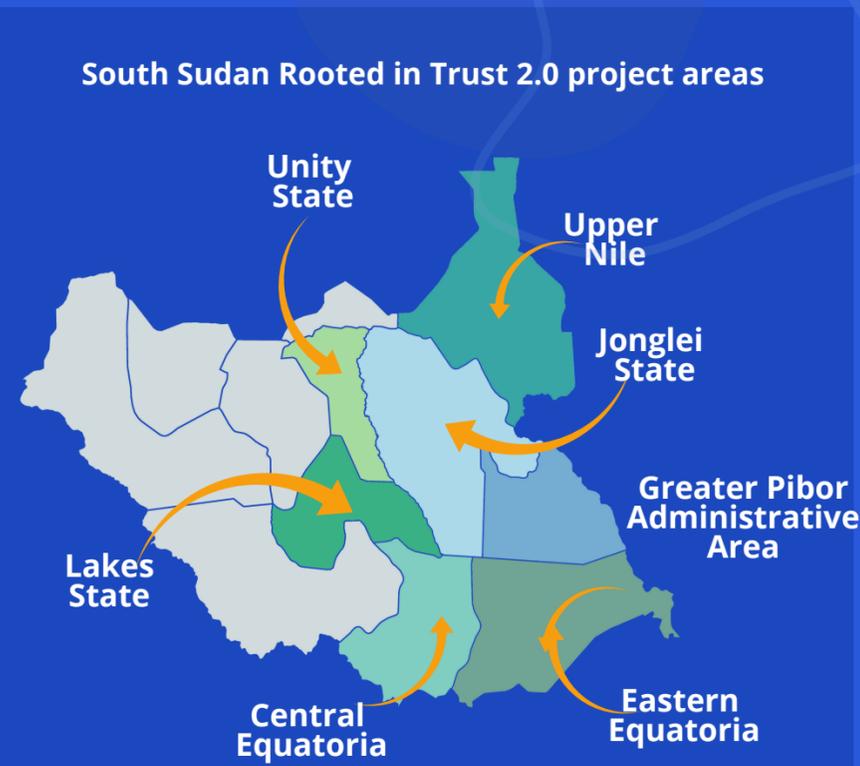




LUGARA #5 HUMANITARIAN BULLETIN

July, 2022



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

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 health related issues.

Rooted in Trust 2.0 in South Sudan aims to address this 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, COVID-19 vaccines among other health-related issues 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.

