



KENYA COVID-19 VACCINE INTRODUCTION

Addressing Vaccine Hesitancy in Kenya

PROJECT REPORT AND COMMUNICATIONS CONCEPTS

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Research Question

Who we are

We (Amref, Dalberg, Path Living Labs and JSI) are a group of **designers, behavioural scientists, immunisation professionals and health service providers/implementers** with significant experience working at the intersection of community engagement, communications, health systems and immunisation programming. As such we all came together with a proposal to support National and County level stakeholders working on communications and vaccine introduction using a **human centred design approach**

What we did

We conducted rapid **qualitative research with healthcare workers (HCWs and CHVs) and community members in Kisumu and Tukana to better understand their current perceptions and behaviours with regards to the COVID vaccine**, as well as their current sources of information and the types of messaging they are receiving. Through the course of this research we **tested communication strategies with respondents** to understand what works and **co-designed effective communications approaches** in partnership with the health care workers and community members – who are the users the communications hopes to reach.

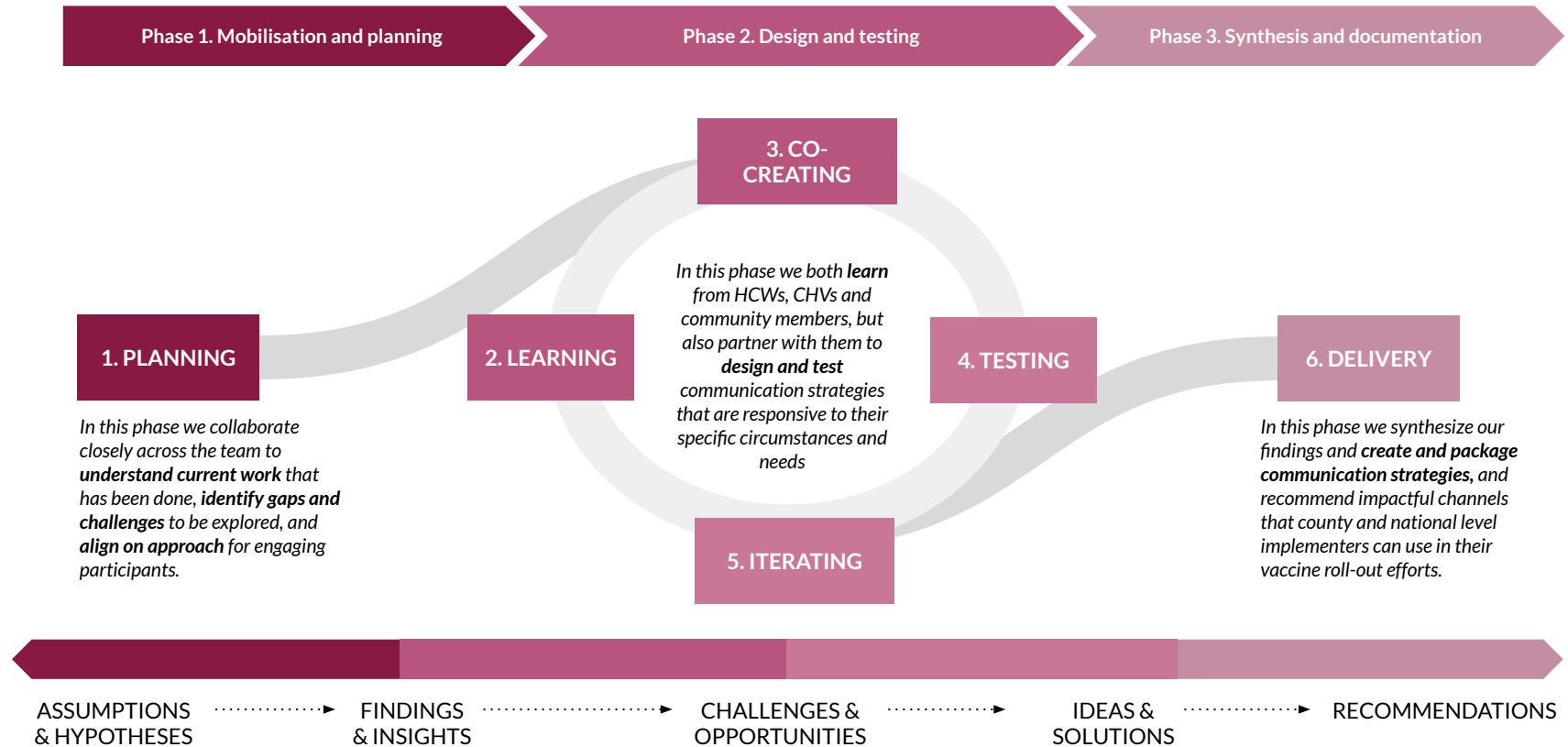
What we produced

The **outcome of our approach is a series of concrete communication strategies**, designed in partnership with users and informed by our expertise in design, behavioural science and immunisation (found on pages XXX of this document). These communication strategies will be **shared with both county and national level stakeholders** and where appropriate **launched through Amref and MOH channels** including being additive to the current “Pata Chanjo, Kaa Chonjo” campaign.

Research Question

How might we **develop effective communication strategies** that respond to healthcare worker and community behaviors, beliefs, and values towards vaccination and address rumors, disinformation, and misinformation about the COVID-19 vaccine **to drive vaccine acceptance, generate demand, and minimize hesitancy** in Kenya?

Overview of the HCD Methodology

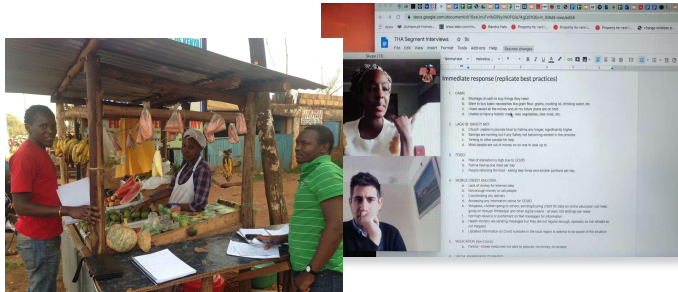


Project Objectives

1. Understanding the **population's existing attitudes, behaviors, and beliefs around vaccination** to identifying differentiated **communication needs and critical messaging and communication opportunities** to influence their vaccine uptake positively
2. Identifying **effective communication formats and channels** that can support the National Task Force, the Kenyan MoH, and County implementers to deliver diverse and effective communication strategies
3. Co-creating communication strategies that **effectively package factual and pertinent information** in a way that addresses the specific concerns of HCWs, CHVs and community members

Data Collection

We spoke to between 52 HCW/CHVs and community members in the two counties. Within clinics, we conducted in person interviews, however with community members we primarily engaged with participants remotely (based on their access to digital tools) by means of in-depth interviews and groups discussions.



Remote and in-person interviews and small group discussions

Up to 90 minutes of free-flowing conversations with participants recruited based on predefined sampling and research criteria. In clinics we tried where possible to speak to HCWs and CHVs in person, in communities we supplemented remote engagement with in person interaction by working with local research partners (primarily CHWs) from the community.



Interactive in-person and remote activities

We used a variety of activities or questioning frameworks that explore user journeys or ecosystems, designed to highlight opportunities and limiting factors across different stages of the user's experience.

Participant Sample

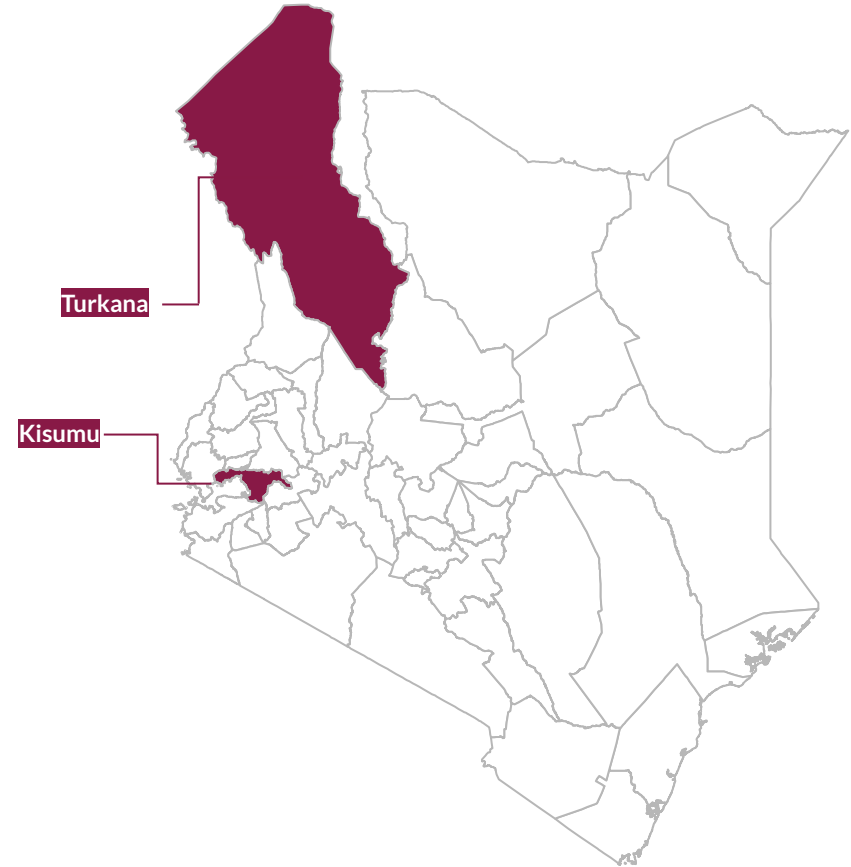
Our aim was to speak to HCWs, CHVs and community members. We selected Kisumu and Turkana as they represent urban, peri-urban, rural, and remote rural settings and the counties have very different current rates of vaccination.

