

Kenya

The Little Jab Book

A Playbook for COVID-19 Vaccination in Kenya



COMMON THREAD



Illustration by [Icons8](#)

Contents

01

Introduction

02

RECOMMENDATIONS
FOR PEOPLE WHO

**Underestimate
the need to get
vaccinated**

03

RECOMMENDATIONS
FOR PEOPLE WHO

**Do not trust
the vaccine**

04

RECOMMENDATIONS
FOR PEOPLE WHO

**People do not
know how and
when to register
for vaccination**

05

**Implementation
tips**

06

**Basis for our
recommendations**

07

Conclusion

Introduction



Introduction



Photo by Bennet Tobias on Unsplash

COVID-19 has had significant economic and health impacts around the world.

In Kenya, COVID-19 has led to [5,123 confirmed deaths and 250,256 cases from January 3, 2020 to September 28, 2021](#).

Vaccines offer one of the best ways to combat COVID-19 and reduce community transmission. Apart from sufficient supply, the success of the vaccine depends on the number of people who actually take it. There are several reasons why vaccine uptake may be below the target, including availability of vaccine supply and personal reluctance to receiving the vaccine.

This work is done in partnership with the Ministry of Health in Kenya and seeks to uncover underlying reasons for vaccine hesitancy among parents and youth in Kenya and identify localized solutions to increase uptake of the COVID-19 vaccine. The Busara Center for Behavioral Economics, Common Thread and Save the Children completed in-depth interviews with 20 parents in Nairobi, Kiambu, and Bungoma as well as a quantitative survey with 1412 young people from the Nairobi area to uncover barriers and enablers to vaccination.

Inspired by the [Little Jab book](#), this book begins with a look into the most important vaccine uptake problems in Kenya and highlights interventions to overcome these problems. It includes a total of 9 recommended behavioural science interventions for youth (15-24 years) and adults (25+) living in urban or rural Nairobi, Bungoma and Migori.

How this playbook was made

Desk research

We conducted rapid desk research on the current COVID-19 situation in Kenya, the roll out plan, and barriers for vaccination uptake.

Qualitative research

We conducted remote in-depth interviews with 20 parents (10 women and 10 men) in Nairobi, Migori, and Bungoma.

Co-design workshop

We facilitated 2 co-design workshops with key stakeholders. 89 ideas were created, prioritized, and narrowed down to 9 ideas based on impact and feasibility.



Stakeholder interviews

We conducted semi-structured interviews with 8 Kenyan stakeholders including KEMRI, Ministry of Health, Ministry of Education, WHO, UNICEF, a community health worker, a county health director, and a religious leader.

Quantitative research

We launched a quantitative survey with a young urban population (n=1412). The survey was conducted on Busara's self administered data collection application KITE.

Final playbook

The former phases of research and co-design has resulted in this playbook providing 9 evidence-based interventions to increase COVID-19 vaccination uptake in Kenya.

How to use this playbook

This playbook is intended to be used without any prior knowledge of behavioural science. It contains ideas and interventions specific to the Kenyan context to increase vaccine demand and uptake. You should consult this playbook when building your own vaccine uptake programme or improving on an already launched programme. The implementation and use of this playbook should be tailored to the context it is being applied in. For all interventions in this book, consider how it might work in your region, what might need to be changed so it is more appropriate and how interventions might be perceived by the community.

It is important to note that this playbook is developed based on research in a few areas in Kenya (Nairobi, Migori, Bungoma) with a very limited sample (N=1,432).

These interventions might therefore not apply to all Kenyans and should be seen as inspiration. To scale up the interventions, more research and testing is needed.

Who should use this playbook

This playbook is for any stakeholder in Kenya working on a COVID-19 vaccine uptake programme. This includes, but is not limited to, officials at the Ministry of Health, Community Health Workers, NGOs, and humanitarian agencies.



Source: Save the Children

Structure of this playbook

This playbook is focused on increasing vaccine uptake among parents and youth in urban and rural Kenya. It is structured according to the three most commonly cited problems for uptake based on our research.

While challenges on the supply side are important, the behavioural interventions here do not provide recommendations on improving vaccine supply and cold-chain management. If you are experiencing any supply side issues, such as a lack of vaccination sites or vaccines, make sure you deal with those first before you begin increasing demand for vaccines.

Even if supply side barriers are addressed, vaccination uptake will not increase if demand is lacking. We therefore believe that addressing the three key behavioural barriers presented below, will be an important step on the road to full vaccination among parents and youth in Kenya.



Key problems for vaccination uptake in Kenya

The problems outlined here are the three most common challenges to vaccine uptake that came out of the research. These problems do not present themselves in any particular order and they may occur independently or in tandem.



PEOPLE UNDERESTIMATE THE NEED TO GET VACCINATED

This problem describes people who either do not think vaccination is required immediately, or do not think that they need it. They tend to be complacent about vaccination and underestimate their need to get vaccinated. This may be because they do not feel at risk of catching or falling seriously ill from COVID-19 or that they have other, more pressing daily challenges that take precedence.



PEOPLE DO NOT TRUST THE VACCINE

This problem describes people who do not want to get vaccinated because of:

- A fear of vaccine side effects and/or;
- A lack of trust in the vaccine manufacturing process and/or;
- A lack of trust in the government's intentions and/or;
- A belief that the vaccine is being used by western countries as a trial on the African population.



PEOPLE DO NOT KNOW HOW AND WHEN TO REGISTER FOR VACCINATION

This problem describes people who want to get vaccinated but do not know how. For example, it describes people who lack information on whether they are eligible to get vaccinated. It also describes people who wish to get vaccinated but get disheartened by the registration process and give up.

