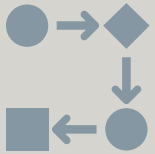
Peer-to-Peer Learning to Improve HPV Vaccine Coverage: Nigeria Progress Update

October 2025

Learning Exchange: Overall Goals

Leverage HCD approaches and engage health staff and communities to co-create contextual solutions to local HPV vaccination challenges



Support Learning Exchange teams to implement solutions and monitor their effectiveness in addressing challenges and improving HPV vaccination

Facilitate connection and engagement between Learning Exchange teams to discuss strategies, problem-solve implementation challenges, and share lessons learned

Document lessons learned and best practices to enable potential future scaling of Learning Exchange approach and solutions

Learning Exchange approach (modeled on HCD-TIPs approach)

1 Identify target populations:

Who do we need to design solutions for?

- What are your area's under-served populations and their characteristics?
- Who are the key actors involved in decision-making and delivery of HPV vaccines?
- What are the characteristics of adolescent girls and other key people involved in HPV vaccination?

EXPECTED OUTPUTS:

- Personas representing characteristics of key stakeholders

2 Consider HPV-related challenges:

What challenges do we need to address with solutions?

- Which challenges might be resulting in low coverage for under-served populations?
- What are the biggest barriers to HPV vaccination from the perspectives of adolescent girls, caregivers, and health workers?
- Which challenges should be prioritized when developing solutions?

EXPECTED OUTPUTS:

- Journey Maps representing key barriers faced by different stakeholders

3 Co-create solutions with community:

What solutions will address HPV-related challenges for the target populations?

- What do community members and health workforce think are the best solutions to address barriers?
- How impactful are those solutions? How feasible are those solutions?
- Which solutions should be prioritized for implementation?

EXPECTED OUTPUTS:

- Solution ideas co-created and prioritized with inputs from health workforce, adolescent girls, caregivers, and EPI stakeholders

4 Develop implementation and monitoring plans:

How will we implement and monitor solutions?

- What activities need to be carried out to implement the prioritized solution(s)? Who is responsible for each activity?
- What resources are required for the solution? How will those resources be procured?
- How will the progress of the solution be routinely monitored and used for making improvements?

EXPECTED OUTPUTS:

- Action plan, resourcing strategy, and monitoring framework to implement and measure progress of prioritized solution(s)
- Meeting schedule for routine check-ins during implementation period

Learning Exchange Structure

There are three Learning Exchange Teams in Nigeria:

- Kaduna State: Jema'a LGA and Sabon Gari LGA
- Enugu State: Udenu LGA

Each team includes ~9 participants representing different levels of the health system (community, facility, and LGA-level)

Learning Exchange Team Members:

- Local government immunization officer
- Region immunization officer
- Community Engagement Focal Person
- M&E Officer
- Cold Chain Officer
- Assistant Cold Chain Officer
- Health In-Charge (facility level)
- Routine Immunization Provider (facility level)
- Ward Community Engagement Focal Person (community level)

1

Identify target populations:

Persona Development

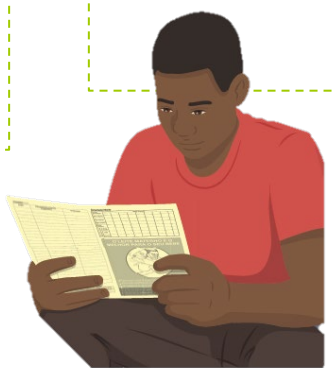
CAREGIVER /MOTHER

VILLAGE HEALTH WORKER / VOLUNTEER

HEALTH WORKER

TEACHER

HOUSEHOLD HEAD / FATHER



COMMUNITY / RELIGIOUS LEADER

Process:

- Learning Exchange participants brainstormed and aligned on key "personas" who influence HPV vaccine demand, uptake, and service delivery
- Personas were analyzed in terms of their motivations, daily challenges, perspectives, and impact on HPV vaccination

Outputs:

- Personas representing characteristics of key stakeholders
- Description of characteristics of adolescent girls who are difficult to reach with HPV services

2

Consider HPV-related challenges:

