“Enhancing HPV vaccination access for hard-to-reach girls in Bangladesh: insights from Cox’s Bazar”

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key points of presentation

BRIEF OVERVIEW ON DELIVERY STRATEGY FOR HTR GIRLS IN BANGLADESH

INTRODUCTION OF FDMN *(FORCIBLY DISPLACED MYANMAR NATIONALS)* POPULATION

IMPLEMENTATION STRATEGIES FOR HPV VACCINE DELIVERY IN FDMN POPULATION IN COXS BAZAR

OVERCOMING CHALLENGES AND KEY LESSONS FROM HPV VACCINATION EFFORTS AMONG THE FDMN POPULATION IN COX'S BAZAR

RECOMMENDATIONS CAN BE MADE FOR A SIMILAR SETTINGS

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brief overview on delivery strategy for HTR girls in Bangladesh

- **The HPV campaign was adopted mixed-method strategy:**

  I) Educational Institution-Based Campaign: 5th to 9th-grade girls over a 10-day period.

  II) Outreach Sites: out-of-school girls aged 10 to 14 years and for girls who missed earlier opportunities for 8 days.

  III) Fixed Sites: Ensured vaccination coverage for girls who missed earlier opportunities through an 18-day period.

- **Targeted Advocacy and Engagement:**

  - **Targeted Advocacy:**

    Special advocacy meetings for **teachers, religious leaders (Imams)** and with **Qawmi madrasa** authorities

  - **Female Inclusion & Healthcare Support:**

    Increased involvement of **female teachers** and **female healthcare workers**

  - **Rumor Management:**

    Training for health managers

    Monitoring of social media

  - **Complementary Activities**

    Engage **local leaders, mobile miking, mosque miking, campaigning by Imams** & using HPV vaccination related **fact sheets** at local level.

    Use of **mass and social media,** including **TV scrolls**, **public service announcements** (PSAs)/**TV commercials** (TVCs), and posts on **Facebook, Instagram**, and other digital platforms**.**

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strategic approaches to reach the unreached in HTR girls & coverage

- **Educational Institution-Based Campaign:**

  Identify Unreached Schools

  Verify Vaccination Status of eligible girls

  Address Unvaccinated Schoolgirls: list unvaccinated girls and vaccinate using hard-copy vaccination cards.

- **Outreach Sites:**

  Conduct house-to-house searches line Listing of unvaccinated eligible girls, vaccinate them, and issue hard-copy vaccination cards.

- **Poor and marginalized girls:**

  Identify underserved communities Verify eligibility, vaccinate, and provide vaccination cards.

- **Supervision and Monitoring**

  1st and 2nd line supervisors monitor vaccination centers

  Daily tracking of vaccination coverage using DHIS2 dashboard

  Second-line supervisors conduct rapid convenience monitoring (RCM)

- **Mop-up Campaigns**

  If RCM shows coverage below 95%, mop-up campaigns are initiated to increase coverage

- **Bangladesh HPV vaccination campaign coverage:**

  - Bangladesh achieved 90% coverage, vaccinating 7.41 million individuals out of a total target of 8.22 million

