



COVID-19 Vaccines in Humanitarian Settings and Fragile States

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COVID-19 VACCINES IN HUMANITARIAN SETTINGS AND FRAGILE STATES



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(Photo by Barbara DEBOUT / AFP)

COVID-19 VACCINATION IN NIGERIA: **CONSPIRACY AND MISINFORMATION ABOUT THE DISEASE AND** **VACCINATION IN NIGERIA**

OUTLINE

- 1 BACKGROUND & COVID-19
MISINFORMATION IN NIGERIA**
- 2 GOVERNMENT EFFORTS TO
ADDRESS MISINFORMATION**
- 3 LESSONS LEARNED FOR
IMPLEMENTERS TO STRATEGIZE**

1.0 BACKGROUND

- ❑ COVID-19 vaccine hesitancy is a worldwide problem worsened by misinformation and conspiracy theories about the disease and the vaccines. These false narratives have spread rapidly across the globe through ubiquitous internet and social media platforms
- ❑ Rumors, misconceptions and propaganda about vaccines have for a while been a major threat to immunization in Nigeria resulting in widespread distrust and hesitancy especially to routine vaccinations
 - ❑ Hesitancy to Polio vaccines owing to rumors that it contained sterilization agents resulted in a boycott of OPV in Northern part of the country in 2003 significantly derailed the country's effort towards polio eradication¹
 - ❑ Similarly, in 2017, propaganda about the safety of vaccinations resulted in outright mistrust and refusal of routine immunizations in the South-eastern part of the leading to a significant drop in immunization coverage in the region²
- ❑ COVID-19 has faced a myriad of conspiracies and rumors which has significantly affected the uptake, demand and acceptance of its vaccines in Nigeria

1. Kaufmann JR, Feldbaum H. Diplomacy and the polio immunization boycott in Northern Nigeria. Health Aff 2009;28(4):1091–101. <https://doi.org/10.1377/hlthaff.28.4.1091>.
2. Oyebanji O, Ofonagoro U, Akande O, Nsofor I, Ukenedo C, Mohammed TB, et al. Lay media reporting of monkeypox in Nigeria. BMJ Glob Heal 2019;4(6):e002019. <https://doi.org/10.1136/bmjgh-2019-002019>

1.1 COVID-19 MISINFORMATION IN NIGERIA

More than 50% of Nigerians have heard of one or more misinformation or conspiracy about COVID-19 virus, the vaccine and government's response¹

Misconceptions about the virus

- Virus was created in a laboratory by man
- Virus is a punishment from God and a sign of end of times
- Virus cannot survive the heat in Nigeria and is a rich man's disease

