



LUGARA #4 HUMANITARIAN BULLETIN

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South Sudan Rooted in Trust 2.0 project areas

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Rooted in Trust

Introduction to project

Rooted in Trust 2.0 (RiT 2.0) is a global pandemic information response program funded by the USAID Bureau for Humanitarian Assistance (USAID-BHA) and implemented by Internews to counter the unprecedented scale and speed of the spread of rumors and misinformation on COVID-19, COVID-19 vaccines, and other related health topics. Rooted in Trust 2.0 in South Sudan aims to address COVID-19 misinformation by collecting and analyzing concerns of communities to help humanitarian actors and health organizations across the country respond to the most pressing concerns of communities with fact-checked information. The Lugara Humanitarian Bulletin is an output of such work.

Besides South Sudan, the RiT2.0 project is being implemented in Lebanon, Mali, Colombia, Sudan, Brazil, the Democratic Republic of Congo, Iraq, Afghanistan, and Zimbabwe. For more information, please visit: <https://rootedintrust.org/>

About this Lugara humanitarian bulletin

This bulletin is produced by Internews in South Sudan to provide an analysis and inform humanitarian and health organizations with practical recommendations on how they can better respond to the community rumors and concerns around COVID-19 and COVID-19 vaccines across the country. This bulletin not only explores the rumors and citizen concerns but also sets out the potential impacts of these on communities' humanitarian and health programming.

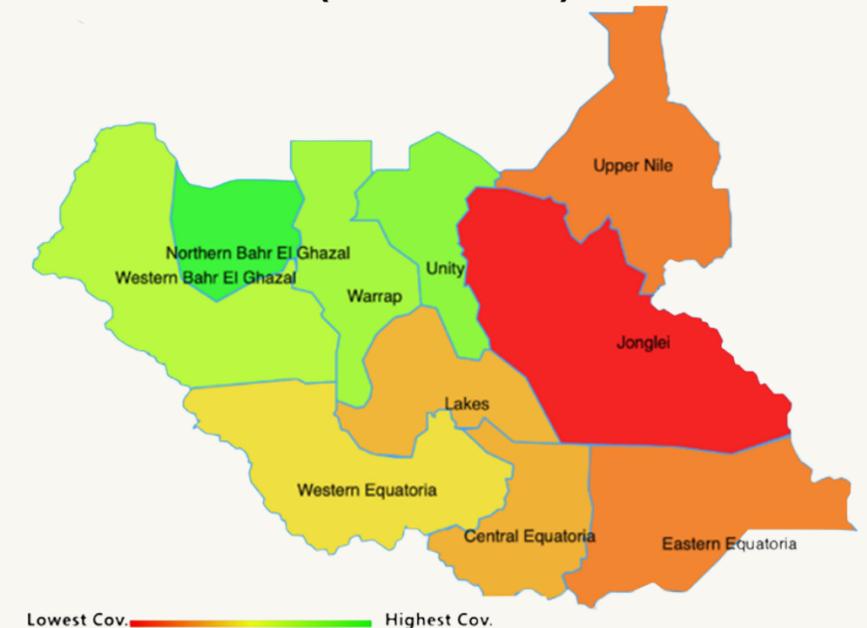
COVID-19 situation overview

On June 28, 2022, there were 17,683 positive COVID-19 cases, 15,630 recovered patients and a total of 138 COVID-19 reported deaths, according to the South Sudan Ministry of Health data.¹

