



# KADUNA STATE

## Policy and Programmatic Recommendations for Sustained Human Papillomavirus (HPV) Vaccination Delivery

October 2025



# Table of Contents

ABBREVIATIONS & ACRONYMS	01
EXECUTIVE SUMMARY	02
METHODOLOGY	03
INSIGHTS INTO THE KADUNA STATE HPV VACCINATION LANDSCAPE	04
WHAT’S WORKING IN KADUNA	06
COSTING AND SUSTAINABLE FINANCING FOR HPV VACCINE DELIVERY	07
WHY WE MUST DO THIS NOW	08
THE SMART PLAY FOR KADUNA	10
WHAT YOU CAN DO NOW	12
IN CLOSING	14
ACKNOWLEDGEMENT	15

# Abbreviations & Acronyms

<b>ACSM</b>	-	<b>Advocacy, Communication, and Social Mobilization</b>
<b>CCEOP</b>	-	<b>Cold Chain Equipment Optimization Platform</b>
<b>CSOs</b>	-	<b>Civil Society Organizations</b>
<b>DHIS2</b>	-	<b>District Health Information Software, Version 2</b>
<b>DPRS</b>	-	<b>Department of Planning, Research and Statistics</b>
<b>HPV</b>	-	<b>Human Papillomavirus</b>
<b>KSPHCB</b>	-	<b>Kaduna State Primary Health Care Board</b>
<b>LGA</b>	-	<b>Local Government Area</b>
<b>GIS</b>	-	<b>Geographic Information Systems</b>
<b>IGR</b>	-	<b>Internally Generated Revenue</b>
<b>M&amp;E</b>	-	<b>Monitoring and Evaluation</b>
<b>MOE</b>	-	<b>Ministry of Education</b>
<b>MOH</b>	-	<b>Ministry of Health</b>
<b>MSH</b>	-	<b>Management Sciences for Health</b>
<b>MTEF</b>	-	<b>Medium-Term Expenditure Framework</b>
<b>MTSS</b>	-	<b>Medium-Term Sector Strategy</b>
<b>NDHS</b>	-	<b>Nigeria Demographic and Health Survey</b>
<b>NPHCDA</b>	-	<b>National Primary Health Care Development Agency</b>
<b>ODK</b>	-	<b>Open Data Kit</b>
<b>PBC</b>	-	<b>Planning and Budget Commission</b>
<b>PBB</b>	-	<b>Program-Based Budgeting</b>
<b>PHCs</b>	-	<b>Primary Health Centers</b>
<b>PPP</b>	-	<b>Public-Private-Partnership</b>
<b>RI</b>	-	<b>Routine Immunization</b>
<b>RMCAH</b>	-	<b>Reproductive, Maternal, Child, and Adolescent Health</b>
<b>SBCC</b>	-	<b>Social and Behavior Change Communication</b>
<b>SCIDaR</b>	-	<b>Solina Center for International Development and Research</b>
<b>SMOH</b>	-	<b>State Ministry of Health</b>
<b>TWG</b>	-	<b>Technical Working Group</b>
<b>WAVA</b>	-	<b>Women Advocates for Vaccine Access</b>

# Executive Summary

Kaduna is home to over 1.2 million girls aged 9–14, a high target volume for Human Papillomavirus (HPV) vaccination across the states in Nigeria. With a legacy of health reform, a broad rural footprint, and diverse religious communities, Kaduna is a strategic proving ground for adolescent health delivery at scale.

In 2023, as part of the national rollout, Kaduna achieved 100% coverage reaching nearly 600,000 girls with the HPV vaccine. Political commitment, and multi-sectoral coordination were key success factors but persistent system challenges including a lack of trust in health systems, ad hoc health financing, and inadequate human resource threatens to reverse campaign gains during the vaccine routinization

## What's Working

- Political buy-in and early alignment with national guidelines
- Community leaders and school authorities engaged in social mobilization
- Use of multiple delivery channels improved early reach
- All Local Government Areas (LGAs) initiated microplanning with grassroots input

## Where the Gaps Are

- No dedicated routine immunization including the HPV vaccine budget line at state or LGA level, financing ad hoc and donor dependent
- State co-financing obligation of 1% state internally generated revenue (IGR) is not consistently met
- Vaccine hesitancy persists, especially around infertility fears, myths and misconceptions.
- Logistics are fragile in security compromised LGAs and hard-to reach settlements
- Limited coordination among key actors in the routinization of HPV vaccination

