



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY



HPV Prevention
and Control Board



Adolescent Health Integration: Leveraging Opportunities - Experience of Tamil Nadu, India.



Dr.K.Vinay Kumar

**Joint Director (Immunization) & State Immunization Officer
Directorate of Public Health and Preventive Medicine, Tamil Nadu**

**South Asia Regional Meeting
HPV Prevention and Control Landscape and the way forward.
13th , 14th and 15th - Dec 2022 - New Delhi, India.**



Structure of Presentation

1. Health Infrastructure - Tamil Nadu State, India
2. Adolescent Health Programs & its structure
3. Opportunities for Integration of Adolescent Health Programs
4. Process for Integration of Adolescent Health Programs
5. Integration of Adolescent Health Program in School Vaccination - Tamil Nadu Experience
6. Challenges
7. Lessons learned for other countries on integration of HPV vaccination programs

1.State Health Care Delivery System, Tamil Nadu, India

Doctors - 9995
Nurses - 12783
Other staff - 30399
Bed Strength - 59118 (47451+11667 Covid)

DME
Tertiary Care

Medical Colleges - 36
CEmONC - 33
SNCU - 36 & NRC -5
Multi Super Specialty Hospital -1
Hospitals & Attached institutions -64
Dental College Hospital- 2
Dispensaries -13

Doctors - 3814
Nurses - 6539
Other staff - 10679
Bed Strength - 29261

DM&RHS
Secondary Care

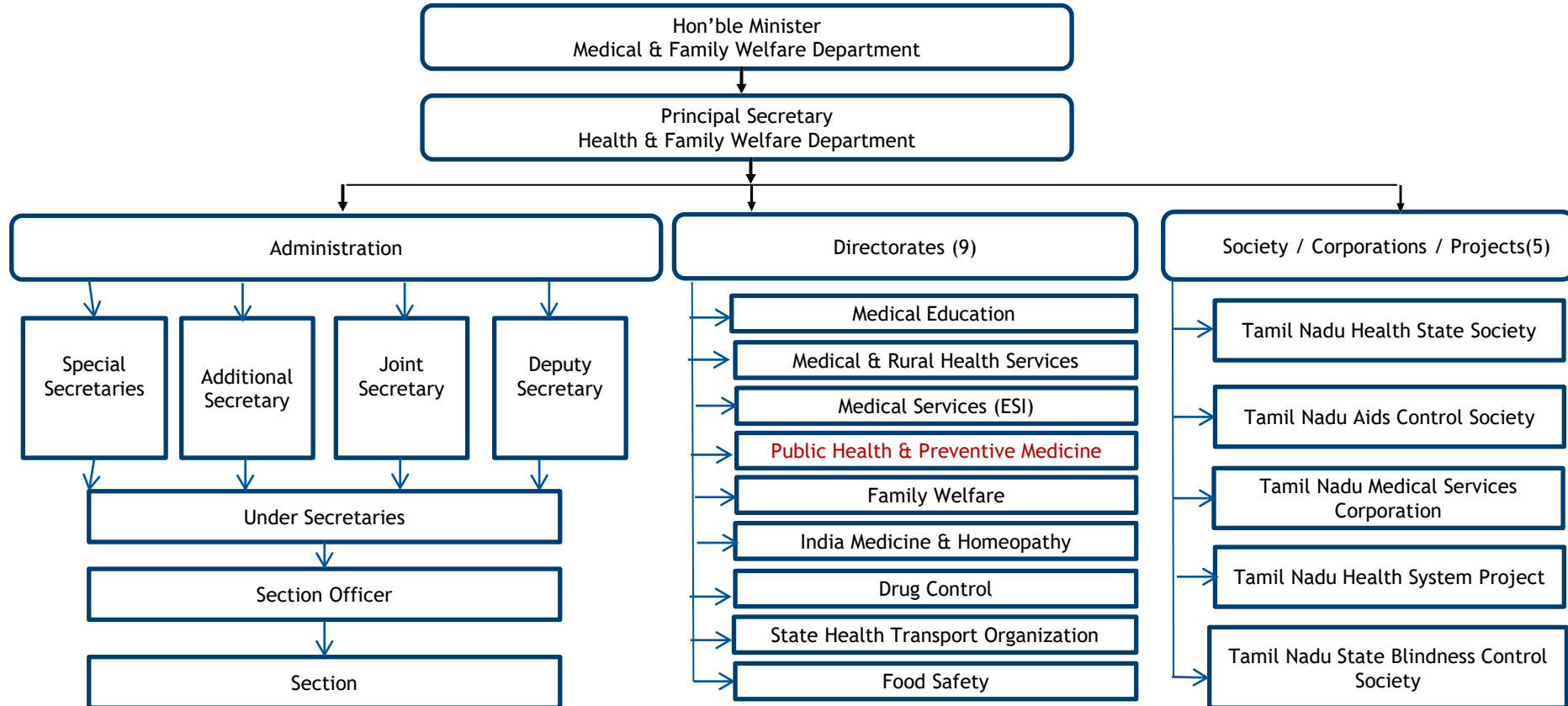
HQ Hospitals-20
SDH - 278
NBSU - 109
CEmONC - 93
SNCU - 39 & NRC - 1