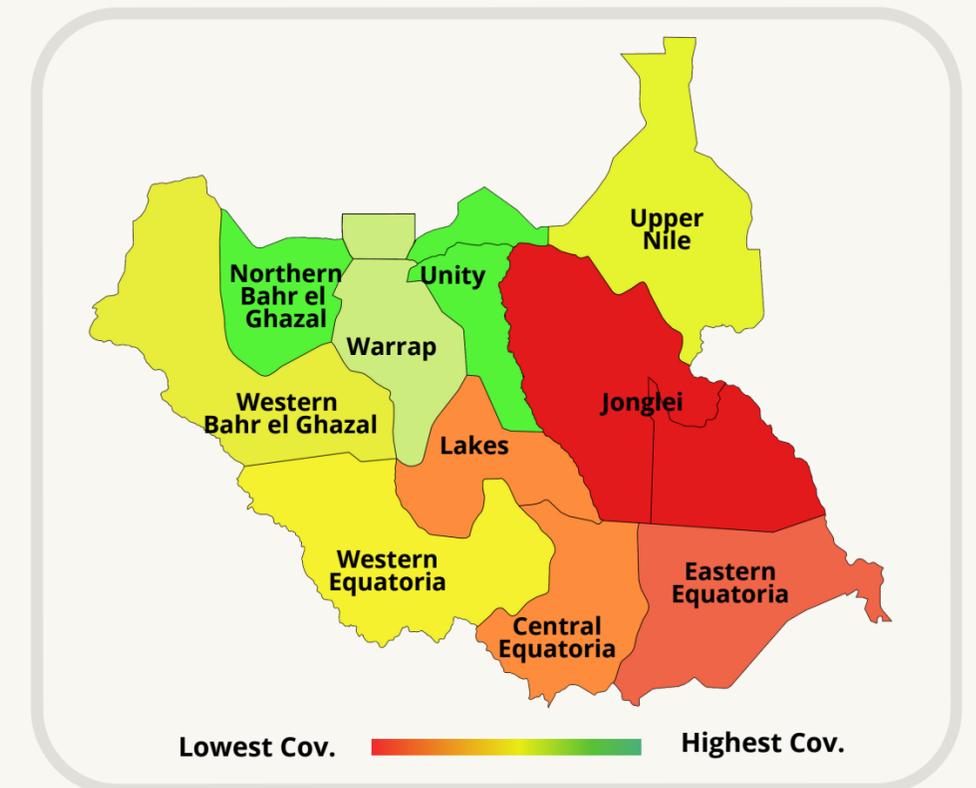
COVID-19 situation overview

On June 17, 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 (MoH) data.¹ According to the Ministry of Health, on

¹ Epi-Surveillance Update 25072022 – Ministry of Health South Sudan.

July 25, 2022, in total 1,384,048 people were fully vaccinated in South Sudan. This comes to around 21% of the population in South Sudan being fully vaccinated,² which is a significantly lower rate than in neighboring countries Kenya (17%), Uganda (24%) and Ethiopia (30%).³ Currently 68% of all available COVID-19 vaccines have been consumed in South Sudan, and a delivery of 365,000 of Johnson & Johnson (J&J) vaccines is expected by MoH.⁴

