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MINISTRY OF HEALTH - ETHIOPIA

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Plan of Action for Demand on Immunization Services

(2024-2025)

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Ethiopia

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Acknowledgment

This document was developed through a collaborative and consultative process led by the Immunization Service Desk of the Ministry of Health, Ethiopia. A wide array of partner agencies who are member of national communication technical working group (C-TWG) reviewed this plan of action and contributed their vast expertise.

The draft plan of action was drafted during the demand promotion review meeting for immunization services interventions which was conducted in January 25 - 30, 2023. Later, the C-TWG members met, discussed, contributed, and finalized the plan of action as a national level road map for upcoming 2 years. The plan of action is developed based on the existing evidence of social and behavior around immunization practices and the situational analysis which was synthesized for the country's proposal of the Gavi's Full Portfolio Planning.

Special thanks and appreciations are due to the partners who contributed to the development of this document: UNICEF, WHO, USAID, GAVI, PATH, Girl Effect, CORE Group, JSI Immunization, CHAI, Amref, Project HOPE, PSI, Ethiopia Red Cross Society and Ethiopian Health Education and Promotion Professional Association.

Foreword

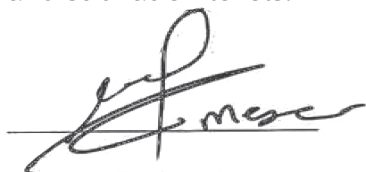
I am very pleased to share with you this plan of action to strengthen demand for immunization services.

This document builds onto a review of existing evidence ranging from national level survey, research, studies to qualitative small-scale rapid assessment around immunization service uptake. It also has taken into consideration of gender, people with disabilities, underserved and the most vulnerable communities as well as integration of key family health practices into immunization demand creation/promotion interventions and vice versa.

The plan of action provides clear scope of evidence-based demand promotion/creation and communication interventions for routine immunization and other vaccines to plan, design, implement, monitor and evaluate demand creation/promotion interventions at national and subnational level.

The objective of the document is to provide guidance to immunization team at all level, national and subnational partners responsible for the planning and implementation of immunization demand efforts in synergized manner. You may utilize this document as a reference to contextualize the culture, situation and needs of your region or even communities.

I would like to acknowledge the national EPI communication technical working group members and partners for their contribution to the development of this document. I hope you can apply this plan of action when you design the demand creation/promotion and communication interventions for immunization programs at national and subnational levels.



(Signature)

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Executive Summary

To promote, sustain and address the community trust, confidence, acceptance and demand for the vaccines and vaccination services, the plan of action to strengthen demand for immunization services requires to be robust. It also needs to ensure specific tailored and contextualized strategies to reach the vulnerable groups, such as underserved populations living in conflict or post-conflict settings, or within large refugee or migrant communities. Hence, the ministry has developed the plan of action to strengthen demand for immunization services to guide the social and behavior change interventions to reach every child with vaccination services at national and sub-national levels.

The objective for the plan of action is to address issues around vaccine acceptance and demand among different communities in reaching every child with vaccination services. It will also support reaching eligible communities with adolescent and adult vaccines such as HPV, COVID-19, Td, and so on as well as complementing national or subnational level supplementary immunization activities and campaigns. This plan will be used as a reference for new vaccines introduction in the near future while it will also complement the demand component of cMYP (2021-2025).

The plan of action to strengthen demand for immunization services underscores major strategies, which are advocacy, social and behavior change communication, community engagement through human center design (HCD), IEC material development, media engagement, capacity building, evidence generation etc. The planned activities are budgeted including available budget and gaps to mobilize further.

The primary audiences for this plan of action are individuals working on immunization at all levels. This includes program managers, experts at national and sub national levels working on EPI, health promotion/social and behavior change practitioners, monitoring and evaluation teams, researchers and partner agencies who contributes for the designing, financing, implementing, monitoring and evaluation of immunization and associated programs including risk communication and community engagement (RCCE), primary health care and health systems strengthening.

Abbreviations

BI	Behavioral Insights
CHAI	Clinton Health Access Initiative
C-TWG	Communication and Community Engagement Technical Working Group
EPI	Expanded Program of Immunization
FMOH	The Federal Ministry of Health
HPV	Human Papilloma Virus
IPC-I	Interpersonal Communication for Immunization
JSI	John Snow Research & Training Institute
MOH	Ministry of Health
PHC	Primary Health Care
PIRI	Periodically Intensified Routine Immunization
RI	Routine Immunization
SBC	Social & Behavior Change
SIA	Supplementary immunization activities
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
WUENIC	WHO and UNICEF National Estimates of Immunization Coverage



1. Background

1.1. Country profile

Ethiopia is the second-most populous country in Africa, with a unique cultural heritage, diverse population, mixed ethnicity, and religion. Administratively, Ethiopia comprises of 12 National Regional States (NRSs) and two city administrative councils under a constitutional federal system. The regions and city administrations are further divided into 111 Zones, 1,110 Districts known as *woredas* and 18,993 ‘*Kebeles*’- the lowest administrative unit of the government¹.

According to the 2007 national census projection, estimated total population for the year 2015 EFY (2021/22) is about **109,341,076** with annual growth rate of 2.57%. According to the UN population estimate the population is 126 million as of Jan 2023; where live births accounts 3.36%, whereas proportion of surviving infants and under five children are 3.16% and 14.6% respectively.

The UN 2020 Report for Ethiopia showed that life expectancy was at 69 years while neonatal mortality rate (NMR), Infant Mortality rate (IMR) and under-five mortality rates were 28, 37 and 51 per 1000 live births/year respectively. Between 2005 and 2016, according to estimates by WHO, UNICEF, UNFPA, World Bank and UNDESA/population division Ethiopia’s Maternal Mortality Ratio (MMR) in 2020 is 267 per 100,000 live births. Though mortality rates have been declining, deaths of children from preventable diseases, such as Pneumonia, Diarrhea, Measles, Malaria, Neonatal problems and malnutrition, are still remain major challenges.

The current Ethiopian health service delivery system is structured into three-tier systems. This includes primary, secondary and tertiary level health care tier systems. All levels of HFs from health posts (HPs) to specialized hospitals are supposed to provide vaccination services. The service availability and readiness assessment (SARA, 2018) showed about 81 % of HFs were providing immunization services.

¹ Policy Plan, Monitoring and Evaluation Directorate Woreda Based Plan, MoH, Ethiopia 2014, EFY

According to preliminary report from zero dose coverage survey conducted by Project HOPE in hard-to-reach and underserved settings in Ethiopia, July 2022, the proportion of functional HFs providing immunization service is found to be 93.4%.²

Ethiopia has a strategic plan, called Growth and Transformation Plan (GTP), which is rolling every five years. Currently the country is implementing GTP II, 2021-2025. The health sector plan (HSTP), in line with the country's GTP, has set ambitious goals to improve equity, coverage, and quality of essential health services, and enhance the implementation capacity of the health sector at all levels (MoH, 2015/16). At present, HSTP II (2021-2025) is underway. Aligned with the five years HSTP II, the MoH prepared five years EPI strategic plan, the cMYP. The 2016-2020 comprehensive Multi Year Plan (cMYP) for EPI implemented and the current cMYP (2021-2025) prepared and is being implemented based on the experiences gained from HSTP II in the implementation of EPI program, the Global Immunization Agenda (IA) 2030, GAVI 5.0 strategy (2021-2025) and WHO technical immunization guidelines.

Currently, Ethiopia is providing vaccination services with 13 antigens and on transition into life-course approach by providing MCV2 in the second year of life; HPV for adolescent girls and COVID-19 vaccination for 12 years and above³. In addition to the routine vaccines, preventive campaigns like Measles SIA, Polio campaign, and outbreak response vaccination campaigns such as, Men A, nOPV2, mOPV2, Cholera and Yellow Fever vaccines had been conducted. Expansion of EPI has significantly contributed for the improvement of maternal and child health. COVID 19 integration to the routine immunization program and PHC is a way forward. This is the degree to which COVID-19 vaccination has been or will be integrated with other

components of the health system in terms of governance, management, service delivery, demand promotion, procurement, supply chain, information systems, and financing.

There is national immunization task force who is accountable and responsible to submit periodic written report and make briefs to the technical arm of Interagency Coordinating Committee (ICC). The task force comprises five working groups; namely the Planning, M & E and Service Delivery; Supply and Logistics; Communication & Demand Generation; Vaccine Safety, Licensure & Pharmacovigilance; and Infection Prevention, Surveillance, Research and Development Working Groups. The core activities under EPI communication technical working group include, supporting regions to achieve high level of acceptance and demand for vaccination, design and development of EPI communication, social mobilization tools/ key messages and training materials, lead and support evidence generation. The TWG leads and coordinates high-level advocacies that aimed at engaging higher officials, religious councils, cabinet members, different associations, institutions, and others. In addition, the TWG undertakes several efforts to boost community acceptance on immunization.

According to WUENIC 2022 report, it is roughly estimated that in Ethiopia about 1.1 million children have not received any doses of vaccination and 1.7 million are under vaccinated in 2022. There are different underlying reasons including prominent service disruption due to armed conflict, disease outbreaks and other emergencies. The ministry is putting enormous efforts to revitalize the health system in conflict affected areas as well as to reach every child across the country with vaccination services and this document will catalyze efforts on demand component of the program.

² Reaching zero-dose Children in Underserved settings in Ethiopia, Project Hope, July, 2022

³ DTP-Hib-Hep B, OPV, BCG, IPV, PCV13, TT/Td, Rota, Measles first and second dose, HPV and COVID-19 vaccine



2. Rationale

Vaccines are the most effective means to protect the populations from vaccine-preventable diseases and demand promotion is one of the vital interventions that have to be done to strengthen vaccination activities. Immunization demand goes beyond providing of information & it includes understanding of people, their beliefs, and values so as to practice positive behaviors in child vaccination. It involves engaging communities and listening to them as they identify problems, propose solutions and act upon them specifically in promoting service utilization through evidence based strategic process to improve behavioral practices at each level.

Ministry of Health is working together with partner agencies to better understand constraints and challenges to care-seeking practices including vaccination. Use of locally relevant research evidence to adequately inform policy and practice as well as tailoring interventions according to the context have always been essential.

There are several challenges in the implementation of the immunization program including, accessibility issue for hard-to-reach areas, supply chain

management, manpower, data and service quality of immunization and others which needs special attention as well as weak PHCU linkage, turnover of well-trained staffs, vaccine refrigerator shortage & fuel for fridge. Administrative coverage for immunization shows that there is a good coverage at each level. Even though there is good coverage from admin report as a national level, the trend analysis still shows that there is low coverage with high index of quality gap with high number of unvaccinated children that needs special attention. Different studies also confirmed that there is a huge difference between admin and DHS reports which also needs integration of immunization demand activities at all levels.

Thus, this plan of action is to strengthen demand for immunization services and needs to be robust to address the community trust, confidence, acceptance and demand for the vaccines. Risk and crisis communication also needs to be part of the overall demand plan for addressing rumors, misinformation, disinformation, fake news and potential adverse events after vaccination. The plan also needs to ensure specific strategies to reach the vulnerable groups, such as underserved populations living in conflict or post-conflict settings, or within large refugee or migrant populations. Ensuring sustainable demand

for immunization is only possible when caregivers and communities trust the safety and efficacy of vaccines, as well as the quality and reliability of immunization services. They also need to have the necessary information, access and motivation to complete the recommended immunization schedule on time.

Thus, the ministry has developed the plan of action to strengthen demand for immunization services to guide the communication, community engagement, social and behavior change interventions at national and sub-national levels.

The plan of action to strengthen demand for immunization services has major strategies, which are advocacy, social and behavior change communication, community engagement through human center design (HCD), IEC material development, media engagement, capacity building, evidence generation etc. The action plan also ensures developing tailored demand promotion interventions based on the need of communities. The action plan aims for different stakeholders including the ministry of health, regional health bureaus, donors, CSOs and all actors working on immunization demand promotion.

The rationale for the development of the vaccine promotion action plan is to address issues around vaccine acceptance and demand among different communities to

reach every child with vaccination service. It will also support reaching eligible communities with adolescents and adult vaccines like HPV, COVID-19, Td, etc., as well as complementing national or subnational level supplementary immunization activities and campaigns. This plan will be used as a reference for new vaccines introduction soon.

The development of this plan has considered alignment with different national documents including but not limited to Gavi Full Portfolio, EPI Implementation Guide, National Health Promotion Strategic Plan (2021/22 to 2026/27), EPHI's RCCE Strategy, Health Sector Transformation Plan II, Optimizing Health Extension Program, and so on. It also complements the demand promotion component of cMYP (2021-2025).

The primary audiences for this plan of action are individuals working on immunization at all levels. This includes program managers, experts at national and sub national levels working on EPI, health promotion/social and behavior change practitioners, monitoring and evaluation teams, researchers and partner agencies who contributes for the designing, financing, implementing, monitoring and evaluation of immunization and associated programs including risk communication and community engagement (RCCE), primary health care and health systems strengthening.

3. Objectives

The overall objective of this demand promotion action plan is to empower individuals and communities and addressing structural barriers that hinder people from vaccination both in developmental and humanitarian contexts as well as to in place standard immunization demand promotion strategic action plan, which is aligned with other major immunization strategic plans, which can be utilized at all structure by immunization actors.

Specific objectives:

- To increase uptake of vaccination by promoting of positive behaviors in communities
- To provide correct, transparent, consistent, standardized, and timely messages on routine immunization, SIA, catch up vaccination and new vaccines to providers as well as recipients
- To generate evidence-based tailored demand promotion interventions together with communities' participation, leadership and ownership by utilizing contextualized and localized tools
- To improve service providers skill on mobilizing the community towards addressing zero dose and under vaccinated children
- To build capacity of service providers to establish improved dialogue sessions with parents, caregivers, and communities around the importance of vaccination, vaccination schedule and benefits of each vaccine and their preventable diseases
- To improve integration for vaccine demand promotion interventions with other key social and behavior change interventions
- To mobilize local authorities, religious/clan leaders, CSOs, FBOs and community members to commit, support, harmonize and participate in immunization services
- To advocate government, non-government, and private sectors' investment and commitment on routine immunization services
- To address gender related barriers around health service seeking practices and norms particularly vaccination

4. Situational Analysis on Demand for Immunization Services in Ethiopia

The MoH has put a three-pillar framework to communicate and mobilize resources in the EPI landscape i.e., advocacy, social and behavior change communication including risk/crisis and program communication. Tailored demand promotion interventions are still in progress to ensure inclusiveness, gender specific, and underserved populations in different geographies.

The advocacy pillar aims at gaining political and social leaders' ownership, and commitment to formulate policies and procedures for making decisions and taking actions for the investment in routine immunization services including mobilizing resources. The major advocacy interventions include presentation of immunization related advocacy issues/agenda, developing advocacy fact sheets, organizing advocacy visits, and advocacy workshops and meetings at the national and sub-national levels. Advocacy targets to ensure buy-in and commitment from the decision makers and influencers while acting as supportive role models for immunization services and practices.

The purpose of social and behavior change pillar is to enlist and engage all actors at individual, community, institution, and policy levels in identifying, raising, pooling, and managing resources, mobilize and strengthen the community to make immunization a public agenda and enhance demand for immunization services.

The MOH has been leading various social and behavior change efforts at national and sub-national levels through multi-channel

communication activities; engagement of public sector stakeholders, conducting research and studies on immunization practices. Inter religious councils, CSOs and community representatives and conducting community mobilization activities for vaccination.

The program communication pillar is where the ministry applies different communication strategies for promoting immunization program related awareness and practices by identifying, analyzing, and segmenting targeted audience; providing relevant key information and motivation through well-defined communication and media strategies; and application of appropriate mix of communication channels. It targets parents/caregivers, media, and the community in general.

4.1. Opportunities

Various social and behavior change efforts led by the MoH include national and sub-national levels multi-channel communication activities; engagement of public sector stakeholders, including parliamentarians, conducting research and studies on immunization practices. Other activities include working with inter religious councils, CSOs and community platforms and conducting community mobilization activities for vaccination.

Ethiopia's health system has shown a dramatic improvement by giving priority to the expansion of PHC facilities; enforce the Health Extension Program (HEP) and community platforms. Community engagement has

been a primary principle and strategy for achieving the strategic objectives/plans of the Ethiopia's health sector. HEWs, who are working at the grassroots level, conduct home visits and provide outreach services to promote health actions supported by the community platform. The Women Development Army (WDA) was designed in 2011 under the HEP to improve the demand and uptake of health services.

The WDA heavily involved in the registration of pregnant women and newborns, zero dose and under vaccinated tracing, remind appointment dates for vaccination and household mobilization for health promotion activities. WDA has been scaled up to almost full coverage in agrarian settings and partial coverage in urban settings. There are community mobilizers called Social Mobilization committee and clan leaders (SMC) in pastoral settings.

The community platform like block leaders support identifying and reaching zero dose/ unvaccinated children and traces defaulters, mobilize community leaders and create trust for immunization program in urban settings. A systematic review done in 2018 in Ethiopia showed that participation and membership in these community groups have a positive effect on minimizing maternal death and improving child immunization service use⁴. However, in recent years, the functionality of these structures has shown signs of decline, due to different reasons.

To address these challenges and limitations of community engagement, a Roadmap for

Optimizing the Ethiopian HEP 2020-2035 is prepared. It includes a new community engagement strategy, which is currently being developed and piloted for further massive implementation. WDA, Men Development Groups (MDGs), social mobilization committee, Village Health Leaders (VHLs), Positive Youth Development Groups (PYDGs), school clubs, religious organizations and community institutions such as "Idirs⁵" are seen as key players in the strategy⁶.

Although the EPI service desk of MoH has successfully mobilized different stakeholders for various vaccination campaigns and new vaccine introductions, there is a need to further strengthen the consistent and sustainable strategic efforts on RI demand promotion. The key bottlenecks include limited partnership with community-based organizations for sustainable community engagement interventions, scarcity of resources for RI demand promotion and capacity gaps on interpersonal communication (IPCs) skills for immunization.

