Background

In Kenya, supply of COVID-19 vaccines started flowing in the second half of 2021. At the same time, a Johns Hopkins study revealed some of the structural barriers reported by people who are willing to receive a COVID-19 vaccine but remain unvaccinated. There was also fatigue in the health system as the same vaccine workforce was stretched to provide both routine and COVID-19 vaccines. Vaccine uptake plateaued in February 2022. County health officials in Migori requested support in sharpening their demand generation strategies.

Key components of demand generation

**DATA**

Hyperlocal on vaccine hesitancy

Evidence-based country strategy and data-driven targeting for demand generation

**COMMUNITY ENGAGEMENT**

Mobilization of religious leaders

Transport sector and digital engagement with incentives

**SUPPORTIVE SUPERVISION**

Mentoring EPI managers and vaccine coordinators

Improving access, quality of service and county coordination

Specific aims and objectives

UNICEF Kenya provided financial and technical support to Migori county using Fraym data. The objectives are threefold:

1. To develop a data-driven county strategy and targeting for demand creation
2. To strengthen community engagement in partnership with influencers and the private sector
3. To provide supportive supervision to the vaccine workforce in the county.

Methodology

Hyperlocal geospatial population data was estimated down to 1 km² through Fraym’s machine-learning-powered software. The computer-assisted telephonic interview survey consisted of more than 4,800 adults with nested quotas for province, gender and age, weighted nationally by socioeconomic status. This included indicators on vaccine hesitancy as well as individual use of news sources. Data was produced nationally and analysed in Migori to inform the county-specific demand generation strategy, which was implemented from April 2022 to January 2023.

Results

The increased percentage, following the campaign, as of 16 February 2023, in Migori county, was significantly higher than the national average of 23.8 per cent.

Previously, there was limited social and behavioural data for immunization at the local level. With Fraym’s hyperlocal data, it became possible to translate the national strategy into an evidence-based county strategy and provide more customized support to county health stakeholders through supportive supervision. Evidence-informed strategies, combined with local knowledge of community and participatory approaches, lead to successful demand-creation activities. The formula for demand generation is presented in the diagram on the left.

With additional funding from USAID, efforts are ongoing to leverage data, analysis and policies to inform demand strategies for routine immunization beyond COVID-19.