



Experiences, challenges,  
and lessons learned  
from an immunization  
demand generation  
project in Afar, Ethiopia

JUNE 2015 – JUNE 2016

Copyright © 2016, PATH. All rights reserved.

The material in this document may be freely used for educational or noncommercial purposes, provided that the material is accompanied by an acknowledgment line.

For additional information, please contact Elisa Menegatti: [emenegatti@path.org](mailto:emenegatti@path.org)

Cover photo: PATH/Therese Bjorn Mason

## CONTENTS

|   |    |
|---|----|
| Introduction .....  | 4  |
| Challenges to achieving vaccine coverage .....  | 5  |
| Possible solutions for a challenging task .....   | 5  |
| Project activities: four approaches to successful behavior change .....                                     | 5  |
| Experiences delivering pro-immunization messages in schools .....   | 6  |
| Experiences delivering pro-immunization messages at market places .....                                     | 9  |
| Experiences delivering pro-immunization messages through the Women’s Federation (Women’s Forum meetings) .. | 10 |
| Experiences delivering pro-immunization messages at mosques .....   | 12 |
| Best practices and lessons learned .....  | 14 |
| Successful outcomes .....   | 14 |
| Identified challenges and suggestions for next steps .....  | 15 |
| Conclusion .....  | 16 |
| References .....  | 16 |
| Appendix 1 .....  | 17 |
| Appendix 2 .....  | 18 |

## INTRODUCTION

Immunization is one of the most effective public health interventions for reducing child mortality. But despite major progress, Ethiopia still sees one in sixteen children die before reaching the age of five years. Statistics tell us that 19 percent of children under 5 are not immunized, and so it is no surprise that many child deaths in Ethiopia are caused by vaccine-preventable diseases.<sup>1</sup>

The Afar Regional State of Ethiopia has one of the lowest immunization rates along with two other pastoralist areas—the Somali and Gambella Regions (Figure 1). In the Afar Region, the coverage rate falls to a mere 9 percent among children 12-23 months old.<sup>2</sup> Ethiopia’s Federal Ministry of Health cites average figures for children that still show a dramatically low level of only 47 percent vaccine coverage for Afar.<sup>3</sup> This is far short of the 80 percent coverage rate needed to avoid fatal measles outbreaks.

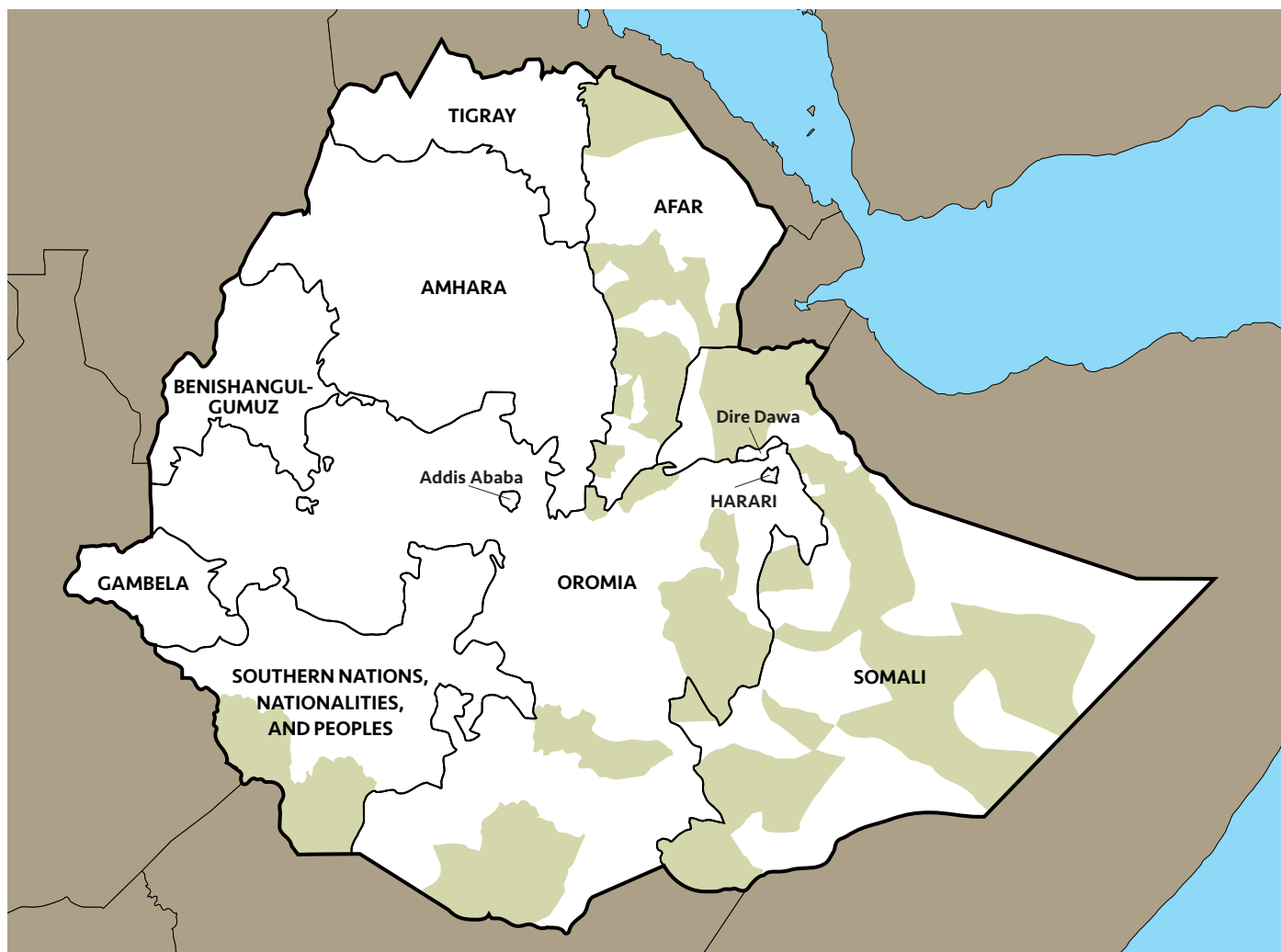
Immunization has been a priority for Ethiopia, and in recent years, the government and its partners have made concerted efforts to improve the Afar Region’s dangerously low child immunization coverage. In 2004, Ethiopia launched its