Percentage of all ages Population Fully Vaccinated

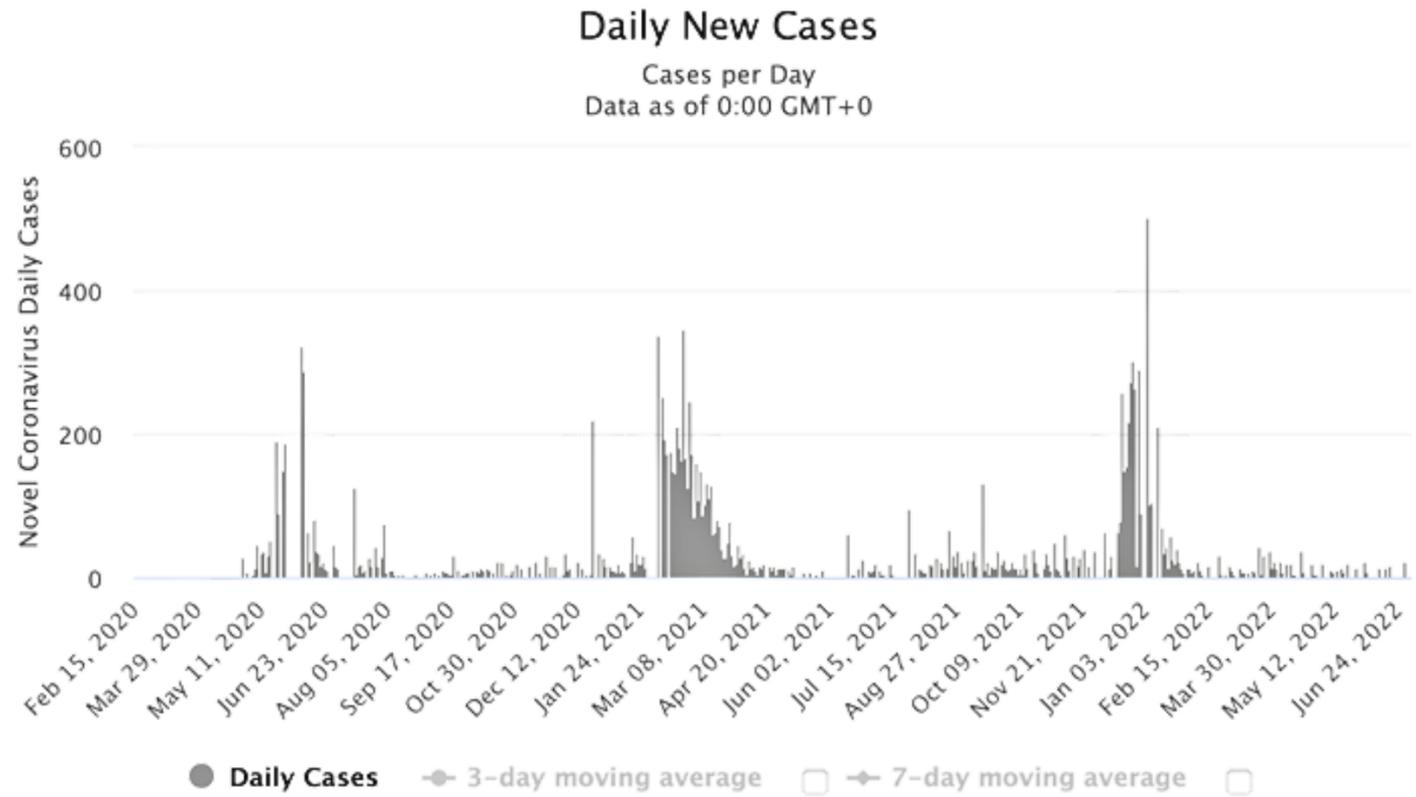


Source: <https://www.worldometers.info/coronavirus/country/south-sudan/>.
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² <https://africacdc.org/covid-19-vaccination/>; also Epi-Surveillance Update 25072022 – Ministry of Health South Sudan.

³ <https://africacdc.org/covid-19-vaccination/>

⁴ <https://africacdc.org/covid-19-vaccination/>; also Epi-Surveillance Update 25072022 – Ministry of Health South Sudan.



Source: <https://www.worldometers.info/coronavirus/country/south-sudan/>.
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Methodology

For this issue, Internews in South Sudan analyzed a total of 174 statements collected between July 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 our Information Management Officer Annabelle Thompson Loholong 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: New variants in South Sudan

"I do listen to other radio stations, and I always hear about variants of COVID. I am asking, is there any of those variants that reached South Sudan now?", Woman, 26-35 years old, Lakes.

What is behind this concern?

People would like to know which variants are the most common ones in South Sudan as it is currently unclear. It is mainly important to know whether the variants that are circulating have new characteristics that pose additional risks. For example, if they are more easily transmitted, if they make people more ill, or if the virus variants do not respond as well to vaccination. Additionally, some variants have different symptoms than others (e.g., a sore throat is more common in the Omicron variant than delta/alpha).⁵

Frequency of COVID-19 symptoms by variants

SYMPTOMS	OMICRON	DELTA	OTHERS
Fatigue	Common	Common	Common
Headache	Common	Common	Common
Runny Nose	Common	Common	Sometimes
Sore Throat	Common	Common	Sometimes
Sneezing	Common	Sometimes	Rare
Chills or shivers	Sometimes	Sometimes	Sometimes
Persistent cough	Sometimes	Common	Common
Fever	Sometimes	Sometimes	Common
Loss of smell	Rare	Sometimes	Common
Shortness of breath	Rare	Sometimes	Sometimes
Chest pain	Rare	Rare	Rare

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⁵ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/omicron-sub-variant-risk>.

Fact check:

The most common variant in South Sudan now is Omicron.

The Omicron variant has different lineages (a lineage is a group of closely related viruses with a common 'ancestor'). All these lineages, or also called sub-variants, cause COVID-19, according to the US Center of Disease Control (CDC).⁶ The Omicron sub-variants that are currently being monitored closely by the Health Ministry and the World Health Organization (WHO) include sub-variants BA.1, BA.4 and BA.2.75, which are currently spreading fast worldwide.⁷

Why is this important?