The MoH also developed tailored communication strategies for specific target audiences. For instance, implemented tailored interventions to improve the uptake of routine vaccination among urban population in Oromia Region by using Human Centered Design approach⁷, and conducted interventions to increase uptake of HPV vaccination among young girls by reaching the school community, including teachers, parent-teachers association (PTA) members and students.

4 Damtew et al. *BMC Pregnancy and Childbirth* 2018, 18(Suppl 1):373 <https://doi.org/10.1186/s12884-018-1975-y>

5 *Idir* is an association of people that have the objective of providing social and economic insurance for the members in the events of death, accident, damages to property, among others. In the case of funeral, *Idir* serves as funeral insurance where community members elect their leaders, contribute resources either in kind or in cash and support the mourning member.

6 A Roadmap for Optimizing the Ethiopian Health Extension Program, 2020-2035, MoH, Ethiopia, Addis Ababa

7 Human-Centred Design Implementation Case Study Ethiopia. <file:///C:/Users/user/Downloads/Human-Centred-Design-Implementation-Case-Study-in-Ethiopia-2023.pdf>

By January 2023, more than 66.8 million people were having cellular mobile connection and there are more than 20.86 million internet users with more than 6.4 million among those using social media in Ethiopia⁸. During the COVID-19 pandemic, social media plays a crucial role on rumor and misinformation management and sharing up-to-date information and messages with the communities. The sub-national GAVI FPP consultative workshop participants also affirmed that social media played critical role both positively and negatively on COVID-19 vaccination rollout. Although there has been a rapid growth of mobile networks, there is still limited utilization of this platform for immunization or other health practices except for the bulk SMS.

The ministry is already in the process of integrating COVID-19 vaccination into routine immunization programs and primary health care for 2024 and beyond. This is crucial to sustain and enhance the momentum for vaccination. Integration of vaccines should be deployed without undermining other primary health care priorities but rather leveraging and strengthening primary health care and other relevant communicable and non-communicable programs.

Programmatic considerations essential for moving from mass campaigns of COVID-19 vaccination to integrating COVID-19 vaccination into immunization programs, PHC and other relevant health services. The partial or full adoption of COVID-19 vaccination into national immunization program services, PHC and any other relevant health services with the overall aim of improving program efficiency and sustainability, enhancing demand, and improving user satisfaction, achieving, and maintaining satisfactory coverage, and addressing inequities.

4.2. Challenges and Gaps around behavioral and social drivers of vaccination in Ethiopia

There is evidence for low utilization of immunization services or zero-dose and under-vaccinated children in some pocketed areas of the country. According to WUENIC 2022 report, it is roughly estimated that about 1.1 million children in Ethiopia have not received any doses of vaccination in 2022. The conflict, facility readiness gap, service disruption, negative social and gender norms, poor quality of care, and service providers' behaviors are among key underlying reasons of high number of zero-dose children. The Ethiopian study in 2019 on health communication has shown 10 out of 16 health outcomes are influenced by gender and social norms. The lancet commission has also shown that poor quality of care will yield or trigger back low utilization of immunization. For example, a woman with bad experience from the immunization service or service provider will likely not to get back or she will share her bad experience to neighborhood, and this would push back the demand created for these services among the communities. The below paragraphs highlight some key challenges, gaps, and barriers around vaccination practices at different levels based on currently available evidence.

4.2.1. Individual and Family/Household level Challenges/Gaps

Majority of the caregivers know the benefits of RI but there is limited awareness on locations of vaccination posts, the date of follow up vaccination and the diseases the vaccines prevent⁹. There is also a finding that 97% of caregivers think vaccines are important; 93% believe vaccines are safe;

⁸ <https://datareportal.com/reports/digital-2022-ethiopia>

⁹ EPI Behavioral Determinants Survey in Amhara, Oromia, Tigray and SNNP Regions, UNICEF, (May 2020)

92% want “all”, 7% want “some” and only 1% said they want “none” of the recommended vaccines for their children.¹⁰ However, more than half (52%) reported that there was no follow-up from health workers when they did miss or delay a vaccine¹¹.

Literate mothers/care givers were more likely to complete the vaccinations for their children compared to the illiterate ones.¹² The study conducted on the four big regions of Ethiopia showed that majority of the individuals had a positive attitude towards childhood immunization and strongly believe that vaccination builds the immune system to prevent from several diseases.¹³

Being an urban resident, having good knowledge and a positive attitude, were significantly associated with the uptake of HPV vaccine. (a, 2023)

4.2.2 Community and Social Networks Level Gaps

Social norms around vaccination are strong with 94% of parents of children under 5 years old believe that most parents they know are vaccinating their children.¹⁴ Although communities’ trust and confidence in vaccine safety of RI is relatively higher in urban, rural and nomadic settings, it is lower in conflict affected populations including IDPs.

There is inadequate participation of religious leaders in the planning, implementation, and monitoring of community engagement interventions for RI which ultimately affected immunization service delivery¹⁵. About one in three caregivers do not believe their religious leaders want them to get their child vaccinated.¹⁶ The endorsement by religious leaders along with family members and community leaders is a vital force for community-level acceptance to ensure high-level vaccination uptake.¹⁷

4.2.3 Organizational and Facility Level Gaps

At an organizational level, coordination is one of the key challenges which include communication gaps, lack of consistent and structured interactions between health programmers/practitioners, policy makers, and the health promotion team.

The other organizational challenges/gaps include:

- Limited opportunities for professional development in health communication and promotion,
- Limited familiarization with the health strategies, guidelines/standard tools, including SBC quality assurance guideline, and

¹⁰ Measuring Behavioral and Social Drivers (BeSD) of COVID-19 and childhood vaccination: Ethiopia, WHO, Preliminary Report, 14 December 2021.

¹¹ *ibid*

¹² Association between maternal literacy and child vaccination in Ethiopia and southeastern India and the moderating role of health workers: a multilevel regression analysis of the Young Lives study, 2019.

¹³ EPI Behavioral Determinants Survey in Amhara, Oromia, Tigray and SNNP Regions, UNICEF, (May 2020)

¹⁴ Measuring Behavioral and Social Drivers (BeSD) of COVID-19 and childhood vaccination: Ethiopia, WHO, Preliminary Report, 14 December 2021.

¹⁵ Kerebih et. Al. 2021. How to optimize health facilities and community linkage in order to enhance immunization service? The case of West Amhara Region, Ethiopia. *Ethiop. J. Health Dev.* 2021;35.

¹⁶ Measuring Behavioral and Social Drivers (BeSD) of COVID-19 and childhood vaccination: Ethiopia, WHO, Preliminary Report, 14 December 2021.

¹⁷ COVID-19 vaccines uptake and determinants among health care workers and the general population in eight woredas of Somali Region, Eastern Ethiopia, Mohamed et. al. December 2021.

- Gaps in creating user friendly health service: there is a gap in client-professional interaction at the service delivery points to advance age, gender or culturally appropriate services.

Moreover, nearly one third of caregivers (32%) in urban settings and about one fourth (25%) in rural settings dropout from vaccination services and more than half reported that there was no follow-up from health workers when they did miss or delay a vaccine.¹⁸ Although more than half of caregivers (68.5%) confirmed that their children received BCG, only one fourth (27.1%) have the children's vaccination card or record and the overall vaccination card retention rate is low across underserved settings.¹⁹ Hence, lack of a reminder system is one of the reasons to default vaccination.

4.2.4. Source of Information on Immunization

About 95% of caregivers/parents of under 5 years old children trust health workers as a source of information and about 84% said a health worker has recommended vaccines for their children.²⁰ Similarly, health care workers including HEWs were quoted as the primary source of information for immunization followed by community-based communication channels, TV, radio, peers/

friends and print media.²¹ The other sources of information on vaccination are community events or conversations (38% and 37%, respectively), radio (24% for women and 33% for men), and television (18% for women and 23% for men).²² Regarding print materials (newspapers or magazines and pamphlets, posters or leaflets, etc.), only 5-6% of women cited this as a source of information. For the adolescent population, majority of the girls reported hearing about the HPV vaccine mainly from their teachers (82%) and from health workers (56%) and few girls (5%) reported hearing about the vaccine from public meetings.²³

4.2.5. Gender Related Barriers

Although gender differences may not influence the immunization coverage between boys and girls in Ethiopia, gender related barriers affect immunization services in various ways.²⁴ Women are primary caregivers for children and other family members which may prevent them to seek immunization services because of their family caring responsibility. Although women are considered to be the primary caregivers for children, they are not always the sole decision makers on child health with limited access and control of household resources to utilize health services. Factors such as needing permission to visit a health facility,

18 Measuring Behavioral and Social Drivers (BeSD) of COVID-19 and childhood vaccination: Ethiopia, WHO, Preliminary Report, 14 December 2021.

19 Zero dose project coverage survey preliminary report 2022, Project Hope, Ethiopia

20 Measuring Behavioral and Social Drivers (BeSD) of COVID-19 and childhood vaccination: Ethiopia, WHO, Preliminary Report, 4 December 2021.

21 EPI Behavioral Determinants Survey in the Regions of Amhara, Oromia, SNNP and Tigray of Ethiopia, May 22, 2020.

22 *ibid*

23 Report of the Post Introduction Evaluation (PIE) following the introduction of the Second Dose of Measles Vaccine and Human Papilloma Virus (HPV) vaccine in Ethiopia, WHO, July 2020.

24 Zero dose project coverage survey preliminary report 2022, Project Hope, Ethiopia

obtaining money for essential costs, and distance to health facility, and unwillingness of the husband to allow wife to go to a health facility alone are important barriers to women's health service utilization. The study conducted in four developing regions of Ethiopia showed almost half of the female caregivers need permission from their husbands to travel to the health facility.²⁵

Male involvement in the child vaccination is still limited in Ethiopia and it is one of the areas of improvement.²⁶ Early marriages, high fertility rates, and low levels of educational attainment coupled with deep-rooted patriarchal beliefs regarding the role and status of women, have negatively affected Ethiopian women's autonomy. Although many frontline health care workers, including HEWs are female, women are much less represented at higher managerial and policy making, especially below the regional level. Besides, health programs in Ethiopia did little to engage men and HEWs and WDGs mostly interacted with women regarding RMNCH issues including vaccination. Community mobilization efforts, such as the pregnant women conference also disregard men's involvement. Hence, women confront a double burden; being responsible for household tasks/caregiving and vaccination is an additional responsibility at times.

4.2.6. Special population related barriers

Data from WHO shows that an estimated 17.6 percent of the population including children, adults and elderly persons with disabilities in Ethiopia.²⁷ In Ethiopia, physical barriers, and communication and discrimination barriers were the most important challenges for people with disability for accessing health services in general and vaccination in particular. Physical barriers mainly include absence of teaching aids or sign languages for people with blindness and hearing loss, difficulty of getting transportation due to poor road infrastructure, inaccessible door entrances, ramps and toilets and absence of elevators or disability-friendly pathways.

Ethiopia is the third largest refugee-hosting country in Africa, sheltering 916,434 registered refugees and asylum-seekers as of As of May 31, 2023. The overwhelming majority originate from South Sudan, Somalia, Eritrea, and Sudan. Currently there are 23 active refugee camps established across eight regional states and one city administration.²⁸ In the refugee population, acceptance of vaccination is diverse depending on the culture and understanding of the source population they originated from.

25 Determinant Analysis Study on Maternal, Newborn, Child, and Adolescent Health Care Seeking in the Developing Regional States of Afar, Benishangul Gumuz, Gambella and Somali, June 2020.

26 Reaching zero dose children in underserved settings of Ethiopia: situational analysis, Project Hope, 2022

27 ILO: Inclusion of People with Disabilities in Ethiopia (https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_112299.pdf)

28 OCHA Ethiopia: Refugee population by camp, site and settlement (As of 31 May 2023). <https://reliefweb.int/report/ethiopia/ethiopia-refugee-population-camp-site-and-settlement-31-may-2023>

According to EPHI report Ethiopia has 3,143,255 million IDPs who are among the 29.7 million people in need for humanitarian assistance.²⁹ In April 2022, UNICEF estimated that over 9.9 million people were affected by the drought in four regions over 3.5 million people in Somalia, over 3.6 million in Oromia, over 1.1 million people in SNNP and Southwest Ethiopia regions and over 1.7 million people in Afar. Those regions are also hosting high numbers of zero dose and under-immunized children. For many IDP communities, health seeking practices may not be the most immediate threatening challenge they are facing.

Additionally Lack of sufficient medicines, shortage and unsafe access of routes, lack of privacy and safety measures in place, and lack of awareness about services availability are among the several reasons that affect accessing essential services. Sexual assault, rape, domestic physical violence, and heavy workload are the major threats faced by women and girls.³⁰ Regarding immunization status, prevalence of zero doses is about 46.6 per cent and under-immunized children are about 33.5 per cent among the IDP communities. While in the conflict affected settings, zero dose and under-immunized children are about 37.3 per cent and 65.5 per cent respectively in the conflict affected settings.³¹

²⁹ Humanitarian Situation Report (April 2022) by UNICEF

³⁰ UNFPA: Rapid Assessment in the Conflict-Affected Areas of SNNP Region Ethiopia, 2021 (https://ethiopia.unfpa.org/sites/default/files/resource-pdf/konso_rapid_assessment_report_f.pdf)

³¹ Zero dose project coverage survey preliminary report 2022, Project Hope, Ethiopia



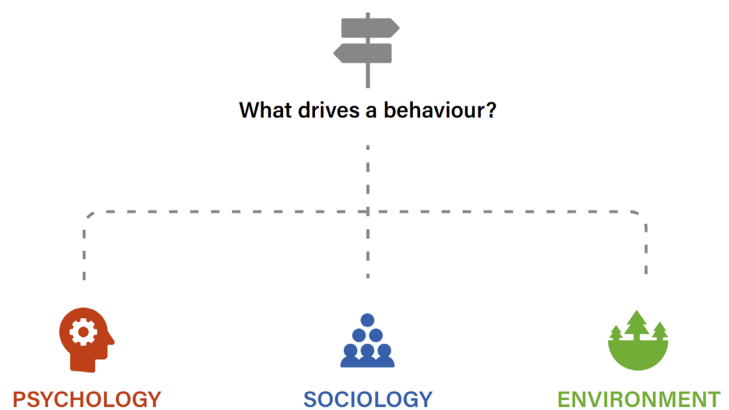
5. Strategies and Approaches

5.1 Theoretical Framework

The plan of action is based on the Socio-ecological Model (SEM) which underscores that social and behavior changes can be achieved by addressing all the layers of individual, friends and family, community, social, institution and enabling environment.³² Additionally, the plan of action reflects on the Behavior Drivers Model while ensuring the approaches are based on human rights and people centered.



Fig 1. Socio-ecological model (source: Social & Behavior Change Program Guidance, UNICEF, 2022)



Three categories of behavior drivers (source: Petit, V. (2019). *The Behavioral Drivers Model: A Conceptual Framework for Social and Behavior Change Programming*. UNICEF)

Fig 2. BD Model

5.2. Strategies

5.2.1. Advocacy

To secure high-level political support, advocacy workshops at national, regional, zonal and community levels will be conducted in systematic and regular manner. As the ministry has advocacy guide, the advocacy activities on immunization program will ensure aligning with this guide.

Key advocacy activities include:

- Conduct advocacy workshop with relevant ministries, higher officials, decision makers at all levels, parliamentarians, professional associations, CSOs, religious institutions, non-government organizations and private sectors to engage and involve in planning and implementation, with particular emphasis on engaging local communities and acknowledging their voices at a national level.
- Conduct specific advocacy sessions in conflict affected areas, urban slums, and pastoralist areas to ensure reaching every child and eligible community members with vaccination.
- Conduct media advocacy through press briefing sessions, press statement, panel discussion, and media interview.
- Facilitate high-level advocacy dialogue around school immunization with policy makers and education sectors to reach zero-dose and under-immunized children for complete dose of immunization.
- Develop advocacy tool kits with immunization program overview, vaccine preventable outbreak situation, profile on zero dose and under-immunized communities, and call for action.

5.2.2. Social mobilization and community Engagement

- Ethiopia has strong community structures such as Idir, pregnant women monthly conference, youth associations, clan leaders, social mobilization committee, and Women Development Army. Community engagement interventions will focus on strengthening community platforms and optimize utilizing of community engagement and mobilization interventions through those platforms.
- Community dialogue is one of the most effective methods especially in agrarian regions and woredas where WDA is functional and in pastoral regions where social mobilization committee (SMC) has strong presence. The communities in those regions have high level of trust in religious leaders and pastoral clan leaders, so that community dialogue sessions lead by these messengers will be the most effective.
- Support HEW on interpersonal communication skills for immunization and ensure having vaccination dialogue with community members during house-to-house visits, health facility visits or meeting for social/religious occasions.

- Leverage and utilize existing platforms such as TV and radio, community radio, community platforms (WDA VHLs, SMC etc.) HEW, house-to-house visits, and community gathering.
- Train community and social mobilisers including health workers, HEW, social mobilization committee volunteers from CSOs, FBOs, the Red Cross, Idir, Village Health Leaders, and “1 to 30” WDA leaders, etc. on facilitation skills for conducting community dialogues on vaccination.
- Support facilitation of regular community dialogue sessions around vaccination and key health practices at local level with local influencers such as community leaders, religious leaders, and community members.
- Provide mobilizers with simple and clear messages in local languages (job-aid, training, orientation, leaflet etc.) with a focus on immunization schedule, benefit, safety, affordability, where and when to access vaccination services, and what to do if there is any adverse effect.
- Support and build capacity of health workers and community mobilizers to monitor, report and address rumors, misinformation, and disinformation on vaccination (RI, COVID-19, HPV, etc.) in timely manner.
- Integrate demand promotion including community engagement plan in the EPI micro planning.
- Facilitate participation of CSOs/CBOs/ FBOs and local groups particularly reaching for the vulnerable communities with vaccination.
- Engage universities and higher education sectors for sustained support on promoting vaccination practices by supporting students as messengers.
- Ensure integrating and facilitating dialogues around vaccination during community events such as Idir, Dagu, coffee ceremony, etc.
- Develop and disseminate tailored immunization key messages in local languages during seasonal celebrations such as Epiphany, Irrecha, Fiche chembalala, annual Great Ethiopian Run, etc.
- Engage with local artists and art associations on community mobilization interventions.

