THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

GUIDELINES FOR INTRODUCING HPV VACCINE INTEGRATED SERVICES IN TANZANIA "HPV PLUS"

IMMUNIZATION AND VACCINE DEVELOPMENT (IVD) PROGRAM

November 2019

ACRONYMS AND ABBREVIATION

ACRONYMS	ABBREVIATION
ACSM	Advocacy Communication and Social Mobilization
AHI	Adolescent Health Interventions
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
CaCx	Cervical Cancer
CECAP	Cervical Cancer Prevention
CHMT	Council Health Management Team
DAC	District Aids Coordinator
DEO	District Education Officer
DIVO	District Immunization and Vaccine Officer
DRCHCO	District Reproductive and Child Health Coordinator
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HMIS	Health Management Information System
RHMT	Regional Health Management Team
RAC	Regional Aids Coordinator
REO	Regional Educational Officer
RIVO	Regional Immunization and Vaccine Officer
RRCHCO	Regional Reproductive and Child Health Coordinator
STI	Sexually Transmitted Infection
WEO	Ward Educational Officer

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The Ministry is committed to disseminate and utilize these guidelines following dissemination of the demonstration results to guide the implementation of HPV Vaccine Integrated Services.

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CHAPTER 1: BACKGROUND

1.1 Introduction

Cervical cancer is a unique public health challenge and it is caused by sexually transmitted infection-Human Papilloma Virus (HPV). Tanzania has the highest number of cervical cancer cases in eastern Africa,with 54 cases per 100,000 women(Globocan 2008). Cervical cancer ranks as the most frequent cancer among women in Tanzania. Most of the reported cases of cervical cancer are in advanced stages because many women do not have access to cervical cancer screening or treatment services. Recognizing the fact that primary and secondary prevention interventions target opposite ends of a wide age spectrum, it is important for the program to ensure both diverse age groups are served effectively. With national introduction of HPV vaccine to prevent human papillomavirus (HPV) infection, a comprehensive approach to preventing cervical cancer, which incorporates vaccination, screening and early treatment — opens up new opportunities for strengthening reproductive health services and building interdisciplinary links. Though vaccines are introduced in a large scale in Tanzania, screening and early treatment programmes will continue to be needed throughout the next several decades to prevent disease in women already infected or those who become infected with oncogenic HPV types not included in the vaccines.

HIV and cervical cancer are tightly inter-linked. Women living with HIV are four to 10 times more likely to develop cervical cancer – and more likely to develop it at a younger age. Conversely, women infected with HPV are twice as likely to acquire HIV than those without HPV-infection. Adult HIV prevalence in Tanzania is also a public health issue. The country has a generalized stable epidemic with estimated 4.7 % of adult population to be living with HIV in 2017. However, the burden of the epidemic varies considerably between different geographical regions, sex and population groups. Women are disproportionally more affected, with an HIV prevalence of 6.2% versus 3.1%among men (THIS 2007). Nationally in the period of October-December,2019 a total of 13,427 adolescent girls and boys between 10-14years received care during the reporting period. The National response to HIV and AIDS includes interventions aimed at prevention, Care & Treatment and support.Adolescents and youths living with HIV are subject to risk of cervical cancer in the future, stigma related with chronic illness, challenges of parental authority and therefore, they may wish to have their own youth friendly services.

Existing sexual and reproductive health programmes can have an important strategic role in integrating HPV Vaccination, HIV counselling and care services and cervical cancer secondary prevention services. HPV has significant implications for Adolescent Health Initiative. A positive experience with HPV vaccination among the target age group of 9-14 years will be a natural entry point towards the eventual vaccination of adolescents using multiple entry platforms.

The challenge of delivering a vaccine that prevents both a sexually transmitted infection and cervical cancer to an adolescent population will make it necessary to inform and educate not only adolescents but also their parents and the health-care providers. This must be seen as an opportunity, especially for the sexual and reproductive health community, given the need to educate adolescents early about risk-taking and general health.

1.2 Rationale for HPV Vaccine Integrated Services

WHO has established that cervical cancer should ***no longer be considered a public health problem when the age-adjusted incidence rate is less than 4 per 100,000*** **women-years.** Aligning with cervical cancer elimination agenda, the Ministry of Health maximizes all opportunities available to ensure more than 90% of girls in the target group are fully vaccinated. Global elimination strategy proposes an approach that will enable countries to reach 2030 global targets of less than 4 per 100,000 women years with key interventions that, in turn, will lead to elimination of cervical cancer as a public health problem. The proposed targets for 2030 are:

- **90%** of girls fully vaccinated with the human papilloma virus ("HPV") vaccine by 15 years of age;
- **70%** of women are screened with a high-precision test at 35 and 45 years of age; and
- **90%** of women identified with cervical disease receive treatment and care.

In Tanzania, HPV vaccine has been introduced as the national immunization programme since April 2018 with routine immunization approach. Current coverage with HPV 1 is 85% and HPV 2 is 44% from January-September, 2019 service delivery data. However this coverage varies by Region, District Councils and facilities. The vaccine is offered as a stand alone intervention in schools, health facilities and at community level. On the other hand, 30% of health facilities provides Youth Friendly Services but HPV vaccine is not a part of their services. According to the WHO guidelines HPV infected girls should get 3 doses of HPV vaccine. The HPV vaccine program globally and in Tanzania experinces, challenges in tracking the 3rd dose for HIV infected girls and very low uptake of HPV vaccination in adolescent girls living with HIV infection. Given that HIV infected women are more likely to have cervical cancer, it is essential to vaccinate HIV infected adolescent girls with three doses of HPV vaccine.

Given the financial, social and logistic constraints associated with ASRH services and the limited experience with integrating multiple interventions with HPV Vaccine, it will be important to assess practicability and feasibility of intergrating simple interventions combined with HPV vaccination. Field –testing integration of HPV vaccination with other interventions in multiple platfoms such as in school, ASRH and HIV the so called **"HPV Plus**" is critical. Selected interventions will need to be simple

and quick to deliver since health workers are likely to face significant logistic and time constraints during vaccination visits at all levels. While neither national immunization programmes nor sexual and reproductive health programmes are ideal for providing services to young adolescents, a package of health services should be developed to offer girls HPV vaccine and other interventions that could have a broader impact on their reproductive health.

The MOHCDGEC through IVD in collaboration with PORALG, GAVI and Jhpiego will field test “HPV Plus” integrated service delivery model in two selected low performing District Councils on HPV coverage. Experience from designated 6 Demonstration sites will provide value to stakeholders across the public health community by highlighting feasibility, lessons, best practices and challenges in implementing “HPV Plus” integrated services. These guidelines are intended to be used by HCPs to ensure standardized “HPV Plus” service delivery practice in demonstration sites. It is anticipated the experience will offer insights for building a common policy framework to ensure standardized replication of the model across.

CHAPTER 2: OBJECTIVES AND TARGET OF THE PROGRAM

2.1 The "HPV-Plus" Integrated Program will Focus on the Following Objectives:

- Identify low performing regions, districts and facilities where HPV vaccine integrated demonstration project will be implemented
- Field test " HPV Plus" integrated model of service delivery in school,community and facility platforms for improved uptake of fully immunized adolescent girls
- Strengthen capacity of demonstration sites to implement effectively "HPV Plus" integrated services
- Conduct operational research and document findings of delivering HPV vaccine-integrated services .

2.2 Recommended Target age and Vaccination Schedule

- Girls aged 9-14 years prior to becoming sexually active.
- Two (2) doses with a 6-month interval between the 1st and the 2nd dose.
- The interval of not greater than 12-15 months is suggested to enable girls to complete the schedule promptly before becoming sexually active.
- A 3-dose/supplimentary schedule (i.e. at 0, 2, and 6 months) is recommended for females 15 years and older, and for those known to be immunocompromised and/or HIV-infected (regardless of whether they are or not receiving antiretroviral therapy)

KEY MESSAGES ABOUT HPV VACCINE PROGRAM IMPLEMENTATION IN TANZANIA

- It is not necessary to screen for HPV infection or HIV infection prior to HPV vaccination
- It is not cost effective to provide the vaccine to girls' already sexually active and therefore exposed to the virus.
- In the first three years of rollout (2018, 2019 and 2020) eligible girls will be the upper age cohort of 14 years. This is due to global HPV vaccine shortage.
- The target will be all girls who will turn 14 years starting from January 1st to December on the respective year.

Registration of Eligible Girls

- Registration of eligible girls in schools will be done by School Health Coordinator in collaboration with other School Teachers . See annex C for more details on the content.
- Registration of eligible girls out of school will be done by Ward Executive Officer (WEO),Ward Health Officers, MEO's and Community Health workers, Community Health workers and Community Leaders using the designated Register form (For more detials see annex C)
- In situation where the printed register will not be available, the normal exercise book will be used and columns will be made in exercise book to collect the same information as in register form.
- All eligible girls will be registered irrespective of their previous vaccination status. Those already vaccinated will be noted and information recorded in the register and will be given vaccination card.

