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**IMPLEMENTING HPV VACCINATION PROGRAMS:  
PRACTICAL EXPERIENCE FROM PATH**

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# Demonstration Project for the Introduction of Human Papillomavirus Vaccine in Uganda. Training of Health Managers and Service Providers: Facilitator's Guide

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**THE REPUBLIC OF UGANDA**

**DEMONSTRATION PROJECT FOR THE  
INTRODUCTION OF HUMAN PAPILLOMAVIRUS  
VACCINE IN UGANDA**

**TRAINING OF HEALTH MANAGERS AND SERVICE PROVIDERS**

**FACILITATOR'S GUIDE**

**APRIL 2008**

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## **1.0 Introduction to the facilitator's guide**

This guide has been specifically designed to help facilitators/trainers of trainers in preparation for the introduction of HPV vaccine pass on harmonized information in a coordinated manner.

In addition, the guide provides information on:

- Issues to consider during the planning for the training
- Tips on facilitation
- Advantages and disadvantages of various teaching methods
- The content to be covered for each topic
- Learning objectives
- Proposed agenda/timetable

## **2.0 Planning for the training**

### **2.1 Target audience**

You should know your target audience at each level:

- At the national level, central level trainers/supervisors
- At the district level, all the extended DHT members and (representatives of the RDC and ACAO in charge of health, plus NGOs involved in the delivery of health services at district level). Ensure that all members of the District Rapid Response Team (DRRT) are included in this session. The DRRT team may include the DHO, DSFP, DHE and a clinician.
- At the health facility level, all health workers.

The number of participants per workshop shall not exceed 35 participants; each workshop is expected to last for at least 3 days. Depending on your target audience, you may wish to organize the topics differently to allow some participants to attend only day 1, day 1 and day 2, or the entire training.

### **2.2 Training plan and facilitators for the workshop**

Training will be conducted in a cascade manner, meaning that the central trainers/facilitators will train district trainers/facilitators who will in turn train their service providers. However, in order to ensure quality of the training, the central supervisors will supervise/participate in the training of service providers at sub county or health sub district level.

The facilitators at all level should have attended a TOT session organized/ facilitated by PATH and UNEPI at national or district level.

### **2.3 Selection of the venue and other facilities**

A well-ventilated room with enough chairs and tables, away from noise, and with enough space for all participants is needed. This would allow group discussions, demonstrations and role-plays to be organized and conducted. In addition, the meeting venue should be located in where meals and accommodation can be provided.

The venue must be near a health facility where participants can go for field visits to carry out practical demonstrations/skill building activities if planned.

### **2.4 Materials and equipment needed for the training workshop**

The facilitators need to prepare or procure well in advance the following:

- Flip charts, news print and masking tapes
- Markers, pens and pencils
- Notebooks
- Files
- Visual aids like HPV posters, leaflets, Q&A booklets on HPV
- Relevant reference materials
- Examples of registration, monitoring and evaluation forms

### **2.5 Preparations for each session**

A session (lesson) plan should be made in advance of the presentation

- Prepare teaching notes on the key points to be covered under the respective topic you are going to cover well in advance. Rehearse each training session so that you are sure you have scheduled sufficient time for sessions. Practice the tasks you will give to the participants to ensure that they are realistic.
- Learning objectives and group work should be put on flip charts before the session begins.
- If transparencies or an overhead projector (LCD) is to be used, the presentation must be made in advance and equipment tested to ascertain its functionality before the beginning of the session.
- Handouts of information not available in the training manual must be prepared well in advance. Let the participants know in advance that they will receive a write up of the training session so that they don't have to write down everything being said and done. In this way participants can focus all their attention to listening and participating.

- Teaching methods must be determined and demonstration materials identified well in advance and brought to the training venue.

Transport for field trips must be arranged in advance.

## **2.6 Planning practical demonstration**

Identify, assemble and test for functionality all equipment/ materials you will need during the practical demonstration.

Practical sessions are aimed at building skills and enhancing knowledge of participants.

In order to learn skills, the facilitator must provide professional guidance during the preparations and practical demonstrations. The facilitator must organize skill-building experiences during training, demonstrate correct procedures, and observe (return demonstration and provide feedback to participants as they practice the skills). All participants must be allowed equal opportunity to participate in practical demonstrations and other discussions either in plenary or group work.

## **2.7 Plan for field visit – (only if necessary for this training)**

Field visits must be included in the training timetable to allow participants to put in practice the theory learnt in class. In planning for field visits,

- Identify and notify the health unit where the participants would go for field visit. The unit must be equipped with functional cold chain equipment
- Prepare field work objectives, checklist/tasks for the group
- Arrange for transport
- Put participants into groups so as to ensure skill and professional mix
- Inform participants the need to give feedback to the health facility visited
- Inform the participants to prepare and present a report in plenary after the field visit
- Facilitator to prepare a format for summary of the field reports.