Across healthcare workers, community health volunteers and community members we selected participants to create some variations across:

- Age
- Gender

Addition criteria amongst included:

- Role/position within health system
- Prioritising older adults over age 58 and adults over 18 with comorbidities, and those with high influence over these groups
- Variation across education, income levels, and marital status








Priority Learning Topics

The research and design activities focussed on the following **4 main learning topics**.

Community	Information Ecosystem	COVID-19 Vaccine Narratives
<p>World views & cultural norms</p> <p><i>What beliefs, identities, and moral values influence the target community's views on vaccination?</i></p> <p>Understanding what the target community sees as right and wrong can help us connect with what's most important to them and find common ground between what we hope to achieve and what matters to the target community regarding vaccination.</p>	<p>Channels and messengers</p> <p><i>What are the target community's information seeking behaviors? What are the most effective information channels and messengers the community is getting their information from?</i></p> <p>Understanding how people seek information, their trusted channels, and what motivates them to move towards action will allow us to craft communications concepts aligned to the target community's hopes for the future and design effective dissemination strategies that tap on existing behaviors and modes of accessing information.</p>	<p>Rumors, misinformation, and disinformation</p> <p><i>What are the current rumors, misinformation, and disinformation about the COVID-19 vaccine currently circulating through a group or population?</i></p> <p>Understanding the existing narratives around the COVID-19 vaccine and analyzing its potential impact will help us triage them and identify the ones that require a response. This will allow us to find a middle ground between the information the MoH wants to communicate to the community, the community information needs, and the narratives that need intervention.</p>
<p>Vaccination seeking behaviors</p> <p><i>What are the community's existing attitudes and behaviors towards the COVID-19 vaccine?</i></p> <p>Understanding the target community's historical relationship with vaccination and the existing enablers and blockers to get the COVID-19 vaccine will help us understand how to design communication concepts with the right embedded behavioral nudges.</p>		




Archetypes of Healthcare Workers and the Community

We found that the research participants fell into five categories of archetypes based on their vaccine preferences and their motivations, their access to information, and their influence over others in their community

Archetype	Characteristics	Influence and information flow
 <u>Mistrustful Detractors</u>	Often doubt the existence of COVID-19, its dangers, and the safety of the vaccine	<i>Are highly influenced by and have strong influence over peers and close family members</i>
 <u>Watchful Cynics</u>	Are suspicious of the efficacy and weary of the dangers of vaccines available in Kenya as a result of their increased awareness of the vaccine	<i>Rely on international media more than local sources and use this information to influence close family members</i>
 <u>Anxious Believers</u>	Feel the dangers of the COVID-19 virus to their families outweigh potential side-effects of the vaccine	<i>Local sources of information influence their decision making</i>
 <u>Vulnerable Supporters</u>	Are ready to get the vaccine because they feel they are vulnerable but have limited information on how or where to get it	<i>Rely on peers and community leaders for information and advice</i>
 <u>Enthusiastic Champions</u>	Are ready to take the vaccine and eagerly encourage others to do so in their position as healthcare workers	<i>Feel comfortable with their knowledge from trainings and are ready to be models for vaccination</i>



Opportunities for Vaccine Promotion | Healthcare Workers

Based on insights that we found from our research, we found these five opportunities that can improve vaccine uptake among healthcare workers

Opportunity	Insight Theme	Relevant archetype	Strategy example
Use trainings and workshops to pass information about the vaccine to the health care workers.	<ul style="list-style-type: none"> → Trainings/workshops → Myths and misconceptions → Fears and doubts → Expectation pressure 	 <p>Vulnerable supporters, Watchful cynics, Mistrustful detractors</p>	Health barazas Public Q & A event with medical professionals WhatsApp chatbot
Bust myths.	<ul style="list-style-type: none"> → Myths and misconceptions → Fears and doubts 	 <p>Watchful cynics, Mistrustful detractors</p>	Centralized website Social media drives WhatsApp chatbot Health barazas Public Q & A event with medical professionals
Provide clear factual information on how the COVID-19 vaccines work and potential side effects, this will increase the confidence on Vaccine efficiency.	<ul style="list-style-type: none"> → Fears and doubts → Information and sensitization gaps 	 <p>Vulnerable supporters, Watchful cynics, Mistrustful detractors</p>	Centralized website WhatsApp chatbot Posters announcing vaccination centres Public service announcements on radio Images and videos to spur a sense of normalcy Factsheet (printed)




Opportunities for Vaccine Promotion | Healthcare Workers

Based on insights that we found from our research, we found these five opportunities that can improve vaccine uptake among healthcare workers

Opportunity	Insight Theme	Relevant archetype	Strategy example
Design a website dedicated to providing information about the COVID vaccine and also provide a list of websites with verified COVID Vaccine information.	<ul style="list-style-type: none"> → Fears and doubts → Information and sensitization gaps → Social and peer pressure → Expectation pressure 	 <p>Vulnerable supporters, Watchful cynics, Anxious believers, Mistrustful detractors, Enthusiastic Champions</p>	Centralized website WhatsApp chatbot Factsheet (digital) Public service announcements on radio Images and videos to spur a sense of normalcy
Leverage on the use of social media channels to counter myths and misconceptions around COVID vaccine as well as pass the right information about the vaccine.	<ul style="list-style-type: none"> → Myths and misinformation → Fears and doubts → Social and peer pressure → Success stories 	 <p>Watchful cynics, Mistrustful detractors</p>	Factsheet (digital) Images and videos to spur a sense of normalcy




Opportunities for Vaccine Promotion | The Community

Based on insights that we found from our research, we found these five opportunities that can improve vaccine uptake among eligible populations in the community

Opportunity	Insight	Relevant archetype	Strategy example
Use shared language through local community leaders and influencers such as chiefs, village elders, religious leaders to sensitize community members living in rural and remote regions	<ul style="list-style-type: none"> → Low understanding of COVID-19 vaccine → Uncoordinated government information → Trusted information channels → Social influence 	 <p>Vulnerable supporters, Watchful cynics, Mistrustful detractors</p>	<ul style="list-style-type: none"> Posters announcing vaccination centres Public service announcements on radio Images and videos to spur a sense of normalcy
Host interactive Q & A sessions with medical professionals to answer questions from community members regarding the COVID-19 vaccine	<ul style="list-style-type: none"> → Low understanding of COVID-19 vaccine → Myths & misconceptions → Trusted information channels → Social influence 	 <p>Vulnerable supporters, Watchful cynics, Mistrustful detractors</p>	<ul style="list-style-type: none"> Health barazas Public Q & A event with medical professionals Images and videos to spur a sense of normalcy
Provide clear factual information on how vaccines work, including potential side effects to reduce distrust and offer clarity to community members exposed to a variety of news channels	<ul style="list-style-type: none"> → Inadequate information on COVID-19 → Doubts & fear of vaccine quality and effects → Low understanding of COVID-19 vaccine → Myths & misconceptions 	 <p>Watchful cynics, Anxious believers</p>	<ul style="list-style-type: none"> Centralized website WhatsApp chatbot Posters announcing vaccination centres Public service announcements on radio

Opportunities for Vaccine Promotion | The Community

Based on insights that we found from our research, we found these five opportunities that can improve vaccine uptake among eligible populations in the community

Opportunity	Insight	Relevant archetype	Strategy example
Provide an ongoing updated list of eligible candidates and vaccination sites with available doses to fill information gaps on where to access vaccines	→ Challenges in vaccine supply	  Watchful cynics, Mistrustful detractors	Centralized website WhatsApp chatbot Factsheet (printed) Public service announcements on radio
Use social media to educate the youth and address popular myths that are often shared on the same channels	→ Myths & misconceptions → Trusted information channels → Social influence	 Watchful cynics	Social media drives Factsheet (digital) Images and videos to spur a sense of normalcy

02. Archetypes



Archetypes



Mistrustful Detractors

They are a mix of Healthcare workers & Community members

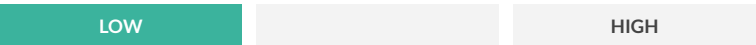
Mixed age range

Often doubt the existence of COVID-19, its dangers, and the safety of the vaccine.