Misconceptions about government's effort

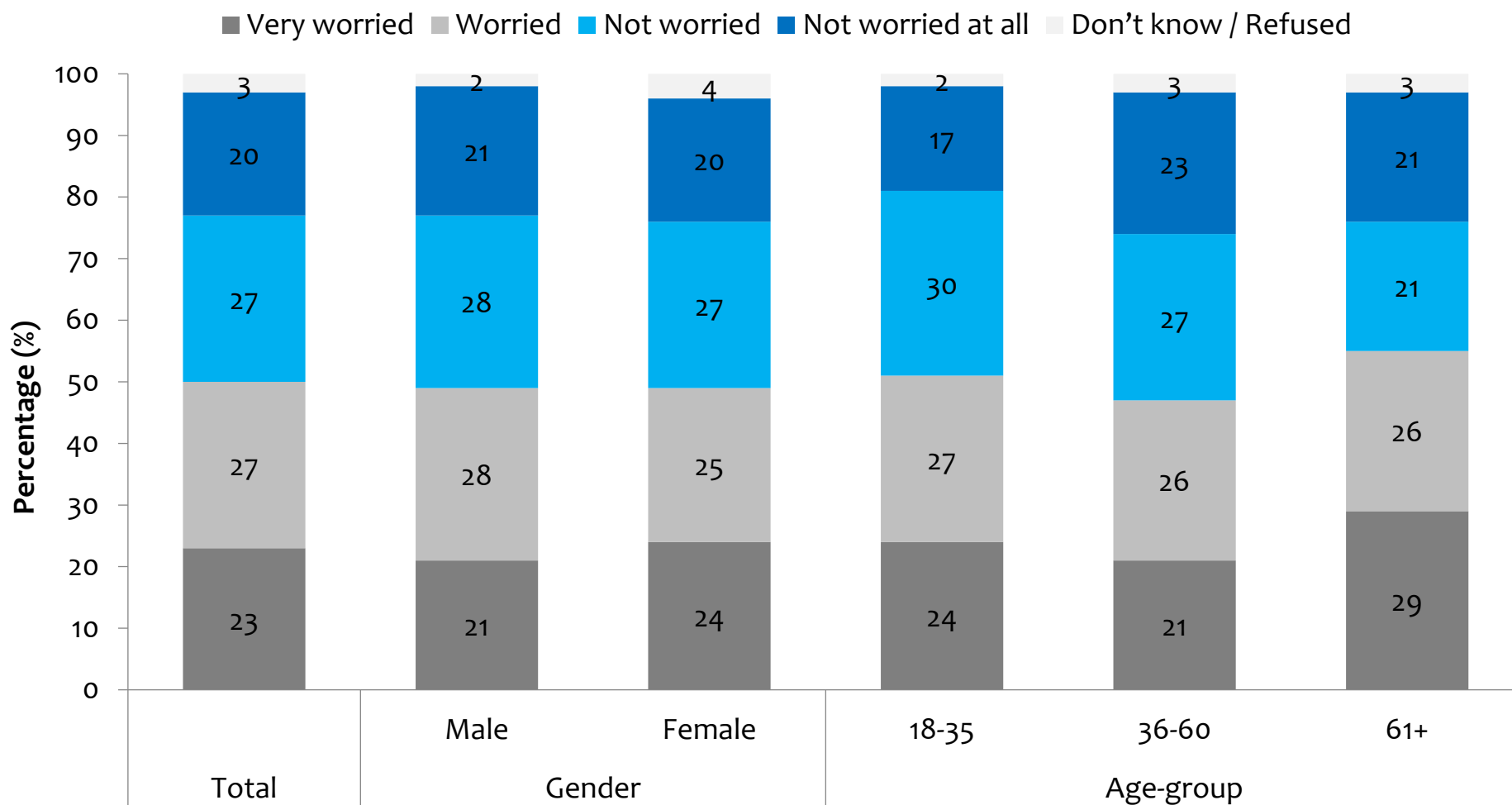
- Cases are made-up and isolation centers are photoshopped
- Government using it as an opportunity to get funding and siphon money

Misconceptions about the vaccine

- Vaccines are tools to reduce African population
- Vaccines changes ones DNA and alters body metabolism
- Money-making scheme by Bill Gates

1.1 COVID-19 MISINFORMATION IN NIGERIA

About 50% of Nigerians are not worried about the spread of COVID-19 disease due to mistrust in the existence of the disease or due to conspiracies



2 NIGERIA'S EFFORT TO ADDRESSING COVID-19 HESITANCY

Following the widespread distrust in COVID-19 vaccination, Federal Ministry of Health in collaboration with National Primary Healthcare Development Agency implemented an array of strategies

1	Partnership with Community Support Organizations (CSOs), public figures and private sector	Ministry of Health partnered with banks, schools, government MDAs, NGOs, CBOs, CSOs actors and other influential persons in the communities to enlighten the public about the safety of COVID-19 vaccines and encourage its acceptance
2	Dialogue with religious or traditional leaders, media houses through town hall meetings	Leadership of NPHCDA conducted tours across the 6 geopolitical zones of the country to advocate for the safety of COVID-19 vaccines and engage in dialogue with relevant community stakeholders on the acceptance of the vaccines
3	Community engagement through mass media, mainstream media and social media	Rollout of entertaining, informative and educational skits on COVID-19 vaccination in different languages, jingles on radio and tv stations, tv shows on the need and safety of vaccines and engagements and polls through twitter, SMS, Facebook and Instagram