REFER TO THE NATIONAL HPV INTRODUCTION GUIDELINES FOR MORE DETAILS

2.3 Target Group and Service Delivery Package for "HPV Plus" Integrated Services

The package for "HPV-Plus" Integration will incorporate delivery of 5 main services: 1) Group Health Education on HPV vaccination/ASRH/HIV Prevention, 2) Assessment of Visual Acuity, 3) Assessment of Nutritional Status, 4) deworming tablets and 5) HPV Vaccination for the target group. All these services will be offered in three different platforms: facility, community and schools. See table abd figure 1 below for **" HPV Plus" Package of Interventions.**

The Program Considers two Main Targets:

10-<15 yrs.: Boys and Girls will be offered Group Education

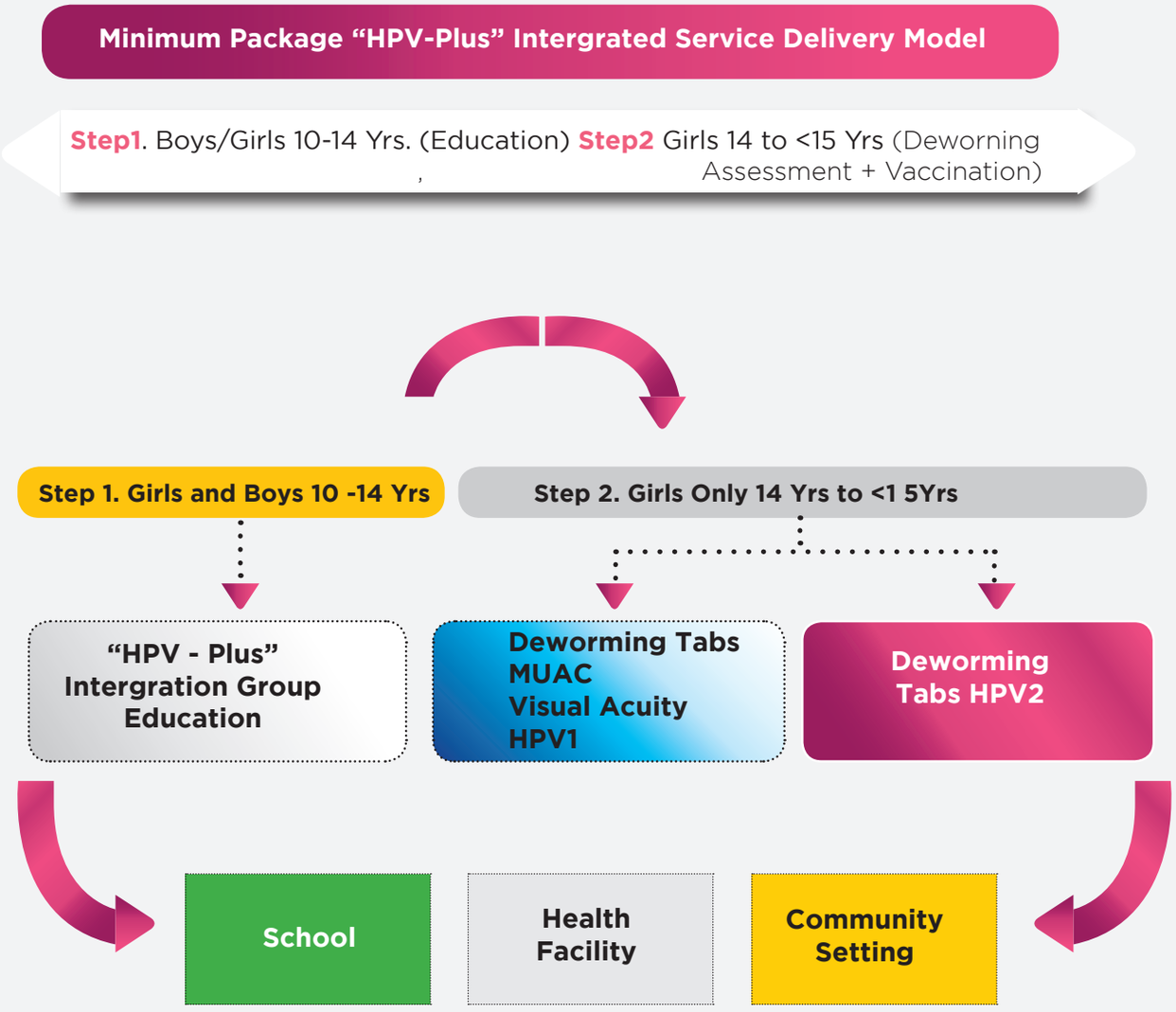
14-<15yrs.: Girls only will receive a package of additional 4 services which includes assessment of nutritional status, assessment of visual acuity ,deworming tablets and HPV Vaccination

INTERVENTIONS		
EDUCATION	COMMODITIES DELIVERY	SCREENING/ASSESSMENT
Single session multi component education on : 1. Cervical Cancer Prevention/ HPV Vaccine 2. Sexual and Reproductive health including HIV /STI Prevention 3. Personal Hygiene and body changes 4. Avoiding risky behavior such as cigarette smoking, drugs and alcohol 5. Nutrition 6. Breast Health awareness	1. HPV Vaccine: 1st and 2nd dose plus supplementary dose for HIV+ girls 2. IEC materials **3. Deworming tablets during 1st and 2nd visit**	1. Nutritional Status assessment using Mid Upper Arm Circumference (MUAC) **during 1st visit** 2. Visual assessment using Visual Acuity Chart **during 1st visit**

- "HPV-Plus" will be provided in three platforms: health facilities, in school and out of school/community setting as illustrated in figure 1 below.
- Health Care Providers oriented on "HPV –Plus " in the health facility should offer integrated services in RCH, ASRH and HIV Clinics and strategically maximize opportunity where adolescenst receive other services to include "HPV Plus".
- While majority of adolescent girls are found in Schools,however facilities should be strengthened to attract girls in routine "HPV Plus" services to promote uptake of HPV Vaccine in all potential entry points including HIV Clinic and ASRH/RCH Clinics
- Adolescent girls identified with abnormal results will be referred for further management in nearby health facility using existing referral forms.Health Care providers should develop specific strategies to reinforce tracking and feedback mechanism for all referral cases i.e with visual/nutrition issues

Disabled adolescents have less access to health care services and therefore experience unmet health care needs. **Providers should ensure adolescents with disability** in schools and out of schools receive "HPV Plus" services and they should strive to protect their rights and dignity.

Figure 1: Service Delivery Model



Key Recommendations for " HPV Plus" Integrated Services

It is strongly recommended, one of the below package should be delivered in the demonstration sites based on what is feasible in the local setting (Eidher/Or)

- "HPV Plus" Package 1: Gp.Education+HPV Vaccination + at least 2 of the recommended interventions (Deworming Tablets, MUAC,VA)
- "HPV Plus" Package 2: Gp. Education+ HPV Vaccination + 3 recommended interventions (Deworming Tablets, MUAC, VA)

CHAPTER 3: IMPLEMENTATION PLAN FOR "HPV PLUS" INTEGRATED SERVICES

The following activities should be conducted before implementation:

- Conduct program assessment (Regional, District, Health Facility and Schools) to identify gaps and strength to ensure smooth take off
- Conduct Regional level inception/key stakeholders orientation meeting that includes R/CHMTs, ASRH partners, CECAP partners, HIV program implementation partners, Representative from the Ministry of Education
- Develop Health facility micro plan and involve health workers, school teachers and community leaders to identify and agree on the number of outreach services and dates per month.
- Ensure Registration of all eligible girls in schools and those out of school and intensive social mobilization is conducted including parents and teachers meetings. Facilitate ACSM activities in schools, facility and community levels
- Print and distribute IEC materials, training materials and data collection tools for health care workers.
- Ensure Vaccines and Supplies are available for HPV vaccination
- Assess data management for HPV vaccination integrated services
- Assess and ensure proper waste management
- **Build capacity of Health Care Providers on "HPV-Plus" Integrated Services**
  - 4days HPV Vaccine integration orientation should be conducted to promote learning and build capacity of health care providers to offer "HPV Plus" Integrated services.
  - Every participant is expected to be actively involved in all aspects of 3 days classroom sessions and 1 day of field practice.
    - **Classroom/Theory :** 3 days including simulation pratice **PLUS**
    - **1 day Field** Practice: Ensure field sites are prepared well in advance and teachers/head of schools and community leaders are also informed prior with officila letter
  - **Participants** should be Health Care Providers selected from the facilities in the following units: RCH/Vaccination,HIV Clinic and ASRH Clinic
  - **Facilitators**: should include a combination of HPV,ASRH, HIV, Eye and Nutrition experts from the District level: DIVO,DRCHCO,DAC, Nutritionist,Eye Specialist, Regional Level: RIVO,RRCHO, RAC,Nutritionist or National trainers from the three level of discipline (Imunization/HPV,ASRH and HIV)

Teachers, Ward, District and Regional Educational Officers will also receive on site orientation during implementation of "HPV Plus" integrated services that focus on: informing parents and girls, registration of girls, preparation of vaccination session in schools, recording vaccination and make follow up of eligible girls to make sure they receive two doses of HPV vaccine

The regional and districts health and educational system authorities should collaborate to coordinate orientation activities.