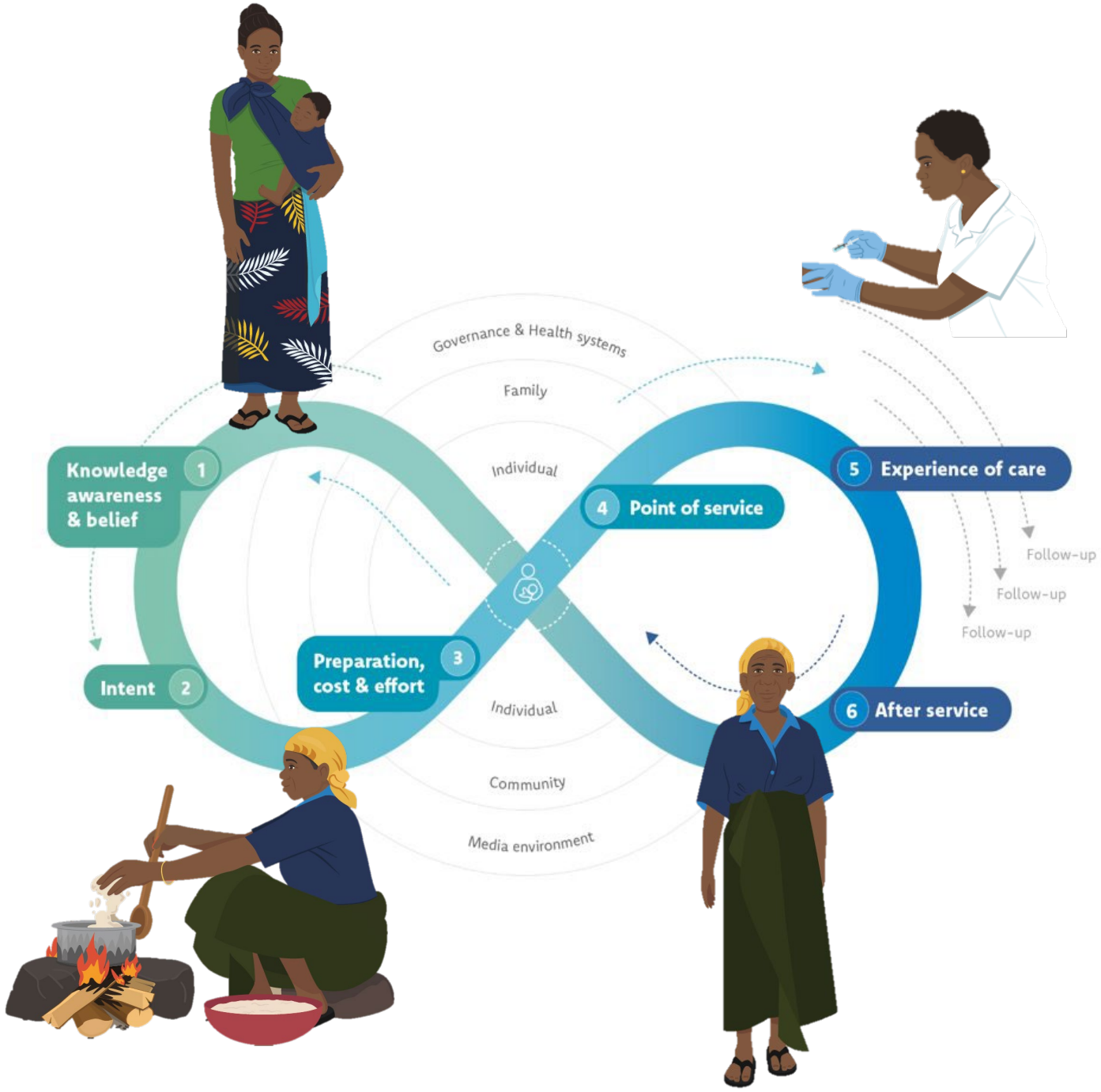
Journey Mapping

Process:

- Participants mapped the journeys that our personas take when receiving, delivering, or supporting HPV vaccination.
- Identified barriers and facilitators at each step of the personas' journeys
- Prioritized which barriers or challenges to focus on during the solution development process

Outputs:

- List and descriptions of priority challenges
- Set of design objectives aligned with those challenges



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Co-create solutions with community:

Solution Co-Creation

Process:

- Community representatives (caregivers, girls, religious leaders, etc.) invited to join HCD workshops
- Participants review and discuss personas, journey maps, and key challenges
- Participants brainstorm ideas to address challenges
- Ideas are refined and narrowed down through multiple rounds of voting and co-creation activities

Outputs:

- List and descriptions of prioritized solutions

Adolescent girl contributes her perspective on what solutions might be helpful in reaching others like her.