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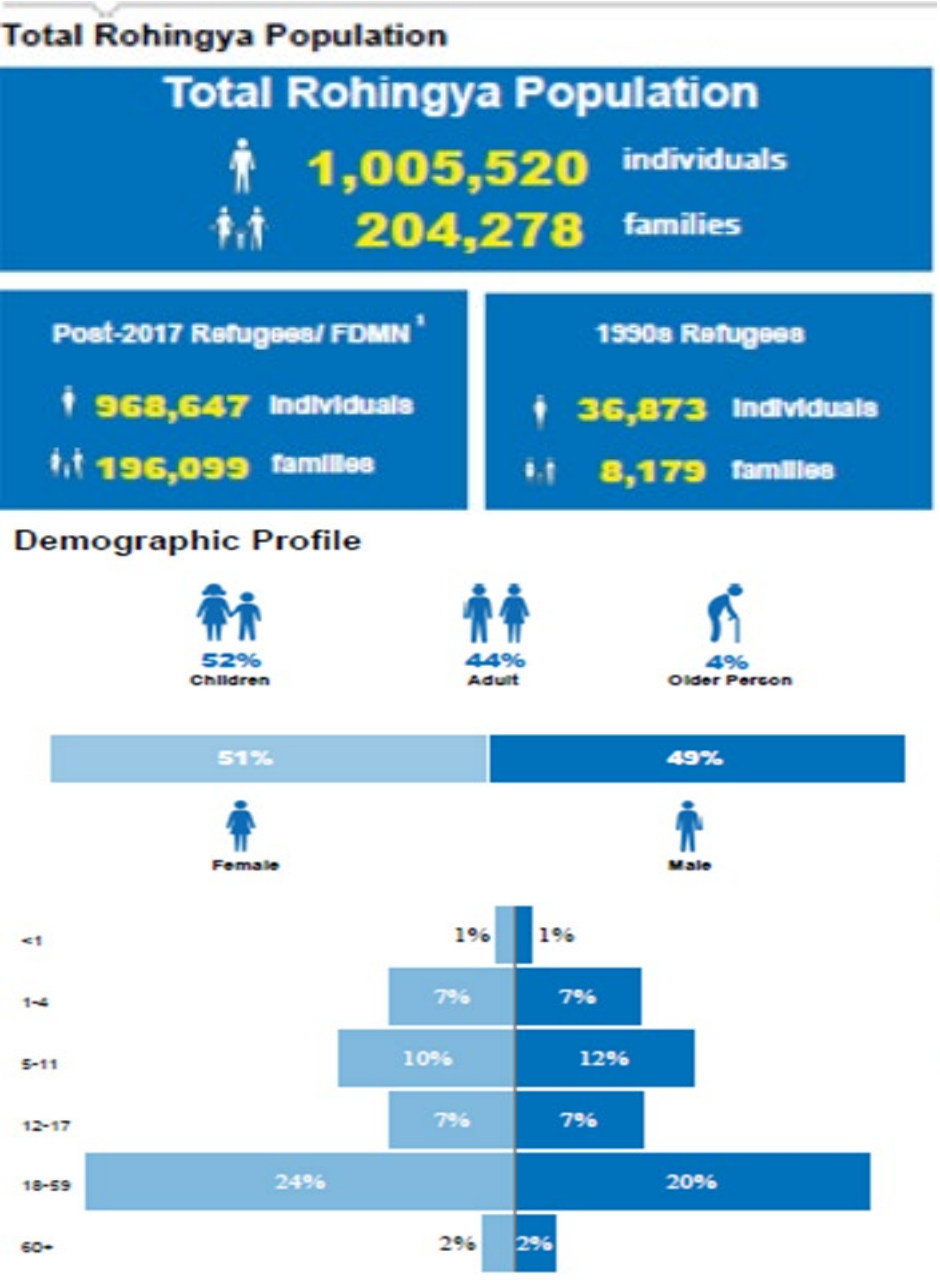
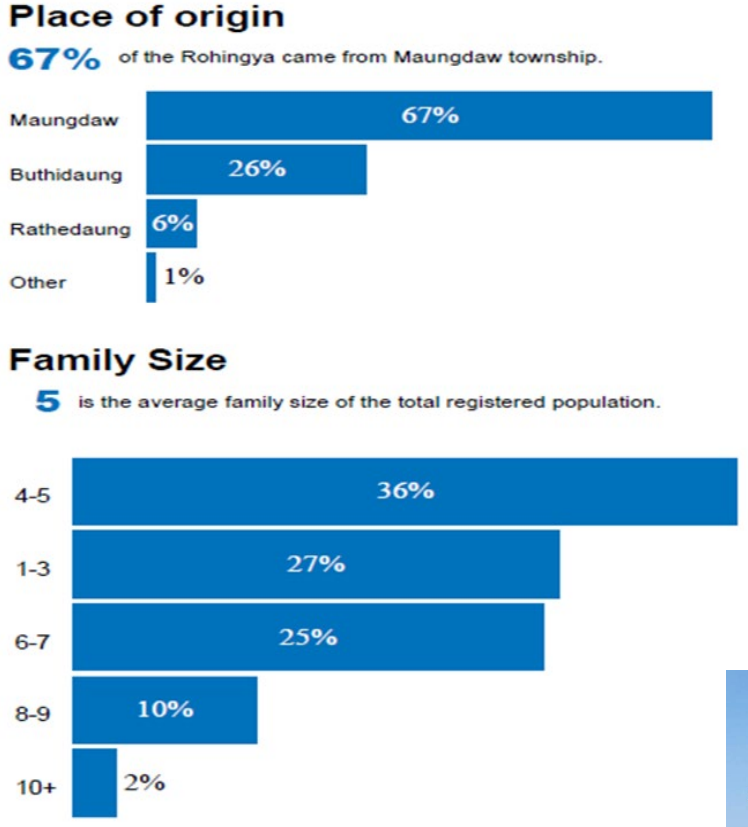
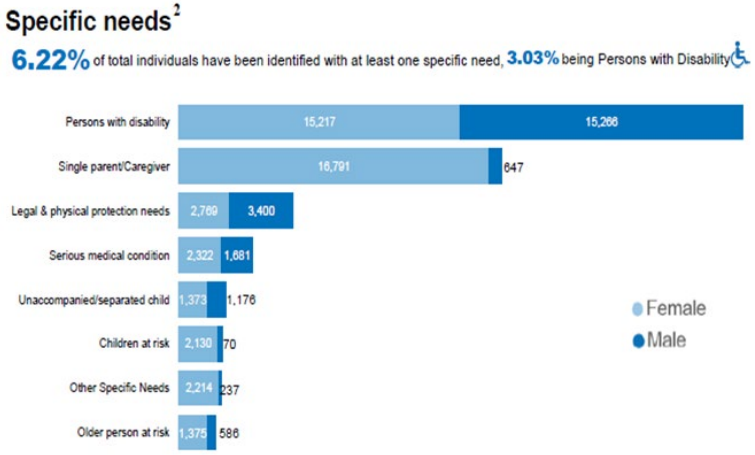
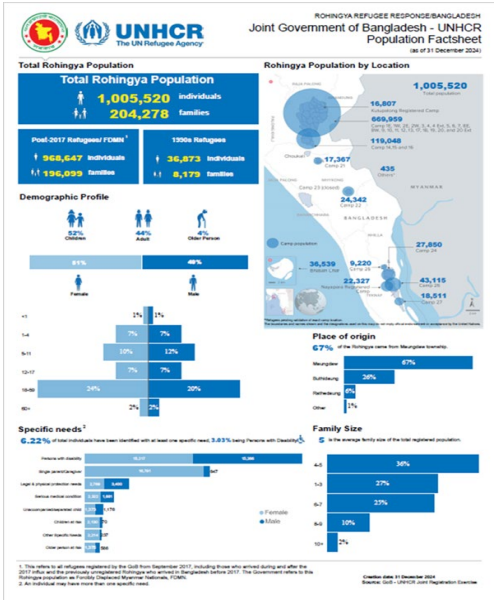
introduction on FDMN population in Cox's Bazar

