

MOMENTUM Routine Immunization Transformation and Equity



Can we make effective innovations for health worker capacity building stick? Lessons from COVID-19 vaccine introduction

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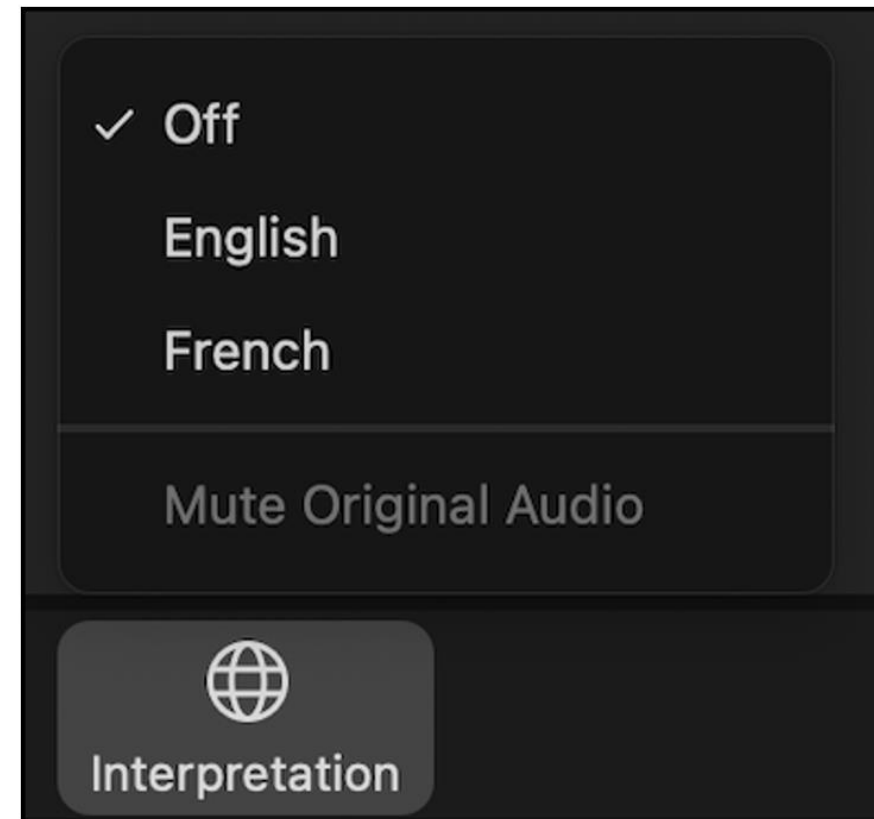
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WEBINAR TIPS



- Use the Q&A function to ask questions during the presentations or for technical help.
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OBJECTIVES OF THIS WEBINAR



- Share findings from the landscape analysis, conducted in 2022, on emerging practices for capacity building associated with COVID-19 vaccine introduction
- Brainstorm obstacles around sustaining effective innovations for health worker capacity building in immunization

AGENDA



BACKGROUND

- Activity Overview

PHASE 1 & 2 LANDSCAPE ANALYSIS

- Methods
- Findings
- Q&A

PHASE 3 LANDSCAPE ANALYSIS

- Methods
- Findings
- Q&A

IMPLICATIONS FOR ACTION

- Encouraging/Sustaining Innovations
- Recommendations

RESEARCH QUESTIONS ON HEALTH WORKER CAPACITY BUILDING TO SUPPORT COVID-19 VACCINATION



- How has health worker capacity building for COVID-19 immunization been delivered in selected countries since the beginning of the pandemic and what factors have influenced its implementation?
- What factors affect the potential applicability of these new or modified methods for routine immunization over the long term?

COVID-19 IMMUNIZATION CAPACITY BUILDING ANALYSIS SCHEDULE



PHASE 1:

Online survey to country teams of MOMENTUM Routine Immunization Transformation and Equity (May- June 2022)

PHASE 2:

Key informant interviews with in-country project staff (June-August 2022)

PHASE 3:

Online survey to global immunization community (October – November 2022)

Phase 1 & 2 Landscape Analysis of COVID-19 Capacity Building Activities in Countries with Project Staff



PHASE 1 AND 2 METHODS - COLLECTED QUANTITATIVE AND QUALITATIVE DATA FROM PROJECT COUNTRY TEAMS



PHASE 1: Online survey with project country teams

- Google Form survey pilot tested and delivered in English and French
- 10 responses representing 6 countries

PHASE 2: Interviews with project country teams

- Key informant interviews with project country staff in 6 countries
- Focused on training and non-training capacity building innovations