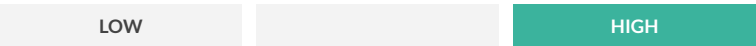
Eligible population



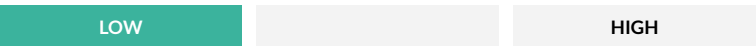
Readiness to take vaccine



Influence over others



Ease of access to information



Information sources:

Close community members, Community elders, Leaders



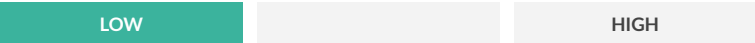
Watchful Cynics

They are a mix of Healthcare workers & Community members

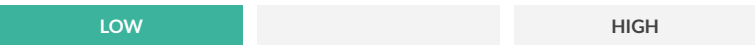
20-24

Are suspicious of the efficacy and weary of the dangers of vaccines available in Kenya as a result of their increased awareness of the vaccine

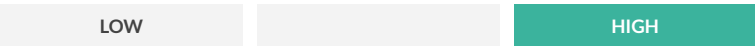
Eligible population



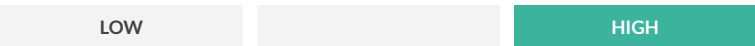
Readiness to take vaccine



Influence over others



Ease of access to information



Information sources:

International media outlets, WHO, Local news, Social media

Archetypes



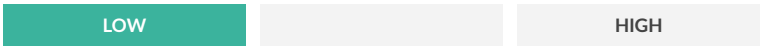
Anxious Believers

They are solely community members

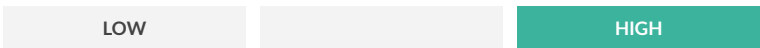
20-49

Feel the dangers of the COVID-19 virus to their families outweigh potential side-effects of the vaccine

Eligible population



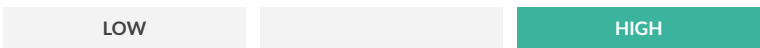
Readiness to take vaccine



Influence over others



Ease of access to information



Information sources:

Local news, Radio, Close Community Members



Vulnerable Supporters

They are a mix of Healthcare workers & Community members

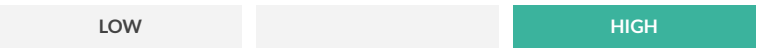
58+

Are ready to get the vaccine as part of the older generation but have limited information on how or where to get it

Eligible population



Readiness to take vaccine



Influence over others



Ease of access to information



Information sources:

Other community members, Other Community leaders, Healthcare workers, TV, Radio

Archetypes



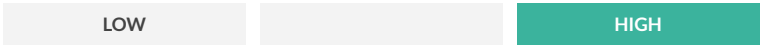
Enthusiastic Champions

They are solely healthcare workers

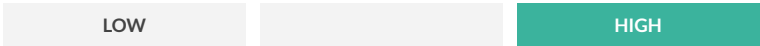
20-40

Are ready to take the vaccine and eagerly encourage others to do so in their position as healthcare workers

Eligible population



Readiness to take vaccine



Influence over others



Ease of access to information



Information sources:

WHO, Ministry of Health Websites, Healthcare workers , Leaders, Radio, TV



Research findings | Archetypes

Mistrustful Detractors

Healthcare workers & Community members

Socially influenced | Forsaken

Mistrustful detractors:

- **have limited access to official news and government representatives** but even when they do get access to them, they are distrustful
- **hold unverified beliefs that could put them in danger.** Some believe that the hot climate of their towns will protect them, others feel their immunity is a better protection than any modern vaccine, while still others do not believe the disease exists at all.
- **depend instead on their neighbors, their friends, and other community members.** This is especially true in remote areas where there has been little integration with other towns and villages.

"We know COVID exists but here in Turkana any sort of disease or coughing is considered COVID and they quarantine you and once you're there you just die because they don't even give you water. You die of thirst"

29, Male, Turkana

"We hear about people being taken for isolation and sometimes you hear there are 5 cases but you can't believe it because we know our climate can't allow COVID-19"

41, Female, Turkana

Vaccine eligibility

Aged 20-60

Some eligible now, some with comorbidity status.

Who do they listen to?

Friends and neighbors, social media

"I won't even allow my mother to get the vaccine. I'm 100% sure she would not accept information [about the vaccine] even from the chief or anyone. She was once convinced and she ran away. A social worker came to convince her and she refused. So I'm sure she will not accept it."

25, Male, Turkana



Community influence

This group can sometimes have significant influence over their parents and children. They rely on word of mouth over community healthcare workers and others that might be deemed modern or outsiders.



Communication needs

This group feels strongly about not getting the vaccine but there are some who are willing to listen if only the right people came to speak to them about it. Their main influencers are the community itself as no one else can "speak their language" and gain their trust. However, medical practitioners and other officials need to also be a part of such a campaign to show that these regions have not been neglected



Research findings | Archetypes

Watchful Cynics

Healthcare workers & Community members

Well-informed | Media savvy | Suspicious

Watchful cynics:

- **are well-informed** about the progress of the COVID-19 virus and vaccine across the globe
- **are suspicious of the lack of sufficient communication** from their own government and what they feel has been a disorganized dissemination process at their hospitals
- **regularly check international and local news outlets** as well as reputable health sites such as the WHO for their information
- **occasionally receive misinformation through social media** however, their reliance on these other reputable sources often leads them back to the facts
- **remain suspicious of the vaccine** because of the AstraZeneca vaccine's suspension in Europe, a general suspicion born out of the allegations against the national government's misuse of COVID-19 funds back in April 2020, and the lack of information targeted at explaining the safety of the vaccine Kenya is receiving

"If I qualify to get vaccinated at the moment, I still have fears. I still have fears because of lack of awareness and sensitization about the vaccine. Also following the concerns we have been seeing. We hear that it has been suspended in other countries. Our gov't is just saying it's fine. So it creates confusion."

27, Female, Kisumu

Vaccine eligibility

Aged 20-40

Some with comorbidity status.

Who do they listen to?

International media outlets, local news, social media, colleagues

"The vaccine at the moment is not safe for human consumption. At the moment, I don't want my parents to get the info. They're old, so we'll depend on that info. They're not going soon. I don't want them to get that info that there is a vaccine for."

29, Male, Kisumu



Community influence

This group can sometimes have significant influence over their parents, often controlling the information older generations in their family receive.



Communication needs

This group has adopted a "wait and see" strategy where they will watch others in their community and around the world react to the vaccine over a long period of time before they deem it safe for them and their families. They are likely to believe anecdotal evidence from those that they trust on how things have gone for them but only in combination with evidence in the international media.



Research findings | Archetypes

Anxious Believers

Community members

Family-oriented | Resourceful

Anxious believers:

- **are young mothers and coworkers of those who are frequently exposed to the sick** or their healthcare worker colleagues among others
- **worry that their exposure makes their loved ones vulnerable**
- **have done their research** to assure themselves that the vaccine is safe using the resources they have, usually searching on the internet, listening to local and international news, and asking healthcare workers in their networks.

"We couldn't stay home. Some of us work in the finance department. If we close down, they don't have drugs...somehow we have to work together. For me it was so draining, that we can actually continue working in the middle of the pandemic."

39, Female, Turkana

Vaccine eligibility

Aged 20-49

Some with comorbidity status. In the next line of vaccinations

Who do they listen to?

Coworkers, the internet, local news - mostly radio

"My colleagues also took the vaccine and were able to come back and tell us about the side effects. I didn't get the side effects myself anyway. I told my children but they just say I am lucky."

59, Female, Turkana



Community influence

Most in this group have tried to convince their family members and friends to get vaccinated to mixed results. They use themselves as examples for the lack of adverse effects but do not push their loved ones that are uncomfortable.



Communication needs

Those who have gotten vaccinated in this group, have done so mainly because of their peers and the vast resources available to them; namely their healthcare worker colleagues, their vaccinated friends, and the management at their places of work, that reinforce the importance of getting the vaccine and its safety. Those who have not still have questions around what to expect when they receive the injection.



Research findings | Archetypes

Vulnerable Supporters

Healthcare workers & Community members

Eligible | Victimized by COVID-19

Vulnerable supporters:

- **are the oldest members of their communities** and hence they know they are in the most vulnerable group against COVID-19
- **have witnessed friends die** of the disease
- **have closely followed COVID prevention regulations**
- **are ready to receive the vaccine** even when they do not know much about how it works or what the side-effects may be
- **are frustrated by the lack of information** on where and how they can receive the vaccine; hospitals, doctors, and nurses do not provide them with clear answers
- **cannot bear the long queues** for vaccines that often await them at the hospitals

"In Ahero, there's no vaccine and it is the nearest place. So there will be the queue, and there will be no provision. Then you are told to come back another day. When nobody is dying in your area, you tend to forget about it. Kisumu is now graded high and we feel we need to be vaccinated but nobody is telling us come to get vaccinated."

67, Male, Kisumu

Vaccine eligibility

Aged 58+

Can receive vaccine where it is available

Who do they listen to?