internationally acclaimed Health Extension Program to bridge the gap between communities and health facilities through deployment of Health Extension Workers (HEWs) to reach the rural population. HEWs work in the midst of the community they serve at Health Posts, from where they deliver primary services that cover 16 separate health packages, of which immunization is a key component. These HEWs are supported by “a health development army”, consisting of volunteer health promoters.

For pastoralist regions, such as Afar, Social Mobilization Committees (SMCs) were also set up to reach the communities with health messages. These community committees exist at all administrative levels down to the kebele (village) level, the lowest administrative structure. At each level, the committee includes representatives from the administration, the ruling party, religious and clan leaders, as well as representatives from schools and women’s groups. Each SMC member is meant to deliver different health messages to their specific community.

This report focuses on a vaccine demand generation project in two districts in the Afar Region of Ethiopia conducted by PATH. Information for the report was

**Figure 1.** Administrative regions and chartered cities of Ethiopia. ■ PCDP Woredas



Source: FAO, 2011.

gathered through interviews and a workshop attended by 120 SMC members and HEWs who played a crucial role in the implementation of the project. The HEWs are particularly well placed to comment and note any changes in the community, as they are not only tasked with promoting immunization but also with delivering and administering vaccines to community members.

## **CHALLENGES TO ACHIEVING VACCINATION COVERAGE**

In addition to the already low immunization rates, routine immunization coverage rates for the Afar Region—as indicated by the national expanded program on immunization (EPI)—have declined even further from previous years. To understand the low uptake of immunization services, experts took a step back to investigate and document reasons why immunizations are not being used.

First, the Afar Region is remote with very poor road infrastructure, making journeys arduous and long, and many areas are completely inaccessible by vehicle. Second, most of the Afar people are nomadic, constantly herding livestock over vast distances, making it difficult to administer follow-up doses. Urban inhabitants make up only 13 percent of the population, and reaching nomadic groups with key messages is challenging. Third, the region is a lowland area where temperatures routinely reach 48°C, making it one of the hottest places on earth. This climate requires an extensive and expensive network of refrigerators and freezers to provide a “cold chain” so that vaccines are not compromised by the heat. For these three reasons, the environmental context is very challenging for vaccinators to provide effective immunization coverage; however, these factors could be overcome by sufficient funding, logistical resources, and trained staff.

Perhaps the more important barriers to address are community beliefs and health-seeking behaviors. One contributing factor is that the majority of people in Afar are Muslim and religious leaders are very influential in community affairs. Indeed, when exploring why children and women are not being immunized, it became clear that many Afar communities not only lacked awareness of the health benefits of vaccines but also actively feared immunization. For instance, many community members believed that vaccines contained elements of pork (forbidden in Islam), that vaccines can render women infertile, or that they were designed specifically to kill their children in order to suppress the number of Muslims. Other misperceptions were not linked to religion, but were equally alarming to parents, such as concerns that vaccines would paralyze their child or were in fact expired medicines that would harm the child. A third tier of reasons included being unaware of the need and benefits of immunization, low understanding of the need to return for follow-up doses, and not realizing that mild fever and swelling are common side effects; this latter misperception often resulted in drop-out of the vaccine program.

## **POSSIBLE SOLUTIONS FOR A CHALLENGING TASK**

In Afar, more frequent and effective communication and advocacy around the benefits of vaccination, with tailoring of the messages and channels to the particular context, were clearly needed to drive immunization uptake.