PARTICIPATING COUNTRIES

-  DRC
-  India
-  Kenya
-  Niger
-  South Sudan
-  Vietnam

“Non-training” capacity-building interventions were defined as *policies and practices that support worker on-the-job performance, such as supervisory practices, work tools, job aids, or mentoring*

KEY FINDINGS FROM SIX PROJECT COUNTRY PROGRAMS



- All countries reported delivering COVID-19 immunization training through a blend of in-person and virtual methods
- For most countries, COVID-19 was the first opportunity to explore online learning as a national initiative
- Most common training innovation was the introduction of virtual learning via webinars
- In-person training innovation: introduction of regional level training by peers in Niger
- Non-training innovations for capacity building included changes to supervision practices
- Group chats (India, Vietnam), increased frequency of review meetings (Kenya, South Sudan), pushed supervision responsibilities to lower administrative levels (Niger)

HOW WELL DID INNOVATIONS IN CAPACITY BUILDING WORK IN THE COUNTRIES WE SURVEYED IN PHASE 1 AND 2?



- Distance-based training methods were generally more successful at national and provincial levels than at lower levels
- Most countries reported that almost all workers who needed training were reached
- Evaluation methods focused on participant satisfaction rather than knowledge or behavior change
- Supervisor observation of task performance was the most accurate evaluation method, and provided opportunities for Just-in-Time coaching
- Non-training innovations were deemed to be more successful (e.g. India introduced a national COVID-19 helpline for health workers which was scaled and sustained)

WHAT CONTEXTUAL FACTORS CONTRIBUTED TO SUCCESS OF NEW METHODS?



Learning and Work Environment

- Clear expectations of work responsibilities (South Sudan, Kenya)
- Dependable availability of technology
- Motivated workforce

Managerial Support

- Importance of the initiative communicated and regularly re-affirmed by leaders throughout the health system
- Reinforcement of desired work practices by supervisors (South Sudan)
- Established infrastructure for virtual supervision and networking

Material Resources

- Platforms to host webinars and store electronic resources
- Funding for supervisor transport and mobile vaccination teams
- Availability of tablets and smartphones at health facility level
- Collaborations with non-traditional partners that provided equipment
- Availability of global and country guidelines and training materials



ADD YOUR QUESTIONS IN THE Q&A BOX!