All viruses, including SARS-CoV-2, the virus that causes COVID-19, change over time. Most changes have little to no impact on the virus' properties. However, some changes may affect the virus's performance, such as how easily it spreads, the associated disease severity, or the effectiveness of vaccines, therapeutic medicines, diagnostic tools, or other public health and social measures.⁸

In South Africa - for example - which had a combined BA.4/BA.5 wave between April and June 2022, case rates grew more quickly than did case rates of the Omicron variant that preceded it.⁹

Recommendations for humanitarian and health partners

Encourage your staff to watch the WHO video below to learn about the subvariants of Omicron and the risk that they pose to public health worldwide:

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html>

⁷ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/omicron-sub-variant-risk>.

⁸ <https://www.who.int/activities/tracking-SARS-CoV-2-variants>

⁹ <https://www.nature.com/articles/s41591-022-01911-2>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/omicron-sub-variant-risk>.



Explain the differences of the signs and symptoms of most common sub-variants and the (different) risk(s) that they pose to communities you work with. You can use the following guide from Internews' Health Journalism Network to explain the Omicron variant and risks: <https://tinyurl.com/52d39s43>.

Theme 2: Pregnancy and vaccines

"Are pregnant women also eligible for the vaccination? I am asking because I am convinced to take the vaccine, if possible," woman, 19-25 years old, Jonglei.

What is behind this concern?

Pregnant women in Jonglei may not know that they are eligible to receive COVID-19 vaccinations. As a result, they may not get vaccinated. This puts them at more risk of complications during pregnancy.

This concern is also critical as it comes from Jonglei, one of the states in the country with the lowest vaccination rates (12% of adults fully vaccinated, at a national rate of 21%). Women in Jonglei are thus of higher risk of contracting COVID-19 during pregnancy due to lower vaccination rates.¹⁰

Fact check:

Pregnant women can receive COVID-19 vaccines. These vaccines offer strong protection against severe illness from COVID-19 for both mother and child, says the WHO.

WHO SAGE interim recommendations	Pfizer–BioNTech BNT162b2	Moderna mRNA-1273	AstraZeneca AZD1222	Janssen Ad26.COV2.S	Sinopharm BIBP	Sinovac–CoronaVac	Bharat Biotech BBV152	Novavax NVX-Co2373
Can pregnant women receive the vaccine?	✓	✓	✓	✓	✓	✓	✓	✓*

*Because of the limited experience with the MatrixMTM adjuvant of the Novavax NVX-Co2373 vaccine in pregnancy, the benefit-risk assessment for this vaccine includes considering whether any other WHO EUL COVID-19 vaccine with a more established safety record in pregnancy is locally available.

Vaccination during pregnancy is important whenever there is risk of COVID-19, but especially for people living in areas where there is high community transmission, for those living with health conditions like hypertension (high blood pressure) and diabetes, or that work in the medical field and severe disease, says WHO. Some evidence suggests that babies may receive protective benefits from the vaccine, in addition to the benefits for pregnant women.