People underestimate the need to get vaccinated

The key barriers for these types of people include:



LOW PERCEIVED SEVERITY OF COVID-19

Some people do not believe that COVID-19 poses a severe health risk, especially healthy youth. They tend to underestimate the severity of COVID-19 because it's not easily noticeable.

“It is a serious issue, but not so serious! People are dying of COVID, but here in Africa, people are dying of other diseases also, but not corona.” - Male, 34, Urban

LOW KNOWLEDGE ABOUT THE REASONS TO GET VACCINATED

People misunderstand the aim of getting vaccinated, believing it is only about protecting oneself, instead of protecting others as well (through herd immunity). Others believe the vaccine is for treatment of COVID-19 rather than prevention.

“Young people will not get the vaccine. They are not serious. They do not even wear a mask because they think their immunity system is very strong.” - Female, 36, Urban

People do not trust the vaccine

The key barriers for these types of people include:



LOW TRUST IN THE VACCINE

Some people are uncertain about the vaccine because they are not sure how it was developed, what is in the vaccine and why it was manufactured abroad. Rumours and misinformation contribute to this mistrust.

“I do believe there is COVID but I don’t trust the vaccine” - Female, 29, Urban

MISINFORMATION

Untrue statements on severe side effects as well as rumours that the vaccine is a ploy to control Africans or that it is being trialled on the African population fuel feelings of mistrust.

“We weren’t shown how its manufactured, we don’t know the content” - Male, 34, Urban

LACK OF SOCIAL PROOF

There is limited endorsement of the vaccine by local level influencers and health workers. For many people, it helped to see the President get vaccinated.

“I have heard about the vaccine but where I live I have not seen anyone going for the vaccine or getting vaccinated” - Male, 34, Rural

People do not know how and when to register for vaccination

The key barriers for these types of people include:



LACK OF ACCURATE INFORMATION

There is limited information on how, where and when to get vaccinated. Since few people have witnessed their neighbours, friends or family getting vaccinated, very few conversations about vaccination are taking place in communities in Kenya, adding to the information gap.

FRICTION

People are easily discouraged by complex processes. If the process of registering or attending an appointment is too complicated, people will not follow through on their vaccination intentions. In rural areas, vaccine distribution sites are often limited and too far away from people's primary residences to facilitate vaccination.

*“Not many people have an idea on where to get the vaccine or they lack time to go for it.”
- Male, 35, Rural*

PROCRASTINATION

People delay vaccination and opt for other, more enjoyable tasks. This is not because they don't want to get vaccinated; they just don't make vaccination a priority.

*“It's difficult to get vaccinated since most Kenyans are busy enough just finding time to go look for where to get vaccinated”
- Male, 48, Urban*

Snapshot of interventions

To address each of the three key problems, we co-designed intervention ideas with stakeholders. These ideas were prioritised into 9 final interventions based on impact and feasibility.

PEOPLE UNDERESTIMATE THE NEED TO GET VACCINATED

COMPARE SAFETY AND RISK

Equate safety and risk with things that are already known such as road crashes and other diseases.

SHOW LOSSES

Show the valuable life aspects, such as education, income, and social gatherings that people stand to lose as a result of COVID-19.

BUILD A REFERRAL SYSTEM

Develop a referral system on WhatsApp, so that those who get vaccinated encourage others to do the same.

PEOPLE DO NOT TRUST THE VACCINE

INVOLVE EXPERT MESSENGERS

Involve and promote expert messengers to share why they have been vaccinated.

PARTNER WITH CHW AND CV

Partner with community health workers (CHWs) and community volunteers (CVs) to spread the word on vaccination.

ENCOURAGE SHARING OF VACCINATION STATUS

Make getting vaccinated “go viral” with social media campaigns, stickers and pins.

PEOPLE DO NOT KNOW HOW AND WHEN TO REGISTER FOR VACCINATION

CREATE MOBILE VACCINATION CENTRES

Reduce friction by bringing vaccines to people at highly visited settings in communities.

PROVIDE TRANSPORT REIMBURSEMENT

Provide transportation to a vaccine site or hand out vouchers for transport reimbursement.

SITE OPTIMISATION

Make the registration process more simple and accessible on USSD (Unstructured Supplementary Service Data) and add a clear call to action.

RECOMMENDATIONS FOR PEOPLE WHO
**Underestimate
the need to get
vaccinated**



1.

Compare the safety and risks of COVID-19 vaccines

BARRIERS TO OVERCOME

LOW PERCEIVED SEVERITY OF COVID-19

DESCRIPTION OF INTERVENTION

Compare the risk of getting COVID-19 with risks that are already known to people. By associating vaccination with other safety measures taken in everyday life, the risk of COVID-19 becomes more tangible.

Examples of messages could be:

Risk comparison:

- COVID-19 is the Xth leading cause of death in Kenya, more than XYZ causes/ other diseases!

Safety comparison:

- You would wear a helmet when on a boda to protect yourself, get vaccinated and protect yourself against COVID-19.

BEHAVIOURAL INSIGHTS

Salience: The risk of contracting COVID-19 can be abstract and not very visible. By comparing the risk to other well-known risks, it becomes more salient to people.

Illusory truth effect: People tend to believe information that is repeated. By repeating the association of vaccination with safety across contexts, the message is drilled into someone's mind and the statement becomes a believed fact.

ACTIVITIES FOR IMPLEMENTATION:

- Team up with MoH or other organisations working with safety such as Uber, security companies etc.
- Develop messages and decide the best format for dissemination (stickers, posters, billboards, video, etc).
- Develop a dissemination strategy.

**INTERVENTION
MOCKUP / POSTER**



2.

