

### INTRODUCTION

As the COVID-19 pandemic continues to gain momentum globally, the need to vaccinate a majority of the population is becoming critical. Already, millions of doses of the COVID-19 vaccine have been administered across the country, yet many people remain hesitant to take the vaccine, slowing down the global vaccine rollout.

- **Many feel there is a lack of transparency from officials, which has made them doubtful** and/or confused about the efficacy of the vaccine.
- **Many are afraid of adverse effects and potentially nefarious motivations from the West** as the lack of information has let myths and misinformation take hold in communities across the country.
- **Most health care workers and community members wait to hear from a variety of trusted channels** before getting the vaccines for themselves.

We believe that a few targeted strategies such as factual and myth-busting public service announcements packaged and marketed through peers, local leaders, and religious institutions can bring about positive vaccine uptake in the community.






### RESEARCH

**Our aim**  
We (Amref, Dalberg, Path Living Labs, and JSI) are a group of designers, behavioural scientists, immunisation professionals, and health service providers/implementers. We conducted this research to understand the perceptions and motivations of Kenyans with regards to the COVID-19 vaccine to help boost its uptake amongst eligible populations through targeted campaigns.

**Our methodology**  
We spoke to 52 participants in Kisumu and Turkana counties in a combination of individual interviews and focus group discussions with health care workers and community members.

**Our outputs**  
Our teams of technical experts, strategists, and designers have designed communication strategies to combat barriers to vaccination in partnership with the community and health care workers. We are now ready to push forward and partner with implementers to deploy and scale strategies they find compelling. Please contact us for further details if you are interested in working with us as thought and implementing partners.

### PERSONAS OF THOSE WE SPOKE TO

				
Most hesitant				Most accepting
<b>Mistrustful Detractors</b> Mixed age range	<b>Watchful Cynics</b> Aged 20–40	<b>Anxious Believers</b> Aged 20–49	<b>Vulnerable Supporters</b> Aged 58+	<b>Enthusiastic Champions</b> Aged 20–40
Often doubt the existence of COVID-19, its dangers, and the safety of the vaccine	Suspicious of the efficacy and weary of the dangers of vaccines in Kenya, due to increased awareness of the vaccine	Feel the dangers of the COVID-19 virus to their families outweigh potential side effects of the vaccine	Ready to get the vaccine as part of the older generation but have limited information on how or where to get it	Ready to take the vaccine and, in their position as health care workers, eagerly encourage others to do so

### INSIGHTS & OPPORTUNITIES

#### 1. LACK OF TRANSPARENCY

- Residents and health care workers feel that the information they are receiving on the COVID-19 vaccine from local governments and health care institutions has not been coordinated and lacks consistency, especially with regards to the potential side effects and availability of doses.
- As a result, many feel they are ill-equipped to decide whether to take the vaccine as they are not guaranteed of their safety, and community members willing to get the vaccine do not know where to access it.

*“During the rollout I was answering so many questions from other health care workers. Questions that ought to have been addressed before the vaccine arrived.”*  
—Nursing officer, Kisumu

#### 2. MYTHS & MISINFORMATION

- Myths and misinformation are spreading, primarily through word of mouth and social media. The community sees no meaningful effort to respond to the myths and misinformation, and health care workers don't feel equipped to address people's concerns.
- As a result, many people in remote rural areas doubt the existence and severity of COVID-19 and the efficacy of the vaccine, and others believe the vaccine will cause infertility.

*“They say it ruins your fertility as a woman or after 2-3 years you are dead because it will finish you. When it comes to fertility that's where I draw the line. I am a woman, what would I do without a family?”*  
—Community member, Kisumu

#### 3. TRUSTED CHANNELS

- Community-based congregations like barazas and churches are trusted by the older generation in rural areas, while the younger urban and peri-urban residents rely on international media and social media for news.
- Most community members are convinced of the vaccine's safety only when they have seen a trusted peer take it without adverse reactions.

*“When people hear the chief is calling a baraza they will always go – especially the older people. When you explain something to them, they will say I have not heard the chief saying we can do this or that, so I think the chief is the only person who can convince them to get vaccinated.”*  
—Community member, Kisumu

#### OPPORTUNITY AREAS

- **Have a centralized source of information** with coordinated dissemination strategies for all counties, health institutions, community organizations, health care worker unions, and other channels hosted on the official Ministry of Health (MOH) website.
- **Update the public consistently** on the latest facts and figures, eligibility criteria, and vaccination centers through official MOH websites, pamphlets, hospitals, and community centers.
- **Share all the facts** of the vaccine including potential adverse effects and likelihood of occurrence in all communication.

#### OPPORTUNITY AREAS

- **Address myths and misinformation head on** by sharing counter facts and evidence over official media, official and influencer social media, community platforms, and any other platforms where the myths have originated.
- **Actively call out and correct individuals and organizations spreading unfounded information** about the vaccine through official government channels, via local and national media, and at local health centers.

#### OPPORTUNITY AREAS

- **Engage with unions, community leaders, community health workers, and congregations** to spread word about the vaccine and address misconceptions through community Q&A sessions, ongoing on-the-job trainings for health care workers, and community-based mobile campaigns in COVID-19-compliant settings.
- **Include community members and health care workers** in the design and dissemination of vaccination campaigns through community research, piloting and testing, and strategy workshops.