Content of Service Providers during "HPV-Plus"Integration Orientation

Day 1 and 2: ASRH Package

- Introduction: background, rationale, ASRH services in Tanzania
- Health problems Adolescents experience
- Communicating with and counseling adolescents
- Sexuality Education ,Body changes, Personal and Menstrual Hygene
- Risky behavior :alcohol /drug use / cigarette smoking etc
- Pregnancy Prevention /Impact of early pregnancy during adolescence
- STIs and HIV prevention including abstinence,condom use and HIV testing
- Breast Health Awareness/Recognizing abnormal breasts
- Nutritional Care : tips on healthy food
- Linkage and Referral (what should be referred)

Day 2: HPV Vaccine Package

- Cervical Cancer Prevention: Primary/ Introduction to HPV infection and cervical cancer
- HPV vaccine eligibility, contraindications
- HPV vaccine administration and storage
- Recording and monitoring of HPV vaccine doses.
- Adverse Effects Following Immunization and its reporting.
- Social Mobilization including communicating about HPV vaccine with key stakeholders

Day 3: Monitoring "HPV Plus" Services and Simulation Practice

- Data management: collection,documentation and compilation using multiple tools **(register/indicators and tally sheet/linking with current immunization tools)**
- Key indicators for monitoring implementation of " HPV Plus" Integrated service

  Simulation practice in the classroom provides opportunity for health care providers to practice, build confidence and prepare them to be capable of bridging and translating knowledge into practical skills in **HPV Vaccine integrated service delivery**

Day 4: Field Practice

Participants should be given opportunity to practice in the field (in schools and in the community) how to provide " HPV Plus" Integrated services mentioned below in real setting

- "HPV Plus" Integrated Services-Group Education
- Providing-Deworming tabs
- Assessing nutritional status using MUAC and VA by using VA Chart
- Provide vaccine (HPV 1 and HPV 2) to eligible girls
- Proper documentation: HPV Registers, HPV Integration Tally Sheet, Immunization Tally Sheet and HPV Vaccine Card
- Refer when indicated

  For more details see Simulation and Field Practice Guide

Table 1: Implementation plan for "HPV Plus" Integrated services

This table describes a summary of key activities which should be implemented from the initial phase of program implementation

TARGET	ACTIVITIES BEFORE IMPLEMENTATION	ACTIVITIES DURING IMPLEMENTATION
90% of 10-14 years adolescent girls in the target population received "HPV-Plus" Integrated education **80%** of girls in the target group fully vaccinated with the human papilloma virus ("HPV") vaccine by March 2020 **80%** of girls aged 14-<15 yrs. received "HPV Plus" Integrated Services Increase coverage of 2nd dose of HPV Vaccination to 14yrs girls from 44% in 2019 to >= 80% by end of March 2020	• Engage keys stakeholders to develop strategy for HPV Integrated services • Conduct Human Centre Design Workshop (HCD) workshop involving key stakeholders to make decisions about what services to integrate, how, when, by whom • Conduct needs assessment to identify gaps and existing strength and opportunities for smooth implementation • Develop facility based Microplans that will include (target in school,out of school,CTC,number of schools/ villages/street/ wards and hard to reach areas) • Develop outreach plans • Identify different stakeholders at implementation level to support different components the program • Ensure availability of commodities, supplies and equipment(deworming tabs, HPV vaccine, HIV Test Kits and reagents,MUAC Tapes and VA Snell's Chart) • Adopt/Develop "HPV – Plus" Integrated Guidelines and training materials	• Conduct inception meeting to orient all key stakeholders on "HPV Plus" • Orient Regional Education Officer (REO).District Education Officer (DEO), Ward Education Officer (WEO) and other influential groups, policy decision makers and religious leaders on "HPV –Plus"Integrated Services • Conduct Regional /District PHC meeting on "HPV –Plus "Integrated Services • Ensure availability of all essential supplies and equipment for smooth delivery of "HPV-Plus" Integrated Services (supplies for training and service delivery) • Build capacity of Regional and District Trainers on " HPV-Plus" Integrated services • Provide "HPV-Plus" Integrated Services and monitor implementation and ensure service delivery data is collected, analyzed, periodically reviewed and reported • Conduct"HPV-Plus" Integrated outreach services to improve uptake and access • Promote sensitization and demand creation activities

TARGET	ACTIVITIES BEFORE IMPLEMENTATION	ACTIVITIES DURING IMPLEMENTATION
	• Develop M&E tools for "HPV-Plus" Integrated services • Review and update the supervision checklist to include the component of HPV vaccine • Print and distribute all necessary documents for "HPV- Plus" Integrated services (Guidelines, training materials/M&E tools and IEC Materials)	• Facilitate joint supportive supervision and mentorship with REO,DEO,WEO and ASRH/HPV/HIV coordinators from Regional and District level • Conduct regular review/ dissemination meeting to share best practices from "HPV Plus" Integrated service implementation • Work on sustainability of "HPV Plus" Integrated service implementation • Advocate for utilization of existing resources to support "HPV –Plus" Integrated services

Roles and responsibilities at different levels for "HPV –Plus" Integrated Services

Regional level

- Lead the micro planning process and budgeting for the integrated HPV, HIV and ASRH in the region
- Plan/coordinate and guide CHMTs to conduct integrated HPV, HIV and ASRH training and implementation of all activities
- Ensure availability of commodities and data collection tools for integrated HPV, HIV and ARHS such as tally sheets, supervisory checklists, Monitoring and evaluation forms / tools in councils and health facilities.
- Ensure timely collection and compilation of data on integrated HPV, HIV and ASRH Services.
- Conduct supportive supervision and mentorship to ensure quality of delivery of integrated services

Council level

- Ensure that integrated services for HPV, HIV and ASRH is an agenda of the full council meetings.
- Conduct Council advocacy meeting for resource mobilization on integrated HPV, HIV and ASRH services.
- Oversee the development of integrated HPV, HIV and ASRH micro plans

- Facilitate implementation of Advocacy Communication and Social Mobilization activities in the Council.
- Coordinate and facilitate HPV Vaccine integrated trainings
- Ensure availability of supplies and commodities such as vaccines, testing kit, family planning commodities, cold chain and logistics materials
- Ensure timely collection and compilation of data on integrated HPV, HIV and ARHS Services.
- Conduct supportive supervision and mentorship to ensure quality of delivery of integrated services

Facility level

- Identify and enumerate girls coming for the HPV immunization, ASRH and HIV based on date of birth and provide integrated services according to guideline (facilitate registration of all eligible girls in collaboration with teachers)
- Ensure all supplies and comodities including HPV vaccine, ASRH and HIV services are available during integrated service delivery.Ensure integrated services areas for HPV vaccination, HIV and ASRH remains safe and clean.
- Ensure integrated services and storage of vaccine, HIV and ASRH supplies according to guidelines.
- Ensure integrated implementation plans are displayed at the facility.
- Ensure timely collection and compilation of data on integrated HPV, HIV and ASRH Services.
- Ensure the proper waste management on integrated HPV, HIV and ASRH Services.
- Develop detailed micro planning linking with schools and communities.

Health facility micro-plans (Appendix B) should include:

- **What:** integrated HPV vaccination, HIV and ARSH activities to be done (sensitization, mobilization, registration of target adolescent girls, mapping)
- **When:** Dates for integrated HPV, HIV and ARSH services, schedule for community and school sensitization/mobilization and immunization.
- **Where:** List of schools, facility or outreach post for integrated HPV vaccination, HIV and ARSH services.
- **Who:** Health workers at RCH, CTC, OPD, VHW, teacher, targeted adolescent girls, contacts of school authorities, Community leaders, Influential person in the community, decision makers and political leaders.

School Level

- Identify the target group for “HPV-Plus” Integrated services (boys and girls between 10-<15yrs)
- Register all eligible girls -14 yrs to be vaccinated with HPV on HPV Vaccine Register book
- Sensitize students and the school community about “HPV-Plus” Integrated services

  prior to the day of vaccination
- Assist in the setting up area for delivery of “HPV-Plus” Integrated services at his/her school
- Calls eligible students to“HPV-Plus” Integrated service delivery point
- Controls the crowd (enforces queue)
- Screen eligible girls coming for HPV Vaccination based on date of birth
- Assist HCP to fill the name and the date of vaccination on HPV Vaccine card and gives the card to the girl for safe keeping
- Update registers for girls who have been vaccinated
- Report any reported/observed AEFI to Health workers

Community level

- Advocate and mobilize community for “HPV-Plus” Integrated service
- Inform parent/guardian and the community on importance of HPV vaccine
- Register all targeted girls out of school in his/her village
- Set up area for delivery of “HPV-Plus” Integrated services, if no dispensary in the village.
- Assist to screen girls with 14 years coming for the immunization based on date of

  birth
- Follow up of all registered girls (OOS) to make sure they have got vaccine.

CHAPTER 4: COMMUNICATION AND SOCIAL MOBILIZATION

4.1 Background

Increasing community awareness through timely, complete and appropriate communication is the key to successful and sustainable "HPV-Plus" Integrated services In order to achieve integration objectives all potential stakeholders at National, Regional, Districts, Health facility and Community level need to be reached with different approaches for accessing information about the availability of HPV Vaccine integrated services in the country.

This guidance highlights all key messages that are cross cutting among health programs and age groups that if effectively shared, will enable successful and sustainable implementation of "HPV Plus" integrated services. The program recommends health care providers and program managers and community to use existing communication materials e.g., Leaflets, Posters and fact sheets developed under:

- Immunization Vaccine Development Program
- ASRH Program and
- HIV program

Table 2: Key "HPV-Plus" Integrated Communication Facts and Messages

CECAP/HPV KEY MESSAGES	ASRH KEY MESSAGES
• HPV is the most common sexually transmitted infection • HPV can cause cervical and other cancers including cancers of the vulva, vagina, penis, or anus, cancer in the back of the throat, including the base of the tongue and tonsils • Cervical cancer affects the reproductive organs of women and is a leading cause of death among women in Tanzania take	**ASRH/STIs** ▪ Adolescents should avoid risky behaviours such as cigarrete smoking, alcohol and drug use, delay early marriage, abstaining from sexual intercourse, delay in sexual intercourse and pregnancies as they become sexually active ▪ Young people are at high risk for contracting STIs ▪ Sexually transmitted infections (STIs) can be transmitted via unprotected sexual intercourse and intimate skin-to-skin contact

