

Speaker 1 ([00:02](#)):

Welcome to Sabin's Community Conversations on Vaccines, presented by Immunization Advocates. This season, we're spotlighting the challenges the COVID-19 pandemic is posing for health workers and immunization professionals and the journalists covering their work. Our first stop: Kenya, where in recent months, the Delta variant has led to a surge of COVID-19 infections and deaths, leading to a nationwide curfew as the country aims to expand roll-out of COVID-19 vaccines and deliver routine immunizations. In this episode, we speak with Dorothy Logedi a nurse and coordinator of a vaccine program in Kisumu, Western Kenya and Margaret Odera, a community health worker and mentor mother to women living with HIV in the capitol Nairobi's Mathare slum. They share the unique challenges the pandemic has posed to themselves, their community and country and how they are helping to increase vaccine uptake in their communities.

Vince Blaser ([00:58](#)):

Hello, and welcome to Community Conversations on Vaccines. I'm Vince Blaser.

Francesca Montalto ([01:02](#)):

I'm Francesca Montalto, and welcome to season two of our podcast. Vince and I are really thankful and excited to be here, and thank you to all our supporters and our guests for, you know, making season two happen and to giving us the space, to hear the backstories of health workers, journalists and researchers working with their communities with vaccines and immunization.

Vince Blaser ([01:24](#)):

Absolutely, Francesca. This season, we're going to change our format up a little bit. Each episode, we're going to zero in on one country by hearing from guests, providing us a little bit of a window into what's happening in their communities on vaccine acceptance and equity. And now we're starting today in East Africa.

Francesca Montalto ([01:41](#)):

Yes, today we are joined by two health workers at the forefront of immunization in Kenya. Dorothy Logedi and Margaret Odera. Dorothy and Margaret - welcome to the show.

Margaret Odera ([01:51](#)):

Thank you.

Dorothy Logedi ([01:52](#)):

Thank you.

Vince Blaser ([01:53](#)):

We're really excited to have you both here. And as we know you're both really ardent advocates for immunization. Your fellow health workers and the communities that you serve there in Kenya. But we'd like to briefly start these episodes by having our guests tell us a little bit about themselves what you do and why you chose your career path. So maybe Margaret, you can start first.

Margaret Odera ([02:18](#)):

Okay. Thank you so much. I am a community health worker and a mentor mother in the Mathare North Health Centre. That's a place where, near a place where I live. Yes. I mentor HIV positive mothers, so that may have eradication of mother to child transmission of HIV. And I also follow up community members on health issues, things like vaccination, you know, sensitizing on diseases like COVID diarrhea, cholera. And the reason why I chose this career path is because yeah, we were living initially, we were living in total darkness in Mathare. People in Mathare North, in Mathare slums, including myself, were really believing on things like prayers, and we did, we didn't really rely on medication most of the time even when the mothers who are giving birth, and it hit me hard, really hard when I lost a baby because of pneumonia, because we were thinking of people looking at children with bad eyes.

Vince Blaser ([03:51](#)):

Thanks for sharing that with us. And I know that the last time we saw each other was February 2020, just as COVID-19 was starting to spread. And I know that the pandemic has been a big motivation of why you started becoming more involved in vaccines and vaccine advocacy, so I look forward to getting in a little bit more into that a bit later. Dorothy, can you share a little bit about your own career journey, where you came from, why you, why you chose your career?

Dorothy Logedi ([04:23](#)):

I was inspired to be a nurse. Yes. When I was in Form Four. I liked the way the nurses were putting on, they were looking smart in white uniform with a cape those days. So I really wanted to be one than being a teacher. So I do not want to be a teacher, I wanted to be a nurse. But what came to inspire me most is when I had finished Form Four, my mother was very sick. My mother was having unexplainably bleeding, whereby I had to take care of her. I was doing the washing, I was taking care of her. So I really had that inspiration that I should extend this care to other people. That is why I joined nursing.

Francesca Montalto ([05:17](#)):

Yeah. And it sounds like personal experiences really inspired both of you to, you know, strive for a career in health. Now, Margaret, as a mother, living with HIV, how has the pandemic affected your life and your work life? I know you work with other mothers living with HIV and you know, what does the COVID-19 vaccine mean to you?