VillageReach engages with State and LGA-level leadership to ensure it is helping to meet NPHCDA goals and maintain alignment throughout the project.

Parents, community members, CHWs, and Health workers debate and align on priority HPV issues for reaching young girls, particularly those out of school.

Snapshot of Prioritized Challenges and Solutions

Prioritized Challenges

Misconceptions, Rumors, Myths

Misinformation and rumors are widespread due to a lack of awareness.

Resource Constraints

Resource and funding constraints make it harder for girls to get to facilities and for HWs to conduct outreach sessions.

Few Adolescent Touchpoints

Normal mobilization and education strategies don't reach the target population.

Solutions

Engage and train **community influencers** to lead **education and mobilization** efforts.

Optimize outreach efforts by:

- Integrating HPVv in routine outreach
- Improving coordination with community
  - Partnering with transport union

Facilitate **community dialogues** and **counseling sessions** with caregivers and girls, including at mosques and Islamiya schools.

Reflections: What have we learned so far?

Learning Exchange Process

What have we learned from implementing this approach?

- **Participatory and interactive** approach → high engagement and motivation
- **Diverse representation** from communities and health system → collaboration and multi-sectoral solutions
- **Community** participation is critical for surfacing local insights.
- Participants are eager to take **leadership roles** in designing and implementing locally tailored solutions.

Community Insights on HPV

Insights from community leaders, CHWs, caregivers, fathers, adolescents

- Some teachers discourage HPV vaccination
- **Government mistrust:** concern about why the government provides free vaccination but doesn't provide other free health services
- **Political issues:** Members of the opposition party believe vaccines are harmful because they're being promoted by the ruling party
- **Motivation:** Communities are motivated to vaccinate when the threat of disease is visible, highlighting the need for relatable, tangible communication strategies.

Implementation and Sustainability Considerations

How to promote effective implementation and sustainability of solutions

- **Align solutions with national strategies** (e.g., push for integrated outreach services instead of siloing HPV vaccination efforts)
- Engage **State and National stakeholders** early to ensure buy-in and support
- Leveraging and partnering with **existing community structures** and resources
- **Multi-sectoral collaboration** with teachers, religious leaders, community leaders, and other local actors to build trust and reach

Stakeholder feedback is positive

"This is the first time I am being invited and have seen the community really involved in coming up with indigenous solutions that works for us. It's been such a great experience—I've learned a lot. The facilitators did an excellent job, and I'll give all the support I can to make sure this program succeeds. Honestly, if past challenges had been handled this way, we'd have had better results and lasting impact."