Show what people stand to lose as a result of COVID-19

BARRIERS TO OVERCOME

LOW PERCEIVED SEVERITY OF COVID-19

DESCRIPTION OF INTERVENTION

Share anecdotes of people who got COVID-19, or were affected by the restrictions, and the negative impact this had on their lives. For example, rather than highlight a loss of life, which may not be effective for many people who perceive low severity of COVID-19, emphasize a loss in financial gain because of an inability to go to work.

BEHAVIOURAL INSIGHTS

Loss aversion: For many in Kenya, COVID-19 doesn't present a significant loss relative to other daily priorities such as putting food on the table, going to work, going to school or attending social gatherings. To make the loss of COVID-19 feel more severe, frame losses to align with these valued activities. Framing vaccination messages along the lines of what people might lose may motivate them to seek vaccination.

ACTIVITIES FOR IMPLEMENTATION:

- Identify highly valued activities among your target population.
- Identify the most appropriate channels of communication to reach your target population.
- Develop communication materials with testimonials of relatable people to visualize how that valued activity was missed. For example, if school is valuable share a story about a person who had to miss class because they were too fatigued to attend and are now behind a year because of COVID-19.
- Indicate on communications the call to action, including where people can go to get vaccinated and when.

**INTERVENTION
MOCKUP / POSTER**



3.

Develop a referral system

BARRIERS TO OVERCOME

LACK OF SOCIAL PROOF

LOW KNOWLEDGE ABOUT THE REASONS TO GET VACCINATED

DESCRIPTION OF INTERVENTION

Have community volunteers develop a WhatsApp group and invite community members, friends or family to the group. Members update the list when they get vaccinated and “nominate” another member in the group to get vaccinated. The group description should also include a call to action and description of where and how to get vaccinated.

The same group should be used to build a chain of people and each person’s name should be written in the group so that the other people in the group are impressed by the number of people that have gotten vaccinated and want to be part of the chain themselves.

BEHAVIOURAL INSIGHTS

Social proof: People like to follow the actions of similar others. If they are made aware that their friends or community members have been vaccinated, they are more likely to get vaccinated as well.

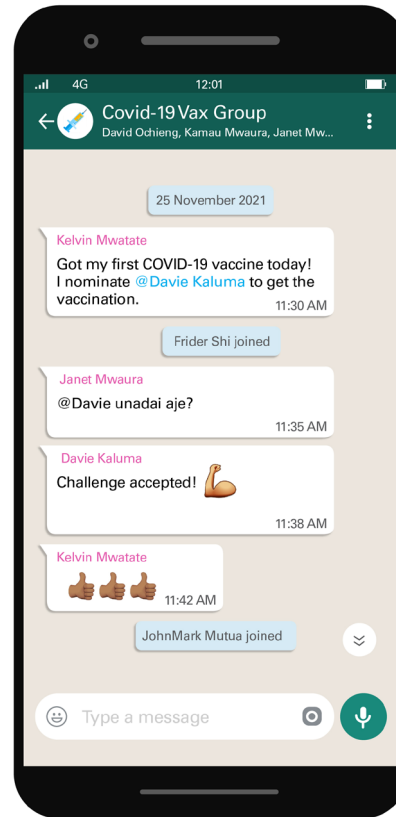
Mental Models: A similar WhatsApp group process is already a cultural norm in Kenya for supporting funerals. Since this intervention is in alignment with existing behaviours,

it increases the likelihood that people will understand how to participate and be motivated to do so.

ACTIVITIES FOR IMPLEMENTATION:

- Recruit community volunteers to share this concept and gain their feedback on how the initiative can be improved or amended to meet local needs.
- Encourage community volunteers to spearhead the creation of a WhatsApp group and identify relevant people to participate in the group.
- Consider inspiring a healthy competition among community volunteers, to see who can get the most people vaccinated via their WhatsApp group.

INTERVENTION
MOCKUP / WHATSAPP GROUP



RECOMMENDATIONS FOR PEOPLE WHO

Do not trust the vaccine



4.

Involve expert messengers to share their “vaccination stories”

BARRIERS TO OVERCOME

LOW TRUST IN THE VACCINE

MISINFORMATION

DESCRIPTION OF INTERVENTION

Create video stories from African scientists, experts, and public health officials stating that they trust the vaccine and explaining why people need it. They can highlight that they trust it even though it is manufactured outside of Africa; they trust the trial process and the manufacturing process. The videos can be shared on social media, TV and Mautu TVs.

BEHAVIOURAL INSIGHTS

Authority Bias: People tend to trust authorities. From our research, people report trusting the information shared by public health officials and scientists when it comes to COVID-19. This is likely because these people are perceived as knowledgeable and neutral. Sharing public statements from trusted officials can help motivate vaccine hesitant people to get the jab because the experts are reassuring them it is the right thing to do.

ACTIVITIES FOR IMPLEMENTATION:

- Do rapid research to confirm who is most trusted in your context.
- Reach out to identified trusted experts to produce video stories.
- Create a dissemination strategy for videos on social media.

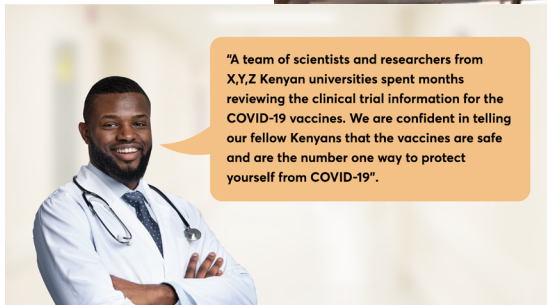


[Here is an example of the CEO of Amref explaining why you need the vaccine](#)



Use the QR code if you are reading the print version.

**INTERVENTION
MOCKUP /
HEALTH EXPERT
ENDORSEMENT
VIDEO PLAYING
IN MATATU**



5.