¹ <https://moh.gov.ss/covid-19.php>

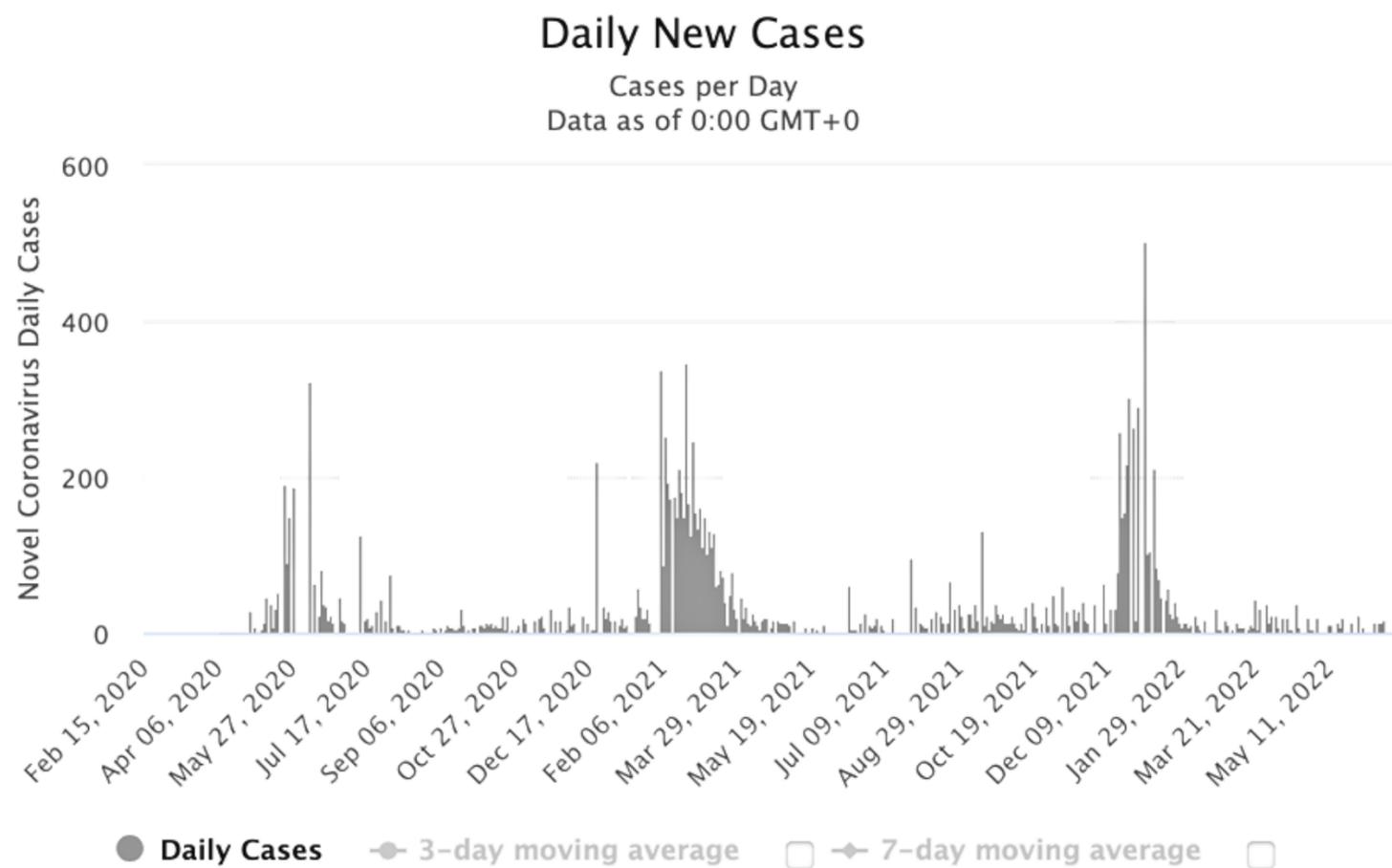
According to the World Health Organization (WHO), on June 19, in total 1,124,353 vaccine doses have been administered in South Sudan.² This comes to around 8% of the population in South Sudan being vaccinated, which is a significantly lower rate than in neighboring countries Kenya (17%), Uganda (24%) and Ethiopia (19%).³ Currently 59% of all available COVID-19 vaccines have been consumed in South Sudan.⁴ To increase vaccination rates, the Ministry of Health, with support of partners such as UNICEF and HPF, is starting vaccination efforts in 82 health facilities in 15 counties in June.⁵

See an overview of COVID-19 vaccine coverage in South Sudan below (source: MoH):



Source: Republic of South Sudan COVID-19 Vaccination Dashboard and Reports (Ministry of Health). <https://app.powerbi.com/viewr=eyJrIjoiazI0N2Y2ZTUzZGYxNS00ZTVmLTg0ZDAzMzU0MjhiNWFiNWw1IiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOj9>. Downloaded on 29.06.2022.

² <https://covid19.who.int/region/afro/country/ss>
³ COVID-19 Update for South Sudan (World Health Organization and Ministry of Health on 16 June 2022).
⁴ <https://app.powerbi.com/viewr=eyJrIjoiazI0N2Y2ZTUzZGYxNS00ZTVmLTg0ZDAzMzU0MjhiNWFiNWw1IiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOj9>
⁵ COVID-19 Update for South Sudan (World Health Organization and Ministry of Health on 16 June 2022).



Source: <https://www.worldometers.info/coronavirus/country/south-sudan/>.
Downloaded on 29.06.2022.

Methodology

For this bulletin, Internews in South Sudan has analyzed a total of 423 statements collected between May 1-24, 2022. These statements were received from five Rooted in Trust 2.0 media partners in South Sudan namely: 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 and Voice of Reconciliation 98.4 FM in Jonglei State. Additional analysis of rumors collected on social media was done by Internews' Senior Humanitarian Data Coordinator Anthony Kenyi in Juba, South Sudan.

The feedback data collected was coded thematically and those statements that were most frequently heard or were most concerning are presented in the following sections. Two rumors are pulled out below and detailed information is provided on the potential impact of the concern, and a fact-check.

Theme 1: Monkeypox and COVID-19

"Are cases of monkeypox side effects of AstraZeneca COVID-19 vaccine?", asks a young man from Juba, Central Equatoria (aged 26-35 years old).

"Now that coronavirus is losing value in the market, these good for nothing kawajat (read: white people) have started introducing another product to the market called Monkeypox. Africans let's open our eyes. These people will use any possible means to collect all the coins we have. Soon they will announce a vaccine and all African countries will be taking loans in the name of buying vaccines", says a man from Juba, Central Equatoria (aged 26-35 years old) who shared the concern via social media.

What is behind this concern?