Doctors - 6057
Nurses - 18705
Other Staff- 19103
Bed Strength- 20346

DPH&PM
Primary Care

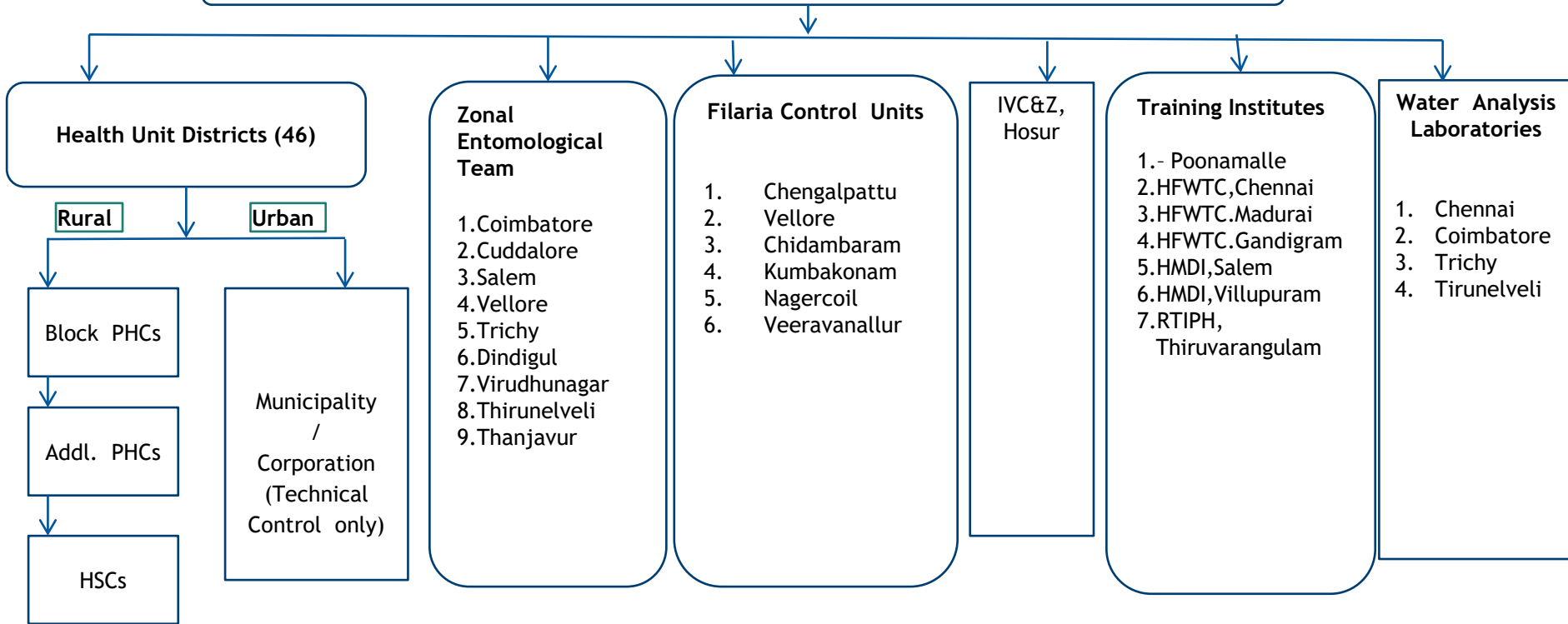
HSCs - 8713
PHCs - 2285
(UG-PHC - 423 / Addl. PHC - 1384)
(Urban CHC - 15 / Urban PHC - 463)
(ROTN-280 & GCC - 143 & DPH - RURAL - 40)
NBSU -37