CECAP/HPV KEY MESSAGES	ASRH KEY MESSAGES
● Cervical cancer can take 10-20 years to develop after exposure to HPV ● Can prevent HPV infection by ensuring girls get HPV Vaccine at approriate age and boys are circumcised ● HPV vaccines are effective in preventing HPV infection, precancerous conditions that may lead to cervical cancer ● Girls should be vaccinated with HPV vaccine before they become sexually active and get exposed to HPV ● HPV vaccines are close to 100% effective in preventing HPV infection and precancerous conditions that may lead to cervical cancer ● Vaccine also helps to prevent most common type of HPV that causes cervical,throat,vulval,vaginal,penile and anal cancers ● The vaccine is safe, causes no major side-effects, and will not harm a girl's ability to have children in the future ● HPV vaccine is available free-of-charge in all health facilities that offer immunization services in Tanzania ● Girls should be vaccinated twice at intervel of 6 months (0, 6 i.e 1st dose in January and 2nd dose will be given in July) ● HIV infected girls should be given three doses of HPV vaccine (at 0, 2 and 6 months from the first dose)	■ Common STIs includes: HPV,HIV, Syphillis and Gonorrhoea ■ The burdern of HIV infection is much higher compared to other STIs in young population ■ The symptoms of HIV vary depending on the stage of infection. Majority are asymptomatic in the initial stages of the infection. ■ As the infection progressively weakens the immune system, they can develop other signs and symptoms, such as swollen lymph nodes, weight loss, fever, diarrhoea and cough. ■ There is no cure for HIV infection. However, effective antiretroviral drugs (ARVs) can control the virus and help prevent onward transmission to other people ■ STIs can be prevented by: abstaining from sexual intercourse, delay in sexual intercourse, male circumcision and using condoms ■ Testing for HIV and other STIs is strongly advised for all people exposed to any of the risk factors ■ ASRH services are available in Tanzania and provided with confidentiality and privacy **Personal and Menstrual Hygene** ■ Good personal hygiene habits keep bodies free of disease causing germs to grow and multiply ■ Good hygiene practices includes: washing hands and body often with soap and water, brushing teeth, changing into

CECAP/HPV KEY MESSAGES	ASRH KEY MESSAGES
	clothing clothes into sun to dry ■ Menstruation is a naturally occurring physiological phenomenon in adolescent girls and pre-menopausal women ■ Menstruation necessitates the availability of material resources to absorb or collect menstrual blood, facilitate personal hygiene and dispose of waste ■ Menstrual Hygiene Management : ▸ Use clean menstrual management material to absorb or collect blood that can be changed in privacy for the duration of the menstruation period ▸ Change sanitary materials every 4-6 hours ▸ Use soap and safe water for washing the body and materials used is important for safe menstrual hygiene ▸ Safe disposal of used menstrual materials is mandatory and should be organized by respective schools and communities **Nutrition** ■ Good nutrition is essential for keeping adolescent healthy across the lifespan ■ A healthy and balanced diet helps adolescent grow and develop properly and reduce their risk of chronic diseases, including obesity, heart disease, diabetes and cancers

CECAP/HPV KEY MESSAGES	ASRH KEY MESSAGES
	■ Avoid junk, sugery and fatty foods and do regular exercise to keep body fit **Breast Health Awareness** ■ Breast cancer is the commonest cancer in women worldwide including Tanzania ■ Breast cancer affects both women and men (1%) ■ The main risk factor for breast cancer is ageing (> 40 are more at risk). Other risk factors include family history of breast cancer, high cholesterol diet and obesity ■ It is important for adolescent girls and boys to recognize normal and abnormal breast ■ Seek medical attention for any abnormal signs such as: per nipple discarge,breast lump, per nipple bleeding and breast skin changes ■ To reduce the risk of breast cancer: avoid alcohol and smoking,do regular exercise, know your breast/do self breast examinaton and regular check up ■ Breast cancer screening services are available in Tanzania free of charge

4.2 Reaching The Target Audience

Effective communication and social mobilization is critical to reach the target audience and improve uptake of health services. Table 2 below describes the content to be delivered, target audience and channel of communication for "**HPV-Plus" Integrated Services**

Table 3: Content, Target and Channel for Communication of "HPV-Plus" Integrated Service Delivery

CONTENT	TARGET AUDIENCE
Minimum Communication Package **Basic facts on** : ● Cervical cancer burden and risk ● HPV vaccine as primary prevention ● Key messages around HPV vaccine ● Risky behaviors and how to avoid them ● STI and prevention of STI ● Education about HIV prevention relevant to adolescent ● Changes in puberty ● Personal and Menstrual hygiene management ● Nutrition ● Breast Health Awareness	To be delivered to all target audience mentioned below

CONTENT	TARGET AUDIENCE	
CONTENT	**TARGET AUDIENCE**	**CHANNEL OF COMMUNICATION**
Minimum Communication Package	Eligible girls and boys aged 10-< 15yrs	• Group Education • Dissemination of IEC materials • Radio and TV messages • Role plays • Social media/hot line and call for getting information • Text messages
Minimum Communication Package PLUS Roles and responsibilities to support implementation of "HPV-Plus Integrated Services and ensuring both boys and girls between 10-<15yrs receive required services	Parents/guardians/Community Members	• Orientation Meeting • Dissemination of IEC materials • Radio and TV messages • Publish information in local media • Community film shows • Text messages
Minimum Communication Package **PLUS** Roles and responsibilities to support implementation of "HPV-Plus Integrated Services and ensuring the target age group • 14yrs old girls are registered • Both boys and girls between 10-<15yrs receive required services	School committees Board Members and teachers Education Officers: at Regional. District and Ward level for Primary and Secondary Schools	• Orientation Meeting • Dissemination of IEC materials • Radio and TV messages • Publish information in local media • Official letter • Text messages

CONTENT	TARGET AUDIENCE	
Minimum Communication Package PLUS ● Roles and responsibilities on sensitizing community about "HPV-Plus" Integrated Services ● Roles of Community health workers on informing community members/parents about "HPV Plus" and tracking defaulters/ lost follow up and refer them accordingly. ● Reinforce budget allocation and sustainability of the program ● Identify and address challenges facing "HPV-Plus" Integrated services	Community leaders Influential people Religious leaders Community Health Workers (CHW) Members of Primary Health Care (PHC) Committee at Regional and District levels Ward Development Committee (WDC) members Health Facility Governing(HFG) Committees members	● Orientation Meetings ● Dissemination of IEC materials ● Radio and TV messages ● Text messages ● PHC /WDC/HFG meetings

4.3 Rumours/Crisis Management

Rumours can have a negative effect on community acceptance and trust of "HPV –Plus Integrated Program". While HPV vaccines have an excellent safety profile, experience from some countries indicate that misperceptions about HPV vaccine risks can have serious consequences, and in some cases, has led to a complete halt to all HPV vaccination activities. Experience with HPV vaccine shows that communication crises are fairly common – and often due to rumours and misinformation. In the package of " HPV Plus"delivery of deworming tablets (mebendazole or albendazole) to adolescent girls is considered safe, and can substantially improve growth rates, physical fitness and activity, cognitive and school performance, and social well-being. From the evidence of mass deworming exercise, rumours of child fatalities as well as children's fainting episodes and illnesses following treatment brought about considerable conjecture both locally and nationally that the drugs had been either faulty on humans or part of a covert sterilization campaign. A good communication plan can avert these problems, and also help to manage them if a crisis emerges.

The program will ensure clear communication about the safety and common side effects of the HPV vaccine and deworming tablets , together with endorsement from trusted leaders. Awareness among health workers and the public of possible adverse events will also reduce fear and misunderstanding and facilitate early recognition and treatment of side effects. It is very important to engage the media (through journalist briefings, information packages, etc.) throughout implementation, because if they are not well informed about the facts, media can often amplify any rumors, leading to a larger crisis.

Things to consider when planning for crisis management:

1. Orient Health care providers, RC, RAS, REO,DC, DAS, DED, CHW, DEO,VEO, WEO, Influential people, religious leaders and teachers on how to detect and how to respond to rumors.
2. Provide accurate information to the media personnel about the rumors through media seminar and press conference.
3. Prepare media materials in advance to facilitate a rapid response to such negative claims.
4. Inform the regional and Council advocacy and social mobilization committees to be prepared so to respond to questions.
5. Using regional and Council Commissioners as spokesperson in their area of jurisdiction quell the rumors and reassure the community.
6. Regional Commissioners and Council Commissioners working with Regional medical Officers and District Medical Officers Should be the Spokesperson in case of questions from Media and Community.

CHAPTER 5: MONITORING AND EVALUATION OF HPV VACCINE INTEGRATED SERVICES

MONITORING AND EVALUATION

Monitoring and evaluation provide:

- Information on what an intervention is doing, how well it is performing and whether it is achieving its aims and objectives;
- Guidance on future intervention activities;
- An important part of accountability to funding agencies and stakeholders.

Monitoring will be conducted to assess the trend of performance for HPV Vaccine integrated planned activities

Monitoring: Collection of routine data/information that measures progress toward achieving project objectives. Monitoring is the regular collection of information about all project activities. It helps to identify gaps/solve problems quickly, keeps track of project inputs and outputs such as:

- Activities;
- Reporting and documentation;
- Finances and budgets;
- Supplies and equipment

Evaluation:Is a periodic and systematic analysis of the efficiency and effectiveness of the project. It informs success and failure of the project. An evaluation asks whether a project is achieving what it set out to do, and whether it is making a difference and seeks to understand how and why the intervention has worked so well. If the project is unsuccessful, questions are raised as to what could have been done better or differently. Evaluations thus keep track of key outcomes and impacts related to the different project components, assessing whether the objectives, aims and goals are being achieved.

The framework builds upon what currently is being monitored in HPV, ASRH and HIV services.

Monitoring HPV Vaccine integrated services in existing ASRH and HIV platform will align with existing HMIS systems and protocols in ASRH/HIV and HPV vaccine programs. Lessons and best practices shall be monitored, documented and shared for scaling up. The focus will be to strengthen the availability of tools for service delivery, quality and use of data.

