

# Promising Practices for Engaging Local Faith Actors (LFAs) to Promote Uptake of COVID-19 Vaccination

Lessons Learned from Four Countries: *Ghana, Indonesia, Sierra Leone, and Uganda*

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MOMENTUM Country and Global Leadership  
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# Contents

## **SECTION 01**

Purpose and Methods

## **SECTION 02**

Headlines and Takeaways

## **SECTION 03**

Promising Practices for Engaging LFAs  
in COVID-19 Immunization

## **SECTION 04**

Working with LFAs for COVID-19  
Vaccination

## **SECTION 05**

COVID-19 Vaccine Hesitancy Trends

## **SECTION 06**

Annexes

**01** Key Informant Organizations

**02** Country-Level COVID-19 Vaccination Snapshots

**03** References and Helpful Additional Resources



## SECTION 01

# Purpose and Methods

# Purpose of MOMENTUM Country-Level Deep Dives



Identify **actionable and evidence-based recommendations** for engaging LFAs in promoting the uptake and/or delivery of COVID-19 vaccination in USAID partner countries.



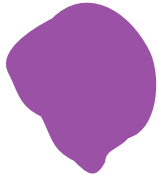
Address evidence gaps identified in the USAID MOMENTUM July 2021 [global evidence summary](#) on the effects of faith actor engagement on the uptake and coverage of immunization in low- and middle income countries (LMICs).

***Supports MOMENTUM Country and Global Learning Question 3a3:***

*How can vaccination programs effectively work with faith-based systems to address misinformation and promote appropriate health-seeking behavior, such as vaccine uptake?*



*Church leaders are sharing pictures of being vaccinated on social media platforms. They went viral encouraging their followers to do the same. They are leading by example.*



**Key Informant Interviewee (KII) in Sierra Leone on the enthusiasm religious champions are showing in promoting COVID-19 vaccination**

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# Methods



- Rapid informal desk review of peer-reviewed and gray literature.
- Virtual semi-structured qualitative interviews with expert key informants drawn from 17 faith-based organizations (FBOs), government, and civil society (see [Annex 01](#)).

## Country Selection Criteria

1. Documented history of vaccine hesitancy and evidence of successful approaches to engaging LFAs to address it.
2. Robust presence and influence of religious leaders in household decision-making.
3. Ability to contribute new learning on promising practices for engaging LFAs in COVID-19 immunization efforts.
4. USAID geographic interest and investment, including synergy with other MOMENTUM programming.



## SECTION 02

# Headlines and Takeaways

The findings from this review aligned to most original findings from USAID MOMENTUM Country and Global Leadership's July 2021 **global evidence summary** on the effects of faith actor engagement on the uptake of vaccines in LMICs.

# Top Headlines and Takeaways across the 4 Countries



Numerous promising practices for engaging LFAs found that may be adapted and/or scaled in similar contexts to encourage COVID-19 vaccine acceptance. These promising extend beyond “Sermon Guides.”<sup>1</sup>



In particular, public COVID-19 vaccination by top religious representatives seems to have a positive effect on increasing vaccine uptake in highly-religious settings.



COVID-19 vaccine social media disinformation—at times promulgated by LFAs—is an unprecedented threat to vaccine uptake in study countries; it is also an opportunity.



LFAs are currently being sub-optimally engaged and supported for COVID-19 vaccination promotion and delivery, a missed opportunity as vaccine supply increases



# A Way Forward



Engage and invest in LFAs in highly-religious LMICs as central partners in COVID-19 vaccination promotion and delivery. Build on current enthusiasm among LFA in combating COVID-19, leveraging their extensive infrastructure and cash and in-kind donations for increased impact.



Review recommended promising practices ([Section 03](#)) and identify where your institution can play a role based upon your mission and mandate. Adapt and scale promising practices in similar settings, recognizing that COVID-19 vaccine acceptance drivers vary by country, requiring analysis and tailored approaches by context.



Conduct formal, informal, and practice-based assessments and evaluations to gather new learning and fill knowledge gaps around the engagement of LFAs in COVID-19 vaccination efforts.



### SECTION 03

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Please see **Annex 02** for detailed  
recommendations by country

## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice	Selected Country-Based Examples/Interventions
<p>Strengthen support for COVID-19 immunization, including addressing any religiously-linked concerns to vaccination through theological and scientific analysis and sensitive dialogue.</p>	
<p><b>1</b></p> <p><b>Engage in dialogue with religious leaders using traditional books/scripture</b>, exploring the theological dimensions of specific antigens and linking COVID-19 interventions and vaccination to spiritual principles.</p>	<ul style="list-style-type: none"> <li>• <b>GHANA, SIERRA LEONE:</b> <a href="#">World Vision’s Channels of Hope</a> COVID-19 modules provide a framework for engaging faith leaders and communities for COVID-19 vaccination, combining dialogue, analysis of religious texts, and exploring social norms to increase the adoption of vaccination.</li> <li>• <b>GHANA:</b> <a href="#">Muslim Family Counseling Services</a> (MFCS) engaged in Quranic analysis and dialogue with Imams to promote routine immunization, increasing uptake under a Gavi activity.</li> </ul>
<p><b>AUDIENCES: LFAs ♦ Non-governmental organizations (NGOs) ♦ Interfaith councils ♦ Ministry of Health (MOH)</b></p>	
<p><b>2</b></p> <p>Where appropriate (i.e. countries with sizable populations following hierarchically-organized religions), attempt to <b>secure a theological blessing from religious leaders on the acceptability of COVID-19 vaccines</b> and publicize that endorsement.</p>	<ul style="list-style-type: none"> <li>• <b>INDONESIA:</b> Ulema Council—the nation’s top body of Islamic scholars—declared the Sinovac <a href="#">COVID-19 vaccine halal</a> in Jan. 2021, paving the way for increased acceptability among a predominantly Muslim population.</li> <li>• <b>UGANDA:</b> The Dec. 2020 <a href="#">Vatican pronouncement</a> of the COVID-19 vaccine’s moral acceptability was very helpful in assuaging hesitation among Catholic Ugandans.</li> </ul>
<p><b>AUDIENCES: Religious leaders ♦ FBOs ♦ NGOs ♦ Global health technical bodies ♦ Local media</b></p>	

## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice		Selected Country-Based Examples/Interventions
Strengthen support for COVID-19 immunization, including addressing any religiously-linked concerns to vaccination through theological and scientific analysis and sensitive dialogue.		
3	<p><b>Create virtual or in-person safe spaces where religious leaders can ask their questions about COVID-19 vaccination in a private or “closed” setting</b>, airing their own concerns about the vaccine in a non-judgmental environment prior to launching further messaging or outreach campaigns.</p>	<ul style="list-style-type: none"> <li>• <b>INDONESIA</b>: FBO Muhammadiyah held <a href="#">“Zoominars” and online COVID-19 consultations</a> with clerical bodies at subnational levels to hear their perceptions of the vaccine and share evidence-based information, reaching 1,500 religious leaders.</li> <li>• <b>SIERRA LEONE</b>: The Christian Health Association of Sierra Leone (CHASL) held special private sessions in its <a href="#">annual general membership meeting</a> for religious leaders to share concerns around COVID-19 vaccination and address them in advance of rollout.</li> </ul>
<b>AUDIENCES: Religious leaders ♦ FBOs ♦ Interfaith councils</b>		
4	<p><b>Hold joint dialogues with top clerics and scientists and conduct site visits to vaccine production facilities</b> to address vaccine hesitancy concerns related to antigen halal status.</p>	<ul style="list-style-type: none"> <li>• <b>INDONESIA</b>: Muhammadiyah and Fatayat NU (FBOs) used this approach in 2017 to address halal-related vaccine hesitancy concerns for polio and measles, mumps, and rubella (MMR) immunizations, engaging the Ulema Council and imams to increase vaccine acceptance.</li> </ul>
<b>AUDIENCES: Religious leaders ♦ FBOs ♦ MOH</b>		

## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice		Selected Country-Based Examples/Interventions
Strengthen collaboration among LFAs and state and civil society actors on COVID-19 vaccination promotion and delivery.		
5	<p><b>Consider working with inter-faith councils for COVID-19 vaccine delivery and social mobilization campaigns</b> to harmonize messaging, reduce duplication, and maximize resources (including serving as a harmonized investment platform).</p>	<ul style="list-style-type: none"> <li>• <b>INDONESIA:</b> The Humanitarian Forum of Indonesia, a platform of 17 development FBOs, developed a COVID-19 Joint Response Plan,<sup>2</sup> and is working across its members to develop COVID-19 vaccination messaging (including around the halal status of the vaccines).</li> <li>• <b>SIERRA LEONE:</b> The Inter-Religious Council of Sierra Leone (IRC SL) disseminated joint <a href="#">COVID-19 vaccine messages</a> through radio, TV, and congregational meetings.</li> </ul>
<b>AUDIENCES: Religious leaders ♦ Interfaith councils ♦ MOH ♦ Donors ♦ Global health technical bodies</b>		
6	<p><b>Hold inter-faith discussion forums</b> on COVID-19 vaccination among FBOs to share promising vaccine promotion/delivery practices.</p>	<ul style="list-style-type: none"> <li>• <b>INDONESIA:</b> FBO Fatayat NU previously held HIV- and stunting-focused <a href="#">inter-faith discussion forums</a> and advocacy campaigns around health issues that were instrumental in developing joint health social and behavioral change (SBC) campaigns.</li> </ul>
<b>AUDIENCES: Religious leaders ♦ Interfaith councils ♦ FBOs ♦ NGOs</b>		

## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice		Selected Country-Based Examples/Interventions
<b>Strengthen collaboration among LFAs and state and civil society actors on COVID-19 vaccination promotion and delivery.</b>		
7	<b>Conduct “pulpit swaps”</b> where religious leaders from Christian and Muslim places of worship preach to each others’ followers, demonstrating unity and harmonized health messaging.	<ul style="list-style-type: none"> <li>• <b>SIERRA LEONE:</b> During the West Africa Ebola pandemic, World Vision and other FBOs worked with religious leaders to do <a href="#">pastor exchanges</a> and “<a href="#">pulpit swaps</a>” across religions, sharing the message “Ebola impacts us all, so we must act in solidarity”; this could be adapted for COVID-19 vaccination in similar settings with high-levels of inter-faith collaboration.</li> </ul>
<b>AUDIENCES: Religious leaders ♦ Interfaith councils ♦ FBOs ♦ NGOs</b>		
8	<b>Increase government-LFA coordination on COVID-19 vaccination</b> by supporting coordinating bodies with the mandate and authority to address the crisis.	<ul style="list-style-type: none"> <li>• <b>GHANA:</b> The government established a special <a href="#">State-Church COVID-19 Committee</a> to coordinate COVID-19 response and improve collaboration, which recognized the importance of FBO actors for COVID-19 response and allocated funding for them.</li> </ul>
<b>AUDIENCES: MOH ♦ FBOs ♦ NGOs ♦ Donors ♦ Global health technical bodies</b>		

## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice		Selected Country-Based Examples/Interventions
Leverage faith-based infrastructure to increase acceptance, uptake, and delivery of COVID-19 vaccines.		
9	Encourage respected religious leaders to be publicly vaccinated at houses of worship and serve as vaccine champions.	<ul style="list-style-type: none"> <li><b>GHANA, INDONESIA, SIERRA LEONE, AND UGANDA:</b> Key informants in all four countries emphasized how important public vaccination of religious leaders was to encouraging COVID-19 vaccine uptake and reducing vaccine hesitancy in their country.</li> </ul>
<b>AUDIENCES: MOH ♦ FBOs ♦ NGOs ♦ Interfaith councils</b>		
10	Capitalize on extensive LFA infrastructure for COVID-19 vaccine promotion and administration/delivery by providing funding and materials (in coordination with government).	<ul style="list-style-type: none"> <li><b>GHANA:</b> The <a href="#">Christian Health Association of Ghana (CHAG) COVID-19 Response and Institutional Capacity Building Project</a> has sensitized 80 religious leaders on COVID-19 vaccination (along with supporting COVID-19 prevention and treatment efforts at 1,453 public and FBO health facilities).</li> <li><b>GHANA:</b> Persuade faith-owned mass media to provide free/in-kind COVID-19 vaccination messaging, building on the growing network of faith-led radio and TV stations in Ghana.</li> <li><b>INDONESIA:</b> FBO Muhammadiyah's <a href="#">COVID-19 Command Center</a> is overseeing extensive self-funded COVID-19 vaccine promotion and delivery efforts, reaching more than four million people with interventions <a href="#">through its networks of 18,000 schools and 427 health facilities, and communication networks.</a></li> </ul>
<b>AUDIENCES: LFAs ♦ FBOs ♦ NGOs ♦ Local media ♦ MOH ♦ donors ♦ Global health technical bodies</b>		

## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice		Selected Country-Based Examples/Interventions
<b>Leverage faith-based infrastructure to increase acceptance, uptake, and delivery of COVID-19 vaccines.</b>		
11	<b>Hold discussions on COVID-19 vaccination with men at religious gathering points</b> (mosques, houses of worship, men's groups), led by respected religious leaders.	<ul style="list-style-type: none"> <li>• <b>GHANA:</b> Under the <a href="#">Gavi/Muslim Family Counseling Services (MFCS) project</a> religious leaders in Muslim communities of Kumasi promoted uptake of routine child immunization after Friday prayers.</li> <li>• Consider requiring COVID-19 vaccination for participation in certain religious rituals, such as marriage, naming ceremonies, as has been done with routine immunization in some countries.</li> </ul>
	<b>AUDIENCES: LFAs ♦ FBOs ♦ NGOs ♦ MOH</b>	
12	<b>Consider pairing religious leaders with doctors/nurses</b> for COVID-19 vaccine social mobilization campaigns; engage healthcare workers from the same congregation when possible.	<ul style="list-style-type: none"> <li>• <b>SIERRA LEONE, UGANDA:</b> Surveys show that the health system and health workers are the <a href="#">most reported trusted source of information</a> to help someone decide whether to take the COVID-19 vaccine; they can be paired with messaging from religious leaders, who may address theological acceptability of the vaccine.</li> </ul>
	<b>AUDIENCES: LFAs ♦ FBOs ♦ NGOs ♦ MOH</b>	
13	<b>Support LFAs to conduct evidence-based COVID-19 vaccine messaging</b> via existing FBO social media networks.	<ul style="list-style-type: none"> <li>• <b>INDONESIA:</b> Muhammadiyah features more than 10,000 users on its WhatsApp group consisting of faith leaders and other influencers, which it uses to promote COVID-19 vaccination messaging.</li> </ul>
	<b>AUDIENCES: LFAs ♦ FBOs ♦ NGOs</b>	



## WHAT WORKS

# Promising Practices for Engaging LFAs in COVID-19 Immunization

Promising Practice		Selected Country-Based Examples/Interventions
Provide technical support and tools to LFAs to increase the effectiveness of their COVID-19 vaccine social mobilization and delivery efforts.		
14	Engage respected scientific intermediaries, such as faith-based health associations, to provide COVID-19 vaccine technical information to religious leaders, understanding that LFAs rely upon these technical bodies as trusted scientific information arbiters.	<ul style="list-style-type: none"> <li>• <b>GHANA:</b> In Aug. 2021, the Christian Health Association of Ghana (CHAG) <a href="#">trained 80 religious leaders across religions on COVID-19 immunization</a> clinical protocols, messaging, and addressed vaccine hesitancy concerns through a large convening.</li> <li>• <b>UGANDA:</b> The Uganda Catholic Medical Bureau (UCMB) and Uganda Muslim Medical Bureau (UMMB) played similar critical roles in 2021 conducting individual sensitization sessions with faith-based health facilities on COVID-19 vaccination.</li> </ul>
<b>AUDIENCES: FBOs and faith-based health institutions ♦ Health workers</b>		
15	Provide technical assistance (TA) and/or fund LFAs to conduct rapid assessments on COVID-19 vaccine attitudes. This will enable LFAs to tweak SBC messaging and approaches to local context.	<ul style="list-style-type: none"> <li>• <b>SIERRA LEONE:</b> World Vision conducted a <a href="#">barrier analysis</a> that identified the main behavioral determinants of COVID-19 vaccine acceptance; findings were used to successfully advocate with the MOHS to decentralize vaccination sites.<sup>3</sup></li> <li>• <b>INDONESIA:</b> FBO Muhammadiyah’s July 2021 <a href="#">COVID-19 vaccine acceptability survey</a><sup>4</sup> provided critical insights around lingering COVID-19 vaccine hesitancy related to side effects and vaccine effectiveness; findings have been used to adapt its vaccination campaign.</li> </ul>
<b>AUDIENCES: FBOs ♦ NGOs ♦ Research institutions ♦ MOH</b>		



*There's huge opportunities to engage the faith community, which, frankly I've always thought about, alright, just give them ideas for their sermons, and that will be it. I think that's how a lot of people think...*

