Title: Digital literacy of young community mobilisers for COVID-19 response in South Sudan

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Introduction

Ongoing social sciences research undertaken by the CDC[1], the IFRC[2] and the UNICEF[3] in the Democratic Republic of Congo identified "community mistrust" of the response and health authorities as a key factor that continued to drive transmission and the epidemic in the DRC.[4] While the DRC was on the road to being declared free of Ebola, the danger still loomed. Therefore, the neighboring countries such as South Sudan remained at risk of EVD and thus preparedness efforts could not cease. During the implementation of a community feedback project in South Sudan, led by the Communication for Development Unit of UNICEF South Sudan and funded by the CDC in Atlanta USA, several difficulties due to digital divide needed to be tackled to respond to COVID-19 outbreak. To this end, a system was established to collect community misperceptions regarding the ongoing epidemics of COVID-19 and Ebola in neighboring countries and in South Sudan. Findings and recommendations were shared with health authorities, response leaders, and partners to inform their programming for relevant follow-up actions.

The project aimed at the establishment of a community feedback mechanism which allowed to collect and respond to community misperceptions in near-real-time every two weeks, by using Tablets and the ONA platform[5]. Throughout operation research, the UNICEF and CDC built digital literacy among young people with the aim to tackle misinformation about health-related issues thanks to community engagement and social mobilization networks in South Sudan. Digital literacy was promoted among young people, to developed critical thinking with regards to rumors, fake news, and misperceptions. This action was possible in the period of the COVID-19 emergency especially thanks to the use of digital technologies that connected Atlanta with Juba and Juba with Yei, for training distant teams and analyzing data. Therefore, media and information literacy let the voice of poor communities in the areas with the highest rate of digital divide to be heard from the USA at the CDC headquarters, with the purpose to improve outbreaks response in South Sudan, as well as in other African countries.

Purpose

The paper wishes to present how increasing the digital literacy of young community mobilisers contributed to overcome some of the challenges related to COVID-19 outbreak response. The community feedback project was expected to lead to improved insights into community misperceptions regarding COVID-19 and community coping strategies during outbreaks; the idea was to understand the social and anthropological factors which could influence "community mistrust" towards public health responses. This goal could be achieved thanks to the use of digital tools, such as Tablets, the ONA platform and online training platforms.

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[1] The United States Centers for Disease Control and Prevention.
[2] The International Federation of Red Cross and Red Crescent Societies.
[3] United Nations International Children's Emergency Fund.
[4] Baggio, O., Camara, C. A., Prue, C. (2019), Bringing community perspectives to decision-making in the Ebola response in the Democratic Republic of Congo, *Humanitarian Exchange*. https://odihpn.org/magazine/bringing-community-perspectives-decision-making-ebola-response-democratic-republic-congo/
[5] The ONA system is a mobile survey software, used by UNICEF to collect and manade data https://ona.io/

Methodology

The adopted methodology was designed based on a previous research published in the Democratic Republic of Congo by the International Federation of the Red Cross in 2019 on the Ebola outbreak. UNICEF began testing the same protocol in February 2020 in Yei, a county in South Sudan. Starting in March 2020, together with UNICEF South Sudan's Communication for Development team and CDC Atlanta's Behavioral Sciences Unit, the same tools for data collection and coding were adapted to the local context of four counties in South Sudan and the ongoing health emergencies of COVID-19, polio, Ebola, measles, cholera. From mid-April to mid-June 2020, the pilot was undertaken with the UNICEF and the TRISS[6] offices of Yei, Kajo-Keji, Juba and Morobo. During the pilot study, data collection tools were adopted, and the protocols were adjusted based on the specific context of South Sudan. Only passive notetaking methods were used. A codebook was developed through a collaborative approach with the data team during training days organized twice a week in May and June 2020 at the UNICEF Office in Juba.