## What Kaduna Needs to Do

Kaduna needs ₦5.2Billion in operational costs to reach a target population of 571,528 9 year old girls over 5 years with an average cost of ₦9,115 (\$6.08) per girl. To achieve this, Kaduna needs to institutionalize what is working and integrate what is missing. These bold moves are critical among others:

- Create a dedicated routine immunization budget line, including HPV vaccination, integrated into the Medium-Term Expenditure Framework (MTEF) and LGA health plans
- Identify and continually engage key power players who can influence health financing policy decisions
- Establish a coordinated financing and delivery platform for visibility, alignment, and accountability
- Improve intersectoral collaboration between health and education stakeholders
- Strengthen last-mile delivery across all sectors and partners
- Leverage faith-based networks and Civil Society Organizations (CSOs) for advocacy and trust building
- Establish initiatives including monthly or quarterly updates specifically to track HPV vaccine coverage
- Facilitate the engagement of more skilled personnel to improve effective delivery and quality of service
- Identify and leverage state Public Private-Partnerships (PPPs) to improve local resource mobilization

## Why it Matters

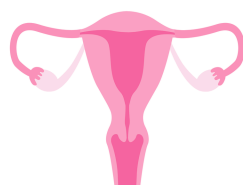
Kaduna State, as the administrative hub of Northern Nigeria, can set the tone for regional success. Beyond its influence, Kaduna is home to thousands of girls whose future depend on protection from cervical cancer, making sustained HPV vaccination critical

### HPV Vaccination vs Cervical Cancer Treatment Cost in Kaduna



Cost of HPV vaccination per girl

**₦9,115**  
(~US\$6.08)



Basic cost of full cervical cancer treatment per patient

**₦5,000,000**  
on average in Kaduna

**Kaduna's future in HPV vaccination depends on two things: institutional commitment and grassroots trust.**

# Methodology

The Nigeria Policy and Advocacy for Sustained HPV Vaccination project is implemented by a consortium led by the Management Sciences for Health (MSH) with Solina Centre for International Development and Research (SCIDaR) and the Women Advocates for Vaccine Access (WAVA). It was funded by the Gates Foundation and conducted in Kaduna, Kano, and Lagos states. These policy and programmatic recommendations were prepared by WAVA and developed through a mixed-method approach.



First, a statewide program and financial assessment of the 2023 and 2024 HPV vaccination rollout across key thematic areas was conducted by the Solina Centre for International Development and Research (SCIDaR) to identify operational strengths and gaps. This was followed by an in-depth review of academic and grey literature to situate findings within broader national and global evidence. Finally, insights were validated and refined through consultations with a multi-sectoral state core group including representatives from the Kaduna State Ministry of Health (MoH), Kaduna State Primary Health Care Board (KSPHCB), Planning and Budget Commission (PBC), Ministry of Education (MOE), state chairman LGA Health secretaries, Civil Society Organizations (CSOs), and youth representatives. Together, these steps ensured that recommendations are evidence-based, context-specific, and aligned with state and national priorities.



## Insights into the Kaduna state HPV vaccination landscape

Kaduna State is one of the country's most strategically positioned states in terms of immunization infrastructure, institutional capacity, and political visibility.<sup>[1] [2]</sup> With a population of approximately 9.5 million and a large adolescent cohort, Kaduna plays a central role in national immunization outcomes. During the HPV vaccine rollout, the state achieved 100% coverage, with more than 600,000 girls vaccinated.<sup>[3]</sup>

Kaduna State demonstrates strong political commitment to Routine Immunization (RI), supported by development partners. It has consistently been one of the better-performing northern states, benefiting from legacy investments as a pilot site for innovative RI models such as GIS-enabled microplanning, accountability scorecards, and digital supervision platforms. Kaduna also pioneered the Immunization Leadership Challenge, which incentivized local government performance and fostered a culture of data-driven accountability.<sup>[4]</sup>

Beneath the HPV vaccination rollout's success story, however, lie key challenges: budgetary support remains ad hoc and donor dependent, staff capacity and adolescent-tailored logistics are still limited and community resistance and lack of trust in the health systems threaten sustainability of the vaccine. As one of the states that underwent a structured HPV vaccine program assessment in 2024, Kaduna provides a valuable case study in balancing system readiness with context specific challenges. Political buy-in is visible, outreach strategies are diversified, and data use is improving. But success needs to be institutionalized.<sup>[5]</sup> It becomes critical to build on existing strengths while addressing historical system challenges.