2.1 NIGERIA'S EFFORT TO ADDRESSING COVID-19 HESITANCY

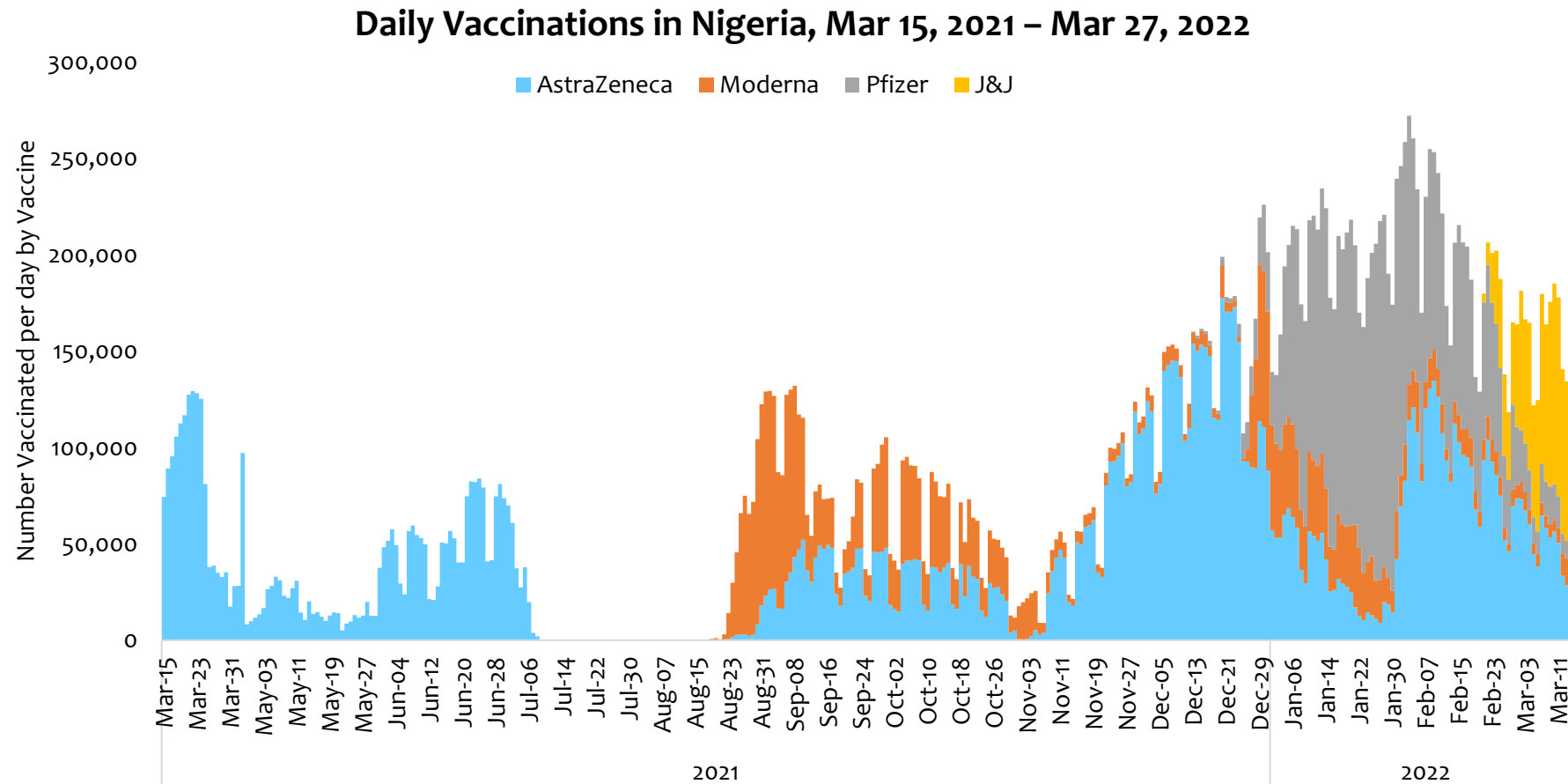
Additional strategies were rolled out to improve the uptake, accessibility and availability of the vaccines and boost the population's immunity against the disease

