SSD COVID-19 Preliminary findings from pilot phase

Introduction
The proposed project - implemented during a worldwide COVID-19 pandemic - as well as the backdrop of the recent Ebola outbreak will establish a feedback system to inform responses to such a public health threat as COVID-19. It will establish a responsive and near real-time mechanism to generate information about prevailing rumors, beliefs, perceptions every two weeks. This information will allow program implementers to understand underlying social norms and local dynamics and quickly identify, analyze, characterize and respond to specific factors that appear to be influencing perceptions, mindsets, actions and trust levels in communities with regards to epidemics.

Background
Negative community perceptions and conceptions about COVID-19 and compliance to the recommended preventive measures
Since late 2019, a deadly virus originating from Wuhan city in China has been spreading across the globe. The current COVID-19 pandemic is predicted to have immense negative national and individual socio-economic effects beyond health. The World Bank estimated a decline in economic growth from 2.4% in 2019 to -2.1 to -5.1 % in 2020 in sub-Saharan Africa. In Africa it has already caused tremendous disruptions on the way of life, livelihood means, economic activities as well as social and cultural behaviors. In South Sudan, COVID-19 is already disrupting livelihoods, particularly among vulnerable populations including those in the informal sector, small-scale agriculture and businesses, the elderly and people with disabilities among others living in urban and peri-urban areas. Anecdotal reports in popular media particularly social media, public agencies and implementing actors reveal low risk perception of COVID-19 in the community and increasing negative perception of mitigation measures causing low uptake. These issues have the potential to undermine prevention and response measures and threaten, if not well managed, to plunge the country into a trajectory like that experienced in the Americas, Asia, and Europe causing unprecedented harm to families and the wider society. The means and measures adopted by governments to curb down the spread of COVID-19 such as social distancing, avoiding hand-shaking, hand-washing, avoiding social gatherings and others have not been fully successful in most African countries accounting for increasing cases of the virus. Our project which is part of the wider UNICEF led Risk Communication and Community Engagement strategy focused on increasing social trust, confidence in and uptake of preventive measures and recommended new social behaviors was piloted in selected counties in South Sudan. We identified a number of perceptions that we believe adversely affect community trust and uptake of preventive measures.

1 Calderon, Cesar; Kambou, Gerard; Zebaze Djiofack, Calvin; Korman, Vijdan; Kubota, Megumi; Cantu Canales, Catalina. 2020. “Africa’s Pulse, No. 21” (April), World Bank, Washington, DC. Doi: 10.1596/978-1-4648-1568-3. License: Creative Commons Attribution CC BY 3.0 IGO
Perceptions about COVID-19:
Currently, some people believe COVID-19 is real and are respecting measures put in place to mitigate the pandemic. These measures include social distancing, frequent hand-washing or using alcohol-based hand sanitizers, avoiding congested places, and proper nose hygiene among others. Some participants in the study even mentioned that they have witnessed more people following the COVID-19 guidelines vigilantly compared to those of Ebola Virus Disease (EVD):

“I have seen these days people at least wash their hands frequently compared to Ebola preparedness phase last year” (Community member, Luparate village 3, Yei).

Unfortunately, preliminary findings from the pilot study largely indicate various negative perceptions and conspiracies held by community members towards COVID-19 and measures to curb it. Such lingering perceptions consequently pose adverse effects on community uptake of mitigation measures, particularly regarding recommended behaviors and practices to the “new social norms” by COVID-19 response teams.

Sources/Origins of COVID-19
Community members hold various misconceptions about COVID-19, regarding its origin, etiology, its symptoms and transmission mechanisms. Perceived sources and origins of COVID-19 were varied as illustrated by community members’ mixed views on what they perceived to be the sources of COVID-19. These included sources and origins as being an act of God to punish Africans, COVID-19 as a creation from a lab in China, or that COVID-19 could have originated from the factory where the beverage CORONA is brewed. They referred to COVID-19 as a man-made virus. Worse enough, some people do not believe that COVID-19 exists to date:

“I believed COVID-19 is not there because I have not seen a person suffering from it” (Participant, Erp village, Yei).