1. Health Infrastructure - Tamil Nadu State

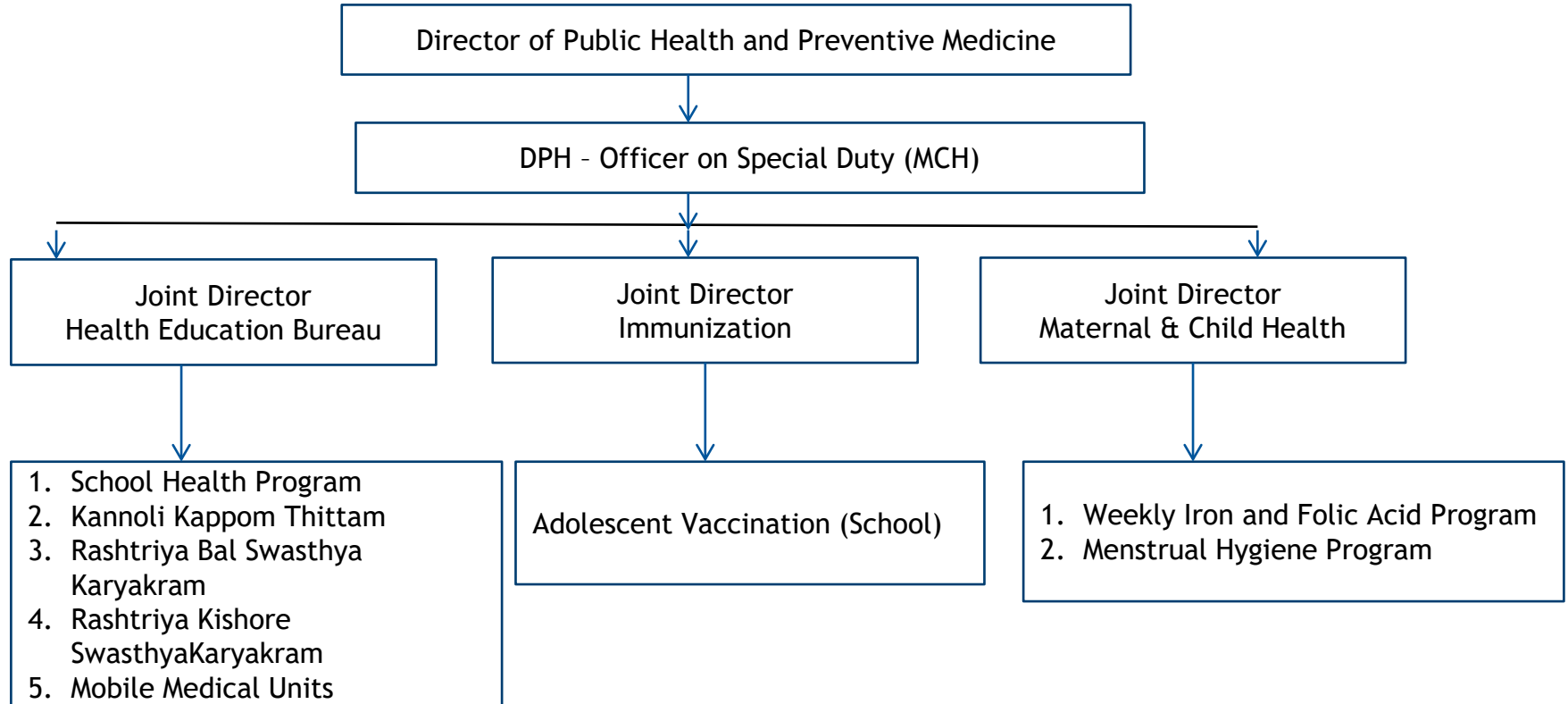


1. Health Infrastructure - Tamil Nadu State

Directorate of Public Health and Preventive Medicine -State Headquarters



2. Adolescent Health Programs & its structure



2. Adolescent Health Programs in TN

1. School Health Program (1962-2010)

- **Comprehensive** School Health care Services
- Children from **1st to 12th standard** of Government and Government Aided Schools
- **Screening** for Nutritional Deficiencies, Systemic illnesses and other Minor Aliments.
- PHC level : Treatment of minor aliments
- Higher Institutions : Major systemic illnesses
- **Nodal Teachers** : 2 per school trained in identifying common illness and to follow the referred children

2. Modified School Health Program (2010-2014)

- **Co-ordination between Health & Education Department**
- Comprehensive Health Education using a modified syllabus based on the School Total Health Programme.
- Emergency Care / First Aid Management at school.
- **Counselling Services for the teenage students**
- Correction of Refractive Errors (Kannoli Kaapom Thittam - KKT)
- School Children **Dental** Programme

