.

About this Lugara humanitarian bulletin

The Lugara Humanitarian Bulletin is an output of Internews in South Sudan. Under the global Rooted in Trust project, Internews in South Sudan aims to address concerns of diverse communities, including IDPs, refugees, cattle communities, youth, through online and face to face social listening. Internews' Rooted in Trust is a global pandemic information response program funded by USAID countering the unprecedented scale and speed of the spread of rumors and misinformation worldwide.

Besides South Sudan, the project is being implemented in Lebanon, Mali, Colombia, Sudan, Brazil, the Democratic Republic of Congo, Iraq, and Zimbabwe. For more information about the project, please visit: <https://tinyurl.com/tvtjsvb7>

Why this bulletin?

This bulletin is created to inform humanitarian and health organizations with an analysis of concerns that communities across South Sudan currently have when it comes to COVID-19, the COVID-19 vaccines, and the impact of the pandemic. It explores citizen concerns and rumors, explores why people are worried, and sets out the potential impacts of these concerns on communities and humanitarian and health programming. It also provides practical recommendations on how humanitarian partners can better respond to these concerns and rumors in their existing and future programming.

COVID-19 situation overview

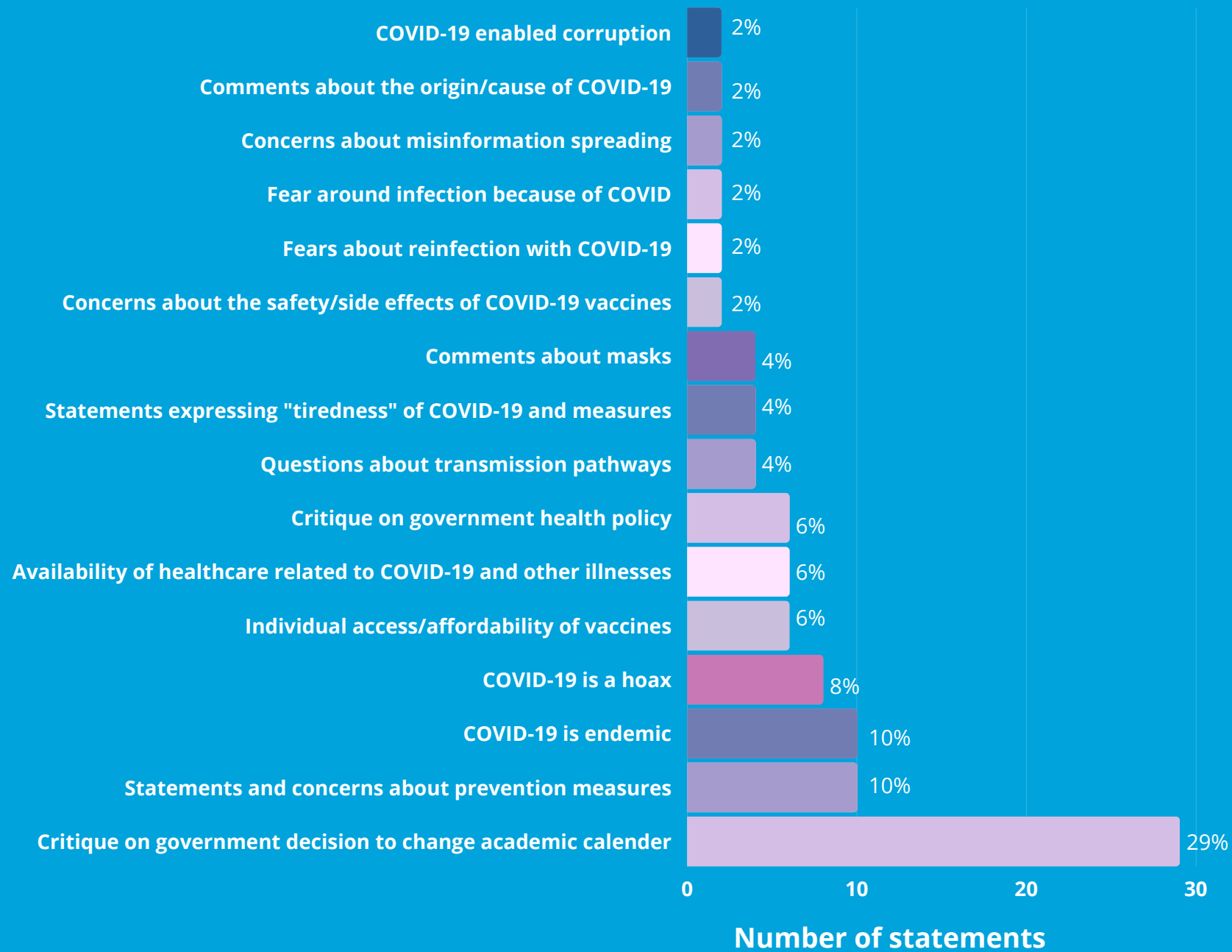
The Ministry of Health's COVID-19 weekly reports indicate a stable number of COVID-19 cases in April 2022, despite increased travel because of Easter and Eid.¹ However, testing sites across the country report only sporadically and effective case management remains challenging.

