



Training and Sensitization: A critical aspect of vaccination program and implication on HPV vaccination programs

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- Background
- Major pre-introduction activities
- Training and Supportive Supervision
- Demand Promotion
 - Advocacy
 - Social Mobilization
 - Program Communication
- Why Communication
- Expectations from Key stakeholders



Background



- HPV demonstration project was implemented from Dec 2015 through June 2017 for 2 cohort:
- Grade 4 in-school and age 10 girls for out of school
- **Demo Sites**: 2 districts Gomma (Oromia Region) and Ahferom (Tigray Region)
- PIE, Coverage survey and cost analysis was done for the demo
- National Roll-out: 2018



Major pre-introduction Activities

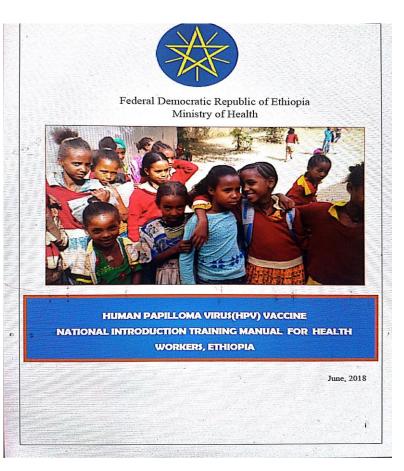
- Bottom-up MP was developed and verified with central data
- Single age in school and out of school data obtained from MoE
- MP verification was made by triangulating data from different sources:
 - Official CSA,
 - Recent MoE Report,
 - projected live birth data
- Training manuals, guidelines, IEC materials and recording/reporting tools developed

- National level TOT was conducted and cascaded down to the lower level
- National and sub-national level school and health facility RAT adopted
- 100 woredas were randomly selected for RAT assessment from all regions
- Sub-national RAT data was collected through ODK and excel
- Introduction date was guided by the readiness assessment



Training and Supportive Supervision

- National TOT cascaded down Once since 2018
- TOR for integrating activities of two cohorts at once
- Virtual trainings at various level
- Partner mapping
- Repurposing Technical Assistants
- Close supportive supervision
- On-site field visit





Communication activities



- Baseline formative assessment was done in two regions to determine community perception on cervical cancer and HPV vaccine
- Assessment of Adolescent Health Intervention with HPV introduction was done
- Communication strategic plan
- Advocacy visits conducted to key stake holders
- Sensitization workshop was organized and delivered for key stake holders including MoE, Women Affairs, government and private media professionals and PR officers, People living with disability
- National crisis communication plan developed and shared to sub-national level

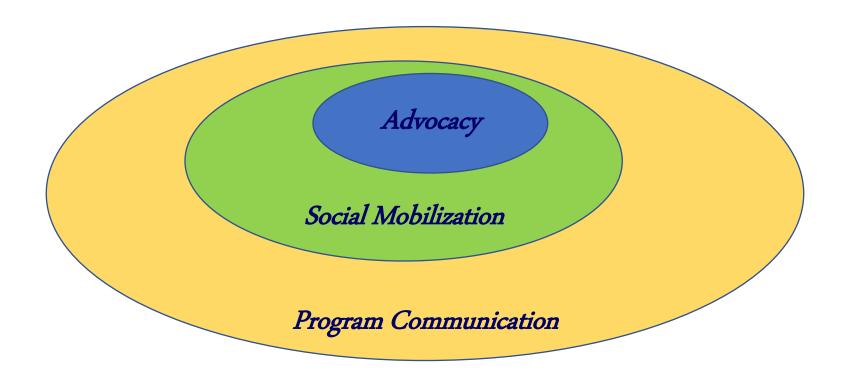


Communication...