Use community health workers and volunteers to spread the word on vaccination

BARRIERS TO OVERCOME

LOW TRUST IN THE VACCINE

MISINFORMATION

DESCRIPTION OF INTERVENTION

Engage Community Health Workers (CHW) and Community Volunteers (CV) to speak about COVID-19 vaccination. Provide these groups of people with very specific note cards with clear and simple talking points, even utilizing images, so the key messages don't get muddled over time. Encourage messengers to speak authentically, in their own language, so that it is trusted and impactful. This intervention is more suitable for populations that might not have a smartphone. Interpersonal communication can be more effective to answer people's questions than one-way communication.

BEHAVIOURAL INSIGHTS

The Messenger Effect: People are influenced and quickly take cues on an issue based on who is conveying the information. Based on our research, encouraging health experts within local communities to become messengers is likely to be effective, as members of their own communities are more relatable.

Touch points: Community health workers are already very present and lead other initiatives. Therefore, they have easy and existing touch points with the community where they can share this information.

ACTIVITIES FOR IMPLEMENTATION:

- Invite CHWs and CVs to learn more about vaccination and offer an opportunity for questions and concerns to be addressed. Emphasise the importance of their role in getting their communities vaccinated.
- With CHWs and CVs, co-create notecards with images, information on where people can get vaccinated and answers to frequently asked questions.
- Print these notecards and arm CHWs at the session with them.
- Help make a plan with the CHW to go door-to-door and educate their community on COVID-19 vaccination.

**INTERVENTION
MOCKUP / NOTE CARD**



6.

Make getting vaccinated “go viral” with social proof

BARRIERS TO OVERCOME

LOW TRUST IN THE VACCINE

LACK OF SOCIAL PROOF

DESCRIPTION OF INTERVENTION

Develop filters for social media channels for people to showcase and share with their peers that they have been vaccinated. Vaccination sites could also set up attractive photo backdrops for people to take selfies and post on social media. For populations without smartphones, distribute stickers at vaccination sites that read “I got my COVID-19 vaccine”.

BEHAVIOURAL INSIGHTS

Social proof: People like to follow the actions of similar others. If they are made aware through a Facebook, Twitter or Instagram post that their friends have been vaccinated, they are more likely to trust the vaccine and get vaccinated as well.

ACTIVITIES FOR IMPLEMENTATION:

- Develop an “I got vaxxed” filter
- Partner with WhatsApp, Facebook, Instagram, Snapchat to distribute a Kenya specific “I got vaxxed” filter.
- Create a communications campaign to showcase this new feature of WhatsApp, Facebook, Instagram or Snapchat and show how people can use the filter.
- Start by having popular influencers use the filter and share their vaccination pictures.
- Create stickers to distribute at vaccination sites that also read “I got vaxxed” and can be worn after leaving a vaccination site.

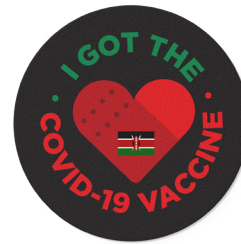
INTERVENTION MOCKUPS /



INSTAGRAM FILTERS



**INSTAGRAM SELFIE
CUTOUTS**



STICKERS

RECOMMENDATIONS FOR PEOPLE WHO

People do not know how and when to register for vaccination



7.

Bring vaccines to highly visited settings in communities

BARRIERS TO OVERCOME

FRICION

PROCRASTINATION

LIMITED VACCINE SITES IN RURAL AREAS

DESCRIPTION OF INTERVENTION

Reduce friction by offering vaccination at sites that are already highly frequented and valued. For example, bring mobile vaccination teams to offer vaccines in rural communities, at schools, churches, markets, and other locations where people often congregate. This makes it easy for people to get vaccinated, because it pairs vaccination delivery with locations that people are already visiting.

BEHAVIOURAL INSIGHTS

Reducing hassle factors: Working, caring for children and travel costs all make it difficult to get to a vaccination centre, even if people want to get vaccinated. While travelling to a vaccination site may not be given priority, many Kenyans make time to travel and attend church, go to public markets, etc. Since these settings are highly frequented and valued by Kenyans, they offer an opportunity to reach a large number of people with vaccinations.

In rural communities, consider bringing mobile vaccination services to the centre of the community and making the bus a common spot for a social gathering.

Do not know how to register

28

Social proof: People like to follow the actions of others who are similar to them. When we see people in our community getting vaccinated, a social norm is created, and we are more likely to get vaccinated as well.

ACTIVITIES FOR IMPLEMENTATION:

- Identify which settings in your region many people visit. For example, if you want to vaccinate the Christian population, you might offer vaccination at the local church.
- Identify which setting has the highest number of attendees.
- Identify which days and time attendance is highest.
- Work with stakeholders from the local setting, whether it is market vendors, priests etc. to raise awareness with their communities on when mobile vaccination will take place.

**INTERVENTION
MOCKUP / MOBILE
VACCINATION UNIT
IN RURAL MARKET**



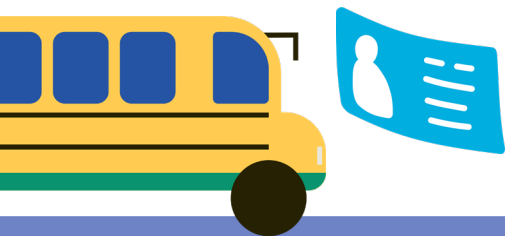
8.

Bring people to vaccination sites by providing transportation

BARRIERS TO OVERCOME

FRICION

PROCRASTINATION



DESCRIPTION OF INTERVENTION

In order to vaccinate large numbers of people at one time, plan a “vaccination day”. For rural communities, matatus could be reconfigured as mobile vaccination sites or vouchers can be distributed to people for transport reimbursement. For offices, this might mean human resources organizing transportation for the office to go to a specific vaccine clinic or giving people a specific afternoon off to get vaccinated.

