

# South Sudan - Accountability to Affected Populations

## Community Perceptions of COVID-19 and the COVID-19 Vaccine



## Introduction

The beginning of 2021 saw a marked rise in COVID-19 cases in South Sudan, followed by a partial lockdown.<sup>1</sup> At the end of March 2021, South Sudan received 132,000 AstraZeneca vaccines through the COVAX Facility, which was expected to fully vaccinate 66,000 people.<sup>2</sup> About a month into the roll-out of the vaccine in Juba, only 3,500 people had reportedly been vaccinated, prompting concerns of vaccine hesitancy amongst the South Sudanese population.<sup>3</sup> Moreover, by May 2021, South Sudan's National Task Force on COVID-19 had opted to return 72,000 doses to avoid the risk of them expiring before use.<sup>4</sup>

In response, REACH undertook this assessment to understand the current community perceptions of COVID-19 and gauge awareness of the vaccine across South Sudan, as well as the perceptions and willingness to be vaccinated amongst the South Sudanese population. The assessment aims to fill information gaps relating to community-level beliefs and perceptions around COVID-19 and its vaccine to enable the development of effective communication and awareness-raising campaigns in South Sudan.

## Methodology

A total of 32 focus group discussions (FGDs) with purposefully sampled participants from camp and non-camp settings were conducted across 9 of the 10 states in South Sudan between May

and June 2021. The FGDs were held in Kapoeta and Torit counties (Western Equatoria State); Juba town, and Juba internally displaced persons' (IDP) site [former Protection of Civilians (PoC) site] in Juba county (Central Equatoria State); Maridi county (Eastern Equatoria State); Wau IDP site (Masna) and Wau IDP site (former PoC site) in Wau county (Western Bahr el Ghazal State); Aweil town in Aweil Centre county (Northern Bahr el Ghazal State); Mingkaman in Aweril county and Rumbek town in Rumbek Centre county (Lakes State); Bentiu IDP site (former PoC site) in Rubkona county and Nyal in Payinijar county (Unity State); Pariang county (Ruweng Administrative Area); Bor town and Bor IDP site (former PoC site) in Bor county, and Akobo county (Jonglei State); and Malakal PoC site in Malakal county (Upper Nile State).

Half of the FGDs were conducted with female participants only, and half with only male participants. Participants were aged 18 years or above and each discussion was composed of participants who shared at least one language to enable open and candid discussions. In addition, to provide more insight, two key informant interviews (KIIs) were conducted in the IDP site in Juba, one with a religious leader and another with a community leader. Unless stated otherwise, the analysis in this brief discusses findings from the FGDs. All findings presented are indicative of broad community perceptions. For more information, refer to the [Research Methodology Note](#).

1. Winnie Cirino, "South Sudan Declares Partial Lockdown on COVID Surge," *Voice of America (VOA) News* (4 February 2021).

2. "South Sudan receives first batch of COVID-19 vaccines through the COVAX Facility," *World Health Organisation (WHO)* (25 March 2021)

3. Lasuba Memo, "Health ministry concerned over 'vaccine hesitancy,'" *Eye Radio* (27 April 2021)

4. Winnie Cirino, "South Sudan Returning 72,000 COVID Vaccine Doses," *VOA News* (24 May 2021)

Photo: COVID-19 community awareness support and assistance in Eastern Equatoria State, ACTED South Sudan, 2021.

# Key takeaways

## COVID-19

- High levels of awareness and concern relating to COVID-19 were reported in FGDs held across South Sudan. However, **a lack of belief and concern regarding COVID-19 was raised in a number of FGDs held in non-camp settings, indicating some prevalence of misinformation regarding the subject amongst these communities.**
- While communities in IDP camps were more commonly reported to be concerned about COVID-19 in comparison to their non-camp counterparts, **participants in camps mentioned limitations in their ability to practice social distancing due to overcrowding where they lived.** Concerns were also raised regarding a lack of resources or facilities for testing for COVID-19 in some areas.
- A number of challenges are reported to be faced by communities, including unemployment, lack of access to education facilities, shortages in medicine and other essential commodities, as well as a deterioration in social relationships, as a result of COVID-19 and subsequent preventive measures put in place.
- Findings suggest that female participants are not less willing to be vaccinated, but have higher demands for information about the COVID-19 vaccine in order to make a decision regarding vaccination.
- FGD participants (reporting prior awareness of the vaccine) reported that communities believe vaccines are meant for all who are willing to receive it, particularly older/sick people, government officials, and health workers. **Some stated that communities also believe that vaccine accessibility to people may not be based on medical eligibility, with concerns raised regarding lack of access faced by poor and vulnerable groups.**
- **Communities were reported to receive information regarding the vaccine primarily through the radio, health workers, friends and family, at churches or through religious leaders, and from humanitarian workers.** Information dissemination through social media and phones was also reported primarily by male participants, indicating possibly lower levels of access to phones or technology among women.
- FGD participants across the country volunteered their perceptions and recommendations on information-sharing and confidence-building measures that would support and encourage communities to make informed decisions about getting vaccinated. These are detailed in the findings and highlighted in the recommendations sections of this brief.