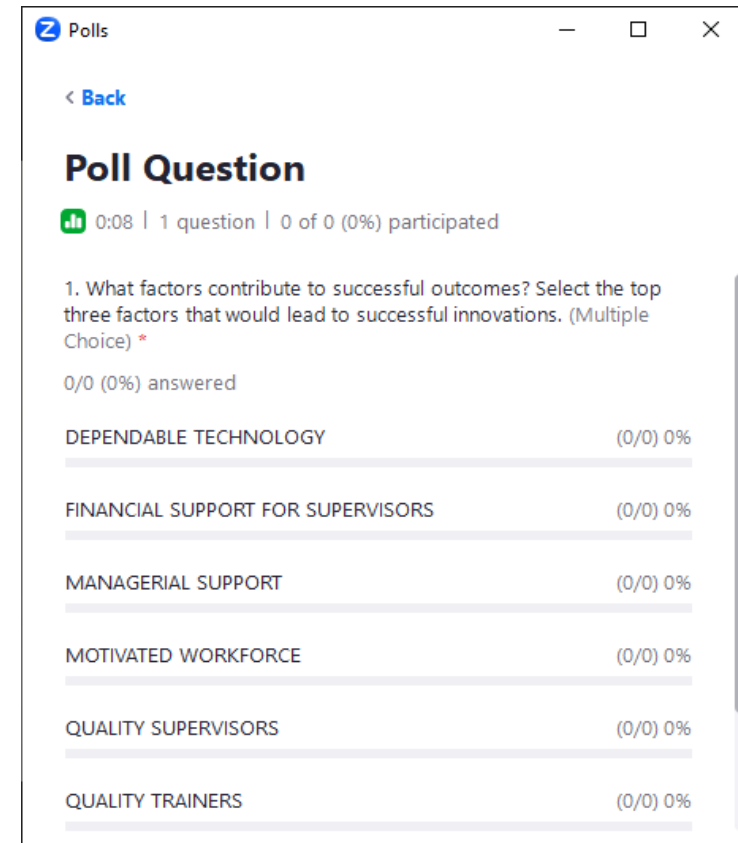
POLL QUESTION

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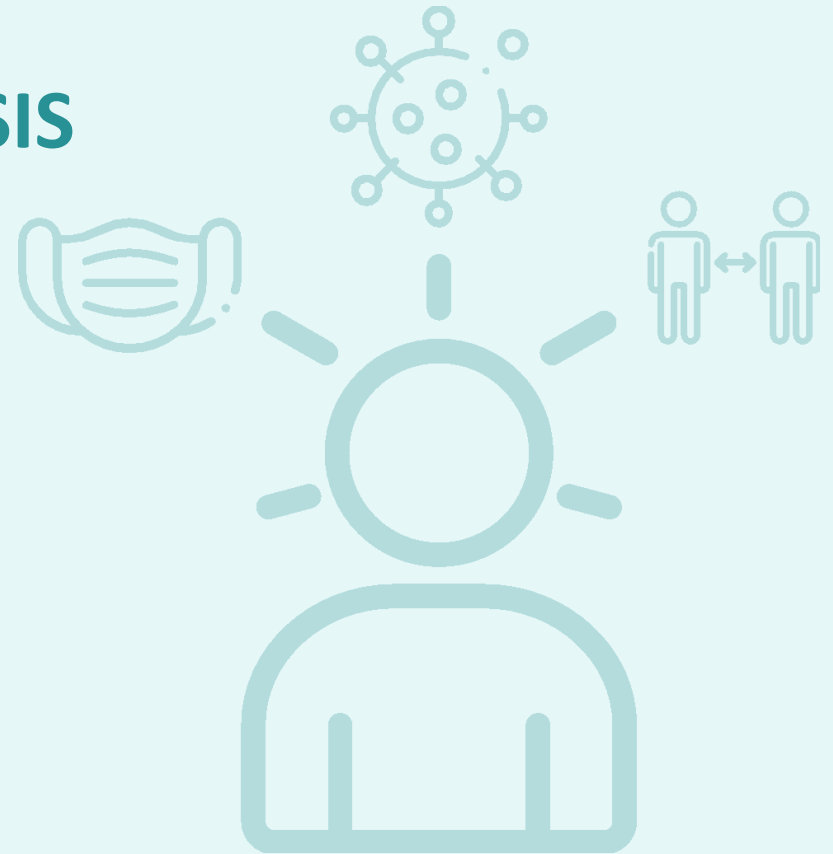


What factors contribute to successful outcomes?
Select the **top three** factors that would lead to successful innovations in the pop-up on your screen.

- a. Dependable technology
- b. Financial support for supervisors
- c. Managerial support
- d. Motivated workforce
- e. Quality supervisors
- f. Capable trainers
- g. Resources (training materials & job aids)
- h. Technical equipment



PHASE 3 GLOBAL LANDSCAPE ANALYSIS OF COVID-19 HEALTH WORKER CAPACITY BUILDING ACTIVITIES



PHASE 3 METHODS BUILT ON FINDINGS FROM EARLIER PHASES



- Considered WHO & Jhpiego research
- Used Google Forms for French & English versions
- Piloted tested in both languages
- Disseminated via email & websites (Boost, TechNet-21, Zero Dose Community of Practice)
- 2-week window: 10/18- 10/31
- Raffle as incentive for participating: Free 1-hour consultation with a capacity building expert

COVID-19 vaccine introduction: Sustaining innovation

We appreciate your willingness to assist us. As you complete the survey, please reflect upon training and other activities to support the COVID-19 vaccine introduction which were completed in the past 18 months in your country.

We will ask you about training and non-training interventions.

Training refers to formal or informal activities that aim to build knowledge/skill or change attitudes.

Non-training refers to policies and practices that support worker on the job performance, such as supervisory practices, work tools, job aids, or mentoring.

If you were responsible for designing or delivering training, or for supervising, we have a few questions about that too.

Your responses are completely confidential and will only be used in summary form. We are requesting your email address only for the purpose of the raffle.

This survey will take you about 20 minutes to complete.

Introduction du vaccin COVID-19: Soutenir les innovations

Nous apprécions votre volonté de nous aider. En répondant à l'enquête, veuillez-vous baser sur la formation et les activités de soutien à l'introduction du vaccin COVID-19 qui ont été réalisées au cours des 18 derniers mois dans votre pays.

Nous vous interrogerons sur les interventions de formation et non liée à la formation.

La *formation* désigne les activités formelles ou informelles qui visent à développer les connaissances/compétences ou à changer les attitudes.

La *non-formation* fait référence aux politiques et pratiques qui soutiennent les performances des travailleurs sur le lieu de travail, telles que les pratiques de supervision, les outils de travail, les aides mémoires, ou le mentorat.

Si vous étiez chargé de concevoir ou de dispenser une formation, ou même de superviser, nous avons également quelques questions sur ces sujets.

Vos réponses sont totalement confidentielles et ne seront utilisées que sous forme de résumé. Nous vous demandons votre adresse e-mail uniquement pour la tombola.