5.1 Monitoring Tools

The below table describes reporting tools which should be used for "HPV-Plus" Integrated services:

Table 4: HPV-Plus" Integrated Services Reporting Tools

TYPE OF TOOL	DESCRIPTION
Tally Sheet "Fomu ya Muoanisho wa Huduma za Chanjo Kwa Watoto na Mama wajawazito"	**Tally sheet** are the forms that health workers use to document all immunization services given to under five children and adoledcent girls offered HPV Vaccine
HPV Vaccine Register "Rejesta ya Chanjo ya kukinga Saratani ya Mlango wa Kizazi"	HPV registers records: doses given to adolescent girls 14-<15yrs in school and out of school vaccinated for HPV dose 1 and 2 and keep track of each dose that has been administered and the completion of the vaccination series. Each dose of HPV vaccine delivered to every eligible girl should be recorded against their name in the register.
HPV Vaccine Integrated Service Tally Sheet "Fomu ya Muoanisho ya Huduma Jumuishi (Chanjo ya HPV, huduma za Afya ya Uzazi kwa Vijana)	HPV Vaccine Integrated Service Delivery Tally sheets are the forms that health workers use to document "HPV-Plus" Integrated services offered to adolescent girls and boys (10-<15yrs) recording all services offered : group health education, deworming tablets, MUAC assessment,VA assessment and every dose of HPV vaccine or service given. The Tally sheets should be used in all three platorms of service delivery: health facility, outreach/community setting and outreach/schools to effectively track program performance. Tally sheets are also useful in tracking both doses delivered and any vaccine wasted.
HPV Vaccine Integrated Monthly Summary Form " Fomu ya Majumuisho ya Huduma Jumuishi (Chanjo ya HPV, huduma za Afya ya Uzazi kwa Vijana)"	HPV Vaccine Integrated Monthly Summary Form collects more information on additional services to be integrated with HPV Vaccine i.e Deworming tabs. Mid Upper Arm Circumference (MUAC), Visual Assessment To ensure effective program monitoring, HPV integrated services should be collected on monthly basis in two tools: Montly Summary Report and HPV Vaccine Integrated Monthly Summary Form
Monthly Report Book " Taarifa ya Mwezi ya Ufatiliaji wa Huduma za Chanjo"	Monthly Report Book collects critical data on Immunization services including HPV Vaccine information on a monthly basis at each level of the health system as scheduled for easy recording and tracking program perfomance

TYPE OF TOOL	DESCRIPTION
HPV Vaccine Card " Kadi ya Chanjo ya Saratani ya Mlango wa Kizazi (HPV Vaccine)"	HPV vaccination cards are essential tool to track HPV Vaccination history. The vaccination card: ● Document HPV vcacination doses given (0 months, 6 months) ● Enable health workers to determine which doses are due ● Serve as a reminder for the next visit/dose ● Facilitate coverage surveys ● Serve as documented proof of immunization status if required for any other reasons (i.e. later in life for cervical Cancer incidence tracking)
CTC 2 Card	CTC 2 is an important tool to track HIV Care services offered to HIV infected patients which stays in the facility. Should be used to document HPV vaccination given to 14yrs -<15yrs HIV infected adolescent girls

5.2 Monitoring Indicators

To ensure effective tracking, the following **"HPV-Plus" Integrated** Program Monitoring Indicators will be used to collect HPV Vaccine Integrated service delivery data.

Indicators adopted to track HPV Vaccine Service Delivery Performance

INPUT/PROCESS INDICATORS	OUTPUT INDICATORS
1. Number/proportion of health care providers oriented on "HPV Plus" integrated services based on the target **2.** Number/ proportion of R/CHMTs members oriented on HPV Vaccine integrated services **3.** Number/ proportion of PHC members oriented on "HPV Plus" integrated services **4.** Number/ proportion of education officers (Sub National Level) oriented on "HPV Plus" Vaccine integrated services	**1.** Total **number/proportion** of **adolescent girls** (10-<15yrs) received "HPV-Plus" integrated education **2.** **Total number/proportion** of **adolescent boys**(10- <15yrs) received "HPV-Plus" integrated education **3.** **Total number /%** of girls received HPV 1 (1st dose/Coverage Rate) **4.** Total number/% of girls who received HPV1 (1st Dose) and also received HPV 2 (2nd dose/Coverage Rate) **5.** **Total number /%** of HIV positive girls who received **supplementary dose** of HPV Vaccine

INPUT/PROCESS INDICATORS	OUTPUT INDICATORS
5. Number/ proportion of School Health Coordinators and head teachers oriented **on site** on "HPV Plus" integrated services 6. Number of tools developed to facilitate effective implementation of "HPV Plus" Integrated Services	6. **Total number/%** of adolescent girls (14-<15yrs.) who received deworming tablets 7. **Total number/%** of girls (14-<15yrs.) assessed for nutrition status (Using MUAC) 8. **Total number of girls** (14-<15yrs.) assessed and found with moderate and severe malnutrition out of all assessed 9. **Total number/%** of girls (14-<15yrs.) assessed for Visual Acuity (Using VA Chart) 10. **Total number/%** of girls (14-<15yrs.) with Visual Acuity problems out of all assessed for VA 11. **Total number/%** of girls (14-<15yrs.) referred for further medical advice due to Visual and Nutritional Problems 12. **Total Number/%** of adolescent girls 14-<15yrs. reached with "HPV-Plus" integrated outreach services

TARGETS:

1. **80%** of girls in the target group fully vaccinated with the human papilloma virus ("HPV") vaccine by March 2020
2. **80%** of girls aged 14-<15 yrs. received "HPV Plus" Integrated Services

5.3 Reporting Protocol and Logic Framework

Information of adolescent girls and boys served through "HPV Plus" Integrated services should be compiled monthly by HCPs and be shared with the:

- Medical Officer I/Charge and Matron of the Facility
- CHMT/District Immunization and Vaccine Officer & Reproductive and Child Health Coordinator
- RHMT/Regional Imunization and Vaccine Officer & Reproductive and Child Health Coordinator.

Below logic framework describes key activities, indicators and means of verification which will be used to monitor "HPV Plus" program performance.

Strategic Objective: To improve access of "HPV Plus" Integrated services and contribute to promote coverage of fully immunized girls			
Activities	Indicators	Means of Verification	Risks/Assumption
Result 1: Improved access to " HPV Plus" Integrated services **Result 2:** Increased coverage of HPV 2 vaccination from 41% of September,2019 to 80% by March,2020			
Develop/ adopt, print and disseminate "HPV Plus" Integrated Guideline and other tools to support effective program implementation	Number of technical documents developed, printed and disseminated. Number of Health facilities received guidelines and tools	Observe availability of Guidelines and other tools Review of delivery notes and issue voucher Review development workshop reports	Short time frame of the project to accomplish all planned activities timely Limited financial resource to support effective review process
Orient Health care workers on "HPV Plus" Integrated srevices Orient key stakeholders (PORALG, R/ HMTSs/IPs, REO,DEO,WEO, School Coordinators/ Teachers,PHC Members) on "HPV Plus" Integrated services	Number of health care providers oriented on " HPV Plus" integrated service delivery by facility Number of key stakeholders oriented on "HPV Plus Integrated service delivery	Review of orientation and meeting reports Interviews Minutes/Trip Reports including supervision and outreach Review list of participants and Facilitators	Shortage of facility based Health Care Providers Deployment of Staff Change of Responsibilities Accountability/ engagement of other key staffs to support who might not be accountable Competing priorities

Strategic Objective: To improve access of "HPV Plus" Integrated services and contribute to promote coverage of fully immunized girls			
Activities	Indicators	Means of Verification	Risks/Assumption
Result 1: Improved access to " HPV Plus" Integrated services **Result 2:** Increased coverage of HPV 2 vaccination from 41% of September,2019 to 80% by March,2020			
Establish "HPV Plus" integrated services at facility level Facilitate delivery of "HPV Plus" Integrated services in multiple platforms (Schools,Facility and Community)	Percentage of facilities offering "HPV Plus" Integrated service delivery based on the target Total number of adolescents girls and boys who received "HPV Plus" integrated education Total number /% of girls who received HPV 1 (1st dose) and at least two additional services (i.e. deworming tabs,MUAC,VA) Total number/% of girls who received HPV 2 (2nd dose) and at least two additional services (i.e. deworming tabs,MUAC,VA) Total number /% of HIV positive girls who received 3 doses and at least two additional services (i.e. deworming tabs,MUAC,VA)	Review service delivery data (Tally Sheets, Registers and Monthly Reports, VIMS, DHIS 2, CTC etc), Review supportive supervision and outreach reports	Limited working space in the health facilities to offer "HPV Plus" Integrated services Workoverload for HCWs and teachers Limited Time to engage and mobilize students (Interference with School Curriculum)
Engage key stakeholders at Regional, District and facility level to discuss and ensure sustainability of "HPV Plus" integrated services	Number of facilities that have included "HPV Plus" integrated services budget line item	Outreach reports Outreach schedule Review/Verify: Health Facility and District Budget Plans Advocacy Reports (ie. PHC)	Limited number of HCW Availability of transport Competing priorities Limited financial resources Competing Priorities

5.4 Quality Improvement

Quality Improvement (QI) is a systematic process of assessing performance of a health system and its services, identifying gaps and causes, and introducing measures to improve procedures so as to obtain the desired outcome. QI requires step-by-step activities to ensure "HPV Plus" Integrated services are carried out correctly, accurately and gaps identified are corrected to ensure quality of service delivery.