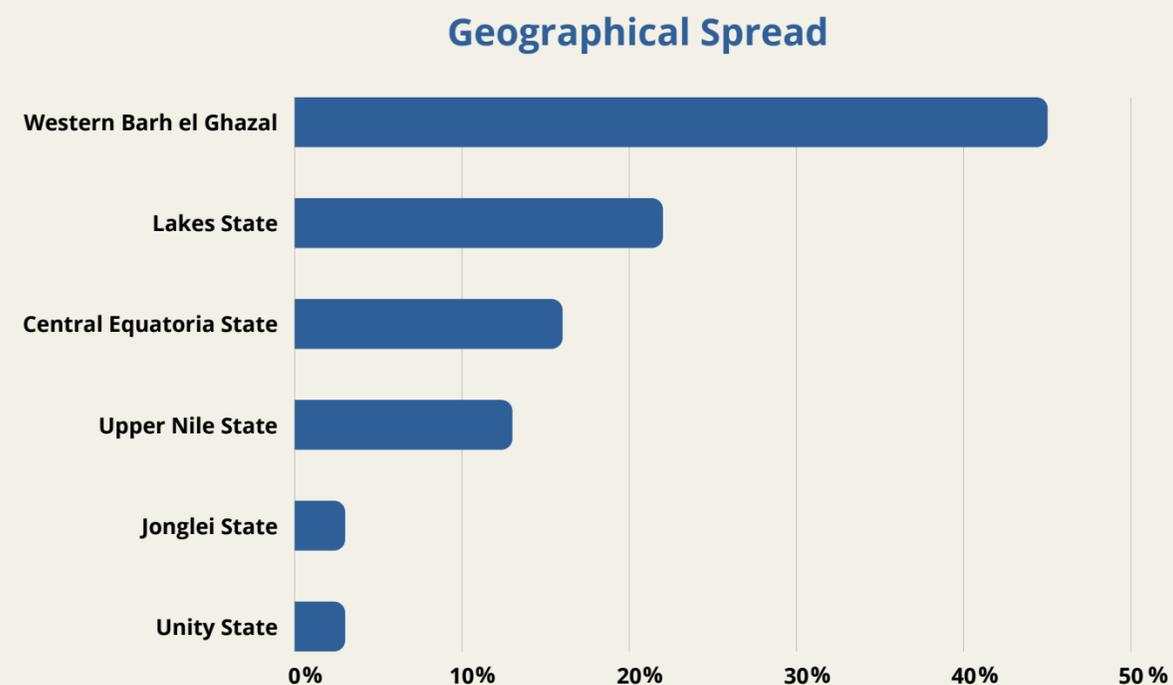
Pregnant women in many countries around the world have now received COVID-19 vaccines, and no safety concerns have been identified related to their pregnancies or the health of their babies. If pregnant women are not already vaccinated, current evidence suggests that the benefits of COVID-19 vaccination during pregnancy outweigh any potential risks whenever there is ongoing or anticipated community transmission.

Overview of other concerns, rumors, and feedback data

Most statements collected (87 out of 174) were focused on COVID-19, with others (60 out of 174) focusing on COVID-19 vaccines (see a thematic overview of the topics of the statements in graph 2). In total 27 statement Other non-health related topics totaled 27.

Most concerns came from Western Bahre El-Ghazal and Lakes State (see graph 1); were predominantly from men (104 out of 174 statements) although more women are sharing their point of view in comparison to the last few months; mainly from people between 26-35 years old (74 out of 174 statements); were shared in Nuer and Dinka (see graph 1).

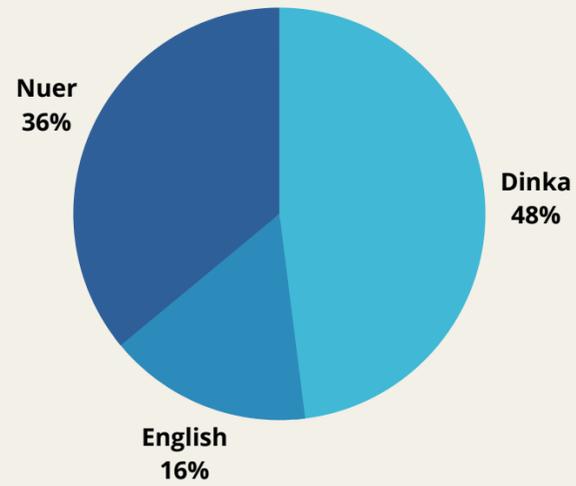
Graph 1: a profile of the people that contributed rumors, concerns, and statements to this bulletin – data collected between July 1-24, 2022 (total statements = 174).



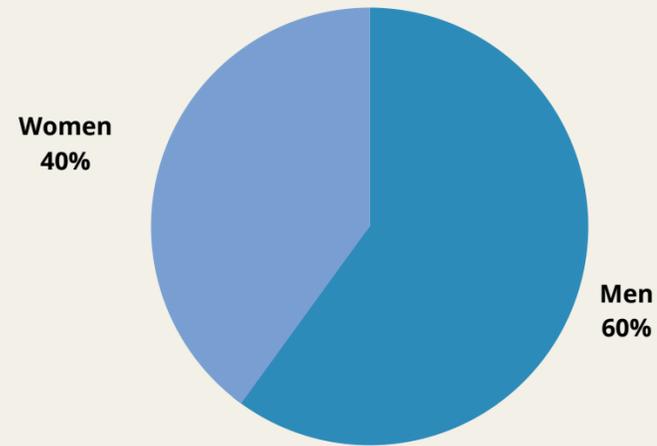
¹⁰<https://africacdc.org/covid-19-vaccination/>; also Epi-Surveillance Update 25072022 – Ministry of Health South Sudan.