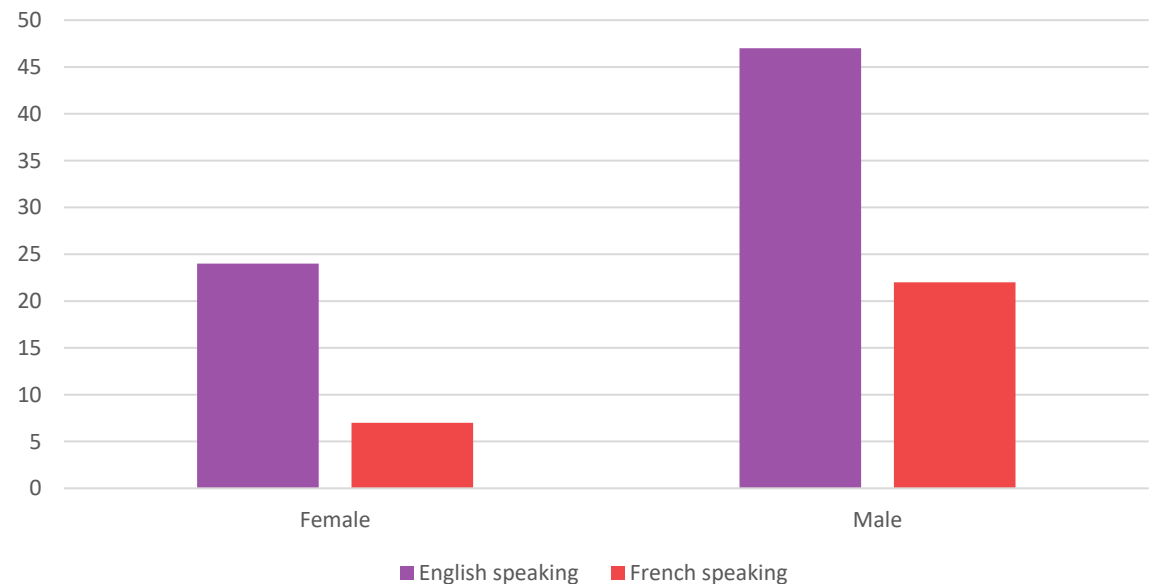
Cette enquête vous prendra environ 20 minutes pour être complété.

THERE WERE 100 RESPONDENTS: 71 ENGLISH LANGUAGE & 29 FRENCH LANGUAGE



- 59 reported having a Masters degree
- Median experience in immunization: 6-10 years
- 80 supervisors
- Provincial level was most highly represented (31)

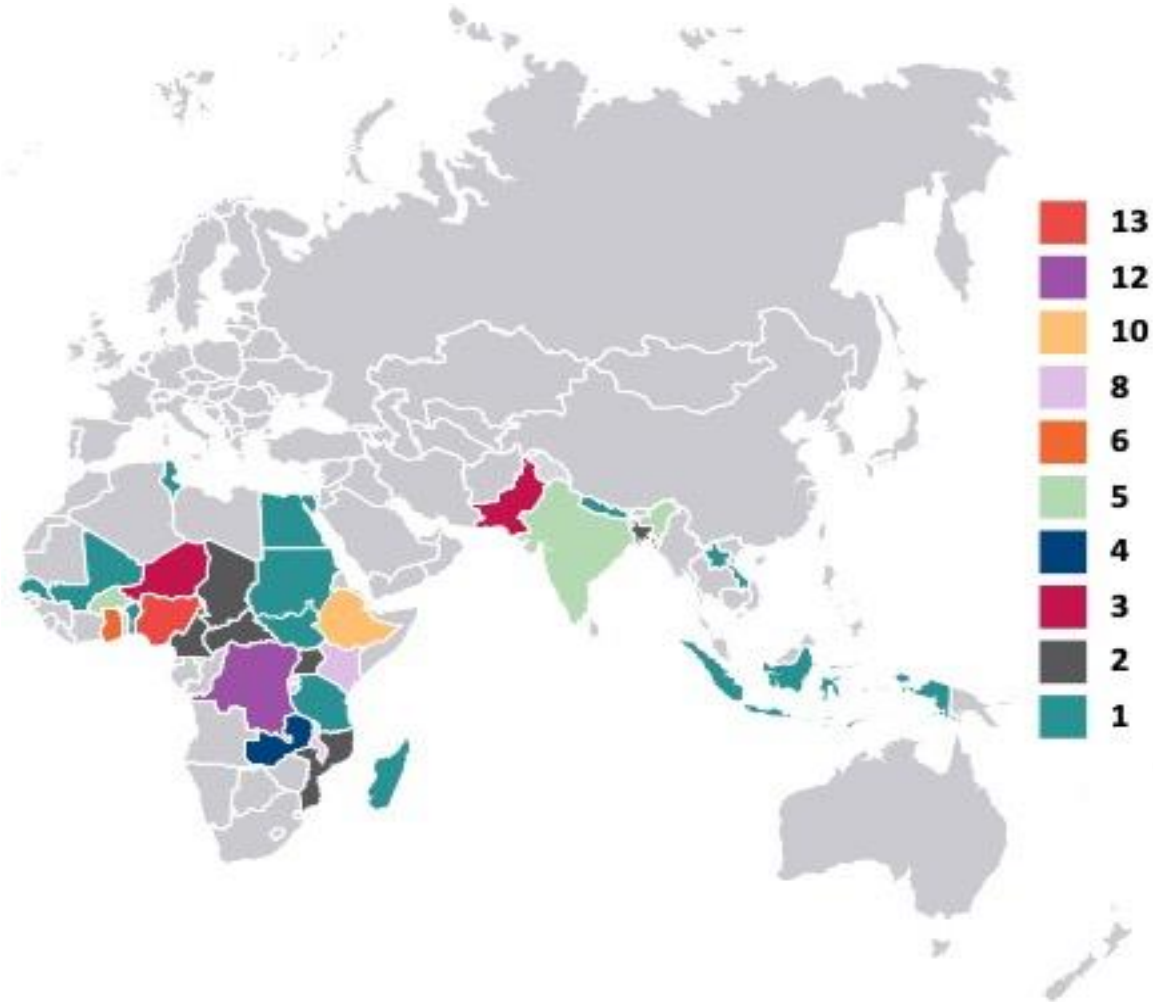
Global survey respondents by language and gender (N=100)