“We have not seen or witnessed anyone having COVID-19” (Participant, Kondeko village)

“Most of the people still want to see real evidence by seeing a real confirmed person for them to believe that the disease real exists” (Participant, Luparate village)

“I believe that COVID-19 is a manufactured virus that is why it is still new and spreading through body contact” (Ref 5)

“I heard that COVID-19 was man-made (genetically modified) in order to reduce the large population in China”

“The factory for the wine CORONA might have been the cause of COVID-19”

“The country is not going to be stable because they are continuing to disobey God e.g. God’s chosen people like the pastors were beaten by the national security” (Ref 7)
Concerning origins of the disease, some people believe certain conspiracies claiming that the disease was manufactured in a laboratory in China with an aim of reducing on the population. A community member from Kanjoro village in Yei county expressed this in a statement:

“I heard that COVID-19 was man-made (genetically modified) in other to reduce the large population in china”

Another participant mentioned that “I believe that this virus is a manufactured disease from the Canadian laboratories and spread to china by America” (Resident Dilimoko village, Yei).

Another participant similarly mentioned that “Previously the diseases were from God but now days the diseases are manufactured by the scientist (Participant, Jigomoni village-Yei).

“I heard that the person who manufactured the various died in china, yet who could be the only one who can manufacture the vaccine” (Participant, Kanjoro village, Yei).

Other beliefs about COVID-19 being man-made were that it was aimed at increasing business for the NGOs and the white people. This consequently creates laxity in following preventive measures highly encouraged by NGOs and international humanitarian agencies because people likely perceive the virus is there to benefit these groups. Why then should they follow measures from these entities when they do not trust them or their measures in the first place?:

“I heard that COVID-19 was manufactured with an aim of creating business to the NGOs” (Community member, Luparate village 3, Yei)

“I heard that corona virus was manufactured to destroy the poor countries of Africa. Then thereafter the rich white will come to Africa and exchange the African resources with vaccine” (Participant, Kanjoro village, Yei)

“I heard that the vaccine for COVID-19 is out but needed to be tested first on the Africans by the whites because they are black people with strong immunity” (Resident, Dimiliki village, Yei).

Risk Perception:

Some members of the community did not perceive themselves to be at risk of contracting the corona virus. Others believed that the people of South Sudan were not dying from COVID-19

“People in South Sudan are not dying from COVID-19”

However they were some participants who stated that Corona virus only affects persons aged 65years and above:

“I heard that the Corona virus only affects the elderly above the age of 65 (23yr old male)
Some community members reported that they were not convinced about the true causes of COVID-19. Such low risk perceptions described above lead to low uptake or practice of recommended preventive measures.

**Low uptake of measures**

Despite awareness creation and sensitization activities, people still attend mass gatherings including weddings and funerals, community activities or markets without even wearing masks.

Notably, some people still doubt the existence of the disease and blatantly refuse to follow the new health guidelines:

> “People in the community are not observing the curbing methods of COVID-19, e.g. hand shaking, social distancing and hand washing” (Participant, Kanjoro village-Yei county).

> “Most people especially Yei are taking less concern pertaining this viral diseases like Ebola and corona” (Participant, Ronyi village, Yei).

A participant from Luparate 1 also mentioned that:

> “I believe that if COVID-19 reaches Yei, it will kill many people because people in Yei are not practicing preventive measures”.

A female participant from Hai Leben also revealed that:

> “People are not practicing the preventive measures especially in Churches, Markets and Funeral places”.

**Transmission of COVID-19 (including myths and misconceptions)**

There appeared to be some understanding about the transmission of COVID-19. However, it is imperative to note that some participants perceived transmission of COVID-19 was as a result of other causes which were largely societal myths and misconceptions.