5.2.3. Program communication

Capacity Building

- Equip health workers with the skills and confidence to communicate and engage with the community.
- Provide interpersonal communication skills (IPC) on immunization trainings for health extension workers, vaccinators, and community mobilizers by adapting and contextualizing the global IPC-I package³³.

³³ UNICEF: *Interpersonal Communication for Immunization (IPC/I)* (<https://ipc.unicef.org/index.php/package-components>)

- Develop a standardized training package on immunization demand promotion tailored for community mobilizers and local volunteers by using simple and easy to understand format in local languages.
- Ensure provision of the trainings by utilizing participatory and adult learning training methodologies.
- Develop pocket guide on community dialogues around vaccination practice for religious leaders as well as community/clan leaders.
- Train designated spokespersons at national and regional level on media handling and public relation skills to be able to address questions posed by the public, building trust, creating messages for communications, and addressing mainstream media and social media.
- Institutionalization of demand promotion concept at pre-service and in-service by advocating

higher education, universities, and health professional associations on integrating in current curriculum.

- Train EPI officers at sub-national level on conducting rapid inquiry/assessment by using BeSD framework to address localized vaccine acceptance and demand issues.
- Digitalization of demand promotion training packages including IPC training and integrating into existing digital learning platforms for health workers.

5.3. Approaches to Strengthen Demand of Immunization Services

The plan of action will utilize different demand promotion approaches to reach all types of audience and address different layers of barriers to achieve all the objectives. Cross-sectorial issues such as gender equity, disability-inclusive, and community feedback mechanism are also taken into consideration along with innovation.

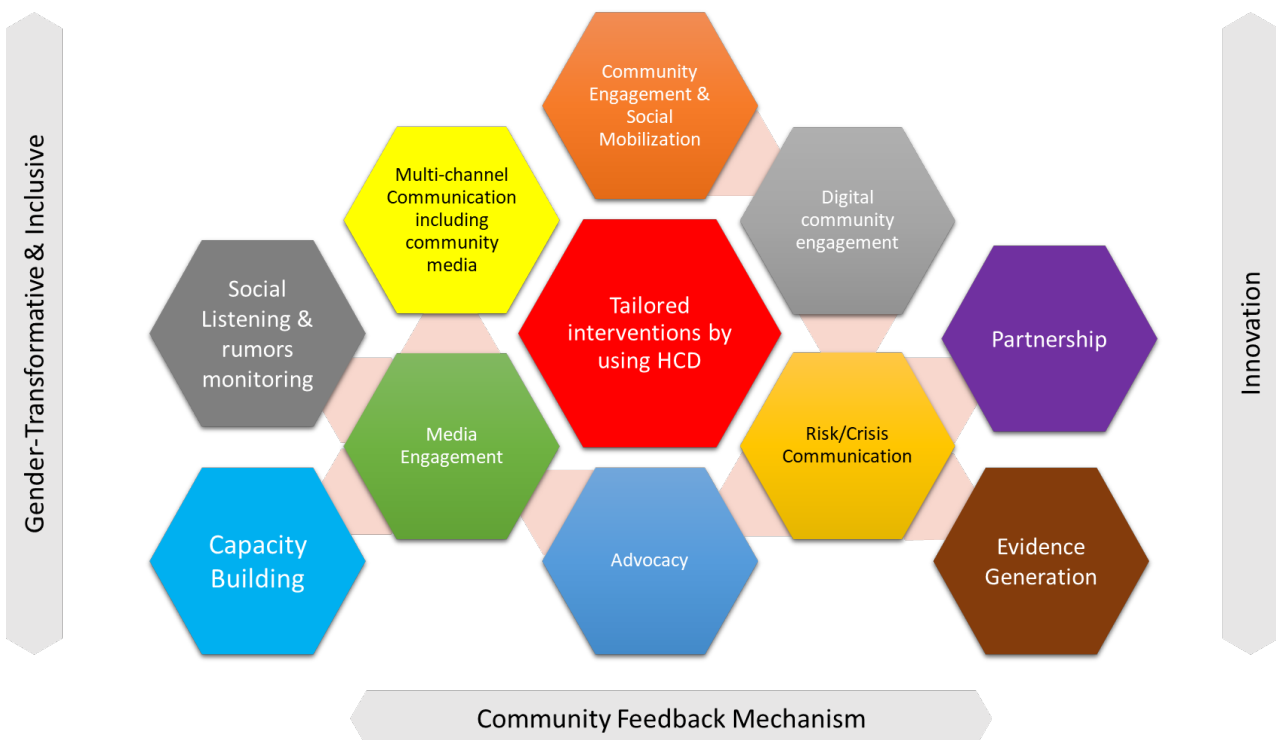


Fig.3. Demand generation strategies and approaches

5.3.1. Media Relation and Engagement

In collaboration with private and public media agencies at national and sub-national levels, below activities will be implemented to ensure reaching every child with vaccination.

- Engage national and local media agencies on promoting supportive norms and practices on vaccination.
- Dissemination of press briefings at national and regional levels during campaign, SIA, African Vaccination Week, World polio day and whenever necessary.
- Train the journalists and reporters to further advocate vaccination practices and participate in responding to rumors, misinformation, and fake news.
- Develop and disseminate a media package with current immunization coverage, targets, interventions, and call for action
- Prepare and share contact information of designated spokespersons at national and regional levels on vaccination program and vaccines-related issues/news with the media agencies for timely and accurate information.
- Liaise with media monitoring and engagement unit of MOH to scan vaccine/vaccination related news/misinformation/rumors and share the report with C-TWG for timely interventions on any potential impact for the EPI program.
- Develop media engagement package on routine immunization services and messaging.

5.3.2. Media and Edutainment

Through different media such as Radio, TV, social media, Mobile phone, and Print media, below activities will be implemented to remind the target groups for vaccination and promote supportive social norms around vaccination practices.

1. Branded Communication Campaign

- Develop standardized theme on immunization program by utilizing local culture and tradition of Ethiopia
- Develop immunization theme song/s and jingle in collaboration with local artists which will be utilized in different immunization campaign and mobilization activities
- Utilization of existing communication platforms for immunization branded campaign
- Appointment of vaccination ambassadors to promote supportive norms around complete dose of vaccination
- Mobilize social media influencers on promoting vaccination practices especially during campaign, SIA, African Vaccination Week, World Polio Day, etc.

2. Print media

- With limited literacy level as well as print media being reported as a very minor source of immunization related messages, it is planned to produce only limited number of prints materials:
- Posters by using pictorial and paste at markets, schools, religious institution, mass gather areas, government institutions at local level etc.

- Job aids with a focus on communicating for vaccination (for health workers and HEW)
- Installation of mini billboard at public gathering places
- Banners
- Flipchart for vaccinators and HEW to support in communication with caregivers on immunization messages
- Brochures/leaflets for caregivers and community leaders
- Develop immunization key messages in braille and disseminate across CSOs/CBOs working for people with disabilities

3. Audio/audio-visual

- Radio and TV spot messages to be transmitted to the community at national and sub-national level
- Radio and TV programs on immunization practices and acceptances
- Documentary that shows success stories, testimonies and survivor stories
- Integrate short TV spots in ongoing LED displays
- Disseminate audio/audio-visual messages across social media platforms
- Ensure inclusion of sign language interpretation in all audio-visual messages

4. Electronic/social media

- Develop and disseminate tailored social media posts in different languages via existing social media platforms

(Facebook, Telegram, YouTube, TikTok, twitter, LinkedIn etc.)

- Engage youth groups and students on digital community mobilization around vaccination including HPV vaccination.
- Train health workers/volunteers on promoting vaccination practices and messages through different social media platforms
- Two-way interaction with virtual community members
- Toll free Hotline and Call Center (952 & regional call centers)
- Creation of Chat Bot via Facebook Messenger and Telegram
- To update regularly and promote immunization messages in the existing Family Health Guide Application
- Bulk SMS in collaboration with private sectors while ensuring monitoring and evaluation of the effectiveness

5.3.3. Partnership with CSOs, FBOs, CBOs, private sectors

In order to reach zero-dose and under-immunized communities in conflict affected areas, urban slum, rural and pastoralist settings, it is planned to develop and strengthen partnership with CSOs, CBOs, FBOs, professional associations, universities, media agencies, private sectors (telecommunication, bank, broadcasting agencies, etc.), artist associations (musician, writers, etc.), athletic federation (runners, football players, female athlete, etc.) and other local networks.

The proposed activities include:

- Advocacy and sensitization workshops
- Orientation on demand promotion
- Training of local volunteers on demand promotion
- Joint monitoring of demand promotion interventions
- Collaborate and integrate SBC interventions in humanitarian settings
- Collaborate with other sectors on inclusion of immunization related messages to promote health literacy among community members.

5.3.4. Evidence Generation

Behavior and Social Drivers (BeSD) of vaccination framework³³ is a standardized tool for qualitative and quantitative assessment around immunization practices.

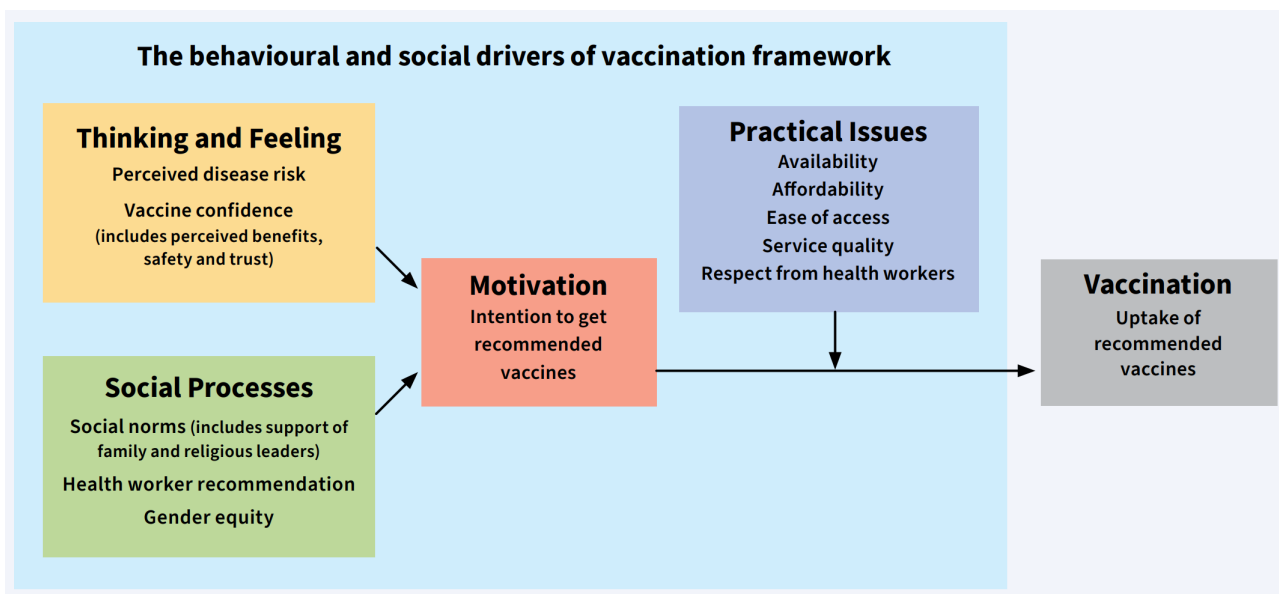


Figure 4. The BeSD Framework³⁵

In addition to BeSD framework, rapid inquiry³⁶ including immunization journey mapping, observation, card sorting, focus group discussion, and interviews will also be utilized when identifying facility and individual level barriers and facilitators of vaccination service uptake.

34 WHO (<https://apps.who.int/iris/handle/10665/354459>)

35 Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

36 WHO and UNICEF (<https://apps.who.int/iris/handle/10665/354457>)

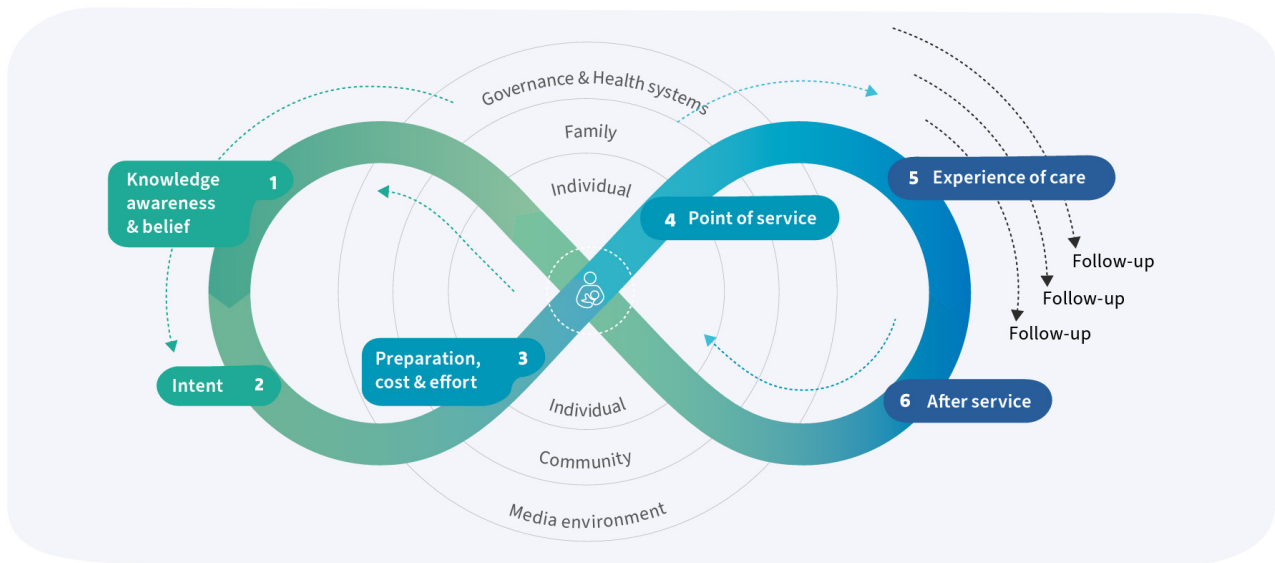


Figure 5. The Journey to Health and Immunization³⁷

The other activities which will support evidence generation are training of health EPI officers at sub-national level on conducting rapid inquiry/assessment by using BeSD framework to address localized vaccine acceptance and demand issues and publishing of assessment and research in collaboration with other departments from the Ministry of Health, Ethiopian Health Education and Promotion Professional Association, universities, and partner agencies.

5.3.5. Social Listening & Feedback Mechanism

The MOH will utilize existing platforms to listen and monitor public opinions and concerns, rumors, misinformation, and fake news across social media (Facebook, TikTok, Telegram, WhatsApp, etc.) on vaccines and vaccination. For the communities with limited access to mobile phones, community mobilizers, health workers and media will be encouraged to listen to the public concerns and report for timely and effective responses. In Ethiopia, toll-free hotlines have been set

up at national and regional levels and it is planned to utilize them as key channels to collect public feedback as well as addressing public concerns on the vaccine and vaccination. The information, feedback and concerns collected from these platforms will be shared with the national and subnational communication technical working group to ensure taking appropriate actions

5.3.6. Gender Equity and Social Inclusion

- Promote male involvement in the child caring including vaccination through community engagement activities while ensuring collaboration with women empowerment programs as cross-sectorial approach.
- Ensure demand promotion interventions are gender transformative.
- Advocacy and partnership with CSO, CBO, FBO, Ministry of Social Affairs who are working with people with disabilities and minority groups for tailored demand promotion interventions.

³⁷ UNICEF Human Centered Design 4 Health (<https://www.hcd4health.org/resources>)

- Strengthen partnership with humanitarian organizations and stakeholders to reach communities affected by conflicts and emergencies.
- Advocacy with youth associations, universities and Ministry of Education on reaching youth population with demand promotion interventions including HPV vaccination.
- Ensure inclusion of gender specialist/ focal (under Gender Directorate of MOH) at the regional C-TWG meetings
- Collaborate with Ministry of Women and Social Affairs, Ministry of Youth and Sports, city administrations, and other CSOs/CBOs to reach urban slum residing in informal settings

5.3.7. Tailored interventions for zero-dose communities

By utilizing UNICEF’s Human Centered Design for Health (HCD) and WHO’s Tailoring Immunization Programs (TIP), contextualized demand promotion interventions will be implemented in the settings with high number of zero-dose/under-immunized communities. In the Gavi’s Full Portfolio

Planning (2023-2025), woredas with zero-dose communities were already identified and it is planned to apply HCD approach in those settings as a priority.