In summary, the facilitator must ensure that all the materials required for the session are ready before the session begins. The facilitators must endeavour to meet every day to discuss the proceedings of the day, discuss areas that need improvement on the side of the participants and facilitators; and review the presentations for the following day.

## **3.0 Hints on effective facilitation skills**

In facilitation for each session, the facilitator should first introduce the session by telling the participants its purpose, objectives and the activities they will be involved in. This could wherever appropriate, include the order of activities, the materials to be used and the duration

of the session. These are laid out for each session in the manual but it's important for the facilitator to understand the session and to present it in his or her own words.

**As a facilitator,**

- Take center stage, face the audience and make eye contact with people in all sections of the audience. Do not get stuck in a corner, behind a desk or face the board/screen when speaking.
- Speak slowly and clearly, using a natural and lively tone that is loud enough for everyone to hear. Use examples from the participants' work environment as much as possible.
- Use natural gestures and facial expression but try to avoid mannerisms.
- Move around the room; approach the participants to get their attention and response. However, avoid blocking their view. Watch for craning necks.
- Try to interact with all participants and use their names as appropriate.
- Avoid writing every word and reading as this discourages participant involvement.
- Allow time for the participant to answer questions but give hints where appropriate. Respond encouragingly and positively to all answers but correct the errors gently.
- Try to give satisfactory answers to the participants. Use examples from the participants' work environment as much as possible.
- Endeavour to write out the difficult new words; pronounce and explain them clearly.
- Make sure that everyone can see the audio-visual aids clearly. Point to what you are talking about on the projector, or on the screen. Cover or turn off when not being used anymore.
- Write large, clear and legible letters or figures, arranging them carefully so that there is enough room.
- Involve all participants by including the quiet ones and controlling the talkative ones.
- Monitor the levels of concentration and energy of participants. Use energizers, warm up exercises or ice breakers when appropriate to reduce the anxiety levels.
- Avoid discussions which are off point or distracting. Whenever possible, postpone them.
- Keep to time but you should be neither too fast nor too slow during the presentation.
- Draw conclusion at the end of each session as it provides the following:
  - A review of all the experiences of the session or training up to that point.
  - An opportunity to sum up that has been learned so far.

As a facilitator, select appropriate teaching methods. Use of Participatory Learning Methods (PLMs) is highly encouraged for interactive learning and promoting teamwork like case studies, assignments etc. Some of the teaching methods that can be used are discussed below.

**4.0 Summary of training methods that can be used during the training**

Training time is very precious and must therefore be used wisely to achieve maximum effect. Proper selection and preparation of appropriate training methods and media are vital to a successful training. This section highlights some of the most common training methods, their advantages and disadvantages.

#### **4.1 Lectures**

A lecture is generally used to transmit facts and information to a large group of people. It usually involves a person talking without interruption for one hour or so.

##### **Advantages**

- Lectures are easy to arrange.
- A great deal of material can be covered in a relatively short time.
- The same information can be given to many people at the same time.
- For many people listening is easier than reading.

##### **Disadvantages**

- With lectures there is little or no opportunity for audience participation – this can lead to boredom.
- Attention can easily be distracted.
- It is very difficult for many listeners to memorise a large quantity of information.
- Individuals learn at different paces and the lecture method allows no self-pacing.
- It is difficult to assess the success of the lecture in terms of informing the participants.

#### **4.2 Group work**

The usual procedure for group work is to divide the participants into groups of 3 to 7 and present them with a task, e.g questions to be discussed and answered or to be solved. The different steps of the method are:

- Introduction to the task.
- Group work.
- Reporting session.
- Discussion, conclusion and summary.

##### **Advantages**

- Group work can be a very participatory mode of learning. The participants influence their way of working and share ideas and experiences.

### **Disadvantages**

- If people do not understand the method and the responsibilities involved, it can be ineffective and a waste of time.
- A minority of the group participates, while the rest remain passive and uninvolved.

### **4.3 Bee Hives/buzzing**

As a form of group work, participants are divided into smaller groups of 2 persons, usually those who seat next to each other in the classroom. After discussions among the small groups, they make oral reports. The trainees could write the most important point on the flip chart or blackboard, comment on them, compare the groups' results and make a summary.

### **Advantages**

The methods allows:

- A rapid appraisal of the participants' knowledge or opinions in a simple manner.
- Experiences to be shared in an easy manner.
- Active participation.

### **Disadvantages**

- There is a risk of becoming caught up in details and losing the perspective of the whole session.

### **4.4 Case studies**

A case study is a written description of an actual or imagined event; incident or situation which is used as a basis for analytical discussion .It can vary in length from a single paragraph to a long complex document. It is used to bring lifelike situations into the classroom and is a common method for training courses. Typically, a case study will be presented and participants will answer or discuss a series of questions designed to bring out key information. These lessons to be learned could be about identifying a problem, proper responses to a situation, etc.

This is an especially useful technique for small groups who have sufficient knowledge and interest to benefit from a highly participatory approach.