Friends, community leaders, community healthcare workers, family members, radio, children

"I saw someone who was 76 years, someone who's been a friend for years get the vaccine and that's what made me get vaccinated because they turned out fine. My friend after the vaccination came back to tell us about it. Even the doctors were afraid of the vaccine but this mzee went and he was fine."

67, Male, Kisumu



Community influence

Active vulnerable supporters have been key influencers for their neighbors and others in their age groups in getting their communities to abide by COVID-19 prevention strategies. E.g., wearing masks, handwashing



Communication needs

Many feel that there is very little information on where and how they can receive the vaccine. Of those who have gone to the hospital to get the vaccine, most have been turned away because there were no vaccines, have not been able to withstand the long lines, or in some cases, both.



Research findings | Archetypes

Enthusiastic Champions

Healthcare workers

Well Informed | Enthusiastic Champions

Enthusiastic champions:

- **Are well informed about the COVID-19 virus and COVID-19 vaccine.** They have verified information about the vaccine from the trainings and WHO pages.
- **Have access to trainings and continuing medical education (CMEs) concerning the COVID-19 vaccine.** They are mostly healthcare workers, thus they can access this information easily.
- **They were among the first people to get vaccinated.** Although they initially did not get vaccinated out of fear or pressure, they have no problem with the vaccine and advocate for others to get it.
- **They are worried about the availability of the vaccine.** They strongly feel that the vaccine should be available for everyone.
- **They influence others to take up the vaccine** using evidence that they took one as well and share all the facts including the potential side effects.
- **They focus and amplify success stories of vaccination efforts.**

"I have been advocating to other staff to be vaccinated."

Nurse, Turkana

Vaccine eligibility

Aged 20-40

Can receive vaccine as healthcare workers

Who do they listen to?

MOH representatives, trainers in workshops, colleagues.

"Right know my confidence is at 5 [out of 5] because I have influenced a lot of people."

Nursing officer, Turkana



Community influence

This group can sometimes have significant influence over their colleagues and the community. They rely on the WHO and CMEs trainings.



Communication needs

This group feels the need to get the vaccine and is willing to influence others to get the vaccine. Their main influences are the continuing medical education programs (CMEs), trainings and the World Health Organization website. If supported, these individuals are willing to champion the COVID Vaccine uptake in their facilities.



kunusu
angaji wa
uzazi

01
08
15
22
29

Kondomu ya
wanaume

Sindano / Injection

Tembe / Pills

Kifunga Mirija Kwa Mwanamume
(Vasectomy)

Kifunga Mirija Kwa Mwanamke
(Tubal Ligation)

Mirija Ulikotaka

Kibofu Cha Moyo

Kikwa la mibegu

03. Healthcare Worker
Insights and Opportunities

1. Information and Sensitization Gaps

HCWs feel there is limited information on the COVID-19 vaccine provided to them. HCWs are influential in passing information about the COVID-19 vaccine from MOH to the community, yet they are not well informed.

Information gaps

- **Most HCWs are dissatisfied with the information they get.** Intensive sensitisation is key to debunk the information gaps
- **HCWs feel there were key gaps in their training.** For instance, no information was provided about the lactating mothers. The only categories that the HCWs should not vaccinate are the pregnant women and the children.



"Nothing was touched on the lactating mothers"

Nurse, Kisumu

COVID vaccine efficacy

- **There is no clear information of how long the COVID-19 vaccine protects someone** or what happens to a person if they miss a second dose.



"The first time when it was introduced, we expected the government to give us the information about the vaccine and also the community. First if you get the first dose how long will you be protected and if you miss the second dose what happens. This did not happen"

Nurse, Turkana

2. Lack of involvement during rollout

HCWs expressed concerns that the government did not involve them, their associations or unions on vaccine rollout. This created information gaps and consequently decreased their level of confidence in the vaccine.

Exclusion of HCWs in decision making

- **HCWs' exclusion in the preliminary stages of the vaccine roll out increased their vaccine hesitancy.** Being frontline healthcare providers, inclusion before roll out would have equipped them with the relevant knowledge that they would share with other healthcare workers and the community.
- **HCW unions and associations are powerful in influencing HCWs.** Involvement of such unions would be influential in disseminating vaccine information among HCWs and thus increase uptake.



"The associations and unions were not involved. They were not brought on board. They could have been the ones disseminating information."

Nursing Officer, Kisumu



"During the rollout I was answering so many questions from other HCWs. Questions that ought to have been addressed before the vaccine arrived."

Nursing Officer, Kisumu

3. Training and Workshops

The side effects of COVID-19 vaccine are one of the most common concerns for HCWs and the cause for their unwillingness of some to take the vaccine.

Trainings and workshops

- **Some HCWs have attended trainings** and physical and virtual workshops while some haven't attended any.
- **While some HCWs feel that the trainings were rushed** and most of their questions and concerns were not answered, some feel the trainings cleared misinformation that attendees had.
- **HCWs fill in gaps from trainings through reading** and their experience in vaccinating.



"I have attended two CMEs, we have one every Wednesday. I trust what we learn in CMEs . I attended one workshop on COVID-19 and none on COVID-19 vaccination"

Nursing officer, Turkana

On Job Training

- **Some of the HCWs are oriented in the workplace** on COVID-19 vaccine administration without ever having had a chance to attend any training/workshop on COVID-19.



"The two day training was rushed. All 47 counties with 10-15 people representing each county. There was a lot of new information pumped to us and we asked so many questions that were not answered. Some of these questions we had we've had to answer on our own as we go through the experience of vaccinating people."

Nursing officer, Kisumu

4. Vaccine Availability Challenges

HCWs were initially concerned about the availability of the second dose. Healthcare facilities in densely populated areas had quickly run out of the first dose and experienced delays in the second dose. HCWs felt there was no clear information on the effects of delaying the second dose in terms of efficacy and side effects.

Second dose delay

- **HCWs doubted the ability of the government to supply the second dose** because the first dose was not enough for the population at the start of the vaccination drive. They felt that the government relying on donations in a pandemic affecting the whole world, was unsustainable
- **The delay of the second dose** has made some HCWs lose faith in the vaccine. This unavailability has also resulted to vaccine uptake hesitancy.



"People are not getting communication about the second dose and the dates that were pushed."

Nurse, Kisumu

Communication on the second dose

- **HCWs expressed frustration on the lack of information on the second dose**, and felt that it also changed from time to time. They did not have a reliable source where they could get all the right information in time.
- **HCWs also wanted to understand the repercussions of this** and what effects it would have to the people who had already received the first dose.



"People's faith in the vaccine is decreasing due to the fact that the 2nd dose is delayed."

Nursing officer, Turkana

5. Myths and Misconceptions

There is a lot of contradicting information about the COVID-19 vaccine therefore myths/misconceptions abound. There are those who are convinced that the vaccine is not good for them and have vowed not to be vaccinated.

Social media

- **HCWs are regularly exposed to false information** in form of videos, texts and posts going around social media about the COVID-19 vaccine. This has led to most people not having confidence in COVID-19 vaccine.

Word of mouth

- **Many HCWs listen to other colleagues who sometimes share false information** around COVID-19 vaccine, as well as influence each other in not taking the vaccine.
- **One of the most common myths around the vaccine is that when one is injected they get COVID-19 or die**, with the vaccine they want to reduce the population of Africa.



"I heard with the vaccine they want to reduce the population of Africa, when parents bring their children to hospital they tell us 'Msidunge mtoto wangu corona'"

Nurse, Turkana



"Initially it sounded like a world war between USA and China so this just made people suspicious."

Nurse, Kisumu

6. Social and Peer Pressure

HCWs have influenced each other's decisions to take the COVID-19 vaccine while they themselves are heavily influenced by peers, hospital policies, and religious leaders.

Witnessing peers

- **Some HCWs decide to take the COVID-19 vaccine after seeing other HCW taking them** and how it reacts to them. Hearing from the HCWs who have taken the jab can be more effective for some.
- **Some HCWs are willing to take the initiative of encouraging other HCWs** to take the COVID-19 vaccine



"I heard from colleagues that if I get injected I'll get COVID"

Nurse, Turkana

Policies

- **Some HCWs are discouraged from taking the vaccine** by their colleagues. Since HCWs know more about vaccines this might influence their hesitancy.



"Religious factors too as some churches will tell their people not to get vaccinated. Like followers of prophet Owuor."

Nursing officer, Kisumu

Religious leaders

- **Religious leaders are critical partners in addressing uptake of vaccines** however if they happen to be controversial on the vaccines their followers tend to be hesitant on taking them.

7. Brand Preferences

Most HCWs expressed their concern on being vaccinated and still having to wear a mask. They initially expressed preference on Moderna since they had heard that when one gets that vaccine, they can stop wearing masks.

Awareness

- Many healthcare workers had only heard of Astrazeneca at the time of this research
- Some HCWs who have heard of the Moderna vaccine said they would prefer it over the others since they believed they would not have to wear masks after getting that particular vaccine.



"Can't say now because I don't know how the other vaccines work. I prefer AstraZeneca because I have information on it."