RESPONDENTS REPRESENTED 35 COUNTRIES



- Nigeria (13) = Greatest English language responses
- DRC (12) = Greatest French language responses
- No responses from Western hemisphere



PERCEIVED TRAINING NEEDS, BASED ON SURVEY OPTIONS PRESENTED



- Questions parallel major training categories of knowledge, skill, attitude
- *KNOWLEDGE* was the greatest perceived need

Expected training needs, according to survey prompts (n=100)	#/%
I expected to be able to use my current skills, but I needed information , such as guidelines and protocols.	82
I knew of colleagues and/or community members who had concerns about COVID-19 disease and/or the vaccine itself, and I wanted to be able to converse with them in a constructive way.	60
I expected to need new skills, such as for vaccine administration or logistics.	49
I wanted to learn more about COVID-19 disease and/or the vaccine itself because I had concerns that made me reluctant to support the COVID-19 response.	43
Other	7

METHODS USED TO LEARN ABOUT COVID-19 VACCINE



- Respondents chose as many as applicable
- Responses listed in order
- Comparable responses in either language

Delivery methods for training and capacity building (N=100)	Number/%
Virtual-live webinars with participant interactions	77
Internet search	72
Discussions with colleagues	70
In-person lectures	64
Virtual live webinars, lecture	61
Virtual-recorded webinars	48
Self-paced-videos, tutorials, or PowerPoints	42
In-person demonstration	33
In-person role play/case study	32
In-person Q&A	29
Other	11

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VIRTUAL LEARNING WAS GREATEST NOVELTY, PER KEYWORD ANALYSIS



“Self paced online sessions are convenient for persons like me who have limited time to follow onsite/face to face type of learning.”

-Provincial Immunization Advisor,
Ethiopia

“Zoom was new especially to most health workers.”

-District Supervisor, Uganda



“Virtual” could mean anything
33% specified webinars

SUMMARY OF CAPACITY BUILDING INNOVATIONS



Training	<ul style="list-style-type: none">• Adapting content for local context• Blended delivery methods• Electronic updates• Interactive webinars• Peer learning, virtual and in-person• Self-paced online learning, including videos and tutorials
Non-training innovations for capacity building	<ul style="list-style-type: none">• Job aids• Regular (e.g., weekly) virtual staff meetings• Social media and text messaging groups• Virtual supportive supervision & mentoring
M&E	<ul style="list-style-type: none">• App-based monitoring• Follow-up text messaging• Internet-based pre/post training surveys