The multi-country monkeypox outbreak is causing confusion and increased levels of mis- and disinformation within various communities in South Sudan. Many people see the monkeypox outbreak as a new way of elites/countries in the global West to make money, like they believed they did during the COVID-19 pandemic. Such statements show the frustration, anger, dissatisfaction and deep distrust with the global health community and authorities, for example because of unequal access to vaccines, healthcare, racism, and decades of war and corruption. Similar trends have been observed in other countries.⁶ "Being South Sudanese for many has included this rejection of the significance of COVID-19 After all, to accept it's relevance is to imply that other diseases and South Sudan's wars are no longer relevant to them", says a Juba-based man on social media. It captures the sentiment well.

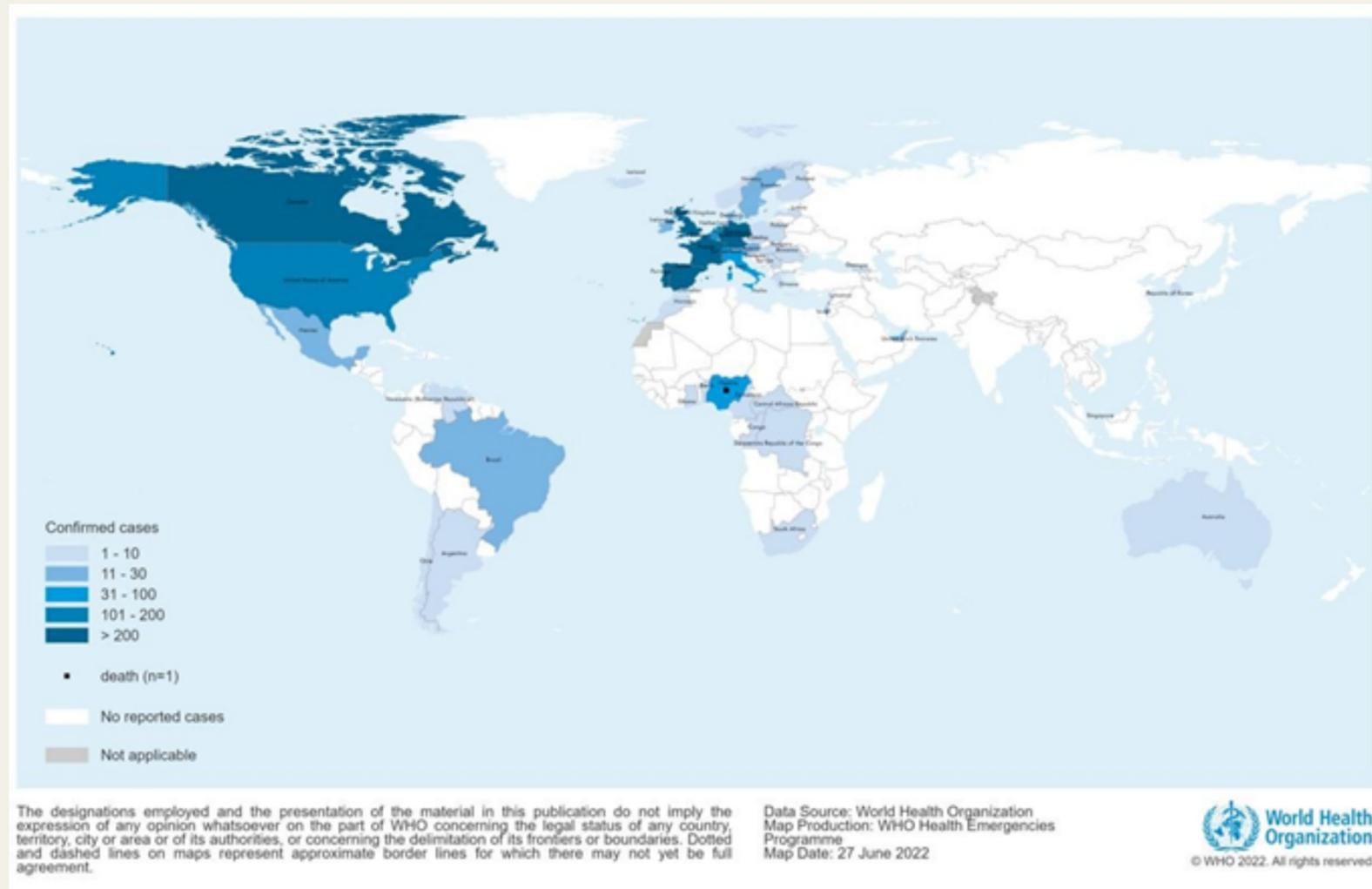
In other cases, a lack of information on monkeypox is causing people to spread misinformation.

⁶ <https://sacoronavirus.co.za/2022/06/28/south-africa-covid-19-vaccine-social-listening-report-27-june-2022-report-55/>;
<https://www.france24.com/en/live-news/20220607-very-ignorant-rumour-misinformation-abounds-about-monkeypox>

Fact check:

Since 1 January and as of 22 June 2022, 3,413 laboratory confirmed cases of the Monkeypox virus and one death have been reported to WHO from 50 countries/territories, also in neighboring countries to South Sudan (see Map 1 below).

Monkeypox⁷ is a viral zoonotic disease, meaning that it can spread from animals to humans. It can also spread between people. Monkeypox is transmitted to humans through close contact with an infected person, or with material contaminated with the virus.



Map 1. Geographic distribution of confirmed cases of monkeypox reported to or identified by WHO from official public sources, between 1 January and 22 June 2022, 17:00 CEST, (n=3413). Source: World Health Organization.