2. Adolescent Health Programs in TN

3. Kannoli Kappom Thittam (2009)

- 6th to 12th standard students (11 years to 17 years) in Government and Government aided Schools
 - ✓ 1 or 2 teachers per school trained for Screening for refractive errors by PMOA
 - ✓ Teachers screen all the students
 - ✓ List out the students with vision impairment
 - ✓ Refer to PMOA for examination
 - ✓ PMOA examines and generates prescriptions and order for spectacles
 - ✓ Students issued spectacles by PMOA in the school
- Performance (April 2021 to March 2022)
 - ✓ 1,55,909 school children were screened
 - ✓ 1,25,779 students provided spectacles (Backlogs)

2. Adolescent Health Programs in TN

4. Rashtriya Bal Swasthya Karyakram (RBSK) (from 2014)

- Outreach mode
- Focus on Child Health Screening and Early Intervention Services
- Aims at Early Detection and Management - set of 30 health conditions - prevalent in **children < 18 years of age**
- Target groups
 - ✓ Facility based New-born Screening (Delivery point) : Upto 48 hours of life
 - ✓ Community Based New-born Screening : 0-6 weeks for Birth Defects
 - ✓ **Screening of Children in Anganwadi Centers and Schools : 6 weeks to 18 years**
- **805 Mobile Medical Teams** (770 in Rural + 35 for Urban)
- Mobile Medical Team : Medical Officer + Sector Health Nurse + Pharmacist
- Preschool Children < 6 years of age at the Anganwadi Centres : Screening twice a year
- **School Children of 6 to 18 years** : Screening once a year
- **45,859 Government & Government Aided Schools & Private**
- Performance (April 2021 to March 2022) :
 - ✓ Screened : 48,67,043 children
 - ✓ Referred : 1,19,623 children with 4D's to DEICs

2. Adolescent Health Programs in TN

5. Rashtriya Kishore SwasthyaKaryakram (RKSK)

a. Weekly Iron and Folic Acid Programme (Thursday)

- ✓ 5-10 years: 45mg elemental iron & 400mcg of folic acid week
- ✓ **10-19 years** :100mg elemental iron and 500 mcg of folic acid week

b. Menstrual Hygiene Scheme

- Started in 2011
- **Beneficiaries : Adolescent girls 10-19 years**
- Objective :
 - ✓ To increase awareness among adolescent girls on menstrual hygiene
 - ✓ To build self-esteem and empower girls for greater socialization
 - ✓ To increase access to and use of high quality sanitary napkins and
 - ✓ To ensure safe disposal of sanitary napkins
- 2021 : Urban Adolescent girls covered
- Performance (April 2021 to March 2022) :
 - ✓ 31.94 lakh adolescent girls benefited

2. Adolescent Health Programs in TN

c. Adolescent Friendly Health Services

- AFHCs in Tamil Nadu : 185 + (10 more districts added this year)
- AFHCs : Medical College Hospitals, District Hqtrs Hospitals, TK/Non Taluk Hospitals & CHCs
- Other Institutions : All Days
- CHCs : On Saturdays - 11.00 am to 4 pm
- Clinical Services
 - ✓ Health and BMI Screening
 - ✓ Treatment of Minor Ailments
 - ✓ Referral
- Counselling Services
 - ✓ Peer Educators
 - ✓ Counselors
 - ✓ Adolescent Health Clubs
 - ✓ Adolescent Health Day and out reach services

2. Adolescent Health Programs in TN

6. Mobile Medical Units (2007)

- Started with 100 MMUs
- Now **476 MMUs** ; Hospitals on Wheels
- Quality Medical Care with specific focus on MCH & NCD for remote villages as per FTP
- Performance (April 2021 to March 2022)
 - ✓ 2.14 lakh camps
 - ✓ 1.84 Crore benefitted

3. Opportunities for Integration of Adolescent Health Programs

- Adolescent Health Programs feasible for Integration for HPV vaccination (9-14 years)
 1. Kannoli Kappom Thittam : 11 to 17 years
 2. Rashtriya Bal Swasthya Karyakram : 6 to 18 years
 3. Rashtriya Kishore Swasthya Karyakram : 10 to 19 years
 4. Mobile Medical Units

- Departments to be coordinated for Integration
 1. School Education Department
 - ✓ Education Management Information System (EMIS)
 2. Social Welfare Department
 - ✓ ICDS - Services provided to Adolescent Girls (Only in Aspirational Districts)
IFA supplementation / Skill development training / Nutritional supplements for Malnourished Adolescents
 - ✓ Non-School Going Children
 3. Social Defense Department
 - ✓ Orphanages / Juvenile Homes