In response, PATH has been working with support from Gavi, the Vaccine Alliance, to provide advocacy and communication support to the Afar Regional Health Bureau to strengthen outreach to religious leaders beginning in 2014. As some of the core misperceptions were linked to people’s Islamic beliefs, PATH worked with Islamic leaders to deliver positive immunization messages. Working closely with the Afar Regional Health Bureau and the regional Islamic Affairs Office, PATH trained and worked with more than 100 Islamic leaders to advocate for immunization.

Following this successful outreach work, the Afar Regional Health Bureau asked PATH to help revive and strengthen SMCs at the district and kebele level, again with the aim of generating demand for immunization among Afar communities. With additional funding from Gavi, PATH partnered with the Regional Health Bureau to pilot this activity in two areas in Afar—the Berhale and Yalo Districts. The aim was to explore whether supporting SMCs in Afar could be an answer to reaching more children and expectant mothers with immunization, ultimately paving the way to better immunization coverage, a healthier Afar community, and lower child mortality in the region.

The work began with an assessment of the performance of the SMCs at different levels. The assessment results determined the plan for providing support, which included advocacy visits and orientation and training workshops.

## **PROJECT ACTIVITIES: FOUR APPROACHES TO SUCCESSFUL BEHAVIOR CHANGE**

The project team supported the SMCs at both the district and kebele levels to plan, execute, and monitor immunization promotion activities. The SMCs met monthly to keep efforts on track. SMC members in close collaboration with HEWs conducted a series of awareness and demand creation activities in five different forums: schools, mosques, religious ceremonies, Women’s Federation meetings, and market places. Several SMC members, HEWs, and community members shared their experiences with the project team.

## EXPERIENCES DELIVERING PRO-IMMUNIZATION MESSAGES IN SCHOOLS



Atakilt Kidane, school principal with Abdu Muser, who won the immunization quiz at Berhale School, kebele 01. Photo: PATH/Therese Bjorn Mason.

### **Atakilt Kidane, school principal at Berhale School, kebele 01**

Atakilt has only been at the Berhale school for five months, but has previously worked eight years in Chefra—a remote area of Afar.

*“There are these misperceptions around immunization everywhere in Afar. Working as a principal at my previous school, I used to organize and run a variety of after-school clubs. For example, [we had] HIV, health, environmental protection and sports clubs. So when Amin [Head of the Berhale District Health Office], came to me and suggested immunization*

*outreach sessions at this school, I welcomed him, because I know from my previous job how effective such sessions can be.*

*These sessions are not only useful for reaching families of students; we also have many mothers and expectant mothers here at the school. Doing quiz sessions is really a great way to teach the students. The students in the audience will hear all the questions and the answers, and there’s also an element of competitive fun. Also, we told them that it’s a series of quizzes with prizes, so the students will be eager to listen and hear the answers in case they get to compete next time around.”*



Halima Muhamed after winning a book at the vaccination quiz competition at her school, Berhale school, kebele 01. Photo: PATH/Therese Bjorn Mason.

## Halima Muhamed, student at Berhale school, kebele 01

Halima is 38 years old and the mother of 7 children, the youngest a 5-year old. Halima has just completed 6th grade and is the school's oldest student, but is one of many other parents attending the Berhale school. Halima says,

*"At this school, there are 150 married women of which about 50 of them got married very young—at 12 or even as young as 10, before the legal age of marriage. And about 30 of them have already given birth.*

*I think this kind of quiz activity is a really good way to reach people; and if we continue with these kinds of school activities, then there will be no lack of awareness about the importance of immunization. The kids will tell their parents, but also many of us are already parents, and others are going to have children very soon. So doing immunization awareness activities in schools is a really good strategy."*

*My last three children have been fully vaccinated. I heard about immunization through different medias; from the radio, and also from community mobilizers and health extension workers. These days I am repeatedly hearing these messages from the kebele leaders."*



Medina Abdul with her husband, Mohamed Musa, her son, Hanfare, and a niece, Yalo District. Photo: PATH/Therese Bjorn Mason.

## Medina Abdul, first-time mother from Yalo District

*“Hanfare is my first child, and he’s now 10 months old. While I was pregnant I attended 5th grade at my local school. The Health Extension Workers came to my school and spoke to us about the benefits of vaccines; that they can prevent my child from getting measles and other dangerous diseases. They said; ‘tell your families at home and if you are married speak to your*

*husband. It’s important that you protect your children from these diseases—like polio paralysis.’*

*I heard some bad stories from neighbors, but we decided to bring Hanfare to be vaccinated. He’s all up to date with his immunization schedule. I tell my friends that nothing bad will happen if they have their babies immunized. I know the benefits of immunization, and that it is supported by our religion, so I can challenge anyone who speaks against vaccines.”*



## EXPERIENCES DELIVERING PRO-IMMUNIZATION MESSAGES AT MARKET PLACES



Kedir with Mustufa Ahmed (Health Extension Worker) and SMC member, Diminuw Ali at the market in Yalo town. Photo: PATH/Therese Bjorn Mason.