[1] Umeh, G. C., Madubu, D. M., Korir, C., Loveday, N., Ishaku, S., Iyal, H., Omoleke, S. A., I Nomhwange, T., Aliyu, A., Musa, A., Dankoli, R., Mi Ningi, A., Braka, F., Dogo, P. M., Soba, H., & Iliyasu, N. (2018). Micro-planning for immunization in Kaduna State, Nigeria: Lessons learnt, 2017. *Vaccine*, 36(48), 7361–7368. <https://doi.org/10.1016/j.vaccine.2018.10.020>

[2] Cold Chain Equipment Optimization Platform (CCEOP). (2021). Evaluation of the CCEOP investment in Gavi-supported countries. <https://www.gavi.org/our-impact/evaluation-studies/cceop-evaluation>

[3] ArcGIS StoryMaps. (2024). Health Facilities in Kaduna State – infrastructure mapping. <https://storymaps.arcgis.com/stories/defe36221edd4e6892d62a296b5fe8ff>

[4] Dougherty, L., Adediran, M., Akinola, A. et al. An evaluation of a multi-partner approach to increase routine immunization coverage in six northern Nigerian States. *BMC Health Serv Res* 24, 951 (2024). <https://doi.org/10.1186/s12913-024-11403-3>

[5] 2021 Nigeria Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS). Statistical Snapshots. <https://www.unicef.org/nigeria/media/6126/file/2021-MICS-Statistical-Snapshots-Report.pdf>

## Routine Immunization Capacity and EPI Performance

The 2024 National Demographic Health Survey (NDHS) shows, approximately 45% of children aged 12–23 months in Kaduna are fully immunized<sup>[5]</sup>, surpassing national averages and outperforming regional peers. This speaks to Kaduna’s relative strength in routine immunization, though gaps remain when scaling to adolescent-focused delivery during routinization. There is a need to institute and implement a state-specific adolescent health delivery framework that accounts for the sustainable resource mobilization, human resource, service provision platforms, and demand generation that guarantees sustainable HPV vaccination success

## Policy and Governance Environment

Kaduna has demonstrated political commitment to routine immunization, supported by donor investments and past reforms. However, HPV vaccination during routinization suffers from the absence of a comprehensive adolescent health policy framework that anchors service delivery, financing, and demand generation. Without a state-owned adolescent health delivery strategy, HPV vaccination even though routinized, may not become fully institutionalized across schools, PHCs, and adolescent/youth platforms. Strengthening the existing HPV vaccination governance structure is critical for sustainable coordination, financing, and accountability.<sup>[6]</sup>

## Service Delivery and Operational Capacity

Kaduna’s PHC system has benefited from strong investments in GIS-enabled microplanning and accountability scorecards, but HPV delivery requires expanded operational capacity. Routinization is constrained by uneven school–PHC linkages, limited outreach to pre adolescents and adolescents in informal settings, and weak integration of HPV into adolescent health services. Security-compromised LGAs also face fragile logistics and reliance on temporary staff, with no structured retraining or supervision since the introduction. Sustained service delivery will require structured school–PHC mapping, retraining of health workers, and embedding HPV vaccination into adolescent service platforms.<sup>[6]</sup>

## Data Systems and Performance Monitoring

Kaduna has long been a pioneer in leveraging digital tools for RI, yet HPV vaccination data remains fragmented, poorly disaggregated, and often captured manually, leading to gaps in real-time monitoring. The absence of an adolescent health data dashboard means HPV performance is not tracked with the same rigor as childhood RI. Strengthening HPV-specific reporting, embedding digital data capture, and

aligning with broader adolescent health indicators are necessary to improve accountability and inform decision-making during routinization.<sup>[6]</sup>



[5] 2021 Nigeria Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS). Statistical Snapshots. <https://www.unicef.org/nigeria/media/6126/file/2021-MICS-Statistical-Snapshots-Report.pdf>

[6] SCIDaR (2025) Kaduna State HPV Vaccination Programmatic and Financial Assessment. (Unpublished)

# What's Working in Kaduna

## What we learned from Kaduna's HPV vaccine rollout

The 2024 HPV vaccination campaign in Kaduna offered a valuable snapshot operational capacity and system opportunities and gaps that must be strengthened or addressed for sustained success.