4.Process: Integration of Adolescent Health Programs

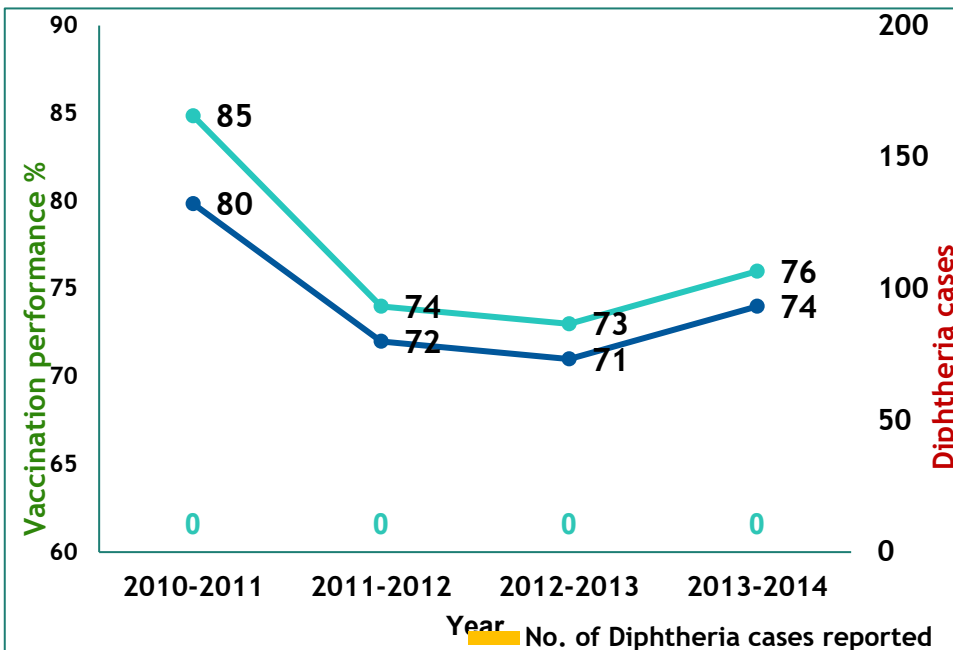
Ideal Integration

- **Formative research** with the users, the providers, and the existing physical and functional system for integrating the service
- **Participatory process** with involvement of all cadres of stakeholders /senior health officials and bureaucrats (top to the end users)
- **Involvement of all key stakeholders** - increased ownership for the model - acceptance of the change - State Task Force / District Task Force
- Should also be assessed for **cost-effectiveness for sustainability** in the long run
- **Training** of health manpower on their enhanced job responsibilities
- Health management information system - to be upgraded to capture integrated information
- **High political commitment, communication and collaboration in terms of ownership**

4. Integration of Adolescent Health Program in School Vaccination - Tamil Nadu Experience

Adolescent Immunization in Tamil Nadu, before 2014 (Pre RBSK) (1/6)

- Dedicated Health Team with PHC Medical Officer, Village Health Nurse and Health Inspector
- Once a week : **Every Thursday** : School Health Program.,
 - ✓ Government and Government-aided Schools
 - ✓ General Health Screening of all School Children
 - ✓ Referral to higher centres if required
 - ✓ Immunization
 - ✓ Drugs and Vaccines from the concerned PHCs
- Adolescent Immunization coverage during the period 2010-2014 were low (75%)



Adolescent Immunization in Tamil Nadu, in coordination with RBSK (after 2014) (2/6)