*But there's so much more to it. If you get the blessing of the faith leader, you get the whole package. And that was our revelation, that there is a much bigger package to it. That's where we were able to open it up and see some changes.*





**KII in Uganda on the need to think beyond “Sermon Guides” for COVID-19 vaccination interventions and faith communities**

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## SECTION 04

# Working with LFAs for COVID-19 Vaccination



## In Their Words (Kills): The Powerful Influence of LFAs on Immunization

*“When you want development to go down to the people and be sustainable, one of the best people you can work with are faith leaders. They live in the communities. They help to endear projects to the people, helping people change their mindsets and behavior and assimilate, so that there is sustainability in work that they do.” - GHANA*

*“The ability to bring people to come to the vaccination facility, that’s the most important thing. This is the faith-based organizations: They are able to bring the people.” - INDONESIA*

*“Engaging faith leaders is much more complex. They set norms. They set the pace for people doing something. Even more, they set the pace for people not doing something. If you have a faith leader opposed to something, it’s really difficult to get that behavior built in.” - UGANDA*

# Why Work with LFAs for COVID-19 Vaccination

- LFAs typically feature **high levels of trust** among community members and are **influential** in household decision-making and setting social norms in these four highly-religious countries.
- LFAs often have the **infrastructure and person power** to reach the most rural and vulnerable communities, reaching where government or NGOs cannot.
- **Faith-based infrastructure** offers a quick and cost-effective way to deliver vaccine messaging and the injections themselves.
- LFAs in the four countries are **passionate advocates for immunization and the overall health** and well-being of their adherents.

## PROMISING PRACTICE

# Capitalizing on Church Infrastructure for COVID-19 Vaccination

- Historically many missionaries and religious communities established three-prong infrastructure consisting of 1) House of worship, 2) School, and 3) Health facility. The aim was to cater to the “whole human” within their congregations and their needs.
- Today, this infrastructure has grown to include training institutions, community centers, and many other institutions.
- Faith-based networks in all **four priority countries** therefore offer tremendous pre-existing physical and communication networks, infrastructure, and human resources that may be leveraged for cost-effective and rapid COVID-19 immunization activities.



“The church gave medicine for the soul, the health center gave medicine for the body, and schools gave food for the brain so they would be knowledge(able). **That trio works very well,** and the church leaders are cognizant of that. All of them want to be associated with those two other things: a school and a health center.”

**KII in Uganda** on the effectiveness of faith-based infrastructure

PROMISING PRACTICE

# Example: Capitalizing on LFA Infrastructure for COVID-19 Vaccination (Indonesia)

## Muhammadiyah's Institutions

635 Orphanages, elderly, nursery, disability home		437 Saving/ credit unions		13,000 Mosques/ Mushola			
	457 Hospitals & Clinics		176 Univ & Colleges		19,951 Schools		103 Islamic Boarding Schools

Board, institutions, human resources, long history & network providing financial, material, skilled people, and experiences that are all enabling environment or the pre-conditions for effective localisation



*Credit: Muhammadiyah COVID-19 Command Center, Indonesia*

## Operational Challenges of Working with LFAs for Immunization

- There are tensions at times between government and religious actors over COVID-19 worship gathering bans, impeding communication (*Sierra Leone, Uganda*).
- Immunization does not always rank highly on list of local faith actor priorities, requiring dialogue and negotiation.
- Inter-faith bodies may include vaccine hesitant local faith actors, and therefore may not be able to dictate vaccine uptake priorities or mandates (*Sierra Leone*).



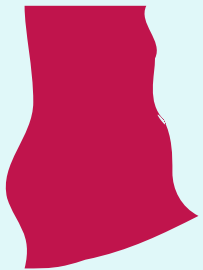
“These are people who are leaders in their community, and they will decide what they are going to do. **I think the other important message is that it doesn’t happen in your time frame.** It takes a little time.”

**-KII in Uganda** on the often time-intensive process of engaging LFAs in dialogue and project start-up



## The Perils, Pitfalls, and Opportunities of Religious Hierarchy

- Heterogeneously and non-hierarchically organized religions, such as charismatic, indigenous, and some Pentecostal faiths, lack an umbrella structure—adding more time and complexity to engagement (*Ghana, Sierra Leone, Uganda*).
- Conversely, others report that that diffusion makes it easier: Fewer layers of permission are needed to implement joint immunization efforts (**see box**).



“It was easier to work with religious leaders (on health activities) without any interference or influence from the hierarchy, not too much control, and be free to be engaged in community activities **without having to seek permission from the top.**”

- **KII in Ghana** on some of the operational ease of working with decentralized LFAs



SECTION 05

# COVID-19 Vaccine Hesitancy Trends

Please see **Annex 02** for detailed trends analysis by country

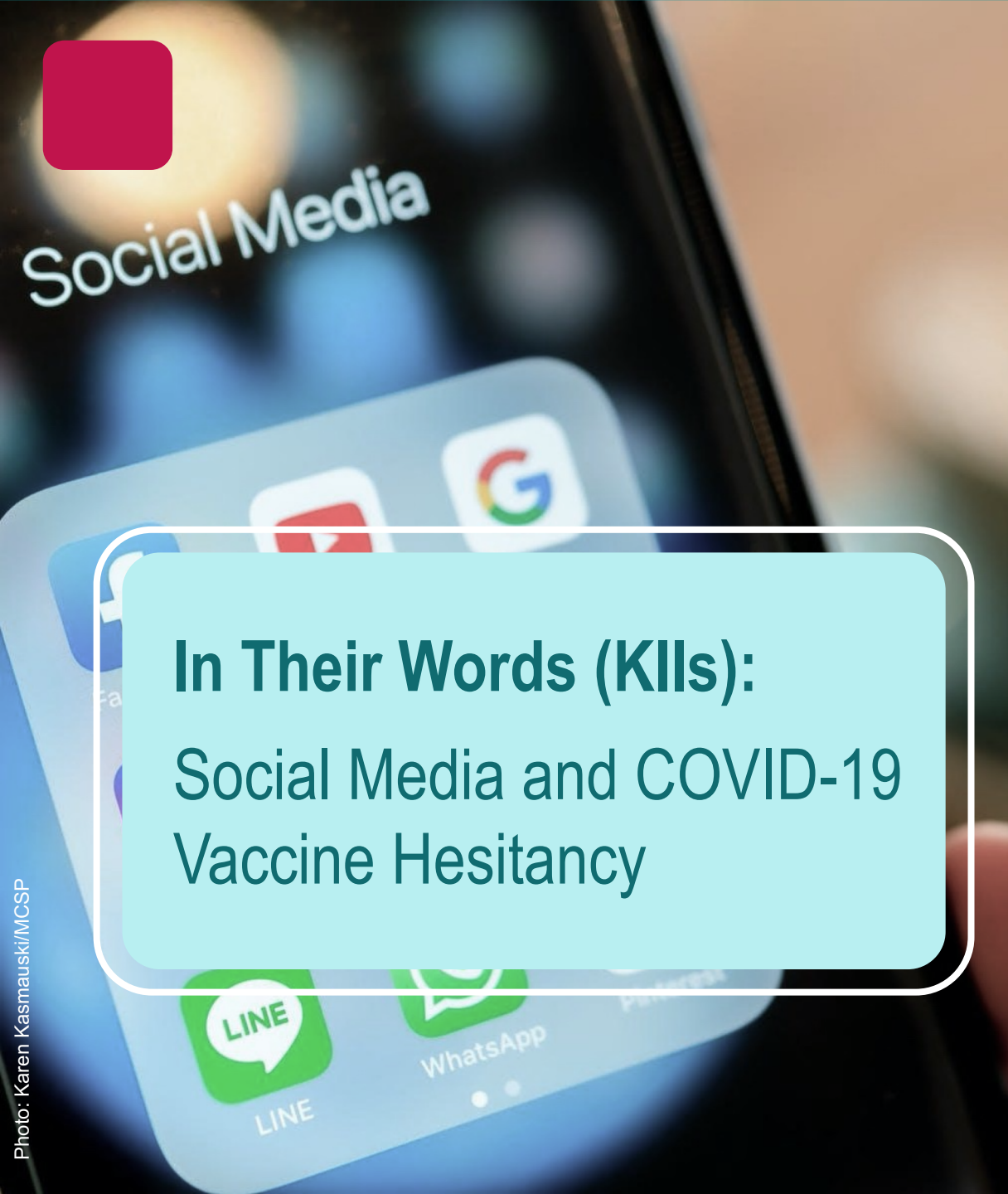
# Religiously-Driven Vaccine Hesitancy

- Few major religious objections to COVID-19 vaccines found in four priority countries, in line with the July 2021 *Nature Medicine* [study](#) showing high acceptability in LMICs compared to the U.S. and Russia.
- Pockets of minority religions in review countries have **publicly objected** to COVID-19 vaccination (indigenous faiths [*Ghana*], National Assemblies of Church [*Ghana*]; Jehovah's Witnesses, Seventh Day Adventist Communities [*Sierra Leone*]; Abajiri/People of the 666 Gospel [*Uganda*]).
- **Social media is playing a highly influential role in spreading COVID-19 vaccine misinformation** in all four countries, at times perpetuated by LFAs within and across borders, creating a rapidly changing landscape of myths and disinformation.
- **Perceived divine will** is an important determinant to COVID-19 vaccine acceptance among health care workers in rural areas and not important to those in urban areas (*Sierra Leone*).<sup>3</sup>
- The **inclusion or perception of inclusion of haram (forbidden) ingredients within COVID-19 vaccines or their components** may influence uptake of COVID-19 vaccine among Muslim populations (*Indonesia*).

