|  |
| --- |
| 1. **ASSESSMENT OF HPV INTRODUCTION READINESS District Level**
 |
| No. | **General information/ Background characteristics**  |
|  | Date: (DD/MM/YYYY) | |\_\_\_\_||\_\_\_\_| / |\_\_\_\_||\_\_\_\_| / |\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_| |
|  | District: |  |
|  | # of HF in District (public/private):  (if relevant disaggregate by type) |  |
|  | Initials of respondent: | |\_\_\_\_\_\_|\_\_\_\_\_\_| |
|  | Designation of respondent: | 1. In-charge
2. Other
 |
|  | Contact details of respondent:  | |\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_| |
|  | Name of interviewer: |  |
|  | **Training and HPV awareness** |
|  | Have district level staff been trained on HPV introduction?  | 1. Yes
2. No
 |
|  | Has training of HCW taken place or is it planned? | 1. Yes, they occurred on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Yes, they are planned for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and communication to HF staff has been confirmed
3. Yes, they are planned for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ but communication has not yet been done
4. No, they have not yet been planned
 |
|  | What educational and reference materials were or will be provided to participants at the time of training? (Observe materials) | 1. Participant manual or field guide for HPV introduction
2. Powerpoint slides on HPV vaccination
3. Jobaids,
4. FAQs,
5. Advocacy materials for (poster, leaflets)
6. Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. None
 |
|  | **Microplanning and targets** |
|  | What is the target number of girls for HPV for the district? |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
|  | How is the target calculated?  | 1. By using numbers from the Ministry of Health
2. By using numbers from the Ministry of Education/
3. By compiling numbers provided by schools
4. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I don’t know
 |
|  | How have the number of girls in school been determined?  |
|  | How has the number and location of out of school girls been determined? |
|  | Does the target number the district calculated match with the target provided by the Ministry of Health? (Verify using the table with district target data  | 1. Yes - matches well (difference less than 5%)
2. No - does not match, (difference is greater than 5%)
 |
|  | **Data quality** |
|  | Does the district have someone designated to review HPV data submitted by HFs?  | 1. Yes, who: --------------------
2. No
3. I don’t know
 |
|  | Does the person interviewed or responsible for the data know what indicators need to be reviewed and reported (mark all that apply) | 1. HPV1
2. HPV2
3. HPV1 minus HPV2 (drop out )
4. I don’t know
5. Other
 |
|  | **Immunization tools** |
| 19 | Has HPV been included in the following vaccine immunization tools? (*Circle tools mentioned)* | 1. Vaccine Management Tools
2. Vaccine and Injection Devices Ledger
 |
| 20 | Has the district received the following tools? (*circle all that apply*) | 1. Communication materials, FAQs
2. Brochures
3. Field guide
4. Job aids
5. HPV registers/ reporting tools
 |
|  | **Stock management and cold chain readiness**  |
| 21 | Is there sufficient functional cold chain space to support HPV antigen storage at the district level? (observe cold chain storage) | 1. Yes
2. No, request additional information to identify what is contributing to this
 |
| 22 | Has the district received HPV vaccines or has a date for delivery been communicated? | 1. Yes, vaccine received
2. Yes, date has been set (Date: \_\_\_\_\_ )
3. No vaccines received and no information on delivery date
 |
| 22 a | If vaccine was received, is the amount sufficient to cover the district target with 1 dose? | 1. Yes
2. No, short by \_\_\_ doses
 |
| 23 | Have districts communicated and planned with health facilities method of synchronizing HPV vaccine delivery with other antigens? (*confirm with communication to HF and review of routine forecasting and request forms)* | 1. Yes
2. No
 |
|  | **Communication and social mobilization** |
| 24 | Has the district prepared a plan for community mobilization activities? (*If yes ask to see it*) | 1. Yes
2. No
 |
| 25 | To date, what communication and social mobilization activities have taken place in the district to mobilize girls to get HPV vaccination? |
| 26 | On which date will the HPV vaccine be launched?  | 1. Knows correct date
2. Incorrect date
3. Does not know
 |
| 27 | Is there any plan for a launch event for HPV? |  |
|  | **Finance and other** |
| 28 | Was a line item included for HPV vaccine introduction in your last submitted budget? | 1. Yes
2. No
 |
| 29 | Have you received the fund disbursements for HPV introduction activities?  | 1. Yes
2. No
 |
| 30 | What problems have you faced in the process of preparing for HPV introduction? |
| 31 | Do you have other needs, requests or recommendation to ensure the HPV vaccine introduction will be optimal? **Thank you for your collaboration** |
|  | Observations by the interviewer |