5	Introduction of Vaccination finder APP	NPHCDA recruited developers to design and rollout a vaccination finder app which uses geo-location to guide clients to the nearest COVID-19 vaccination site and RI centers to ensure seamless access to vaccination sites (www.vacsitefinder.nphcda.gov.ng)
6	S.C.A.L.E.S 2.0 Strategy	The Re-launching of S.C.A.L.E.S 2.0 strategy to expand COVID-19 vaccinations to private facilities, academic and medical institutions, and densely populated areas

S	C	A	L	E	S
Service Delivery	Communication	Accountability	Logistics	Electronic Registry	Supportive Supervision

2 NIGERIA'S EFFORT TO ADDRESSING COVID-19 HESITANCY

As at 27th March 2022, following intensified government efforts, community engagement and mobilization activities, more than 21 million eligible people have received the first dose of a COVID-19 vaccine of which about 40% have been fully vaccinated



3 LESSONS LEARNED FOR IMPLEMENTERS

- ❑ **For the success of any vaccination or health program prone to misconceptions, It is extremely important to identify and understand the extent of the misconceptions surrounding the program**
- ❑ **This will allow for the identification of the root-cause and origin of the misinformation to enable targeted implementation of context specific strategies to improve the public's confidence**

To achieve this, there is need to :

Strengthen social mobilization strategies to increase the awareness and knowledge of the population on health services

Increased investment in community engagement structures to improve involvement of the communities in health services

Leverage people-centric strategies to understand the concerns, expectations and needs of the communities to inform context specific interventions

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THE NATIONAL COUNCIL OF CHURCHES OF KENYA - NCCK - Organisation Background.

- NCCK is a membership organization that brings together 32 Protestant Churches (denominations) and 18 Christian-based Organizations in Kenya.
- It was founded in 1913 with the aim of providing Churches with a common platform to address issues facing the Kenyan citizenry.
- Since its formation, NCCK has been a key player in mobilizing Kenyans for social, economic and political engagements regarding the issues that confront the nation.

- It's guided by the Vision, "One Church; United in Faith and Mission Witnessing to Jesus Christ and Transforming Lives," and the Mission, "Holistic transformation of lives for a just, resilient and sustainable society".
- The Council's strength is derived from its structure and network of member churches spanning National, Regional, County, Ward and Community levels.
- In this structure, the member Churches and Organizations come together at the County level to form County Coordinating Committees (CCCs), and then four to six counties are clustered to form a Region.

- The Council has divided the country into 9 Regions, 47 County Coordinating Committees (CCCs) and 1360 Ward Working Groups (WWGs) which serve as the primary theatre of activity.
- National Council of Churches of Kenya- is a body corporate duly incorporated under the provisions of the Trustee (Perpetual Succession) Act (Cap 164 of the Laws of Kenya).
- NCCK implements various projects in the above locations under the following thematic areas as entrenched in the current 7th corporate plan;

Cont'd

- 1) Climate change, food security and Natural resources
- 2) Education, Health and Nutrition (Running three hospitals)
- 3) Governance, Peace and Security
- 4) Leadership and Capacity development
- 5) Migration, Displacement and Humanitarian response

Back ground work of NCCK work in the Camps

NCCK has been in the camps since 1992 for Dadaab camp in Garissa County and in Kakuma in Turkana County since 1994 where we began our work on Reproductive Health and HIV Program.

COVID 19 VACCINATION IN HUMANITARIAN SETTINGS IN KENYA

- Kenya has been a host of refugees for more than 30 years now.
- This is due to protracted crises affecting the neighboring states of Somalia, Ethiopia, South Sudan, Democratic Republic of Congo and Burundi.
- Kenya hosts 2 large refugee camps, while a number of refugees stay in urban areas
- Kakuma camp hosts refugees, Dadaab camp hosts and around stay in urban areas.