## COVID-19 vaccine

- **Awareness of the COVID-19 vaccine amongst communities was reported in a majority of FGDs held across the country, with the exclusion of three states: Lakes, Jonglei, and Unity. The level of awareness of the vaccine appeared to be higher amongst male participants and those living in IDP camps, as compared to female participants and people in non-camp settings, which may indicate information gaps amongst these sections of the population.**
- **Vaccine hesitancy was reported to be higher in communities where there was prior awareness of the vaccine. This may be a result of the myriad of rumours and concerns relating to the vaccine circulating within communities, which was also reported by FGD participants.** Reported rumours included fears of premature death, infertility or impotence, and catching COVID-19 as side effects of the vaccine. In comparison, participants who heard about the vaccine for the first time in the FGDs commonly stated positive views around the vaccine and higher willingness to be vaccinated.
- **Findings suggest that communities in camps might have higher levels of awareness of the COVID-19 vaccine and are more willing to receive it.** However, participants living in camps also raised difficulties related to accessing the vaccine whilst living in camps.

# Findings - COVID-19

## Reported impact on communities

Participants in discussions across the country reported a myriad of effects of COVID-19 and subsequent lockdown and prevention measures on their communities. In many discussions, it was noted that, since the onset of the pandemic in South Sudan, there has been an economic downturn and widespread closing of businesses across the country, leading to hardships, including unemployment and resultant difficulties in meeting basic needs. An increase in prices or inflation caused by the closure of borders and markets was raised in nearly half of the discussions. A shortage of medication, food, or other commodities due to travel restrictions and border closures, as well as movement restrictions leading to limited livelihood options, were noted in around a third of discussions.

The closure of schools to prevent the spread of COVID-19 has reportedly led to numerous consequences for children, the most commonly reported one being a perceived increase in child pregnancies, which was mentioned by participants in over half of the discussions. Other issues raised were high rates of children permanently dropping out of schools even when schools reopened, early marriages, and a perceived increase in the spread of HIV/AIDS, as well as drug use and prostitution. Participants in nearly a quarter of FGDs also indicated that school closures, along with unemployment, have led to an increase in crime and robberies.

Changes to social lives and cultural norms in communities were also reported, with participants in over half of the discussions raising that COVID-19 and preventive measures have limited social gatherings as well as traditions of shared meals, greetings, and customs of care within communities. Participants in a quarter of FGDs noted that the lockdown and movement restrictions have led to family separation and/or isolation from close contacts. Some also brought up the emergence of social stigma or a deterioration in relationships when people wear masks and refuse to shake hands with others.

Participants in discussions reported varying levels of awareness of known COVID-19 cases in their areas, with several discussions having both participants knowing of COVID-19 cases and others without any knowledge of COVID-19 cases in their areas. In about a fifth of discussions, participants raised a lack of awareness of where to get tested or a lack of resources for testing for COVID-19.

## Current levels of concern about COVID-19 in communities

Findings from a majority of FGDs indicated concern regarding COVID-19 amongst communities, which stands in contrast with findings from other studies conducted among communities in South Sudan in 2020 that highlighted a prevalence of doubt or scepticism about the presence and severity of COVID-19.<sup>5</sup> In most discussions, it was noted that communities are worried about COVID-19, and that people commonly believe that COVID-19 exists and is dangerous. Such concerns appeared to be raised slightly more commonly in FGDs with female participants than with male participants. Moreover, concern about COVID-19 appeared to be raised more commonly in FGDs with camp residents than FGDs held in non-camp areas. Nevertheless, participants in about a third of FGDs mentioned that people in their communities do not observe social distancing or other preventive measures. Participants in a number of discussions, particularly those held with people living in camp settings, also said that people fear they will get COVID-19 because of overcrowding or a lack of ability to socially distance. It was, however, also noted in around a fourth of FGDs (mostly in non-camp settings) that people are more concerned with the secondary impact of COVID-19, such as its impact on livelihoods, hunger, inflation, and child pregnancies, than with COVID-19 itself.

A lack of belief or fear of COVID-19 within communities was raised by participants in around a fourth of FGDs (almost exclusively with participants from non-camp settings). Mixed levels of understanding and apprehension regarding COVID-19 within communities were revealed in a similar number of discussions.