|  |
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| **B  ASSESSMENT OF HPV INTRODUCTION READINESS   Health Facility   EPI in charge**  |
| No.  | **Section A: General information/ Background characteristics**  |
| 1.
 | Date: (DD/MM/YYYY)  |   |
| 1.
 | District:  |   |
| 1.
 | Health Sub-District:  |   |
| 1.
 | Sub-county:  |   |
| 1.
 | Parish:  |   |
| 1.
 | Health Facility name:   |   |
| 1.
 | Level of Care            (Adapt to country)  | 1. HC II
2. HC III
3. HC IV
4. Hospital
5. Other |\_\_\_\_\_\_\_\_\_\_\_\_\_\_|
 |
| 1.
 | Ownership:  | 1. Government (Public)
2. NGO (PNFP)
3. Private (PFP)
4. Other |\_\_\_\_\_\_\_|
 |
| 1.
 | Initials of respondent:  | |\_\_\_\_\_\_|\_\_\_\_\_\_|  |
| 1.
 | Designation of respondent:  | 1. In-charge
2. Other
 |
| 1.
 | Profession of respondent:   | 1. Nursing assistant
2. Nurse (enrolled/registered)
3. Midwife (enrolled/registered)
4. Medical Officer
5. Others
 |
| 1.
 | Contact details of respondent:   | |\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_|  |
| 1.
 | Name of interviewer:  |   |
|  | **Section B: HPV Training**  |
| 1.
 | Have you received training on HPV in the past month?   | 1. Yes
2. No   à skip to question 22
 |
| **Instructions for coding: The following questions should only be asked to respondents that received training on HPV**  |
| 1.
 | If yes,  who conducted the training?  | 1. National/ Provincial level
2. District level
3. Other   \_\_\_\_\_\_\_\_
4. I don’t know