Strategy 1:
Involvement RBSK
teams to improve
Adolescent Vaccination

RBSK introduced in 2014

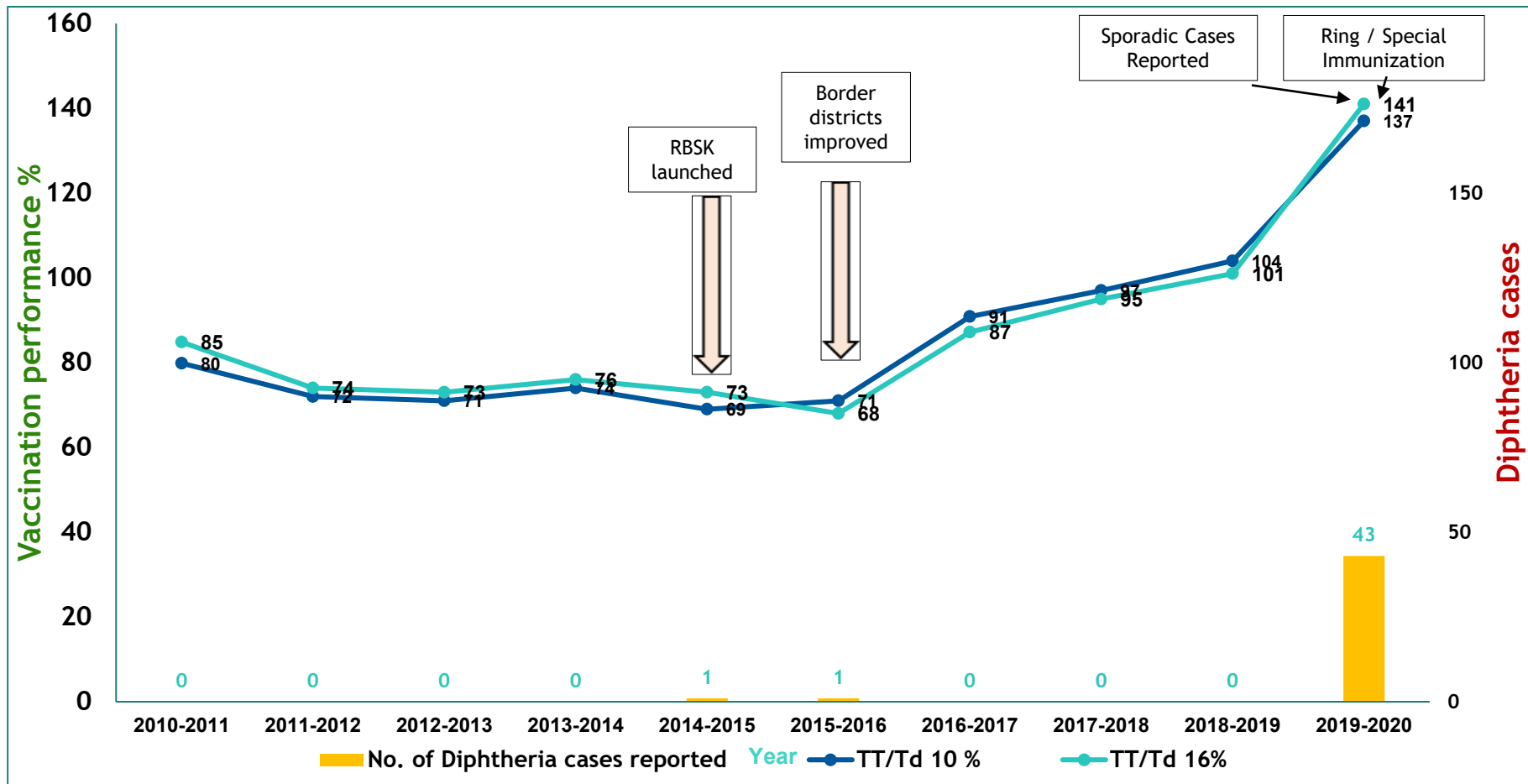
School Going Children

- 770 teams for Rural; 35 teams for Urban
- 45,859 Government & Government Aided Schools & Private (since 2016)
- ATP of RBSK submitted to BMO / DDHS
- ATP of RBSK will be shared to VHNS/ SNHs
- VHN/SHN will coordinate with the RBSK team & School Teachers for School Vaccination of Td10 & Td16 including DPT 2nd booster (5-6 years)
- Nodal Teacher for RBSK & School Vaccinations

Non-School Going Children

- 51,829 ICDS
- VHN / SHN will coordinate with the AWW for Td10 & Td16 including DPT 2nd booster (5-6 years)

Adolescent Immunization in Tamil Nadu, in coordination with RBSK (after 2014) (3/6)



COVID 19 Pandemic : Lockdowns : School Closures : Drop in Immunization sessions
Adolescent Immunization : Tamil Nadu, Special Outreach Mode (4/6)

**Strategy 2:
Special Outreach Mode
for Adolescent
Immunization**

- 30% of Planned Immunization sessions affected due to COVID containment
- Schools were closed

Alternate Mode : Special Outreach Mode

- VHN/UHNs instructed to conduct DPT 2nd booster, Td 10 & Td16 in their Non-Containment field areas with help of AWW in ICDS
- Micro-plan involving PHC, Schools (Govt, Govt Aided, Private)
- Period of Vaccination : October to December 2020 & 2021
- All 46 HUDs
- Prior intimation to parents emphasized
- Strict CAB enforced

Adolescent Immunization : Tamil Nadu, Special Outreach Mode (5/6)

Guidelines for conducting School Immunization on outreach mode from 12th October 2020 to 18th December 2020

The GoI have instructed to conduct School Immunization as early as possible to avoid spread of Diphtheria among School children. In Tamil Nadu the reported Diphtheria cases for the year 2019 is 355 in the age group 5 to 17 years. Due to COVID-19 pandemic the reopening of schools delayed and hence as per the decision taken during the State Level Immunization Advisory Committee Meeting conducted on 21.07.2020, it is proposed to conduct School Immunization on outreach mode basis by utilizing the services of all VHN / UHN.