Monkeypox is not a side-effect from the COVID-19 vaccine, stress experts. Health experts explained to fact-checkers that this idea "has no basis in fact", in part because the viruses belong in different families -- poxvirus for monkeypox, and adenovirus for the COVID-19 vaccines.⁸ The Africa Infodemic Response Alliance (AIRA) also have created a useful weekly fact-check recourses on misinformation and rumors on the COVID-19 vaccines causing monkeypox: <https://tinyurl.com/yc3nmwfn>.

People can reduce their risk of infection by the COVID-19 virus by limiting contact with people who have suspected or confirmed monkeypox. Partners can read the most common prevention measures for monkeypox in this Q&A of the World Health Organization: <https://tinyurl.com/3m8s9a3h>. In most cases, the symptoms of monkeypox go away on their own within a few weeks, but in some individuals, they can lead to medical complications and even death. Newborns, children and people with underlying immune deficiencies may be at risk of more serious symptoms and death from monkeypox. Complications from severe cases of monkeypox include skin infections, pneumonia, confusion and eye infections which can lead to loss of vision, says the WHO.⁹

To prevent serious illness, there are several vaccines for prevention of smallpox that also provide some protection against monkeypox, says the World Health Organization.¹⁰ A newer vaccine that was developed for smallpox (MVA-BN, or Imvamune, Imvanex or Jynneos) was approved in 2019 for use in preventing monkeypox and is not yet widely available. WHO is working with the manufacturer to improve access, they say. The original smallpox vaccines are no longer available to the general public, since vaccination against smallpox ended in 1980 after it became the first disease to be eradicated.

⁷<https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON396>

⁸<https://www.france24.com/en/live-news/20220607-very-ignorant-rumour-misinformation-abounds-about-monkeypox>

⁹<https://www.who.int/news-room/questions-and-answers/item/monkeypox>

¹⁰<https://www.who.int/news-room/questions-and-answers/item/monkeypox>

Why is this important?

Misinformation is a powerfully destructive force in this era of global communication, when one false idea can spread instantly to many vulnerable ears, say doctors.¹¹ It causes confusion and risk-taking behaviors that can harm health. It also leads to mistrust in health authorities and undermines the public health response.¹² Health misinformation can exacerbate infectious disease outbreaks.¹³

Recommendations for humanitarian and health partners

It is important for partners to consider different measures to counter health misinformation. Partners can choose to debunk or fact-check misinformation after it has spread; prime people to be more aware of accuracy to reduce misinformation sharing or build skills/ability to spot misinformation.

A robust approach to tackling health misinformation should include a range of methods that complement each other to produce maximum resilience against the spread of misinformation.¹⁴

To educate your staff on the importance and key steps of infodemic management, see a useful crash course from the Africa Infodemic Response Alliance (AIRA) here: <https://www.afro.who.int/aira#aira-multimedia>. You can also submit rumors to Africa Viral Facts, a partner from AIRA, to get them fact checked: <https://twitter.com/viralfacts>. Useful videos can be downloaded from the Twitter account.

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7721433/>

¹² <https://www.healthaffairs.org/doi/10.1377/forefront.20211118.932213/>

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8282656/>

¹⁴ <https://journals.sagepub.com/doi/10.1177/08901171211070958>

Theme 2: Fertility and vaccines

"We don't want to be vaccinated because we heard that COVID-19 vaccine make people barren or infertile", says a Nuer man from Mayendit in Unity State (36-45 year old).

What is behind this concern?

People in various states and communities in South Sudan, continue to be concerned about the side effects of vaccines on the fertility of men. South Sudan is home to more than 50 ethnic groups and for many, the social norm which expects men to have many children remains very well established.¹⁵ Many groups, including the Nuer community, from which this concern originates, are traditionally patriarchal, which means that men traditionally have much power to decide on many aspects of the family and in society at large, and that men, often, see a women's position as subordinate to that of men.¹⁶ This is a generalization, off course, and won't be true for all communities and all age groups.

Fact check:

[Quote from WHO/Ministry of Health]

There is no evidence that the sperm of vaccinated men is affected and therefore less valuable when they get vaccinated with COVID-19 vaccines. The vaccines are safe and effective, and a large body of evidence demonstrates that they have no impact on sperm count or male fertility.¹⁷ By now multiple studies from across the world demonstrate that being vaccinated has no effect on sperm count or motility. Everyone, including those hoping to conceive, should get vaccinated, say doctors.¹⁸

¹⁶ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-3839-6>

¹⁷ <https://www.givelegacy.com/resources/will-the-covid-19-vaccine-affect-male-fertility/>

¹⁸ <https://www.givelegacy.com/resources/will-the-covid-19-vaccine-affect-male-fertility/>

Getting infected with COVID-19 is known to impact fertility and sexual health, lowering sperm count and contributing to erectile dysfunction, says experts.¹⁹ Urologists warn about the possibility of a short-term impact on sperm count after the COVID-19 vaccine due to fever (see Image 1 below).²⁰

Why is this important?

