

JANUARY 20, 2026



LADY HEALTH WORKERS
PROGRAM, SINDH

HPV VACCINATION CAMPAIGN



HPV Vaccine Introduction

Human Papillomavirus (HPV) vaccination is a proven public health intervention aimed at preventing HPV infections, which are the leading cause of cervical cancer among women. Cervical cancer remains a major cause of illness and mortality in low- and middle-income countries, including Pakistan, due to limited screening and late diagnosis. The HPV vaccine is safe, effective, and recommended by the World Health Organization (WHO) for girls aged 9–14 years, as it provides maximum protection when administered before exposure to the virus. Introduction of the HPV vaccine is a critical step toward reducing the burden of cervical cancer and achieving long-term women's health outcomes.

● HPV Vaccination Campaign

Pakistan introduced the HPV vaccination through a national campaign with the support of the Government of Pakistan, provincial health departments, Gavi, WHO, and UNICEF, targeting girls aged 9–14 years. The campaign aimed to protect millions of adolescent girls from future cervical cancer and to lay the foundation for integrating HPV vaccination into routine immunization services. In Sindh province, a province-wide HPV vaccination campaign was implemented across all districts, reaching both urban and rural populations through schools, health facilities, and community-based strategies. Despite challenges such as misinformation and vaccine hesitancy in some areas, Sindh made significant progress and has taken steps to include the HPV vaccine in routine EPI services.

Role of LHWs & LHS in HPV Vaccination Campaign (Sindh)

Lady Health Workers (LHWs) and Lady Health Supervisors (LHSs) played a vital role in the implementation of the HPV vaccination campaign in Sindh province. A total of 6,457 Lady Health Workers and 306 Lady Health Supervisors were actively engaged in community mobilization, household visits, and awareness sessions to educate parents and caregivers about HPV infection, cervical cancer prevention, and the importance of vaccinating eligible girls. LHWs supported identification of target beneficiaries, addressed misinformation and vaccine hesitancy, and facilitated coordination with EPI vaccination teams at the community level. Lady Health Supervisors ensured effective planning, supervision, and monitoring of field activities, while providing on-job support to LHWs. Through these combined efforts, the campaign achieved an overall coverage of 51.71% in Sindh province, highlighting the significant contribution of the Lady Health Program in expanding access to HPV vaccination services.



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No: PDEPISK/(Sub-File)/-10387/
Dated: 03 July 2025 /10425

Minutes of Meeting on LHW Engagement for HPV Campaign
Date: 25 June 2025
Venue: RMNCH Office

Participants: Dr. Khalid (Deputy DG RMNCH Sindh), Dr. Sadaf (RMNCH Sindh), Dr. Adnan Khan (EPI Sindh), Dr. Zain Bhayo (EPI Sindh), Ms. Sofia Ahmed (Acasus), Ms. Eesha Danish (Acasus), Mr. Asim (RMNCH),

General Decisions:

RMNCH shared an overview of the LHW Management Information System (MIS), including what data is routinely collected and what can be made available to EPI. It was clarified that Khandaan registers, though currently in hard copy, contain useful household-level data that can be digitised with coordination between RMNCH and EPI. The LHW registers do not currently differentiate between in-school and out-of-school girls, so a full-scale registration campaign using that lens would be challenging. However, a focused registration effort led by LHWs can be considered and should take no more than one month. RMNCH nominated Dr. Sadaf as the Provincial Focal Person for HPV campaign coordination with EPI.

S. No.	Action Item
1	Share district- and UC-wise LHW deployment data with EPI via email
2	Share a standard template with RMNCH with required data points to extract from Khandaan registers
3	Notify all RMNCH DDHOs of the data collection process and template through an official letter
4	Establish a WhatsApp group between DDHOs RMNCH, EPI focal points, and RMNCH provincial officials to streamline coordination
5	Coordinate with DDHOs and LHSs to digitise Khandaan register data based on shared template

(Signature)
(DR. RAJKUMAR)
PROJECT DIRECTOR
EPI SINDH KARACHI

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Pre Campaign Challenges

- Low community awareness about HPV vaccination and cervical cancer prevention.
- Community resistance due to age cohort concerns (vaccination of adolescent girls aged 9–14 years).
- Gender-related misconceptions and cultural sensitivities affecting acceptance of the vaccine.
- Insufficient time for pre-campaign social mobilization in some high-risk and underserved areas.
- Whether (Pre-monsoon and monsoon) created uncertainty in planning and preparedness activities.
- Prolonged and early rainfall increased the risk of flooding and poor road conditions in several districts.
- Delays in logistics and supply chain management due to weather-related transportation disruptions.
- Limited access to hard-to-reach and remote areas, especially rural and flood-prone locations.

During Campaign Challenges

- Continuous whether starin (monsoon rains) restricted movement of vaccination teams, LHWs, and supervisors.
- Difficult terrain and damaged infrastructure limited outreach activities in remote settlements.
- Absenteeism of eligible girls in schools, particularly during adverse weather conditions.
- Non-cooperation or delayed consent from some parents and caregivers due to misinformation and rumors.
- Persistent vaccine hesitancy linked to misconceptions about fertility, safety, and morality.
- Challenges in coordination between school-based, outreach, and community-based vaccination strategies.
- Increased workload on LHWs and LHSs to trace missed children and address refusals during the campaign.

Post Campaign Challenges

- Presence of missed children, especially in mobile, migrant, and hard-to-reach populations.
- Need for follow-up of initially absent or refused cases at the household level.
- Data reconciliation challenges between EPI records and community-level tracking by LHWs.
- Sustaining community trust and acceptance after the campaign, particularly in resistant areas.
- Limited awareness among communities regarding continuation of HPV vaccination through routine services.
- Need for stronger integration of HPV vaccination into routine EPI and Lady Health Worker Program activities.