  |
| 1.
 | What was the duration of the training?  | 1. 1-3 hours
2. 1 day
3. More than 1 day
 |
| 1.
 | Do you feel that the training duration was adequate?  | 1. Yes
2. No
3. I don’t remember
 |
| 1.
 | **If No**   please provide reasons why you think the duration was not adequate:     |
| 1.
 | Do you feel that you understood the content of the HPV training very well?  | 1. Very well
2. Well
3. Not at all
4. I don’t remember
 |
| 1.
 | Were correct ways to administer HPV vaccine demonstrated/ practiced?  | 1. Yes
2. No
3. NA
 |
| 1.
 | Did the trainer indicate clearly which girls should receive HPV   | 1. Very clear
2. Not clear
 |
| 1.
 | Did your trainer explain how to determine HPV coverage for your health facility?  | 1. Yes
2. No
3. I don’t remember
 |
| 1.
 | Were you given any job aids on HPV after the training?         *Ask to see*  | 1. Yes
2. No
 |
|  | **Section C: HPV basic health worker knowledge**  ***Instructions: Wait for the responses from the respondent and tick as appropriate if he/she mentions any of the examples from the list below***  |
| 1.
 | Who is eligible for the HPV vaccine?   Correct answer is:  eg Girls 9 , 10, 14                (*adapt to country context*)  | 1. Correct
2. Incorrect
3. Don’t know
 |
| 1.
 | How and where is the HPV vaccine administered?  *Correct Answer:  Intramuscular****/IM injection****in the deltoid muscle of the****upper arm***  | 1. Correct
2. Incorrect
3. Don’t know
 |
| 1.
 | HPV-2 vaccine is administered at least 6 months after HPV-1                    (*correct answer is True*)   | 1. True
2. False
3. Don’t know
 |
|  | **Section D: Microplanning and coordination with education**  |
| 1.
 | Have you developed a micro plan for HPV vaccine introduction?  | 1. Yes
2. No
 |
| 1.
 | Did you receive feedback on your micro plan from the District?  | 1. Yes
2. No
 |
| 1.
 | What is the denominator/target population for determining HPV coverage for your HF?  |  Note number \_\_\_\_\_\_\_    999 Don't’ know target  |
| 1.
 | When will the HPV vaccine be launched?               Date:  \_\_\_\_\_\_\_\_\_   | 1. Correct
2. Incorrect
 |
| 1.
 | Have you received any communications from the DHO or DEO about coordinating with schools for HPV vaccination microplanning and education materials?  (*request to see communication*)  | 1. Yes and I did
2. Yes, but I didn’t do yet
3. No was not told
 |
| 1.
 | Have you mapped out the schools that fall within your catchment area?  Ask to see map/list to confirm)   | 1. Yes
2. No
 |
| 1.
 | Have you or someone from the team coordinated the vaccination with each school?     | 1. Yes
2. No
 |
| 1.
 | Have you received and shared any materials with schools and girls about HPV vaccination?   | 1. Yes
2. No
 |
| 1.
 | Can you describe how you have identified the target of out-of-school girls?       |
| 1.
 | Was a budget for HPV vaccination activities included in your microplan?  | 1. Yes
2. No   \_> go to 37
 |
| 36A | Did the budget include outreach activities specifically for HPV vaccination?  | 1. Yes
2. No
 |
|  | **Section G: Data collection tools and recording**  |
| 37  | Does the facility have the following data collection tools?                (*If  in stock, query whether stock is sufficient for next 6 months)*  |
|   | 1. HPV vaccination cards

(*tick more than 1 Yes option*)  | 1. Yes
2. Yes, sufficient for the next 6 months
3. No
 |
|   | 1. HPV tally sheets

(*tick more than 1 Yes option*)  | 1. Yes
2. Yes, sufficient for the next 6 months
3. No
 |
|   | 1. HPV register

(*tick more than 1 Yes option*)   | 1. Yes
2. Yes, sufficient for the next 6 months
3. No
 |
|  | **Section H: HPV cold chain and stock management**  |
| 1.
 | How is the facility supposed to order and receive HPV stock?   | 1. Integrate HPV forecast into regular (routine) vaccine order/delivery
2. fore planned outreaches
3. Only when districts push it to us

  |
| 1.
 | How will you determine how much HPV stock to obtain from the district   | 1. By using the target population
2. By using consumption
3. District calculates and supplies
4. I don’t know
 |
| 1.
 | What cold chain challenges are you anticipating as a result of HPV vaccines? (prompt about fridges, cold boxes, etc.)   |
|  | **Section I: HPV delivery model**  |
| 1.
 | How often will vaccination be provided in the schools?    | 1. Once every 6 months
2. Once every year
3. Other \_\_\_\_\_\_
 |
| 1.
 | After introduction, how often will HPV vaccination be available in the HF/routine vaccination?  | 1. Every day
2. On selected days/times
3. Specific period of the year
4. Don't know
 |
| 1.
 | After the introduction, will HPV vaccine be provided in routine outreaches?  | 1. Yes
2. No
3. Don't know
 |
| 1.
 | What challenges do you anticipate due to adding HPV immunization services?   (*do not provide any leading questions –   tick more than one answer*)   | 1. Staff shortages to conduct regular outreaches
2. Lack of funds to conduct outreaches
3. HPV vaccine stock outs
4. Lack of registers, tally sheets, cards
5. Irregular HPV supply
6. Lack of cold chain space for HPV vaccine
7. Inadequate social mobilization activities
8. Lack of understanding of the delivery model
 |
| 1.
 | Do you have needs, requests or suggestions to improve the HPV vaccine introduction?    **Thank you for your collaboration**  |
|   | **Interviewer comments / observations on the visit in this section**         |