BEHAVIOURAL INSIGHTS

Simplification: Sometimes, bringing vaccines to a community is not always possible due to cold chain requirements. In these cases, consider bringing people to the vaccines. By offering free transportation with small incentives like food you make it easy for people to get to a vaccine site without people having to overcome logistical friction, like figuring out the route to a vaccination centre or paying for transport.

Do not know how to register

30

Social proof: Adding the community element makes this feel like an enjoyable outing and may motivate more vaccine hesitant people to follow the behaviour of their peers. Onlookers won’t want to be the only ones left behind and will be motivated to get on the bus to get vaccinated as well..

ACTIVITIES FOR IMPLEMENTATION:

- Identify communities with limited or poor access to vaccination sites.
- Arrange for a matatu to pick up people as well as fruit and drinks on the way.
- Coordinate with community leaders/ HR/priests etc. to raise awareness and plan the day.

**INTERVENTION
MOCKUP /
STYLISH MATATUS
AS TRANSPORT
TO MOBILE
VACCINATION
SITES; POPULAR
LOCAL SNACKS
AVAILABLE**



9.

Ease the registration process and give a clear call to action

BARRIERS TO OVERCOME

LACK OF ACCURATE INFORMATION

FRICTION

PROCRASTINATION

DESCRIPTION OF INTERVENTION

The national registration page has been criticised for being confusing and not leading to any clear call to action after registration. Additionally, it excludes populations without internet access.

Optimize the registration process by sending people an SMS that indicates a vaccine is available. The SMS should direct people to the online registration form. Consider providing USSD services to allow people to respond to a few questions and directly register.

Also consider providing a list of vaccination sites nearby during the registration process and sending follow-up reminders closer to the date.

BEHAVIOURAL INSIGHTS

Simplification: Receiving an SMS with all the information you need to get vaccinated against COVID-19 is easier than taking the initiative yourself to figure out where, when and how to register. Additionally, making the process easier both by providing a USSD option and optimising the registration page will increase the likelihood that more people get started and follow through on getting vaccinated.

Do not know how to register

32

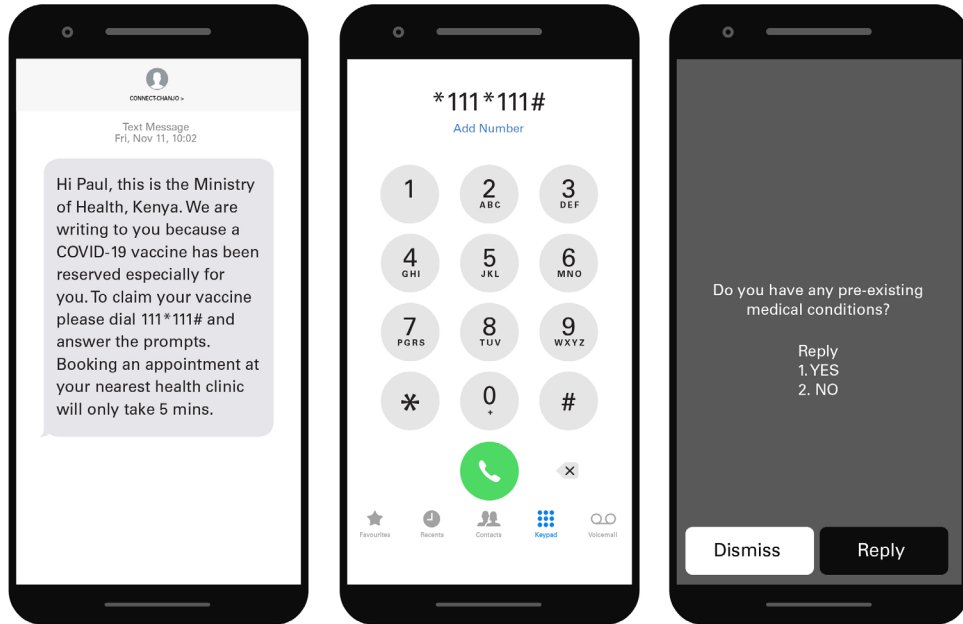
Commitment: Signing up and committing to a vaccination appointment increases the likelihood of following through.

ACTIVITIES FOR IMPLEMENTATION:

- Work with the MoH to optimise the registration page
- Identify phone numbers for SMS recipients
- Team up with the MoH to send out the messages, or plan to send messages independently to your organization's beneficiary lists
- Create template message to be sent in SMS
- Program the sending of the SMS
- Build the USSD platform

**INTERVENTION
MOCKUP / USSD*
REGISTRATION
PROCESS INITIAL
STEPS DEMO**

(*USSD CODE SHOWN
IS FOR DEMONSTRATIVE
PURPOSES ONLY)



Implementation Tips



Worksheet

Use this worksheet to help cement the decisions you made from this playbook. This worksheet can be an easy to reference tool as you begin implementing your intervention.

FILL IN THE BLANK:

I am solving for _____ [population] in _____ [region].

I selected this population because of _____ [large population size/high transmission of COVID-19].

My population is facing _____ [X problem]. Specifically, they are having _____ [X barrier].

To solve this problem, we will employ _____ [X intervention in this playbook].

We believe that this intervention will be high / medium / low impact because of _____.

We believe that this intervention will take a lot / a little effort.

We will need to do _____ [X,Y,Z things] to implement our intervention.

This intervention will be tailored to _____ based on discussions we have had with local communities.

Success will be if _____% of population gets fully / partially vaccinated by _____ [X date].