### Strengths

- **High-Level Political Will:** Strong coordination with state and LGA actors fostered early decision making and problem solving during the HPV vaccine launch.
- **PHC Infrastructure and Cold Chain Coverage:** The Gavi supported CCEOP previously rolled out in Kaduna ensures wide cold chain availability across PHCs, enabling consistent vaccine storage and last-mile delivery capacity.
- **Use of Community Engagement Structures:** Kaduna leveraged pre-existing platforms such as Ward Development Committees, traditional management sensitization, institutions, teams and for mobilization and rumour management which helped address early misinformation.
- **Digital Tools for Supervision and Monitoring:** The state's use of mobile-based supportive supervision tools (e.g., Open Data Kits (ODKs) and geospatial dashboards helped track implementation in real time, flag performance bottlenecks, and support evidence-based adjustments during the rollout phase.
- **Early Adoption of Performance Based Models:** Building on the success of earlier RI programs, some LGAs introduced performance scorecards

and reward systems to incentivize health worker participation and inter-LGA competition, boosting accountability and morale on the front lines.

### Gaps

- **Demand Generation Decline Post-campaign:** Demand generation efforts have not been optimally sustained or expanded post campaign. Thus persistent misconceptions and ignorance threaten vaccine uptake during routinization.
- **Service provider Burnout:** Health workers fatigue, overextension, and inconsistent threaten effective allowances adolescent service delivery and quality of care.
- **No Dedicated Budget Line:** Kaduna State currently lacks a specific, protected budget line for routine immunization, including HPV vaccination within its health financing framework. Without domestic resource mobilization, there is no continuity once donor cycles end.
- **Limited use of public-private partnerships for health:** Kaduna has not adequately leveraged its private sector partners to strengthen domestic resource mobilization for health. Unlocking this potential could provide sustainable financing, and accelerate progress toward improved routine immunization, including HPV vaccination.



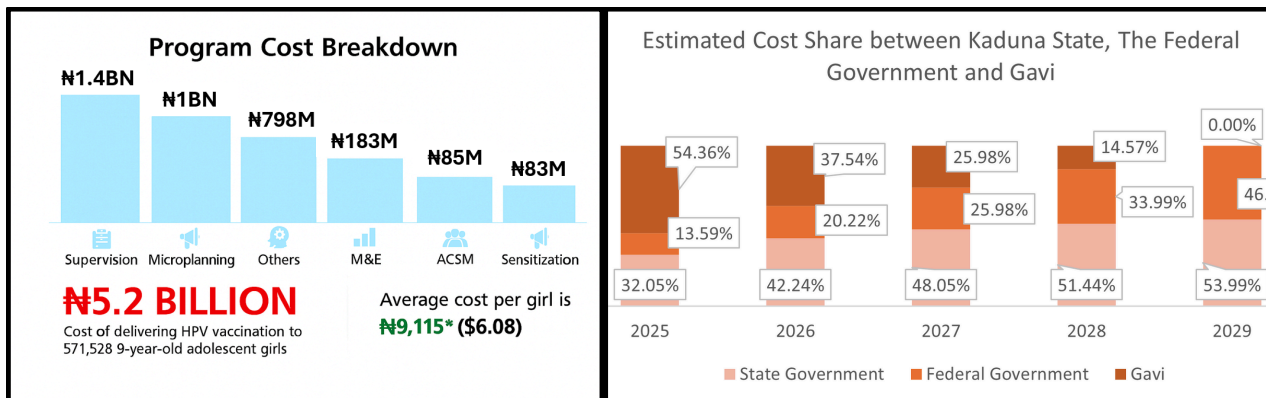
## Costing and Sustainable Financing for HPV Vaccine Delivery (2025–2029)

To support strategic decision-making, a comprehensive financial assessment was conducted to estimate the cost of delivering HPV vaccines to eligible adolescent girls across Kaduna State between 2025 and 2029. The projected 5-year cost to vaccinate the target population of 571,528 9-year-old girls is **₦5.2 billion**. For 2025, this cost is estimated at **₦850 million**, representing **0.007% of the ₦127 billion approved state health budget**.