Majority of participants were able to clearly articulate ways in which the corona virus could be potentially transmitted. Forms of transmission reported included COVID-19 being transmitted through air, through shaking of hands and coughing, transmission in crowded places. Participants reported that keeping a social distance, staying at home, washing hands with water and soap were ways in which transmission of COVID-19 could be prevented.

> “COVID-19 is transmitted through air”

> “COVID-19 spreads through shaking hands and coughing”

> “COVID-19 is easily transmitted in crowded places”

> “Transmitted by humans and not animals”

> “I believe the virus is real and is transmitted by human beings”
Misperceptions/misconceptions about transmission of COVID-19

However there were a number of participants whose beliefs about the COVID-19 appeared to be based on myths and misconceptions. Community members demonstrated misconceptions about how COVID-19 is transmitted. A resident of Gezira noted that:

“I heard that COVID-19 is spreading through the wind blowing from China”.

“I believed that COVID-19 is a manufactured virus that is why it is still new and spreading through body contact”.

Some participants believed that COVID-19 was a mere cough. Others believed that COVID-19 was a curse from God designed to kill Africans. Some participants believed that people of South Sudan were not dying from COVID-19. To many more people with such beliefs, it is almost a wastage of time to practice the “preached” preventive measures because they think after all the virus is in the air and will not be avoided by washing hands or keeping social distance.

Other community members interestingly mentioned that the disease was manufactured by China to destroy USA and unfortunately spread to the rest of the world:

“I heard that the Chinese fired a missile into the air following the direction of USA; unfortunately it started killing them first because it infected the people who were operating the missile, and after some time it reached USA that’s why more people are dying in USA” (Community member, Leparate village 3, Yei).

On the whole, people hold low risk perceptions about COVID-19. They feel like health authorities and other response teams are exaggerating the magnitude and impact of the pandemic. Some participants believed that COVID-19 is a simple illness like a normal cold or cough. Some people had inadequate information on transmission of the virus and how long it lasts on surfaces. This low risk perception of the disease creates a vast laxity among community members regarding practicing of prevention and mitigation measures:

“I heard that corona is a mere cough. So anyone confirmed of the virus will not die because it infects and go away” (Participant, Yei county)

“I heard that the virus will be dead after 15 minutes when it lands on a surface like the chairs, tablets” (Participant, Jogomoni village-Yei).

One of the conspiracies being spread in communities is that COVID-19 is a disease for the affluent and cannot attack poor people. Worse still, some people believe that the disease mainly affects the white community and cannot severely injure or lead to mortality among black people such as South Sudanese people. For some participants who claimed COVID-19 to be spread by a bat, they
perceived South Sudanese bats to be too small to carry and spread the virus. The following statements illustrate such misconceptions surrounding the virus:

“I heard that all the people tested positive of COVID-19 in south Sudan are from Dinka tribe because they are then richest tribe in the Nation” (Participant, Erap village, Yei)

“I heard that this virus is not killing the blacks because their blood is strong and they take “kombo” sodium chloride” (Participant, Luparate 1 village, Yei county)

“I heard that the virus is only for the whites and brown people in Africa” (Participant, Luparate village)

“I heard that in Europe only the whites are dying but the blacks are not dying because they have strong body immunity” (Participant, Lomuku 1 village)

A female participant from Zamba area said: “I heard that the bats of south Sudan do not have corona virus because they are too small compared to those of china which are big enough to accommodate the Coronavirus”

**Persistent non-compliance to social distancing measures**

The above statements may explain why people still attend community gatherings in large numbers without wearing masks or practicing other preventive measures since they believe they are less prone to being infected by or dying from COVID-19.

We also observed a “rigid” belief in some African practices that people find difficulty avoiding no matter the situation. Appropriate examples include burial and marriage ceremonies. Most African people hold burial ceremonies so important since they offer comfort to the bereaved, keep them connected as a social group and nothing, including COVID-19 should stop them from strengthening this social fabric. Wedding ceremonies are on the happy end of the spectrum where such celebrations should be attended by anyone close to the family involved. Interestingly, traditional means of interaction and greeting such as hand shaking have persisted amid the pandemic since people feel it is part of their social and religious lives. Sometimes failure to practice these risks one being branded an outcast or labeled differently:

“In the community some people will greet you purposely and if you refused they will call you names that will make you feel bad” said a resident of Jigomoni Market.