Joint Government of Bangladesh - UNHCR
Population Factsheet
(as of 31 December 2024)









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implementation strategies are used for HPV vaccine delivery in FDMN population in Cox's Bazar, Bangladesh

HPV Campaign overview

- **Campaign held** from December 3 to 11, 2024 *(five main campaign days and two mop-up days)*
- **Facility Based Fixed Site Campaign:** Targeted girl's 5th to 9th-grade and OOS girls aged 10 to 14 years
- **Targeted** 63,637 girls across 33 camps
- **First-ever HPV vaccination** campaign in a refugee camp globally

Health facility selection

- 68 health facilities selected for the campaign
  - ✓ 55 in Ukhiya
  - ✓ 13 in Teknaf

Selection criteria

- AEFI management, accessibility, geographical location
- Vaccine transport, waiting room space, and catchment area

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implementation strategies are used for HPV vaccine delivery in FDMN population in Cox's Bazar, Bangladesh (continue…)

Team deployment

Over 2,000 team members deployed:

- 1,600 Community Health Workers
- 150 Community Health Supervisors
- 68 Facility Managers
- 136 AEFI Managers
- 136 Vaccinators

Registration process

Registration facilitated by UNHCR

- Health card barcodes
- Family Counting Numbers (FCN)

Community engagement

- Effective risk communication & community awareness were key, Community leaders (Majhis and Imams) played an active role,
- Awareness sessions conducted with mothers to build trust and vaccine acceptance

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monitoring & coverage in FDMN population in Cox's Bazar

Monitoring & coordination

- ✓ Rapid convenience monitoring (RCM) identified gaps and challenges
- ✓ Daily vaccination reporting and logistics management
- ✓ Tracking of misinformation or rumors,
- ✓ Facilitated vaccination for girls who had missed the initial sessions.

Vaccination coverage

- ➢ Target: 63,637 girls (UNHCR fact sheet, November,2024)
- ➢ Total Vaccinated: 69,888 girls (109.8%, surpassing the target)

overcoming challenges & key lessons from HPV vaccination efforts among the FDMN population in Cox's Bazar

❑ Strategic planning and coordination

- **Multi-sector collaboration**
- **Targeted facility selection:** 68 health facilities (*based on their ability to manage adverse events, accessibility, and geographic reach).*
- **Human resource mobilization:** over 2,000 trained personnel

❑ Community engagement and trust building

- **Orientation of community leaders:** Majhi's (Rohingya community leaders) and religious figures (imams) building trust
- **Mother-centric awareness sessions:** educating mothers addressed vaccine hesitancy

❑ Monitoring, evaluation, and flexibility

- **Real-time monitoring:** health field monitors identified challenges promptly, allowing for quick corrective actions.
- **Adaptive strategies:** lessons from previous vaccination drives helped refine micro-planning, logistics, and communication strategies, ensuring better outcomes.