### **Kedir Biru Mulat, Disease Prevention and Health Promotions Coordinator, Yalo District**

*"I'm 28 and I've worked six years in here Yalo. I'm the Disease Prevention and Health Promotions Coordinator. In my job, I work hard to promote vaccines for pregnant women and kids under five in our community. We use the SMC members to strengthen our outreach program.*

*Market day is only once a week, so many people come to buy and trade products. There will be around 2,000 people—men and women. And a large crowd will come and listen to our messages. We end up handing out about 500 fliers.*

*We start early in the morning, around 7:30 a.m. I collect everything from the health facility, including brochures, the megaphone, and phone cards for the competition. There's a group of people that come with me, and the maternity and child*

*health coordinator will accompany me. Vaccination is a highly sensitive issue for our community. So when we go to the market, we also bring along a SMC member with us. Today, we brought along kebele leader Diminuw Ali, but other times we bring a different member of the SMC.*

*Then we enter into the market place, and we will use the megaphone to deliver the messages. It's very important to have the local leaders along with us because people will gather and listen to them. We also run a competition where spectators can win phone cards—we read out the number and the first to punch the numbers into their phone wins. This way people stay and listen to our messages.*

*I've only been an EPI coordinator for two years, but I know from colleagues and from district data that there was a low uptake of vaccines in the community. Now I can witness that people's perceptions are changing. Now we are achieving good results and the number of children brought to us to be vaccinated is going up."*

## THROUGH THE WOMEN'S FEDERATION (Women's Forum meetings)



Fatima Shumbaharic with her three children with the youngest being nine months old. Photo: PATH/Therese Bjorn Mason.

### **Fatima Shumbaharic, 28 year-old mother of 3 children, Yalo Town, Yalo District**

*“At first, I didn’t know much about vaccines and I didn’t bother to immunize my first child. Later on I heard about the importance of immunization through the Women’s Forum. Then I decided to vaccinate my two youngest children. Now I know that vaccines can prevent many diseases like TB, meningitis, measles, etc. So it is really an important health intervention.*

*Previously, vaccines were not well known, and their benefits were not well known. This is because of two things: there was no knowledge at grassroots level, and there were a number of bad perceptions. Even it was said that vaccines were used to kill children, vaccines are bad expired medicine from abroad, vaccinations will paralyze children, and vaccines will bring disease.*

*When looking after my siblings at our family home, I wanted to protect my younger sisters and brothers. I didn’t take them to*

*get vaccinated, and whenever a vaccinator came to our village I took my younger sisters and brothers and ran away and hid. Due to these bad misperceptions, we have a number of children in our community that suffer from polio paralysis; and a number of deaths resulting from measles, diarrhea, and pneumonia.*

*These perceptions still exist within some communities, and we are still facing this problem. As I am now a member of the Women’s Federation, I now advocate in my community for immunizations. I speak to mothers, who have bad perceptions and persuade them to get their children immunized. Now we can demonstrate the benefits of vaccines—how vaccinated children are less affected by disease than unvaccinated ones. Unvaccinated children are more frequently attacked by diseases, when compared to vaccinated children. We witness the benefits with our own eyes, and see the benefits in our own children. So now we are really advocating vaccination at grassroots level, and we are fighting those who still hold on to these bad perceptions.”*



Halima Aso (left) with fellow Women's Federation member Aysha Hodale in Berhale, kebele 01. Photo: PATH/Therese Bjorn Mason.

## **Halima Aso, 48 years old with 8 children—the youngest is 9 years old—is a member of the Women's Federation, Berhale District, kebele 01**

*"After I received the training from Hasna [Head of Berhale Women's and Children's Affairs and Head of the Berhale Women's Federation], I started working with the Women's Forum teaching the benefits of immunization. At the training session, we mainly focused on the need to "clear away" the bad misconceptions around immunization and provided information about how vaccines are safe and can protect against many killer diseases. We were also told about the common side effects of inoculation. For example, a fever is common but it will go away again on its own. Plus, we heard about the vaccine schedules that have to be followed. Once I'd received this training, I went back to my kebele and organized another small meeting with sub-kebele women's forum members, where I told them everything I'd learned at my training session. Then these sub-kebele members talked to their local network, which consists of one to five members. So in this way, the messages told at district level will reach everyone.*

*One of the misperceptions is that vaccines will bring infertility to women, and also it is believed that if the child receives a vaccine, that child will become paralyzed. These were the beliefs. After the hard work of the Health Extension Workers and Social*

*Mobilization Committee members, these beliefs are changing. In previous times, there were a number of vaccine-preventable diseases that resulted in serious illness, disability, and death. For example, if a child had conjunctivitis due to measles, traditional healers would cut around here [next to the eye], which often ended up in serious bleeding and claimed the child's life. And whenever a child was paralyzed from polio, they would insert cuts in the buttocks, knees and ankles, which again would cause serious bleeding. The aim of cutting was to cause a swelling after which they would drain the swelling and then finally the fresh blood.*