Mentorship/Supportive Supervision and Performance Review

Supportive supervision and mentorship will be conducted to regions, districts and health facility level in demonstration sites to enhance quality of services .and assess challenges during "HPV Plus" integrated service delivery for performanec improvement. Joint supportive supervision and mentorship visit will be conducted with engagement of multidisciplinary team from 3 levels: Regional Representatives (RIVO,RRCHCO, RAC, REO), District Representatives (DIVO,DRCHCO,DAC, Eye Specialist, Nutritionist,DEO) and National Level representative (IVD,ASRH/HIV trainers nominated by the MOHCDGEC)

The following elements should be monitored during supervision:

- Service delivery of "HPV Plus" integrated services and flow pattern
- Registered girls who are eligible for vaccination
- Number of HPV Vaccination integrated group education sessions conducted
- Engagemnet of schools/Educational Officers in planning and implementation of outreach services
- Availability of commodities i.e Deworming Tabs, Tape Measure,VA Chart, data collection tools etc
- Assess delivery of services based on standards: Health assessment-MUAC /Vision Test/Vaccination
- Coverage of HPV Vaccination and trend
- Linkage and referral
- ACSM
- Observe Cold chain system
- Management and leadership support
- Collaboration between health and education sectors
- Data management and validation
- Sustainability of the program

The use of data for planning and decision-making will be reinforced to facilitate improvement. Data quality checks will be integrated into routine supportive supervision.

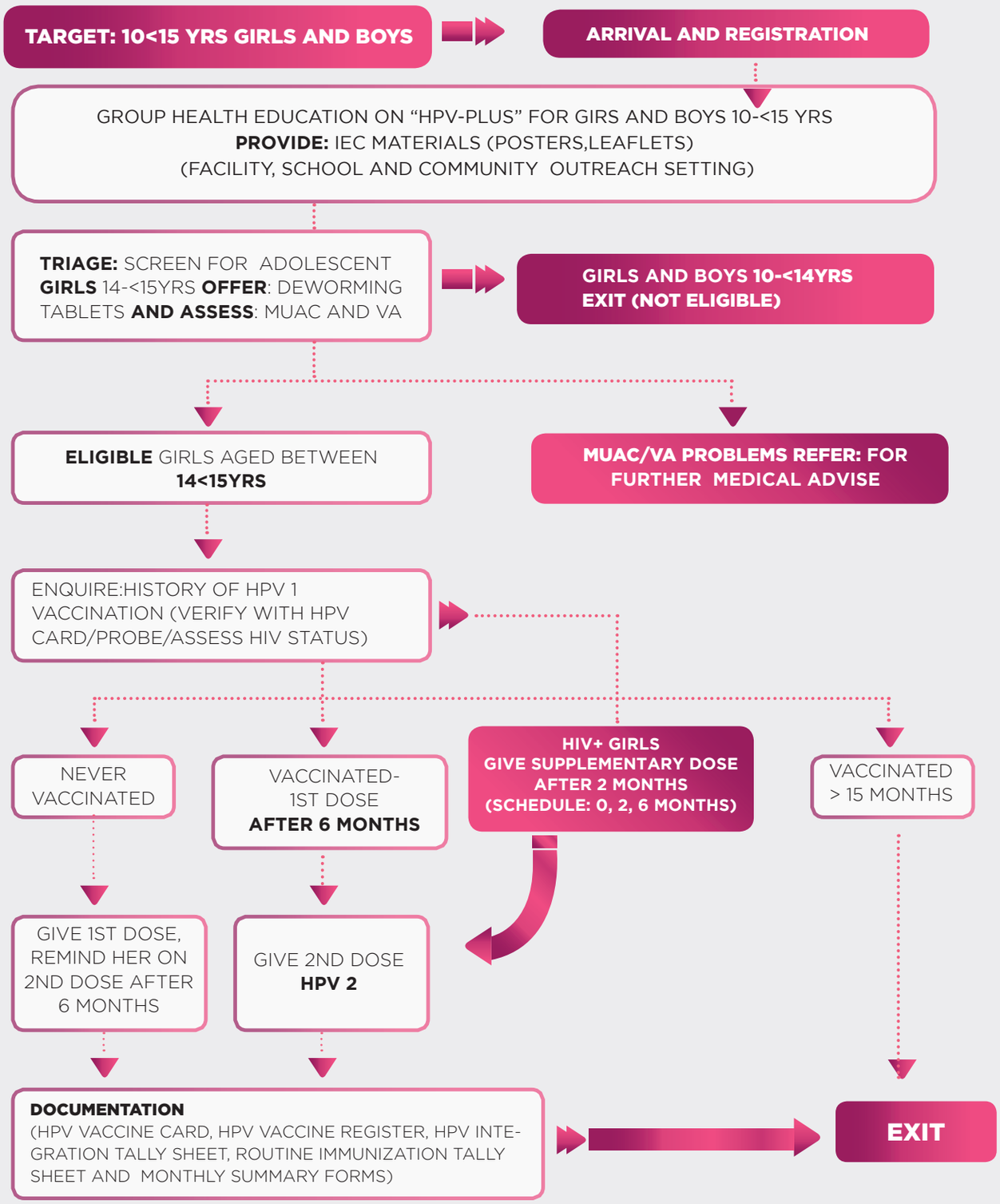
Performance review will also be conducted integrated with existing opportunities- monthly and quarterly review meetings in order to ensure sustainability. Performance review meeting should involve HCW, CHMT, RHMT, community leaders/Teachers/CHW and policy makers i.e DC, RAS.

5.5 Results Dissemination

Many programs collect valuable and informative findings on their programs but they may not know how to share with the public and influential people at the local and state levels to ensure that the findings will be used and that programmatic approaches and interventions can be replicated. Dissemination allows information be available and usable to various audiences through a wide variety of channels . Dissemination of "HPV Plus" program implementation experience and results is important for advocacy, policy development and replication. Following successful implementation of the program, the type of data and information to be disseminated will depend on the audience and the intended uses. Dissemination should be planned for the unique characteristics of each, and the most effective packaging for carrying "the story".

APPENDIX A

SOP /FLOW DIAGRAM: " HPV PLUS" VACCINE INTEGRATED SERVICES



VACCINATION SCHEDULE

- **ALL GIRLS: 14 TO <15 YRS 0,6 MONTHS (2 DOSES)**
- **HIV+ GIRLS: 14 TO <15 YRS 0,2,6 MONTHS (3 DOSES)**
- **INTERVAL OF NOT GREATER THAN 12-15 MONTHS IS SUGGESTED TO COMPLETE THE SCHEDULE**

MICROPLANNING TOOL-: SCHOOL,COMMUNITY AND HIV CLINIC TEMPLATES

No	Name of health facility	SCHOOL								
		Name of school (Secondary or Primary)	Name of Head Master/ teacher	Contact of Head Master (Telephone No)	Name of School Health Coordinator	Contact of School Health Coordinator (Telephone No)	Number of 14 yrs girls (In school)	Number of 10-<15 yrs girls (In school)	Number of 10-<15 yrs boys (In school)	Number of Outreaches to be Conducted per year

COMMUNITY								
Name of village/ Street	Name of VEO	Contact of VEO (Telephone No)	Name(s) of CHW	Contact of CHW (Telephone No)	Number of 14 yrs girls	Number of 10-<15 yrs girls	Number of 10-<15 yrs boys	Number of Outreaches to be Conducted per year

No	HIV CARE CLINIC (CTC)						
	Number of 14 yrs HIV+ girls enrolled in CTC	Number of 10-<15yrs yrs HIV+ girls enrolled in CTC	Number of 10-<15yrs yrs HIV+ boys enrolled in CTC	Name of CTC I/ Charge	Contact of CTC I/charge (Telephone No)	Service Delivery Days for Adolescents at CTC Clinic (Mon-Saturtday)	Number of Outreaches to be conducted through HBHC services per year

APPENDIX C: HPV VACCINE REGISTER

JAMHURI YA MUUNGANO WA TANZANIA

WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO

REJESTA YA CHANJO YA KUKINGA SARATANI YA MLANGO WA KIZAZI

Mwezi wa kuzaliwa		Jina la Kituo		Halmashauri		Mkoa		Jina la Shule/ Mtaa/Kijiji
Mwaka wa kuzaliwa		Jina la Mratibu wa Afya shuleni	AU	Jina la Mhudumu wa Afya Ngazi ya Jamii				Namba ya simu

**Fomu hii ikishajazwa ipelekwe katika kituo cha kutolea huduma za chanjo cha karibu*

1.Namba	2.Jina la msichana	3.Tarehe ya kuzaliwa	4.Jina la mzazi/mlezi	5.Namba ya simu ya mzazi/ mlezi	6.Tarehe aliyopata huduma ya chanjo		7. Maoni
				HPV 1	HPV 2		

**Jina la Mwalimu Mkuu/Mtendaji wa Kijiji: ..... Saini: ..... Namba ya simu: .....*

Jina la Mkuu wa Kituo: .....Saini: .....Namba ya simu: .....