>It is research based and planned process crucial for social transformation

Communication strategies:

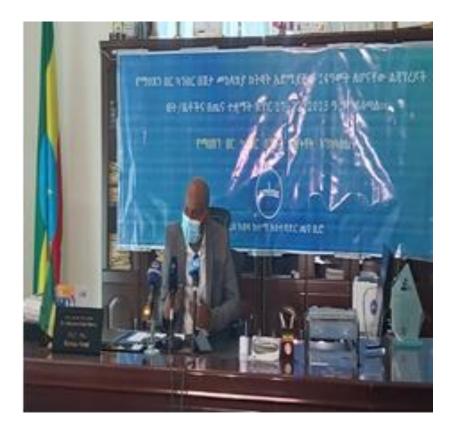




Advocacy

Advocacy is a *continuous* & *adoptive process of gathering*, *organizing* & *formulating* information into arguments to be communicated through various channels to enlist the support of all types of leaders at all levels

- Change the positions of leaders
- Raising resources, gaining political & social leadership and commitment
- Bring stakeholders to support routine immunization/HPV





Targets for HPV Advocacy



- The following key areas need to be considered for advocacy
 - Gov't sectors: including education sector, women & children affairs, Youth and Sport, and any other related sectors
 - Parliamentarians at different levels,
 - Development partners and donors;
 - Civil society including local NGOs,
 - Professional associations stakeholder
 - Media officials
 - Academics;
 - Private sectors;
 - Leaders at community level : village heads, religious leaders, teachers, clan leaders



Social Mobilization



- It is mobilizing <u>all the concerned organizations</u>, including, but not limited to governmental, non-governmental, societies, associations, and other groups, aimed at winning their support to mobilize different resources, for the HPV at all levels (from national down to the community).
- **Through**:
 - o Deploy and Brief HDA, mobilize (reminding parents /town criers/ announcers)
 - $\circ~$ Using students as remainder for caretakers
 - Traditional Communication channels(Like Daghuu, Idirs, kekebel leader traditional leaders, church and mosques)
 - House to house mobilization volunteer community health workers(VCHW, HDA)
 - $\circ\,$ Using local radio and $\,$ TV $\,$





Is a research based planned activity for *behavioral change communication* <u>Knowledge, Attitude, Practice and Behavior(KAPB)</u>

- strengthen interpersonal communication (IPC), face-to-face communication bet/n Health professionals & parents during immunization service
- Helps to build trust and confidence for girls, parents, teachers etc...
- Inform key messages : the type of vaccine, advantage of vaccine, route of administration, when to return back and possible slight side effects



Why communication important for HPV introduction?

- The HPV vaccine is new and offered only for girls
- Helps to provide information with *stratified communication* methods: (Adolescent and youths, parents, teachers and community at large)
- Need to *convince/answer* people's questions, vague ideas on HPV
- To overcome rumors and misunderstanding

- Gain and maintain the support of stakeholders, partners , and institutions
- Bring *positive behavioral and social change* in the value and uptake of immunization service
- Raise awareness, build trust and motivate
 action in all communities across Ethiopia for
 the uptake of the vaccine
- Raise resources, gain political & social leadership and commitment for EPI program



Why we need stakeholders?

- They can exercise considerable social and political influence,
- They have an established network of people and an organizational and physical infrastructure that reaches from national to district and community levels
- They are a source of credible information for their community
- They can provide motivation to act for the wider social good





Communication Principles





- Simple and clear
- Balance bad news and good news
 - Cervical cancer vs HPV vaccine
- Encourage conversations
- Focus on safety and effectiveness







Political/Admin/Sector leaders

- Advocate and promote HPV vaccination in their area of governance
- Mobilize & allocate resources for cervical cancer prevention & HPV vaccination
- **Mobilize all eligible girls** in the target population for HPV vaccination
- Give **information** about cervical cancer screening options
- Manage rumors and misinformation

Religious Leaders

- Advocate and promote HPV vaccination in the community.
- Speak in churches and mosques and use regular meetings and gatherings to discuss with the communities
- Educate community on HPV vaccination as an effective preventive option for cervical cancer.
- **Mobilize parents/ guardians** all eligible girls in the target population for HPV vaccination.



Expectations from **Education Sector/teachers**



- **Provide information** on cervical cancer.
- Support HPV vaccination program in the schools.
- Work with health workers to have all eligible girls vaccinated.
- Mobilize all eligible girls for HPV vaccination.
- **Talk frequently** about the importance of HPV
- Organize meeting with PTA and discuss with the benefit of HPV vaccination
- Arrange **next appointment** of vaccination

- Teachers can play an important role by
 - Listening to and addressing the concerns of parents
 - Educating girls on the benefits of HPV vaccination using:-

Eg. School Mini-media, sports programs and other events

- Helping with the organization on the immunization session
- Joint micro-planning