49

RUMORS
COLLECTED
April 1-30, 2022

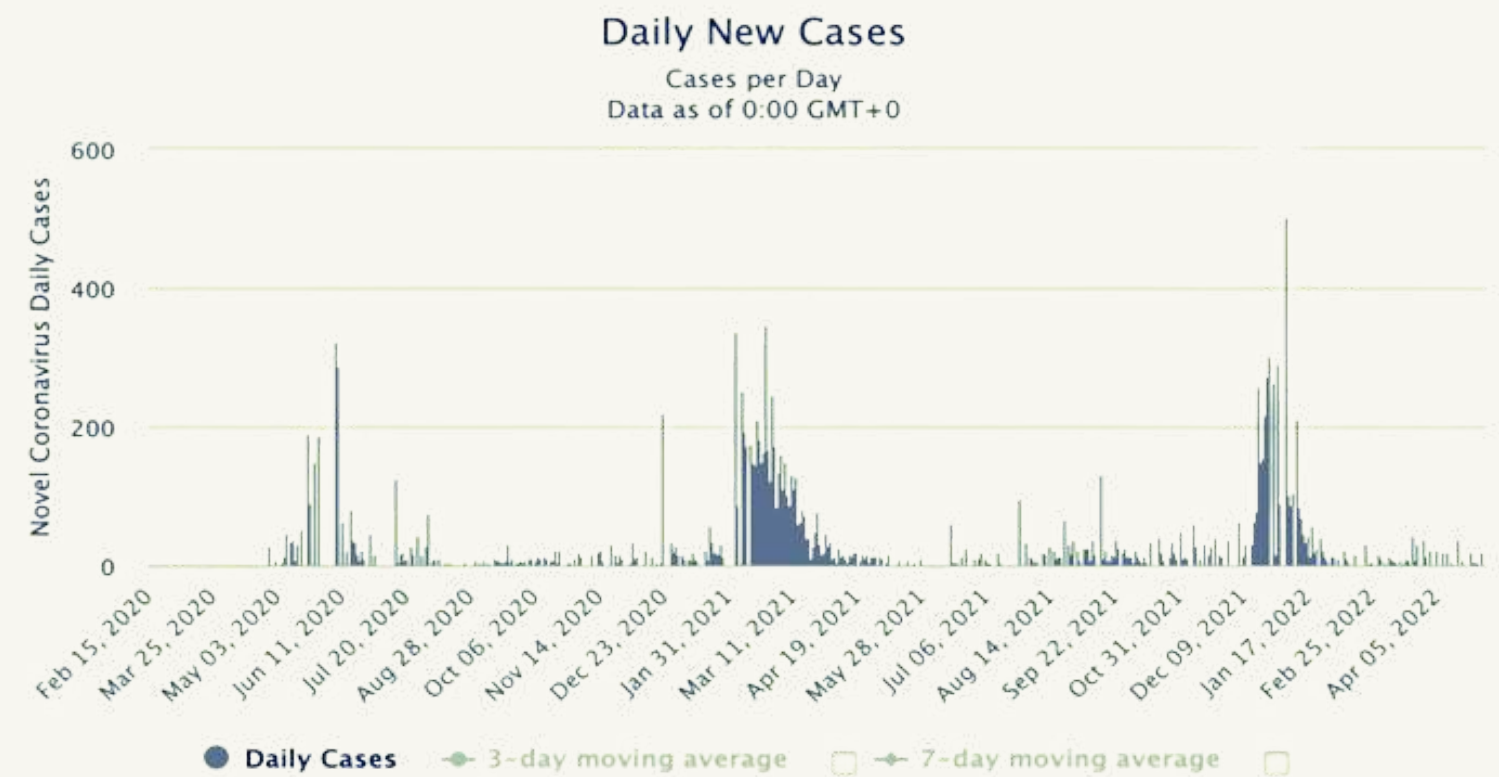
¹ COVID-19 weekly Update for South Sudan, April 13, 2022; https://moh.gov.ss/daily_updates.php