Margaret Odera ([05:35](#)):

COVID pandemic has affected me personally, psychologically. I have lived in fear, actually. The fear of being infected. I'm grateful I've been testing negative up to this moment. So that fear really got a good side of me. I really wondered what will happen to my children because my children are my reason to get going. So I was wondering what will happen if one of us, me and my husband, if one of us got the COVID. You know, staying in the house for us means that everything will be shut down, no food, no money. So we have to go out there every morning. So I was living in fear of the unknown. Yes. And it also affected my life. I feared taking the COVID to my children because working in the hospital, you can come across somebody who has COVID.

Margaret Odera ([06:40](#)):

So I was fearing cross-contamination. And then as I continued living in fear, I lost my job. USAID decided to reduce funds to Afya Jijini whom I was working for. And after Afya Jijini decided to reduce the number of staffs. So I was one of the people who were not lucky to remain. So I lost my job in last year, June. Yes. As a mentor mother where I was getting a salary, a monthly stipend every month. So we were all,

depending on my husband. My husband has a workshop in town. And we heard rumors that this workshop, the place that he was working is going to be shut down. So we were really wondering what is going to happen to us. So I had fear of the unknown.

Francesca Montalto ([07:37](#)):

And so what does access to a COVID-19 vaccine - what does it mean to you?

Margaret Odera ([07:42](#)):

Yes, it is very, very important right now. So I took a bold step because I was weighing between being infected and COVID taking me down, and my children just not having the vaccination. But I weighed the two, and I thought of my life. I thought of my children. I thought of myself, and I decided I'm going to take this bold step because COVID is here. COVID is here, and it's not going anywhere. So I weighed the two: to be infected or to be vaccinated. So I decided to just get the vaccination.

Francesca Montalto ([08:21](#)):

And Dorothy, in addition to, you know, your regular nursing practice, you've decided to take on coordinating a vaccination program in your county, in Western Kenya. Can you tell us a little bit about what's going on in your community? What top issues you're dealing with in terms of, you know, the COVID-19 vaccine or other vaccine campaigns like the HPV vaccine?

Dorothy Logedi ([08:43](#)):

So first, before I comment on the community. I myself am among the people with co-morbidity, so COVID, the pandemic itself, it really made me panic because the way they were saying, if you have a diabetic, you are the kind of the first candidate of COVID-19. Then on the side of, for vaccines and the community, when the COVID-19 vaccines were introduced, there were so many misinformation going around, but now we are getting, people are really impressing it. And the why that impressing it is because healthcare workers are giving facts about the vaccine. When they're asked about the vaccines, they're giving the truth, the truth about the vaccines. They are telling the community, yes, this is a vaccine. It is going to give protection. But, remember it has some side effect. That side effect are just for the moment, so that the community, the healthcare workers have gained the confidence of the community by giving them facts. Also, when we introduced the HPV, it was really bad because all the women, the teachers, when we co-incorporated the teachers, so the teachers took the message to the parents. The parents were wild. They say they are not going to give them, to release their daughters. But we took the initiative, the healthcare workers. We went to their schools. We started giving health education, giving facts about the HPV, why we are giving the girls vaccines.

Vince Blaser ([10:39](#)):

Dorothy, what's the current COVID-19 vaccine supply situation and Kisumu in Western Kenya, where you live?

Dorothy Logedi ([10:45](#)):

The vaccine distribution is an issue. So like Margaret, who is in Nairobi, they are getting vaccines very fast. But at where the vaccine distribution is an issue. We have not vaccinated our people Right now we have a very huge crowd, but we don't have vaccine.

Vince Blaser ([11:11](#)):

COVID-19 vaccinations to date are different in that they're provided to adults and adolescents and not yet to children. Whereas most immunizations are provided in childhood. This has been proven to be a challenge in many settings, even in convincing other health workers to receive the COVID-19 vaccination. I'm curious if you could both tell me strategies you have found to work well in talking to your colleagues and members of the community.

Margaret Odera ([11:39](#)):

In my community, the response, the people were hesitating to have this COVID that fast. Even the doctors and the nurses. I mainly work in the maternity department, the newborn unit. So the nurses who are there never wanted to get vaccinated. Somebody could tell you I have a headache, I can't take the vaccination. But when I was vaccinated, me and other nurses and the doctors and the community health workers who had accepted, so we got it in a group. But there were some nurses who refused to completely. So when the next day when I got back to work, because after vaccination, you are told to go back and just listen to, you know, just feel your body, how you are doing and just relax. So the next day I had a mild fever and a slight headache. And I felt tired, but the next day I was okay, I was good to go. So there was one nurse as well asking me, how are you doing today? I just said, I'm fine. I'm fine. I got some mild headache. So this nurse was monitoring me as we were working together, she was monitoring me. And after three days she told me, "you mean, you are just, okay, you are fine?" I told her, I told her, I am fine. "Have You, you don't feel anything else?" I said, no. Same with the other nurses who are in the immunization unit and the other side of OPD.