¹¹<https://www.who.int/publications/i/item/WHO-2019-nCoV-FAQ-Pregnancy-Vaccines-2022.1>

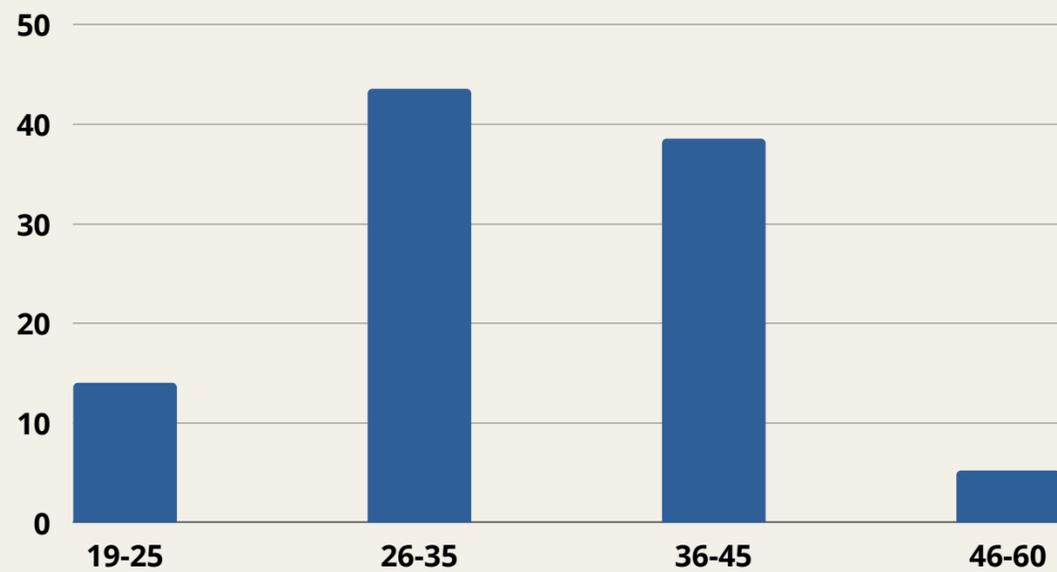
Geographical Spread



Gender



Percentage

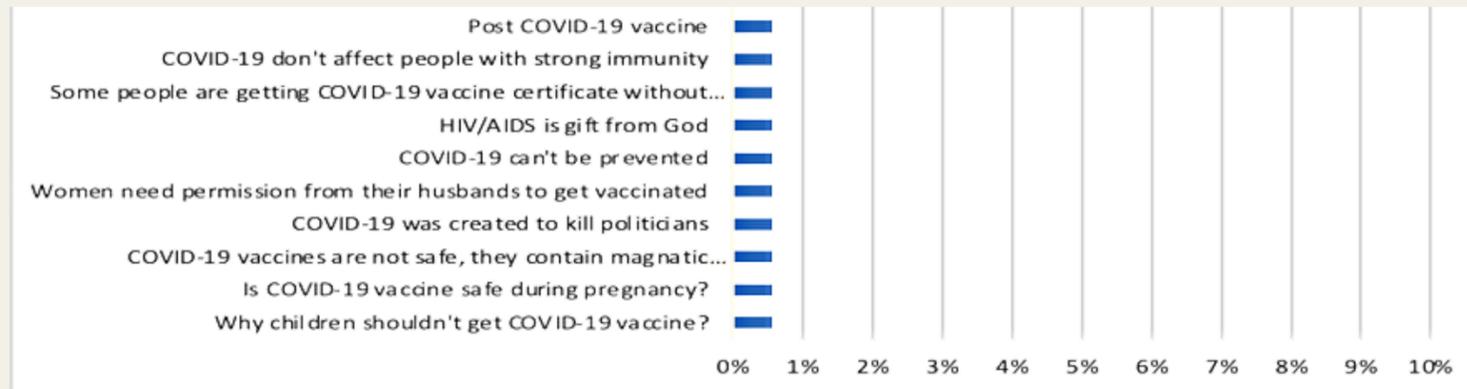


Graph 2: an analysis done by Internews in South Sudan of the statements received from our media partners between July 1- 24, 2022 and data collected on social media networks (total statements = 174).

Thematic Analysis



Thematic Analysis (Cont'd)



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):

- COVID-19 and age.** Some people mentioned that only elderly people are at risk of getting ill with COVID-19. As one woman from Jonglei State (26–35 years) stated: *“COVID-19 only affects older people like Biden (Joe Biden). He got sick because of his age. A young person like me cannot become sick of the coronavirus”*. Humanitarian partners should debunk this rumor and explain that whilst elderly people are more likely to get seriously ill with COVID-19, both young and elderly people alike (particularly if unvaccinated) can get infected with the SARS-CoV virus.
- Hotline number associated with the devil.** Some people continue to say that the toll number of the Ministry of Health – 6666 – is not accepted, particularly not by religious communities. *“The toll number is evil,”* says a woman (26-35 years, Jonglei), for example. Humanitarian partners could advocate with the MoH to get the hotline number changed for a less controversial number. Doing this will increase trust in this and future response efforts. There were virtually no potential COVID-19 alerts through the hotline recently, according to MoH data, which either shows COVID-19 cases are going down or a resistance to call the hotline.¹²

- Food security is more important than COVID-19.** *“We don't care about the vaccine; we care about food. The WFP announced recently it is stopping food to us. We cannot eat the vaccine,”* says a man (25-35 years, Jonglei). *“Why is the world so focused on the coronavirus which does not carry a serious harm to us and doesn't focus on security and food as much as it cared about the coronavirus,”* said another man in Jonglei (36-45 years). Humanitarian partners could help explain the facts behind the changes on food distribution strategies of humanitarian partners and support and promote already existing alternative strategies to support local production and building community resilience in a sustainable way.