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overcoming challenges & key lessons from HPV vaccination efforts among the FDMN population in Cox's Bazar (continue....)

❑Overcoming Barriers to Access

- **Addressing Misinformation:** counter rumors and fears
- **Flexible Vaccination Strategies:** adapted to population mobility *(five main campaign days and two mop-up days)*.

❑Impressive Outcomes

- **Coverage Beyond Targets:**—highlighting the effectiveness of their strategies.
- **Increased Demand:** Higher-than-expected turnout indicated improve community acceptance and possibly due to effective awareness campaigns

❑ Key lessons for broader application in Bangladesh

- **Community Involvement & Multisectoral collaboration:** Engaging local leaders and influencers is crucial for building trust in vaccination campaigns.
- **Culturally Sensitive Communication:** Tailored health messages that respect local languages, norms, and beliefs enhance vaccine acceptance.

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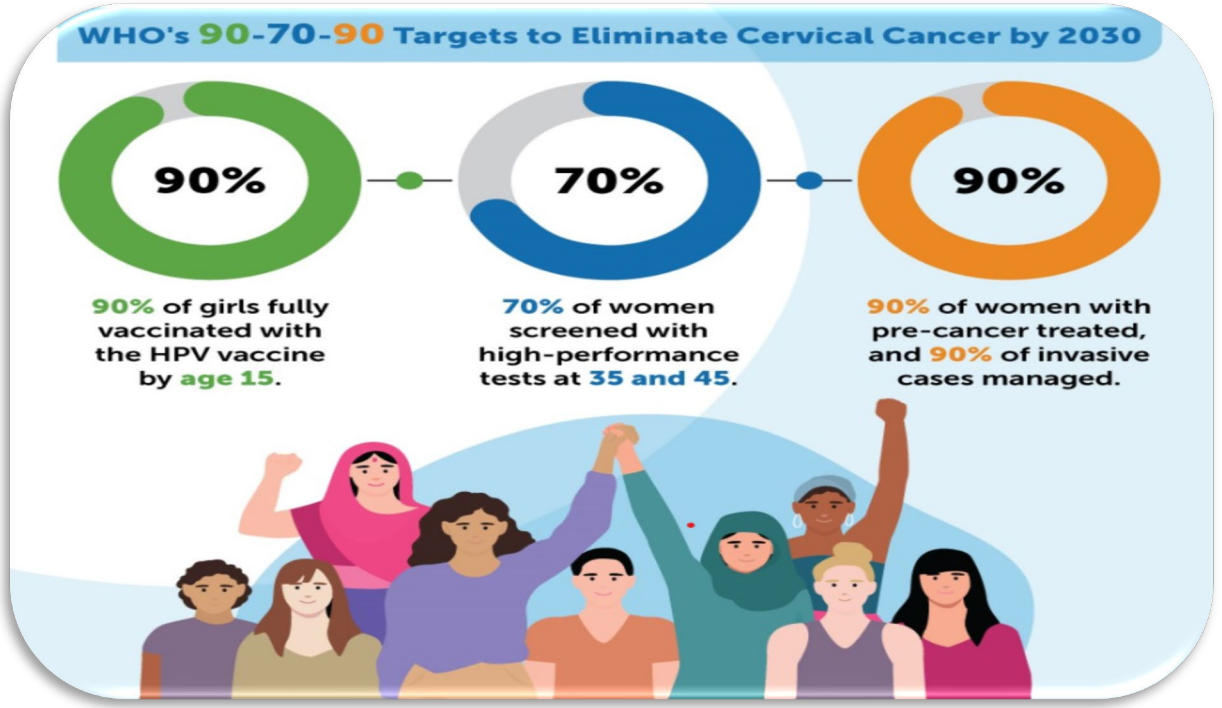
recommendations can be made for a similar setting

- **Awareness Campaigns:** Collaborate with community leaders and use culturally appropriate messaging.
- **Strengthen Partnerships:** Engage NGOs and international organizations to bridge service gaps.
- **Train Healthcare Workers:** Provide training on cultural competence and technical expertise.
- **Integrate Services:** Bundle cervical cancer prevention with maternal and child health services.
- **Advocacy for Inclusion:** Ensure FDMNs population are included in national and local health planning initiatives.
- **Enhance Communication & Accessibility:** Adapt strategies to meet language, literacy, and accessibility needs.
- **Continuous Service Improvement:** Conduct regular evaluations to optimize service delivery.
- **Community Engagement:** Gather community feedback to build trust and boost program acceptance.
- **Comprehensive Health Education:** Integrate health education into formal school curricula.
- **Advocate for Comprehensive Programs:** Promote cervical cancer elimination initiatives with one-stop solutions in conflict-affected and displaced communities.



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Thank You

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