Margaret Odera ([13:18](#)):

The Kenyan people, especially people in Nairobi, they go by example. They want to see with their eyes. You might convince somebody that this is, this thing is good. And if it's something like food, you tell somebody, this food is good. She will tell you to eat it. And she will look, she'll find an example from you. So in Nairobi, people really want to see what will happen. You will tell them, but if they don't see you doing it, they will not. They will think that you are, maybe you are just advocating for nothing. So in the community, when I was given the jab, people really were curious what will happen after a week. There was nothing. Even my own landlord, my own blood sister was just looking at me. But after one week, my own landlord, where I stay as a tenant, asked me to direct him where he could take the jab.

Dorothy Logedi ([14:18](#)):

Dorothy, as a health care worker and a person coordinating immunization activity, I was among the first people who took the vaccine. And when I took the vaccine, I asked the fellow nurse who was with me to take me a photo when I'm being vaccinated. So I posted that photo on our forum. And there were people who are wondering, you for the other the people I said, I want to be a role model. I don't want to give you the vaccine when me, I've not been, I have not gotten it first. So when I went on duty, I told them, I've gotten the vaccine. And here I am. I'm a diabetic. Nothing has happened. And for sure, I did not have any side. It was only pain at the injection site. So here, everybody was asking, "Logedi," they said, "Nothing happened to you?" I said, "There's nothing," and that one encouraged my fellow staffs. And they went and gotten their jab.

Dorothy Logedi ([15:26](#)):

Yes, those who went and gotten the jab now are giving testimony, how their feeling. Others could just say a slight headache. Others just painful general malaise, and it just clear off within 24 hours. That is

how we get other staffs to get the vaccination. And everybody, even my family who were asking, "Why are you going for the vaccine. You are going to die." I told them I want to advocate a vaccine. Therefore, I cannot give out a vaccine where me and myself have not been vaccinated. We have a problem with the care workers. Whenever there is any new vaccine, they're the first people hesitate. Why? They were very much on the side effect than dwelling on the benefits of the vaccine.

Francesca Montalto ([16:25](#)):

And you mentioned, you know, both of you have mentioned misinformation as being a large issue. Now looking at the Kenyan Ministry of Health, they reported as of August 24th, that 2.9% of adults had been fully vaccinated. Do you think, in addition to misinformation, have you seen any other challenges, such as issues in access to the COVID-19 vaccine?

Margaret Odera ([16:49](#)):

The supply is really coming very late and when they come like maybe it's two to three days ago the American government give 800,000 vaccines, doses of vaccine. And right now I know by tomorrow, there won't be any vaccine because people are coming. People are overflowing. So 800,000 vaccine, maybe last week we received, I think something to do with 100,000 or something like that. So vaccines are coming in small bits and the flow of supply is very slow. So that is delaying people who are getting the first jab and the second jab. It's really a delay. And right now the health, the workers, there were the government workers - it has been announced that every worker has to get the vaccine. So there is that rush and that vaccine, I believe by tomorrow, it won't be there. So that is a challenge for us in Nairobi.

Dorothy Logedi ([17:56](#)):

We are crying because the distribution of vaccines is not equitable. We are supposed to get the vaccine so that we can, we can vaccinate. So if we don't get the vaccines, how can we also continue saying people refuse? And yet now there's acceptance.

Francesca Montalto ([18:16](#)):

You both spoke earlier about the challenges inequities have had on the COVID-19 vaccine response and the pandemic response. Margaret, I know you recently worked on a polio vaccination campaign. Could you tell us a little bit more about that campaign?

Margaret Odera ([18:32](#)):

I remember in the, when we doing the polio vaccination, we only took five days and our target was 2.3 million children. And we got a hundred percent plus. Within five days we had covered 2.3 million children. So if the doctors and the nurses, they are there ready to give that vaccine. We can do it. Inequity in supply, it's not acceptable. Yeah. We need to have a equal supply of this vaccine.