Common themes - based on the 49 statements about COVID-19 that RIT in South Sudan collected between 1-30 April 2022.



The preliminary results of the South Sudan COVID-19 health facility prevalence survey, published on April 13th, has some very telling results that speak to this reality. The results confirmed that COVID-19 is still a danger to be taken seriously. The preliminary results of this study showed a 19% COVID-19 positive test rate using a PCR-test with 723 participants aged 1-80 years (43% female, 47% male) in a sample of eight health facilities in Juba, Bentiu, Rumbek, Bor and Wau counties. In total, 40% between the ages of 20-49 years of age tested positively for COVID-19.²

As of April 2022, out of 11.4 million people, South Sudan reported a total of 17443 positive, there were 17,443 positive COVID-19 cases, 13,513 recovered patients and a total of 138 COVID-19 reported deaths, according to data from the Ministry of Health in South Sudan.³ The number of positive COVID-19 cases stayed roughly the same as in March. According to WHO on 1 May, 643,273 vaccine doses have so far been administered in South Sudan.⁴ The government continues to urge the public to strictly observe social distancing rules and other public health measures declared by the Ministry of Health and the High Level Task Force.⁵



See also: [Daily Deaths Graph](#)

² COVID-19 weekly Update for South Sudan, April 13, 2022

³ <https://moh.gov.ss/covid-19.php>

⁴ <https://covid19.who.int/region/afro/country/ss>

⁵ COVID-19 weekly Update for South Sudan, April 13, 2022; https://moh.gov.ss/daily_updates.php

Besides COVID-19, communities across South Sudan are facing several other (health) related emergencies, including a cholera outbreak in Rubkona.⁶ To date (7 May 2022), a total of 31 cholera positive cases, including one death, have been reported from Rubkona town and Bentiu internally displaced people (IDP) camp.

Methodology

For this bulletin, Internews in South Sudan analyzed a total of 49 citizen concerns collected between 1-30 April 2022. These concerns were received from five media partners part of the Rooted in Trust (RiT) program in South Sudan: Singaita 88.3 FM, located in Eastern Equatoria; Mingkaman 100 FM, in Lakes District; TRC Hub-Juba, in Central Equatoria; Advance Youth Radio, in Central Equatoria; Voice of Reconciliation 98.4 FM in Jonglei State. Additional analysis of rumors collected on social media was done by our Information Management Officer in Juba. All feedback collected were coded thematically and those that were most frequently heard or were most concerning are highlighted below. Three of such concerns are presented and detailed information is provided on the potential impact of the concern. A fact-check is also provided.

Overview of concerns, rumors, and feedback data

Most comments collected (44 out of 49) were specifically focused on COVID-19, with the others (5 out of 49) focused on COVID-19 vaccines (see see graphs on the previous page with a thematic overview). Most concerns came from Mingkaman, Lakes, and Central Equatoria, were from men (45 out of 49 comments), shared via social media (28 out of 49 comments) and in Dinka or English.



A RiT 2.0 partner talking to one of the community member during feedback collection

⁶ <https://reliefweb.int/report/south-sudan/ministry-health-statement-declaration-cholera-outbreak-rubkona-county-south-sudan>

Theme 1: COVID-19 - an endemic disease?

"I have a question; some diseases do come and go like Ebola. Is COVID permanent or will it go away with time like other diseases?", man (age: 19-25, from: Mingkaman, Lakes).

What is behind this concern?