Key Indicator	Value
Target Population (Girls Aged 9)	571,528
Total 5-Year Cost (2025–2029)	₦5.2 Billion (\$3.4 Million)
Average Cost per Girl	₦9,115 (\$6.08)
Main Cost Drivers	Service delivery, supervision, micro planning, M&E

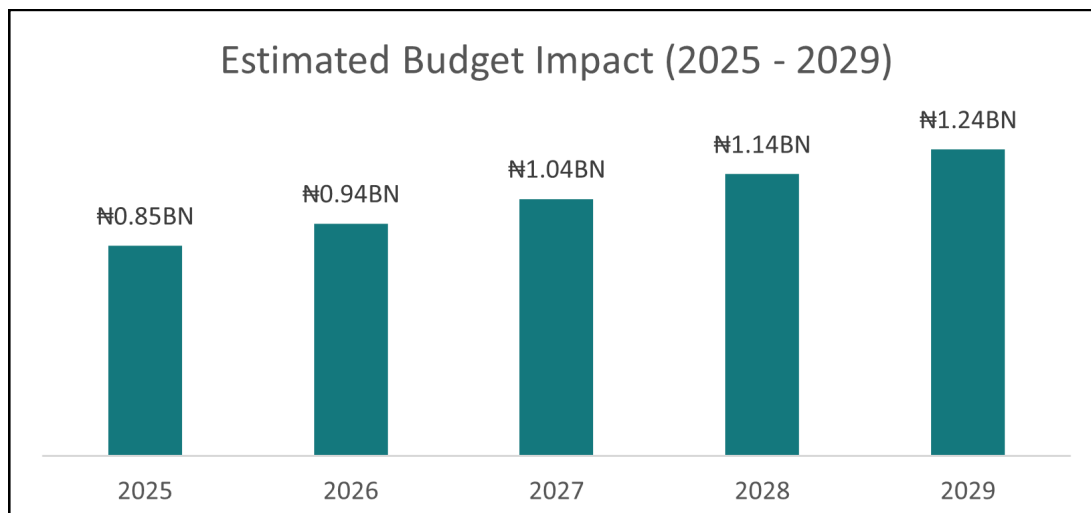
Sensitization & Advocacy, Communication, and Social Mobilization (ACSM) are severely underfunded, despite being essential to sustaining demand and maintaining momentum for HPV vaccination.

Vaccine delivery costs are majorly co-financed by the federal government, state governments, and donors, such as Gavi, who provides vaccines. While vaccine procurement is solely at the national level, these costs contribute to the total cost of vaccine delivery in Kaduna state (₦10 Billion for 2025-2029). Additionally, given the changing donor financing landscape, Kaduna needs to incrementally increase funding for vaccines and create a structured plan to account for Nigeria’s Gavi-transition by 2028.



### Budget Impact

Kaduna requires a steady increase in health expenditure to vaccinate 571,528 girls against HPV by 2029. To meet her target population, the state must pair sustained budget allocations with innovative resource mobilization to close the HPV financing gap and protect future generations of women and girls from cervical cancer.



# Why We Must Do This Now

## Cost of Inaction - HPV Vaccination in Kaduna



### Human Toll

~300 - 350 preventable deaths in Kaduna annually



### Household Burden

Families face ₦5 million+ in treatment bills, plus transport and lost income



### Health System Strain

Oncology centers in Kaduna overstretched with limited chemo/radiotherapy slots



### Productivity Loss

Women in their 30s-50s lost during prime working and caregiving years



### Missed Savings

Skipping a ₦9,115 vaccine today = millions in future treatment costs



### Lifetime Risk

Girls who miss HPV vaccination face a 20–30x higher lifetime risk of cervical cancer



# The Smart Play for Kaduna

Policy and programmatic recommendations that will improve HPV vaccine delivery

## Policy Moves That Lock In Progress

### Fund for Impact

Kaduna needs dedicated funding for routine immunization, including HPV vaccination. Prioritize a dedicated routine immunization budget line in the annual health appropriation and ring-fence it under the Medium-Term Sector Strategy (MTSS) to enable predictable multi-year planning.