### **Advantages**

- Participants can contribute from their own experience and exchange ideas and information.
- Teaches people how best to follow the steps of a laid down procedure.
- Helps the learner to develop problem solving skills and awareness of the possibility of various interpretations of a situation, as there is seldom a single” correct” answer to real situations.

### **Disadvantages**

- Shyer course members may want to participate actively. Senior staff may feel that they will” loose face” if they make an error in front of colleagues.
- Success is dependent on the imagination and enthusiasm of the course members. To be really effective, the selection, preparation and handling of these exercise requires skill and experience.

To overcome the disadvantages, the trainer must:

- Deliberately create an environment of free communication between the participants and the trainer.
- Select cases and exercises which fit the course objectives.
- Prepare fully.
- Select accompanying guidelines.
- Think how to plan the follow up discussion.

## **4.5 Role plays**

A role play is a special kind of case study. The course members “act out” the situation or incident, to test ideas, discuss problems and solutions.

The most outstanding part of the role play is the feed-back to the participants about their individual performance after the role play itself is finished. Therefore the setting should be that some participants are actors while others are observers.

### **Advantages**

- The high participative nature of role playing helps course members to develop greater motivation and interest in the subject, and allows an opportunity to practice skills.

### **Disadvantages**

- It is time consuming and you have to make feed back on the individual performances acceptable to course members.

## **4.6 Discussion**

The discussion is a valuable training technique in which all the course members can participate. Its primary purpose is to deepen understanding rather than import knowledge.

It can help course members to examine and exchange experiences and attitudes with others. It can also provide offered solutions to problems and help you to ascertain to how much training has been assimilated.

You can use control discussion by combining it with lecture. For example, the lecture can elicit key points from the participants and then provide further explanations etc; building up the talk on the expressed needs of the participants.

Alternating periods of lecture (i.e. information presentation) and discussion (i.e. questions and comments made by the participants to the lecture) can lead to more effective learning. You can also use discussions as a supplement following a lecture. Course members are divided into small unsupervised groups to discuss a specific question with groups reporting back orally. The group discussion can thus be integrated into an overall process of conveying information.

Additionally discussions are used to consider a particular case study, after an appropriate briefing, and to follow a role playing exercise.

### **Advantages**

- All course members can participate freely, thus the level of trainee activity is high.
- Because of the high level of participation involved, course members' interest is aroused and generally retained, and they gain in confidence and self expression.
- Properly handled, discussions can promote tolerance and understanding.

### **Disadvantages**

- Controlled discussions require more preparation than formal lectures.

- Discussions can be hard to guide and control and it can take a long time to extract something clearly worthwhile and useful.
- Inevitable some course members will talk too much and dominate the discussion if you let them whilst others may not know enough or be too reticent to contribute anything.
- Inexperienced trainers or trainers with limited knowledge on the subject may be tempted to use discussion groups to "fill in" time and knowledge gaps.

## **5.0 Evaluate the training**

Evaluation is very important in any form of training. The most commonly used methods include the following:

- The pre-test is given at the beginning of the course to give baseline information as to how much knowledge participants have before the course.
- The post-test is given at the end of the course to assess as to how much the participants will have gained during the course.
- Formative evaluations of the learning process. This includes interacting with participants, exchanging views with other facilitators and having participants fill out a pre-designed tool/form each day evaluating the day's activities and handing it to the facilitators for analysis. This is very important as it enables all the participants even the shy ones to comment on training. This type of evaluation also allows facilitators to get an idea of what participants feel and think about training. Furthermore daily evaluations enable facilitators to obtain suggestions for improvements and revise up-coming sessions.
- Performance evaluation on the job when the course has been completed, to determine the extent to which the participants are able to use the skills and knowledge acquired. This is done through follow up visits or during support supervision.

## **6.0 Report writing**

At the end of every training seminar the facilitator should write a brief report regarding the training. The following issues could be included in the report:

- Time of training and duration.
- Number, names and designation of the participants.
- Venue of training.
- A break down of the training expenses.
- Major problems encountered or especially successful techniques used during the training.

## Introduction Session: Climate Setting

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**Duration: 1 Hr**

**Section(s) of the Manual: None**

### **Purpose**

To help participants and facilitators get familiar with each other; and with the reason for their coming together before the formal beginning of the workshop. This opportunity should be taken to assess the knowledge of participants through a pre-test exercise.

### **Learning objectives**

By the end of this session, participants should be able to:

1. Introduce themselves in a participatory manner.
2. Express their expectations and fears.
3. Match their fears and expectations to the workshop objectives.
4. Establish workshop norms.
5. Complete the pre-test exercise.

### **Content**

- Introductions.
- Participants' fears and expectations.
- Workshop objectives and norms.
- Workshop pre-test (question card game)

### **Methods**

Plenary discussions, brainstorming, question card game

**Note:** If the group is large, it might be more practical for them to wear name tags or place their names at places where they are sitting.