Religious leaders have endorsed the COVID-19 vaccine and been publicly **vaccinated in all four countries reviewed**, an important step towards championing vaccination among the general population.

## Additional Non-Religiously Linked Vaccine Hesitancy Factors

- Perceived efficacy of the vaccine (*Indonesia*).
- Side effects (reported or feared) (*Indonesia*).
- Risk (including viewing COVID-19 as less deadly than other diseases, and perceived low risk of contracting COVID-19) (*Sierra Leone*).
- Hesitation/reluctance around new vaccines (*Ghana [H1N1], Indonesia, Sierra Leone [Ebola]*).
- Questions of “vaccine nationalism,” including the type of vaccines available to Ugandans and their effectiveness (*Uganda*).



Social Media

## In Their Words (Kills): Social Media and COVID-19 Vaccine Hesitancy

*“There is a lot of false information shared on social media. Some that are borne out of people’s fears, some that are coming from religious leaders...Social media is ripe with disinformation.” - GHANA*

*“In today’s world with fake news and misconceptions...people were not convinced that the President and public officials actually took the (COVID-19) vaccines, or whether it was the same vaccine the public took.”  
- SIERRA LEONE*

*“Social media has been a big problem for some of us who prefer to maintain mainstream medical practice.” - UGANDA*



SECTION 06

## Annexes



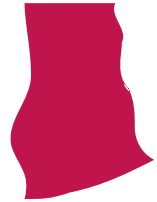
ANNEX 01

# Key Informant Organizations

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# Key Informant Organizations (July-Aug. 2021)

## Ghana



Christian Health Association of Ghana

John Snow, Inc.

Muslim Family Counseling Services

World Vision

## Uganda



Another Option

Uganda Catholic Medical Bureau

Uganda Muslim Medical Bureau

UNICEF

## Indonesia

Aisyiyah

Fatayat – Nahdlatul Ulama

Muhammadiyah

Universitas Syiah Kuala



## Sierra Leone



Christian Health Assoc. of Sierra Leone

Ministry of Health and Sanitation

Inter-Religious Council of Sierra Leone

Int'l Islamic Youth League

World Vision





ANNEX 02

# Country-Level COVID-19 Vaccination Snapshots and Promising Practices

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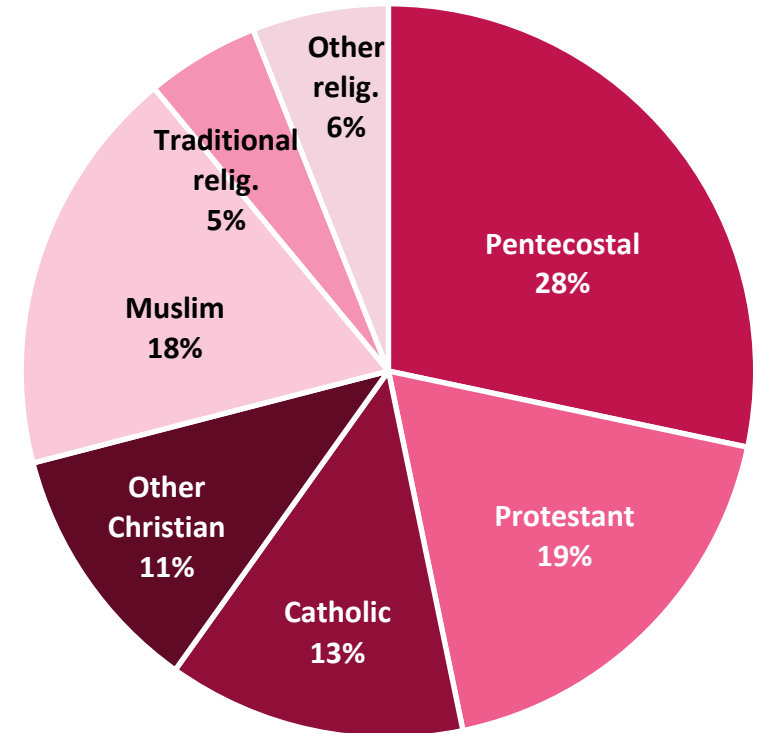
## RELIGIOUS AND DEMOGRAPHIC SNAPSHOT



# Ghana in Focus

- **Population:** 32.4 million
- **Highly religiously engaged:** 84% attend worship/services weekly (Sub-Saharan Africa [SSA] avg.: 79%, global avg.: 39%); 76% pray daily (SSA avg.: 75%, global avg.: 49%).
- **Geography** often associated with religious identity:
  - Muslim populations reside in northern regions and urban centers (Accra, Kumasi, Sekondi-Takoradi).
  - Traditional religion adherents found in rural areas.

## Religious Breakdown\*



# Ghana and COVID-19 Vaccination

- First country in the world to receive COVID-19 vaccines via COVAX in late February 2021.
- Quickly scaled-up to cover 90% of health workers within 1 month (March 2021).
- Strong and visible commitment to vaccination from Ghana's government and religious leaders, including public vaccination.

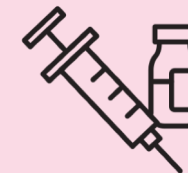
## Ghana COVID-19 Snapshot\*



**125,565**  
confirmed cases



**1,125** deaths



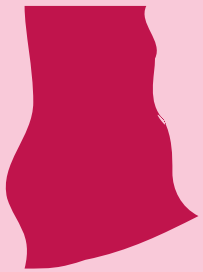
**1.62M** doses  
administered  
**2.49%** of pop.  
fully vaccinated

**\*As of Sept. 22, 2021**  
(JHU COVID-19 Dashboard)

## PROMISING PRACTICE

# The Church of Pentecost in Ghana: Leading Champion for COVID-19 Vaccination

- Chairman of the Church of Pentecost among the first people vaccinated in Ghana, broadcasting it on TV, social media March 1, 2021.
- Church developed flyers and fact sheets on COVID-19 vaccination.
- Donated space to serve as COVID-19 quarantine centers.



“One out of seven Ghanaians is a Church of Pentecost member in Ghana – it’s a big thing to get that support from the church in this national exercise during this time”

- **KII** on the influence of faith leader engagement on the national COVID-19 vaccine kickoff campaign in Ghana





*There are some who are saying if you have faith, you won't take the (COVID-19) vaccine. Some of those faith leaders have said, 'Yes, I have faith, but I have also **taken the vaccine,**' with the implication if the faith leader has taken the vaccines, you should take it. Those statements helped vaccine hesitancy, especially among the general population.*



**KII in Ghana describing how some religious leaders directly addressed COVID-19 vaccine hesitancy**

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**GHANA**



**Strong collaboration  
between government  
and religious leaders**

Government established **State-Church COVID-19 Committee** to guide COVID-19 collaboration.

Multiple denominations and religious institutions donating funding, money, food to government healthcare workers on the front line.

*“For the first time in the history of this country, the Minister of Finance in talking about his budget to parliament recognized the contribution of faith leaders in this COVID response.”*

# Vaccine Hesitancy in Ghana

- Strong and rich history of government supporting routine immunization since the early 1980s.
- Religiously-linked vaccine hesitancy not linked to specific antigens, with the exception of H1N1.
- Some hesitancy among Jehovah's Witnesses and among traditional religions and animists in Northern Ghana and Kumasi, including an aversion to injectable vaccines (vs. oral vaccines).