Some men believe that infertility is a big risk and getting COVID-19 is a less important or pertinent risk. This can expose them and their loved ones to contracting COVID-19, with all negative effects, including severe illness, long-term disability and potentially even death. When men think the COVID-19 vaccine has an impact on their fertility, they may decide not to take the vaccine and risk infection. Women including those who (plan to) get pregnant (contraception use in South Sudan with 4,7% is particularly low) and young²¹ children may be at risk of getting ill with COVID-19 due to this behavior. Pregnant women do have a higher risk of becoming seriously ill from COVID-19 and developing complications during pregnancy. As a result, they are more likely to be admitted to hospital or ICU.

Recommendations for humanitarian and health partners

Men play an important role in decision-making about vaccines for women.²² Both men and women should be involved when communicating the risks and benefits of vaccination.²³ Fertility may be a difficult or taboo topic and needs to be approached carefully and sensitively. It is crucial to respect local systems and to include local chiefs and other trusted or respected players in each community. See more recommendations for communication with men here: <https://tinyurl.com/enrp65xm>

¹⁹ <https://www.givelegacy.com/resources/will-the-covid-19-vaccine-affect-male-fertility/>

²⁰ <https://www.givelegacy.com/resources/will-the-covid-19-vaccine-affect-male-fertility/>

²¹ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-3839-6>

²² <https://www.socialscienceinaction.org/resources/key-considerations-improving-uptake-of-the-covid-19-vaccine-amongst-women-in-south-sudan/>

²³ <https://www.socialscienceinaction.org/resources/key-considerations-improving-uptake-of-the-covid-19-vaccine-amongst-women-in-south-sudan/>

Please see a useful video from Africa Viral Facts debunking a rumor about vaccines and fertility:

https://twitter.com/viralfactsref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor

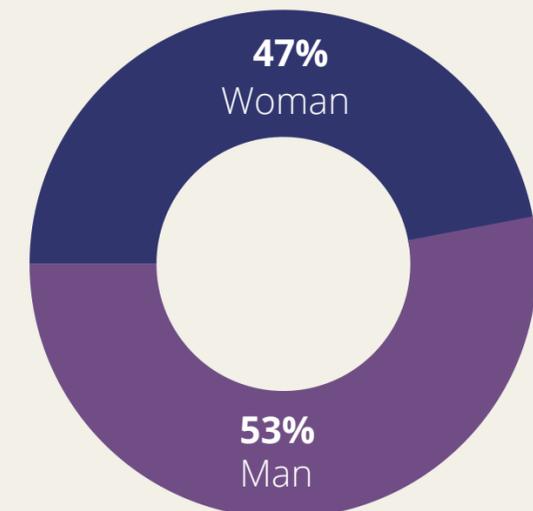
Overview of other concerns, rumors, and feedback data

Most statements collected (255 out of 423) were focused on COVID-19, with others (148 out of 423) focusing on COVID-19 vaccines (see a thematic overview of the topics of the statements in graph 2). In total 22 statements were not focused on COVID-19 but on other health or non-health related topics.

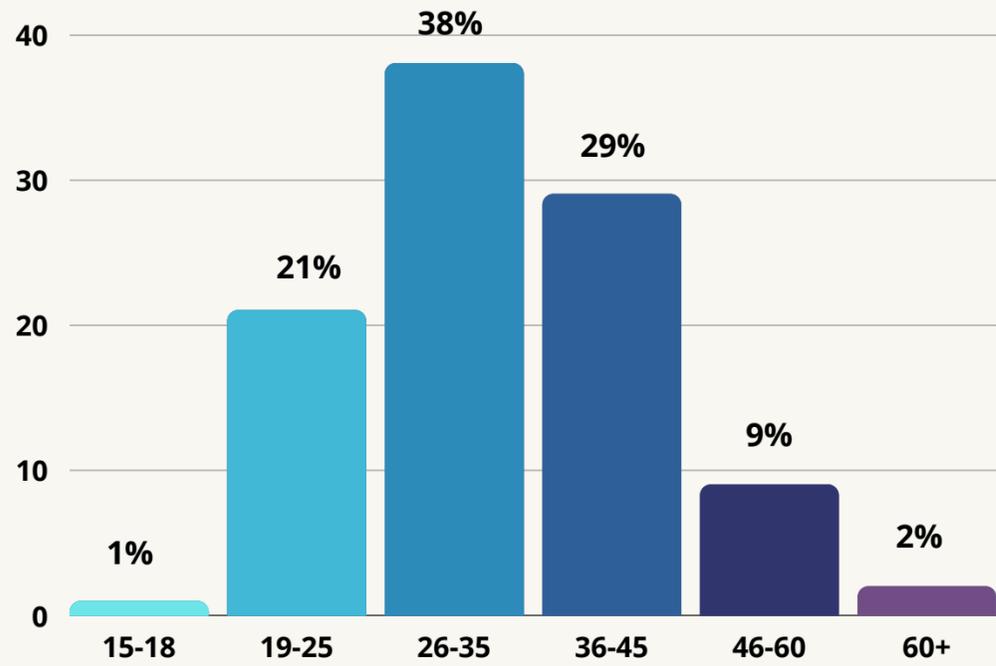
Most concerns came from Unity State and Upper Nile State (see graph 1; N/A were comments that were shared on social media, and we can't see from where they were sent); were from men (223 out of 423); mainly from people between 26-35 years old (159 out of 423); were shared in Nuer, Dinka and English, and often shared to our partners during routine food distribution activities (see graph 1).