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| **C.  ASSESSMENT OF HPV INTRODUCTION READINESS – Interview with School Administrators (1) and Teachers (1)**   |
| No.  | **Section A: General information/ Background characteristics**  |
| 1.
 | Date: (DD/MM/YYYY)  | |\_\_\_\_||\_\_\_\_| / |\_\_\_\_||\_\_\_\_| / |\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_|  |
| 1.
 | District:  |   |
| 1.
 | Initials of respondent:  | |\_\_\_\_\_\_|\_\_\_\_\_\_|  |
| 1.
 | Designation   | 1. Head Teacher
2. Teacher (grade:      )
3. School Nurse
4. Other
 |
| 1.
 | Name of interviewer:  |   |
|  | **Training on HPV**  |
| 1.
 | Has the Ministry of Education informed the school that HPV vaccination will take place in your school?   | 1. Yes, I was informed by MoE
2. No, I wasn’t informed by MoE
3. Don’t know
 |
| 1.
 | Have you received training on the introduction of the HPV vaccine in the past month or is there a training on this vaccine planned that you will attend?    | 1. Yes, it occurred on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Yes, we have one scheduled (what date is the training planned for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
3. No- **go to Q9**
 |
| 1.
 | How many people from your school were (or will be) trained? |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  |
| 1.
 | What key messages did you learn from the training received on the HPV vaccine? *Check all mentioned*   | 1. Diseases vaccine protects against
2. Vaccine is safe
3. Vaccine is for girls 9-14 years of age
4. Each girl must get 2 doses at least 6 months apart
5. Potential side effects of the vaccine
6. Dealing with rumors on fertility, sexual behavior
7. Reminding girls and parents of next visit
8. Reminding girls to bring vaccination card to next visit
 |
| 1.
 | Have you received any materials on HPV vaccination?    *These may include HPV field guide manuals, brochures, FAQs*  | 1. Yes, specify which materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1. No
 |
| 1.
 | Do you feel prepared to answer the questions that girls, parents or other persons from the community might ask you about HPV vaccination?  | 1. Yes sufficient
2. No Insufficient
 |
| 1.
 | Have you discussed the timing of the vaccination session and your role with the vaccinators from the district / health facility?  | 1. Yes
2. No
 |
| 1.
 | Who did you share information on the HPV vaccine with?   (e.g. about the befits of the vaccine)  | 1. Parents
2. Girls
3. Community leaders

Others (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1.
 | Have you planned (or already held) any sessions to share key facts on HPV with the girls and/or their parents?   (*eg. PTA meeting*)                                         *Check all that apply*  | 1. Yes, with the girls and parents together
2. Yes, with the parents
3. Yes, with the girls
4. No
 |
|  | **Knowledge on HPV vaccine**  |
| 1.
 | What disease(s) does the HPV vaccine prevent?  **Correct answers include**: Cervical cancer, other cancers (including vaginal, penile, anal and oro-pharyngeal cancers), and genital warts.  | 1. Answer correct
2. Answer incorrect
3. Doesn’t know
 |
| 1.
 | How many doses of HPV should a girl receive?  | 1. One dose    ( > mark Q19  answer 1)
2. Two doses
3. Three doses
4. I don’t know
 |
| 1.
 | After how many months should a girl receive the second dose?   | 1. Not aware second dose needed
2. One month
3. Two months
4. Six months
5. I don’t know
 |
|  | **Perceptions on HPV**  |
| 1.
 | Do you think any girls or parents will be reluctant to receive HPV vaccine?  | 1. *Yes:*
2. No