Nursing officer, Kisumu

Preferences

- Some HCWs said they are waiting for Moderna vaccine in Kenya and only then will they take the vaccine.
- Some preferred Johnson's and Johnson's vaccine because it only requires one shot



"Johnson and Johnson because it is only one jab"

Nursing officer, Turkana

8. Expectation Pressure

The overall community perceive HCWs as the most reliable source of vaccine-related advice and information. Therefore, the community expects them to lead by example and be the first to take the vaccine. However, away from their professional duties they have their fears/reservations just like ordinary people.

HCWs leading by example

- **Some HCWs felt the pressure to lead by example.** This resulted in them being among the first persons to get the vaccine when it was introduced.
- **Vaccination pressure among HCWs was mostly felt by those in leadership positions.** Some reacted to the pressure positively by willingly getting vaccinated and serving as models for others. Others reacted negatively, felt that they were being forced to take it without their fears and doubts being first addressed, and refused to take the vaccine.

Well informed HCW as vaccine ambassadors

- **Being influential people in their communities,** well informed HCWs can share this information and help mitigate fears, misconceptions, and doubts about the vaccine.



"We were expected to be the first people to embrace the vaccine but like any other person, HCWs have their own fears."

Nursing Officer, Kisumu



"Yes, I had to lead by example having been appointed to lead the COVID vaccination efforts at our facility. I was even the first in the facility to be vaccinated."

Nursing Officer, Kisumu

9. Fears and Doubts

HCWs have concerns on how fast the COVID vaccine was developed compared to other vaccines. The fear of the unknown has raised concerns over the potential adverse side effects such as blood clots

Fear of side-effects

- **HCWs have concerns over adverse effects and the vaccines' newness** which has fostered fear. Many HCWs feel that the vaccine was developed too fast. Some with underlying conditions and chronic illness have opted not to take the COVID-19 vaccine out of fear of the consequences.
- **Many healthcare workers use junior aspirin as a preventive measure for blood clots.** Although there are no reported cases of blood clots in Turkana and Kisumu.



"My colleagues feared that it's a new thing, especially the young nurses. They feared it may interfere with their reproductive system. This is their own perspective."

Nursing officer, Turkana

COVID vaccine efficacy

- **HCWs have concerns over the efficacy of the vaccine**, some do not see the need to embrace a vaccine that does not protect them 100%. Some feel that their developed immunity after contracting the virus is better than the vaccine.



"I was among the last people here to get vaccinated because of the fear I had. Remember about the blood clots?"

Nurse, Kisumu

Youth hesitancy

- **Uptake of the vaccine among the young healthcare providers is low.** This is especially because they have concerns on the vaccine's impact on fertility

10. Success Stories

Among the interviewed HCWs who took the vaccine, none of them had adverse effects from the COVID-19 vaccine. Some HCWs have also taken the initiative to learn more about the vaccine from trusted websites like WHO, MOH as well as vaccine manufacturers. This has helped reduce their fears and doubts. One HCWs happily reported that none of the 1000 vaccinated people at their center had reported having adverse effects.

Vaccinated HCWs as vaccine ambassadors

- **Many vaccinated HCWs have no regrets**, they did not develop any adverse side effects and this has increased their confidence in the vaccine.
- **Well informed HCWs have more confidence in the vaccine.** They may have acquired this information during workshop trainings or trusted websites.



"I wanted to be among the first people especially after the training in Nairobi."

Nursing Officer, Kisumu

Community's influence on HCWs vaccination

- **The vaccinated population in the community have increased vaccine confidence.** The large numbers of people who have been vaccinated and not reported any adverse effects is a positive indicator to the HCWs.
- **HCWs in isolation centres are more open to get vaccinated.** They are exposed and feel the need to protect themselves and their families.



"Out of the more than 1000 we've immunized, we haven't gotten any adverse effects reported,"

Nursing Officer, Kisumu

Health Care Worker Opportunities

1. Use trainings and workshops to pass information about the vaccine to healthcare workers.

Interactive workshops can help healthcare workers get the right information on the COVID vaccine and side effects. This will reduce HCWs belief in myths going round and also turn them into COVID-19 vaccine advocates.

Archetype it addresses



"I have no confidence in the vaccine that is why I have not been vaccinated".

Nurse, Turkana

2. Bust myths.

With so many myths going round on social media and being passed among HCWs, using different channels to do myth busting would increase their confidence in the vaccine and keep them informed.

Archetype it addresses



"Where I stay, there is an NGO, they go door to door. They explain about COVID in general then they give soap. I'm sure you get more info because it's one on one so you can ask more questions. It's called Shofco. Ppl trust the info because they do a lot [in the community]."

Nurse, Kisumu

Health Care Worker Opportunities

3. Provide clear factual information on how the COVID-19 vaccines work and potential side effects.

Many HCWs feel like information about potential side effects and efficiency of the vaccine is not yet clear to them. For example why the vaccine is not given to the vulnerable, (i.e) pregnant mothers and babies. More clarity on these issues could have great impact on HCW confidence.

Archetype it addresses



"Most vaccines are administered to children because they are vulnerable, why then are they not vaccinating children against COVID? So I fear the vaccine is not safe."

Nurse, Turkana

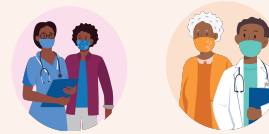
"I think the WHO are giving the right information but to increase confidence in the vaccine but let them also do the research on vaccinating children and give us that findings."

Nurse, Turkana

4. Design a website dedicated to providing information about the COVID vaccine and a list of websites with verified COVID vaccine information

In a bid to learn more about the vaccine, HCWs have been frequently using the internet as a tool. This has sometimes landed them on pages with unverified COVID-19 vaccine information. Building a site dedicated to providing information on the COVID Vaccine and providing a list sites with verified and well researched COVID information would come in handy on making sure HCWs only visit sites with verified COVID-19 vaccines information.

Archetype it addresses



"I get COVID-19 information from online sources, CME's, people"
"I'm satisfied with the WHO information from their websites. From my profession as a medic, i can easily filter wrong and misleading information from reliable ones"

Nurse, Turkana

Health Care Worker Opportunities

5. Leverage social media channels to counter myths and misconceptions around COVID vaccine as well as pass the right information about the vaccine

Social media is one way in which false information about the COVID vaccine has been passed. Using social media verified pages to counter and campaign against false information about COVID-19 vaccine would increase confidence on the COVID-19 vaccine.

Archetype it addresses



"People are not taking the vaccine. Because of those false documentaries, there's one that says you won't stay alive in 2 years. It's on WhatsApp and Twitter"

Nurse, Kisumu

A photograph of a family of six standing in a lush green cornfield. In the back row, a man in a blue and white plaid shirt stands with his hands on the shoulders of two young children in the front row. To his left is a woman wearing a colorful headwrap and a patterned dress. To his right is a teenage boy in a red Arsenal football jersey. In the front row, three young children are standing: a girl in a yellow t-shirt and blue shorts on the left, a boy in a patterned t-shirt and red shorts in the center, and a girl in a red t-shirt and light blue pants on the right. The background is filled with tall corn plants and trees under a bright sky.

04. Community Insights and opportunities

1. Inadequate information on COVID-19

Inadequate information on COVID-19 has resulted in a lack of understanding of how the virus spreads and is treated, giving room for misconceptions on its existence and how it affects people of African descent differently.

Low understanding of COVID-19

- **Information gaps on COVID-19 have led to misconceptions on how the virus spreads**, e.g., some people believe that the virus cannot survive in the warm and hot climate of Kenya. Many believe it is a foreign disease that is not fatal to Africans.
- **Community members in rural and remote regions rely on alternative treatments** such as home flu remedies and traditional cures, without seeking medical advice or testing for COVID-19.



"I've never heard any expert going to local stations that speak vernacular language to unpack what this COVID is and what is available is posters that many can't read. what is the definition of Social Distance? Say physical distance. Effective communication is missing."

40, Male, Kisumu

Lack of visible evidence of COVID-19

- **Belief in the existence of COVID-19 is challenged by the lack of evidence on ground**, especially among people who have not directly heard of anyone who has been infected or died from the virus, causing many to question the consequent need for a vaccine.
- **The epicenters of the disease have been in the Kenyan capital and other major towns**, farther deterring those in rural and remote areas who have not had any direct or indirect experience with the disease, from considering a COVID-19 vaccine.



"It didn't appear realistic to me because we were not shown the ones who died on television. So I asked myself if this COVID-19 is real. As time went by I can say, the numbers have really increased especially in Kisumu. I have even encountered people who are sick. and it confirmed for us that it is real."

27, Female, Kisumu

2. Low Understanding of COVID-19 Vaccine

Many community members feel that publicly available information on the COVID-19 vaccine is narrow and passed through unreliable or incomprehensible channels, therefore limiting their knowledge and decision-making powers.