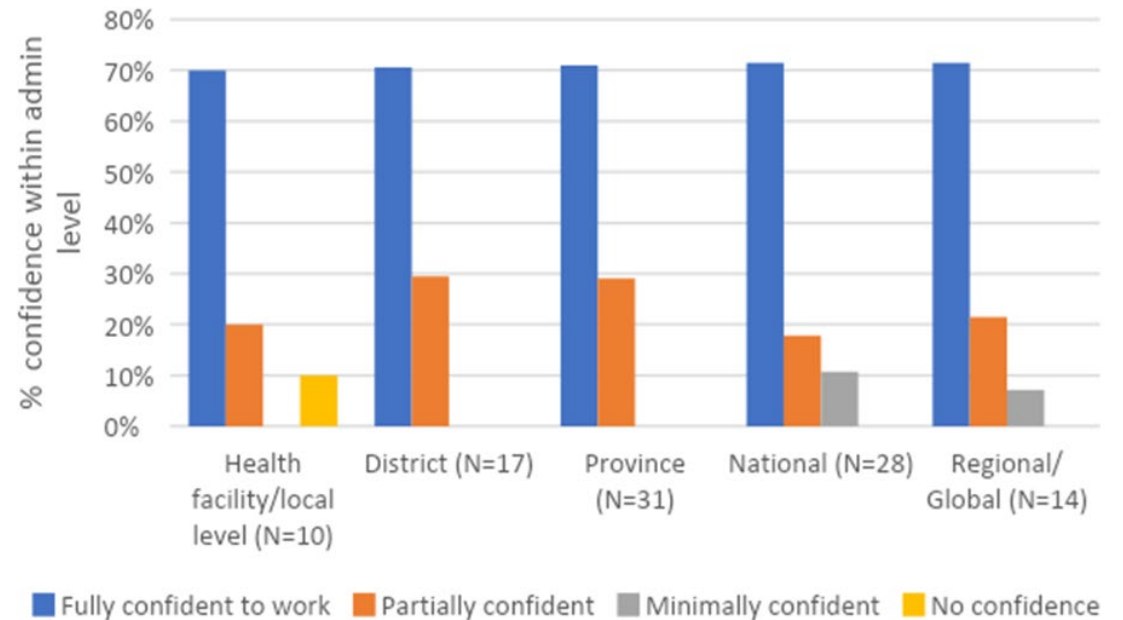
MOST RESPONDENTS WERE SATISFIED & CONFIDENT AFTER TRAINING



Learner satisfaction with training and OTJ support (N=100)

If offered, I would happily use this method again	57%
Some methods worked well, and I may consider continuing to use this approach	38%
If I had no other options, I would use this method again	1%
I received timely and accurate updates	57%
We were often on our own to find the latest updates	16%

