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 world, 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 vaccine 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.

PERSONAS OF THOSE WE SPOKE TO

Mistrustful Detractors
Mixed age range
Often doubt the existence of COVID-19, its dangers, and the safety of the vaccine

Watchful Cynics
Aged 20–40
Suspicious of the efficacy and weary of the dangers of vaccines in Kenya, due to increased awareness of the vaccine

Anxious Believers
Aged 20–49
Feel the dangers of the COVID-19 virus to their families outweigh potential side effects of the vaccine

Vulnerable Supporters
Aged 58+
Ready to get the vaccine as part of the older generation but have limited information on how or where to get it

Enthusiastic Champions
Aged 20–40
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 come, 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

RESEARCH

Our aim
We (Amref, Dalberg, Path Living Labs, and JSI) are a group of designers, behavioural scientists, immunisation professionals, and health service providers/implmenters. 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.