- The COVID 19 vaccination effort has been coordinated by the UNHCR, County and National government through the health departments and ministries, Implementing partners including International Rescue Committee, The Kenya Red Cross, MSF, and Africa inland Church, and National Council of Churches of Kenya.
- The camp facilities are operated by UNHCR and implementing partners and have been designated as vaccination centres. Thus refugees and asylum seekers are able access vaccines

CAMP	No of Persons of Concern fully vaccinated	Proportion of the population fully vaccinated
KAKUMA & KALOBEYEI SETTLEMENT	18,027	17.0%
DADAAB	28,058	25.5%
REST OF THE COUNTRY		

In urban areas the refugee and asylum seekers are able to receive the vaccines in any vaccination centre wherever they are.

- The IRC conducted COVID 19 Hesitancy between July 30th and Aug 6th 2021.
- The vaccine hesitancy rate was found to be 25.2% with 106 respondents out of the interviewed 420 reporting against being vaccinated. The report gave more insight on some of the key elements that assess behaviors, attitudes and practices in regards to the COVID-19 pandemic and vaccination.
- A high hesitancy rate was reported amongst Kenyans, coming second to Rwandese, with: *(continued)*

- 23 out of the 62 (37%) interviewed reporting to be hesitant.
- Two Rwandese were interviewed all reporting hesitancy to Covid-19 vaccine. They were
- Closely followed by Sudanese at 31% and South Sudanese at 27%.
- The lowest hesitancy rate was reported from Somalis at 14%.
- 11% of the respondents reported to have a disability

SUCCESSSES

- Inclusion of refugees and asylum seekers in the national response of the COVID 19 pandemic including vaccination. Thus refugees and asylum seekers are not marginalized.
- Availability of different vaccines increased the up take with many choosing the single dose vaccine, J& J.
- Opening up of more vaccination outlets in the country increased the up take to some extent too.
- Kenya has a huge population of young people of whom had high resistance of the virus.

Challenges

- Vaccine Hesitancy. *Advocacy needed among refugees.*
- Initial unavailability of vaccines in the country's stockpile and challenges with storage and logistics. This has since improved and vaccine supply is regular. However, more doses needed to cover the gap.
- Fictions and Rumours spread through social media kept many away from receiving the vaccines.
- Needle Phobia for the jab. Naturally, many people have phobia of injections from childhood.

- Complaisance- After the Government lifted the strict containment measures, very few Kenyans are seeking to get vaccinated.

The end

Q & A

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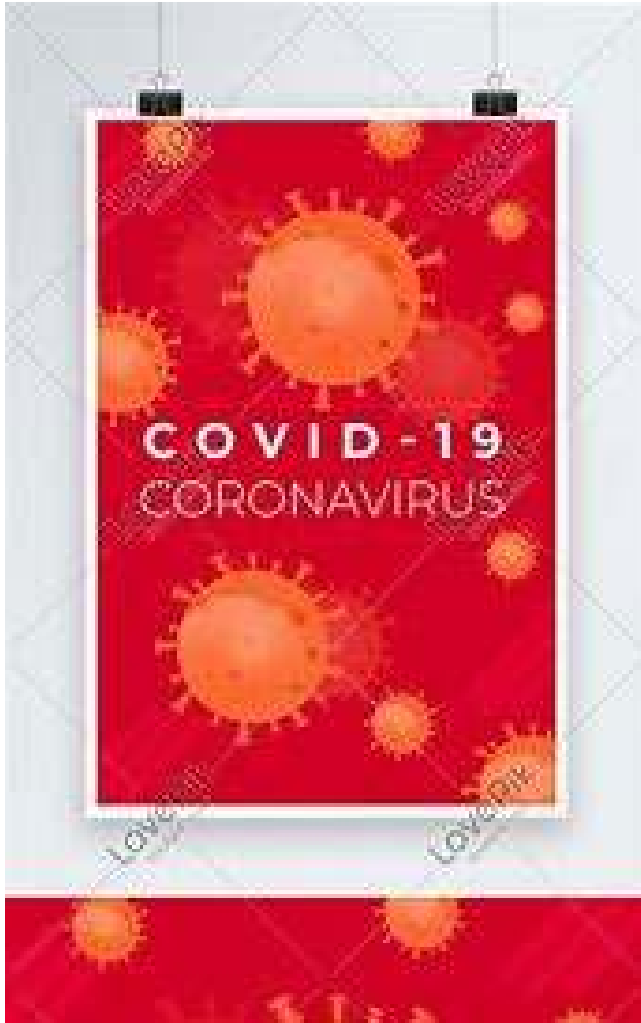