Sixty-nine social mobilizers collected data in four counties, including three counties bordering Uganda and the Democratic Republic of Congo: Juba, Yei, Morobo, Kajo-Keji. They were trained as eight note takers, five data entry officers, five coders, three supervisors, forty-eight social mobilizers. The data flow in the four counties and the key activities to reach this result of a near-real-time reporting mechanism were represented in this graph.
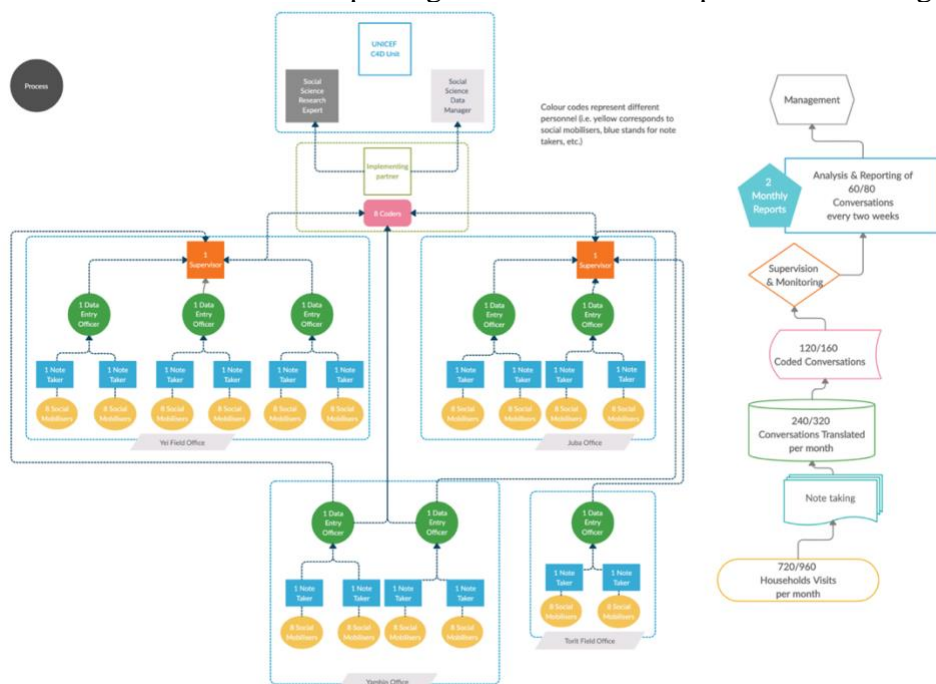

Figure 1. Data flow in four counties

One of the most innovative aspects of the project was the use of tablets and the ONA platform to collect and analyze data, in areas with high digital divide and low digital literacy. The advantage of the ONA platform was that it allowed to enter data offline in field environments. This function was particularly important in countries such as South Sudan, where a large part of the community did not have access to the Internet.[7] The research involved a particularly vulnerable social group, such as young people in conflict areas and the most disadvantaged and poor populations in the world, including refugees and victims of violence.

A major result: overcoming digital divide through digital literacy

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[6] T.R.I.S.S., The Rescue Initiative in South Sudan, is the South Sudanese NGO which partnered with UNICEF for this CDC project.

[7] The development of this project was possible thanks to the collaboration with the South Sudanese NGO, T.R.I.S.S., The Rescue Initiative in South Sudan.

The novelty introduced was the use of Tablets, the development of an online digital platform designed for data collection and analysis through ONA and the training of young people in the use of digital technologies. A protocol for data collection and analysis, both online and offline, was specifically designed. Most young people in South Sudan don't have their own computer; therefore, UNICEF provided an easy-to-use device, such as a Tablet. Initially, data collection in the households was mainly done offline, in paper format, due to the limited digital literacy and technological capacity of young community mobilisers. Following households' visits, the information was transcribed and translated using Tablets, sent to the ONA platform, finally coded, and analyzed. After two months of the pilot, bi-weekly trainings increased the digital literacy of young social mobilisers; this represented a first step toward the reduction of the digital divide in South Sudan. Youth learned how to use Tablets to collect and analyze health related data online/offline.

Nevertheless, the digital divide implied unpredictable delays in data collection and capacity building, especially in the most remote and unsecure areas. Moreover, during the project implementation, COVID-19 restrictions banned travel in the country; therefore, online trainings had to be organized with the distant field offices; moreover, the apps were installed on the Tablets in Juba to be sent to the fields. These online training activities encouraged the investment in strengthening the Internet connectivity in field offices, such as Yei, Morobo, Kajo-Keji. The main results of the project were that COVID-19 outbreaks positively impacted on the digital divide in South Sudan, digital tools were adopted, Internet connectivity was improved, and digital skills were provided.

Conclusions

For one year, both the UNICEF office in Juba and the offices in Yei, Morobo and Kajo-Keji have been transformed into laboratories for media and information literacy with the aim of tackling misinformation. An immediate result of raising awareness about immunization was that South Sudan was declared polio-free, together with other 47 African countries, in August 2020, after four years without a case of wild polio.

Both the city of Juba and the villages of South Sudan were digitally interconnected to other cities far away from the African continent; that was possible thanks to the skills acquired by young people, the use of Tablets, the digital tools to collect data from areas isolated by the digital divide. The development of digital skills allowed South Sudanese communities – especially the youngest ones – to relate to a broader environment, which transcended national borders, and allowed them to face the emergencies and epidemics more efficiently.

To achieve this success, the efforts of the risk communication working group were needed and the collaboration of all partners involved in rumor tracking and response; these activities were aimed at reducing misinformation in the community and responding to community rumors on health issues. Consequently, correct information fueled scientific thinking and increased community confidence in the local health systems. Therefore, nowadays, with the ongoing COVID-19 vaccination campaigns this study is particularly necessary to understand the key role of addressing disinformation through media and information literacy in Africa.[8]

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[8] More details about these initiatives are available at these links: https://www.africakicksoutwildpolio.com/ y https://polioeradication.org/ (OMS, 2020).

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