

LAUNCH OF HEALTH PROMOTION ONLINE REPORTING TOOL AND LESSONS FROM COVID-19 VACCINES DEMAND GENERATION CAMPAIGNS IN KENYA

INTRODUCTION

Since the onset of the pandemic USAID Kenya and East Africa (KEA) has coordinated with Kenya's Ministry of Health (MOH), county governments, Kenya's private sector, and other donor organizations in an effort to identify the gaps, and also align with the priorities of the Ministry of Health in the fight against C-19 and efforts to achieve herd immunity for Kenyans. In 2022, through the Mission Support for Journey to Self-Reliance Pivot (MSP), USAID engaged local firms to provide expertise in social behavior change communication, monitoring, and evaluation. The specific support included: a) Operationalization of health promotion M&E framework and development of health promotion reporting tool; b) Demand generation for COVID-19 vaccine in selected counties in Kenya c) Public Voice Survey- Knowledge, Attitudes, and Perception on C-19 vaccines and assessment of demand creation campaign reach. This brief captures the official launch of the digitized health promotion reporting tool and lessons from COVID vaccines demand creation activities.

LAUNCH OF HEALTH PROMOTION REPORTING TOOL AND DASHBOARD

Background: In November 2020, USAID supported Ministry of Health to develop an M&E framework for the COVID-19 CCE Strategy factoring in Kenya-specific M&E capacity indicators and tools. In 2022, USAID supported the Division of Health Promotion in operationalizing the CCE M&E framework and developing an online data collection tool for health promotion officers (HPOs). This support led to the harmonization of health promotion reporting tools into one digitized reporting tool with a supporting dashboard for data visualization hence standardizing reporting structures for health promotion interventions.

Key Outcomes: Through workshops, consultations, and review of the framework, the MOH MEL taskforce now has the capacity to continue to help HPOs and other county and national actors within local systems to implement the MOH HP M&E framework and collect relevant performance- and context-related community data. As a result of efforts under these activities, the following key resources were finalized:

1. The revised [Monitoring and evaluation framework for COVID-19 communication and community engagement strategy in Kenya-revised June 2022](#)
2. The development of the [Health Promotion Reporting Tool Kobo Version July 2022](#).
3. Development of the [Health Promotion Dashboard](#)

On September 22, 2022, with support from USAID/KEA, the Division of Health Promotion (DHP) organized an official launch of the tool in preparation for the national rollout of the tool to all 47 counties. Dr Andrew Mulwa Director of Medical Services/Preventive and Promotive Health officially launched the online reporting tool. In presence of DHP top leadership Dr Salim Hussein Head Department of Primary Health Care; and Gladys Mugambi Head Division of Health Promotion. Other MoH participants included county health promotion officers, subcounty health promotion officers; records health information officers; among others. Also present in the hybrid meeting were development partners key among them USAID, WHO, Johnson and Johnson, and other USAID implementing partners. During the launch of the tool, Dr Mulwa noted that the department has had limited capacity in reporting on health promotion activities due to lack of reporting tools and expressed hope that the streamlined online tool would help to improve on reporting and enhance evidence-based decision making at top leadership.

Next Steps: While agreeing with Dr Mulwa's sentiments, Dr Salim Hussein and Gladys Mugambi indicated that the next steps for the department is to put all efforts to ensure that the tool is rolled out for use by all counties and called on partners to work with the SCHPOs so that health promotion work done at county levels can be captured on the tool. Further discussions will continue on the adoption of key indicators into the Kenya Health Information System (KHIS).



Dr Andrew Mulwa, Director of Medical Services/Preventive and Promotive Health officiating the launch and issuing a copy of the Reporting Guide to Joseph Njoroge USAID



Health promotion team and partners during the launch of the HP reporting tool!

LESSONS LEARNED DEMAND CREATION COVID -19 DEMAND CREATION ACTIVITIES

Background: Between February 2022 to August 2022, USAID Kenya and East Africa supported Kenya's Ministry of Health and Nairobi Metropolitan Services (NMS) to create awareness and generate demand for COVID-19 vaccinations among Kenya's vaccine eligible population in order to achieve the government's target of vaccinating 70 percent of Kenyans by December 2022. This project was designed to contribute to enhancing vaccine uptake through a community led, data driven, collaborative and local capacity strengthening SBC approaches. The first campaign was implemented in Nairobi (*Kanairo Tuko Chonjo Campaign*) and the *Kenya Tukae Chonjo Campaign/Pata Chanjo Kaa Chonjo Campaign* was a national campaign with specific support to Bungoma, Homabay, Kilifi, Turkana, Nakuru and Makueni counties. The target audiences were adolescents (15-17 years), youth (18-24 years), men, and women of reproductive age (pregnant women and lactating mothers). As a result of efforts under these activities, the following key resources were finalized:

1. [Campaign media assets- microsite](#)
2. [Final report Demand Creation for COVID-19 Vaccination in Selected Counties](#)
3. [COVID-19 demand creation campaign dashboard](#)



(From left) Dr Athanasius Ochieng, Head of M&E; Gladys Mugambi; Head of health promotion; Dr Salim Hussein Head of Preventive health; and Dr Andrew Mulwa, Director of Medical Services/Preventive and Promotive Health receiving IEC materials for COVID-19 vaccine drives.

Key Outcomes: At the end of this engagement a total of 22M people were reached with COVID-19 vaccine related messaging. Monitoring reports of the community engagement activities indicated the highest number of people reached through schools (22%), churches (18%), marketplaces (12%) and community playgrounds (11%). Mass media engagement was done both through national TV and radio stations and county-based community radio stations. Through a partnership with NTV on their Mimi Mkenya town hall meetings, 1,594 people were reached face-to-face and 6,072,000 through NTV live coverage of the meetings while 4,774,304 were reached through Radio Citizen, six community radio stations engaged to air campaign messages in the targeted counties resulted in over 1 million Kenyans reached, twenty radio presenters from these radio stations were trained in COVID-19 campaign messages and the stations conducted 11 radio talk shows with health experts.



Sample IEC materials used during the vaccination drives.

Lessons Learned

- Enhanced collaboration and coordination at the county and community level is important in improving harmonization and integration of activities as well as building trust among the community members.
- Leveraging on the existing community structures to conduct demand creation activities has proved to be an effective and efficient way of taking services closer to the people.
- Reaching vulnerable population by identifying and using community focal persons and sensitized population segments helps to reach more vaccine-eligible populations particularly among vulnerable communities.
- Bridging the gap between demand creation and service delivery: by ensuring an onsite vaccine delivery team is present at each demand creation activity could increase vaccine uptake.
- Healthcare providers as behaviour change champions proved to be effective throughout the campaign in addressing the technical concerns on safety, efficacy and effectiveness of the COVID-19 vaccines driving hesitancy.
- Utilizing existing community health systems is important to utilize the network of CHAs and CHVs to mobilize and sensitize communities on key C-19 messages while equipping them to collaborate with key social influencers and other CORPS in engaging different segments of the community as they are trusted and expert community members.
- Sustained communication helps to ensure persistent reluctance of vaccine adoption is met with equal persistence in message dissemination through evidence-based approaches.