Many people in South Sudan believe that the main risks related to COVID-19 are over and that the disease has become 'endemic'. As many people equate the disease to other common illnesses, they have stopped following COVID-19 prevention measures. Many people no longer wear masks in public and have stopped keeping physical distance from each other. Many believe that the 'pandemic is over' and that COVID-19 is no longer as dangerous as it was before. This belief and the resulted behavior have the potential to increase COVID-19 rates in communities.

Fact check:

Community transmission of COVID-19 still occurs frequently, and we know that the number of confirmed cases is much lower than the true number of infections due to limited testing (which was also confirmed by April health facility prevalence survey).^{7, 8} Also, according to the World Health Organization (WHO) globally, COVID-19 could still trigger large-scale outbreaks across the world, including in South Sudan. The health agency warns that COVID-19 is not yet endemic.

What does the word endemic mean? Epidemiologists say a disease is endemic when its presence becomes predictable or steady in a particular region. This, for example, happens with seasonal influenza which comes back each year at the

⁷ COVID-19 weekly Update for South Sudan, April 13, 2022

⁸ <https://ourworldindata.org/coronavirus/country/south-sudan>

⁹ <https://www.who.int/news-room/fact-sheets/detail/malaria#:~:text=Disease%20burden,deaths%20over%20the%20previous%20year.>

¹⁰ <https://www.aljazeera.com/news/2022/4/14/coronavirus-far-from-becoming-endemic-says-who>

¹¹ Ibid.

¹² <https://www.nature.com/articles/d41586-022-00155-x>

¹³ Ibid.

same time in a sort of "flu-season". That a disease is endemic, however, doesn't necessarily mean that a disease is rare or mild. Infection rates may be static in an endemic state but can still be very high and dangerous. Take for example malaria, which is endemic in many countries in Sub-Saharan Africa including in South Sudan. Malaria kills 627000 people per year, according to the WHO.⁹ *"I certainly do not believe we've reached anything close to an endemic situation with this virus,"* said WHO Health Emergencies Programme Director Michael Ryan during a question-and-answer session on the WHO's social media channels.¹⁰ In April, Dr. Ryan also said to Al Jazeera that it was wrong to think that if COVID-19 settles down and becomes endemic, it will mean the end of the problem.¹¹ When a disease is endemic it does not mean that it cannot be severe or deadly.

Why is this important?

The word 'endemic' has become one of the most misused of the pandemic, writes Nature.¹² Saying that an infection will become endemic says nothing about how morbidity levels or death rates will be or, crucially, how much of a population — nor where and which type of people living in a certain community— will be susceptible to the virus.¹³ Endemic can be a very dangerous word if people, particularly those who are more vulnerable to COVID-19, governments and organizations stop following important and lifesaving preventive measures (which is happening in South Sudan).

Recommendations for humanitarian and health partners

- Ensure that your staff and communities you work in know what the word 'endemic' means and that 'endemic' does not mean that the

- disease is gone or that it has become less dangerous. Check if people know practical steps on how they can protect themselves (if so, don't repeat), and ask if they (still) know what to do when someone shows symptoms. To stay up to date with current measures, please view: <https://moh.gov.ss/covid-19.php>
- Integrate information on COVID-19 and appropriate care pathways in already existing health related communication strategies and activities that are focused on other common illnesses including for malaria, tuberculosis, trachoma, and other common illnesses. It would also be useful to start including care pathways for other relevant diseases in COVID-19 communication efforts and strategies.

Theme 2: vaccines and efficacy

"Why are people who are not sick targeted in the vaccination campaign, and not people who are COVID positive?", woman, aged: 19-25, from: Mingkaman.

"Which disease cannot go well with the vaccine? This is because people in my area have been misinformed that the vaccine can kill anyone with many diseases in their body because the vaccine is strong", man, aged: 26-35, from: Mingkaman.

What is behind this concern?

People across South Sudan still have many questions about COVID-19 vaccines and their efficiency. Many have not fully understood the working of, and inclusion and exclusion criteria of the COVID-19 vaccines. Also, as many people in South Sudan get injections when they are being treated in a medical facility (for example, for malaria, a common illness in the country), it is logical they are confused that COVID-19 vaccines are being used preventatively.

