

Engaging Communities

to Expand HPV Vaccine
Coverage in Kano State

A CASE STUDY





Background

Vaccine-preventable diseases continue to pose serious public health risks in northern Nigeria, often driven by missed immunization opportunities and persistent misinformation. One of such diseases is the Human Papillomavirus (HPV) which is considered the leading cause of cervical cancer in women and young girls. In Nigeria for instance, cervical cancer ranks as the third most prevalent cancer and the second leading cause of cancer-related mortality among women aged 15–44 years. According to the World Health Organization, the most recent data on HPV in Nigeria shows that approximately [12,000 new cases](#) and 8,000 deaths were recorded nationwide.

Kano State, arguably Nigeria's most populous state with over [17 million residents](#) and an estimated [600,000 births annually](#) faces unique challenges in introducing newer vaccines such as HPV. High population density, competing public health priorities, and deeply rooted myths around fertility and vaccination have contributed to low uptake of the HPV vaccine. These realities underscore the need for community-led, trust-based engagement strategies that go beyond routine sensitization.

Thus intentional efforts are consistently being made to not just increase vaccine acceptance but to create more demand for vaccination services. This case study documents how intentional co-creation with caregivers and community stakeholders transformed vaccine perceptions and empowered a bereaved mother, Maryama Usman (popularly known as Maman Fati), to become a trusted HPV vaccination advocate in Ungogo Local Government Area of Kano State.

“Refusing to vaccinate your child has huge consequences. I learned this the hardest way. I don’t want any mother to experience what I went through.”

**— Maman Fati,
Community Advocate,
Ungogo LGA**

Approach

Co-Creation as a Foundation for Building Community Trust and Understanding of HPV

One strategic approach deployed by eHealth Africa is to precede the HPV intensification campaign with a strategic open co-creation and awareness session. The session provided an avenue for parents, caregivers, school teachers, community leaders and healthcare providers to have frank conversations on potential dangers of the HPV. Also the session provided a uniting front on the critical importance of taking vaccines to prevent the dangers of diseases like cervical cancer.

Unlike traditional top-down sensitization approaches, the co-creation model intentionally brought together a diverse mix of stakeholders, including caregivers and parents (both mothers and fathers), teachers and PTA representatives, community gatekeepers, civil society actors, state health educators, HPV focal persons, and girls aged nine years the primary target group for HPV vaccination. This inclusive structure ensured that perspectives from both decision-makers and beneficiaries were represented, fostering shared ownership of the vaccination effort.

All sessions were conducted entirely in Hausa to ensure accessibility and cultural relevance. Participants were not passive recipients of information; rather, they actively engaged through open dialogue, question-and-answer sessions, and shared reflections on fears, beliefs, and lived experiences related to vaccination. This interactive format created a safe space for honest conversations and mutual learning.

Discussions focused on improving understanding of HPV and its link to cervical cancer, clarifying why vaccination is recommended at nine years of age, and directly addressing prevalent myths—particularly concerns about infertility and vaccine safety. The sessions also emphasized the silent progression of cervical cancer and highlighted available screening and vaccination services within Kano State.

Importantly, caregivers were encouraged to challenge assumptions, propose community-appropriate mobilization strategies, and advise on how health teams could more effectively engage households at the grassroots. This feedback directly informed implementation approaches and strengthened trust between communities and health authorities.

The session provided an avenue for Maryama Usman, a middle-aged woman residing in Ungogo Local Government Area of Kano state to share her story with everyone. Although Maryama is not a serial vaccination defaulter as she consistently vaccinated all her kids. However, the only child she missed vaccinating eventually paid the ultimate prize after succumbing to the Diphtheria outbreak a few months ago.

Following the loss of her unvaccinated daughter to diphtheria, Maryama, committed to promoting vaccination within her community. She actively mobilized caregivers, shared her personal story during community interactions, and encouraged mothers to vaccinate their daughters. Her advocacy aligned with the knowledge gained from the co-creation and HPV awareness session. The Vaccination campaign was led by eHealth Africa, with support from the United Nations Children's Fund (UNICEF) and in line with guidance from the National Primary Healthcare Development Agency (NPHCDA).



Bereaved Maman Fati Shares her Story

It was within this co-creation space that Maryama Usman's voice emerged as particularly powerful. Maryama Usman, a middle-aged caregiver from Ungogo LGA, shared a deeply personal story: although she had routinely vaccinated her children, one missed vaccination proved fatal. Her unvaccinated daughter succumbed to diphtheria during a recent outbreak, a loss that profoundly reshaped her perception of vaccine hesitancy and risk.

The co-creation session provided Maryama with accurate knowledge about HPV and cervical cancer, as well as clarity on why early vaccination is critical for preventing future disease. It also validated her personal experience as a caregiver affected by a vaccine-preventable illness, helping her connect her loss to broader public health risks. With the support of health professionals and peers, the process strengthened her confidence to speak publicly and advocate for vaccination within her community.