“I have really seen that most homes are practicing hand washing these days but hand shaking has remained a challenge” (Participant, Luparate 3, Yei).

“I observed that some people especially the church leaders are refusing to avoid hand shaking” (Participant, Yei county).
“Most people in the community are still hand shaking themselves” (Participant, Erap village, Yei)
“I have seen that it’s very difficult for the people to stop hand shaking greeting in the Community”, said an old man in Gezira area

**Knowledge and awareness of COVID-19**

**Signs and symptoms**

Community members who participated in this pilot phase demonstrated an awareness of the existence of COVID-19 in South Sudan. Majority of those interviewed believed that COVID-19 was a serious condition which had the potential to kill. There was an awareness that COVID-19 was real. Participants were able to identify possible signs and symptoms of COVID-19. These signs and symptoms were fairly well articulated and appeared to be well understood by majority of community members.

Common signs and symptoms mentioned by participants included headaches, cough and difficulty in breathing.

**Limited awareness of determinants of COVID-19 and its’ epidemiology**

Notably some people, especially the younger generation have been made to believe that COVID-19 only kills elderly people. Younger people have adamantly defied preventive measures of social distancing, wearing masks, hand-washing and continued to live their lives normally by attending bars, markets and other crowded places. A soldier from one of the study areas mentioned that

“I heard that the Coronavirus only affects the elderly above the age of 65”

Another interesting finding was the belief that COVID-19 has a supernatural origin and is therefore a curse from God who is punishing mankind for the much sin committed against Him. Proponents of this perception therefore prioritize prayer instead of preventive measures. They believe that it is only God who can protect or cure them from the disease and rather not health workers, NGOs and their recommended new social behaviors and practices. They therefore insist on attending church and other religious gatherings in order to secure this divinely protection from God:

“The COVID-19 has come as a competition between the people of God and Satan that is why churches are now closed” (Participant, Yei county)

“I think this year is just a curse from God. It is a year where every sort of evil has to happen e.g. dying of people, outbreak of unexplained viruses, murder, rape etc” (Participant, Yei county).
A member of TTC church “I heard that COVID-19 was a demonic contamination of the atmosphere”.

“I believe that its only God who can cure COVID-19 19 when someone puts his or her trust in Him” (Participant, Jansuk village, Yei)

“I know COVID-19 can only be cured when you pray hard day and night” (Participant, Luparate 1 village, Yei county)

“I belief that when your great an infected person and mention the name of Jesus you will be safe from the Coronavirus”, said a resident of Mission Area

“The country is not going to be stable because they are continuing to disobey God e.g. God’s chosen people like the pastors were beaten by the national security”, said a resident of Lomuku 2

However, some participants disagreed with the conception that COVID-19 is a curse from God. For example a resident of Luparate 3 village said: “I think COVID-19 is not from God and if it was, then everyone on earth would have died”.

**Beliefs about treatment resorts for COVID-19**

The belief in traditional medicine and medical practitioners is another lingering negative perception reducing uptake of COVID-19 preventive measures. Belief in traditional medicine and means of curing illnesses is widespread in most African communities and South Sudan is not exceptional. Since people do not perceive COVID-19 as being too serious or severe, they belief that using simple traditional methods can cure the disease completely. We got many responses about participants who gave options of traditional cure for the virus. for example using local salt, eating certain traditional foods, mixing local ash with food, drinking ginger tea or other hot drinks, drinking tea without sugar, drinking a lot of alcohol and other usual herbs. A few statements made about belief in traditional solutions are listed below:

“I heard that a herbal medicine has been discovered in Madagascar which is on market now” (Participant, Kanjoro village-Yei)

“I heard that the virus in general fears bitter sources of foods like the “tegiri” blood night shade. Taking a traditional herb like Ant malia (majeje). I heard that taking muringa alofera daily is a good COVID-19 that cures COVID-19” (Participant, Jigomoni village-Yei).