*Now there is a huge improvement—almost all are getting immunized. These beliefs are being solved. Going back some years, there are so many sad stories. I cannot tell you in one day, it will take a long time to recount this. There are many lives claimed from measles outbreaks, even my own child died from measles. Most families would have lost at least one child like this. My relatives, my neighbors, they all lost children. Sometimes, even five to six children at one time. This was normal life—it wasn't just my daughter, it happened to every family.*

*No question, having lost my own daughter to measles is one reason for why I was asked to join the Women's Federation. Also, other selection criteria are whether you can remember the past, and if you understand the future. Based on these criteria, I was selected to join the Women's Federation. I feel pain when remembering the past, but it makes me happy to be part of creating a different future."*

## AT MOSQUES



Aliyu Shifa, Head of Yalo District Health Office, speaking at the Afar immunization demand generation project workshop in Mekele, Tigray, on June 26, 2016. Photo: PATH/Therese Bjorn Mason.

### **Aliyu Shifa, Head of Yalo District Health Office**

Aliyu has worked for five years as the Head of Yalo District Health Office. He's the secretary of the Yalo District SMC, and in that role he has been documenting the activities of the SMCs in Yalo District.

*"The most important thing has been to work through religious leaders. Sheik Kedir [Yalo Head of Religious Affairs and SMC member] has worked very hard in Yalo to get all the Imams onboard to deliver pro-vaccine messages. His work has made a massive difference in our community. They've broken down these very challenging misperceptions. In every mosque in the district, on every Friday, the Imam will preach about the benefits of vaccines."*



Hasan Aliyu (left), Walie kebele Administrator in Yalo District, with Imam Yahya Ibrahim, also from Walie. Photo: PATH/Therese Bjorn Mason.

## **Hassan Aliyu, Administrator for Walie kebele, Yalo District**

Hassan has been the Administrator for Walie kebele, in Yalo district, for eight years. His father also served the Walie community for more than 20 years as a kebele administrator.

*“You always have to think of the community, their cultural and religious beliefs and lifestyle, when designing a project and trying to reach these people. You have to think. The bad perceptions around vaccines are usually linked to religion, and therefore the Imam is the best placed person to answer these concerns. I, as the kebele administrator, represent the government, and the government is often seen as an outside*

*force. But the Imam is regarded as part of Afar society and his views are respected.*

*The Imam’s messages include the benefits of vaccines, when and where to get the immunizations, and that vaccines are given free of charge. He will also answer a number of questions that will be raised. He tells them that he knows more about this than them, and if there are difficult questions he will refer to one of the Health Extension Workers present.*

*The work of the Social Mobilization Committee has really transformed immunization in our kebele—now people come to claim the vaccines for their children. They now see it as their right.”*

# BEST PRACTICES AND LESSONS LEARNED

## SUCCESSFUL OUTCOMES

Implementing the project with a relatively small donor grant has shown that creating a demand for immunization and ultimately behavior change can be achieved very cost-effectively in Afar. The main reason is that the project tapped into the established structure of the SMCs. The project focused on helping the SMCs to function better.

The multiple approaches created cumulative effects on community members receiving messages from a variety of sources—particularly those sources that are respected and listened to in the community. The members of the SMCs are local leaders in health, education, religion, clan politics, and women's groups. Each member then spreads messages about the importance and benefits of vaccines through existing structures. This project has supported local leaders, and in turn, the community to take ownership of promoting immunization.

*"[This program has been a success in generating demand for vaccinations] because it involves the community, it has become part of the community, and the task of promoting immunization is now owned by the SMC, who themselves are part of the community. They've deeply been involved in solving the problem. And this is really the best practice."*

- Kedir Biru Mulat, Disease Prevention and Health Promotions Coordinator, Yalo District

*"In my life I haven't encountered many people dying from measles, whooping cough and the like. But I hear about the bad times from my family. They talk as if they were living in the dark. And now they have left the dark times, and are in the light. It makes me proud to be part of this work—bringing people from the dark and into the light. I'm proud and very happy to be one of the actors doing that."*

- Hasna Salih, member of the Women's Federation, Berhale District, kebele 01

A key to success in driving demand for vaccines in Afar is to engage with religious leaders as immunization allies.

*"The reason for the focus on training Imams is because the community's misperceptions are linked to religion. So involving religious leaders is really the right place to start. They are the people best placed to deliver the pro-immunization messages and to convince people that their fears are unfounded. We've convinced all the Imams, and also their followers that Islam is promoting anything that*

*will bring about a healthy community. All the Imams in Yalo District promote these health messages at Friday prayers, and at other religious ceremonies like funerals, Nika wedding ceremonies, Eid, and other religious events, etc."*

- Sheik Kedir Mohamed, Head of Yalo Religious Affairs Office

Focusing on supporting and strengthening the SMCs can have wider effects than creating demand for immunization, and can transform the knowledge and uptake of other health services. In Yalo and Berhale Districts, the SMC members and HEWs did not only advocate for vaccines during outreach sections but also used the opportunity to speak to the community about other aspects of the 16 health packages, including family planning, hygiene, and institutional delivery, for example.