### **Instructions for the facilitator**

1. Introduce the session by welcoming participants to the workshop and give the theme of the workshop
2. Facilitators do self-introductions, indicating their names, titles or places of work and roles/responsibility during the workshop

3. Ask participants to in-turn introduce themselves
4. Ask participants to share/brainstorm on their expectations exhaustively as one of the facilitators writes them down on a flip chart
5. Present the workshop objectives and match them with participants expectations for comparison purposes
6. Highlight the ones that can and those that will not be met in the workshop.
7. Keep the flip chart of objectives and expectations for reference at the end of the workshop during the evaluation to determine whether the workshop objectives and expectations are met.
8. Workshop Norms
  - Brainstorm about the ‘norms’ or ‘rules’ the participants wish to establish for the conduct of the workshop. Issues such as punctuality, participation, respect for different opinions like use of mobile phones etc are likely to come out.
  - Guide the participants in choosing their leaders: Chair person, Welfare officer, Religious leader, Morale Booster, timekeeper etc.
9. Workshop Pre – test (Question Card Game)
  - Conduct the question card game exercise.
  - In addition, a simple questionnaire for daily evaluation is attached.
10. Administrative Briefs
  - Conclude the session by informing the participants about workshop ‘logistics’: arrangement for meals, transport, etc.
  - Allow opportunity for questions and clarifications on any issues that may arise.

## Session One: Introduction to the HPV vaccine demonstration project

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**Section(s) of the Manual: 1.0**

**Duration: 30 Min.**

### **Learning objective**

By the end of the session, participants should be able to:

1. Explain the purpose of the HPV vaccine demonstration project
2. Identify research areas that will be studied during the HPV vaccine demonstration project.
3. Outline delivery strategy to be used in each district.

### **Content**

- Introduction
- Overview of HPV vaccine project objectives in Uganda
- Delivery strategies for the HPV vaccine
- Operational research questions
- Present brief timeline, mentioning that vaccinations will occur for two years

### **Teaching methods**

Lecture, group discussion

### **Instructions for the facilitator**

1. Introduce the topic
2. Present the learning objectives listed above
3. Present the HPV project structure, activities, timeline.
4. Discuss important points related to the vaccination strategies and operational research questions.
5. Respond to questions asked by participants.
6. Summarise the session emphasizing key points.

## Session Two: Cervical cancer epidemiology

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**Section(s) of the Manual: 2.0, 2.1, 2.2, 2.3, 2.4, 2.5**

**Duration: 1 Hrs**

### **Learning objective**

By the end of the session, participants should be able to:

1. Explain the magnitude of cancer of the cervix globally and in Uganda.
2. State the causative organism of cervical cancer.
3. Explain its occurrence (group likely to get cervical cancer), its mode of transmission and the incubation period.
4. Describe the symptoms of advanced cervical cancer.
5. Discuss prevention of cervical cancer.

### **Performance objectives**

By the end of this session, participants should be able to perform the following:

1. Be able to discuss the epidemiology of cervical cancer in Uganda.
2. Be able to direct women to available screening services.

### **Content**

- Introduction
- Magnitude of cervical cancer globally and locally
- Causative organism of cervical cancer, its occurrence and mode of spread and incubation period
- The symptoms of advanced cervical cancer
- Prevention of cervical cancer

### **Teaching methods**

Lecture, brainstorming and group discussion and presentation in plenary

### **Instructions for the facilitator**

1. Introduce the topic by asking participants to say what they know or have heard about cervical cancer- what causes the disease, who is mainly affected by the disease, how is the diseases acquired or spread, what is the treatment and prevention.
2. Present the learning and performance objectives listed above.
3. Present the magnitude, causative agent, occurrence, mode of spread, incubation period, symptoms of cervical cancer, and prevention, including screening techniques.

4. Assess participants' knowledge using Exercise 1 in the HPV vaccination training guide.
5. Summarise the session emphasizing key issues.

## Session Three: HPV Vaccines

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**Duration:** 1.5 Hrs

**Section(s) of the Manual:** 3.0, 3.1, 3.2, 3.3, 3.4

### **Learning Objectives**

By the end of this session, participants should be able to:

1. Discuss HPV vaccine characteristics.
2. Discuss the packaging of HPV vaccine.
3. Discuss schedule and dosage.
4. Discuss target population.

### **Content**

- Introduction
- Vaccine packaging
- The dosage and HPV vaccine immunization schedule
- The target population

### **Teaching methods**

Lecture, Individual reading, Brain storming and group discussion

### **Instructions for the facilitator**

1. Introduce the session to the participants by brain storming on the vaccines currently used by the UNEPI programme and list the vaccines.
2. Present the learning objectives indicated above
3. Divide participants in 4 groups and discuss each objective (one objective per group).
4. Participants present their group work in the plenary.
5. Fill in gaps and make corrections where necessary
6. Summarise the session emphasizing the main points
7. Ask the participants to read chapter 4 of Training guide for health workers and health managers in preparation for HPV vaccination demonstration project.