“I heard that tea leaves when mixed with salt can cure COVID-19” (Participant, Kanjoro village, Yei)
“I heard corona virus can be cured when you eat “ mile kombo” sodium chloride” (Participant, Hai Delep, Yei)

“I heard that corona virus disease can be cured, when you take tea leaves mixed with salt and some local herbs such as jinga” (Participant, Kanjoro village-Yei).

“I heard that “lobutere and tegeri” is a good African sauce especially in South Sudan. It contains a chemical which can surely treat COVID-19” (Participant, Ronyi village, Yei).

“I know eating the roots of Maringa aloe Vera can cure COVID-19. Also coffee mixed with ginger can cure COVID-19” (Participant, Yei county).

“I heard that people’s hair is a medicine for COVID-19 when you burn it and mix with hot water it turns to oil”, said a resident of gizira.

“I heard that COVID-19 will be cured when you take marijuana mixed with alcohol and the virus will not work” (Participant, Luparate 3, Yei)

“Prayers alone can stop the spread of COVID-19 in South Sudan’ (Religious leader)

Limited/Inadequate awareness and uptake of preventive measures for COVID-19
We observed a general lack of adequate knowledge and awareness regarding COVID-19 preventive measures in the communities. The use of top-down approaches in handling the crisis has left uptake of mitigation measures on a low scale. Some community members hold negative perceptions about COVID-19 preventive measures because they have not been fully educated about them. An interesting statement made by a man from Jigomoni village clearly indicates much misinformation circulating within the villages:

“I heard that too much use of blue soap for hand washing will change your hands to blue colour” (Participant, Yei)
“I heard that people in villages are drinking alcohol as a prevention measure of COVID-19” (Said a man in Hai Simba 2 area).

Inadequate knowledge has also led to misuse of preventive equipment with worrying cases where people are drinking hand sanitizers or eating soap with a hope that it cures COVID-19. Others have resorted to excessive consumption of alcoholic drinks with a hope that these will prevent them from or cure the virus if they contract it:

“I heard that a man dissolved soap in water and drunk it as a permanent method of preventing COVID-19 because he is tired of daily washing of hands” (Participant, Yei county)

Although it appears as if communities are included in all preparedness and response activities, current interventions based on the social mobilization awareness model in South Sudan appear to facilitate limited dialogue with communities, instead relying primarily on one-way communication. Failure to involve as many community members as possible in planning and preparedness activities reduces trust in and ownership of recommended new social behaviors and practices, consequently reducing compliance.

Community members also hold negative perceptions about preventive measures and the new social behaviors recommended by responders because some measures are “tearing up” social institutions such as marriages and causing divisions among family and community members. For example, a woman from Kanjoro village said:

“Coronavirus is now causing a lot of division among family members especially between husband and wife since they are not allowed to sleep in the same bed”

Another impeding factor for uptake of measures to combat COVID-19 is language barrier. Some participants complained about most of the information on the pandemic being in English rather than their local languages. These information sources include posters, radio adverts or jingles and others:

“Jingles played on radio in an unfamiliar language”, one of the participants complained.

A considerable number of community members are not literate and these face difficulties understanding messages communicated in languages other than their mother tongues. This adversely affects uptake of COVID-19 mitigation measures.

**Mistrust and myths about COVID-19 response**

There is extended mistrust in the government, health workers, NGOs and other responders. Participants expressed anger concerning government officials who are using COVID-19 as an opportunity for swindling and misusing money provided by international organizations to fight the
pandemic. Also this lack of trust extends to general response measures including available drugs and medicines to reduce symptoms:

“I heard over radio Miraya that world health organization donated 10 thousand million US dollars for managing the spread of COVID-19 to south Sudan and later we heard that the 5 million dollars disappeared in the state house” (Participant, Kanjoro village, Yei).