“Even before the (COVID-19) vaccination started, there were a lot of religious leaders quoting Isaiah, talking about times when there were issues of diarrheal disease and the fact that people need to isolate themselves (to prevent them from contracting COVID-19).”

- **KII in Ghana** on using Biblical scripture to support health positive health behaviors

# Vaccine Hesitancy in Ghana

- Mixture of **religiously- and non-religiously linked** concerns to vaccine.
- **Social media** playing an important role in spreading vaccine disinformation among the general population and within certain LFAs.
- Some **indigenous faith leaders** have objected to COVID-19 vaccination during district-level micro-planning.
- KII: Some **Pentecostal Christian church members** reportedly following directive of Nigerian faith leader to decline COVID-19 vaccinations.



# Kills on COVID-19 Vaccine Hesitancy in Ghana

“When I had my first (COVID-19) jab and I posted it on our WhatsApp group, **someone sent me a post that I should rest in peace**, as I was going to die.”

“What is also feeding into vaccine hesitancy is **vaccine apartheid**. It appears that this vaccine is good for X country and not available for our country. You also find delays in greenlighting or approving certain vaccines.”

“What has made people begin to question is in the African context. **HIV has been in the system for years since the 1980s and no vaccine has been found**...because people have felt it affected more Africans. ‘How come the speed with which COVID vaccines were developed?’ is feeding into this narrative, unfounded suspicions and myths and misconceptions.”

“(Some say that) **Western powers want to reduce the population of Africa**, that’s why they introduced COVID in the first place and the vaccination – to kill us.”

## PROMISING PRACTICES AND INTERVENTIONS

# COVID-19 Vaccine Promotion and Delivery in Ghana

- Engaging religious champions to publicly receive vaccines and serve as vaccine role models.
- Engage FBOs and faith-based health facilities and infrastructure to deliver COVID-19 messaging and vaccines, working in rural areas (Example: UK government/[Christian Health Association of Ghana COVID-19 Response and Institutional Capacity Building Project](#)).
- Peer-to-peer engagement and modeling across districts and faiths for immunization promotion, modeling what works for routine immunization promotion (Example: [JSI Human Centered Design/Second Year of Life Immunization activity](#)).
- Engaging district health directorates and faith leaders in co-creation for COVID-19 vaccination deployment micro-plans (Example: Gavi COVID-19 vaccine deployment).
- Use participatory human-centered design approaches to rapidly identify immunization fears with end- users and co-create practical solutions (Example: [JSI HCD/Second Year of Life Immunization activity](#)).

## PROMISING PRACTICES AND INTERVENTIONS

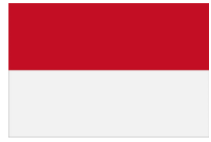
# COVID-19 Vaccine Promotion and Delivery in Ghana

- Engaging in dialogue with faith leaders using traditional books/scripture/theology, linking COVID-19 interventions and vaccination to spiritual principles (Ex: [World Vision Channels of Hope](#) COVID-19 modules; Muslim Counseling Family Services Quranic analysis and dialogue).
- Provide technical information to religious leaders through respected scientific intermediaries such as Church/Religious Health Associations (Example: Christian Health Association of Ghana (CHAG) supported the Ghana Health Service to develop safe religious gathering COVID-19 protocols).
- Engage men in religiously-linked community dialogue with faith leaders at mosques and other gathering points (Example: [Gavi/Muslim Family Counseling Services project](#) working with Muslim communities in Kumasi to promote uptake of child immunization with Ghana Health Service).

“In Ghana, most of the men (of faith) in particular discourage their wives to send their children for immunization. Due to lack of knowledge, they see it as a kind of Westernized program that can harm their children in the future. So we take the time to inform them, educate them, sensitize them and encourage them to send their children for immunization.”

- KII in Ghana

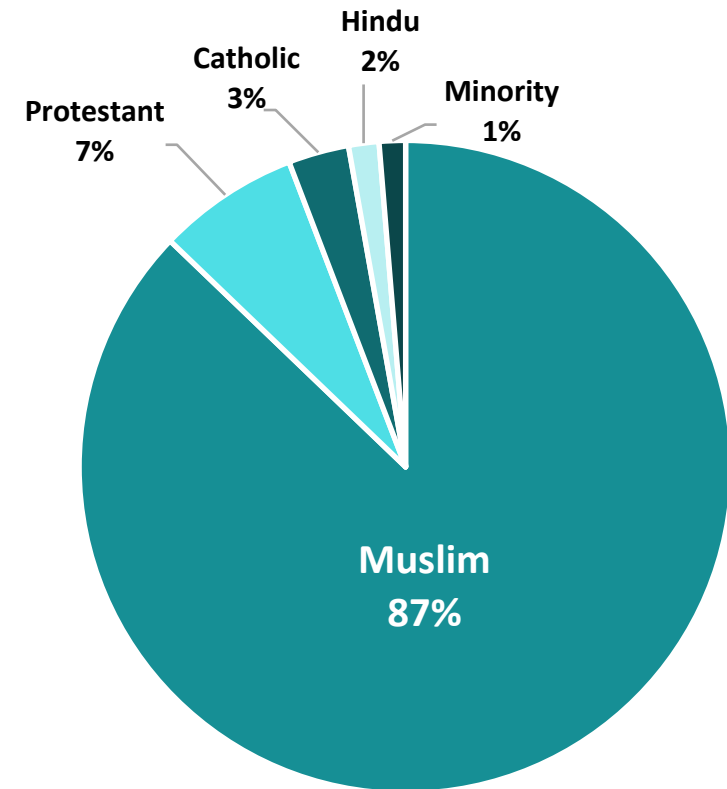
## RELIGIOUS AND DEMOGRAPHIC SNAPSHOT



# Indonesia in Focus

- **Population:** 273.5 million
- **Highly religiously engaged:** 72% attend worship/services weekly (Asia avg.: 34%, global avg.: 39%); 84% pray daily (Asia avg: 50%, global avg.: 49%).
- **Islam:** is the most widely practiced religion, and it played a major role in the independence movement in the 20th Century.
- **Geography** Bali is predominantly Hindu, while the provinces of Papua, West Papua, East Nusa, Tenggara, and North Sulawesi are predominantly Christian.
- **Diversity:** Many religious groups incorporate elements of Islam, Hinduism, and Buddhism.

## Religious Breakdown\*



# Indonesia and COVID-19 Vaccination

- Indonesia exiting a devastating second wave of COVID-19 (Aug.-Sept. 2021).
- Vaccination scaling up, especially in Jakarta.
- Next challenge: Bringing the vaccine to rural areas.
- Though improving, many FBOs and NGOs feel that there has been limited interaction with government to coordinate COVID-19 vaccination at local level.

## Indonesia COVID-19 Snapshot\*



**4.2M**  
confirmed cases



**140,805** deaths



**128.1M** doses  
administered  
**16.9%** of pop.  
fully vaccinated

**\*As of Sept. 22, 2021**  
(JHU COVID-19 Dashboard)

## ROUTINE IMMUNIZATION

# Vaccine Hesitancy in Indonesia

- A [2016 study](#) found 3 main factors why people in Indonesia reject vaccines:
  - The perceived efficacy of the vaccine (a trend being seen currently with [COVID-19 vaccine acceptability](#)).
  - Reported or feared side effects.
  - The inclusion or perception of inclusion of haram (forbidden) ingredients within vaccines or their components, such as porcine-derived products.
- Poorer households with less education access have lower vaccine acceptance, though this may be confounded by access issues and other variables.
- In general, Indonesian populations are more hesitant to new vaccines.



Anak-anak akan terus tumbuh dan berkembang, bahkan selama masa pandemi. Kekebalan tubuh anak seharusnya juga terus berkembang seiring dengan pertumbuhannya.



Jadwal imunisasi anak Anda mungkin terganggu atau tertunda karena COVID-19. Sehingga anak mungkin tidak terlindungi secara maksimal.



Dengan situasi yang terus berubah, penting untuk mengejar imunisasi yang tertinggal, sesegera dan seaman mungkin.



Imunisasi adalah cara yang aman, mudah, dan efektif untuk melindungi anak dari penyakit mematikan, seperti campak dan meningitis.



Jangan kehilangan kesempatan untuk memastikan agar anak Anda memiliki sistem kekebalan tubuh yang kuat dan optimal.



Dunia kini sedang mengalami suatu krisis kesehatan. Anda dapat membantu mencegah terjadinya krisis kesehatan lainnya. Dengan melindungi keluarga Anda, Anda turut melindungi kita semua.