Percentage learner confidence post-training



FOUR COUNTRIES REPORTED NON-TRAINING INNOVATIONS FOR CAPACITY BUILDING THAT WERE SUCCESSFUL AND SUSTAINED

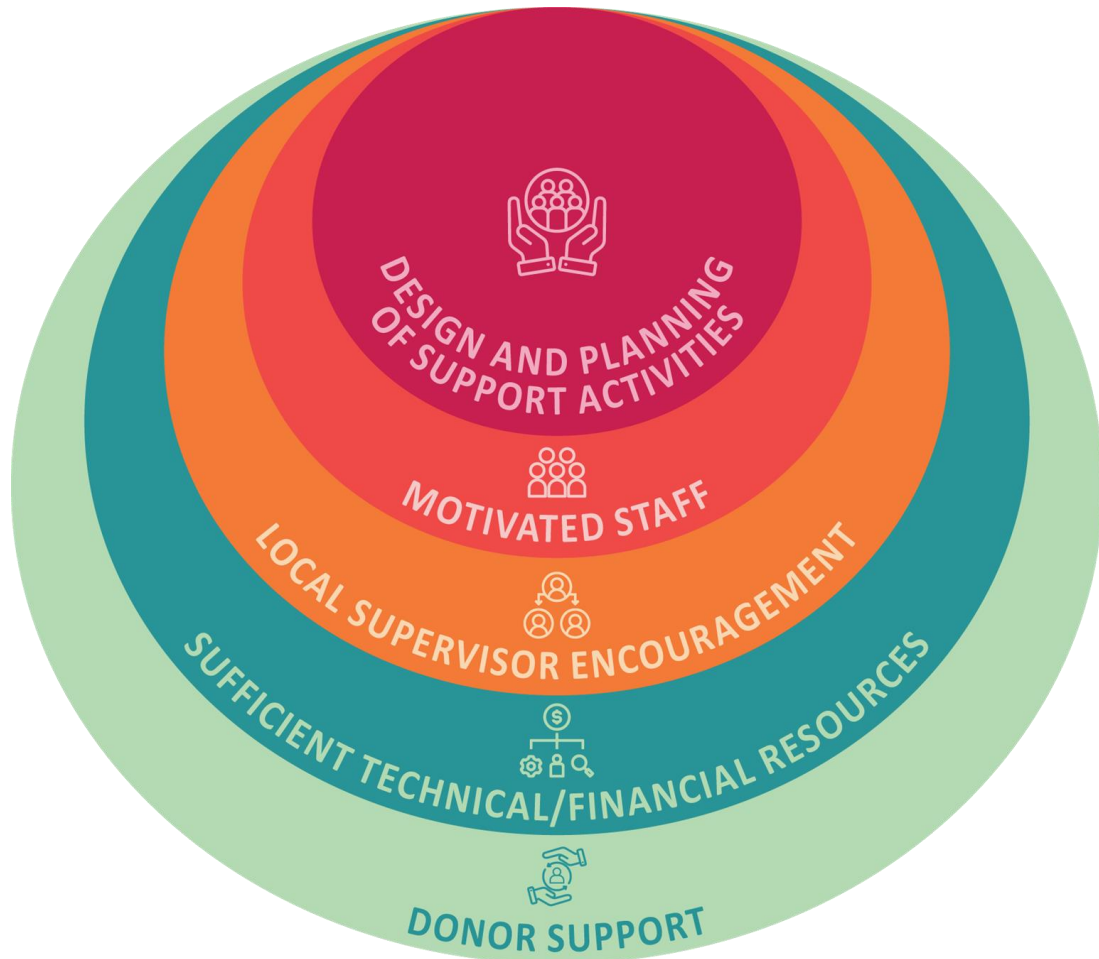


Innovation	Keyword Analysis	Country
On-the-job training with ongoing support post-training	In-person, mentoring	Bangladesh
Providing job aids to health personnel as well as guidelines for vaccination against COVID-19 have been of greatest importance	Job aids	Burkina Faso
There were new methods of supervising teams and providers regarding mandatory adverse effects following immunization (AEFI) notification	Supportive supervision, processes	Burkina Faso
New protocols and guidelines	Job aids	Kenya
Used WhatsApp groups to share knowledge	Mobile, peer-learning, virtual	Zambia