## Session Four: Vaccine management and logistics requirements

---

**Section(s) of the Manual: 4.0, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 5.1**

**Duration: 2Hrs.**

### **Learning Objectives**

After studying this session, you should be able to;

1. Discuss receiving, storing, issuing, transporting and distributing HPV vaccine and other logistics (use of VIMCB)
2. Discuss vaccine freezing and shake test
3. Discuss correct procedures for packing cold boxes/vaccine carriers
4. Discuss strategies for reducing vaccine wastage
5. Estimate target population for HPV vaccine, HPV vaccine and injection materials requirements
6. Estimate the storage space for HPV vaccine and the injection materials

### **Performance objectives**

After studying this unit, you should be able to perform the following:

1. Forecast/estimate target population, HPV vaccine and other logistics for HPV vaccination

### **Content**

- Introduction
- Receiving, storing, issuing and distributing vaccines and other HPV vaccination logistics
- Recording of HPV vaccine and other logistics
- Estimating target population and vaccine supplies

### **Teaching methods**

Lecture, brain storming, participants reading from the text, demonstration and exercises.

### **Instructions for facilitator/s**

1. Introduce the topic by outlining the importance of effective vaccine and logistics management for HPV vaccination.
2. Present the learning and performance objectives listed above
3. Brain storm on the following concepts:
  - a. Forecasting
  - b. Estimating

- c. Receiving
  - d. Storing
  - e. Issuing
  - f. Distributing vaccines and other HPV vaccination logistics.
4. Go through examples in the book (chapter 5.1) with participants
  5. Brain storm on steps followed in receiving vaccines, and other EPI logistics from higher level
  6. Demonstrate on how to store/arrange vaccines and diluents in various cold chain equipment. Explain precautions taken while storing/packing vaccines various cold chain equipment. Emphasize that the HPV vaccine is highly sensitive to freezing, and techniques to ensure proper handling of the vaccine.
  7. Demonstrate conditioning of icepacks.
  8. Demonstrate shake test.
  9. Explain the purpose of Vaccine and Injection Materials Control Book.
  10. Demonstrate how to fill the vaccine and injection materials control book using pages photocopied from the book
  11. Assess the participants knowledge by asking questions regarding the topic and fill in the gaps
  12. Summarise the session by emphasizing the major issues.

## Session Five: Injection safety and waste management

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**Duration: 1 Hr**

**Section(s) of the Manual: 5.6**

### **Learning objectives**

By the end of this session, participants should be able to:

1. Define a safe injection.
2. Describe procedures to ensure a safe injection.
3. Discuss procedures and methods of disposing sharps and other injection materials

### **Performance objective**

By the end of this session, participants should be able to perform the following:

1. Give a safe injection.
2. Dispose sharps and wastes using appropriate method.

### **Content**

- Introduction
- Safe injection in the context of immunization service delivery
- Ways to ensure a safe vaccination injection
- Ways to ensure safe disposal

### **Teaching methods**

Lecture, brain storm, demonstration, read through the text

### **Instructions for the facilitator**

1. Introduce the topic by emphasizing the importance of safe injection in relation to immunization services. Emphasize that the same principles of injection safety and waste management followed in routine immunization services will be followed in the introduction of HPV vaccine.
2. Present the learning and performance objectives listed above.
3. Brainstorm on the definition of a safe immunization injection and factors that contribute to unsafe injections in UNEPI.
4. Show participants the different types of injection safety materials (ADs and safety box) and demonstrate how to use them.
5. Discuss in a plenary simple ways to ensure a safe vaccination injection and the right ways to give a safe vaccine injection

6. Discuss the current methods used to dispose sharps and other injection materials.
7. Ask participants to read on their own section 5.6.
8. Assess the participants' knowledge by asking them (individually) to define a safe injection, simple ways to ensure safety of injections during an immunization session, and the right ways to give a safe vaccine injection.
9. Summarise the session emphasizing the key points

## Session Six: Conducting an immunization session

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**Duration: 1.5 Hr, 1 Hrs**

**Section(s) of the Manual: 5.2, 3.4, 5.3, 5.4, 5.5, 5.6.3**

### **Learning Objectives**

After studying this session, you should be able to:

1. Develop a checklist in preparation for administering vaccine(s)
2. Correctly identifying children who are eligible or ineligible for HPV vaccination.
3. Describe activities carried out when conducting an immunisation session
4. Outline the activities you carry out at the end of the immunisation session
5. Describe site and route of administration.
6. Explain side effects and possible contraindications of the vaccine.

### **Performance objectives**

By the end of this session, participants should be able to perform the following:

1. Develop a checklist for conducting immunization sessions
2. Conduct an immunisation session
3. Conclude an immunization session

### **Contents**

- Introduction
- Preparation for conducting static and outreach immunization sessions
  - Check list for an immunization session
  - Estimation of requirements for an immunisation session
  - Packing vaccines and other EPI supplies
- Setting up the immunization station
- Registration, assessment and screening of clients for immunization
- Preparation and administration of vaccines (practical session)
- Filling of clients immunization card and tallying
- Communicating with clients/parents /caretakers during and after the immunization session
- Concluding the immunization session
- Assess the participants' knowledge by asking them to do exercise two of the Training guide in preparation for the HPV vaccination demonstration project.