The key activities are listed as below:

- Training of EPI managers, EPI experts, , health care workers, health extension workers, and CSO on application of HCD.
- Support identification and addressing community or facility-level barriers to immunization uptake
- Leverage drivers to immunization by locally codesigning, prototyping and evaluating the interventions
- Engage stakeholders, particularly end users or caregivers and health workers at each stage
- Promote local ownership, transparency, and accountability on immunization services
- Enhance EPI program’s ability to listen and learn to better understand community perspectives



Figure 6. Overview of HCD Process³⁸

38 UNICEF Human Centered Design 4 Health (<https://www.hcd4health.org/resources>)

Below table highlights context-specific interventions based on the socio-demographic characteristic:

	Regions/Communities	Rationale	SBC approaches
1	Pastoralist: Somali & Afar	Presence of social mobilization committee, high level of trust in pastoral clan leaders, and religious leaders.	<ul style="list-style-type: none"> ■ Community dialogue ■ HCD ■ Capacity Building ■ Community radio
2	Agrarian: Amhara, Oromia, Sidama, SNNP & SWE	Majority of WDA is functional and high level of trust in religious leaders and community mobilizers.	<ul style="list-style-type: none"> ■ Community dialogue ■ HCD ■ Capacity Building ■ Community radio
3	Urban/peri-urban: Addis Ababa, Dire Dawa, Harari & urban towns	Might have limited access to mass media, social media, and mobile phone.	<ul style="list-style-type: none"> ■ Mass media ■ Social media ■ Capacity Building ■ Community dialogue ■ HCD
4	Geographically hard to reach areas	Main barriers are more infrastructure related, transportation and service availability.	<ul style="list-style-type: none"> ■ Community engagement ■ HCD ■ Capacity Building ■ Partnership with CSOs
5	IDP/Conflict affected areas: Tigray, Amhara, Afar, BG, Somali & Oromia	Main barriers around conflict induced psychosocial trauma among community mobilizers including HEW, shortage of food/water & other necessities, health service availability, and quality of services.	<ul style="list-style-type: none"> ■ Community engagement ■ Partnership with CSOs ■ Community feedback mechanism ■ Integration with humanitarian response platforms ■ Capacity Building

6	Refugee: Somali, Gambella, Amhara, Addis Ababa, Afar, Benshangul Gumez, Tigray, Oromia, SNNPR	Main barriers around conflict induced psychosocial trauma among community mobilizers including HEW, shortage of food/water & other necessities, health service availability, and quality of services.	<ul style="list-style-type: none"> ■ Community engagement ■ Capacity Building ■ Partnership with CSOs and other stakeholders ■ Community feedback mechanism ■ Integration with humanitarian response platforms ■ Community dialogue
7	National & Regional levels		<ul style="list-style-type: none"> ■ Branded communication campaign ■ Media engagement ■ Capacity Building ■ Advocacy ■ Evidence generation

5.3.8. Improved Service Experience

By utilizing HCD and behavioral sciences, it is also planned to improve vaccination service experience. It will be implemented at service delivery or health facility level with participation and ownership of community members. The interventions may range from improving waiting area, creating child friendly room, provision of non-monetary incentive, integration with other program such as nutrition, recognition of caregivers etc.

5.3.9. Integration

Based on the country's experience on integrating COVID-19 vaccine demand generation activities with other demand generation/promotion and communication interventions on routine immunization, nutrition, maternal and child health practices, it is planned to ensure service level integration in PHCU. This integration will support reducing missed opportunity of essential services provision including immunization at the service delivery point in the PHCU through engagement of volunteers, peers support networks, etc.

demand generation/promotion and communication interventions on routine immunization services will also be integrated with other maternal, newborn and child health services, such as Nutrition-EPI nexus, Early Childhood Development (ECD), Catch-up vaccinations in conflict affected communities, PIRI, and outbreak response vaccination campaigns, include effective and efficient strategies to reach missed children and communities.

5.3.10. Innovation

- By applying HCD and Behavior Insights,
 - to explore and set up community-based vaccination regular context-specific reminder system
 - to explore underlying reasons of low immunization card retention and develop, test, implement and evaluate tailored intervention
- Digitalization of demand promotion training package, SBC tools, and materials and integrating into existing digital learning platforms for health workers
- Develop immunization chat bot for caregivers who have access to mobile phone for vaccination related messages and reminders
- In collaboration with existing digital health initiatives and mobile applications, integrate demand promotion packages whenever relevant
- Recognition at different levels (family, household, kebele, etc.) along with monitoring and assessment of effectiveness.

6. Audience

6.1. Audience Segmentation

Segmentation is the process of identifying groups of people who share similar interests and needs relative to the behavior you want to change. Sharing common characteristics makes the group members more likely to respond similarly to the demand creation/promotion and communication activities.

Segmenting audiences enables a program to focus on those audience members who are most critical to reach and to design the most effective and efficient strategy for helping each audience adopt new behaviors. Audience segmentation enables programs to match audiences, messages, media, products, and services based on the specific needs and preferences of the audience. Tailoring a demand creation/promotion and communication strategy to the characteristics, needs and values of important audience segments improves the chances for desired behavior change.

- **Primary Audience**

The primary audience of the interventions will be parents and caregivers of under five years old children for routine immunization, community member who are above 12 years old for COVID-19 vaccination, and adolescent girls 9-14 years of old for HPV vaccines and their parents.

- **Secondary Audience**

The secondary audience is the group that directly influences the attitudes and behaviors of the primary audience such as community and religious leaders, influencers, and health workers including health extension workers.

- **Tertiary Audience**

The tertiary audience is who supports advocacy actions and influences decision makers including policy makers. They have a critical role to contribute and create an enabling environment in reaching every child and every eligible adult with vaccination services. Key audience include other ministries, governorates, municipalities, NGOs, CBOs, FBOs, private sector, community groups and the media.

7. Key Messages

The below are some key messages for end users.

7.1. Key Messages on Routine Immunization

- **Benefit:** vaccinating a child on time protects the child and others from diseases. It is especially important for children under five years of age to receive their vaccination on time since their immune systems have not built up the necessary defenses to fight morbidity, mortality and disability caused by vaccine-preventable diseases.
- **Safety:** Vaccines are very safe. The vaccine safety system starts with extensive testing and trials of vaccines when they are being developed. In Ethiopia, there is a quality assurance system (Ethiopian Food and Drug Authority) in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system.
- **Schedule:** It is important to begin and continue vaccinations on time and according to the recommended schedule, from birth onwards, for maximum benefit and protection. If a child misses a scheduled vaccine, the vaccine should be given as soon as possible, and the parent or caregiver informed about when to return for the next vaccine(s).

Table. 1 Ethiopia's Routine Immunization Schedule (as of August 2023)

Vaccine	When to give	Dose	Route	Site
BCG	At birth or as early as possible till one year of age	0.05ml	Intra-dermal	Right Upper Arm
Measles	9 months and 15 months	0.5 ml	Sub-continuous	Left Upper Arm
Pentavalent	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra-muscular	Antero-lateral side of left mid-thigh
OPV	At birth, 6 weeks, 10 weeks & 14 weeks	2 drops	Mouth	

IPV	14 weeks and 9 months	0.5 ml	Intra-muscular	Left (outer) mid-thigh
PCV	At 6 weeks, 10 weeks & 14 weeks	0.5 ml	Intra- muscular	Antero-lateral side of right mid-thigh
HPV	9-14years old girls, 1st contact	0.5ml	Intra- muscular	Left deltoid
Rotarix	At 6 weeks and 10 weeks and 14 weeks	1.5 ml	Mouth	
Td	At first contact, 4 weeks after Td1, 6 months after Td2, one year after Td3 and one year after TT4	0.5 ml	Intra- muscular	Left Upper Arm

- **Immunization Card:** Tracking vaccines on the Immunization Card is especially important to:
 - Enable the health worker to see the child’s vaccination history and determine which vaccinations should be given today or in the near future
 - Prevent a child from receiving unnecessary vaccinations
 - Keep immunizations up to date
 - Verify and certify child’s completion of the vaccination schedule
 - Inform care givers for the next schedule
- **Possible adverse events following immunization (AEFI):** After vaccination, stay at vaccination post about 15 minutes for observation of any potential adverse events since Vaccines, like any medication, may cause some adverse events. Most of these adverse events are very minor, like injection site pain or redness, mild discomfort or fatigue, or a low-grade fever. These adverse events will completely be relieved within one to two days.
- **Cost:** The vaccine is free of charge.
- **Location:** The vaccination service is available in all health posts, health centers and hospitals. If there is any campaign or outreach session there will be additional temporary/mobile locations (such as schools, market and other institutions) where vaccination services will be provided.

Frequently asked questions on routine immunization is available in Annex 3. It is a reference for health workers, vaccinators, and community mobilizers.

7.2. Key Messages on COVID-19 vaccination

- **Benefit:** The vaccines protect people from illness, hospitalization and death due to COVID-19 disease.
- **Safety:** The vaccine is safe, and it has undergone through necessary trials as per WHO's vaccine manufacturing protocols. In Ethiopia, there is a quality assurance system (Ethiopian Food and Drug Authority) in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system.
- **Eligibility:** In Ethiopia, people 12 years of age and above are eligible for COVID-19 vaccination.
- **Number of doses:** The dosage and schedule of administration depends on the type of vaccines; most vaccines are using two doses but vaccine like Janssen is scheduled only to be administered once to complete the primary series. Booster dose will be given with the minimum interval of 6 months after the completion of primary series.
- **COVID-19 prevention:** Use face masks, frequent hand wash with soap and water, sanitize, and maintain physical distancing of at least 2 meters with others to prevent COVID-19 infection and transmission of the disease even after vaccination.
- **Possible adverse event following immunization:** After vaccination, stay at vaccination post about 15 minutes for observation of any potential side effects. Some people might feel pain/redness on injecting site or mild fever after vaccination which will go away after a few days. If they are persisting more than 3 days, advisable to go to the nearest health facility. Just like any other medicines, there may be a very rare chance of a severe allergic reaction or other serious injury.
- **Cost:** The vaccine is free of charge at governmental health facilities
- **Location:** The vaccination service is available in all health posts and health centers. If there is any campaign or outreach sessions there will be additional temporary/mobile locations (such as schools, market and other institutions) vaccination services will be provided.

Frequently asked questions around COVID-19 vaccination is available for the reference in Annex 4.

7.3. Key Messages on HPV vaccination

- **Benefit:** The vaccines prevent cervical cancer caused by Human Papillomavirus. Cancer is a disease in which cells multiply uncontrollably. When cancer develops in the cervix, or neck of the uterus, it is called cervical cancer. If the cancer continues to grow, it can spread to other parts of the body, beyond the cervix.

- **Safety:** The vaccine is safe and effective. Millions of people around the world have received the HPV vaccine without serious adverse events. In Ethiopia, there is a quality assurance system (Ethiopian Food and Drug Authority) in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system.
- **Eligibility:** In Ethiopia, the Ministry of Health recommends that girls aged 9-14 years should receive the HPV vaccine.
- **Number of doses:** one dose of HPV vaccines for girls aged 9-14 years of age will be administered.
- **Possible adverse events following immunization (AEFI):** The common adverse event following the HPV vaccine are pain and redness at the injection site, fever, headache, and nausea. They are usually mild reactions that resolve quickly and on their own. After vaccination, stay at vaccination post about 15 minutes for observation of any potential adverse events
- **Cost:** The vaccine is free of charge.
- **Location:** The vaccination service is provided in campaign mode in schools, health posts, health centers and temporary/mobile locations.

Frequently asked questions around HPV vaccination is available for the reference in Annex 5.

7.4. Key Messages on Measles vaccination

- **Benefit:** Measles is a very infectious viral disease that can be life threatening. It spreads easily from person to person. Measles also affects teenagers and adults and can lead to serious complications and fatalities in all ages. Hence vaccination is the best protection against measles. When vaccinating a child, it also protects the people around them, including those who can't be immunized themselves.
- **Safety:** The vaccine is safe and effective proven through many years of administration in many countries including Ethiopia. In Ethiopia, there is a quality assurance system (Ethiopian Food and Drug Authority) in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system
- **Eligibility:** It is one of vaccines the MOH providing in the routine childhood immunization program as well as need-based supplementary immunization campaigns. It also be administered at 9 and 15 months of age during routine immunization and from 9 -59 months during SIA.
- **Number of doses:** At least two doses of vaccination is required for full protection.
- **Possible adverse events following immunization (AEFI):** Vaccines, like any medication, may cause some side effects. Most of these side effects are very minor, like soreness where

the shot was given, mild discomfort, or a low-grade fever. These adverse events disappear within one to two days. After vaccination, stay at vaccination post about 15 minutes for observation of any potential adverse events

- **Cost:** The vaccine is free of charge.
- **Location:** The vaccination service is available in all health posts, health centers and hospitals. If there is any campaign or outreach session, there will be additional temporary/mobile locations (such as schools, markets, and other institutions) where vaccination services will be provided.

Frequently asked questions around measles vaccination is available for the reference in Annex 6.

7.5. Key Messages on Polio vaccination

- **Benefit:** Polio is a deadly disease with irreversible complications such as disability and deformity. There is no cure for polio, it can only be prevented through vaccination. The only way to protect a child against polio is to vaccinate with multiple doses of the vaccine.
- **Safety:** The vaccine is safe. It effectively protects the children from polio virus. In Ethiopia, there is a quality assurance system (Ethiopian Food and Drug Authority) in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system
- **Eligibility:** It is one of vaccines the MOH providing in the routine childhood immunization program as well as need-based supplementary immunization campaigns. The vaccine is given at birth, 6, 10,14 weeks of age and at 9 months of age
- **Number of doses:** At least three doses of OPV and 2 doses of IPV is required for full protection.
- **Possible adverse events following immunization:** Vaccines, like any medicine, can have adverse events. Most children who get the polio drop or injection have no adverse events. After vaccination, stay at vaccination post about 15 minutes for observation of any potential adverse events.
- **Location:** The vaccination service is provided in all health posts, health centers and hospitals. If there is any campaign or outreach session, there will be other temporary/mobile locations (such as schools, markets, and other institutions) where vaccination services will be provided.

Polio message bank is available for the refence in the Annex 7.

7.6. Key Messages on Oral Cholera Vaccination

- **Benefit:** Cholera is an extremely virulent disease that can cause severe acute watery

diarrhea. It takes between 12 hours and 5 days for a person to show symptoms after ingesting contaminated food or water. Cholera affects both children and adults and can kill within hours if untreated. The oral cholera vaccine (OCV) protects people from getting and developing severe forms of cholera and from spreading cholera to others. In order to stop cholera, it is also important to ensure clean water, adequate sanitation and good personal hygiene practices.

- **Safety:** The vaccine is safe and effective. In Ethiopia, there is a quality assurance system (Ethiopian Food and Drug Authority) in place to ensure that vaccines are as safe as possible and are closely monitored throughout the immunization delivery system.
- **Eligibility:** every one with the age above 1 years of age can take oral cholera vaccine. Can be safely given also for people with sever disease of HIV or tuberculosis.
- **Number of doses:** If you take two doses, it is protective for at least three years. It does not cover other causes of diarrhea. Even after taking the vaccine, it is important to practice good hygiene, treat the water, practice good sanitation and get treatment if they get sick.
- **Possible adverse event following immunization:** It is safe and has mostly minor adverse events. Very rarely people have abdominal discomfort or diarrhea, but it lasts a short time. After vaccination, stay at vaccination post about 15 minutes for observation of any potential adverse events.
- **Cost:** The vaccine is free of charge.
- **Location:** If there is any campaign or outreach session, the vaccines will be provided in health center, health post, other health facilities, or temporary/mobile locations (such as schools, markets, and other institutions) where vaccination services will be provided.



8. Risk and Crisis Communication

To ensure timely management and response of rumors, misinformation, disinformation, negative sentiments, and public concerns on the safety of the vaccines, below risk communication plan is developed for clear actions to take before, during and after the crisis. It will also help on mitigation of the impact of rumors and crisis related to adverse events following immunization. This includes information on Crisis Response Team, key stakeholders and influencers to be engaged during a crisis; key media and communication channels to be used, digital engagement activities like social listening and tools and materials that will be required for crisis assessment and response.

The following issues are identified as potential crisis/risk for immunization program in Ethiopia. These issues are not exhaustive and will be updated as new information becomes available.

	Issue	Event	Crisis
Vaccine-Preventable Diseases Landscape	Mistrust on the safety of HPV vaccines	Misinformation and rumours about vaccine causing infertility and cancer	Mistrust and rejection of HPV vaccine
	COVID-19 vaccine mistrust spillover	Rumours and misinformation that foreigners are testing vaccines on Ethiopian and vaccines under routine immunization are one of those vaccines	Mistrust and rejection of vaccination

	Issue	Event	Crisis
	Mistrust on frontline workers for fear of COVID-19 spread	Rumours and misinformation that vaccinators can spread corona virus	Mistrust and rejection of vaccination
Rumours and misinformation	Online and off-line (community level) rumours and misinformation	Misinformation, rumors and fake news on vaccines on social media and other media	Widespread misinformation on vaccines; mistrust and rejection of vaccination
	Negative or inaccurate local or regional media coverage	National or local media provide inaccurate information about vaccines and vaccination campaign based on incorrect information	Widespread misinformation; mistrust and rejection of vaccination
Vaccine Safety	Vaccine related events: Adverse Events Following Immunization	Reports on vaccine-related death or sickness, side effect (real or fake) escalated by media and social media lead to misinformation and rumours that vaccine makes children sick and die	Mistrust and rejection of vaccination; Reputation risk to Ministry of Health and partner agencies; Harassment and/or attack on vaccinators
Regulatory	Vaccines distributed under EUL such as nOPV2 and COVID-19 vaccines	Inquiries into using nOPV2 under EUL in Ethiopia amplified by media and on social media can cause confusion and doubts about nOPV2	Mistrust and rejection of nOPV2. Politicization of vaccination, polio programme becomes hostage of political efforts

A core team (focal from AEFI committee, Communication Working Group, Media Monitoring Team of MOH and relevant stakeholders) will be formed for coordinating and managing crisis communication with the following key functions:

- Development of SOP for managing crisis communication
- Development of content and guidance to detect and respond to rumors, misinformation and disinformation with a real-time rapid response on both online and offline platforms

- Development and dissemination of key messages
- Ensuring provision of urgent and real time response based on potential impact
- Ensuring immunization program and stakeholders speak with one voice
- Building close partnership with media agencies

- Organizing trainings of media and spokespersons align with media engagement package
- Communicating with affected population and other audiences in case of AEFI

By using the below risk assessment indicators³⁹, the core team will determine the level of response protocol best suited to diffuse a crisis.