5. Communication and Community Engagement Working Group, "COVID-19 South Sudan Rumor and Perceptions Tracking Overview - Issue 5," (27 July 2020).

# Findings - COVID-19 vaccine

## Awareness and perceptions

Awareness of the COVID-19 vaccine was relatively high amongst participants in FGDs, with participants in two-thirds of FGDs reporting that most people in their communities had heard about it, although mixed levels of awareness were also found in a number of discussions. Participants in certain counties, including Juba, Torit, Maridi, Wau, Aweil, Pariang, and Bor, illustrated higher levels of awareness of the vaccine than other counties. FGDs in which no participants had heard of the COVID-19 vaccine were isolated to three states, namely Lakes, Unity, and Jonglei. The level of awareness about the COVID-19 vaccine appeared to be higher amongst male FGD participants as compared to female participants, and higher amongst participants living in camp settings as compared to non-camp settings.

In discussions in which awareness of the vaccine was reported, several rumours and concerns amongst communities were also discussed; participants in over half of the discussions stated that people generally fear the vaccine and do not trust it, which was more commonly brought forward in FGDs with male participants compared to FGDs with female participants. In two-thirds of discussions (in which participants were aware of the vaccine), some participants expressed the view that the vaccine can cause premature death. Many participants also mentioned that people believe the vaccine causes infertility or impotence or that it is meant to kill Africans and reduce the population. Participants in just under a third of FGDs in which most or all participants knew about the vaccine believe the vaccine will give people COVID-19. Some also thought that the vaccine is ineffective because people can still contract COVID-19 after having been vaccinated. Others mentioned having heard about the vaccine's negative side-effects, including blood clots.

In contrast, of those who reported not having heard of the vaccine (before the FGDs), participants in a majority of groups voiced positive initial views regarding it. Some stated that, if the vaccine is available, it should be made accessible to people in counties across South Sudan. Moreover, participants in several of these discussions expressed the view that the vaccine is the best way to minimise the spread of COVID-19.

## Willingness and hesitancy

Based on perceptions of FGD participants reporting awareness of the vaccine in their communities, there appears to be greater willingness to receive vaccinations amongst communities in camp settings as compared to non-camp settings. In over half of these discussions (primarily in non-camp settings), participants believed most people would not be willing to get vaccinated, with several stating that people's hesitancy stemmed from a lack of awareness and some suggesting that willingness would be higher if communities were better informed. Participants in a few FGDs (all in camp settings) held the view that most people in their communities would be willing to get the vaccine,

with mixed levels of willingness emerging from the rest of the FGDs held with those reporting community awareness of the vaccine.

In contrast, participants in most discussions who had been previously unaware of the vaccine expressed the view that most people in their communities would be willing to be vaccinated, which was particularly commonly reported in FGDs with female participants. In a few discussions, participants mentioned that people would be willing to get vaccinated if health workers, community leaders or authorities, or humanitarian workers received the vaccine as well.

*"If these [negative] views continue; the vaccine will expire here in South Sudan. We need awareness first before we can get the vaccine. Otherwise it will expire." – male participant, Juba town, 11 May 2021*

*"People in our community have communicated the vaccine disadvantages rather than its advantages, so who will accept what will harm them? They will only be willing to get the vaccine after everyone is aware in the community." – female participant, Wau IDP site (former PoC site), 25 May 2021*

## Views on eligibility and availability

In a majority of discussions in which awareness of the vaccine was reported, participants believed the vaccine was meant for everyone who is willing to get it. Participants in several FGDs also stated that the vaccine was meant for older people, health workers, government officials or authorities, and/or people who are sick or have COVID-19. In several groups, people raised that the distribution of the vaccine may not be based on medical eligibility, with concerns raised that only certain people have access. In a few discussions, participants discussed the vaccine being inaccessible or unavailable to poor or vulnerable people across the country, with some stating that it should be made available to everyone, not just people of importance or in powerful positions.

In several FGDs, participants stated that people would be unable to get vaccinated unless vaccinations take place where they live, and that most people in their communities are unaware of where vaccinations are given. Both key informants (from the Juba IDP site) noted difficulties for camp residents to leave in order to access vaccination centres, even if they are willing to be vaccinated.

*"Only educated people know where the vaccine is, the vulnerable people and the general community don't know where it is." – male key informant - religious leader, Juba IDP site (former PoC), 26 May 2021*

## Information channels

'Radio' and 'health workers' were commonly named as both frequent and trusted sources of information for COVID-19 in FGDs. Participants in several discussions also mentioned receiving information about the virus through friends and family, at churches or through religious leaders, and from humanitarian staff.