¹⁴ <https://covid19.trackvaccines.org/country/south-sudan/>

¹⁵ <https://vaccination-info.eu/en/vaccine-facts/how-vaccines-work>

¹⁶ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-50---do-i-still-need-the-vaccine-if-i-have-covid-19>

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ <https://www.multco.us/novel-coronavirus-covid-19/covid-19-vaccines-and-underlying-medical-conditions>

Fact check:

In South Sudan, the Johnson & Johnson vaccine and the AstraZeneca vaccine are approved for use.¹⁴ Both vaccines are preventive vaccines, which means that they are taken to prevent a person from getting ill with COVID-19, and not for treatment. Preventive vaccines work by stimulating a response from the immune system to a virus or bacterium. This creates a sort of 'memory' in the immune system. This memory allows the body to 'remember' a virus or bacterium, so that it can protect itself against it and prevent the disease that the virus causes.¹⁵

In fact, people that are positive for COVID-19 cannot be vaccinated with a preventive vaccine because they are already infected with the virus (so the vaccine would be, in fact, wasted). People can, however, take the vaccine once they have recovered from COVID. Some countries recommend that people wait for three months or six months until they are better before taking the vaccine, says WHO.¹⁶ This is because, if you are vaccinated, you have natural antibodies which will keep you protected for at least that long and because of shortages of vaccine supplies.¹⁷

When it comes to the question if ill people can get vaccinated, health providers say most people with underlying medical conditions can safely receive the COVID-19 vaccine, including booster shots. An underlying medical or health condition is an on-going or long-term medical problem that often needs medication or other medical help, for example: diabetes, heart disease, high blood pressure and asthma.¹⁸ In fact, these and many other conditions can weaken a person's immune system (and with it their ability to fight disease) and/or make it more likely for them to get seriously ill (or even die) from COVID-19.¹⁹ Some people, however, should not receive the COVID-19 vaccines. People with a history of severe allergic reaction to any component of the vaccine should not take it, nor people who have a fever of over 38.5 degrees Celsius.²⁰

²⁰ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

Why is this important?

When people don't really understand how preventive vaccines work, or if they are not sure if they can safely be vaccinated, the lack of such knowledge may in fact effectively prevent them from getting vaccinated.

Recommendations for humanitarian and health partners

- Concerns on vaccines should not be treated as “misinformation” but rather should be taken seriously and factual answers should be provided to respond to these concerns.²¹ Explain how preventive vaccines work and who can safely get them and who not. <https://www.aaps.ca/blog/prophylactic-vs-therapeutic-vaccines-explained-for-students-in-pharmaceutical-courses>
- Organize dialogue opportunities for communities to exchange with health specialists on people with chronic illnesses who may have questions about the safety of the vaccine for their health, ideally by collaborating with health workers, nurses and others already providing critical care.

Theme 3: change in academic calendar because of COVID-19 lockdowns

“Other countries were much more affected than South Sudan because they didn't delay their calendar. [The decision of the government is] too much nonsense”, man, Facebook.

²¹ <https://www.sciencedirect.com/science/article/pii/S0277953622001320>

²² https://www.eyeradio.org/kuyok-explains-why-govt-decided-to-open-schools-in-may/?fbclid=IwAR1ubm_1JpZttgnvW0wwrYtIgt0KVty4lwC20YNKbBrUHKwY2yJnROvDPDA

²³ <https://www.eyeradio.org/ministry-of-general-education-announces-official-schools-opening-date/>

²⁴ <https://www.unicef.org/southsudan/stories/reopening-schools-high-cost>

What happened?

The academic calendar in South Sudan was changed during the pandemic. On the first of April this year, undersecretary of the Education Ministry Dr. Kuyok Abuol Kuyok, announced that the changed academic calendar will stay this year.²² This means that the reopening day for primary and secondary schools across the country is now scheduled for May 2, 2022.²³

The governmental decision has caused much concern with communities across the country. On Facebook, showed our analysis, it was the main concern shared amongst online audiences in South Sudan. As one man shared: “Since COVID-19 in mid 2020, the government has declared a number of lockdown measures that have thrown the country's education system into crisis”. Our analysis, on Facebook, showed that it was actually the main concern shared amongst online audiences within the data we collected.²¹

What is behind this concern?