Low understanding of how vaccines work

- **There is limited understanding of how vaccines work**, lowering uptake by many who expressed that they do not see the benefits of getting vaccinated if they can still run the risk of contracting COVID-19 or still have to follow COVID-19 prevention guidelines, such as wearing a face mask, after being vaccinated.
- **Information on side effects is also not clear** with many associating the side effects with actually contracting COVID-19 or willingly exposing yourself to harm.



"How can some people get COVID-19 when they are still vaccinated? After the first vaccination, they still get COVID-19. This doesn't make me comfortable. In my view, the vaccine should give me full immunity, not partial. I don't see the need. If I am vaccinated or not, I can still contract the virus."

27, Male, Turkana

Inadequate and unreliable information

- **Vaccine information has not been passed in succinct ways that are familiar to the target audience**, giving room for spread of myths and misinformation on the vaccine's side effects and efficacy.
- **The additional lack of clear and consistent information from health care workers**, creates more fear and hesitation, especially among the young and healthy who feel they can afford to wait till they are certain of the vaccine's efficacy.



"Through the media, we are getting some fancy fancy information about the vaccine. like I saw yesterday some lady, she was telling the public, the injection had a metal, whereby she put something like a magnet where the injection was inserted and the magnet sticks to the arm. Such info is scary so it makes people not get vaccinated."

54, Female, Kisumu

3. Information gaps in vaccine availability

Information on COVID-19 vaccine distribution, availability, and eligibility in local health facilities is not widely available to the public, therefore limiting access for those eligible and willing to get vaccinated.

Lack of information on vaccine sites

- Many community members reported not being aware of the vaccination sites that were available, other than the main county-level and sub-county level hospitals, which were often either crowded or running out of doses.
- Lack of coordination and proper communication around the vaccine distribution affects people's ability to get vaccinated, even when they are willing.



"In Ahero, there's no vaccine and it is the nearest place, so there will be a queue and there will be no provision. Then you are told to come back another day... My son called me from Nairobi and told me we need to be careful, and now we feel we need to be vaccinated but nobody is telling us where to come to get vaccinated."

67, Male, Kisumu

Lack of information on availability of more doses

- Many feel worried that they may not get the full COVID-19 dose due to inconsistent information on the availability of adequate vaccine doses in the country. This uncertainty on when the country should expect additional vaccine doses has created a barrier to people getting their first dose as they fear the impact a delay in getting a second dose might have on their health.



"If we get the first jab, I'm not sure we'll get the second jab. The vaccines are not enough. It can cause panic actually, when you read the newspaper and the headline is the gov't is struggling to get vaccine and you've got the first jab. They are worrying headlines."

29, Male, Kisumu

4. Myths and Misconceptions

Progression of misinformation through multiple unverified and unregulated sources, with limited avenues for people to verify this information has exacerbated vaccine hesitancy.

Unregulated social media posts

- **Social media** although a fast and effective way of spreading information, can be used in detrimental ways to rapidly spread myths and half truths lacking nuance, especially where a subject matter is relatively new and sparks curiosity among consumers.
- **Many mentioned coming across posts that highlight the potential adverse effects** of COVID-19 vaccines such as occurrence of blood clots and death among vaccinated individuals and that the brand and quality of vaccines being distributed in Africa are inferior or fake.

Word of mouth

- **Word of mouth** which is popular among people living in more rural and remote areas can be even harder to stop and disprove without any trace of its source.
- **Many of those we spoke to shared stories of adverse effects of COVID-19 vaccine that they had heard** from family, friends and passers-by. The most common myths mentioned by those we spoke to are that the COVID-19 vaccine causes infertility among women and early death for the youth and young adults.



"There's this doctor on TikTok. Actually I don't know if she's a doctor or a lecturer at a university... She was saying that Africa has a lot of resources, and that the vaccine being brought to Africa is to reduce us because we have too many births."

34, Female, Kisumu



"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?"

26, Female, Turkana

5. Uncoordinated Government Information

The national government's lack of consistent and coordinated information on COVID-19, coupled with cases of fraudulent use of COVID-19 funds and flouting of COVID-19 protocols by government officials has caused many community members to lose trust in government information sources.

Little trust in national government

- **Incidences of COVID-19 funds misuse by the government coupled with their disregard for COVID-19 regulations** during political events has led to people perceiving the government to be an untrustworthy source of information on COVID-19. Some people feel that the government has used the pandemic as an opportunity to gather money from donors.
- **There is also a lack of consistent and coordinated information from the Ministry of Health on the quality and efficacy** of the vaccine being distributed locally by the government, causing further fear and hesitancy among people.

Preference for social media and international news

- **Those with higher digital access, especially the youth and those living in urban areas** prefer to rely on internet sources and international mass media to bridge the gaps in information from national government and local health sources.



"Generally I don't trust the gov't. I believe they are cooking the numbers based on what is happening in the UK. I think they need to bring up money from the UK."

31, Male, Kisumu



"I prefer Google, because some doctors are against the vaccine, some are for it. Everyone who is for or against it has their own reason and they feel strong about their reasons. So it's easier to google."

34, Female, Kisumu

6. Trusted Information Channels

Local community leaders such as chiefs, religious leaders and community healthcare workers are perceived to be trustworthy information sources by those living in rural and remote regions while the international health organisations such as the World Health Organisation (WHO) and social media channels are trusted by the younger adults.

Trust in local community leaders

- **The local administration, religious leaders, and village elders are more trusted sources** of information than the media, especially for the older generation and those living in more remote areas, where word of mouth is a major information channel.
- **Community members appreciate in-person health talks by health professionals at the chief's camp**, through mobile health clinics or at community centres, because they can seek clarification directly and immediately.



"When people hear the chief is calling a baraza they will always go - especially the older people who are 58+. 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."

33, Female, Kisumu

International news sources & social media

- **Most people, especially the younger adults, verify information using multiple channels** including internet sites, international media and trusted influential figures.
- **International news outlets such as the WHO web pages and the Ministry of Health's social media pages**, are seen to bridge information gaps from the local mass media and national government.



"I follow WHO pages because I don't trust government pages for this. I also watch international media to see how other countries have managed this before I think about our MOH of Kenya."

29, Male, Kisumu

7. Social Influence

The experiences and stories shared by peers serve as powerful influence among people of all ages in the decision to get vaccinated, with many opting to wait and see how others react to the vaccine before taking it themselves.

Wait-and-see attitude

- **Many people would prefer to wait and see how their peers and other members of their community react to the vaccine**, before taking the shot themselves. Although they are aware that the vaccine has already been administered to millions of people, they would feel more comfortable if people with a similar background to them, who look like them and are known to them took the vaccine with no adverse reactions.



"I saw someone who was 76 years, someone who's been a friend for years get the vaccine and that's what made me get vaccinated... because they turned out fine. After the vaccination he came back to tell us about it. Even the doctors were afraid of the vaccine but this mzee went and he was fine."

61, Male, Turkana

Influence of the youth on older adults

- **Younger adults due to their exposure to more information sources** through social media, internet sites, mass media, schools and friends, influence older adults' access to information and consequently the decision to get vaccinated.
- **Most of the younger adults we spoke to who have doubts about the vaccine would not encourage** their parents and older relatives to take the vaccine and in most cases avoid the conversation all together.



"The vaccine at the moment is not safe for human consumption. At the moment, I don't want my parents to get that info. They're old, so will depend on that information. They're not going soon. I don't want them to get that info that there is even a vaccine for COVID-19."

33, Female, Kisumu

8. Challenges in Vaccine Supply

A limited supply of vaccines at the grass-root level and inconsistent information on where to get the vaccine has overwhelmed public health facilities in denser towns, resulting in long queues that deter eligible individuals from getting the vaccine as they fear exposing themselves to COVID-19 in the process.

Queues in public health facilities

- **Health facilities that are easily accessible to people living in more rural and remote areas have not been adequately stocked** with vaccine doses, forcing eligible individuals living in those areas to travel farther to larger health facilities, where they often find long queues.
- **Many older adults who are unable to stand too long in the queues** or fear exposing themselves to COVID-19 in the hospitals choose to return home without receiving the vaccine as they deem this to be a safer alternative to waiting.

Access in remote regions

- **Lower access to vaccines in remote and rural areas as compared to densely populated towns has also contributed to low awareness** and low uptake of the vaccine.
- **Devolving these services and creating awareness campaigns that reach remote communities** would help disseminate information on COVID-19 and encourage adoption of the vaccine.



"Despite my age, I have not been vaccinated. You go to the hospital and it ends up with a very long line and they tell you there's no drugs... The district hospital, people are many.. the age group like mine, even to stand in line for 30 minutes, you can faint."

62, Male, Kisumu



"Now we have a problem with the medical people. We have 1 vaccination center - Lodwar referral hospital - and you can't tell people to travel 250 km to take the vaccine. They don't have any means to travel to Lodwar."

27, Male, Turkana,

9. Doubts, Fear of Vaccine Quality and Side Effects

The novelty of the COVID-19 virus and vaccine has cast fear among people who question the rapid vaccine production process, vaccine ingredients and the potential long term effects on people.