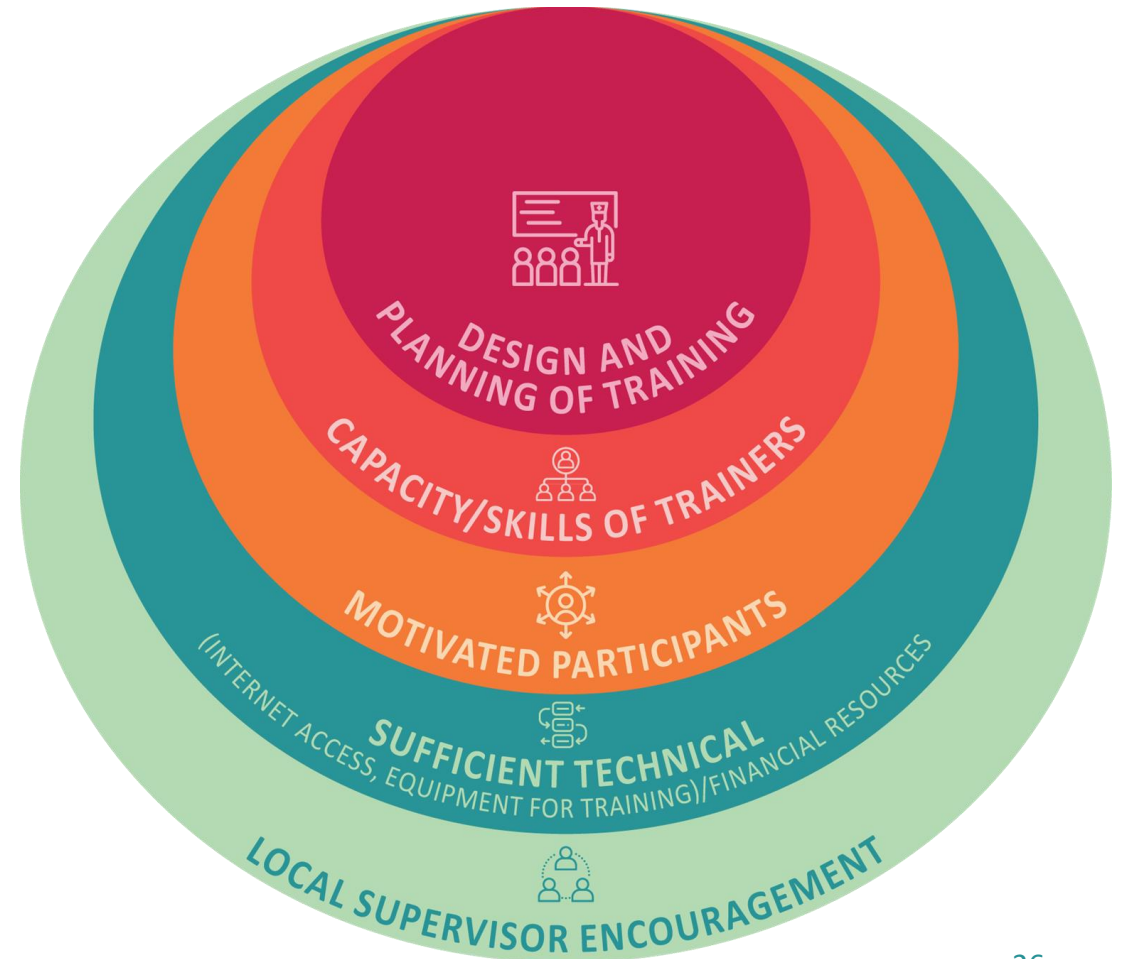
RANKING OF CONTEXTUAL FACTORS FOR SUCCESS, BASED ON WEIGHTED ANALYSIS



TRAINING



NON-TRAINING INTERVENTIONS





QUESTIONS

LIMITATIONS OF GLOBAL SURVEY



- Survey design and dissemination introduced selection bias toward those with internet access and comfort
- Low response from front line health workers at local level
- Small sample size and limited geographic reach
- Self-reported data
- Innovation descriptions were brief
- Unable to compare interventions with health worker practices or health outcomes
- Unable to compare outcomes against traditional delivery methods

IMPLICATIONS FOR THE FUTURE

Pros and cons to distance-based capacity building solutions



ADVANTAGES

- Saves time for staff and supervisors
- Can be quickly updated as needs change
- Reduces time away from work
- Enables learning on the job
- Fosters local learning and sharing
- Enables supervisors to communicate more frequently

CHALLENGES

- Resistance among participants, decision makers and funders
- HR policies & work environment might not support distance based (e.g. allocating time to learn, providing resources for learning tools, etc.)
- Technology-based solutions might have inconsistent accessibility
- Difficult to gauge participant interest, engagement, and competency
- Conversion to distance requires skills that are rarely present in technical programs

Our analysis underscores that fostering effective innovations requires resources, technical assistance, and human resource policies that support new approaches.

QUIZ!



Your organization is introducing the HPV vaccine. Your supervisor asks you to start planning a cascade training. What do you do **first**?

- a. Set the dates for the training, to ensure stakeholders, instructors, and participants are available.
- b. Determine the knowledge and skills needed for different types of personnel.
- c. Request a meeting with your supervisor to discuss additional strategies for staff training.
- d. Talk to colleagues about taking a different approach.

THE CORRECT ANSWER IS....



Whatever you chose!



YOUR ORGANIZATION IS INTRODUCING THE HPV VACCINE.
YOUR SUPERVISOR ASKS YOU TO START PLANNING A CASCADE TRAINING.
WHAT DO YOU DO **FIRST**?



- a. Set the dates for the training, to ensure stakeholders, instructors, and participants are available.
THEN, if context appropriate, develop 1-2 ideas for introducing distance learning & advocate 'small experiments'.
- b. Determine the knowledge and skills needed for different types of personnel.
Needs that are information-sharing or that could benefit from follow-up support hold potential for alternatives to face-to-face training.
- c. Request a meeting with your supervisor to discuss additional strategies for staff training.
Come prepared with ideas for starting small, with solutions for expected obstacles.
- d. Talk to colleagues about taking a different approach.
Then, schedule a meeting with your supervisor to share the most feasible ideas from your discussions.

RECOMMENDATIONS FOR FOSTERING EFFECTIVE INNOVATIONS



RECOMMENDATIONS FOR FOSTERING EFFECTIVE INNOVATIONS



All Capacity Building



Conduct a needs assessment



Use a multi-faceted approach to capacity building



Find a champion



Conserve resources by innovating small, then scale up

Training



Design based on learning goals and learner context/environment



Look for alternatives to traditional cascade design



In person training will remain of great value

Non-Training



Consider a blend of distance-based and on-site supportive supervision



Empower local staff to analyze and address performance problems



Observing workers and providing feedback is a powerful form of capacity building

EVALUATION

Please scan the QR code below to share your feedback on today's webinar.





DESIGNING AND SUSTAINING INNOVATIONS IN HEALTH WORKER CAPACITY BUILDING

Landscape Analysis from COVID-19 Vaccine Introduction

MOMENTUM Routine Immunization Transformation and Equity



Please scan the QR code below to access
the final report.



THANK YOU

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