Indicator	Low Risk	Medium Risk	High Risk
Risk to Vaccine Acceptance	Little to none	Potential or possible	Impacting already
Reach and Scope	Limited	Multiple mediums or districts	Widespread or nationwide
Likelihood of Spread	Unlikely	Moderate	Highly likely
Capacity to Respond	Messaging ready and training done	Messaging not ready or training not done	No messaging and no training
Trust in Vaccines and Health Systems	Strong adherence and support	General acceptance even if hesitant	Outward displays of mistrust

Figure 6 Risk Assessment Indicators

The core team will develop proper response based on the level of risk as mentioned below.

Risk Level	High	Medium	Low
Recommended Response	Debunk and actively refute the rumor through trusted voices	Deploy educational content and consider inoculation messaging	Monitor and ensure readiness

³⁹ GPEI's risk assessment indicators

In case of any crisis:

Vaccinators need to reassure the communities that the vaccine is given to protect from vaccine-preventable diseases and explain on key messages. If a person recently vaccinated has fallen seriously ill after vaccination, the vaccinators need to:

- 1) Immediately start treatment,
- 2) Refer to the appropriate health center as needed,
- 3) Gather details about the health problem, timing of health problem and timing of receipt of vaccines,
- 4) Contact and report supervisor with details,
- 5) Do not speak to the media regarding the event,
- 6) Link the media to the AEFI focal point/spokesperson, and
- 7) Let the community know that the investigation being carried out by the government but do not give incorrect/false information.

Social Mobilizers need to:

- 1) Reassure the community that the vaccine is safe and is given to protect people from vaccine-preventable diseases,
- 2) Ask the vaccinator to explain targets on possible minor adverse events and what should be done if there is any minor side effect,

- 3) If they see a person has fallen seriously ill after vaccination, refer to the health facility
- 4) Do not talk to the media regarding the event and link to the right person/spokesperson.

Supervisors need to:

- 1) Communicate with the AEFI committee and crisis communication spokesperson immediately if there are any rumors or an AEFI incident,
- 2) Communicate to the vaccinator that they should refer all concerns from either public or media regarding the vaccines to supervisors,
- 3) If it is a rumor with minor concerns on adverse events, explain communities with key messages,
- 4) Do not talk the media regarding the event and link to the regional spokesperson.

All health workers, volunteers and stakeholders will also need to be mindful about what they post on social media including Facebook, WhatsApp, Telegram, etc. on the vaccines and vaccinations. Sharing on constructive and upbeat experience or story on their experience on getting the vaccination is strongly encouraged. If there is any rumors or misinformation, do not give reaction, reshare or repost the information but instead report it to relevant person immediately for timely and proper action.



9. Monitoring and Evaluation Framework

In order to ensure effective demand promotion programming and implementation, monitoring and evaluation is a critical component. Systematic and institutionalized monitoring of the implementation of immunization demand promotion activities and the results achieved is an integral part of this plan of action. Data will be collected through a variety of methods such as research, rapid assessment, surveys, reports, field visits and observations to manage and communicate performance levels and program achievement.

The below list are key activities on monitoring and evaluation:

- Standardize the routine monitoring indicators on demand for immunization at the national level in consultation

with sub-national counterparts and develop standardized reporting template for vaccination demand activities

- Integrate demand promotion related indicators and checklists in the supportive supervision checklist
- Liaise with M&E team on inclusion of recording and reporting of demand promotion on immunization related indicators at national and sub-national level
- Set up digital platform for reporting on demand for immunization activities and it can be as simple as Google Sheet
- Conduct BeSD of vaccination qualitative and quantitative assessment

- Pre-test and prototype test of demand promotion interventions and materials
- Conduct annual review meeting on demand promotion interventions with national and subnational level teams (collaborating, learning, and sharing etc.)
- Evaluation of demand interventions after implementation of the demand plan of action (2024-2025)
- Identify, monitor and follow up on research questions on immunization demand in partnership with Research Advisory Committee, Ministry of Health

Core indicators on demand for immunization are listed as below.

Demand creation/promotion and communication Indicators

- Percentage of parents/caregivers who want their child to get “all” of the recommended vaccines (gender segregated data requires)
- Percentage of parents/caregivers who say most of their close family and friends want their child to be vaccinated (gender segregated data requires)
- Percentage of parents/caregivers who believe that the childhood vaccines are safe (gender segregated data requires)
- Percentage of parents/caregivers who report difficulty of getting the scheduled routine immunization for their children (gender segregated data requires)

- Percentage of individuals who trust COVID-19 vaccine (gender segregated data requires)
- Percentage of individuals who report difficulty of seeking the vaccination service (gender segregated data requires)

Output Indicators

- Updated demand generation plan of action including risk/crisis communication
- Number/percentage of population reached with demand for immunization interventions
- Number/percentage of population engaged in demand for immunization interventions
- Number of HEW/WAD/volunteers trained on IPC-I
- Number of social & behavioral assessment on immunization practices conducted

Learnings Questions

- To assess the effectiveness of specific demandforimmunizationinterventions such as community dialogue session and mixed interventions in different contexts across woredas with high number of zero-dose communities.
- To identify social and behavioral drivers of immunization specific to the socio-demographic situations such as agrarian, pastoral, urban and underserved communities.

- To assess the effect of health workers interaction/interpersonal communication with mothers or caregivers and adolescent girls on demand and adherence of EPI service uptake
- To assess utilization and impact of IEC materials to improve vaccine uptake among the community
- A survey on trusted sources of information and message preference related to the routine including HPV and COVID-19 vaccines among the community
- A survey on COVID-19/routine vaccine acceptance and concern among youth and young caregivers respectively

Documentation and Knowledge Management

Following activities will be done as part of documentation:

- Report/case studies on achievement, lesson learned, challenges and best practices on communication, community engagement and social mobilization
- Photo-essay, photo-documentary, and short video documentaries
- Human Interest Stories and case stories from the field by different stakeholders
- Experience sharing on best practices of demand for immunization interventions at different levels
- Create a digital space to archive and store documentation related to demand for vaccination by utilizing existing platforms such as MOH website
- involve community members at information and experience sharing sessions and/or annual review/reporting

10. Implementation Plan

The following steps will be key in the implementation of the plan of action:

- National Communication Technical Working Group (C-TWG) is responsible to steer the overall implementation of the plan of action to strengthen demand for immunization services (Terms of Reference for C-TWG is enclosed in Annex 6)
- C-TWG meet on monthly and ad hoc basis to finalize the budgeted implementation plan with timeline and submit to the MOH
- The MOH review the plan of action and provide endorsement
- Dissemination and consultation workshop with RHBs to adapt regional plan of action
- C-TWG to follow up with the production and dissemination of the demand promotion materials and tools as highlighted in the plan of action.
- Implementation of demand promotion interventions at national and subnational levels
- Ensure the regular monitoring, reporting, supportive supervision and evaluation of demand promotion interventions at national and subnational levels.
- Conduct annual review meeting on the implementation status, challenges and lesson learnt on demand promotion interventions at national and subnational levels.

10.1. Costed Implementation Plan with Timeline (2024-2025)

No	Activities	Level of Implementation	Total Budget (USD)	Funding Source	Implementation period		Remark
					Y1	Y2	
1	Launch of National Demand Promotion Plan of Action with different stakeholders	Nat.	7,000	UNICEF	X		
2	Conduct National Communication & Community Technical Working Group meetings (monthly and ad hoc)	Nat.	14,000	C-TWG member agencies	X	X	
3	Conduct Regional Communication & Community Technical Working Group meetings (monthly and ad hoc)	Sub Nat.	180,000	C-TWG member agencies	X	X	
4	Conduct specific advocacy sessions in conflict affected areas, urban slums, and pastoralist areas to ensure reaching every child and eligible community members with vaccination	Nat & Sub Nat.	40,000	UNICEF	X	X	
5	Adapt, contextualize and digitalize interpersonal communication for immunization training package into Ethiopia context	Nat & Sub Nat.	150,000	UNICEF	X		
6	Train HEW on interpersonal communication skills for immunization in prioritized woreda	Nat & Sub Nat.	450,000	UNICEF		X	
7	Support community mobilizers to facilitate vaccination dialogue with community members during house-to-house visits, health facility visits or meeting for social/religious occasions.	Sub Nat.	250,000	Gap		X	

8	Build capacity of EPI/EPHI/HP officers to monitor, report and address rumors, misinformation, and disinformation on vaccination (RI, COVID-19, HPV, etc.) at national level	Nat & Sub Nat.	55,000	UNICEF	X	
9	Build capacity of health workers and community mobilizers to monitor, report and address rumors, misinformation, and disinformation on vaccination (RI, COVID-19, HPV, etc.) at sub-national level	Nat & Sub Nat.	350,000	Gap		X
10	Train the journalists and reporters to further advocate vaccination practices and participate in responding to rumors, misinformation, and fake news	Nat & Sub Nat.	50,000	UNICEF	X	X
11	Develop standardized theme on immunization program by utilizing local culture and tradition of Ethiopia and immunization theme song/s in collaboration with local artists	Nat & Sub Nat.	5000	Private Sector	X	X
12	Appointment of vaccination ambassadors to promote supportive norms around complete dose of vaccination	Nat	-	Private Sector		X
13	Mobilize social media influencers on promoting vaccination practices especially during campaign, SIA, African Vaccination Week, World Polio Day, etc.	Nat & Sub Nat.	120,000	Gap	X	X
14	Production and dissemination of print, mass, & ambient media	Nat & Sub Nat.	300,000	Gap	X	X
15	Train designated spokespersons at national and regional level on media handling and public relation skills to be able to address questions posed by the public, building trust, creating messages for communications, and addressing mainstream media and social media	Nat & Sub Nat.	20,000	Gap		X

16	Apply behavioral insights to create vaccination reminder system and to promote immunization card retention rate among caregivers	Nat & Sub Nat.	300,000	UNICEF	X	
17	Contract HCD training agency for the federal level face-to-face TOT training	Nat & Sub Nat.	80,000	UNICEF	X	
18	Contract Research Agency to conduct two round assessments (baseline and end line) on behavior and social drivers (BeSD) of vaccination among communities with high number of zero dose for special populations	Nat	19,230.38	Gavi HSS	X	
19	Conduct two Coordination/Dissemination Meetings/ Workshops with 130 participants per session from MOH, Agencies, RHBs, partners and medias for 2 days each (MOH*35, RHB*65, Agencies*5, Partners*15, media*10)	Nat	50,276.00	TBC – partner agency	X	
20	HCD training for actionable strategy development for 52 RHB SBC/EPI experts, 23 EPI experts of MOH and 1 Higher official from MOH, three days training with additional refresher training (1 initial training and 1 refresher training), 10 from partners	Nat	18,598.00	Gavi HSS	X	
21	Regional level Cascade HCD training for Zonal EPI experts, woreda EPI experts and Hospital EPI focal (one EPI expert from each 86 zones, one EPI expert from each of 447 woredas and one EPI focal from each hospital a total of 756 Participants and 60 trainers and total of 816 trainee with trainer. Frequency: Each session will have 48 participants, hence 17 number of sessions.	Sub Nat	172,087	Gavi HSS	X	

22	Woreda (PHCU) level Cascade HCD training for HCs EPI focal and HP EPI focal (one EPI 86 zones, one EPI expert from each of 447 woredas and one EPI focal from each hospital a total of 756 Participants and 60 trainers and total of 816 trainee with trainer Number of participants per session is 50 and total number of sessions is 728.	Sub Nat	3,680,700	Gavi HSS	X	
23	Develop tailored and nutrition integrated key messages on immunization with inclusion of sign languages based on the findings of HCD and assessment that encourage male involvement, empower women and disseminate through appropriate communication channels. (Develop and print tailored banner and poster message)	Sub Nat	461,466.35	Gavi CDS2 & partner agencies	X	
24	Document best practices, lesson learned and challenges on tailored interventions and HCD application for further dissemination	Nat & Sub Nat.	20,385	Gavi HSS	X	
25	Conduct Community dialogue at kebele level with WDA, religious leaders, village leaders, clan leaders, Abba Gada giving priority for 447 woredas with High zero dose and under vaccinated children - in 8821 Kebeles (50 Participants will participate in each session and in each kebele only one session will be conducted	Sub Nat.	1,906,226	GAVI HSS&GAVI CDS	X	
26	Conduct Woreda level advocacy workshop to Implement community-based tailored demand promotion interventions at facility/community levels in 447 woredas (women affair, women association, youth league and association, religious leaders, Education office, who, especially to encourage and promote male involvement in immunization and for EPI nutrition nexus - 447 woredas	Sub Nat.	958,471	Gavi HSS	X	

35	National level Advocacy workshop for Faith based organizations (such as Inter Religious Council) based on identified gap to engage them support demand promotion in areas with high number of zero dose children (200 community-based organizations in 447 zero dose and under vaccinated woredas found)	Nat	5,952	Gavi HSS& partner agencies	X	
38	Conduct two rounds of high-level advocacy workshop targeting ministries and parliamentarians to generate political and financial commitment	Nat	24,615.38	5,625(CDS 3) Gap	X	
51	Conduct advocacy w/s at national level Civil Service Commission	National	11258		X	
27	Sensitization of national and regional hotline/call center counselors on immunization demand promotion including IPC-I skills (50 counselors, once per year	Nat & Sub Nat.	10,644(G HSS) (6541 WB) =17185	Gavi HSS&WB	X	
28	Orient local volunteers on the mobilization tools and provide sensitization training in areas hard to reach and zero dose children are high (447 woredas)	Sub Nat.	94,558.00	Gap	X	
29	Monitor implementation (field trips, hire focal representatives etc.) supportive supervision by Regional Experts	Sub Nat	51,540	Gavi HSS	X	
30	Orientation for faith-based organizations and stake holders (like Girl Effect) on gender equity, women empowerment and youth/adolescent engagement as well as male engagement and engaging disability associations around immunization program activities more focusing on young care givers and adolescent girls for RI and HPV vaccination respectively	Nat & Sub Nat.	42,712	Gavi HSS	X	

31	National level Workshop with media agencies and women organizations (Ministry of Women & Social Affairs, Women Forum, Women associations, Youth association,) on developing and implementation of women empowerment, male involvement strategies	Nat	9,548	Gavi EAF	X	X
32	Conduct regional level sensitization Workshop based on the findings of assessment and HCD with media agencies (including community radio) and women organizations like Women & Social Affairs Bureau, Women Forum, Women associations, Youth association, Women Development Army, etc. On developing and implementation of women empowerment, male involvement strategies, youth and adolescent engagement on positive social norms on RI immunization, HPV, Td etc.	Sub Nat	276,375	Gavi EAF	X	
33	Sensitize the community health platform, such as Women Development Army (WDA) structures about zero dose, RI, HPV, VPD surveillance and the role of male engagement and to give special focus for the young care givers and adolescent girls by giving appropriate information about RI and HPV vaccination 367 prioritized wordas	Sub Nat	820,104	Gavi HSS	X	X
34	Organize two national level consultative workshops with stake holders (eg. Federation of Ethiopian People with Disability Association (FEAPD) and other stake holders) supporting immunization program at national and subnational level, especially those working in areas with high number of zero dose children (CSOs from 86 zones and 14 national team) in areas with high number of zero doses and under vaccinated children)	Nat	46,730.00	UNICEF	X	

36	Develop and print community dialogue material to be used by CSOs, CBOs, FBOs and local community actors to guide discussion and dialogues during community conversation by engage religion leaders, clan leaders, community labs, pregnant women monthly health conference plat forms, to identify and track and address rumors, misinformation, and mistrust relating to immunization as well as tracing and referral of defaulters	Nat & Sub Nat.	8,482	Gavi HSS	X	
37	Organize regular stake holders annual regional level coordination meetings to track and follow-on progress updates on demand promotion interventions that will address the Gender related barriers in immunization	Nat	330,900.00	Gap	X	
60	Regional level Advocacy workshop with regional Councils and cabines	subnational	70,646	CDS3	X	
70	Advocacy workshop with leadership, Partners, influential persons to aware about COVID-19 vaccine integration into routine immunization and other PHC at national, regional, zonal and wereda level	National, and subnational	2,008,263	WB	X	
39	Develop advocacy materials and roll out evidence driven advocacy campaigns targeting leaders of zero doze and under vaccinated woreda	Nat	17,307.00	Gavi EAF	X	
40	Conduct regular review meetings at national level with trained media professionals to strengthen local level network	Nat	25,211.54	Gap	X	
41	Conduct regular review meetings at regional level with trained media professionals to evaluate their performance, identify the challenge they faced and their gaps and put the next action and strengthen local level network	Sub Nat	327,750.00	Gap	X	

42	Sensitization meeting with school principals will be conducted at 215 securities affected woredas	Nat & Sub Nat.	412,593	Gavi HSS	X	
43	Conduct review meeting at kebele level with WDA, Clan leaders, religious leaders, village leaders, social mobilization committee and HEWs (a total of 50 participant in each kebele will attend the R/M. The R/M will be held in 8821 kebeles)	Sub Nat	3,180,649	Gavi HSS	X	
44	Ideation, prototyping and pre-testing sessions with HCWs at selected conflict affected areas, hard to reach areas and woredas with high zero dose. Ideation meetings will be conducted with HCWs from 447 High zero dose and under-vaccinated children will be part of the meetings for 5 days including the traveling days in each regions (100 woredas will be selected randomly from 447 woredas for the ideation session, and 2 who Experts, 3 HCs EPI focal and 5 HEW in one woreda)4 from regions and 2 from zones in each region (No of zone =10)	Sub Nat	95,660.38	UNICEF	X	
45	Automated digital reminder (under immunized) develops SMS reminder message to the identified care givers of under vaccinated children on quarterly bases.	Nat	321,839	CDS3	X	
46	Organize and conduct caregiver's journey mapping exercise at health facilities & communities with high number of Zero dose in each region.	Sub Nat	13,900	UNICEF	X	
47	Digitalization of demand promotion training package, SBC tools, and materials and integrating into existing digital learning platforms for health workers	Nat	120,000	Gap	X	
48	Develop immunization chat bot for caregivers who have access to mobile phone for vaccination related messages and reminders	Nat	220,000	Gap		