Rapid development of vaccine & distribution in Kenya

- **There are concerns among those we spoke to on how rapidly the COVID-19 vaccine was developed compared with vaccinations,** raising suspicion on the quality of the vaccines. Some people feel that they are being used as guinea pigs and may end up suffering adverse effects or even dying young.
- **Some people fear that the vaccines available locally may be counterfeits,** due to information gaps from local health authorities and past incidences of corruption within the health ministry

Misconceptions on vaccine brands

- **The brands of vaccine available in Kenya have been surrounded with controversy and misconceptions about the quality and genuineness,** with authorities doing little to dispel the fears, which has further increased vaccine hesitancy.
- **News of adverse effects such as rare blood clots in vaccinated individuals and temporary suspension of some brands in other countries,** has not been explained to people in relatable ways and some worry that the same fate may befall them if they take the jab.



"Despite my age, I have not been vaccinated. You go to the hospital and it ends up with a very long line and they tell you there's no drugs... The district hospital, people are many.. the age group like mine, even to stand in line for 30 minutes, you can faint."

62, Male, Kisumu



"Now we have a problem with the medical people. We have 1 vaccination center - Lodwar referral hospital - and you can't tell people to travel 250 km to take the vaccine. They don't have any means to travel to Lodwar."

27, Male, Turkana,

Community Opportunities

1. Use shared language through local community leaders and influencers such as chiefs, village elders, religious leaders to sensitize community members living in rural and remote regions

These community leaders and influencers are able to reach audiences by speaking local languages and speaking to communities' values.

Archetype it addresses



"The village elders are the same with the mamas so they have the language to communicate with them. An old mama can't do it when the elders are not vaccinated."

25, Male, Turkana

2. Host interactive Q & A sessions with medical professionals to answer questions from community members regarding the COVID-19 vaccine

Community members feel they need someone knowledgeable that can explain in detail what to expect and to whom they can ask follow-up questions.

Archetype it addresses



"Where I stay, there is an NGO, they go door to door. They explain about COVID in general then they give soap. I'm sure you get more info because it's one on one so you can ask more questions. It's called Shofco. Ppl trust the info because they do a lot [in the community]."

34, Female, Kisumu

Community Opportunities

3. Provide clear factual information on how vaccines work, including potential side effects to reduce distrust and offer clarity to community members exposed to a variety of news channels

Many community members feel that their concerns are not being addressed by the government. Especially where they have been following international media and/or are exposed to myths and misinformation from various sources.

Archetype it addresses



"Maybe on MOH side, I should be getting all the info so when I go to the hospital I already know. Now I don't know and I am being blamed for not going, I'm being blamed for being ignorant when it is the gov't not displaying it"

29, Male, Kisumu

4. Provide an ongoing updated list of eligible candidates and vaccination sites with available doses to fill information gaps on where to access vaccines

Lack of information on who is eligible and where the vaccines can be found are often listed as important reasons why many have not yet been vaccinated. Updates to this information can be made in areas where the community frequents, such as places of worship, work, and schools.

Archetype it addresses



"The most effective campaign strategy has been the community champions through leaders especially in churches. The pastors are also passing the information in gatherings and outside of work"

40, Male, Turkana

Community Opportunities

5. Use social media to educate the youth and address popular myths that are often shared on the same channels

As social media is one of the main ways myths and misinformation are spreading, addressing these through platforms the youth frequent can help tackle the spread of unverified rumors about the vaccine.

Archetype it addresses



"People are not taking the vaccine. Because of those false documentaries, there's one that says you won't stay alive in 2 years. It's on WhatsApp and Twitter."

27, Male, Turkana

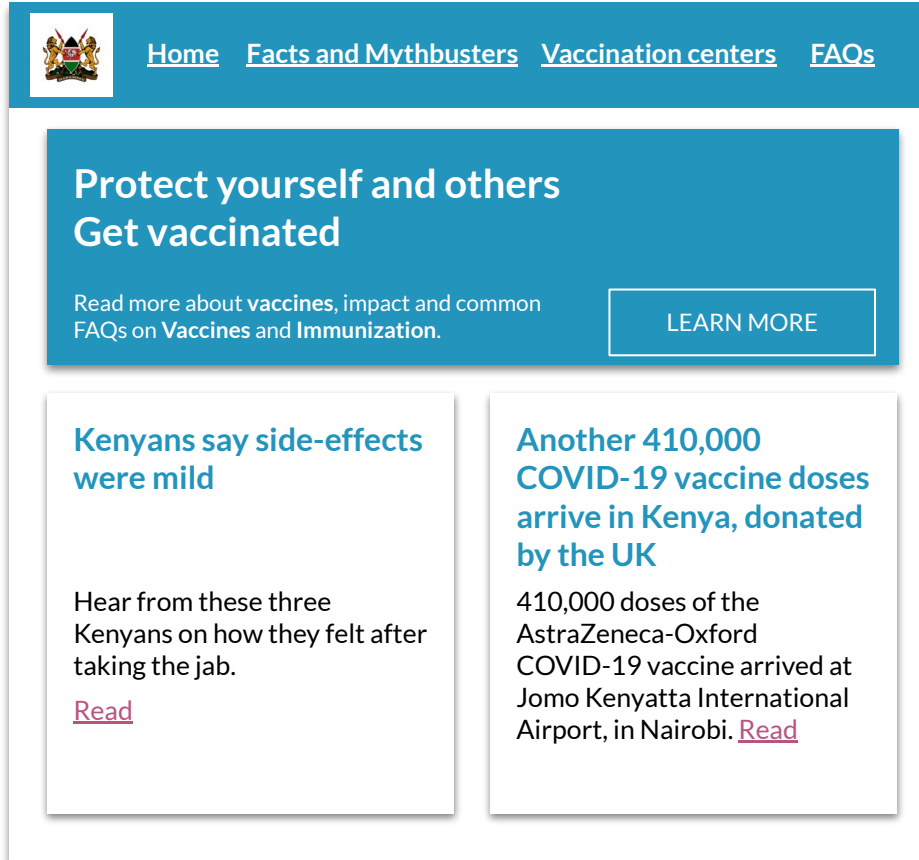
05. Communication Strategies



5a. Tools and Channels



Centralized Website



Description of communication concept

A website that can serve as a central source for reliable information on COVID-19, the vaccine, and clarification on myths and misinformation hosted on MOH servers.

Archetypes it addresses



Messages and features

- Facts and mythbusters
- Up-to-date information on sources for the vaccine, vaccination centers, and vaccine efficacy
- Real stories from those who took the vaccine

Specific hesitancy it addresses

- Limited information on what the vaccine does, where to get a shot, and what to expect once vaccinated

WhatsApp Chatbot



Description of communication concept

A WhatsApp chatbot that would give instant responses to questions related to COVID-19 and the vaccines on an easily accessible platform.

Archetypes it addresses



Messages and features

- Shared through verified social media accounts including Ministry of Health social media pages

Specific hesitancy it addresses

- Fears and doubts and myths and misinformation
- Limited information on what the vaccine does, where to get a shot, and what to expect once vaccinated

Social Media Drive

First round: Factoids

Facts on the vaccine

It's important to start by building up trust with the audience

- Provide clear and concise information on the vaccine that shows confidence in its efficacy and safety. Eg. "The GOK has procured X number of the Oxford Astrazeneca vaccine to date. The MOH believes it is safe for our community and encourages all that are eligible to receive the jab at the nearest vaccine centers. Follow this link to find out where you can get one today."

Second round: Mythbusters

Counter evidence for myths shared online

The community and HCWs feel that when they do not see myths being addressed by officials, there is a good chance they are real

- Provide strong counter evidence against myths and misinformation. Eg. "The vaccine for COVID-19 cannot and will not give you COVID-19. The two authorized mRNA vaccines instruct your cells to reproduce a protein that is part of the SARS-CoV-2 coronavirus, which helps your body recognize and fight the virus, if it comes along. The COVID-19 vaccine does not contain the SARS-Co-2 virus, so you cannot get COVID-19 from the vaccine. The protein that helps your immune system recognize and fight the virus does not cause infection of any sort."
- Ask influential people to share posts that echo the messages found on official government platforms including testimonials of their own experience.

Description of communication concept

A stream of intentional and easily palatable briefs on the vaccine and its efficacy as well as counter myths shared through a variety of social media platforms. The posts should be made in a way that is shareable.

Archetypes it addresses



Messages and features

- Verified Facebook, Twitter, and WhatsApp, accounts including Ministry of Health social media pages
- Influencers and personalities in the community and within the healthcare sector


Specific hesitancy it addresses

- Fears and doubts and myths and misinformation
- Limited information on what the vaccine does, where to get a shot, and what to expect once vaccinated

5b. Messages and Events




Health Barazas



Kisumu county health department

invites you to a **COVID-19 Vaccine Question & Answer session**
at Chief's camp, Ahero



Speakers:

- Chief Adjin
- Dr. L. Wala
- Sister M. Atieno

Come and learn more about the **COVID-19 Vaccine** from our county health experts. Questions are encouraged. Bring a friend.