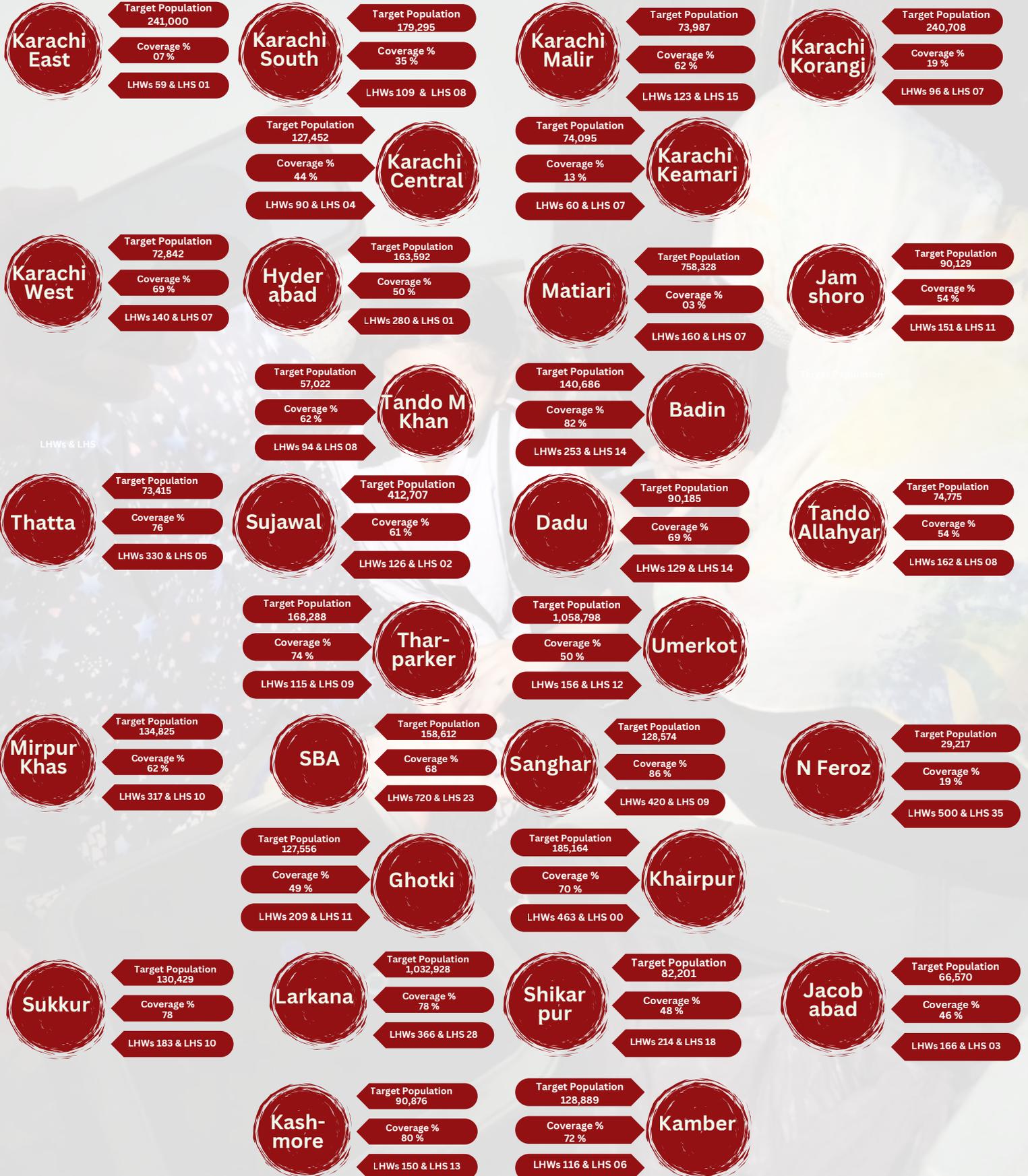
Way Forward

- Align future HPV vaccination activities with seasonal calendars to minimize monsoon-related disruptions.
- Strengthen pre-campaign social and behavior change communication (SBCC), focusing on age- and gender-specific concerns.
- Institutionalize coordination between EPI and the Lady Health Worker Program for sustained coverage.
- Enhance capacity building of LHWs and LHSs on HPV messaging, rumor management, and adolescent health.
- Expand community-based strategies to reach out-of-school and missed girls.
- Integrate HPV vaccination into routine EPI services with support from LHW follow-up mechanisms.
- Establish continuous monitoring, supervision, and data quality assurance systems.
- Maintain donor and partner engagement to ensure sustained financing, technical support, and community trust.

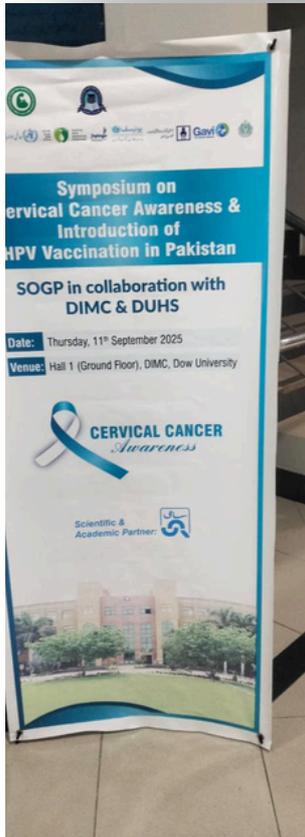
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District Wise Deployment HPV Vaccination Coverage by LHS & LHWs.



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