### Jangan menunda.

Segera hubungi klinik atau fasilitas pelayanan kesehatan setempat untuk mengetahui waktu dan tempat pemberian imunisasi.

18 Agustus 2020



# Vaccine Hesitancy in Indonesia



*Indonesia witnessed a **large drop in vaccine confidence** between 2015 and 2019, partly triggered by Muslim leaders questioning the safety of the MMR vaccine, and ultimately issuing a fatwa—a religious ruling—claiming that the vaccine was haram and contained ingredients derived from pigs and thus not acceptable for Muslim populations.*

**Source:** de Figueiredo, A., Simas, C., Karafillakis, E., Paterson, P., & Larson, HJ. (2020). Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study. *Lancet*, 396: 898–908.

# Vaccine Hesitancy in Indonesia

- Indonesia's Ulema Council—the nation's top body of Islamic scholars—declared the Sinovac COVID-19 vaccine halal in Jan. 2021.
- Efficacy of the vaccine is [a key decision-making factor](#) in COVID-19 vaccine acceptability; a recent Muhammadiyah (FBO) COVID-19 vaccination acceptability survey reinforces earlier study findings.<sup>4</sup>
- Social media is highly influential in perpetuating anti-COVID-19 vaccine messaging, with 75% of Indonesians using WhatsApp.
- Emerging research indicates that there may be differences in vaccine acceptability by gender, with more males accepting COVID-19 vaccination (in contrast to previous vaccines).



*“When you receive the information 10 times in a day on your phone saying a vaccine is bad, you start to believe it.”*

- **KII in Indonesia** on anti-COVID-19 social media vaccination messaging





MUHAMMADIYAH  
COVID-19  
COMMAND CENTER

# Jangan Takut Divaksin

Kami siap menggunakan  
vaksin yang telah dinyatakan  
**halal** oleh MUI & **aman** oleh BPOM

## Tetap 3M

#WabahBelumBerakhir

    Mucovid19  covid19.muhammadiyah.id

## Indonesia: Muhammadiyah (FBO) COVID-19 Vaccination Campaign

*Translated:*

**Do not be afraid to take  
the vaccine.**

We are ready to use vaccines that have been declared halal by the Majelis Ulama Indonesia (Ulema Council) and safe by the Badan Pengawas Obat dan Makanan (National Agency of Drug and Food Control).

## PROMISING PRACTICES AND INTERVENTIONS

# COVID-19 Vaccine Promotion and Delivery in Indonesia

- Capitalize on extensive faith-based infrastructure (schools, training institutions, IT/communications resources) by providing funding and materials for vaccine promotion and delivery in rural areas.
- Hold “Zoominars” with religious boards/clerical bodies at provincial and district levels to hear their perceptions of the vaccine and share evidence-based information that may be deployed through religious services (Example: Muhammadiyah COVID-19 zoominars).
- Hold dialogues with Ulema Council and top clerics and scientist/doctors + site visits to vaccine production facilities to observe vaccine production processes for vaccine hesitancy concerns related to halal status (COVID-19 or other vaccines) (Ex: Fatayat NU polio and MMR campaigns).

*With USAID support, Muhammadiyah has [trained over 5,000 health care workers](#), procured clinical equipment to support COVID-19 services in 84 hospitals across seven provinces, and treated more than 10,000 COVID-19 patients.*

*Muhammadiyah has also developed a Hospital Preparedness Plan for disease outbreak, which has been introduced across the Muhammadiyah network and shared with 120 non-Muhammadiyah hospitals.*

# COVID-19 Vaccine Promotion and Delivery in Indonesia

- Consider pairing religious leaders with doctors/nurses for outreach campaigns, understanding that Indonesian populations believe efficacy and side effects should be addressed by these groups rather than religious leaders (who can address theological acceptability).
- Hold inter-faith discussion forums to address fears of COVID-19 vaccination among FBOs and brainstorm effective interventions through co-creation to increase vaccination uptake (Example: Fatayat NU previous HIV and stunting [inter-faith forums and advocacy campaigns](#)).
- Conduct rapid assessments and analyses of COVID-19 vaccine SBC campaign effectiveness to tweak messaging in real-time (Ex: Muhammadiyah July 2021 COVID-19 vaccine acceptability survey).<sup>4</sup>
- Conduct social media COVID-19 vaccination outreach campaigns via FBO networks.
- Collaborate across religions and FBOs to avoid duplication and maximize resources and planning for COVID-19 vaccination – this may serve as a consolidated and effective investment platform for the MOH and donors (Example: Humanitarian Forum of Indonesia COVID-19 Joint Response Plan, and collaboration with SEJAJAR platform [NGO coordinating network with 600+ NGOs]).<sup>2</sup>



*We cannot ‘teach’ the religious leader. We invite them to know about this (COVID-19 vaccination) issue very well... Usually religious leaders, they feel they are broad minded and experts – don’t ‘train’ them – use the term of ‘discussion’ or asking about the problem.*



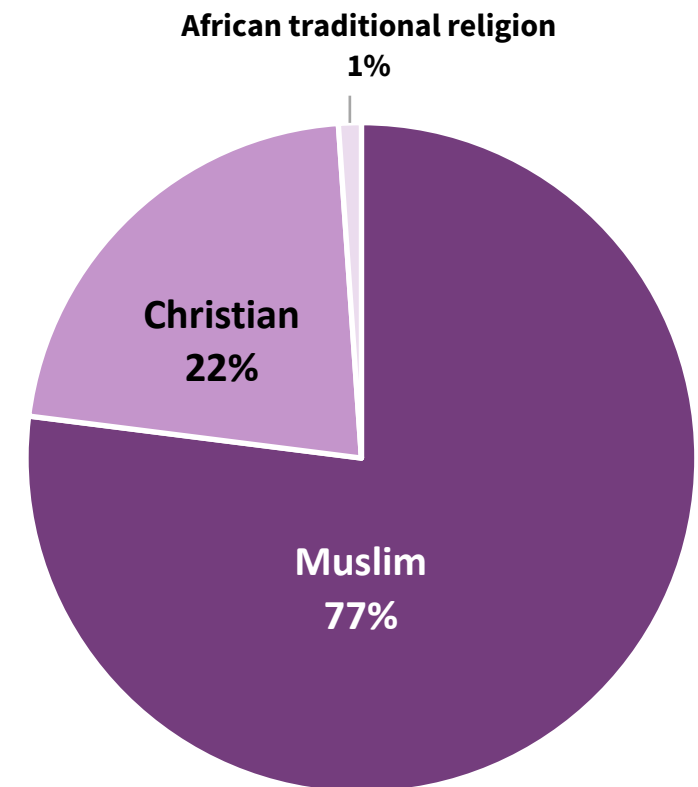
**KII in Indonesia on the importance of avoiding the term ‘training’ and teaching when engaging with religious leaders**



## Sierra Leone in Focus

- **Population:** 8.1 million
- Many individuals regularly blend Christian and Islamic practices with animism in their private and public worship.
- **Civil war:** LFAs played a key role in Sierra Leone's Civil War (1991-2002).
- **Political importance:** The Inter-Religious Council of Sierra Leone plays a leading political and social role within the country.

### Religious Breakdown\*



# Sierra Leone and COVID-19 Vaccination

- Extreme shortage of vaccines outside of urban centers; recently launched a surge vaccination exercise for adults (Aug. 2021).
- President, VP, and other public officials and some religious leaders publicly vaccinated.
- Some tension over lockdowns on houses of worship between government and churches/mosques. However, good cooperation generally between LFAs and government for COVID-19.

## Sierra Leone COVID-19 Snapshot\*



**6,393**  
confirmed cases



**121** deaths



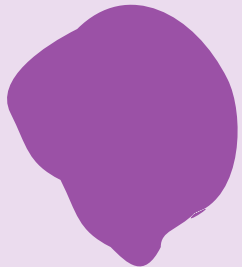
**221,110** doses  
administered  
**.51%** of pop.  
fully vaccinated

*\*As of Sept. 22, 2021  
(JHU COVID-19 Dashboard)*

# Vaccine Hesitancy in Sierra Leone

- In general, low levels of vaccine hesitancy for routine child immunization.