## **Teaching method**

Lecture, Brain storm, demonstration, read through the text and role play

## **Instructions for the facilitator**

1. Introduce the topic by emphasizing the need for proper planning and organization of an immunization session
2. Present the learning and performance objectives as listed above
3. Group participants into two groups and discuss steps in preparation for conducting static and outreach services.
4. Let the groups present and discuss in a plenary session and fill in the gaps
5. Discuss
6. Discuss with participants on concluding an immunization session (cleaning session site, completing the tally sheet, taking care of vaccines, disposal of used safety boxes, dispose waste other than sharps, clean vaccine carrier).
7. Summarise the session by highlighting the key points.
8. Ask one of the participants to demonstrate how to pack HPV vaccine in a vaccine carrier. Give a feedback.
9. Role play on conducting an immunization session and give feedback (screening, registration, administration of vaccine, tallying, filling child health card, HPV vaccination card, and disposal of waste). Emphasize the need to remind girl to come for all three doses.
10. Assess the participants knowledge by asking them (individually) some questions like – key messages to communicate to clients on HPV vaccination, steps in preparing and giving an injection, contraindications for HPV vaccination, possible side effects of HPV vaccine.

## Session Seven: HPV vaccination data collection, compilation and reporting

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**Duration: 1 Hr**

**Section(s) of the Manual: 6.0, 6.1, 6.2**

### **Learning objectives**

After studying this session, you should be able to:

1. Describe basic recording tools used for collecting HPV vaccination data.
2. Explain ways of using data to monitor your HPV vaccination performance.

### **Performance objectives**

After studying this session, participants should be able to perform the following:

1. Collect HPV vaccination data using the prepared tools.
2. Calculate coverage and vaccine wastage, analyse data, identify problems, propose solutions and take corrective action.
3. Compile summary monthly HPV vaccination reports.

### **Content**

- Introduction
- Immunization data collection tools: Forms 1-4, HPV vaccination cards, and HPV vaccination register
- Compilation and analysis of data collected
- Monitoring performance (immunization coverage and drop out).

### **Teaching methods**

Lecture, group work, case studies and practical demonstrations

### **Instructions for the facilitator**

1. Introduce the topic by emphasizing the importance of accurate data collection and at the primary source (immunization post – static or outreach).
2. Present learning and performance objectives as listed above.
3. Present the various HPV data collection tools.
4. Give cases studies to participants to practice filling of various forms used that will be used during HPV vaccination period (use experience of measles campaign or SNIDs).
5. Discuss how to analyze, interpret and utilize the data compiled.
6. Assess the participants' knowledge by asking them questions related to the topic.
7. Summarise the session by highlighting key points related to the topic.

## Session Eight: Monitoring and supervision during the HPV vaccination period

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**Duration: 1Hr.**

**Section(s) of the Manual: 7.0**

### **Learning objectives**

After studying this session, you should be able to:

1. Define the words “monitoring” and “supervision”.
2. Discuss the components to monitor during the vaccination period with HPV vaccine.
3. Discuss the roles of the supervisors during the vaccination period with HPV vaccine.
4. Develop a checklist for support supervision during the vaccination with HPV vaccine.

### **Performance objectives**

After studying this session, participants should be able to perform the following:

1. Develop a supervision checklist.
2. Carry out support supervision for HPV vaccination using a checklist.

### **Content**

- Introduction
- Definition of monitoring and supervision
- Discuss components to monitor during support supervision for HPV vaccination
- Roles of supervisors
- Checklist for support supervision

### **Teaching methods**

Lecture, Brain storm, group work, read through the text.

### **Instructions for the facilitator**

1. Introduce the topic by emphasizing the importance of support supervision.
2. Present learning and performance objectives as listed above
3. Brainstorm on definitions and elements of support supervision.
4. Divide participants into 4 groups. All groups to discuss components to monitor, roles of a supervisor and checklist for support supervision.
5. Conduct a role play on support supervision.

6. Participants present their group work and role play in a plenary.
7. Summarise the session by highlighting key points.
8. Assess the participants knowledge by asking them individually to answer questions in exercise 3 of the HPV training guide.