*"So the SMC actively worked on correcting these misperceptions and educating the community on the benefits of immunization, the schedule of vaccinations, etc. But we also linked the outreach and advocacy sessions to all the 16 health components, so we also promoted hygiene, family planning, delivery at the health center, etc. So we've also been able to improve the uptake on other services. For instance, now many more mothers will come to the health center to give birth."*

- Mohamed Hassan, Party leader for Berhale District

Inspired by the immunization promotion work led by SMC members, HEWs seized more opportunities to promote immunization to the community. For instance, HEWs promoted immunization in conjunction with the distribution of seeds to farmers by the Safety Net Program following the recent, severe drought conditions.

Similarly, HEWs spoke to mothers about the importance of immunization whilst conducting a therapeutic feeding program for malnourished women and children. Immunization, of course, becomes even more important during a severe period of drought, because malnourished children are more susceptible to disease.

*"The Social Mobilization Committee is the key to success. Before we never gathered the population in public to speak to them about immunization, but now we look for opportunities when people gather not only just in market places, schools, mosques, but also when people gather at OTP [Outpatient Therapeutic Program] sites, and come to receive their food aid."*

- Melaku Bayew, EPI Focal person, Gube Dora Health Centre, Yalo District

## IDENTIFIED CHALLENGES AND SUGGESTIONS FOR NEXT STEPS

The SMCs would benefit from additional training and support regarding monitoring of activities. Despite receiving training and introduction of a simplified reporting format, the SMCs have mainly recorded activities and beneficiary numbers in their meeting minutes. This limits capturing sufficient details about the activities, which could prove important for future planning.

*"We need to be better at monitoring the activities and the results we're seeing. We need to have more support and help with documenting activities, monitoring and evaluating activities."*

- Mohamed Hassan, Party leader for Berhale District

It may be useful for SMCs to deliver reports by mobile text messaging as well as in hard copy. This way reporting problems could be spotted early and rectified, and clarifications can be requested immediately. Another option worth exploring is to involve a senior HEW (coordinator level) in reporting, as HEWs are familiar with detailed reporting.

During the implementation of the project, a serious challenge has been posed by a lack of vaccine supply and logistics shortcomings. Berhale District level SMC members reported a stock-out of vaccines. Not only does this lack of supply affect immunization coverage but it could also damage results achieved to date on the demand generation side. When mothers walk with their children for considerable distance for immunization, only to find that none are available, this news spreads within the remote kebele communities and affects the willingness of other community members to take their children to the health post for immunization.

*"Actually, we have a shortage of vaccines now. And in my district that has become a very hot issue; if a mother doesn't get a vaccine for her child, she will come to my Women's Affairs Office with the case. Mothers now see it as a right to have their children vaccinated. It's becoming a political issue."*

- Hasna Mufta, Head of Berhale Women's Affairs Federation

One of the logistical shortcomings hampering the project is the lack of solar fridges or power, resulting in stocking vaccines at health posts being a major challenge.

*"We have a lot of difficulty with cold chain management, three of the district's kebeles are situated on the main road and have power, the remaining are not connected to the grid. In the past we've had to hire freezer space in private people's homes, where they have a generator. Many of the health posts are not equipped with solar fridges."*

- Mohamed Hassan, Party leader for Berhale District

District-level SMC members expressed concern about reaching the very mobile nomadic sections of the Afar community. The recent severe drought affecting Afar has worsened the intensity of their migration, rendering them even more difficult to reach. Reaching the nomadic population may need a different approach and may also require other transport options apart from reaching communities on foot, as the community spread out over large areas and the Afar temperatures are extreme.

*"[About] the nature of the mobile community; more than 50 percent of Yalo District's population is mobile. So it is very, very tough to reach and vaccinate them on schedule. They will be here, then another time they will be somewhere else. And they move to neighboring districts. Reaching them is a major challenge—and to reach them really needs a different approach."*

- Aliyu Shifa, Head of Yalo District Health Office

*"What's really left to deal with is reaching each and every segment of the community, especially the part of the community that is very mobile. Also, there are a number of really difficult to access kebeles and sub-kebeles. It's very difficult to get there, and there's no transport."*

- Amin Hummo, Head of Berhale District Health Office

One innovative way of reaching these mobile communities could perhaps be expanded further. A Yalo kebele administrator sees advocating for immunization during wedding ceremonies as key to reaching mobile communities because a Nika wedding ceremonies attract big numbers of wedding guests, who stay for several days. Messaging is again delivered by an Imam, and there is ample time to advocate and answer questions from the attending wedding guests.