49	Ideation, prototyping and pretesting on digitalization of family health card by utilizing HCD approach	National	350,000	Gap	X	
50	Conduct regional multi-sectoral advocacy w/s for Health and gov officials	Sub national	166,845		X	
52	Conduct annual forum with CSOs	National	9986		X	
53	Conduct two days Familiarization w/shop	National	118191		X	
54	TV and radio dialogs on immunization annually	National and subnational level	80,645	Gap	X	
55	Four TV and Radio spots on routine immunization	National and subnational level	496763(329,847 CDS3) +(176916WB)	CDS3&WB	X	
56	Harmonize, develop and distribute messages (TV spot, radio spot, IEC/BCC materials etc.) for new vaccine introductions, SIAs and routine immunizations	National and subnational level	No cost	--	X	
57	Conduct IEC/BCC material distribution auditing	National		World Bank	X	
58	Conduct rapid inquiry around behavior and social drivers of immunization practices among the marginalized communities	National	125,000	UNICEF & EHEHPA	X	
59	National level Consultative workshop with Key stake holders to address the Low vaccine uptake among HCWs and people with comorbid health condition by identifying Barriers for vaccine acceptance	National	20218(5,530 CDS3) (14688 WB)	CDS3	X	
61	District/ Woreda level advocacy meetings with Education office, Woreda Women and child affair, social affair to facilitate School-based mobilization activities in 1111 woredas in 13 regions	subnational	856,882	CDS3	X	

62	Deploy Audio mounted vehicle to mobilize the community at least at Zonal and Regional Towns	Sub national	230,481	CDS 3	X	
63	Conduct panel discussion on Covid-19 vaccination at national level TV outlets	National	133,731	CDS3	X	X
64	National level Covid-19 vaccination Campaign launching	National	6006	CDS 3	X	
65	Regional level Covid-19 vaccination Campaign launching	subnational	67177	CDS3	X	
66	Social media message development and design to be posted on social medias outlets	national	1881	CDS3&UNICEF	X	X
67	Community level discussion on Covid-19 vaccination in IDPs, urban settings and Refugee Camps	Sub national	124,356	CDS3		X
68	Press conference at national level on COVID-19 vaccine	National	952	CDS 3	X	
69	Press conference at regional level on COVID-19 vaccine	Sub national	12,381	CDS 3	X	
71	Sensitization workshop with Media professionals at national and regional level	National and subnational level	124,875	WB		
72	Develop and distribute COVID 19 vaccine integration into routine immunization and other PHC demand promotion job aid	National	72,652	WB	X	
73	Community sensitization meetings for people with disability in all regions	Sub national	140502	GAP	X	
74	HCD training manual printing For HWs (Hosp & HCs)	Subnational	10,000	Gap	X	

Annex 1: FAQ on Routine Immunization (Reference for health workers, vaccinators, and mobilizers)⁴⁰

1. Childhood diseases are part of the normal process of a child's development. Why should I prevent this by having the baby immunized?

Some childhood diseases cause mild symptoms, but many can cause serious illness, disability, or even death in young children. Immunization protects your baby from several of these serious childhood diseases.

Diseases like measles and whooping cough harm many children. Many children do not survive or are permanently harmed by these diseases. With childhood immunization, we do not have to lose our children to these diseases, and they do not have to suffer from them.

Completing the immunization schedule gives your child a better chance to develop into a healthy adult.

2. I have not seen these diseases you are talking about. Why should I vaccinate my child against something that does not affect people here?

Vaccines save millions of children from illness and death, and the diseases they prevent still exist. We have seen time after time that these diseases start making children sick again once parents stop vaccinating their children or start delaying immunization.

Sometimes, the germs that cause the diseases are still in the environment. Other times, newcomers or visitors bring them into the community. When children contract these diseases, they suffer. Some children even die.

If you have any doubt about the need for vaccines, ask people in your parents' or grandparents' generation what it was like when so many children died or suffered permanent damage from diseases like measles and polio.

Parents who fully vaccinate their children and vaccinate them on time help protect their children and all the other children around them.

3. What happens if I do not immunize my child?

If not immunized – or if immunized only once or twice with vaccines that need to be given three times – your child's body will not be prepared to fight these diseases.

If exposed to one of these diseases, your child could become seriously ill.

If many children in the community do not get immunized, then a disease like measles could affect many children and there could be a devastating outbreak of the disease in the community.

4. Do children get protection from diseases from their mother during pregnancy/through breastfeeding?

Mothers do pass on protection against some diseases to their baby during pregnancy and through breastfeeding (particularly in the thick, yellowish milk produced in the first few days after birth).

The immunization schedule was developed so that when the protection from the mother becomes weaker, the vaccinations will take over and protect the child.

⁴⁰ <https://ipc.unicef.org/index.php/>

5. Should my child get vaccinated after being exposed to Measles, Mumps, or Rubella?

If your child does not have immunity against measles, mumps, or rubella and are exposed to someone with one of these diseases, talk to a health professional about getting the relevant vaccine (s).

It is not harmful to get MMR vaccine after being exposed to measles, mumps, or rubella, and doing so may possibly prevent later disease.

During outbreaks, everyone without evidence of immunity should be brought up to date on their MMR vaccination. Sometimes during measles and mumps outbreaks, an additional dose of MMR may be given.

6. What difference does it make if my baby misses one or two appointments? Will the vaccines not work?

To be fully immunized, your child needs all doses of all vaccines in the recommended schedule. If your child does not receive the full number of doses, they are at risk for serious diseases. It is highly recommended to stay as close as possible to the recommended schedule to prevent that risk. Until the entire vaccine series is received, the child does not have the maximum protection against the diseases.

If a child is behind on the immunization schedule, a vaccinator can determine the proper catch-up schedule. An interruption in the schedule does not require a child to start the series over for any vaccines.

7. Why is the schedule so important? I cannot always make it here on time.

It is understandable how hard it can be for the caregivers/parents to follow the schedule.

The immunization schedule has been designed so that each vaccine is given at the age that provides the best protection for children.

They are scheduled so the infant will be protected when the protection from the mother wears off. They are also scheduled for when each particular vaccine will work best, according to the tests done before the vaccine is approved for public use (and sometimes again based on experience implementing the vaccine).

Please try your best to bring the child for immunization on time. The more days your child is eligible for immunizations but does not receive them, the more days they are at unnecessary risk for serious diseases.

8. What should I do if I have to miss an immunization appointment?

If you miss a scheduled immunization, bring your child to the next immunization session to catch up. Every day that your child is late for an immunization is another day that your child is at risk for a preventable disease.

9. Can vaccines hurt my child?

You, understandably, do not want your child to be hurt.

Vaccines actually spare your child the pain and danger of many serious childhood diseases. However, vaccines can cause slight discomfort and/or a fever. Both go away within a day or two.

10. How common and serious are side effects that may come from immunizing my child?

Some pain when the needle goes in is normal and lasts only briefly.

Some children get a slight fever or maybe redness or swelling at the injection site, but that is normal. Those reactions go away by themselves. A lukewarm bath or paracetamol to lower the fever can help in the meantime.

The BCG (bacilli Calmette–Guerin) vaccine will leave a small sore that heals quickly.

Discomfort, tenderness or soreness at the injection site is minor compared to the serious diseases that these vaccines can prevent.

11. Why do some children have a fever and poor appetite after immunization and what should caregivers do?

A child who has a fever or feels sore may be irritable and not eat as well as normally.

Feed patiently and give favorite foods (especially breast milk).

If the fever does not go away within three days, take the child to a health worker. The fever might be due to another problem, not the immunization.

12. If my child gets a fever after immunization, should they still get more vaccines?

Yes, your child should receive all immunizations on the basic schedule.

Fever following the DTP-Hep B (diphtheria, pertussis, and tetanus; hepatitis B) vaccine in particular, but other vaccines as well, is normal.

Fever is a sign that the body is preparing to fight the diseases. Fever after immunization usually begins within 24 hours after the injection and lasts one or two days.

If the fever is very high or lasts more than two days, please bring the child back because they might have something wrong that is not related to the vaccines.

13. Should I still bring my baby for the immunization appointment if they have a fever, a cold, or diarrhea?

Yes. If you are very concerned, you can contact a doctor ahead of the scheduled vaccination, or when you bring your baby for the visit, the nurse or doctor will examine them and let you know if immunization should be postponed.

Immunizing a child who is not seriously ill will not harm the child and will not make the illness worse. Children with a cold, an earache, a mild fever, or diarrhea, for example, can be safely immunized.

In fact, a child who is malnourished or ill with a cough, a cold, diarrhea, or a fever is weakened and particularly vulnerable to disease. Therefore, it is very important to keep to the immunization schedule as long as the child does not have a high fever (>38.5°C/101.3°F) or is not so sick that they need to be hospitalized.

14. Why does my baby need so many vaccines?

It can seem like there are a lot of vaccines but thank goodness our children can be protected from so many illnesses.

The moment a baby is born, they are exposed to illnesses that pass from one person to another.

Doctors and scientists develop vaccines to teach the body to fight off several illnesses.

The vaccines your child gets will protect them from these dangerous illnesses. Most vaccines require more than one dose to provide the best protection.

Not too long ago, we had few vaccines to protect our children. Many more children got very sick or even died from diseases that can now be prevented with vaccines.

15. Why does my baby need so many vaccines at once?

Vaccine schedules are designed to provide maximum benefit from the vaccines. Young children are more vulnerable to more diseases than adults and older children. The sooner they can be safely immunized, the better.

Every day, all over the world, babies safely receive multiple immunizations.

It takes time to bring the baby in, and other life problems can make visiting the clinic difficult. Giving several vaccines at once avoids extra trips to the clinic and also ensures more children get all the vaccines, they need to be protected against the diseases the vaccines prevent.

16. I heard that giving several vaccines in one day can overload the immune system. Can you give my child just one today?

It is understandable why you might think that but consider how many germs your child's body fights off every day. Everything they put in their mouths has germs, but the body fights off the vast majority of them. Otherwise, your child would be always sick (or worse).

Vaccines only have killed or extremely weak versions of germs (to teach the body how to fight the real thing). Your child's body has no trouble handling them.

We have immunized many, many children at this facility and have not seen any problem from giving several vaccines during the same visit. In the same visit, we always give different injections in different spots on the child's body. This avoids the child getting too sore in one area.

Your child is more likely to be harmed by delaying a vaccine, since they might be

exposed to the disease and become sick during that delay. Before vaccines are introduced together, medical research is done to be sure they are safe when given together.

17. What do you mean by 'combination vaccine'?

Two or more different vaccines are sometimes combined into a single injection. These combination vaccines offer protection for your child against more than one disease with a Single injection.

They reduce the number of injections your child needs, as well as the number of visits to the health center. This is easier on your child and saves you time and effort.

18. What about vaccines and autism?

There is no evidence of a link between the MMR vaccine and autism or autistic disorders.

The 1998 study that raised concerns about a possible link between the MMR (measles-mumps-rubella) vaccine and autism was later found to have very serious mistakes and made-up data. The paper was later retracted by the journal that published it. Ten of the 12 authors on the paper endorsed the retraction and rejected the original interpretation. Unfortunately, the article set off a panic that led to dropping immunization rates, resulting in outbreaks of diseases.

19. I have heard that some children get diseases that they have supposedly been immunized against. How can this be true?

Unfortunately, no medical intervention works perfectly. The vaccines we provide are extremely effective when the child receives all of the doses needed. Nevertheless,

since vaccines are not 100% effective, a small number of vaccinated children will still get the disease. Their bodies do not respond strongly enough to the vaccine.

The vaccine still helps them though. They will get less sick than if they had not been vaccinated, because their bodies are at least partially prepared for the disease.

20. Traditional methods have protected my family for generations. Why should I believe immunization will be better for my child?

It might seem hard to believe that immunization makes a difference because we do not often see the harmful effects of these diseases anymore. Before immunization was widely adopted, families expected one or more of their children to die before reaching the age of five years. Many of these children died from measles, polio, tuberculosis, whooping cough (pertussis), and tetanus. Today, immunization protects children from these and other diseases, so more children grow well and survive.

21. Do vaccines contain prohibited materials? I do not want such materials in my child.

Vaccines are designed to be acceptable to people of all religions. This is important because for immunization to protect the most people, as many people as possible need to be immunized. Islamic scholars determined that the transformation of pork products into gelatin alters them sufficiently to make it permissible for observant Muslims to receive vaccines containing pork gelatin.

Vaccines are made mainly from germs, or pieces of them, that cause the diseases. However, the germs in vaccines have been weakened or killed so they are no longer harmful to the child.

To ensure that vaccines remain sterile, effective, and safe, they also contain very small amounts of chemicals that have been tested extensively and found to be safe.

22. Why does the BCG vaccine cause a wound?

BCG causes a reaction in the skin where it is given. This shows that the vaccine has worked and the child's body is becoming protected from some serious forms of tuberculosis.

23. I have never heard of Hib. Why should I immunize my child against it?

I did not always know what Hib was either. Then I learned that it is a dangerous germ that causes many of the pneumonia and meningitis cases we see – or used to see.

The Hib vaccine prevents serious types of pneumonia and meningitis and saves thousands of lives every year.

If the caregiver wants to know, Hib stands for *Hemophilus influenzae* type B.

24. Why does my child need to keep being immunized against polio?

Oral polio vaccine (OPV) is safe and effective, and every dose brings a child closer to being fully protected against polio. It takes multiple doses of OPV to achieve full immunity against polio. Although wild polio disease has been eliminated from many countries, it still exists in others, so unprotected children could be infected. When the virus is eradicated worldwide, we will be able to stop using polio vaccine. However, as long as polio exists in the world, our children need protection against it.

25. People say that vaccines cause sterility. What can you tell me about such things?

There is nothing in vaccines that prevents future pregnancy. I am sure that many women in your community who were immunized as children or while pregnant later got pregnant and had babies. And of course, many men who were immunized as boys later became fathers. Immunization is a safe and effective way to reduce deaths from vaccine-preventable diseases and has been in use worldwide for many years.

26. How do I know that immunization does not cause HIV/AIDS?

Sharing needles with someone who has HIV can possibly spread HIV, but we do not reuse needles for immunization or any injections. If non-reusable syringes are used, show the caregiver how they work. Unfortunately, pregnant women with HIV can pass the virus to their babies. This is not related to immunization. It can happen whether or not the mother or child is immunized since there is not yet an AIDS vaccine.

27. I do not know where the vaccines come from. How do I know they are safe?

Vaccines are among the safest health products in the world. They are extensively tested for safety before being accepted into immunization programs, and they are made in specialized manufacturing plants all over the world. They generally are made from killed or weakened pieces of the germs that cause the diseases. Every vaccine is tested and approved by the World Health Organization before it reaches any country.

28. Why should I trust what you tell me about vaccines?

I regret that you might not trust me, but please know that the recommendations I

am making are made all over the world. Some countries are lucky to give even more vaccines to their children. I would like you to trust me because I have your child's best interests at heart. But if you would like to speak with another healthcare professional, I will try to arrange it. I make sure my own children have all recommended vaccinations, so clearly, I am very confident in vaccinations.

29. If I still have concerns about having my child vaccinated, where can I learn more?

I can see if a doctor is available to speak with you, or you can make an appointment to speak to one later. Here are some links to information on vaccine safety:

<https://www.moh.gov.et/site/node/35>

http://www.who.int/vaccine_safety/en/

www.cdc.gov/vaccinesafety/index.html

<http://immunize.org>

There is a lot of false information about vaccination on the Internet. It is best for people to use only web sites from reputable organizations such as the ones above.

30. Do I have to pay for immunization?

Immunization service is provided free of charge by the government of Ethiopia.

31. I lost my child's immunization card. Can they still be immunized?

Just tell a health worker that the card is lost, and they will give you a new one free of charge. Please keep the card in a safe place and always bring it when the child is going to see a health worker. The card is important for you and the health worker to know for sure what vaccines your child has had or needs.

Annex 2: FAQ (COVID-19 Vaccination)

1. Why should I be vaccinated?

COVID-19 vaccines provide you with protection against COVID-19. This greatly reduces your risk of becoming severely ill or dying from this disease.

2. What would be the benefits of getting a COVID-19 vaccine?

COVID-19 is easily transmitted and can lead to serious illness and death, even for people who are young and healthy. Vaccines for COVID-19 will only be approved for use in Ethiopia if large, rigorous, and thorough scientific studies show that they safely reduce your risk of getting COVID-19. They would do that by preparing your body's natural defenses – the immune system – to recognize and fight off the virus that causes COVID-19. Getting vaccinated could be a powerful way to not only protect yourself, but also your entire community.

3. Are COVID-19 vaccines safe?

COVID-19 vaccines have gone through rigorous clinical trials and in many countries to make sure they are safe and effective. Millions of people around the world have already been given a COVID-19 vaccine. Some people will experience mild side effects after receiving the vaccine. This is a normal sign that your body is working hard to develop protection against COVID-19. Serious allergic reactions are extremely rare.

Vaccines being used in Ethiopia have been approved by the national regulatory authority of the Federal Ministry of Health. The Ministry of Health has systems in place to monitor the safety of the vaccines, as the ministry does with any new vaccine or medicine.

4. The COVID-19 vaccines were developed so fast. How can you be sure it will be safe long term?

Because there was such an urgent global need for vaccines against COVID-19, a huge international effort was made so that we could have vaccines available faster. No steps were missed.