## COVID-19 Vaccination: A New Challenge for Sierra Leone



“With Ebola vaccine, it’s a different story altogether from COVID. Because when you talk to people about COVID vaccines and Ebola according to how they perceive it, Ebola is pretty much more transmittable and lethal than COVID. Some of them will say if you ask them to choose, **they would rather choose Ebola vaccines than COVID vaccines.**”

- **Key informant in Sierra Leone** on unprecedented COVID-19 vaccine hesitancy

## COVID-19 VACCINATION

# Vaccine Hesitancy in Sierra Leone

- High projected levels of COVID-19 vaccine hesitancy (despite the *lack of availability of the vaccine*).
- Risk perception seems to be a reported factor, including viewing COVID-19 as less deadly, as well as low risk of contracting the disease (**World Vision Sierra Leone Barrier Analysis**).
- Some reported hesitancy among Jehovah's Witnesses and Seventh Day Adventist Communities.
- As in other countries, myths and misperceptions on COVID-19 vaccines perpetuated on social media.<sup>3</sup>

“There is hesitancy (to COVID-19 vaccination), I must confess, even among doctors. We are trying counter this one by giving factual information. The question in everybody's mouth was, ‘Is the president going to take the COVID vaccine? Top civil servants?’ **The first person to take the vaccine was the President of the country** – when they launched at the 15<sup>th</sup> of March in the State House.”

- KII in Sierra Leone



## PROMISING PRACTICE

# LFA Engagement and the Ebola Pandemic: Lessons Learned

- Engage faith leaders early to avoid challenges (in the case of Ebola, for example, dangers in touching the dead during burials).
- Work with religious leaders to introduce new vaccines – such as Ebola or COVID-19 – to their communities to engender trust.
- Combine faith-led philanthropy (such as provision of food and non-food items) with vaccination messaging at household level.
- Conduct “cross-pulpit” exchanges where faith leaders from Christian and Muslim places of worship preach to each others’ followers, demonstrating unity against COVID-19.
- Leverage previous Ebola faith-based networks in Sierra Leone for COVID-19 vaccination work.



The Rev. Christiana Sutton-Koroma cites Biblical text to advise congregants to avoid contact with potentially-infectious corpses during the Ebola pandemic in 2015.

*Photo Credit: Nina Devries/Al Jazeera America*

# COVID-19 Vaccine Promotion and Delivery in Sierra Leone

- Engage in dialogue with religious leaders using traditional books/scripture, exploring the theological dimensions of specific antigens and linking COVID-19 interventions and vaccination to spiritual principles (Example: [World Vision's Channels of Hope](#) COVID-19 modules provide a framework for engaging faith leaders and communities for COVID-19 vaccination).
- Mobilize religious leaders to promote COVID-19 vaccination at community levels; If churches are closed, encourage faith communities to use radio and TV and megaphones to promote COVID-19 messaging and immunization.
- Ensure highly-respected religious leaders are publicly vaccinated and encourage cross-religious championing (Example: IRC of Sierra Leone disseminating COVID-19 vaccine messages through radio, TV, and congregational meetings).

# COVID-19 Vaccine Promotion and Delivery in Sierra Leone

- Offer COVID-19 vaccination after church or mosque prayers, in conjunction with MOHS.
- Create safe spaces where religious leaders can ask their questions or air their own concerns about the COVID-19 vaccine in a non-judgmental environment before embarking on social mobilization.
- Encourage donors to provide funding to FBOs and NGOs for COVID-19 vaccination for community mobilization and service delivery.
- Provide TA and/or fund LFAs to conduct rapid assessments on COVID-19 vaccine attitudes that can be used to tweak SBC messaging to local context (World Vision conducted a [barrier analysis](#) that identified the main behavioral determinants of COVID-19 vaccine acceptance; findings were used to successfully advocate with the MOHS to decentralize vaccination sites.<sup>3)</sup>)

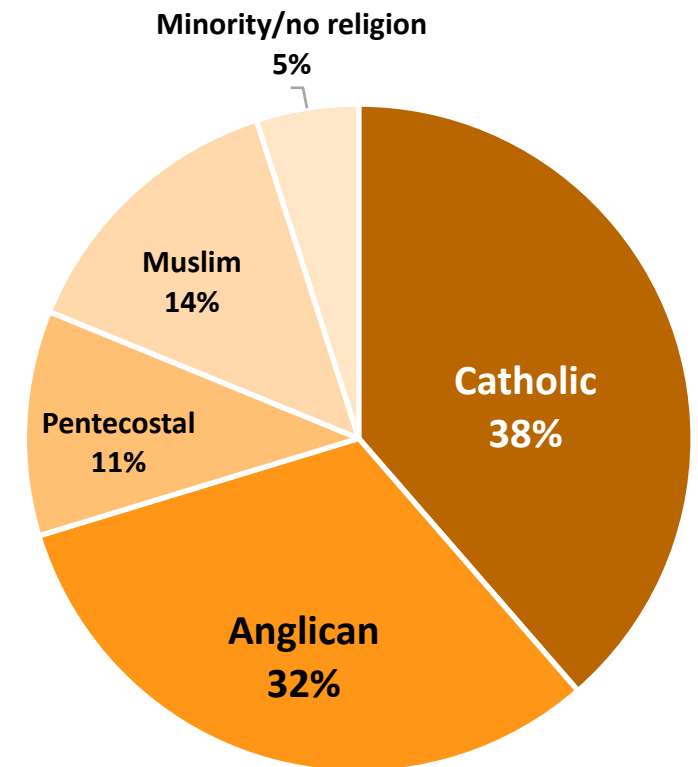
## RELIGIOUS AND DEMOGRAPHIC SNAPSHOT



# Uganda in Focus

- **Population:** 47.1 million
- **Highly religiously engaged:** 82% attend worship/services weekly (SSA avg.: 79%, global avg.: 39%); 66% pray daily (SSA avg.: 75%, global avg.: 49%).
- **Christianity:** Is the most widely practiced religion in Uganda, with recent increases in Evangelical/Pentecostal faiths and well-publicized influence of U.S. and foreign church movements.
- **Faith-based health facilities:** Provide large proportion of health services, especially in rural areas.

## Religious Breakdown\*



# Uganda and COVID-19 Vaccination

- Experienced a third wave of infection in August 2021, with a shortage of vaccines.
- While some religious leaders were initially skeptical of COVID-19 vaccine, stepped up for public vaccination in second vaccine round and served as vaccine champions.
- Some tensions between certain LFAs and government, with a Kampala church and a Muslim community representative filing a [lawsuit](#) against Uganda's COVID-19 ban on public worship.

## Uganda COVID-19 Snapshot\*



**122,405**  
confirmed cases



**3,130** deaths



**1.7M** doses  
administered  
**.83%** of pop.  
fully vaccinated

**\*As of Sept. 22, 2021**  
(JHU COVID-19 Dashboard)



*When lepers were healed by Jesus, he told them to report themselves to the high priest so that they are cleared to mix with other people... 'Avoiding' is a solution. The virus is avoidable. If you don't do what you are supposed to do...if you only say pray! Pray go make mistakes and then come and pray. It is wrong. We need a science-led church.*



**Uganda President Yoweri Museveni speaking on churches' need to embrace scientific guidance as 'the power of God.'**

**June 25 at the 4<sup>th</sup> National Prayer Session on COVID-19 Global Pandemic**

## PROMISING PRACTICE

# Following the Children: Family Health Days

- Innovative program to supplement routine immunization and reach unreached and under-immunized children.
- Combines social mobilization with immunization service delivery at places of worship quarterly.
- Addressed opportunity cost of a mother waiting at clinic all day for immunization for one child, capitalizing on high church/mosque attendance rates weekly.
- Contributed to [substantial increases in MMR and diphtheria-pertussis-tetanus \(DPT3\) uptake](#) among children in 31 lower-performing districts.

## Family Health Days

“The churches loved it because they would preach about something that was very visible after the services. And more people went to places of worship...the faith-based organizations saw a real value...and that they could help the health sector achieve much more”

*- KII in Uganda*

# Vaccine Hesitancy in Uganda

- In general, low levels of vaccine hesitancy for routine child immunization thanks to a long track record of work by the MOH and communities and seeing reduced child deaths.
- Some routine religiously-linked vaccination hesitancy among Abajiri/People of the 666 Gospel (Christian sect spun off from Seventh Day Adventist Church).
- Challenges about 4-5 years ago with HPV vaccination hesitancy among Catholic communities fearing the vaccine would impact fertility, purportedly exported from a Catholic group based in Kenya



# COVID-19 Vaccine Hesitancy in Uganda

- Religious leaders played a key role in championing COVID-19 vaccination during the second wave to address social media disinformation.
- [Vatican Dec. 2020 pronouncement](#) of moral acceptability of COVID-19 vaccine very helpful in assuaging fears of theological acceptability among Catholic Ugandans.
- As in other countries, social media disinformation on COVID-19 vaccinations has been a challenge.
- Questions of “vaccine nationalism” contributes to vaccine hesitancy.