*"It's difficult to gather people because many Afar people move around with their herds of animals. They are here and there. If you do manage to gather people, you will only have a small crowd. But they'll come if there is something to eat and drink. But for this, of course, there's no budget. Thinking about this challenge, I came up with this idea; it's a duty of every relative to attend a wedding ceremony, for at least two days. Wedding ceremonies usually take place on Sundays, so relatives attending the wedding will stay both Sunday and Monday. At weddings, there will be around 300-400 men and 200-300 women. You'll rarely come across such huge numbers of people gathered in one place. And secondly, as they spend two days at the ceremony, they have ample time to listen and ask questions. And there's no issue of food and drink, because this, of course, is already provided."*

*So using this opportunity, we [the speaker and Imam Yahya Ibrahim] explain the benefits of vaccines to the wedding guests. Wedding ceremonies are led by religious leaders, therefore I*

*teamed up with Yahya, who is our kebele Imam. The Imam, of course, has considerable power during the ceremonies, he can delay if guests don't listen and can even threaten not to perform the ceremony. And during the Nika wedding ceremony, Yahya [Imam] will make the couple promise to get their children immunized. The Imam simply makes it part of the vows that the couple take.*

*In Afar, social problems are often discussed at weddings, so it doesn't fall outside the norms of society. During the wedding, you are meant to give advice to the newlyweds. So it's a good forum to address critical health issues, like the benefits of vaccines. Another reason why this is a good forum is that you get everyone attending the wedding ceremony—not only mothers and expectant mothers but also husband and clan leaders.”*

- Hasan Aliyu, Walie kebele administrator, Yalo District

Hasna Muftah, Head of Women's Affairs in Berhale District, suggested engaging and training traditional birth attendants to become immunization allies as another approach to reaching the nomadic segments of Afar society.

*“There are a number of traditional birth attendants who we should involve. Because they can advocate for health facility delivery and they can advocate for immunization.*

*Traditional birth attendants will have the ear of local women. They come free of charge and spend one month with the expectant mothers. So they are both respected and loved by the women they have helped. They also have apprentices that learn “on-the-job” from them. These apprentices are supposed to take over the work from them, when they become too old. Working with these people will take us into the future, and therefore is very important.”*

- Hasna Muftah, Head of Women's Affairs Federation, Berhale District

A remaining challenge is to reach the most remote, the most mobile, and possibly the most traditional nomadic communities with immunization advocacy; followed by reliable, routine coverage; and follow-up across the scorching, mountainous ranges and deserts of the Afar Region. Expanding this model to other remote and pastoral regions in Ethiopia, as well as similar communities in other countries, could improve community acceptance of and demand for immunization.

## REFERENCES

1. Central Statistical Agency [Ethiopia] and ICF International. Ethiopia *Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International, 2012.
2. Beyene M, Biks G, Teferra A. Level of immunization coverage and associated factors among children aged 12–23 months in Lay Armachiho District, North Gondar Zone, Northwest Ethiopia: a community based cross sectional study. *BMC Res Notes*. 2015; 8:239. doi: 10.1186/s13104-015-1192-y.
3. Federal Ministry of Health, Ethiopia National Expanded Program on Immunization. *Comprehensive Multi-Year Plan 2011*. Addis Ababa, Ethiopia: Federal Ministry of Health, Ethiopia; 2010.