In several FGDs, social media (including Facebook, Twitter and WhatsApp) was reported as a key source of information about COVID-19. Information regarding COVID-19 on phones during the Mobile Telephone Network (MTN) dial-up message was also mentioned as a source in a number of FGDs. These sources were reported primarily in FGDs with male participants as compared to FGDs with female participants, which may suggest lower levels of access to phones or technology among women.

In discussions with participants with and without prior awareness of the vaccine, the most frequently named trusted channels of communication on the COVID-19 vaccine amongst communities were: health workers, radio, churches or religious leaders and community leaders or chiefs.

*"If you are the one among them who is trusted and you advise them to take the vaccine, they will take it... You are the one among them that they believe... This includes doctors, religious leaders, community leaders." – male key informant - religious leader, Juba IDP site (former Poc), 26 May 2021*

communities across South Sudan. The need for information-sharing efforts, particularly in villages and cattle camps in more remote areas, was also mentioned. Moreover, it was frequently mentioned that, if health workers, humanitarian staff, community leaders or chiefs, as well as government officials, or authorities received vaccines first, this would encourage community members to get vaccinated as well.

*"When will this information reach the villages? What is the action plan of NGOs to spread information about the vaccine?" – male participant, Juba town, 11 May 2021*

## Perceptions on information or activities needed to make an informed decision about the vaccine

Participants in a majority of FGDs (both with and without prior awareness of the COVID-19 vaccine) noted a lack of information regarding the vaccine and stated the need for awareness campaigns to enable communities to make an informed decision about getting vaccinated. Information gaps raised included the vaccine's benefits and side-effects, its potential risks and safety considerations, eligibility criteria to receive it, availability and process, the level and length of protection afforded by the vaccine, details on how it is administered, and the type of vaccine available in South Sudan. The vast majority of discussions in which these information gaps were raised were with women, which may indicate lower levels of information-sharing or awareness amongst female members of community and a subsequent higher demand for information.

Participants in a number of FGDs suggested organising community meetings, trainings, and awareness-raising sessions conducted by health workers, community leaders, or chiefs to raise awareness about the COVID-19 vaccine in South Sudan. Participants in some discussions suggested that COVID-19 related messaging should be translated into several languages to ensure information reaches

# Recommendations

The following recommendations are based on the findings of this assessment and, where specified, have been predominantly suggested directly by FGD participants and key informants.

- 1. Communities, particularly in camp settings, must be urgently supported to address their limitations in implementing measures to prevent the spread of COVID-19,** such as limited capacity to adhere to social distancing measures due to overcrowding.
- The reported economic and social impact of COVID-19 on communities must continuously be factored into service delivery and response planning to effectively respond to their changing needs.
- 3. Information-sharing and awareness-raising relating to the COVID-19 vaccine across the country is essential to enable communities to make informed decisions about being vaccinated and to counter vaccine hesitancy.** Drawing on the views expressed by participants, **large-scale information campaigns must be launched across the country,** which include community meetings, trainings and awareness-raising sessions organised by health workers or community leaders.
- 4. Information gaps that need to be addressed include the vaccine's benefits and side-effects, its potential risks and safety considerations, eligibility criteria to receive it, availability and process, the level and length of protection afforded by the vaccine, details on how it is administered, the type of vaccine available and where vaccines are available in South Sudan.**
  - Campaigns must also address critical information gaps relating to COVID-19 that remain amongst communities in some areas of South Sudan, such as the location of testing facilities.
- 5. Information and communication campaigns must specifically counter the detrimental effect of rumours and concerns around the vaccine and COVID-19,** which are likely adding to vaccine hesitancy within communities.
- 6. Information campaigns and communication strategies must be inclusive to ensure that vulnerable and marginalised groups are not left out of dissemination channels,** leading to consistently lower levels of vaccination amongst certain members of communities, such as communities in non-camp settings and women.
- 7. Information dissemination strategies must utilise the sources of information most trusted by communities** (in regard to the COVID-19 vaccine), **which FGD participants indicated to be: health workers, the radio, churches or religious leaders and community leaders or chiefs.**
  - These sources of information must be accessible to and trusted by women and other marginalised groups, for whom phones and social media may not be easily available.
  - Efforts need to be made to ensure information reaches people living in more remote areas who may have less access to information-sharing technologies and information must be translated into local languages to effectively reach communities across South Sudan.
- As recommended during FGDs, **confidence-building measures amongst communities are necessary to counter vaccine hesitancy.** In addition to information-sharing, community representatives or leaders publicly receiving the vaccine themselves would allay concerns and encourage others within communities to be vaccinated, as reported by participants.
- 9. Efforts should be made to ensure easy accessibility of the vaccine to camp residents,** either through bringing the vaccine to the camp areas or by organising travel to vaccination centres.