As with any vaccine, the Ministry of Health is continuing to closely monitor that the vaccine is safe in Ethiopia. Safety is the top priority. If anyone falls ill after being vaccinated, the ministry immediately investigates the cause. Because some of the people vaccinating first are older and have existing health conditions, it can expect that some people might become ill because of OTHER causes, unrelated to the vaccine. But if any problem with the vaccine is detected, the ministry will be ready to act fast.

5. What possible side effects are there to the COVID-19 vaccines?

As with any vaccine or medicine, some people will experience mild side effects. This is a natural sign that your body is building immunity to protect you against COVID-19. The benefit of being protected against COVID-19 greatly outweighs any common side effect. Most side effects of the COVID-19 vaccine are mild and can last up to a week.

You may experience:

- mild fever
- a sore arm where the needle went in
- feeling tired
- a headache
- body aches
- feeling or being sick

6. What if I have a serious allergic reaction to the COVID-19 vaccine?

Severe allergic reactions are very rare. When they do happen, it is most often with people who have a history of serious allergic reactions to other things, or to the ingredients in the vaccine. This is why health workers will ask you about allergies before getting vaccinated and advise you on whether or not you should be vaccinated.

In the very rare case of an allergic reaction, it is most likely to happen very soon after vaccination. This is why the health workers will ask you to stay under observation for 15 to 30 minutes. This is so that the trained health workers can respond fast if anything does happen. If you feel very unwell at home after vaccination, you should seek medical care immediately. Some mild side effects are normal.

7. Do COVID-19 vaccines cause severe blood clots?

There have been recent reports of a serious but extremely rare side effect of blood-clotting from some vaccines. It is understandable that people may be concerned about this. But it is important to remember that COVID-19 is a serious, life-threatening disease. The health risks you face from COVID-19 are much, much higher than the very small risk of a serious reaction to the vaccine. All medicines, including vaccines, have potential side effects. But they also save lives. The benefits far outweigh the risks. Hospitals are also prepared to manage rare serious side effects. Anyone experiencing serious side effects should go to the hospital for timely diagnosis and treatment.

8. Why am I being offered a different vaccine from the one my friends/family/colleagues were offered?

We are using more than one COVID-19 vaccine in Ethiopia. This is so that we

have more doses available to protect more people. The vaccine you are offered depends on what is available in the health facility you attend on the date you are invited. We strongly encourage you to accept the vaccine you are being offered.

9. Can I have a different vaccine from the one I am being offered?

We strongly encourage you to accept the vaccine you are being offered. Vaccines have been proven to be safe and effective, they provide protection from COVID-19, and in the context of current supply constraints, we do not know when the next batch of safe, effective and quality assured vaccines will be available. So, we highly recommend that you receive the vaccine being offered to you now.

10. Does being vaccinated mean I am completely safe from COVID-19?

It takes several weeks for your body to develop immunity after you are vaccinated. If you receive a vaccine that needs two doses, you will need to receive both doses before you are fully protected.

Even though the COVID-19 vaccines are very effective at protecting you against the disease, there is still a small chance that you could catch COVID-19 but your symptoms would probably be mild, and it is much less likely that you will experience severe symptoms or die. Continue to practice protective behaviors to reduce the risk.

11. If I get a COVID-19 vaccine, will I still need to take other precautions such as wearing mask, handwashing and physical distancing?

Yes. For the time being, we recommend that everyone – including those who have been vaccinated – continue using all available tools to help stop the spread of COVID-19, such as handwashing, physical distancing

and the use of masks. Using all of these tools in combination will provide the best possible protection against getting and spreading COVID-19. This recommendation could change in the future once many people have been vaccinated.

12. Can I catch COVID-19 from the vaccine?

No. The vaccine does not contain the live virus, so you cannot catch COVID-19 from the vaccine. You may have some mild side effects, but this is a result of your body working hard to develop protection.

13. There is no COVID-19 right now in my community/country. Do I still need to be vaccinated?

Yes. COVID-19 is still a significant threat everywhere – the pandemic is not over yet. Even if there are no cases right now, that could change very quickly. The more people who get vaccinated, the less risk there is of the virus returning.

14. After I have been vaccinated, is there still any risk of me getting sick from COVID-19?

Vaccines are highly effective at preventing you from getting seriously ill or dying from COVID-19. It takes a few weeks after vaccination to develop immunity, so you may still be at risk for those weeks. A small number of vaccinated people might still get COVID-19 symptoms, but these are more likely to be mild.

15. How many doses of COVID-19 vaccine will be needed?

The dosage and schedule of administration depends on the type of vaccine, most vaccines are using two doses but vaccine like Janssen is scheduled only to be administered once.

16. I've already had my first dose of COVID-19 vaccine and know that offers a lot of protection. Why should I bother getting the second?

Most of the COVID-19 vaccines we have today are given in two doses a number of weeks apart. Even though the science is showing us that people already have some protection after one dose, the second dose boosts that protection, making it both stronger and longer lasting. So please do get your second dose, as soon as you're offered it.

17. I have a healthy immune system; do I still need to get vaccinated against COVID-19?

Having a healthy immune system is really important, but that won't stop a serious disease like COVID-19 making you ill. Make your healthy immune system even stronger by getting vaccinated as soon as you're offered it.

18. I've already had COVID-19 so I have antibodies. Why do I need to get vaccinated?

Because COVID-19 is a new disease, we still have a lot to learn about how long immunity lasts. In some people, it doesn't last long. What we do know is that the additional immunity generated by the vaccine will provide further protection against the virus. Being vaccinated is also more likely to protect you from emerging COVID-19 variants. So do get vaccinated, even if you've had COVID-19.

19. Could being vaccinated affect my fertility?

No there is no scientific evidence or truth behind the myth that vaccines interfere with fertility, either in men or women.

There is no way that COVID-19 vaccines could interfere with the functioning of the reproductive organs. So, you can rest assured that these vaccines will not affect your fertility. This is something that you can discuss with your healthcare provider.

20. I'm pregnant/planning to be pregnant. Can I be vaccinated?

Yes, Pregnant women are more at risk of severe COVID-19. There is still limited data available to assess vaccine safety in pregnancy. In situations where there is a lot of COVID-19 transmission in the country and a woman is exposed to it, or if she's in a profession like a health care worker or a frontline worker where she's at especially high risk of acquiring the infection, the benefits of getting the vaccine definitely outweigh the risks. You can weigh up the benefits and risks of your particular case with your health worker.

21. I'm breastfeeding. Can I be vaccinated?

Yes. Women who have given birth and who are breastfeeding their babies can take the vaccine when it becomes available to them. This is safe for both mother and baby, and may serve to protect the baby through antibodies in the breast milk.

22. Can women get the vaccine even if they are menstruating?

Yes. There is no reason not to get vaccinated if you are menstruating.

23. What types of COVID-19 vaccines are being developed? How would they work?

Scientists are developing many potential vaccines for COVID-19, all designed to teach the body's immune system to safely recognize and block the virus that causes COVID-19. Different types of vaccines include:

- Inactivated or weakened virus vaccines, which use a form of the virus that doesn't cause disease, but still prompts an immune response
- Protein-based vaccines, which a coronavirus protein or protein fragment to safely prompt an immune response
- Viral vector vaccines, which use a virus that has been engineered so it can't cause disease, but produces coronavirus proteins to safely prompt an immune response
- RNA and DNA vaccines, a new approach that provides "instructions" for cells to build a protein that safely prompts an immune response.

24. Will COVID-19 vaccines provide long-term protection?

It's too early to know if COVID-19 vaccines will provide long-term protection. Added research is needed to answer this question. However, it's encouraging that available data suggest that most people who recover from COVID-19 develop an immune response that provides at least some protection against reinfection – although we're still learning how strong this protection is, and how long it lasts. It's also not yet clear how many doses of a COVID-19 vaccine will be needed. Early data from clinical trials indicate that some vaccines will require two doses.

25. How quickly could COVID-19 vaccines control the pandemic?

We don't know how quickly COVID-19 vaccines could control the pandemic. That will depend on many factors, such as the level of vaccine effectiveness; how quickly they are approved and manufactured;

how many people get vaccinated; and the continuation of measures such as physical distancing and mask use.

26. How can I learn more about COVID-19 vaccines?

Everyone is encouraged to rely on reputable and authoritative sources of information, such as health care providers and public health officials, to help them make informed choices and stay up to date. The latest information about COVID-19 vaccines from the websites and social media pages of the Ministry of Health, Ethiopia and World Health Organization.

27. What are the signs and symptoms of COVID-19 infection?

The most common symptoms of COVID-19 are fever, dry cough, and fatigue.

- Other symptoms that are less common include loss of taste or smell, nasal congestion, conjunctivitis (red eyes), sore throat, headache, muscle or joint pain, different types of skin rash, nausea or vomiting, diarrhea, chills or dizziness.
- Symptoms are usually mild. Some people become infected but only have very mild symptoms or none.
- Symptoms of severe COVID-19 disease include shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest, and high temperature (above 38°C).
- Other less common symptoms are irritability, confusion, reduces consciousness (sometimes

associated with seizures), anxiety, depression, sleep disorders, and more severe and rare neurological complications such as strokes, brain inflammation, delirium, and nerve damage.

- People of all ages who experience fever and/or cough associated with difficulty breathing or shortness of breath, chest pain or pressure, or loss of speech or movement should seek medical care immediately. If possible, clients should call their health care provider, hotline or health facility first, so they can be directed to the right clinic.

28. Who is most at risk of severe illness from COVID-19?

People aged 60 and over, pregnant mothers, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, obesity or cancer, are at higher risk of developing serious illness. However, anyone can get sick with COVID-19 and become seriously ill or die at any age.

29. How can I protect myself from COVID-19?

To limit the risks of getting COVID-19, follow these basic precautions:

- Get vaccination if you are part of eligible population.
- Practice physical distancing (at least 2 meters away from others);
- Wear a mask.
- Clean your hands frequently with soap and water or with an alcohol-based hand rub.

- Keep rooms well ventilated with open windows.
- Avoid crowds.
- Avoid touching surfaces and clean surfaces regularly with standard disinfectants; and
- Cover your coughs and sneezes with a bent elbow or tissue.

30. Is there a toll-free number, website, or social media group for community members and healthcare providers to get correct information about COVID-19 vaccine?

Toll free hotline numbers

Addis Ababa	8335 or 952
Tigray	6244
Oromia	6955
Amhara	6981
SNNPR	6929
Dire Dawa	6407
Somali	6599
Sidama	7794
Afar	6220
Benshangul-Gumuz	6016
Harari	6864
Gambella	6184
Website:	www.moh.gov.et
Facebook:	@moh.et
Telegram:	@moh.et

31. If you had the virus and recovered, will you still be able to or need to get the vaccine?

Vaccination should be offered regardless of a person's history of symptomatic or asymptomatic SARS-CoV-2 infection.

Emerging data indicate that symptomatic reinfection may occur in settings where variants with evidence of immune escape are circulating. In these settings earlier immunization after infection may be advisable. When more data on duration of immunity after natural infection become available, the length of this time may be revised.

32. Should children and adolescent get the COVID-19 vaccine?

Current evidence suggests that there is limited justification for vaccinating adolescents and children with COVID-19 vaccines at this point in the pandemic and with the current vaccine supply restrictions. Children and adolescents are also at low risk of severe disease and death from COVID-19 although it is not zero.

33. Is it safe to receive the COVID-19 vaccine with other vaccines (e.g., cholera, Td, meningitis, Hepatitis B, flu shot)?

There should be a minimum interval of 14 days between administration COVID-19 vaccine and any other vaccine against other conditions. This recommendation may be amended as data on co-administration with other vaccines become available.

Annex 3: FAQ on HPV Vaccination⁴¹

1. What is cervical cancer?

Cancer is a disease in which cells multiply uncontrollably. When cancer develops in the cervix, or neck of the uterus, it is called cervical cancer. If the cancer continues to grow, it can spread to other parts of the body, beyond the cervix.

2. What is the cause of cervical cancer?

Persistent infection with high-risk types of the human papillomavirus (HPV) is the main cause of cervical cancer.

3. What is the Human Papillomavirus?

Human papillomavirus (HPV) is a common virus, transmitted sexually through skin-to-skin contact. Most people will have an HPV infection during their lifetime, even though they do not know they have it and many may not have any signs or symptoms of infection. Most HPV infections clear on their own; however, some persist over time, and if undetected can develop into cervical pre-cancer.

4. How similar is HPV to HIV?

The two viruses – HPV (human papilloma virus) and HIV (human immunodeficiency virus) – are very different. Infection from HPV is much more common than infection with HIV. Almost everyone who is sexually active becomes infected with HPV at some point in his or her life. HPV lives on the skin and is transmitted when skin touches skin. Meanwhile, HIV lives in body fluids like semen and blood, and is transmitted when those body fluids are exchanged between people; this is the reason that condoms are very effective at preventing HIV when sexual intercourse takes place. However, condoms are not as good at preventing HPV infections because this virus can live on the

skin. The best way to prevent HPV infection is by HPV vaccination, recommended in girls aged 9-14 years. There is currently no vaccine available to prevent HIV.

5. What are genital warts?

Genital warts are infections of the skin caused by low-risk types of HPV. Genital warts will not develop into cervical cancer, but they may require treatment if they do not go away on their own.

6. Can men also be infected by HPV?

Yes, men can have an HPV infection, just like women. HPV-related cancers in men, include anal, penile and oral cancers, but these are less common than cervical cancer.

7. Can HPV infection be prevented?

Yes, HPV vaccines prevent infection from HPV. They are safe and effective and prevent infection from the high-risk HPV types contained in the vaccine, which are the cause of most cervical cancer cases.

8. Who should receive the HPV vaccine?

In Ethiopia, the Ministry of Health recommends that girls aged 9-14 years should receive the HPV vaccine.

9. Does the HPV vaccine protect against sexually transmitted infections?

No. Regardless of having been vaccinated against HPV, women should use the recommended measures to prevent sexually transmitted infections.

10. What is the recommended schedule for the HPV vaccine?

Ethiopia's Ministry of Health recommends one dose of HPV vaccine for girls aged 9-14 years of age.

⁴¹ What parents should know about human papillomavirus and cervical cancer: Frequently Asked Questions. WHO & PAHO. 2019. (www.paho.org/end-cervical-cancer)

11. How long will the HPV vaccine protect against infection?

The protection conferred by the HPV vaccine is long-lasting.

12. Can HPV vaccines get rid of HPV infections?

No. An HPV vaccine cannot get rid of HPV infections that may be present when the vaccine is administered, nor can it get rid of a precancerous lesion or cancer.

13. If my daughter received the HPV vaccine, does that mean she does not need to be screened for cervical cancer when she is an adult?

It is very important for all women between 30-49 years of age to be screened for cervical cancer, even if vaccinated against HPV.

14. Are the HPV vaccines safe and effective?

Yes. As with all vaccines, the safety and effectiveness of HPV vaccines is monitored very carefully. Studies have demonstrated the safety and effectiveness of HPV vaccines. In addition, millions of people around the world have received the HPV vaccine, without serious adverse events.

15. What are the common adverse reactions to the HPV vaccine?

Common adverse reactions to the HPV vaccine are pain and redness at the injection site, fever, headache and nausea. They are usually mild reactions that resolve quickly and on their own.

16. Is it true that many girls faint after getting the HPV vaccine?

Adolescents are particularly prone to fainting after any medical procedure, including receiving vaccines, because they are often very nervous about the

procedure. To prevent falls and injuries due to fainting, girls receiving the vaccine needs to be seated before, during and for 15 minutes after the vaccine is given.

17. Why is the HPV vaccine recommended for girls aged 9-14 years?

For the HPV vaccine to be effective, it must be administered before their first sexual contact.

18. Will HPV vaccination affect fertility? Will it be more difficult for vaccinated girls to become pregnant or to carry a pregnancy to term?

No. Studies of vaccinated girls have found no evidence that vaccination against HPV affects a girl's future fertility nor that it causes any problems in future pregnancies.

19. Are there girls who should not be vaccinated?

Girls who have an acute illness of moderate or severe intensity should wait until they are well to get vaccinated. Girls who have been previously vaccinated against HPV and have had a severe allergy require a medical evaluation before being vaccinated. Pregnant women should not be vaccinated.

20. If my child has a cold, can she get vaccinated?

If at the time of vaccination, the child has a cold, she can receive the HPV vaccine, since the common cold is not a contraindication for vaccination.

21. If my child misses school on the day of HPV vaccination, what should I do?

Ask your child's teacher about other options on how your child can receive the HPV vaccine.

Annex 4: FAQ on Measles Vaccination⁴²

1. What is measles?

Measles is a highly contagious viral disease that causes fever and a rash.

2. What causes measles?

Measles is caused by a virus.

3. Who gets measles?

Anyone who is not vaccinated can get measles at any age.

4. How is measles spread?

The measles virus lives in an infected person's nose and throat mucus. When that person sneezes or coughs, the measles virus sprays into the air and people can breathe in the virus. The virus remains active and contagious in the air for up to two hours. The disease is highly contagious – if one person has it, 90 percent of people around them will also get it if they are not immune.

5. What are the symptoms of measles?

Early symptoms of measles include fever (which can reach 103 to 105 degrees F), cough, runny nose and red, watery eyes. Three to five days after symptoms start, a rash of red spots appears on the face and then spreads over the entire body.

6. How soon do symptoms appear?

Symptoms usually appear 10 to 12 days after breathing in the virus; symptoms may start as early as seven days or as late as 21 days after exposure.

7. When can a person with measles spread it to others?

A person can spread measles from four days before through four days after the appearance of the rash.

8. Can a person get measles more than once?

No. Infection makes a person immune for the rest of their life; that means they cannot get it again.