APPENDIX D: HPV VACCINE CARD

OUTSIDE

UKWELI KUHUSU CHANJO YA KUKINGA SARATANI YA MLANGO WA KIZAZI (HPV VACCINE)	Hakikisha unajikinga na Saratani ya Mlango wa Kizazi Ni muhimu ukamilishe chanjo zote mbili	JAMHURI YA MUUNGANO WA TANZANIA WIZARA YA AFYA, MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO
• Chanjo ya HPV inakinga maambukizi ya virusi vya HPV vinavyosababisha saratani ya mlango wa kizazi • Saratani ya mlango wa kizazi inaongoza kwa kuua wanawake nchini Tanzania • Chanjo ya HPV inatolewa mara mbili ili kupata kinga kamili • Chanjo hii hutolewa bila Malipo		UHURU NA UMOJA

INSIDE

MPANGO WA TAIFA WA CHANJO UTAMBULISHO WA MTEJA KWA CHANJO YA HPV	CHANJO	TAREHE YA CHANJO	TAREHE YA KURUDI
Namba	Chanjo ya kwanza ya HPV		
Jina:			
Tarehe ya kuzaliwa:			
Mzazi/Mlezi:			
Jina la shule/Mtaa:			
Jina la Mwalimu Mkuu	Chanjo ya pili ya HPV (Miezi 6 baada ya chanjo ya kwanza)		
Kijiji au Mtaa			
Kata:			
Wilaya:			
Mkoa:			

APPENDIX E: "HPV PLUS" INTEGRATION MONTHLY REPORTING FORM

JINA LA KITUO _____ HALMASHAURI _____MKOA _____

WALENGWA WA MWEZI _____ MWEZI _____MWAKA_____

HUDUMA			MIAKA 10<15		MIAKA 14 < 15
1	Jumla ya wasichana na wavulana waliopata elimu jumuishi (HPV,Afya ya Uzazi kwa Vijana pamoja na VVU)	KE Shuleni			
		ME Shuleni			
		KE Nje ya Shule (Facility and Community)			
		ME Nje ya Shule (Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
		ME Shuleni na Nje ya Shule (Jumla)			
2	Jumla ya wasichana waliopata chanjo ya kwanza ya HPV(Dozi 1)	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
3	Jumla ya wasichana waliopata chanjo ya pili ya HPV(Dozi 2)	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
4	Jumla ya wasichana wanaoishi na VVU waliopata chanjo ya tatu ya HPV (Supplimentary Dose)	KE Shuleni			
		KE Nje ya Shule (Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
5	Jumla ya wasichana walengwa wa kupata chanjo ya HPV waliopata vidonge vya minyoo (Mebendazole au Albendazole)	KE Shuleni			
		KE Nje Shuleni (Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
6.1	Jumla ya wasichana walengwa wa kupata chanjo ya HPV waliopima MUAC (Nutritional Status)	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
6.2	Jumla ya wasichana waliopima MUAC na kugunduliwa na tatizo (Moderate and Severe Malnutrition)	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
7.1	Jumla ya wasichana walengwa wa kupata chanjo ya HPV waliopima macho kwa kutumia VA-Visual Acquity Chart	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
7.2	Jumla ya wasichana waliopima VA (Visual Acquity) na kugundulika na tatizo (6/18,6/24, 6/36, 6/60)	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			
8	Jumla ya wasichana waliopata rufaa kwa kudhaniwa kuwa na matatizo (Nutritional, Visual Acuity and Other Problems)	KE Shuleni			
		KE Nje ya Shule(Facility and Community)			
		KE Shuleni na Nje ya Shule (Jumla)			

APPENDIX F: FAQ ON ASRH/HIV AND HPV INTEGRATION

These Frequently Asked Questions (FAQ) are adapted from WHO's Comprehensive Cervical Cancer Control Guide.28

MYTHS/QUESTION	FACTS
What is HPV?	Human papilloma virus, or HPV, is a common virus that is easily spread by skin-toskin sexual contact with another person involving genital skin, even without sexual intercourse. Most HPV-infected people have no signs or symptoms, so it is possible to spread the infection to another person unknowingly. Most HPV infections are eliminated by the body in the first few years. Those that are not eliminated are termed "persistent" and may cause cervical cancer.
Why are HPV vaccines needed?	HPV vaccines are needed because they greatly reduce the occurrence of cervical cancer, a principal cause of death from cancer among women in less developed countries.
Do all women with HPV infection get cervical cancer?	No. In most women, HPV infections are eliminated by the body in the first few years. Among many different types of HPV only a few can cause cervical cancer if they are not eliminated by the body and persist for 10–20 years. Of the group of HPV viruses that cause cervical cancer, two of these – HPV types 16 and 18 – are the cause of 7 out of every 10 cervical cancers. Infection with these two HPV types can be prevented by HPV vaccination, so these vaccines can protect against 70% of cervical cancer if given as recommended. In addition, cervical cancer can be prevented among women who have HPV infection if they participate in screening and treatment. If women aged 30–49 years are screened for changes in the cells of the cervix (pre-cancer), which are caused by persistent HPV infection, and treated as needed, then cervical cancer deaths would become rare even though HPV is common.
How common is cervical cancer caused by HPV?	HPV is the main cause of cervical cancer. There are 528 000 cases of cervical cancer diagnosed each year. Of the 266 000 women who die every year from cervical cancer in the world, great majority live in developing countries.
Will the HPV vaccines keep my daughter from getting cervical cancer?	Yes. The HPV vaccines prevent infection with the two types of HPV that cause most cervical cancers. All sexually active people should also practise behaviours that prevent the spread of sexually transmitted infections (e.g. delaying initiation of sexual activity, using condoms, and having as few sexual partners as possible). Women who have been vaccinated should also be screened for cervical cancer when they are older.
What are the WHO prequalified HPV vaccines currently available?	As of January 2016, two HPV vaccines are currently prequalified by WHO. These vaccines are: Cervarix® (made by GlaxoSmithKline) and Gardasil® or Silgard® (made by Merck).
How are the two HPV vaccines similar?	Both vaccines provide very effective protection against 70% of potential cases of cervical cancer (because they both target HPV types 16 and 18). Both vaccines are very safe. Both vaccines cannot cause disease because they don't contain live viruses. Both vaccines are given as injections (shots) and require two doses for girls younger than 15 years old, and three doses for immuno-compromised girls (including those known to be living with HIV) and for girls aged 15 years and older.

MYTHS/QUESTION	FACTS
How are the two HPV vaccines different?	The vaccines are made up of different components to increase the body's production of antibodies. One vaccine (Gardasil® or Silgard®) also provides protection against genital warts because it also targets HPV types 6 and 11).
Who should get vaccinated?	WHO recommends that girls should be vaccinated when they are aged 9–13 years. The vaccines are not recommended in girls younger than 9 years of age. Evidence have shown that the vaccine produces better protection from HPV infection when given at this age compared to older ages. The vaccines cannot treat a girl who is already infected with HPV.
What is the recommended schedule (or timing) of the two-dose HPV vaccine schedule?	Two doses (shots/injections) are recommended for girls below 15 years of age, the second dose six months after the first. The provider who gives the vaccine will inform each girl who is vaccinated (and her parents) when she needs to return for the final dose. There is no maximum interval between the two doses; however an interval of not greater than 12–15 months is suggested. If the interval between doses is shorter than five months, then a third dose should be given at least six months after the first dose.
What is the recommended timing of the three-dose HPV vaccine schedule?	When three doses are recommended (i.e. for girls aged 15 years or older, and for those known to be immuno-compromised and/or HIV-infected, regardless of whether they are receiving antiretroviral therapy), the second dose should be received one or two months after the first dose (depending on the type of vaccine), and the third dose should be received six months after the first dose. The provider who gives the vaccine will inform each girl who is vaccinated (and her parents) when she needs to return for the next or final dose. It is not necessary to screen for HPV infection or HIV infection prior to HPV vaccination
Can HPV vaccines cure or get rid of HPV infections or cervical cancer, if a girl or woman is already infected with HPV when she gets the vaccine?	No. An HPV vaccine cannot cure HPV infections that may be present in a girl when she is vaccinated; neither can it cure cervical cancer or pre-cancer abnormalities, or prevent progression of disease in women who are already infected with HPV when they receive the vaccination.
Will a woman between the ages of 30 and 49 years still need to be screened for precancer and cancer even if she was fully vaccinated when she was a girl?	Yes! It is very important for adult women to get cervical cancer screening when they are 30–49 years old, even if they were previously vaccinated. This is because although the vaccine is very effective, it does not prevent infection from all types of HPV that cause cervical cancer.
Can girls who are living with HIV be vaccinated?	Yes! Studies show that HPV vaccine is safe to administer to girls who are living with HIV. Vaccination for these girls is recommended prior to sexual debaut, just as it is for all other girls. Girls who are living with HIV or are otherwise immuno-compromised should receive three doses of HPV vaccine at 0, 1–2 and 6 months, whether or not they are already 15 years old.

MYTHS/QUESTION	FACTS
Why are boys not vaccinated?	The vaccine can protect boys from anal, penile, mouth and throat cancers, which are far less common than cervical cancer. Some developed countries with larger health budgets are vaccinating boys. However, at the moment WHO does not recommend vaccinating boys as a priority because the vaccine is costly and to have the largest public health impact and prevent cervical cancer it's more effective to focus on reaching high coverage among girls.
Are the HPV vaccines safe and effective?	Yes. Many studies conducted in developing and developed countries have found both vaccines to be very safe and effective. Both vaccines have been administered to millions of girls and women around the world without serious adverse events. As with all vaccines, the safety of these vaccines is monitored very carefully. Common, mild adverse reactions include pain and redness where the shot was given, fever, headache and nausea. Sometimes girls who get the HPV vaccine (or other vaccines) faint, so girls should be watched for 15 minutes after vaccination; if they feel faint they should lie down to avoid getting hurt.
Will HPV vaccination affect my daughter's fertility? Will it be more difficult for her to become pregnant or to carry a pregnancy to term?	No! There is no evidence that HPV vaccination will affect a girl's future fertility or cause any problems with future pregnancies.
Is HPV vaccine safe in pregnancy?	HPV vaccines are not recommended for use in sexually active or pregnant girls or women.However, studies have shown that the vaccine causes no problems for the mothers or the babies born to women who received the HPV vaccine during pregnancy. If a girl or woman receives the HPV vaccine when pregnant, this is not a reason to consider ending a pregnancy. But, to be on the safe side, until more is known, girls and women should not be vaccinated while pregnant.
Are there any contra-indications to being vaccinated?	If a girl has had a serious allergic reaction to another vaccine or a previous dose of the HPV vaccine, then she should not receive HPV vaccine, to avoid serious reactions.
Question: Is there anything like toilet infection?	Sexually transmitted diseases are spread sorely from sexual intercourse with an infected person. None of the STI is spread through the toilet except maybe Syphilis and Herpes which can be spread by direct non-sexual contact with infectious lesions. As long as the skin is intact it serves a s a good barrier against many disease organisms. What people call toilet disease is usually yeast infection that causes whitish discharge which can also occur in adolescents that are not sexually active especially if they regularly use soap to wash their private parts.
Can I be cured of sexually transmitted infection?	Sexual transmitted infection caused by bacteria or fungi can be cured. STI caused by viruses e. g HIV ,herpes can be controlled by medication.Always make sure that you comply with your medications and return for further management if symptoms reoccur or new symptoms develop.
What are the early warning signs of drug abuse?	Parents and care givers can suspect early enough that a person is using drugs if he/she shows the following behaviour: Sudden change in behaviour and mood,sudden change and decline in attendance and performance at school or work,unusual temper flare-ups, Increased borrowing of money from parents and friends,stealing at home, school or work place,unexplained long absence from home,unnecessary secrecy,changes in dressing and appearance,presence of paraphernalia e.g. syrups, foil paper, lighter and burnt spoon and Changes in dressing and appearance