- **What to do now:** Insert a specific routine immunization line item into the annual state health budget and Medium-Term Expenditure Framework (MTEF). Link it to program-based budgeting (PBB) outputs

### Align all actors around the ₦5.2 billion financing envelope

Kaduna requires ₦5.2 billion over five years to achieve full coverage for eligible girls. This figure should become the common reference point for all actors, government, donors, and implementing partners.

- **What to do now:** Insert a specific routine immunization line item into the annual state health budget and Medium-Term Expenditure Framework (MTEF). Link it to program-based budgeting (PBB) outputs.

### Create a Kaduna Adolescent Immunization Blueprint

Kaduna needs a standalone, multi-year roadmap to institutionalize adolescent vaccination. The plan should include annual coverage targets, strategies for reaching out-of-school girls, and a school–PHC coordination model by LGA.

- **What to do now:** Convene a multisectoral design team under the KSPHCB to draft and launch the Kaduna Adolescent Immunization Strategic Framework (2025-2029), backed by a formal policy memo.

## Program Fixes That Will Multiply Impact

### Strengthen Continuous Capacity Building

Teachers, health workers, and youth influencers are the closest, and often only, interface between the HPV vaccination programs and end users. Equipping them with adolescent specific training and supportive supervision is essential for improved performance and increased trust.

- **What to do now:** Roll out a standardized HPV vaccination training curriculum across LGAs and institute periodic capacity building for service providers and other key actors.

### Intensify Demand Generation

Build on campaign momentum, sustain engagements with key local actors and encourage the use of their platforms to disseminate Pro-vaccine messaging. Additionally, proactively track and manage rumors that may derail HPV vaccine acceptance and uptake during routinization..

- **What to do now:** Embed culturally sensitive SBCC campaigns into LGA health communication plans, co-designed with local leaders and tailored to local realities.

## Leverage Local Resource Networks

Kaduna's extensive network of faith-based organizations, CSOs, and community influencers already support public health messaging and can be leveraged for grassroots mobilization.

- **What to do now:** Improve coordination with community resource groups.. Empower them to counter misinformation and, track community demand dynamics.

## Sell the value of HPV Vaccination, Mobilize Stakeholders

Policymakers require clear, simplified evidence to prioritize HPV vaccination. Program stakeholders, who lead implementation, play a critical role in translating data into actionable insights and ensuring that decision-makers understand the health and economic value of sustained HPV vaccination. Framing HPV vaccination as both a cancer prevention and a cost-effective investment will help galvanize support across sectors, including education, health, and finance.

- **What to do now:** Develop and disseminate a concise evidence brief with cost, coverage, and return-on-investment data tailored for policymakers; organize high-level policy dialogues linking HPV vaccination to broader adolescent health and economic growth; and engage influential champions from government, private sector, and civil society to amplify advocacy messages and secure long-term commitments.

## Strengthen Equitable Service Delivery

Kaduna State has a significant population of 9-year-old girls who are not enrolled in mainstream school systems. These out-of-school girls, often found in informal settlements, street trading, or alternative learning centers, stand a risk of being left behind in HPV vaccine delivery. Without deliberate action, gaps in coverage will persist, undermining herd immunity and the long-term success of the vaccination program

- **What to do now:** Map and reach out-of-school girls through targeted funding, community partnerships, and integration of HPV vaccination into adolescent-friendly and community-based services to ensure equitable access.

**These are not luxury reforms. They are strategic actions Kaduna can make now to deliver smart, scalable, and equitable HPV vaccine access**



## What You Can Do Now

Everyone has a role. And the time is now.

Sustaining the HPV vaccination program in Kaduna will require deliberate, coordinated and fast action. Here's what each stakeholder group can do starting now:

Stakeholder Category	Short term (0-3 months)	Medium term (4-6 months)	Long-term (6 months +)
<p><b>Policy makers and legislators:</b></p> <p><i>You have the power to turn political momentum into policy permanence.</i></p>	<ul style="list-style-type: none"> <li>• Prioritize a dedicated routine immunization budget line in the annual health appropriation.</li> <li>• Ring-fence HPV vaccination under the next Medium-Term Sector Strategy (MTSS) to enable predictable multi-year planning.</li> <li>• Become a HPV vaccine champion and sustain the advocacy movement.</li> </ul>	<ul style="list-style-type: none"> <li>• Use your platform to drive pro-vaccine messaging and action.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet the 1% IGR co-financing obligation.</li> </ul>
<p><b>Ministry of Health and the Kaduna State Primary Health Care Board</b></p>	<ul style="list-style-type: none"> <li>• Launch a public-facing HPV vaccination dashboard that tracks financing flows as well as school and PHC coverage in real time.</li> <li>• Generate real-time evidence and education for policy makers to enable them to understand the value of prioritizing routine immunization including HPV vaccination.</li> <li>• Develop a clear road map for reaching eligible girls in informal settings with the HPV vaccination</li> </ul>		
<p><b>Ministry of Education and School Authorities:</b></p> <p><i>You are central to reaching girls where they are</i></p>	<ul style="list-style-type: none"> <li>• Embed HPV vaccination into the school health calendar</li> <li>• Ensure that both public and private schools are accessible to PHC outreach teams.</li> </ul>		<ul style="list-style-type: none"> <li>• Train teachers and guidance counsellors to communicate clearly with parents and students, dispel misconceptions, and support mobilization.</li> </ul>
<p><b>Development Partners and Non-Governmental Organizations (NGOs)</b></p>	<ul style="list-style-type: none"> <li>• Align your resources and technical support with the costed plan to close gaps and avoid duplication.</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in outreach, especially for out-of-school girls.</li> <li>• Support the deployment of digital tools for adolescent registries and rumour tracking.</li> <li>• Prioritize underserved LGAs where routine infrastructure needs a boost and civil society partnerships are essential for demand generation.</li> </ul>	
<p><b>Private Sector and Philanthropies:</b></p> <p><i>HPV vaccination is a low-cost, high-impact investment in the health of future mothers, workers, and leaders.</i></p>	<ul style="list-style-type: none"> <li>• Co-finance logistics for HPV vaccine delivery in the communities where you operate.</li> <li>• Use your advertising platforms to spread evidence-based messaging and counter harmful myths that deter vaccine uptake.</li> </ul>		

<p><b>Community Leaders and Mobilizers:</b></p> <p><i>Trust begins at the grassroots.</i></p>	<ul style="list-style-type: none"> <li>• Use your influence to organize town halls, sermons, and community forums that demystify the vaccine and encourage uptake, especially for out-of-school girls.</li> <li>• Help co-create locally resonant messaging, translate materials into indigenous languages, and debunk rumours swiftly.</li> <li>• Keep PHCs and local officials accountable to ensure that no LGA or community falls through the cracks.</li> </ul>
<p><b>Civil Society and Grassroots Networks:</b></p> <p><i>You are the bridge between policy and people.</i></p>	<ul style="list-style-type: none"> <li>• Ensure parents, adolescents, and community leaders not only hear about HPV vaccination but understand its value.</li> <li>• Mobilize through household visits, market outreaches, town announcers, and peer networks, especially targeting out-of-school girls and hard-to-reach families.</li> <li>• Track refusals and dispel misinformation early.</li> </ul>

**Kaduna needs structured investment, shared accountability, and system support to sustain gains.**

# In Closing

## Kaduna Needs to Act Fast

Kaduna has laid a credible foundation for HPV vaccine delivery, but foundations do not immunize girls, systems do. To reach the over 500 thousand girls targeted between now and 2029, Kaduna must move from project to policy. That requires political will, domestic financing, and cross-sector coordination embedded in institutional architecture. The time to act is now.



## Acknowledgment

Special appreciation goes to the Kaduna State Government, the Kaduna State Ministry of Health (KSMOH), and the Kaduna State Primary Health Care Board (KSPHCB) for their leadership and guidance throughout the development of this document.

We also acknowledge the contributions of the state core group, including representatives from the Kaduna State Ministry of Health (MoH), Kaduna State Primary Health Care Board (KSPHCB), Planning and Budget Commission (PBC), Ministry of Education (MOE), state chairman LGA Health secretaries, Civil Society Organizations (CSOs), and youth representative, whose expertise and perspectives ensured that the recommendations presented here are evidence-based, context-specific, and aligned with both state and national priorities.

SCAN ME



This document was prepared by  
**Women Advocates for Vaccine Access (WAVA) and  
Management Sciences for Health (MSH)**