A resident from Jigomoni village mentioned “I heard that the drugs that are imported to Yei have the virus of COVID-19”
A resident of Kanjoro village similarly mentioned that “I heard that the vaccine of corona was sent to Yei and Lainya for trial and people refused to be vaccinated since the vaccine has the virus”.

“I heard that the vaccine for COVID-19 is out but needed to be tested first on the Africans by the whites because they are black people with strong immunity” (Resident, Dimiliko village, Yei).

Another issue identified to be reducing trust and belief in the realness of the disease is that some of the responders themselves do not follow social distancing guidelines, wear hand gloves or face masks during their operations. This could make community members not believe the realness and seriousness of COVID-19:

“All the people working with the NGOs are not keeping social distancing e.g. travelling in big number in a vehicle” (Resident, Jigomoni village-Yei county).

“I heard that COVID-19 is in Juba and it was spread by some UN staff who were sent by America with a goal of infecting the south Sudanese” (Participant, Kanjoro village, Yei).

Worse still, participants complained that government officials have failed to control border points by continuing to allow “their own people” to enter South Sudan yet some of these bring the virus from other countries. This further negates trust in government and other COVID-19 responders:

“The government has failed to control the border entry points and people are entering from DRC especial from lasu Payam” (Participant, Jigomoni village- Yei)

“I heard that it was the president of South Sudan who permitted the son of the late justice minister to enter into the country infect the fellow south Sudanese despite rejection from the authorities from the airport” (Participant, Jigomoni village- Yei)

Concerns about COVID-19 response:
Participants expressed concerns and disapproval over the COVID-19 response in their communities. There were reports of poor implementation of COVID-19 prevention guidelines namely repeated use of the same pair of gloves by bankers, community mobilisers without masks, discrimination in food distribution. Many reported displeasure with government response to the pandemic, saying they did not feel the government was doing enough to protect citizens from the corona virus. They further reported that supplies like hand washing containers were not readily available, radio advertisements on Corona Virus were not in a language that listeners understood and therefore people in rural areas did not reportedly receive information about COVID-19. Some sanitation supplies were inadequate for example provision of supplies like soap and buckets to only people they knew.

“The networkers are not doing the right thing in the community because they are always segregating us while distributing items” (Ref 1)

“The networkers in my area when given the opportunity to distribute soap, buckets they segregate and mostly distribute these items to their relatives” (Ref 2)

“We are told to stay home when one develops the symptoms of corona, so how will such a person access the services from the health facility” (Ref 18)

“Why are you always teaching us about hand washing and yet you are not providing us with washing facilities e.g. buckets and soap” (Ref 23)

Common questions and complaints that were asked by community members

The community had common, recurring questions. They sought information about numerous issues including whether COVID-19 was really a natural or artificially manufactured disease. Some participants asked whether

Questions

“Why did government of South Sudan allow people who had travelled out of the country back during this COVID-19 pandemic” (Ref 2)

“Is there really going to be support on free medication during this crisis and wanted to know who are responsible for helping the people whether it’s the NGOs or the Government?”

“How can South Sudan manage COVID-19 with embezzlement of funds?”

“What are other countries using for treatment?”

“Where are the confirmed cases hospitalized?”
“How will we survive with no food distributed?”

“What are plans of NGOs as Government plans a lockdown?”

Complaints

Community members shared numerous complaints when asked about any issues they felt resulted from the COVID-19 pandemic. Common complaints focused on the state of health facilities as well as government interventions to address issues arising out of the COVID-19 pandemic. They expressed dissatisfaction with distribution of hand washing supplies which were needed to ensure hand washing. Participants reported that they were not able to access or purchase hand washing supplies such as soap and buckets to adhere to COVID-19 preventive measures particularly pertaining to regular hand washing.

“We don’t have money for buying hand washing facilities e.g buckets and soap”

The community also felt that during the COVID-19 crisis, other diseases of importance were neglected, communities were no longer receiving messages on prevention of diseases like typhoid and malaria which remain endemic in this setting.