Graph 1: a profile of the people that contributed rumors, concerns, and statements to this bulletin – data collected between 1-24 June 2022 (total statements = 423)

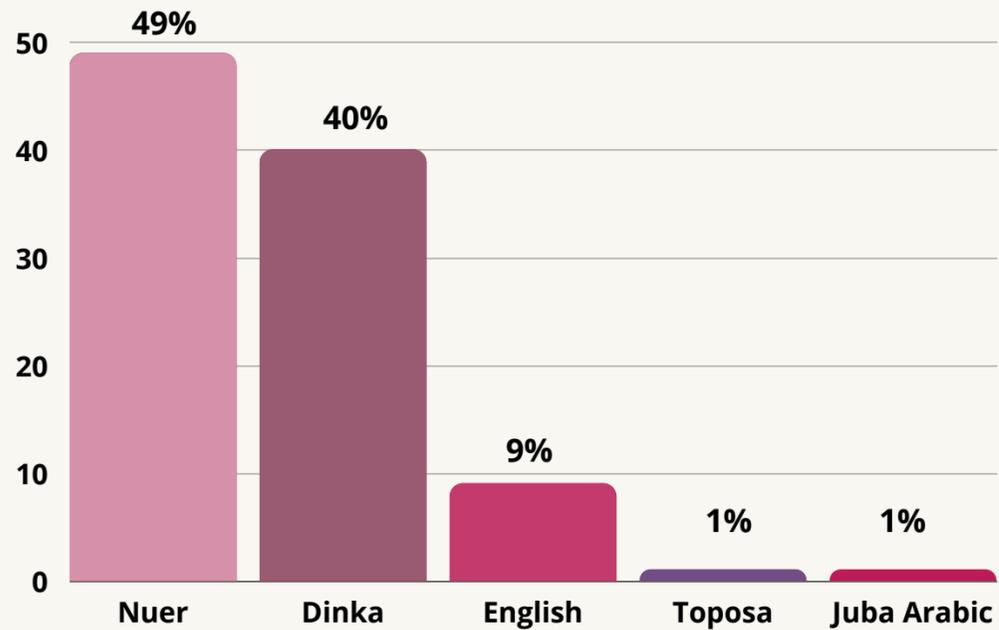
Respondents Gender



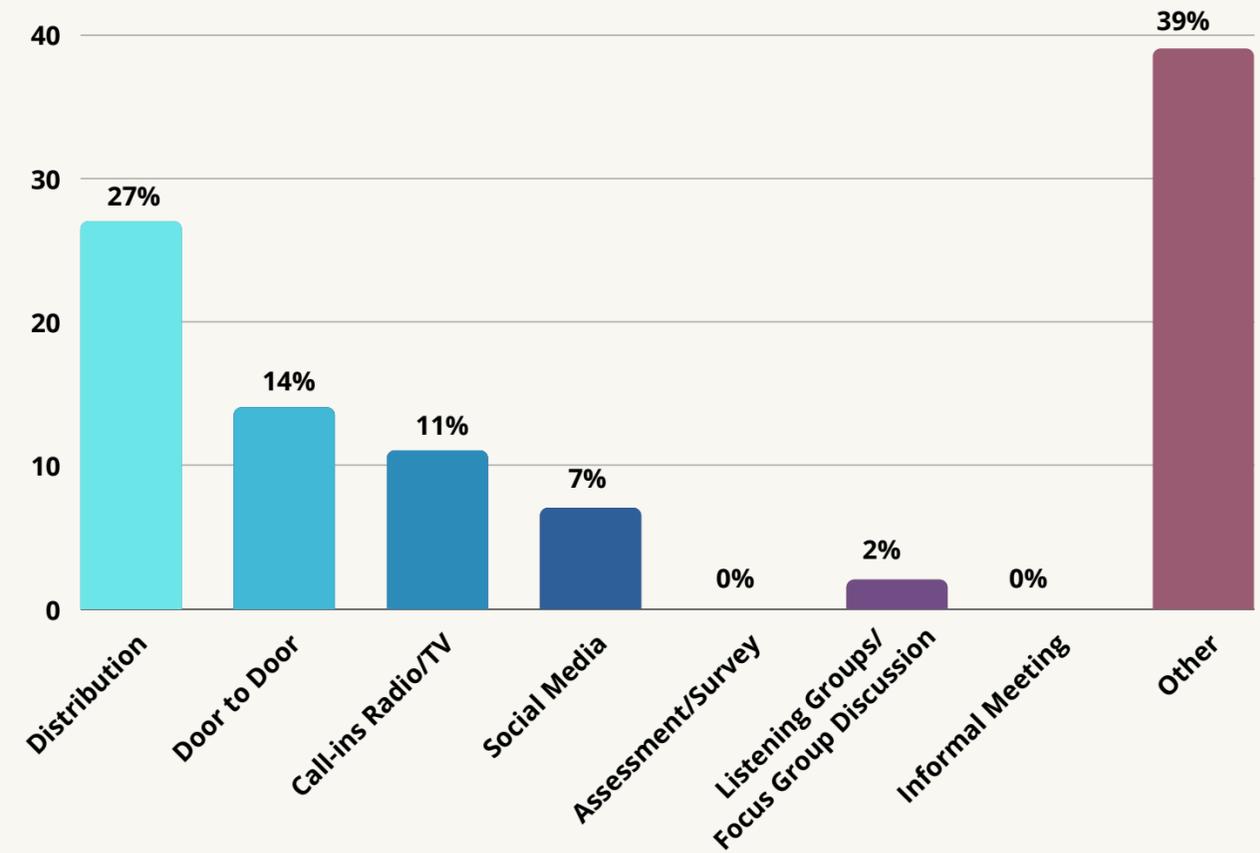
Respondents Age



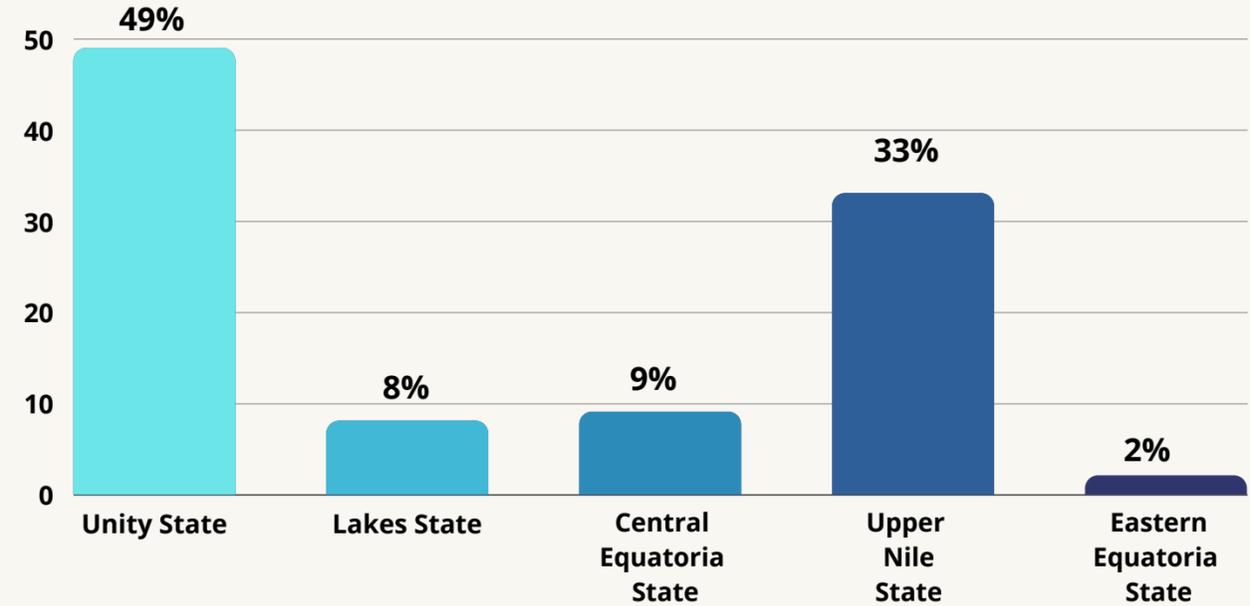
Languages Spoken



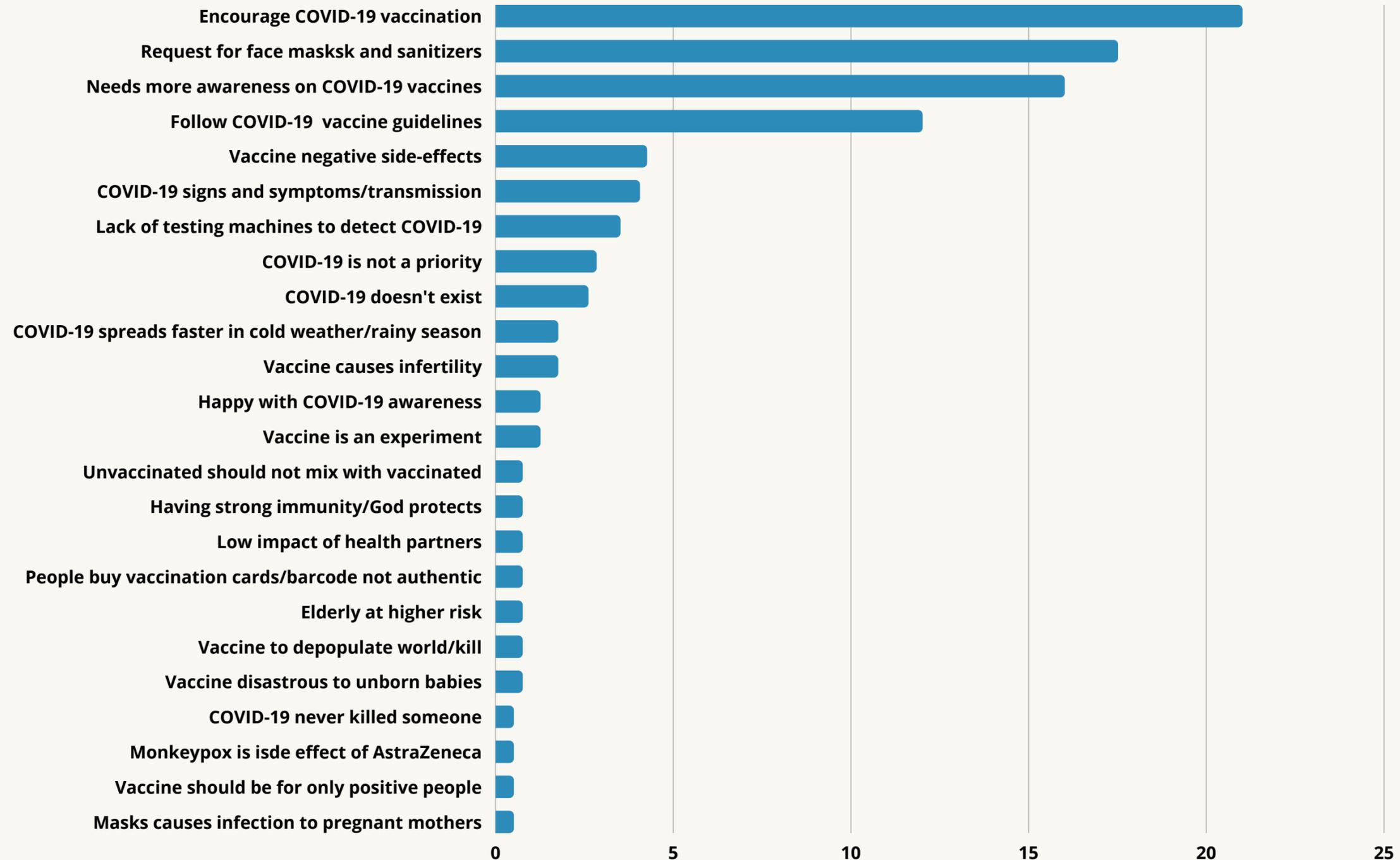
Feedback Collection Methods



States Where Data Was Collected



Graph 2: an analysis done by Internews in South Sudan of the statements received from our media partners between 1-24 June and data collected on social media networks (total statements = 368)



Other than the themes presented on the previous pages, people issued statements around other topics/themes (see an overview of the other themes above in Graph 2). Health and humanitarian partners should be aware of these trends, as they can have an impact on their on-going programming.

- **Statements about other illnesses and fairness.** People across South Sudan share sentiments that show that they are frustrated with the very different (people would frequently on social media say they are racist) responses of the global (health) community when a disease, already present and infecting people in Africa, hits Europe or the United States and then suddenly attracted investment and attention. *“Diseases (monkey pox) were in Africa for many years and no media houses were shaken like this”,* mentioned a man from Juba on social media. *“The COVID-19 vaccine is not the priority of our people in Unity state because people are dying from malaria, typhoid, and other waterborne diseases...”,* says a man on social media. Partners should be aware of these sentiments, as they impact on trust in their programming.