We will measure the effectiveness of this intervention by measuring how vaccination rates before our intervention versus after our intervention differ.

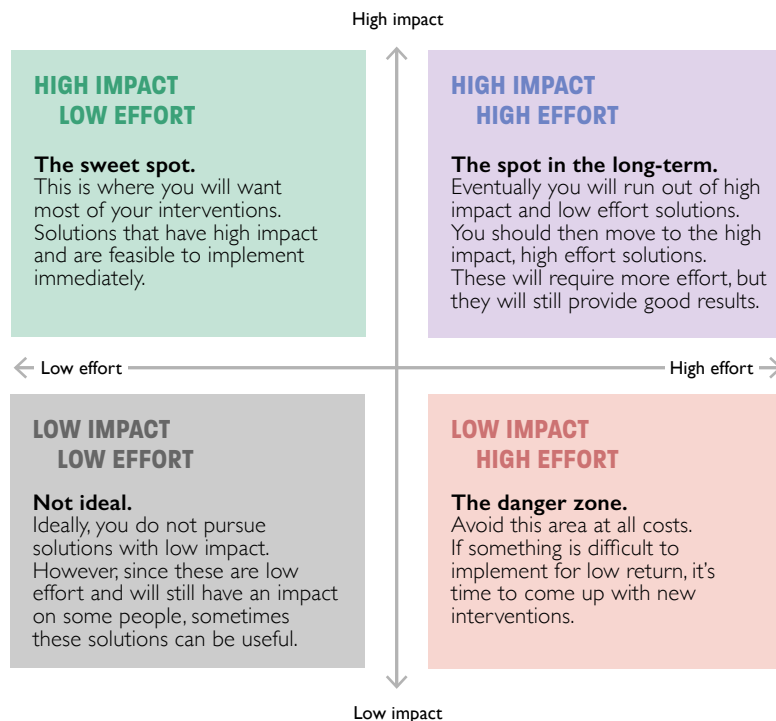
Questions to ask yourself while using this guide

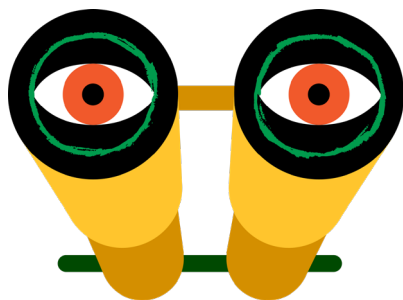
HOW TO SELECT THE RIGHT INTERVENTION

Before diving deeper into interventions, it is important to understand the key audience you are looking to target and which barriers they experience in order to develop the most effective intervention for them.

As seen across many research studies and programs, the most successful interventions target specific barriers at specific times. While this playbook provides 9 recommended interventions, these interventions should be selected based on your knowledge of **who** the intended target population is, **where** the intervention will take place, and **when** it will take place.

You will also want to **select an intervention that is feasible** or easy enough to implement in your context. If it's something you have little control over or cannot be easily implemented even if it is tweaked, you may want to select a different intervention.





To help with your selection process, here is a checklist of guiding questions to ask yourself when reviewing each intervention.

QUESTIONS TO MEASURE INTERVENTION IMPACT

1. Have you selected a target population?
 - Yes
 - No
2. Is the population that you selected large? (e.g. at least 25% of the population or more)
 - Yes
 - No
3. Is the population that you selected contributing to high COVID-19 transmission in the region or high mortality rates?
 - Yes
 - No
4. Does the population you selected experience one of the barriers outlined in this playbook?
 - Yes
 - No
5. If this intervention you selected were to be implemented, do you believe it would significantly increase vaccination rates?
 - Yes
 - No

STOP. If you responded 'No' to the majority of these questions, your intervention is low impact. Select something else.

Where on the matrix does your intervention lie (choose one)?

- High impact
- Low impact

QUESTIONS TO MEASURE EFFORT

1. Do you have the resources you need to implement this intervention?
 - Yes
 - No
2. Do you have control over the changes that this intervention would require?
 - Yes
 - No
3. Will this intervention be quick and easy to implement in your region?
 - Yes
 - No

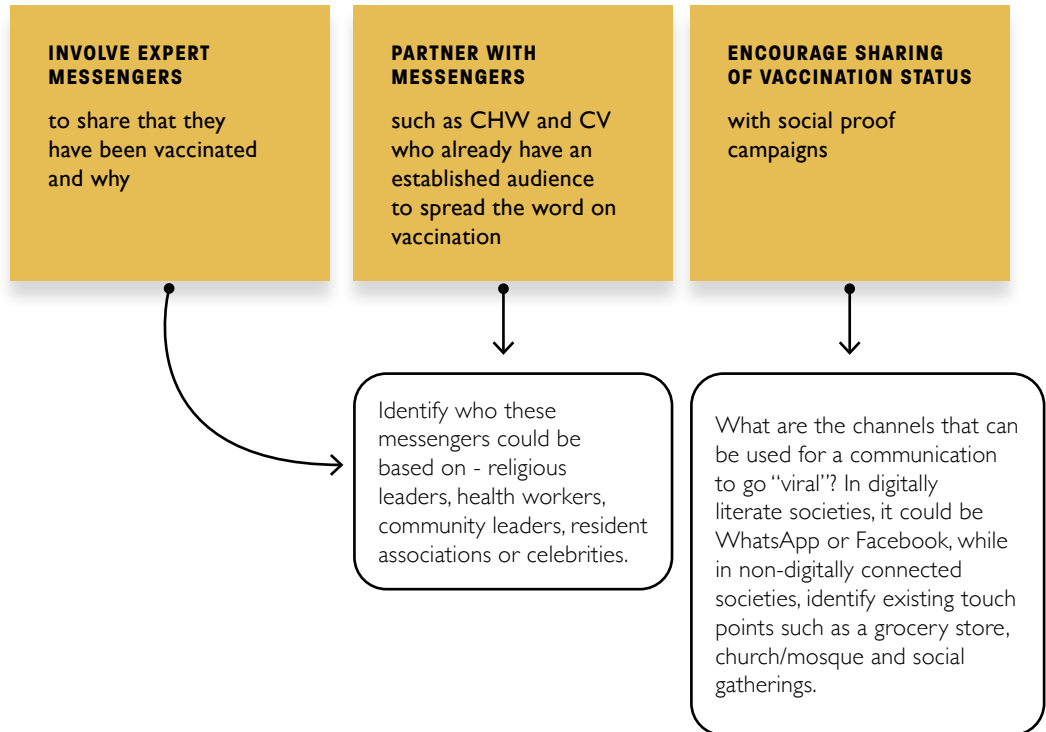
STOP. If you responded 'No' to the majority of these questions, your intervention is high effort. Consider whether the impact of the intervention justifies the effort that will be required.