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Current Situation



- The current population of Uganda is approx. 48 million people
- Of this population 17% are fully vaccinated while 30% are partially vaccinated – by Mid March 2022 (one year after launch of COVID 19 vaccination drive)
- Uganda has received roughly 36 million COVID-19 vaccines – approx. 17 million doses administered nationwide so far
- Uganda hosts about 1,595,405 million refugees and asylum seekers (about 600,000 are adults)
- Refugees are included in the national COVID-19 response and vaccination plan same as nationals
- About 222,400 (33.9%) refugees have received first dose while 24,102 (4%) have received 2nd dose (UNHCR update, March 2022)
- Refugees live in close quarters exposing them to high risk

Challenges

- Myths, misconceptions and rumours surrounding COVID 19 vaccination have contributed greatly to vaccine hesitancy.
- Insufficient information on benefits of vaccines, effectiveness, locations offering vaccines, available vaccine types, vaccine mixing e.t.c
- Insufficient healthcare infrastructure for delivering and storing vaccines especially in the hard to reach areas
- Long distance to health centres offering the vaccines, especially for vulnerable groups
- Requirement for IDs hence affecting those without
- Discrimination at health centres
- Lack of compliance in getting full dosage rendering the vaccine ineffective
- Re-opening of the economy thus people have assumed that COVID-19 is over thus reducing uptake of the vaccine
- Vaccine certificates – Some people who have been vaccinated still face challenges in accessing the vaccination certificate, due to information gap from the health centers into the MoH system.

Successes

- Coordination among government, UN agencies and NGOs enhanced access to vaccines for humanitarian workers.
- Enhanced access to vaccines for Humanitarian workers contributed to boosting confidence in COVID-19 vaccination for others
- Health partners in each settlement led the coordination efforts in providing information for vaccination drive, conducting vaccination and provision of information to MoH.



Successes

- Targeted sensitisation strategies employed to break barriers to vaccination, increased knowledge and awareness.
- Vaccination conducted at food distribution points
- Organizations and government efforts to create policies/procedures/directives on vaccination contributed in increased vaccine uptake
- MoH provision of single shot vaccine "Johnson & Johnson" became a major turning point resulting in increased vaccine acceptance.



WAY FORWARD

- Conduct risk communication and community engagement informed by **barrier analysis** and using multiple channels and local languages
- Robust community mobilization through community groups and using relevant approaches
- Make vaccines more accessible through conducting outreaches
- Provide necessary support for most vulnerable groups to access vaccines
- Build capacity of frontline health workers to prevent discrimination and administer vaccines professionally
- Have flexible ID requirements for vaccination e.g. alternatives such as ration cards



ACKNOWLEDGEMENT

This presentation is informed largely by a study conducted by OXFAM titled

“Access to COVID-19 vaccines for Refugees in Uganda, February 2022”, UNHCR update for March 2022 as well as conversation with refugee and host community members within West Nile Sub Region of Uganda.

CORE Group Vaccine Confidence Resources

- **COVID-19 Vaccine Confidence Resource Library**
 - <https://coregroup.org/resources/covid-19/>
- **The COVID-19 Vaccine Saves Lives Animation**
 - [English](#)
 - [Swahili](#)
 - [Nigerian Pidgin English](#)
- **COVID-19 Vaccine Confidence Social Media Toolkit**
 - [English](#)
 - [Swahili](#)
 - [Luganda](#)
 - [Nigerian Pidgin English](#)