Description of communication concept

Health talks / barazas can be safely held in trusted community areas such as the chief's camps, county social halls, churches and community centers, and hosted by trusted community leaders who can explain and answer questions many have about the COVID-19 vaccine.

Archetypes it addresses



Channels and messages

- Chiefs, assistant chiefs and other local administration officers
- Religious leaders
- Local medical officers
- Community healthcare workers

Specific hesitancy it addresses

- Lack of clarity on the efficacy and side effects of the vaccine
- Distrust and lack of understanding about the COVID-19 virus

Public Q&A with Medical Professionals

COVID-19 Vaccination & Q&A Event with our local doctors

Come and learn about the vaccine and get your questions answered by our medical professionals.
Vaccines available on a voluntary basis.

Program

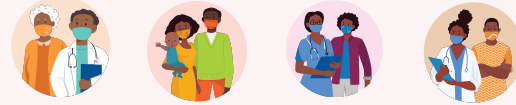
9:00 - 9:30 AM	Chief Adjin speaks about the impact of COVID-19 on our community
9:30 - 10:15 AM	Dr Wala and Sister Atieno explains how the vaccine works, who developed it and what side-effects it comes with
10:15 - 10:30 AM	Q&A with Dr Wala
10:30 AM - 12:00 PM	Vaccination drive

Come and learn more about the COVID-19 Vaccine from our county health experts. Questions are encouraged. Bring a friend.

Description of communication concept

A COVID-19 restrictions compliant event to educate the community about COVID-19, the vaccine, and the places where to get vaccinated. A vaccination drive at the end to ease the process for those convinced.

Archetypes it addresses



Channels and messages

- In places of worship, work, and schools
- Recorded video of the event can be shared through Ministry of Health social media pages

Specific hesitancy it addresses

- Low understanding of COVID-19 vaccine
- Uncoordinated government information
- Lack of information on where to get the vaccine shot
- Queues and lack of vaccines at some hospitals which creates fear and fatigue among older eligible adults

Vaccine Fact Sheet

COVID-19 Vaccine Information

What are the side effects?

Vaccines can cause some side effects as happens with all medicines. They are usually mild and last only a day or two. **Not all people get side effects.**

Common side effects to the Astrazeneca vaccine are:

- Painful, heavy feeling and tenderness in the arm you had your injection.
- Fatigue or tenderness
- Headache, body aches and chills

When should I get concerned?

Side effects should last less than a week. If you experience any of the following symptoms 4 days to 4 weeks seek medical care:

- Severe headache that won't go away with painkillers
- Shortness of breath, chest pains and leg swelling

When is my next dose?

If this is your first dose, you should have received a text message with your next appointment in 12 weeks time. It is important to have both doses of the same vaccine to give you the best protection.

When can I go back to normal activity?

You can resume normal activity almost immediately after your vaccine, unless you're feeling unwell. Do not operate heavy machinery if your arm is still sore from the jab.

Can I still catch COVID-19?

After the first vaccination, you may still Get COVID-19 because your immunity to the virus has not yet fully developed. After the second vaccination, there is a much lower risk of becoming ill, because you are better protected. Some people may still get COVID-19 despite having a vaccination but this should be less severe.

Who else can take the vaccine?

Individuals who are at high risk of contracting the disease and those likely to suffer more severe causes of the virus have been prioritised by the ministry of health. These include:

- Healthcare workers
- Other frontline workers such as teachers and security personnel
- Adults aged 58 years and above

Description of communication concept

Pamphlets and digital posts with information on what to expect after getting your COVID-19 vaccine shot can be shared with individuals. The factsheets can give more information on topics such as common side effects, when to get concerned from side effects and when to get your next dose. Since printed leaflets can be carried home, other members in the community can access the same information.

Archetypes it addresses



Channels and messages

- Leaflets distributed at vaccination sites
- Handbook for healthcare workers
- Social media

Specific hesitancy it addresses

- Misinformation about vaccine side-effects E.g, whether the vaccine could cause death
- Lack of clarity on side-effects and efficacy of vaccine

Images and Videos to Encourage Vaccine Uptake



*I got vaccinated to **protect my family.**
Who will you protect?*

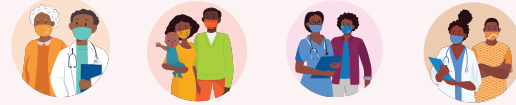


**This is an example of the type of posters to encourage vaccine uptake*

Description of communication concept

Images and videos of vaccinated individuals sharing reasons why they got vaccinated can be shared on various channels to encourage others to get vaccinated.

Archetypes it addresses



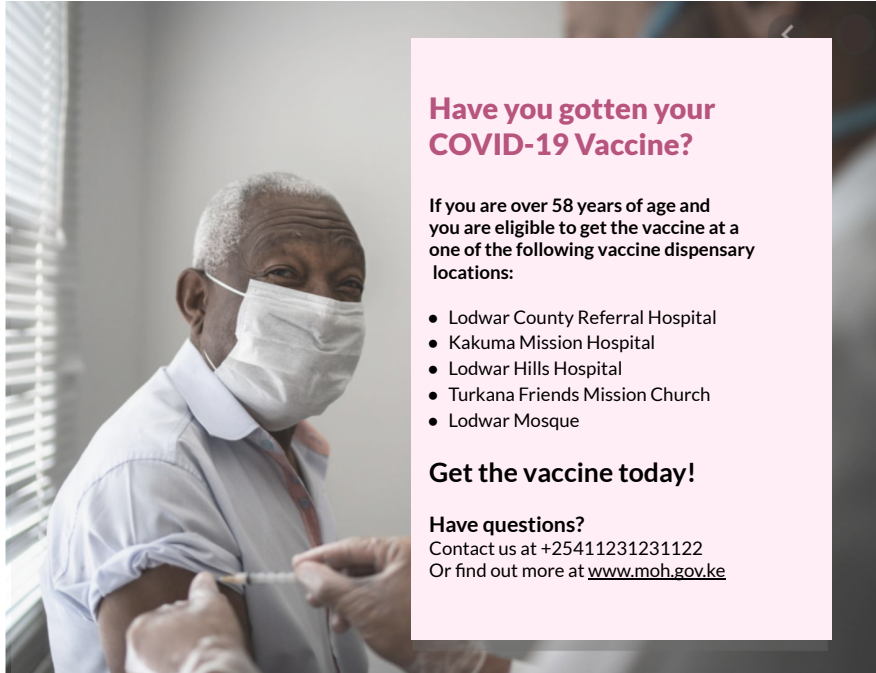
Channels and messages

- Social media posts
- Mass media e.g radio and TV
- Posters and flyers

Specific hesitancy it addresses

- Lack of information on the importance of the vaccine
- Distrust and lack of understanding about COVID-19

Posters announcing vaccination centres



**Correct and up to date vaccine locations and contact information should be listed.*

Description of communication concept

Posters that announce availability of vaccine doses in various vaccination centres, including contacts to help you follow up.

Archetypes it addresses



Channels and messages

- Posters in public spaces such as churches, hospitals, markets.
- Ministry of Health social media pages

Specific hesitancy it addresses

- Lack of information on where to get the vaccine shot
- Queues and lack of vaccines at some hospitals which creates fear and fatigue among older eligible adults

Public Service Announcements on Radio

Social influence - testimonials from those who have been vaccinated

English radio script ~ 30 seconds

- It's been a long time since we could embrace our children and our children's children. We miss the laughter and warmth that filled our homes when they came to visit. When I heard about the COVID-19 vaccine, I had to make sure I was first in line. Now that I am fully vaccinated, and certain that I am protected from the virus, my home is getting back to what we knew to be normal. The vaccine is a safe and sure way to save lives and protect your loved ones. Get vaccinated today. For more information, dial *719#

Announcing Vaccine Availability and Eligibility

English radio script

- My name is Kamau. I am primary school teacher passionate about seeing our children build a bright future for themselves. When the rollout of COVID-19 vaccines began, I wasn't sure I wanted to be among the first. However, I know this is how I can go back to teaching and seeing my lovely students safely. I got my vaccine at Ahero sub-county hospital for free, and only had a slight soreness on my arm after. I was able to return to normal activities on the same day. I encourage you to get vaccinated, to protect our children and community. If you are in Kisumu, you can get vaccinated at Ahero sub-county, Kisumu referral hospital and Jaramogi Oginga Odinga hospital. For more information, dial *719#.

**Scripts in Kiswahili and other local languages to be used in vernacular radio stations should be included.*

Description of communication concept

Various messages sharing vaccine availability and eligibility, organized health talks at community centers, testimonials from vaccinated individuals can be shared on radio and television in languages familiar with the target audience.

Archetypes it addresses



Channels and messages

- Posters in public spaces frequented by eligible adults such as churches, hospitals, markets
- Ministry of Health social media pages

Specific hesitancy it addresses

- Lack of information on where to get the vaccine shot
- Queues and lack of vaccines at some hospitals which creates fear and fatigue among older eligible adults



Thank you