Where on the matrix does your intervention lie (choose one)?

- High effort
- Low effort

How to take contextual factors into account

Before implementing an intervention it is crucial to consider contextual factors related to that intervention. To do this, you will want to make sure you have engaged local populations in further shaping and tailoring the interventions outlined in this playbook. Here are some example questions to ask and aspects to consider when contextualising interventions:



How to take contextual factors into account

COMPARE SAFETY AND RISK

Equate safety and risk with things that are already known such as road crashes, other diseases etc.

- What are people's mental models (beliefs/perceptions) around safety and risk?
- Pick carefully selected colours; for example, while in most societies red represents danger it also means prosperity in some.

SHOW LOSSES

Show the valuable life aspects such as education, income, and social gatherings people stand to lose as a result of COVID-19

- What framing resonates with people in a given society and what loss are they most affected by as a result of COVID-19?

BUILD A REFERRAL SYSTEM

Develop a referral system on WhatsApp, so that those who get vaccinated encourage others to do the same

- Who would be the best person to start a referral system?
- What framing do people resonate with?
- How do people in a given society feel about privacy concerns when sharing their name on a WhatsApp group?

How to take contextual factors into account

CREATE MOBILE VACCINATION CENTRES

Reduce friction by bringing vaccines to people at highly visited settings in communities.

Identify which settings are highly frequented, to invite people for vaccination- schools, churches, playgrounds, etc., and at what time of the day, being cognizant of work schedules and priorities.

PROVIDE TRANSPORTATION REIMBURSEMENT

Provide transportation to a vaccine site or hand out vouchers for transport reimbursement

In some settings, vouchers or incentives could backfire. Understand how to package the voucher in line with people's belief systems and risk appetite.

SITE OPTIMISATION

Make the registration process more simple and accessible on USSD and add a clear call to action

Depending on the population, is pre-registration required or can walk-ins be accommodated to increase the ease of getting vaccinated?

Primary research findings

To develop these recommendations, we conducted stakeholder interviews, in-depth independent interviews with target audiences, a quantitative survey, and co-design workshops with stakeholders.



Stakeholder interviews

METHODOLOGY

- We conducted semi-structured interviews with 8 Kenyan stakeholders including KEMRI, Ministry of Health, Ministry of Education, WHO, UNICEF, a community health worker, a county health director, and a religious leader.
- The interviews were conducted remotely via phone calls and took approximately 45 minutes each.
- Thematic analysis was conducted with transcripts and key takeaways were used to inform the direction of the next phases of the research.

KEY FINDINGS

- Previous vaccination programmes have been successful and the infrastructure is in place. However, COVID-19 vaccination is different because people don't have a natural touch point. Normally vaccination programmes target children, and this vaccine primarily targets the older population.
- Supply barriers are more pronounced in rural areas.
- The vaccination roll out was first planned in phases with priority groups. The government has now opened up for all age groups in the hope that more people will get the vaccine.
- Many young people don't think they are at risk and don't see the need to take the vaccine.
- If politicians and other authorities such as religious leaders take the lead and publicly get vaccinated, the rest of the population is more likely to follow.
- People have limited information and urban populations are more exposed to misinformation than rural populations.
- There are a lot of misconceptions and myths around COVID-19 and the vaccine. This includes that the vaccine will kill people, that this is a way for the government to control people, and that COVID-19 is not real.



In-depth interviews

METHODOLOGY

- In order to cover perspectives from both urban and rural areas, the research was undertaken in Nairobi, Migori and Bungoma.
- In-depth interviews were conducted remotely via 45 minute phone calls.
- The participants were recruited from Busara's database and were screened to ensure they are a parent of a school going child. A total of 20 people (10 women and 10 men) were interviewed. 10 from Nairobi, 3 from Migori and 7 from Bungoma.
- Thematic analysis was conducted with transcripts. The transcripts were analysed by 3 trained researchers, with assistance from the field staff who conducted the interviews.

KEY FINDINGS

- General awareness about COVID-19, mitigation measures, and the vaccine is high in both rural and urban areas.
- Most participants trust TV, radio, MoH, and NGOs for information about the COVID-19 vaccine.
- Rumours and misinformation are more pronounced in urban areas, and rural populations have more positive perceptions about the vaccine. This is most likely because urban populations are more exposed to misinformation.
- Vaccine accessibility/availability is low in most communities, presenting a significant barrier to vaccine uptake.
- Community leaders and religious leaders are taking COVID-19 seriously, but are not explicitly encouraging or discouraging the vaccine.
- Most participants are interested in getting the COVID-19 vaccine, but a few are strongly opposed. Some young people think they don't need it.