- Religion and COVID-19.** Some people continue to quote religion as a reason for not getting vaccinated. *“Christ told us not to get vaccinated,”* said a man (Central Equatoria, 36-45 years). A woman from Jonglei (26-35 years old) added: *“I am a Christian who believes in Jesus; he will protect me and not the vaccine”*. Partners could work with different types of faith and religious leaders to get more support for vaccination efforts across the country. For some people, religious leaders might be most effective at communicating the importance of COVID-19 vaccination. Read how John Hopkins’ Breakthrough ACTION successfully worked with faith leaders in different African settings for inspiration: <https://tinyurl.com/2p8fzafx>

- Suggestions to improve the response.** Several suggestions were given to improve the COVID-19 response. *“Most of the COVID-19 vaccinators are men,¹³ that is why some women are very shy to go and take the vaccine,”* says a woman from Central Equatoria (26-35 years). Partners involved in vaccination efforts should ensure teams of both women and men, particularly in areas with strong gendered social norms and traditions. A woman in Unity also added: *“Some of the community members say NGOs should properly pass the*

¹² https://moh.gov.ss/weekly_updates.php

¹³ <https://theconversation.com/for-some-people-religious-leaders-might-be-most-effective-at-communicating-the-importance-of-covid-19-vaccination-181393>

information about COVID-19 to those in the hard-to-reach areas". Creative modules could be developed to ensure information provision to hard-to-reach communities, including WhatsApp groups, passing information through boda-boda drivers, taxi's travelling to the interior, cattle communities and/or other transport actors.

Health and humanitarian partners should be aware of these trends, as they can have an impact on their on-going programming.

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).