MYTHS/QUESTION	FACTS
Does HIV have any cure?	There is no HIV cure presently but the disease progression can be slowed down through the use of anti-retroviral drugs which must be taken for life.
What makes condom use important in the prevention of transmission of HIV?	The correct and consistent use of condoms is effective in preventing HIV and STI. Condom failure may be due to improper use, breakage or slippage (especially if it has expired or is exposed to heat)
Is it true that menstrual pain is caused by eating too much of sugar and groundnuts?	It is not true. Menstrual pain is due to constriction and cleavage of the blood vessels and muscles of the uterus during menstruation. Menstrual pain is not associated with a medical illness in most cases.
Why is good personal hygiene necessary?	Personal hygiene is very important because not only does it maintain your cleanliness, it also contributes greatly to your health. Personal hygiene includes taking a bath, brushing your teeth, cleaning your nails, your ears, washing your hands, wearing clean cloths etc. Failure to keep up a standard of hygiene can have many implications. Not only is there an increased risk of getting an infection or illness, but there are many social and psychological aspects that can be affected. Good personal hygiene, in relation to preventing the spread of disease is paramount in preventing epidemic or even pandemic outbreaks. Engaging in some very basic measures could help prevent many coughs and colds from being passed from person to person.
What are the implications of poor personal hygiene?	People will not want to be around you - Low self esteem - More prone to illnesses - You could also be prone to transmit diseases

APPENDIX G: ASSESSMENT OF NUTRITIONAL STATUS AND VISION USING MUAC AND VA CHART

INTERPRETATION NUTRITIONAL STATUS (MUAC RESULTS)	INTERPRETATION VISUAL ACUITY (VA CHART RESULTS)
1.Severe Acute Malnutrition: **< less than 18.5 centimeter (cm)** 2.Moderate Acute Malnutrition: **18.5-22 centimeter (cm)** 3.Normal: **22-30 centimeter (cm)**	**1._Normal** 6meters/6 and 6meters/12 **2.Refer** :> or equal to 6 meters/18_
HOW TO MEASURE	**HOW TO MEASURE**
Mid-Upper Arm Circumference (**MUAC**) is simple and reliable method to measure nutritional status. MUAC is the circumference of the left upper arm, measured at the mid-point between the tip of the shoulder and the tip of the elbow. To measure: ● Bend the left arm, find and mark with a pen the olecranon process and acromium. ● Mark the mid-point between these two marks. ● With the arm hanging straight down, wrap a MUAC tape around the arm at the midpoint mark. ● Measure to the nearest 1 mm	● Recommended distance between the assessor and client is 6 Meters or count **6 Steps** ● Client and assessor should face each other and VA Chart placed at the same level with the client eye position ● Assessment should start with the 1st Eye (Rt) while client closes the Left Eye then do the same for another eye ● Client should read all the alphabets correctly on the VA Chart ● Record results based on the assessment

APPENDIX G: SCHEDULE, STORAGE, IMMUNIZATION POST AND LIST OF SUPPLIES VACCINATION SCHEDULE AND STORAGE

The recommended vaccination schedule is 1st dose administered at first contact and 2nd dose administered 6 months after the first dose.

- HPV vaccine is very effective and provides almost complete immunity after two doses.
- HIV infected girls need three dose to have complete immunity and the vaccination schedule is (0, 2 and 6)
- Registration of eligible girls in schools will be done by School Teachers using the designed Register Form which will be indicating the name of the girl, age, name of the parent, parent physical address, date of vaccination for both the first and second dose.
- Registration of eligible girls out of school will be done by Community Health workers and Community Leaders using the designated Register form indicating the name of the girl, age, name of the parent, parent's physical address, date of vaccination for both first and second dose.
- All HPV vaccines should be stored between +2° to +8°C.

Immunization Post: The following areas are essential:

- Waiting area
- Registration/screening
- Immunization table
- Check point/ recording area (Tallying area)
- Observation area (girls must wait at least 15 minutes after being vaccinated)
- Design the immunization post for efficient flow and avoid "bottle necks", excess crowding, long waiting times, or confusion.
- HPV vaccine is administered by intramuscular (IM) injection at the left shoulder

List of Supplies Needed for Simulation and Field Practice

1. Vaccination Table
2. HPV Vaccines Vials
3. Sterile packed 0.5 ml auto-disable (AD) syringes: must be used for each injection for each child.
4. Safety Box
5. Instrument Tray
6. Vaccine Carrier

7. Dressing jar/clean plastic bowl for cotton swabs
8. Gallipots for cool boiled water for cleaning the site of injection
9. Hand Sanitizer
10. Dust Bins
11. **IEC materials:** HPV,Huduma za Vijana and HIV
12. Deworming tablets (Mebendazole or Albenazole)
13. **VA** (Visual Aquity) Chart
14. **MUAC** Tape
15. **Condoms:** during community outrech services
16. **Data collection tools:**

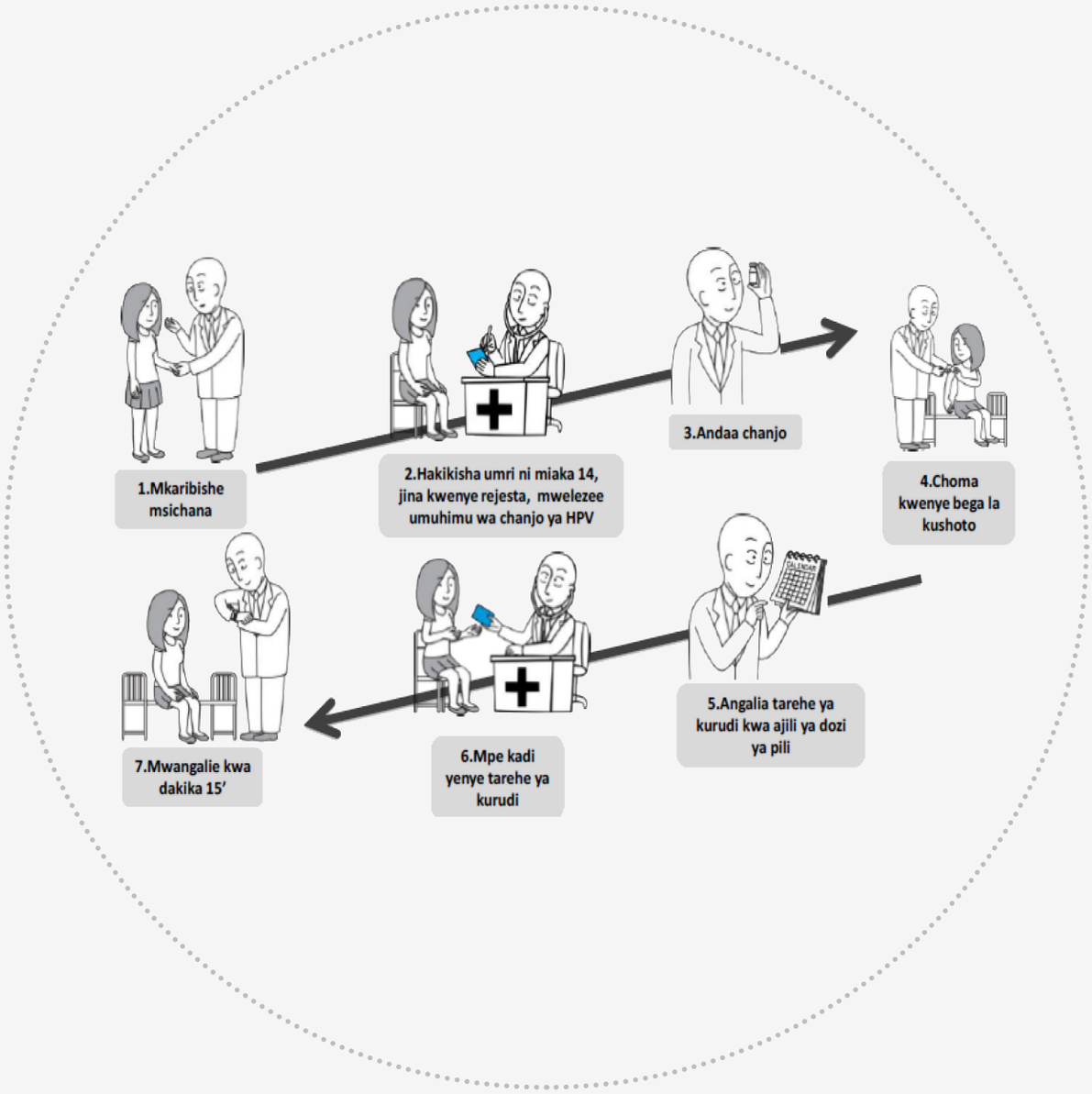
    HPV:Register,HPV Vaccine Cards,Tally sheet, Fomu ya Majumuisho,Monitoring Charts

    ASRH: MTUHA No:

    HIV: CTC 2, CTC 1

JINSI YA KUTOA CHANJO

Jinsi ya Kutoa chanjo ya HPV



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