## CONCLUSION

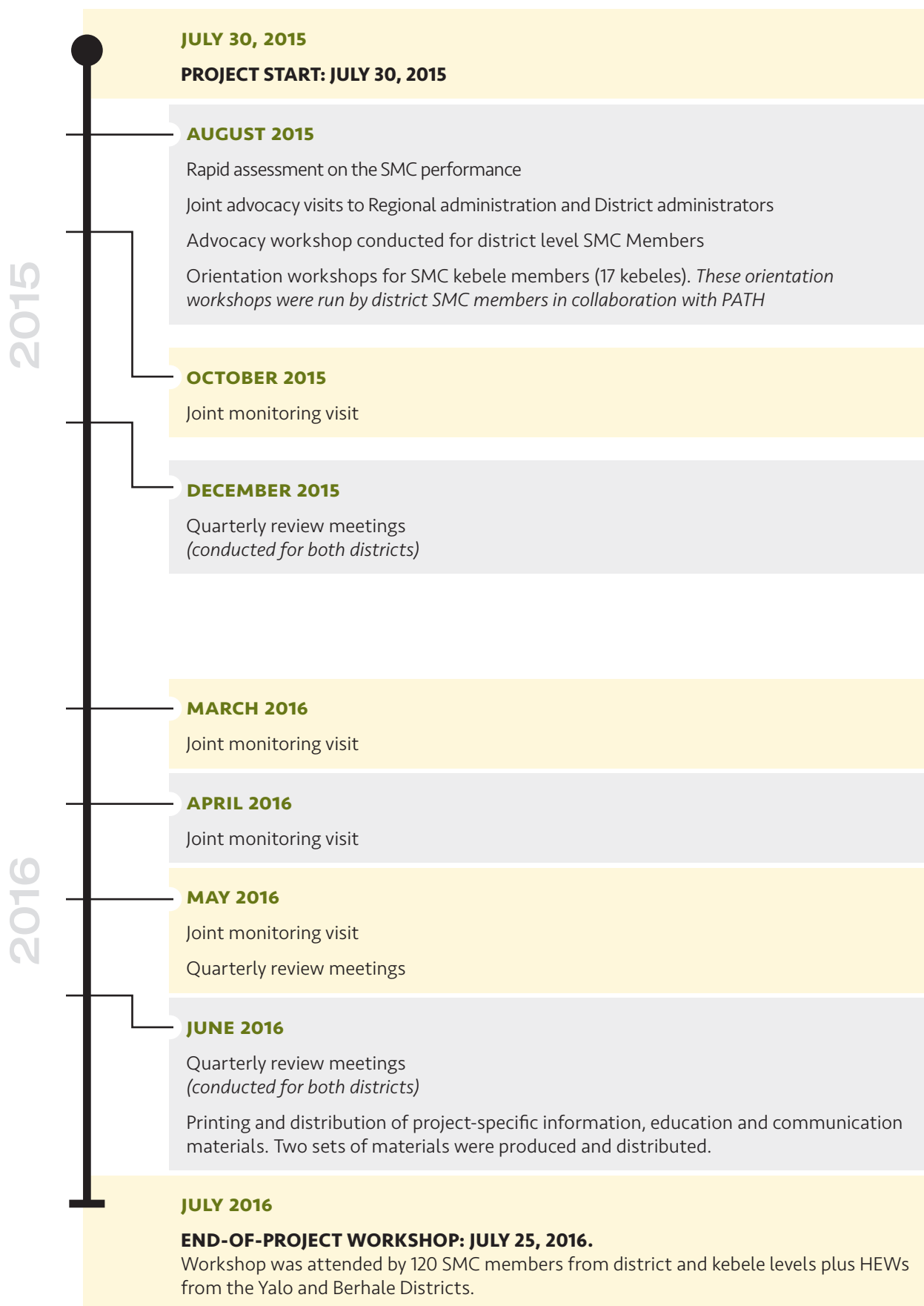
The pilot project conducted in Afar demonstrates that SMC engagement and communication activities can effectively increase levels of community uptake of vaccines and that community engagement can overcome barriers to vaccine acceptance.

Many interviewees reported huge improvements in immunization perceptions over a short period of time. The challenges to immunization coverage in remote rural regions like Afar in Ethiopia are not purely topographical, but include misperceptions, low levels of knowledge, and cultural factors.



## APPENDIX 1

Key activities conducted during the project year:



## APPENDIX 2

Advocacy and communication activities conducted along with beneficiaries reached, July 2015 - July 2016.

|    | TYPE OF ACTIVITY CONDUCTED  | NUMBER OF ACTIVITIES CONDUCTED |      | NUMBER OF BENEFICIARIES |      |       |      |      |       |       |
|----|-----------------------------|--------------------------------|------|-------------------------|------|-------|------|------|-------|-------|
|    |                             | BERHALE                        | YALO | BERHALE                 |      |       | YALO |      |       | TOTAL |
|    |                             |                                |      | M                       | F    | TOTAL | M    | F    | TOTAL |       |
| 1  | Market place                | 3                              | 2    | 4600                    | 6200 | 10800 | 2110 | 3250 | 5360  | 16160 |
| 2  | Schools                     | 6                              | 8    | 574                     | 460  | 1034  | 480  | 603  | 1083  | 2117  |
| 3  | Mosques                     | 111                            | 88   | 7304                    | 1064 | 8368  | 6008 | 889  | 6897  | 15265 |
| 4  | Political leader meetings   | 24                             | 27   | 1897                    | 1980 | 3877  | 1346 | 1468 | 2814  | 6691  |
| 5  | Women's Federation meetings | 11                             | 16   | -                       | 897  | 897   | -    | 1153 | 1153  | 2050  |
| 6  | Wedding ceremonies          | -                              | 5    | -                       | -    | -     | 664  | 1280 | 1944  | 1944  |
| 7  | Funeral ceremonies          | 4                              | 6    | 837                     | 457  | 1294  | 672  | 733  | 1384  | 2678  |
| 8  | Safety net program          | 4                              | -    | 431                     | 678  | 1309  | -    | -    | -     | 1309  |
| 9  | OPT program                 | 8                              | 12   | 278                     | 569  | 847   | 470  | 875  | 1347  | 2194  |
| 10 | Outreach activities         | 23                             | 29   | 543                     | 989  | 1532  | 672  | 1207 | 1879  | 3411  |
| 11 | Ruling party meetings       | 12                             | 9    | 1430                    | 1608 | 3038  | 823  | 986  | 1809  | 4847  |
| 12 | Youth forums                | 5                              | 3    | 234                     | 194  | 328   | 158  | 124  | 282   | 610   |





**MAILING ADDRESS**  
PO Box 900922  
Seattle, WA 98109 USA

**STREET ADDRESS**  
2201 Westlake Avenue, Suite 200  
Seattle, WA 98121 USA

[www.path.org](http://www.path.org)