Through open discussions, Maryama began connecting her personal tragedy to broader public health risks. She recognized that misinformation, not lack of care, often drives vaccine refusal, and that trusted voices within the community are best positioned to counter it.



From Participant to Community Advocate

Following the co-creation session, Maryama transitioned from a participant to a frontline advocate during the HPV intensification campaign led by [eHealth Africa](#) in Kano State. She actively mobilized caregivers within her community ahead of vaccination days, shared her personal testimony during community interactions, reassured mothers by directly addressing fertility-related myths, and consistently encouraged caregivers to access HPV vaccination services at nearby health facilities.

"I vaccinated all my other daughters, and they are healthy, married, and giving birth to my grandchildren," she repeatedly emphasized. "The myth that vaccination causes infertility is false."

Her advocacy was closely aligned with the knowledge gained during the co-creation process and reinforced by the visible presence of trained health workers and state officials during vaccination activities.

Subsequently, Maryama has vowed to stay vaccinated herself and to consistently lead advocacy efforts to increase vaccination coverage in her community. *"I am pleading with our women and caregivers to always take their children for vaccination," she urged.*

Key Implementation Steps

- Conducted interactive co-creation sessions for caregivers, teachers, community leaders, and girls aged 9–11, focused on HPV prevention and early vaccination.
- Addressed myths and misconceptions through evidence-based information, open dialogue, and lived experiences.
- Followed awareness activities with a coordinated HPV vaccination rollout, minimizing the gap between knowledge and action.
- Engaged trusted community voices, including caregivers affected by vaccine-preventable diseases, to strengthen credibility and peer-to-peer influence.

Results

Due to advocacies like that of Maryama, the HPV vaccination campaign achieved significant outcomes across the targeted communities, demonstrating the impact of combining awareness with immediate service delivery and community engagement:

- **Increased caregiver acceptance of HPV vaccination:** Post-campaign monitoring indicated that more caregivers expressed willingness to have their daughters vaccinated. Community surveys and informal

feedback revealed that personal testimonies and myth-busting sessions were key drivers of this change.

- **Shift in community attitudes:** Prior skepticism and misinformation surrounding vaccines generally particularly fears about infertility declined markedly. Community members transitioned from cautious observation to active demand, often seeking information proactively before vaccination days.
- **High turnout of eligible girls:** The campaign successfully reached the target age group of 9–11 years. Health workers and campaign coordinators reported strong attendance during vaccination sessions, reflecting both effective mobilization and trust in local advocates like Maman Fati.

- **Vaccine stockouts due to high demand:** In some locations in Kano and Bauchi States, the rapid uptake exceeded initial supply, leading to temporary stockouts. While this highlighted logistical challenges, it also underscored the success of community-driven demand creation strategies.

Overall, the results indicate that integrating personal advocacy, community education, and immediate vaccination services can significantly improve vaccine uptake and address barriers related to misinformation and mistrust. According to eHealth Africa project leadership, community-driven advocacy played a critical role in accelerating behavior change and vaccine demand.

Lessons Learnt

What worked:

- **Personal testimonies from trusted community members:** Sharing lived experiences, especially from caregivers who had suffered the consequences of missed vaccination, significantly strengthened community confidence in vaccines. Stories like that of Maman Fati helped translate abstract health messages into tangible, relatable realities.
- **Co-creation with communities:** Actively involving local leaders, teachers, and caregivers in designing awareness sessions improved message ownership, credibility, and acceptance. This participatory approach provided an opportunity for Maryama to share her story and in turn own the advocacy as part of effort to avert more fatality due to vaccine hesitancy. Also, it made interventions culturally relevant and better aligned with community priorities.
- **Integration of awareness and service delivery:** Pairing educational sessions with immediate HPV vaccination opportunities minimized the gap between knowledge and action, increasing overall uptake and reducing missed opportunities.
- **Learning from prior experiences with vaccine hesitancy:** Understanding community history with vaccination, including previous refusals or skepticism, provided critical insights into barriers. Acknowledging and addressing these experiences helped shape messaging that resonated with caregivers and influenced future vaccination decisions.

What didn't work optimally:

- **Vaccine supply constraints** limited the ability to meet rising demand in some areas.

“We are seeing a shift from vaccine hesitancy to strong demand. Community engagement has been key to this success.”

— *Salahudeen Sambo, Project Manager, eHealth Africa.*



Recommendations:

- **Co-creation and awareness campaigns** should go beyond the state level than to LGA and community level to enable the integration of community advocates into all vaccination campaigns.
- **Leverage lessons from previous campaigns** to adapt messaging for communities with a history of vaccine hesitancy.
- **Ensure adequate vaccine supply planning** ahead of awareness interventions. This can be achieved by Incorporating data-driven monitoring to anticipate high demand and prevent vaccine stockouts.
- **Sustain myth-busting education**, particularly around fertility concerns by continuously addressing persistent myths with culturally sensitive communication strategies.



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