Mai Anguwa

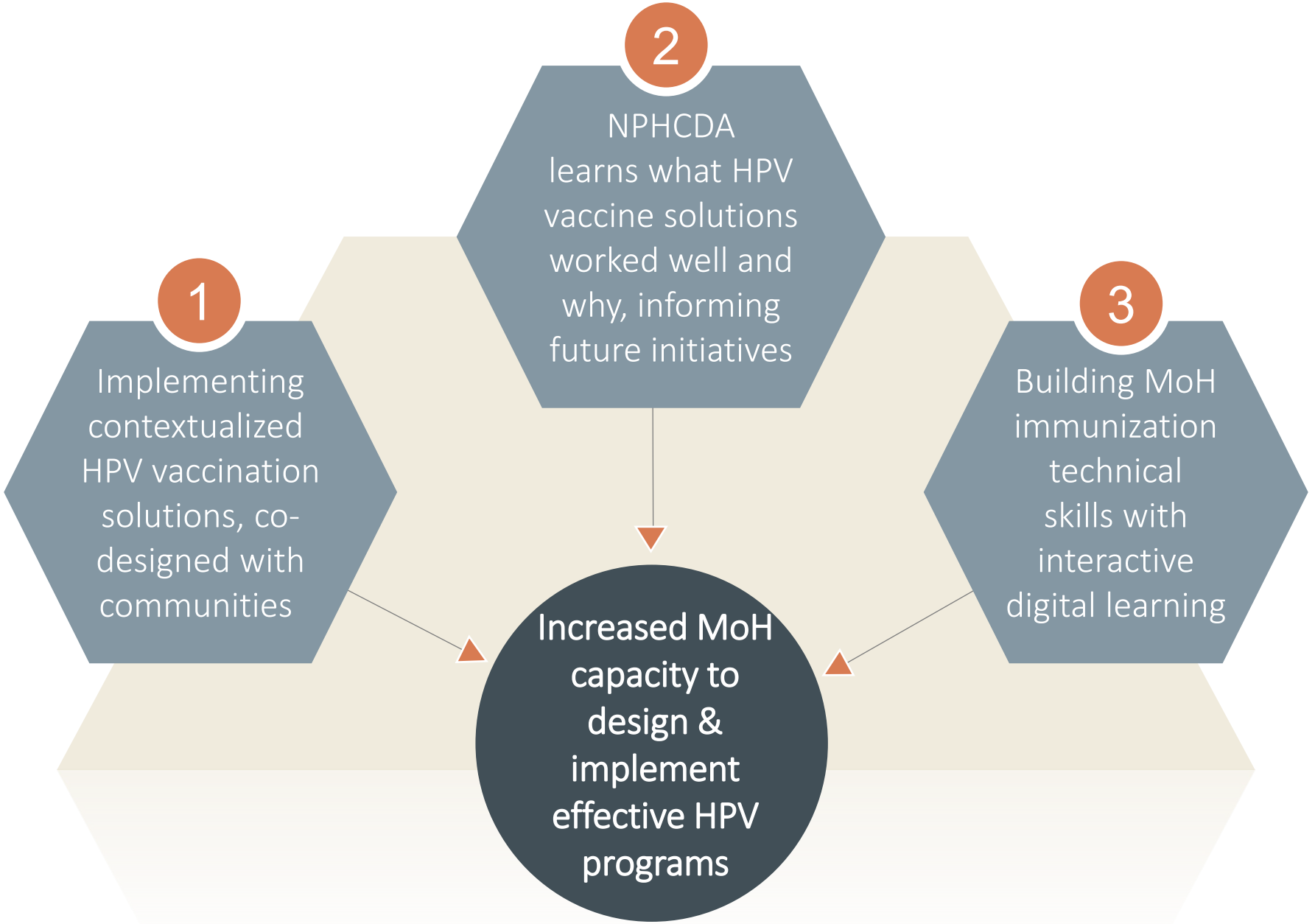
Chikaji village, Sabongari LGA, Kaduna

"This is my first time being part of a process where community members are invited, given a voice and truly involved in coming up with local solutions to real challenges. I was really impressed with the facilitators—their expertise, the way they used Human-Centered Design, and how they kept everyone engaged throughout the group work. I also want to thank VillageReach for putting together such a well-organized and professional workshop. I look forward to more of these engagements and building even stronger partnerships with VillageReach."

Dr. Ndani

Director Disease Control and Immunization, ESPHCDA

This project contributes to improving HPV vaccination by:



Next Steps

Learning Exchange Approach

- Work with LGA teams to refine implementation and monitoring plans for solutions
- Share solution implementation plans with SPHCDA to ensure buy-in and alignment with state and national priorities
- Support the LGA teams during the implementation of the solutions for about 10 months
- Facilitate 2 virtual workshops that bring together all three teams to share and discuss their solutions and brainstorm strategies to improve implementation
- Continued monitoring & evaluation of process and outcomes and iterative adaptation of solutions

Peer Led Learning Approach

- Bull City Learning to finalize the development of curriculum for the self-paced virtual learning and MentorChat participants
- Roll out implementation of this approach upon finalized curriculum