Illustration by Icons8

Quantitative survey

METHODOLOGY

- The research was conducted with populations in Kenya, mostly in and around Nairobi.
- Data was collected through Busara's self-administered smartphone application KITE. The survey was open for 2 days until the targeted sample size was reached.
- Participants were randomly assigned to either a control group or one of the 3 treatment arms.
- The total sample size reached $n = 1412$. This sample is not representative of the Kenyan population as it's young, highly educated and skews male and urban.

KEY FINDINGS

- Baseline vaccine intentions were high for people in this sample.
- Despite high vaccine intentions, misinformation is common. Most people believe that at least half of their neighbours think that COVID-19 is not a real virus or that the COVID-19 vaccine is fake. This finding highlights the need to correct misinformation and widespread rumours about COVID and the vaccine in Kenya.
- Traditional media, government, and digital media are the most trusted sources of information for COVID-19.
- Concern about infection from COVID-19 and severity of symptoms were high in this sample despite it being young people.
- Religious and political leaders are both trusted sources of information, but if religious leaders disagree with a President's statement, the religious leaders view is more trusted.
- Communicating vaccine side effects has significant negative effects on vaccine acceptance, even when the benefit of the vaccine is communicated. Communicating the benefits does not impact people's personal intentions to get vaccinated but does influence people's beliefs that others in their community will not get vaccinated.



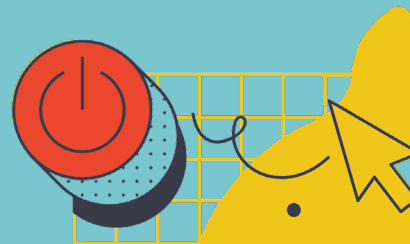
Co-design workshops

METHODOLOGY

- Two, 2-hour external co-design workshops were conducted with the same stakeholders interviewed at the beginning of the research.
- The co-design workshops resulted in a total of 89 ideas that were cut down to 9 ideas using a prioritization exercise.
- These ideas were then iterated on, first with Kenyan stakeholders and then again with Behavioural Scientists at Common Thread, Busara, and Save the Children.
- 9 final ideas were developed out of these sessions.

KEY FINDINGS

- There is no one-size fits all approach to the recommendations. All recommendations require fine tuning and tailoring to local contexts.
- Rebuilding trust in vaccines will be a laborious and time intensive task. However, if it is done appropriately there can be significant returns.
- A great deal can be achieved by simply making vaccination easier for people to do. Simplifying registration processes, bringing vaccines to people or people to vaccines, can help target the complacency many people feel in getting vaccinated.
- COVID-19 is fast moving. It requires constant reflection on the barriers to vaccination and iteration on the solutions. Regular and frequent research can help with understanding community perceptions, attitudes and intentions in order to design effective strategies.



Conclusion



According to our research, the three main causes for under-vaccination in Kenya include: a lack of trust in the vaccine, a lack of perceived severity of COVID-19 and a lack of knowledge about where, when and how to get vaccinated. Several opportunities for increasing vaccine uptake exist by tackling these three problems.



Source: Save the Children

This playbook uncovers these problems and brings forward evidence-based recommendations to solve them. It provides suggestions on implementation activities and inspiration on how the recommendations can be initiated. While it aims to be prescriptive, it also aims to enable tailoring of recommendations to populations and local contexts. A recommendation implemented in Nairobi, for example, can and should be different from the same recommendation implemented in Migori.

The recommendations enclosed require contextualization and should be used only as a jumping off point.

As you continue your vaccination programme, if you implement one of the recommendations or simply have a question, please reach out to our team. Health programs can only be effective if we continue to collaborate, put people at the centre of our solutions, and measure what works.

About us



BUSARA

The Busara Center for Behavioral Economics is a research and consulting firm that applies and advances behavioural science to address the most challenging development problems in the global south. Busara works with academics, policymakers, and organizations to evaluate and implement behavioural and social interventions. Busara has consistently improved its partners' products, programs and had policy impact across a number of sectors, including financial inclusion, health, agriculture, and governance.

Contact us at
chaning.jang@busaracenter.org

busaracenter.org



COMMON THREAD

Common Thread finds human-centered solutions to the world's toughest public health problems. Our global team of public health specialists, behavioural scientists, designers and communicators understands that the only way to stop disease is through human behaviour.

We work with communities and those around them to design for that change.

Contact us at
mike@gocommonthread.com

gocommonthread.com



SAVE THE CHILDREN

Save the Children is the leading independent organization for children, working in 117 countries to ensure children survive, learn and are protected. We have been supporting children in Kenya since 1950. Launched by Save the Children in April 2020, the Center for Utilizing Behavioural Insights for Children (CUBIC) is the world's first applied behavioural science team focusing specifically on the world's most marginalized children's rights and welfare. Our mission is to apply behavioural science to create positive change for children.

Contact us at
allison.zelkowitz@savethechildren.org

savethechildren.net/cubic

Acknowledgements

LEADING AUTHORS

Pauline Kabitsis, Mathilde Schilling
and Corey Cameron.

LEAD DESIGNERS

Katrina Varlam, Samyuktha Sam
and Anthony Mogaka.

A big thank you to the Kenyan Ministry of Health National Vaccines and Immunization Program, Busara, Save the Children Kenya, Save the Children CUBIC and Common Thread teams. We are especially grateful to Dr Collins Tabu, Allison Zerkowitz, Lynn Kanyuuru, Sarah Mukisa, Chaning Jang, Dhvani Yagnaraman, Sherine Guirguis and Michael Coleman for their guidance.





The Little Jab Book: A Playbook for Vaccination in Kenya



Busara

COMMON THREAD



Save the Children

Illustration by [Icons8](#)