The School Immunization on outreach mode is tentatively planned to start from 12th October 2020 every week on Monday, Thursday & Friday.

The School Immunization activities on outreach mode should be completed on or before 18th December 2020.

In this connection the following activities are planned to be implemented:

1. Orientation Training:

Activity	Date	Chaired by	Participants
District Level Orientation Training	05.10.2020	DDHS	CHOs/MHO/PO(ICDS) all BMOs, all Second Level Officers.
Block Level Orientation Training	06.10.2020	BMOs	All MOs & CHNs/CDPO (including Urban PHC's)
PHC Level Orientation Training	08.10.2020	MOs	All Field Staff and ICDS Staff

Separate training programme should be organized for Municipalities and Corporations. Urban PHC MOs should be involved in the activities.

2. Vaccination Days:

- Every week Monday, Thursday and Friday starting from 12th October 2020 to 18th December 2020 in outreach sessions.
- In all PHC's School Children Immunization to be done from Monday to Saturday (all days) by Staff Nurse and ANM.

R.No. 69101 /Imm/S3/2020

Office of the Director of Public Health and Preventive Medicine, Chennai-6.
Dated: 28.10.2021

Sub: Public Health and Preventive Medicine – Immunization – Conducting of Routine Immunization for school children from 5th November 2021 to 31st December 2021 – Schedule and Guidelines communicated – Reg.

Ref: 1. GoI letter DO.T.22020/12/2017-Imm (Pt-1), Dated: 18.06.2020 of Joint Secretary MoH & FW, GoI.
2. Minutes of the State Level Immunization Advisory Committee Meeting on 8.07.2021.

All the Deputy Directors of Health Services are informed that it has been proposed to conduct School Immunization from 5th November 2021 to 31st December 2021 due to the COVID-19 pandemic.

A copy of the guidelines for effective implementation of the School Immunization programme during COVID-19 pandemic is enclosed herewith. All the Deputy Directors of Health Services are instructed to strictly adhere to the guidelines issued and take necessary action for the successful conduct of the School Immunization.

In this regard, the Deputy Directors of Health Services and other second level officers are advised to supervise the campaign for the effective coverage.

Additionally all the Deputy Directors of Health Services are requested to send the particulars in Form 3 (District level micro plan) immediately.

State Level Nodal Officers will be deputed for supervision for all HUDs.

Encl: Programme Schedule, Guidelines & Formats.

To:

- All the Deputy Directors of Health Services.
- The City Medical Officer, Greater Chennai Corporation, Chennai – 03.

Copy submitted to:

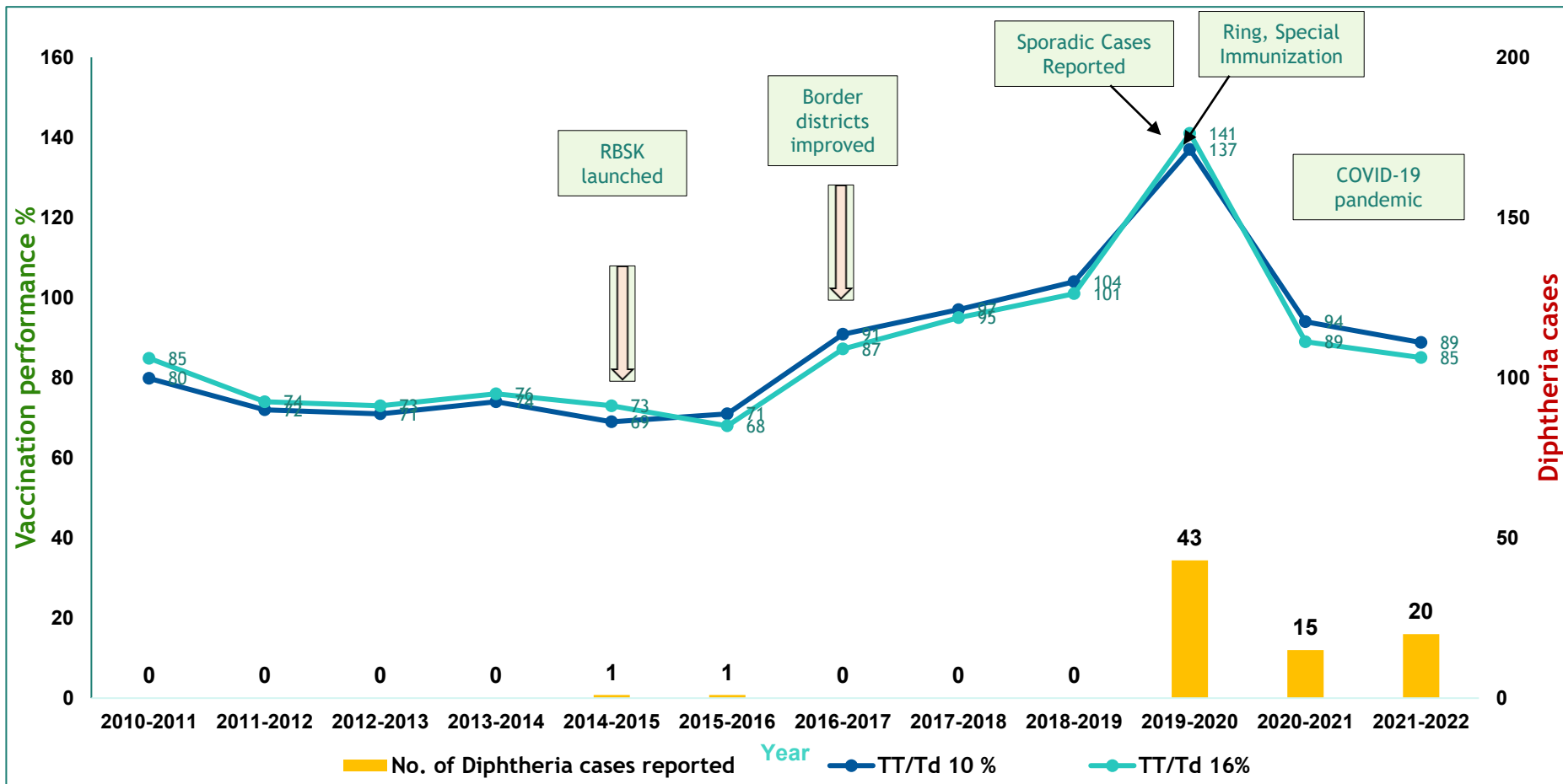
- The Mission Director, National Health Mission-TN, Chennai – 6.
- The Principal Secretary, H&FW Department, Secretariat, Chennai -9.

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T.S. Selvavinayagam,
Director of Public Health and
Preventive Medicine, Chennai-6

For Director of Public Health and
Preventive Medicine, Chennai-6

Adolescent Immunization : Tamil Nadu, Special Outreach Mode (6/6)



Challenges

- Appropriate time for implementation in Schools
- Vaccine Hesitancy
- Online information's
- Media Management

Lessons learned for other countries on integration of HPV vaccination programs

Lesson 1:

- In school, **identifying eligible girls** for HPV vaccination based on **grade/ class** is more feasible than by age
- However, some eligible girls born **after mid-year** are likely to be missed during the HPV vaccination if already in a higher grade.
- Proportion of the missed population needs to be **quantified**

Lesson 2:

- In case of missed vaccination opportunities, **health care facilities can be used as venues** for catch up vaccinations.
- Delivery of HPV vaccines through school-based programmes may also achieve high coverage levels if there is **high school enrolment** in the targeted age group

Lessons learned for other countries on integration of HPV vaccination programs

Lesson 3:

- Obtaining **political support** during the implementation of the HPV vaccination programme is crucial
- Political endorsement by national and district government leaders is also critical for community acceptance

Lesson 4:

- Integrating an HPV vaccination programme with existing school-based health programmes is a logistical challenge, **but also an opportunity**, as the integration can reduce the costs of health programmes delivered to school-aged learners

Lessons learned for other countries on integration of HPV vaccination programs

Lesson 5:

- Adequate preparation, engaging diverse and relevant stakeholders, including teachers and parents, is crucial to ensure the successful implementation of an HPV vaccination programme

Lesson 6:

- Additional support from local and international partner is needed to ensure sustainability of HPV vaccination programmes.
- Support by local partners is crucial to ensure vaccines reach the hard-to-reach populations in a timely manner.

Proposed Plan for HPV Vaccination in Tamil Nadu

- Two districts
 - ✓ Chennai with TANII funds : 97,000 School & Non-School Going Children
 - ✓ Villupuram 2 Blocks with PPP by Adyar Cancer Institute : 20,000 School & Non-School Going Children

Thank you