9. Is there a vaccine to prevent measles?

Yes. The measles vaccine is given to children as part of the Ministry of Health's routine immunization program. In Ethiopia, the first dose of measles vaccine is given when a child is 9 months old, and the second dose is given once a child is 15 months old. Anyone who has received two doses of a measles vaccine is considered immune and is unlikely to get measles.

10. What is the treatment for measles?

There is no specific medicine to treat the measles virus, but there are medicines that can treat some of the symptoms, such as medication to reduce high fever.

11. Can measles cause other health problems?

About a third of reported measles cases have at least one complication. Health problems caused by measles can include diarrhea, ear infections, pneumonia, seizures and infections of the brain and nervous system. In some cases, measles can cause death. In pregnant women, measles can cause miscarriages and premature labor. Measles can be serious in all age groups. However, infants, young children, pregnant women and people whose immune systems are weak are more likely to suffer from measles complications.

12. How can measles be prevented?

The best way to prevent measles is with vaccination.

⁴² <https://www.cdc.gov/measles/> (and) <chrome-extension://efaidnbmninnibpcapjcgclclefindmkaj/https://www.nyc.gov/assets/doh/downloads/pdf/imm/faq-measles.pdf>

Annex 5: Polio Vaccination Message Bank⁴³

Caregivers of children in immunization age

Phase I Messages	<ul style="list-style-type: none">■ There is a polio outbreak, there is a risk of further spread of the virus.■ With every confirmed polio case there are 200 undiagnosed cases that are infected with polio.■ The polio virus is very dangerous and highly infectious, can cause paralysis and in some cases, it can cause death.■ There is no cure for polio, the only way to protect your children against polio is to vaccinate them with a multiple dose of the vaccine.■ It takes multiple doses of the polio vaccine to achieve full immunization against polio.■ ALL children below the age of (<i>___ months to ___ months</i>) must be vaccinated during each immunization campaign.■ The polio vaccine is safe, and effective, has no side effects and according to international standards, and is the same polio vaccine used all around the world.■ All vaccines are monitored throughout the process of manufacturing, shipping, storing, and administering.■ The polio vaccines are administered through experienced health providers both at fixed sites and at homes.■ The polio vaccine is given in the form of a couple of drops in the mouth or a simple injection.■ Finger markers are used to track missed children.■ Vaccinate your children against all diseases, follow the routine immunization schedule.■ All kids between (<i>___ months to ___ months</i>) need to get vaccinated in every campaign even if they had taken their RI scheduled shots.■ Make sure to vaccinate your child during the upcoming vaccination campaign (<i>date/month/year</i>).■ Encourage your relatives, neighbors and colleagues to vaccinate their kids against polio.
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43 Polio Message Bank by UNICEF and GPEI

Phase II Messages	<ul style="list-style-type: none">■ The polio vaccine is one the safest vaccines and millions of doses have been administered throughout the world and saved millions of children.■ Polio vaccines can be in the form of drops or injection, and both are safe and effective.■ Vaccines, like any medicine, can have side effects. Most children who get the polio shot have no side effects. When side effects do occur, they are usually mild, like temporary redness and pain at the injection site.■ As long as a single child remains infected, children in all countries are at risk of contracting polio.■ All kids should be vaccinated, even if they are sick.■ All children need to be vaccinated even if they have received all their scheduled vaccines.■ In case of outbreaks, Health providers highly advise vaccinating all children “every child – every campaign”. Children who are being breastfed are not protected from polio and need to be vaccinated.■ Vaccines are safe from any harmful/forbidden ingredients and encourage by all religions.■ Make sure to vaccinate your child during the upcoming vaccination campaign (<i>date/month/year</i>).■ Encourage your relatives, neighbors and colleagues to vaccinate their kids against polio.
Phase III Messages	<ul style="list-style-type: none">■ It takes multiple doses of the polio vaccine to achieve full immunization against polio.■ Every additional dose during the National or Subnational Immunization Days (NID/SNID) means your child gets extra protection against polio.■ All children under the age of (<i>__ months to __ months</i>), should be vaccinated with every campaign, every time even if they have finished all their routine immunization.■ If some children are not immunized during these campaigns, the risk of polio will remain.■ Make sure to vaccinate your child during the upcoming vaccination campaign (<i>date/month/year</i>).■ Encourage your relatives, neighbors and colleagues to vaccinate their kids against polio.

Fathers of children in immunization age

In addition to messages directed towards caregivers, below are the additional messages directed towards fathers:

- You have a shared responsibility in protecting your kids against diseases by ensuring they are vaccinated.
- Talk to your wife about protecting your kids against polio.
- Talk to your health providers about polio vaccination.

Health Providers

Phase I Messages

- There is a polio outbreak, if this outbreak is not contained at early stages it can have larger negative effect on more children and the neighboring countries.
- Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few generations ago. For example, smallpox was eradicated in 1979, and soon, polio will be history. It is estimated that vaccines save an estimated 2 to 3 million lives every year, according to the WHO.
- Success in vaccination programs is dependent on a high vaccination coverage rate.
- This directly protects the vaccinated individuals and indirectly the whole community by providing herd immunity and thereby reducing the transmission of VPDs.
- If we continue vaccinating now, some diseases of today will no longer be around to harm children in the future.
- As frontline health staff or a private practitioner you play a critical role in ensuring the quality of these services and providing parents the reassurance to trust and adhere to the service schedule.
- Children will need to receive polio vaccination during every campaign, irrespective of previous immunization status.
- OPV has a unique ability to stop person-to-person spread of the virus. Therefore, OPV is used in outbreak settings, to rapidly stop circulation of the virus in a community.
- Management and safety of the polio vaccine is closely monitored by UNICEF and WHO.

	<ul style="list-style-type: none"> ■ Advise your patients that has children in immunization age to get vaccinated during the upcoming vaccination campaigns and every campaign to boost the community immunity. ■ It is your duty to counsel parents who are against vaccines (rejecters, hesitant) and help them change their minds and ultimately vaccinate their children. ■ Remember that not all parents want the same level of medical or scientific information about polio vaccination. By assessing the level of information that a particular parent wants, you can communicate more effectively and build trust. ■ Help parents make informed decisions about polio vaccination.
<p>Phase II Messages</p>	<p>Explain to caregivers that</p> <ul style="list-style-type: none"> ■ Vaccines, like any medicine, can have side effects. Most children who get the polio shot have no side effects, when side effects do occur, they are usually mild, like temporary redness and pain at the injection site. ■ As long as a single child remains infected, children in all countries are at risk of ■ contracting polio. ■ All kids should be vaccinated, even if they are sick. ■ You have a shared responsibility in protecting children from polio by ensuring they are vaccinated. ■ Talk to your patients/clients about protecting their children against polio.
<p>Phase III Messages</p>	<p>Explain to caregivers that</p> <ul style="list-style-type: none"> ■ It takes multiple doses of the polio vaccine to achieve full immunization against polio. ■ Every additional dose during the National or Subnational Immunization Days (NID/SNID) means your child gets extra protection against polio

- All children under the age of (*___ months to ___ months*), should be vaccinated with every campaign, every time even if they have finished all their routine immunization
- You have a shared responsibility in protecting children from polio by ensuring they are vaccinated.
- Talk to your patients/clients about protecting their children against polio.

Media

<p>Phase I Messages</p>	<ul style="list-style-type: none"> ■ You have a vital role in educating the public on how dangerous polio is and the importance of polio vaccination. ■ Reporting facts and ensuring frequent coverage on polio promotion messages specially in times of outbreaks. ■ Help in the fight against polio and inform the public about vaccination campaigns happening and encourage them to take their children to get vaccinated. ■ Stress the fact that the polio vaccine is safe, and effective, has no side effects and according to international standards, and is the same polio vaccine used all around the world. ■ Stress and build trust of caregivers towards the polio vaccines teams. ■ Inform audiences that the polio vaccine is given in the form of a couple of drops in the mouth or a simple injection. ■ Make sure to tell parents that there is no cure for polio, the only way to protect your children against polio is to vaccinate them with a multiple dose of the vaccine.
<p>Phase II Messages</p>	<ul style="list-style-type: none"> ■ You have a vital role in educating the public on how dangerous polio is and the importance of polio vaccination. ■ Report frequently on polio to help parents make informed decisions and vaccinate their children. ■ Tackle any misconceptions and rumors about polio.

Phase III Messages	<ul style="list-style-type: none">■ You have a vital role in educating the public on how dangerous polio is and the importance of polio vaccination.■ Report frequently on polio to help parents make informed decisions and vaccinate their children.■ Stress that it takes multiple doses of the polio vaccine to achieve full immunization against polio and encourage caregivers to vaccinate their children with every campaign.■ Inform caregivers about the risk of having some un-vaccinated children, “If some children are not immunized during these campaigns, the risk of polio will remain”.
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Religious Leaders

Phase I Messages	<ul style="list-style-type: none">■ There is a polio outbreak, there is a risk of further spread of the virus.■ There is no cure for polio, it can only be prevented through vaccination, the only way to protect your children against polio is to vaccinate them with a multiple dose of the vaccine.■ You are parents’ most trusted source of information; therefore, you play a critical role in supporting parents’ decision to vaccinate their children.■ It is your duty to educate parents on vaccination, tackle rumours in relation to religious aspects and publicly support polio immunization.■ Make sure to use every opportunity to talk to caregivers on the importance of protecting children against polio. <p>Explain to caregivers’ that</p> <ul style="list-style-type: none">■ Polio vaccines should be given to children to protect them against polio.■ Polio vaccines are safe, no matter which country they are produced in. Before licensure, vaccines undergo extensive testing and review for safety and efficacy.■ Even after the vaccine has been approved, safety monitoring continues throughout the process of shipment, storing and administration of vaccines vaccine ingredients do not include any prohibited ingredients and have been effective to save millions of children from polio.■ Encourage caregivers to vaccinate their children in every campaign.
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Phase II Messages	<ul style="list-style-type: none">■ You are parents' most trusted source of information; therefore, you play a critical role in supporting parents' decision to vaccinate their children.■ It is your duty to educate parents on vaccination, tackle rumours in relation to religious aspects and publicly support polio immunization.■ Make sure to use every opportunity to talk to caregivers on the importance of protecting children against polio. <p>Explain to caregivers' that</p> <ul style="list-style-type: none">■ Vaccines, like any medicine, can have side effects. Most children who get the polio shot have no side effects, when side effects do occur, they are usually mild, like temporary redness and pain at the injection site.■ If a single child remains infected, children in all countries are at risk of contracting polio.■ All kids should be vaccinated, even if they are sick.■ Tackle any misconceptions and rumors for religious reasons and support polio vaccination publicly.
Phase III Messages	<ul style="list-style-type: none">■ You are parents' most trusted source of information; therefore, you play a critical role in supporting parents' decision to vaccinate their children.■ It is your duty to educate parents on vaccination, tackle rumours in relation to religious aspects and publicly support polio immunization.■ Make sure to use every opportunity to talk to caregivers on the importance of protecting children against polio. <p>Explain to caregivers that</p> <ul style="list-style-type: none">■ It takes multiple doses of the polio vaccine to achieve full immunization against polio.■ Every additional dose during the National or Subnational Immunization Days (NID/SNID) means your child gets extra protection against polio.■ All children under the age of (<u> </u> months to <u> </u> months), should be vaccinated with every campaign, every time even if they have finished all their routine immunization.■ You have a shared responsibility in protecting children from polio by ensuring they are vaccinated.■ Talk to caregivers about protecting their children against polio.

Preschool Teachers

Phase I Messages	<ul style="list-style-type: none">■ There is a polio outbreak, there is a risk of further spread of the virus.■ There is no cure for polio, it can only be prevented through vaccination, the only way to protect your children against polio is to vaccinate them with a multiple dose of the vaccine.■ You are parents trusted source of information; therefore, you play a critical role in supporting parents' decision to vaccinate their children.■ Make sure to use every opportunity to talk to caregivers on the importance of protecting children against polio. <p>Explain to caregivers' that</p> <ul style="list-style-type: none">■ Polio vaccines should be given to children to protect them against polio.■ Polio vaccines are safe, no matter which country they are produced in. Before licensure, vaccines undergo extensive testing and review for safety and efficacy.■ Encourage caregivers to vaccinate their children in every campaign.
Phase II Messages	<ul style="list-style-type: none">■ You are parents' trusted source of information; therefore, you play a critical role in supporting parents' decision to vaccinate their children.■ Make sure to use every opportunity to talk to caregivers on the importance of protecting children against polio. <p>Explain to caregivers' that</p> <ul style="list-style-type: none">■ Vaccines, like any medicine, can have side effects. Most children who get the polio shot have no side effects, when side effects do occur, they are usually mild, like temporary redness and pain at the injection site.■ As long as a single child remains infected, children in all countries are at risk of contracting polio.■ All kids should be vaccinated, even if they are sick.

Phase III Messages

- You are parents' trusted source of information; therefore, you play a critical role in supporting parents' decision to vaccinate their children.
- Make sure to use every opportunity to talk to caregivers about the importance of protecting children against polio.

Explain to caregivers that

- It takes multiple doses of the polio vaccine to achieve full immunization against polio.
- Every additional dose during the National or Subnational Immunization Days (NID/SNID) means your child gets extra protection against polio.
- All children under the age of (*___ months to ___ months*), should be vaccinated with every campaign, every time even if they have finished all their routine immunization.
- Talk to caregivers about protecting their children against polio.

Special Populations

Phase I Messages

- Vaccines have saved millions of children worldwide and are the best way to protect your child from dangerous diseases.
- Vaccines are safe and effective. They undergo extensive testing for safety and efficacy.
- All vaccines provided at the public health centers are effective. They follow the process of licensure and approvals through the World Health Organization (WHO).
- Some diseases like polio have no cure; the only way to protect your children from polio is to vaccinate them through multiple doses of the vaccine.
- Make sure to take the time and vaccinate your children during polio vaccination campaigns to save them from getting polio.
- It takes multiple doses of the polio vaccine to achieve full immunization against polio.
- It is your child's right to get vaccinated, make sure to vaccinate them timely.
- Polio vaccines can be in the form of drops or injection, and both are safe and effective.

Phase II Messages	<ul style="list-style-type: none">■ The polio vaccine is one the safest vaccines and millions of doses have been administered throughout the world and saved millions of children.■ Vaccines, like any medicine, can have side effects. Most children who get the polio shot have no side effects. When side effects do occur, they are usually mild, like temporary redness and pain at the injection site.■ As long as a single child remains infected, children in all countries are at risk of contracting polio.■ All kids should be vaccinated, even if they are sick.■ Vaccine composition does not include any toxic items, or any prohibited ingredients.■ All children need to be vaccinated even if they have received all their scheduled vaccines.■ In case of outbreaks, Health providers highly advise vaccinating all children “every child - every campaign”. Children who are being breastfed are not protected from polio and need to be vaccinated.■ Vaccines are safe from any harmful/forbidden ingredients and encourage by all religions.■ It takes multiple doses of the polio vaccine to achieve full immunization against polio.■ Make sure to vaccinate your child during the upcoming vaccination campaign (<i>date/month/year</i>).■ It is your child right to get vaccinated, make sure to vaccinate them timely.
Phase III Messages	<ul style="list-style-type: none">■ It is your child right to get vaccinated, make sure to vaccinate them timely.■ It takes multiple doses of the polio vaccine to achieve full immunization against polio. Every additional dose during the National or Subnational Immunization Days (NID/SNID) means your child gets extra protection against polio.■ All children under the age of (<i>__ months to __ months</i>), should be vaccinated with every campaign, every time even if they have finished all their routine immunization.■ If some children are not immunized during these campaigns, the risk of polio will remain.■ Make sure to vaccinate your child during the upcoming vaccination campaign (<i>date/month/year</i>).

Annex 6: Terms of Reference for National Communication & Community Engagement Technic Working Group

The National Communication & Community Engagement Technic Working Group (C-TWG) serves as a platform for coordinating and steering demand promotion interventions on routine immunization, COVID-19 vaccine, HPV vaccination, other new vaccine introduction and campaigns. The C-TWG is expected to lead and coordinate efforts that will boost community acceptance, confidence, and demand for the immunization services.

Core activities of C-TWG

The working group has the following functions:

- Oversee and steer development, implementation, monitoring and evaluation of the demand plan of action (2023-2027)
- Support regions to develop contextualized subnational level plan of action to achieve a high level of acceptance and demand for immunization services
- Design and development of national level demand promotion tools and materials including training and advocacy materials
- Support and promote use of social and behavior drivers of vaccination assessment tools to identify and address barriers and enablers of acceptance and demand for vaccination services
- Support misinformation management including tracking and responding to misinformation and rumors to mitigate any negative impact on trust and confidence of vaccines and vaccination

- Support and collaborate with the national and sub national working groups
- Support in preparation of adjusted response during vaccine related events (crisis communication)
- Coordinate incident responses across the country
- Ensure a consistent and coordinated response to AEFI crisis within immunization sites

Outputs

- The Plan of Action to strengthen demand for immunization services (2023-2027) endorsed by FMOH
- Costed implementation plan with timeline developed
- Demand promotion tools, templates, guidelines, materials and training packages developed
- Technical guidance focusing on demand promotion interventions provided to RHB

Members

- **Lead** –EPI
- **Secretary** – UNICEF
- **Members** – Public Relation Directorate, WHO, T- HDR, PATH, JSI/Immunization, Girl Effect, CHAI, CORE GROUP, EFDA

Meeting schedule

- Monthly

Annex 7: List of Demand Promotion Tools & Materials (To be updated annually)

- 1.** Banners
- 2.** Poster
- 3.** Job Aid
- 4.** Brochure
- 5.** Risk and crisis communication document
- 6.** Roll up banner
- 7.** Billboard
- 8.** Community dialogue Guide
- 9.** IPC-I training guide
- 10.** HCD training material

**Plan of Action for
Demand on Immunization
Services
(2024-2025)**

**2024
Ethiopia**



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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!