## Session Nine: Monitoring and management of AEFI

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**Duration: 1 Hr.**

**Section(s) of the Manual: 8.0, 8.1, 8.2**

### **Learning objectives**

By the end of studying this session, participants should be able to:

1. Define AEFIs
2. State the purpose of monitoring AEFIs
3. List the categories of AEFIs for HPV vaccine
4. Discuss the management of AEFIs
5. Describe the reporting process of AEFIs

### **Performance objectives**

After studying this session, participants should be able to perform the following:

1. Investigate, manage and report cases of AEFIs.

### **Contents**

1. Introduction
2. Definition of AEFIs
3. Categories of AEFIs
4. Management of AEFIs
5. Reporting of AEFIs

### **Teaching methods**

Lecture, brainstorm, demonstration, read through the text

### **Instructions for the facilitator**

1. Introduce the topic.
2. Present learning and performance objectives as listed above.
3. Brainstorm on the definition of AEFI.
4. Divide participants in groups of 4 – 5, let each group discuss the categories of AEFIs (such as programme error, etc) and how to manage each type of AEFI.
5. Participants present their findings in a plenary.
6. Present a case study for AEFI and ask participants to discuss and propose how they would manage and report that case study (HPV training guide, Exercise 4).
7. Assess the participants' knowledge by asking to answer individual questions.

8. Summarise the session highlighting the key points.

## Session Ten: Sensitisation, mobilisation and IEC materials for HPV vaccination

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**Duration: 1.5 Hr.**

**Section(s) of the Manual: 9.0, 9.1, 9.2, 9.3, 9.4, 9.5**

### **Learning objectives**

By the end of studying this session, participants should be able:

1. Outline key messages on cervical cancer and HPV vaccination to be communicated to girls, their parents and or caretakers.
2. Discuss methods suitable for mobilising the community.
3. List key partners in mobilisation for HPV vaccination.
4. Describe the roles of the partners in mobilisation for HPV vaccination.
5. Discuss management of rumours and misconceptions on HPV vaccination.

### **Performance objectives**

After studying this session, you should be able to perform the following

1. Mobilise the community for immunisation using suitable methods.
2. Carry out health education to girls, parents and or caretakers.
3. Manage rumours and misinformation on immunisation.

### **Contents**

- Introduction
- Methods of mobilizing the community
- Key messages on cervical cancer and HPV vaccination
- Key partners in mobilizing for HPV vaccination
- Roles of various stakeholders in sensitisation and mobilisation for HPV vaccination.
- Management of rumours and misinformation about HPV vaccination

### **Teaching methods**

Lecture, brain storm, group work, buzzing, read through the text and role play

### **Instructions for the facilitator**

1. Introduce the topic by emphasizing the importance of sensitization and social mobilization for HPV vaccination.
2. Present learning and performance objectives.
3. Pair participants and ask them to write down methods/channels that can be used to mobilize girls, parents and/or the caretakers for HPV vaccination.

4. Participants present their discussion and fill in gaps.
5. Brain storm on key messages on HPV vaccination that stakeholders can pass on communities.
6. Role play on the key messages to be passed on client(s)/caretaker(s) before, during and after HPV vaccination session.
7. Brain storm on the stakeholders available in their communities (at all levels) and discuss their roles.
8. Brain storm on the meaning, sources and causes of rumours, misinformation and misconceptions.
9. Discuss with participants how to manage rumours, misinformation and misconceptions.
10. Summarise the session by highlighting key points.
11. Assess the participants' knowledge by asking them (individually) to do the Exercise 5 of HPV training guide and provide feedback.

## Session Eleven: Micro-planning, way forward, and timeline

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**Duration: 2 Hr.**

**Section(s) of the Manual: None, refer to District Micro-plans**

### **Learning objectives**

After this session, participants should be able to:

1. Review and update the HPV vaccination implementation plan.
2. Review the progress so far made in implementing HPV vaccination plan.
3. Develop a timeline of activities to be implemented.

### **Performance objectives:**

After this session, participants should be able to perform the following:

1. Draw a timeline of activities to be implemented.

### **Contents**

- Introduction
- Review of the existing HPV vaccination implementation plan
- Identification of key activities for HPV implementation
- Timeline/implementation schedule

### **Teaching methods**

Brain storm, participatory discussion

### **Instructions for the facilitator**

1. Introduce the topic by emphasizing the need for proper planning, organizing, and conducting an immunization.
2. Present the learning and performance objectives as listed above.
3. Guided discussion through the micro-plan.
4. Outline sub-county specific schools and health units plans for schedule of immunisation sessions.
5. Divided into groups by sub-county for the participants to map schools by health unit.
6. Groups come together in a plenary and present their maps.
7. Summarise the session by highlighting the key points.
8. Assess the participants' knowledge by asking them (individually) to do the exercise of the unit overnight, collect, mark the assignment and give feedback.

## Session Twelve: Evaluation of the HPV vaccine training

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**Duration: 30 Min.**

**Section(s) of the Manual: None**

### **Learning objectives**

After this session, participants should be able to:

1. Self-assess the knowledge they have acquired through the training.

### **Contents**

- Introduction
- Question cards

### **Teaching method**

True/false game cards

### **Instructions for the facilitator**

1. Instruct participants in how to play the question card game.
2. Inform them of the purpose of the question card game – for them to self-assess how their knowledge of cervical cancer and HPV vaccine has increased from participating in the training.
3. Review where the question cards are placed in the True/False categories, summarise and give feedback.