Dorothy Logedi ([19:07](#)):

Where we have a problem the COVID-19 vaccine supply. In normal routine vaccine supply - that one we don't have a problem because it is consistent. We collected the vaccines at the Kisumu depot. We don't have a problem with it, routine vaccine. However, the problem which is there, which came due to pandemic, it is covering low coverage. The mothers did not turn up for vaccine. It's measles at nine months and the measles at one and a half to two years, that is second measles. This, because now mothers and kids. Now, my child has gotten the nine months in measles. There is no need of me going

back to the facility. Or the child had taken the other, waiting for nine months. But because they said, stay at home, all mothers decided to stay at home. So it affected the pandemic, affected the coverage of the vaccines, of the immunization. Mostly the measles was affected very much. Mothers feared if they come to the facility, they are going to conduct COVID. Also whenever they could hear a rumor, healthcare workers has gotten us, conducted the infection. They don't turn up to come for their vaccine., But the government had to put in the enforcement, such as that the county government had it to sit down and decide now these children are not coming. We are going to get another pandemic of another infection. They are going to get an outbreak, especially for polio and measles. So the best thing, the healthcare workers should now go into the community to do outreach and the door-to-door tracing. And this, while following the Ministry of Health protocol, we did the door to door and we did it before the tracing. Because March last year, we, our performance was below 80, but as when we needed the outreaches and also the door to door, and then the tracing, in fact, our immunization now came up, and now still we have that instant of if there's a healthcare worker with the COVID, they're not coming. But they come after that while using the community volunteers who are helping us very much, because they're the ambassador in the community,

Vince Blaser ([22:27](#)):

We have listeners of this podcast who are really working hard to provide immunizations and vaccinations around the world for COVID-19 and, and all routine immunizations. Wondering if you all have a short message for, for those who listen about your, your experiences and what you feel like is most needed there in Kenya and around the world,

Francesca Montalto ([22:56](#)):

And just considering, you know, the current COVID vaccination rate, the issues that we discussed of equity, access and acceptance, and the challenges you mentioned of, you know, routine immunization, what would your message be?

Dorothy Logedi ([23:08](#)):

COVID vaccine, vaccination, it is very important. As long as others are starting to get the vaccination, it is very important because if you don't want to be vaccinated and tomorrow you are coming to get assistance from me, how are you going, how am I going to protect myself? Because you have not already protected yourself, and you are coming to me for help. So it is good if all can be vaccinated so that we get to have immunity because of herd immunity comes when we have gotten at least above 90% of the vaccination. So for us to get herd immunity, because even if it is from Tanzania, from Uganda, that they are willing to come to Kenya, we are willing to go to Uganda, but we should go there when we know we are not going to do harm to another country. So on my perspective, I think COVID should, everybody should be vaccinated. It should not be a wish. It should be, everybody should be vaccinated, so that the whole world can get herd immunity, and we see way forward.

Margaret Odera ([24:28](#)):

Yeah. Herd immunity is very important to the whole world. I mean, we need places to be opened. And if this herd immunity, I can take, for example, of polio, the reason why a Kenyan born child has not gotten the polio has not been tested positive. I think it's because of the herd immunity that has been raised by the, you know, the routine vaccinations of polio, even in the, in the campaigns. Yeah. And right now, if we get this herd immunity of COVID in the whole world, I mean, I think businesses are going to be open. And then this COVID is over, it's not going to finish people the way it did before. People are not going to

This transcript was exported on Sep 24, 2021 - view latest version [here](#).

die with it because even if I'm vaccinated and I get COVID, I will not go down. So I think this, the roll-outs, the supply, I wish that it will be constant. I wish that it will be continuous, that there will not be, we will not wait one week then we get another, or two weeks we get another. I think this vaccination, if we get a constant supply of vaccination, the earlier we are going to get this herd immunity and the earlier everywhere is going to open. Right now we are still on lockdown from 10:00 to 5:00 AM. But when we get a herd immunity, I think business will go on as usual. Thank you so much.

Francesca Montalto ([26:04](#)):

Margaret and Dorothy, thank you so much for being on the show and best of luck to you as you continue to navigate vaccine challenges and advocate for your communities.

Speaker 1 ([26:14](#)):

Thanks for listening to Sabin's Community Conversations on Vaccines, brought to you by Immunization Advocates. Check out the next episode as we head to Brazil to hear about the challenges journalists are facing in covering immunization during the pandemic and how public health professionals can better work together with media to bring accurate information to communities they serve for more information, visit immunizationadvocates.org.