- **Statements about fraud with COVID-19 vaccination certificates.** Many people mentioned that health workers are being bribed to provide COVID-19 to those who don't wish to be vaccinated. *“People pay to get COVID-19 vaccination card without been vaccinated.”,* says a man on social media. *“They buy the cards just because they don't want to be vaccinated”,* says a man in Juba during an informal meeting. Partners who provide vaccination cards, in partnership with the Ministry of Health, should investigate the allegations with urgency.

- **Requests for vaccines.** In all communities, but particularly in Upper Nile and Unity State, people request access to the vaccines which they say are currently not available to them. *“We need COVID-19 vaccine so that we can get all the doses in this community”,* says a young man in Leer during food distribution. *“We need to get vaccinated because we move from one place to another with our cattle”,* says another man in Nyandiar, Unity State. Partners could use citizen feedback data, such as the one Internews' partners collect, to identify gaps in vaccine roll-out efforts. Special efforts should be made to come up delivery strategies that consider the requests and needs of highly mobile cattle communities, including mobile vaccine camps.
- **Rumors about the side effects of vaccines.** Communities across South Sudan still have many questions when it comes to the side effects of vaccines. Statements around the side effects often contain misinformation. *“COVID-19 can cause blindness”,* mentioned a woman from Leer in Unity State, for example. Risk communication partners could develop a list of common rumors/questions related to COVID-19 vaccines and their side effects, to help health partners.
- **Gaps in health service delivery.** People continue to highlight gaps in service delivery related to COVID-19. *“Do you also know that there is no contact tracing for suspects of COVID-19 in Aweil? Do you know that no health partner taking lead in COVID-19 in Aweil? Well, this contradicts the preventive measures being imposed”,* mentioned a man on social media. *“We need COVID-19 testing machines here in Baliet County because signs and symptoms are similar with other diseases”,* says a man in

Nyongkuach, Upper Nile State. Efforts should be made to explain why certain gaps in healthcare service delivery exist. Ideally these gaps should be addressed as soon as possible, with support of health partners and donors.

- **Concerns about burial rites.** Some people reported that death by COVID-19 would prevent people from practicing their burial rituals. *“After all, death from COVID could bring stigma and interrupt burial rites. People mentioned their fear in labelling someone’s death as being from COVID in case it prevented a dignified burial”*, says a young man from Rock City, Central Equatoria. Partners could research and explore alternative burials that could fit the cultural needs of communities (together with affected communities and families) and stress how people protect others from getting ill with the virus when they respect these measures.

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).