If yes, “why”?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1.
 | Have you heard any rumors on HPV vaccine?     | 1. Yes
2. No

If yes, please specify rumor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| 1.
 | Have you received any materials to help you explain that HPV is safe for administration?   | 1. Yes
2. No

 If yes, please give details on which materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  | **Data quality**  |
| 1.
 | What tasks have you been given to identify eligible girls and ensure they get the HPV vaccine?   *Check all that apply*  | 1. Make a list of eligible girls
2. Keep a record of girls who are vaccinated
3. Keep the vaccination cards in the school
4. Refer girls who missed the vaccination to get it in the nearest health facility
5. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1.
 | Do you have any suggestions to improve HPV vaccination?    |     |

|  |
| --- |
| **D.   ASSESSMENT OF HPV IMMUNISATION SERVICES      –     Interview with Parent/Caretaker**  |
| No.  | **General information/ Background characteristics**  |
| 1.
 | Date: (DD/MM/YYYY)  | |\_\_\_\_||\_\_\_\_| / |\_\_\_\_||\_\_\_\_| / |\_\_\_\_||\_\_\_\_||\_\_\_\_||\_\_\_\_|  |
| 1.
 | District:  |   |
| 1.
 | Initials of respondent:  | |\_\_\_\_\_\_|\_\_\_\_\_\_|  |
| 1.
 | Designation    | 1. Father/Mother of girl(s) between 9-14yr
2. Relative of girls between 9-14yrs
3. Other \_\_\_\_\_
 |
| 1.
 | Name of interviewer:  |   |
|  | **Training on HPV**  |
| 1.
 | Have you heard that a new vaccine called HPV (or vaccine against cervical cancer) will be given to girls in your community?     | 1. Yes
2. No    à  **Thank for participation**
 |
| 1.
 | Where did you hear/learn about HPV vaccination?  |  *Check all that apply* 1. Radio
2. TV
3. Flyer/poster/banner
4. Health worker
5. School/teacher
6. Community leader
7. Other
 |
| 1.
 | Have you received any information materials on HPV vaccination?     | 1. Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1. No
 |
| 1.
 | Have you heard where the vaccination will be conducted?    | 1. At School
2. At the health facility
3. In the community
4. Others Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I don’t know
 |
| 1.
 | What else have you learned about the HPV vaccine?   *Tick all that apply*  | 1. Vaccine protects against cervical cancer
2. Vaccine is safe
3. Vaccine is for girls 9-14 years of age
4. Each girl needs 2 doses over 6 months
5. Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  |
|  | **Knowledge on HPV**  |
| 1.
 | What disease(s) does the HPV vaccine prevent? *Correct answers include: Cervical cancer, other cancers (including vaginal, penile, anal and oro-pharyngeal cancers), and genital warts.*  | 1. Answer correct
2. Answer incorrect
3. Doesn’t know
 |
| 1.
 |  How many doses of HPV should a girl receive?     | 1. One dose    *Check Q13 answer 1*
2. Two doses
3. Three doses
4. I don’t know
 |
| 1.
 | After how many months should a girl receive the second dose?   | 1. Not aware 2 doses needed
2. One month
3. Two months
4. Six months
5. I don’t know
 |
|   | **Perceptions and observations on HPV**  |
| 1.
 | Will you allow your daughter/ relative to receive HPV vaccine?    | 1. Yes   Go to Q 16
2. No or not sure
 |
| 1.
 | If No: what is the main reason?     |      |
| 1.
 | Have you heard any rumor about the HPV vaccine?   | 1.Yes specify   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2. No  |
| 1.
 | Do you think other parents in your community will get their daughters vaccinated with HPV vaccine?  (if not why not)      |
| 1.
 | Do you have suggestions to the Ministry on how to ensure girls get vaccinated including the second vaccine dose\_        |
|   | Observation by the interviewer            |