People across South Sudan are angry at the government decision, as it affects their ability to send their children to school and for their children to get proper education. Many fear that the delay of the reopening will cause problems as many schools are following the Ugandan education system and rely on alignment with and support from the neighboring country. An additional problem, parents say, is that the change in the academic calendar is confusing schools and students, due to limited and poor communication from the Ministry of General Education and Instruction (MOGEI) in Juba. Indeed, getting children back in class has already not been an easy task in South Sudan, writes UNICEF.²⁴ School fees remain a barrier and many parents are unhappy with the late notice of the government as it means that they are now urgently presenting school fees to head teachers. Additionally, many parents would like the schools to open as normal (in April) in line with the rainy season so that pupils don't suffer from the extreme heat.

Why is it important?

Even before COVID-19, 2.2 million children were out of school in South Sudan, says UNICEF in Juba. The recent pandemic left an additional 2.1 million children out of school. Of these children dropping out of school in the last two years, nearly 900,000 are girls.²⁵ The effects are insurmountable, says UNICEF, UNESCO, and the World Bank: children have lost basic numeracy and literacy skills; school closures have impacted children's mental health; reduced their access to a regular source of nutrition; and increased their risk of abuse.²⁶ Many girls have become pregnant during the prolonged school closure and child labor rates have increased, particularly amongst boys. Risking children to lose more education would be devastating.

What should partners do?

Education partners could support parents and teachers with providing more information on the change of academic calendar, and (locally) explore solutions for challenges that are arisen because of the decision that was taken in Juba. Practical solutions should be prioritized and supported to ensure that children can enter schools in May again.

A thematic analysis brought out several other themes that were shared by audiences in South Sudan. Partners should be aware of these concerns and provide information or address such concerns, where possible and desirable, in their programming.

People appear to be worried about the risk of disease infection of dead animals, particularly in Mingkaman. A young man called in to Mingkaman 100 FM, for example, and mentioned: "Some people believe that there is no coronavirus and it's the smell of the dead animals that causes flu which is untrue. The virus doesn't survive in dead animal cells."

²⁵<https://www.unicef.org/press-releases/covid19-scale-education-loss-nearly-insurmountable-warns-unicef#:~:text=State%20of%20the%20Global%20Education%20Crisis%20report>

²⁶<https://www.unicef.org/press-releases/covid19-scale-education-loss-nearly-insurmountable-warns-unicef>

An older man rang the radio to dispute this prevalent misperception: "My understanding is that COVID-19 does not relate to dead animals." An outbreak of anthrax has been reported in the Mundari area, and this may create rumors and misperceptions which can also have impact on people's perceptions on and concerns about COVID-19.

- **People still question the government's intentions when it comes to COVID-19 and prevention measures.** In a post on Facebook, a man wrote: "the government itself is relying on the lockdown since it can benefit from it". Other posts shared anti-government sentiments: "You leaders are the pandemic in this country", said one, for example. This paired with statements that COVID-19 is 'now gone' ("somebody should tell Junubin that the coronavirus is a gone case") may cause people to re-evaluate their risk levels and to adopt more risky behaviors, potentially increasing COVID-19 transmission.
- **People in Mingkaman and Juba show a real understanding of the importance of infection prevention strategies like wearing masks and following health guidelines.** A young man in his twenties from Mingkaman mentioned: "I have understood that wearing a face mask is the safest way to protect yourself and your family. I have adopted that; I urge people to practice it for our own safety". Another man from Mingkaman shared: "If we want to see zero cases of COVID, I would encourage all to observe the guidelines".
- **In Mingkaman young men and women shared concerns about the efficiency of vaccines and reported coverage gaps of the national vaccination campaign.** As one young man noted: "I was vaccinated in my village and I told people who are not vaccinated about the importance of it, and now they are ready. My village is Waat-Nom and I believe they will be vaccinated when the vaccine arrives". Another noted that vaccines are now urgently required in the cattle camps: "Why do doctors keep vaccines in town instead of taking them to cattle camps where we can access them?"

Contact details

For more information about COVID-19 please call the toll-free number **6666**.

For more information, visit <https://moh.gov.ss/>.

If you want to contribute to or provide feedback on this Lugara Humanitarian Bulletin or have information to share, please contact: **Tusiime Wilfred Romeo (Akiiki)** (atusiime@internews.org) or **Dr. Michael Gubay** (mgubay@internews.org).