## HPV Question Card Game — true or false?

- Cut the sheet below to make 12 cards, each with one statement. Make up your own true and false statements if you like. Make four sets of cards.
- Give 3-4 cards to each participant. Ask each participant to post his/her cards under TRUE or FALSE categories at the front of the room.
- Review the cards placed under the TRUE and FALSE categories with the group.
- Tell participants that you will not give them the correct answers, rather the purpose of the training is for them to learn what are the correct answers.
- Remind the participants that this exercise will be repeated at the end for them to see whether their answers change.

1. The HPV vaccine works best when given before the onset of sexual activity.

2. Most girls will not experience any serious side effects after being given the HPV vaccine.

3. Girls most at risk for HPV infection are those with a family history of cervical cancer.

4. HPV vaccine is given intramuscularly.

5. Each dose contains 0.5 mL of the HPV vaccine.

6. The best way to store HPV vaccine is to freeze it.

7. All sexually active women should receive the HPV vaccine.

8. It is not necessary to use a sterile needle and syringe for every injection a child receives.

9. HPV infection is necessary to develop cervical cancer.

10. If a mother has not heard about the importance of HPV vaccination, she may not allow her child to be vaccinated.

11. HPV can be transmitted by sharing needles during injecting drug use.

12. HPV vaccine does not treat cervical cancer.

## Answers to HPV Question Card Game — true or false?

1. The HPV vaccine works best when given before the onset of sexual activity.

*True.*

3. Girls most at risk for HPV infection are those with a family history of cervical cancer.

*False. Risk factors include multiple sexual partners or a sexual partner with other partners but not family history.*

5. Each dose contains 0.5 mL of the HPV vaccine.

*True. The standard dose of HPV vaccine for all ages is 0.5 mL.*

7. All sexually active women should receive the HPV vaccine.

*False. Current recommendations are to vaccinate only girls who have not yet begun to have sexual activity.*

9. HPV infection is necessary to develop cervical cancer.

*True. HPV is the causal agent for cervical cancer. If a woman never gets infected with HPV, she will never get cervical cancer.*

11. HPV can be transmitted by sharing needles during injecting drug use.

*False. HPV is almost always transmitted by sexual contact.*

2. Most girls will not experience any serious side effects after being given the HPV vaccine.

*True. Some will experience minor side effects, such as pain and swelling at the injection site. However, no serious adverse events have been reported.*

4. HPV vaccine is given intramuscularly.

*True. The vaccine is administered intramuscularly in the arm or thigh in three separate 0.5-mL doses.*

6. The best way to store HPV vaccine is to freeze it.

*False. **HPV vaccine should never be frozen.** It should be refrigerated at 2° to 8° C (36° to 45° F).*

8. It is not necessary to use a sterile needle and syringe for every injection a child receives.

*False. A sterile needle and syringe should be used for every injection, even when a child is receiving multiple injections.*

10. If a mother has not heard about the importance of HPV vaccination, she may not allow her child to be vaccinated.

*True. Sensitization messages for a new vaccine are important to ensure community acceptance.*

12. HPV does not treat cervical cancer.

*True. The vaccine prevents cervical cancer if given **before** a girl is infected with HPV. But the vaccine does not treat an existing infection or invasive cancer.*

### HPV vaccination training evaluation form

If you need more space to write your responses, please use the back of the paper.

1a. Please evaluate each of the following **training sessions** by putting a check in the appropriate column.

Session name	Extremely useful 6	Very useful 5	Useful 4	Somewhat useful 3	Not very useful 2	Not useful at all 1
Key facts about HPV and cervical cancer						
Administering HPV vaccine						
Side effects						
Storing & transporting HPV vaccine						
Safe disposal of used needles and syringes						
Monitoring use of HPV vaccine						
Sensitizing parents						
HPV administration role-playing						

1b. If you rated any session **3 or lower**, please tell us why:

2a. Please evaluate each of the following **aspects of the training** by putting a check in the appropriate column.

Aspect	Excellent 6	Very good 5	Good 4	Fair 3	Satisfactory 2	Not satisfactory 1
Achievement of my personal expectations						
Relevance of content						
Effectiveness of training methods						
Organization of training session						
Usefulness of materials						
Effectiveness of facilitators						
Food						
Training facilities						

2b. If you rated any session **3 or lower**, please tell us why:

3a. Please evaluate how well the training was able to meet its **six key objectives**.

Objective	Extremely Well 6	Very well 5	Well 4	Somewhat well 3	Not too well 2	Not at all well 1
To help you understand key facts about HPV infection and cervical cancer						
To help you understand how to use the HPV vaccine						
To help you understand how to store HPV vaccine and safely dispose of needles and syringes						
To help you know the forms and process for monitoring and supervision of HPV vaccination sessions						
To help you learn to identify, manage and report AEFI						
To help you communicate more effectively with parents of girls being vaccinated						

3b. If you rated any session 3 or lower, please tell us why:

4. What did you like **best** about the training?

5. What did you like **least** about the training?

6. If there are any aspects of HPV vaccination that you are not sure about, please describe them.

7. Any other comments?