**“Our religious leaders have come out and stated clearly that the vaccines are safe and communities should be able to get the vaccine whenever they get the chance.”**

**“(The Vatican pronouncement) has gone a long way in softening a low hanging fruit for anti-vaxxers to use. They can now not say even the religious leaders oppose to these vaccines. It’s on the Vatican website.”**

**“When vaccine nationalism comes in, people are like, ‘I think there is something that is not being told to us.’**  
I was recently told that the U.S. Embassy here has received Moderna. But as a country we are bringing AstraZeneca from India (Why?)”

## PROMISING PRACTICES AND INTERVENTIONS

# COVID-19 Vaccine Promotion and Delivery in Uganda

- Combination of social mobilization by faith leaders and immunization service delivery at places of worship (Example: UNICEF/[MOH Family Health Days](#)).
- Engaging religious leaders and trusted community groups to promote health services through community sensitization and household visits (Example: USAID/RHITES N., Lango [Faith Leader Engagement Program](#); PEPFAR [Faith and Community Initiative](#), UMMB male engagement messaging at mosques/Friday prayers).

### *Promising Practice: Using Worship Sites as a COVID-19 Vaccine Service Delivery Site*

“With COVID-19 (vaccines), **it’s hard to get adults to come**. They have got to go to work. Some of our programs were really silly in that they would immunize Monday to Friday during the working days. Some people have very busy jobs, the only time they have to attend to their families and selves it’s over the weekend...

It is a no-brainer that the faith-based organization will provide a platform to reach the very hard to reach people. COVID is going to become a routine thing – if we have it as a routine thing to give these services routinely, it can be really good.”

## PROMISING PRACTICES AND INTERVENTIONS

# COVID-19 Vaccine Promotion and Delivery

- Leverage church/religious infrastructure for vaccine promotion (Example: COVID-19 messaging and household outreach has become a community service activity for some church youth groups; use of faith-based health training institutions, halls for service provision).
- Model the importance of and publicly demonstrate COVID-19 vaccination by revered religious leaders (Example: All major faiths carried out COVID-19 vaccination in their headquarters in Uganda).
- Collaborate with faith-based health associations—which serve as the technical arm for religious bodies—to answer local faith actor questions and concerns about COVID-19 vaccination with evidence-based information (Example: UCMB, UMMB).
- Consider working with cross-religious bodies for COVID-19 health messaging campaigns to increase reach, harmonization of messaging (Example: Uganda Inter-Bureau Coalition, which includes 860 health facilities across four faiths [Catholic, Protestant, Islam, Orthodox] nationally).



ANNEX 03

# References and Helpful Additional Resources

---

# References

1. Sermon Guides are tools frequently used with religious leaders to assist them to speak out and preach on different health and development topics with their faith communities in religious settings and community gatherings.
2. Humanitarian Forum Indonesia. *A Study on Localization of Responses to Pandemic COVID-19*. Final Report. Dec. 28, 2020.
3. Koroma, S. and Mutai, M. *Increasing Vaccine Demand in Sierra Leone: Barrier Analysis Findings*. PowerPoint. July 21, 2021.
4. Husein, R. *Vaksinasi di Muhammadiyah (COVID-19 Vaccine Acceptability Study Findings)*. Muhammadiyah COVID-19 Command Center. PowerPoint. July 2021.

# Useful Additional Relevant Sources

## USAID MOMENTUM Global Landscape: Evidence Summary

*Effects of faith actor engagement in the uptake and coverage of immunization in low- and middle-income countries (LMICs)*

- [www.USAIDMOMENTUM.org](http://www.USAIDMOMENTUM.org)
- Christian Connections for International Health (CCIH) [Immunization](#) web page
- Berkley Center/WFDD/JLI [Faith and COVID-19 Response Resource Platform](#) and [Religion and Immunization resources](#)
- JLI [Immunization Learning Hub](#)

## RESEARCH & EVIDENCE

### Effects of Faith Actor Engagement on the Uptake and Coverage of Immunization in Low- and Middle-Income Countries



This report summarizes evidence about vaccine hesitancy trends for both COVID and non-COVID immunizations. It is a special investigation into the role of faith actors on immunization uptake in USAID priority countries for maternal, newborn, and child health and family planning/reproductive health. The report explores common themes in vaccine hesitancy relating to faith. The evidence concludes that vaccine hesitancy among faith communities threatens routine immunization coverage but also demonstrates the potential of engaging faith actors as partners to increase immunization coverage.

PUBLICATION DATE

July 2021

Routine Immunization

COVID-19

Global

Country and Global Leadership

English

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JOINT LEARNING INITIATIVE ON  
FAITH & LOCAL COMMUNITIES



### Faith and COVID-19: Resource Repository

*This is intended as a living document with up-to-date information. Information posted in the repository is not an endorsement by the organizers and does not necessarily reflect their ideas and opinions. The document aims to reflect diverse perspectives. The links highlighted in yellow indicate that they are the newest sources added to the repository that day. By clicking on the relevant category in the table of contents, you will be taken directly to the page. If you have website links (no pdfs or word documents, please) that are relevant to the categories laid out in the table of contents below, please email them to [covid19\\_faithresponse@gmail.com](mailto:covid19_faithresponse@gmail.com) for consideration for inclusion. Sign up for weekly highlights here: <http://eepurl.com/gWBK5n>*

— A QUICK ANALYSIS GUIDE, PART 1: FOR HEALTH AND DEVELOPMENT ACTORS: Engaging faith actors in COVID-19 vaccine rollout — COVID-19 vaccine rollout poses challenges. Systematic approaches to engaging faith actors proactively, fairly, equitably, and appropriately are critical. Immediate issues where religious actors play significant roles in many places include equity, logistics of delivery, and responding to fears and misinformation. Given wide religious diversity and dynamism, as well as the influence of context (social, economic, political, cultural, etc.), care is needed. Generic guidance can thus be misleading. Instead, you can use the following questions to help explore, for a given context, what, who, where, and how to work with faith actors on vaccines.

WHAT	WHO	WHERE	HOW
<ul style="list-style-type: none"><li>• What specific needs are greatest for partnership with faith actors (e.g., behavior change at scale, service-delivery, community engagement)? What might be the greatest potential for impact, gaps, and blind spots?</li><li>• What religious traditions are most active and influential in specific contexts? What is the majority and minority group divide, why are those divides in place, and are they relevant for vaccine targeting? Are there particular religious minorities that face special vulnerabilities or patterns of discrimination?</li><li>• What communications channels are most actively used by religious communities?</li><li>• What are your assumptions about the drivers of vaccine hesitancy? What are the known political, social, cultural, economic, and</li></ul>	<ul style="list-style-type: none"><li>• Who are the acknowledged faith actors in a relevant context? What is understood/known about their levels of influence? How do the faith actors engage with each other? Are some faith actors dominant? Are some faith actors on the periphery? Why?</li><li>• Who are the faith actors involved in health? Do any faith actors have direct experience in vaccinations (anything from delivery to community engagement)? What about communicators and messaging in other health crises (e.g., Ebola or HIV)?</li><li>• How do the active religious communities relate to public health services? How do they relate to local WHO and UNICEF offices? What health services are linked to or managed by religious groups?</li><li>• How does your organization relate to a religious or non-religious identity</li></ul>	<ul style="list-style-type: none"><li>• What is the nature and geographic focus of your previous work in the country or region?</li><li>• Is there an area where COVID-19 is most prevalent? What religious groups are represented in that area?</li><li>• Are there areas where vulnerable populations are at risk? What religious groups are represented in those areas?</li><li>• Where does your geographic experience overlap with your existing religious partnerships/affiliations? Where do you need to expand into new geographic regions to match your religious partnerships/affiliations or vice versa?</li><li>• Can you identify specific groups or communities where specific attention to vaccine equity and openness have priority? This might include</li></ul>	<ul style="list-style-type: none"><li>• How would you approach an effort to establish partnerships built on mutual trust and a commitment to listening to faith voices with the key faith actors you have identified?</li><li>• How can you avoid sub-contracting or instrumentalizing the faith partnerships?</li><li>• How can you build on existing networks and partnerships, such as other relationships between faith actors and health authorities?</li><li>• How can you reach out to sub-groups within faith communities, such as women's groups and youth groups?</li><li>• How can you find common ground with faith actors to start a dialogue? What interests or links do you have in common? How can you appropriately and sensitively approach conversations with the</li></ul>

# THANK YOU

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Photo: Craig Thompson/IMA World Health