“Why are other diseases given less concern, no messages on how the community can prevent these other diseases e.g. typhoid, malaria etc.” (Ref 9)

“Why is it that surveillance team not responding to the sickness reported in the community” (Ref 12)

Macro-sociological structural factors that influence COVID-19 response and experiences

Besides the negative beliefs and misconceptions of COVID-19, there are related factors embedded within broader government, health and international organizational systems that reduce uptake of prevention measures. There exist broader factors beyond individual community members that compel them to breach the recommended new social norms and ways of living. Participants indicated encountering some disruptions in their socioeconomic livelihoods attributed to COVID-19 and the subsequent health guidelines. Closure of markets, shopping centers, public transport and other disruptions in people’s livelihoods influence community coping mechanisms. For example, people are still compelled to go to the market to earn a living and sometimes it is difficult to follow health guidelines in such congested places:

“Through my observations these days’ people are following social distancing guidelines and no hand shaking but it’s not being practiced in the markets” (Community member, Luparate village 3, Yei).

Also, diminished economic levels make it difficult to purchase necessary equipment for protection against COVID-19 such as hand gloves, face masks, soap, hand sanitizers and paying water bills among others. Moreover, access to water for domestic use is problematic in most parts of South
Sudan further discouraging people from following preventive measures. Some participants also complained about some community responders and mobilizers being discriminatory by giving hand-washing equipment and food aid only to the people they know:

“We cannot afford to buy the hand washing facilities e.g. the buckets and soap. Hand sanitizers are also very expensive to afford (Participant, Jigomoni village- Yei).

“We don’t know why most of the services are not reaching us at the UNMISS Refugees camp in Yei e.g. provision of hand washing facilities and the causes of the disease” (Participant, Kanjoro Village-Yei county).

Therefore increasing uptake of COVID-19 control and mitigation measures requires vested efforts from governments, local NGOs and international humanitarian organizations to encourage local participation through intensified community engagement with risk communication and sensitization. Also, provision of alternative livelihood means could facilitate uptake of prevention measures.
Summary

**Prevention of COVID-19**

There are misconceptions about ways in which COVID-19 can be prevented. These included drinking lemon tea, eating traditional foods, consuming hot drinks, consuming tea without sugar. In the same vein participants suggested that treatments and cure for COVID-19 included alcohol, consumption of a lot of salt, consuming lemon and ginger tea. Also participants referred to other potential cures for COVID-19 as involving prayer. Some participants believed that prayer alone could prevent the spread of COVID-19 in South Sudan.

**Behaviors/Practices of desired public health and social measures**

**Practicing Public Health Preventive Measures of COVID-19**

Practices of preventive measures for COVID-19 were reportedly mixed. Participants reported that people were endeavoring to practice preventive measures as prescribed by the government. These included washing of hands, no hand shaking and social distancing. However participants also reported that in some areas, COVID-19 preventive guidelines were not being sufficiently adhered to. Some of these included, continued overcrowding in markets, hand shaking was still being observed as well as inadequate handwashing particularly in young children.

**Treatment and cure of COVID-19**

Misperceptions about treatment of COVID-19 remain prevalent. Many participants reported that traditional home remedies could be used effectively to treat and cure COVID-19. These included herbal tea concoctions which comprised of ginger, coffee, Moringa and aloe vera. Others believed that COVID-19 could be treated and cure with a mixture of different herbs as well as some alcoholic drinks.

**Perceptions about trust in control measures and government response**

Participants regarded government response as inadequate further explaining that some directives were not necessarily being enforced. They reported that government was not taking any action to protect its citizens from the corona virus.

Participants raised concerns about their trust in the government’s use of resources. Participants made mention of money allegedly donated by the World Health Organisation which they believed had now disappeared. In addition, participants reported a mistrust in the information they received on persons under quarantined, they perpetuated beliefs that this quarantine was “fake”.
