**Highlights from the HPV- CIP Review meeting for stakeholders.**

**He highlighted the following challenges facing HPV uptake**.

* It involves a number of stakeholders for it success which include MoH, MoES, parents, head teachers, 10 year old girls and health workers which has not yet been a success to have everyone involved.
* Currently, due to the MR Campaign many girls were missed out on the second dose therefore as stake holders there is need to forge ways of how to reach all the girls to bridge the gap.

***As an innovation, PATH seeks to conduct a pilot study on training head teachers to conduct vaccination at schools though it's still under discussions.***

**Kampala District Performance HPV**

26649 Target for HPV and coverage of the EPI sites is 31% that are facilitated to offer EPI services.

**Ownership**

The PFPs and PNFPs are boosting the uptake of HPV uptake compared to Government contributing with 94%, 4% and 1% respectively.

**Best practices**

* Regular distribution
* Spot checks to ensure integration of HPV in routine.
* Regular supervision
* Use of micro plans to map out schools
* Quarterly review meetings
* Collaboration between Education (Schools) and health facilities.

**Challenges**

* Limited coverage (31%) of EPI sites vs the big population
* Some schools are non-compliant
* Less than 5% of the facilities in Kampala receiving the PHC funds.
* Funding gap for outreaches in private facilities
* Poor documentation( utilization of the HPV registers)

**Discussions and comments.**

* Funding gap from PHC, Dr. Immaculate recommended that as KCCA they need to have a proper plan informed by data and cost the activities to find out the funding gap from PHC and what partners can support on.
* According to the research study conducted on HPV 1 and 2 uptake the following were discovered;
  + Knowledge gap of girls about cervical cancer therefor there is need to strengthen sensitization of girls in schools through the school syllabus
  + Education status of the parents: there is need to bring on board all parents especially the learned to clear myths.
  + Accessibility of the health service. There is need to strengthen program of school outreach for HPV and UNEPI as a program there is need to make it a requirement as a child goes a secondary school.

**Comments from MoE&S**

* The challenge with HPV mainly is with system strengthening having schools and health departments collaborate together right from the structures at national level to the district level as per the CIP, at the beginning of every term there should be a meeting between these two departments to present areas of collaboration and coordination.
* Empowering teachers through sensitizing and training them to help them speak from an informed point of view both to the parents and pupils.
* Engagement of the school nurses on board could also be an option to be explored because they have not been utilized.
* During PTA meetings at schools the head teacher should invite health workers to share with parents about HPV to bridge the knowledge gap.
* The schools are ready to comply provided there is a clear communication from the structures that supervise them.
* UNEPI with support from PATH is going to provide National supervisors to make follow up visits to facilities to conduct mentorships of health workers.

**Presentation by MoES on School Health Program.**

* The mandate of the department is to provide a linkage between education institutions and Health Care System as a policy and it states that all institutions will initiate and link with health which are centers of referral.
* Relation of school health services and HPV vaccination is about Disease prevention services where schools shall take measures to improve health of children however this policy has remained in draft for the last 10 years due to the funding gap for implementation. MoF required that the RIA should be conducted and presented to the cabinet for approval.
* The Draft of RIA (Regulatory Impact Assessment) to be concluded by end of February for presentation to the cabinet for funding by Ministry of Finance.
* Emphasis should be put on the following:
  + Joint planning and budgeting
  + Support supervision and monitoring and
  + Reporting therefore there is need to implement the CIP because it involves all those aspects.

HPV in the ongoing health intervention

* MoE&S is implementing a number of activities under health including wash activities, HIV activities among others and HPV messages are always incorporated as a way to support awareness and improve uptake

**Action Plan for improvement.**

|  |  |  |
| --- | --- | --- |
| Issue | Way forward | Responsible person. |
| Knowledge gap of parents about the importance of HPV Vaccination | * There is need for intensive sensitization * Training of teachers to conduct vaccination creates trust from the children | DMOs |
| Quality of service provided: | * + There is need to change the quality of the work especially during supervision and spot checks, Communication/ sensitization,   + Data capture   + MoES ensures that there is a day for health education termly   + Emphasize school health tips and monthly reporting by schools | DMOs        Education supervisors |
| Integration of the immunization programs in the school program through empowering teachers to engage in the immunization programs. | * Need to train teachers to empower them with the knowledge to sensitize the parents * Adoption of the example in Kalungu for the DMOs should attend division head teacher’s termly meetings. | DMOs    Education supervisors |
| Backlog because the continuous resistance of the parents despite the sensitization and those that missed the 2nd dose of Oct, 2019. | * Mobilize for all children for the second dose this year during meetings. | DMOs |
| Messaging  Limited funding for routine immunization. | * Messaging should be about cancer of the cervix all women to create awareness * Need to strategize the media communication for routine, * Need to Tap into available / existing opportunities * Use of strong cultural system- Nabagereka as champion for cancer for the cervix( April), * Use of most media houses -RDC free airtime * HPV messages included in the end of term circulars. |  |
| Transport challenges | * There is need for continuous support to facilities to carryout vaccination in schools with transport facilitation because Kampala didn’t not receive any GAVI vehicle which is affecting. * PATH to follow up with key stakeholders with advocacy team * Each division should be provided a vehicle. | MOH/ PATH. |
| Defaulter tracking in schools    Lack of HPV registers in schools due to absence of transport means to deliver the registers. | * There is need to utilize the HPV registers to easily know which girls are missing * Need to implement the CIP * The teachers should register all girls due tor HPV 1 and 2 * PATH to support delivery of the registers in the divisions. | DMOs       PATH |
| School mapping, | * Mapping was done however KCCA needs to update plans to inform planning for resource allocation ( HSS 2 and UNICEF) and carryout mass registration on all girls of 10years in Kampala division | DMOs. |
| Consent from Parents to reduce on resistance | * Continuous engagement of the parents. * MoES to develop circulars to be incorporated in the school circulars highlighting it to the parents about HPV vaccination and in case the parent doesn’t object to it through writing it shouldn’t be problem other than using consent forms because most of them are ignored. | MoES / DMOs |