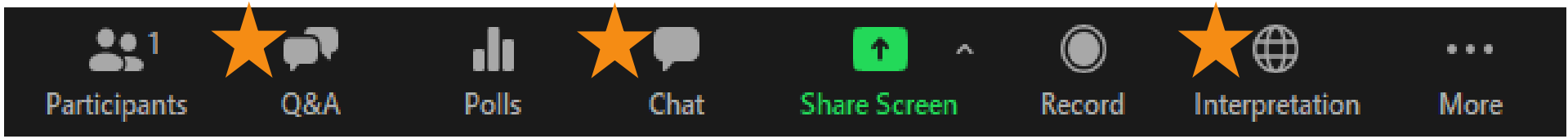
LNCT
Learning Network for
Countries in Transition

Training Health Workers Virtually During COVID-19

Lessons from Angola and India

January 27, 2021

Webinar Housekeeping Rules



Q&A: Ask the Panelists

- We will be having a moderated Q&A discussion with our panelists during this webinar.
- Please feel free to submit questions as they arise via the “Q&A” panel on your screen.

Chat: Technical Issues

- If you have technical issues and need to contact the Network Coordinators, use the Chat

Interpretation

- French and Portuguese interpretation will be available for this webinar.
- To access, click on ‘Interpretation’ and then select the appropriate language

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Meet the Panelists

Cristiana Toscano,
LNCT Technical Facilitator and Professor, Federal University of Goiás (UFG), Brazil

Michelle Quarti,
Human Resource Capacity Building in Angola Project, Federal University of Goias

Partha Ganguly,
Project Director, JSI India

Danish Ahmed,
National Professional Officer - Immunization, WHO

Veena Dhawan,
Joint Commissioner (Immunization), MoHFW, India

Poll 1: Have you conducted any virtual trainings in your country?

Angola Experience

FETP Field Epidemiology Training Program

Ramo Fundamental:
Programa de Epidemiologia de Campo

Cooperação
UFG / Brasil - ENSP / Angola

Estatística
aplicada a Saúde Pública

The Angola Experience: Fully online modular training on public health epidemiology and statistics

Prof. Dra Cristiana Toscano, MD, PhD
Dr. Michelle Quarti, RN, PhD

MINISTÉRIO DA SAÚDE
ESCOLA NACIONAL DE SAÚDE PÚBLICA

UFG

FETP Field Epidemiology Training Program

EPISUS FUNDAMENTAL

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Gavi The Vaccine Alliance

Field Epidemiology and Statistics Program applied to Public Health

- Training program implemented with a string inter-institutional collaboration

- Additional in country collaboration: WHO and BP-Angola HR program
- Oversight and financial support: R4D/LNCT, Funds from Gavi and BMGF
- The course is aligned with the CDC field-epidemiology training program (Frontline - FETP), with integrated surveillance and statistical training targeting provincial and municipal levels.

Goals/Target audience

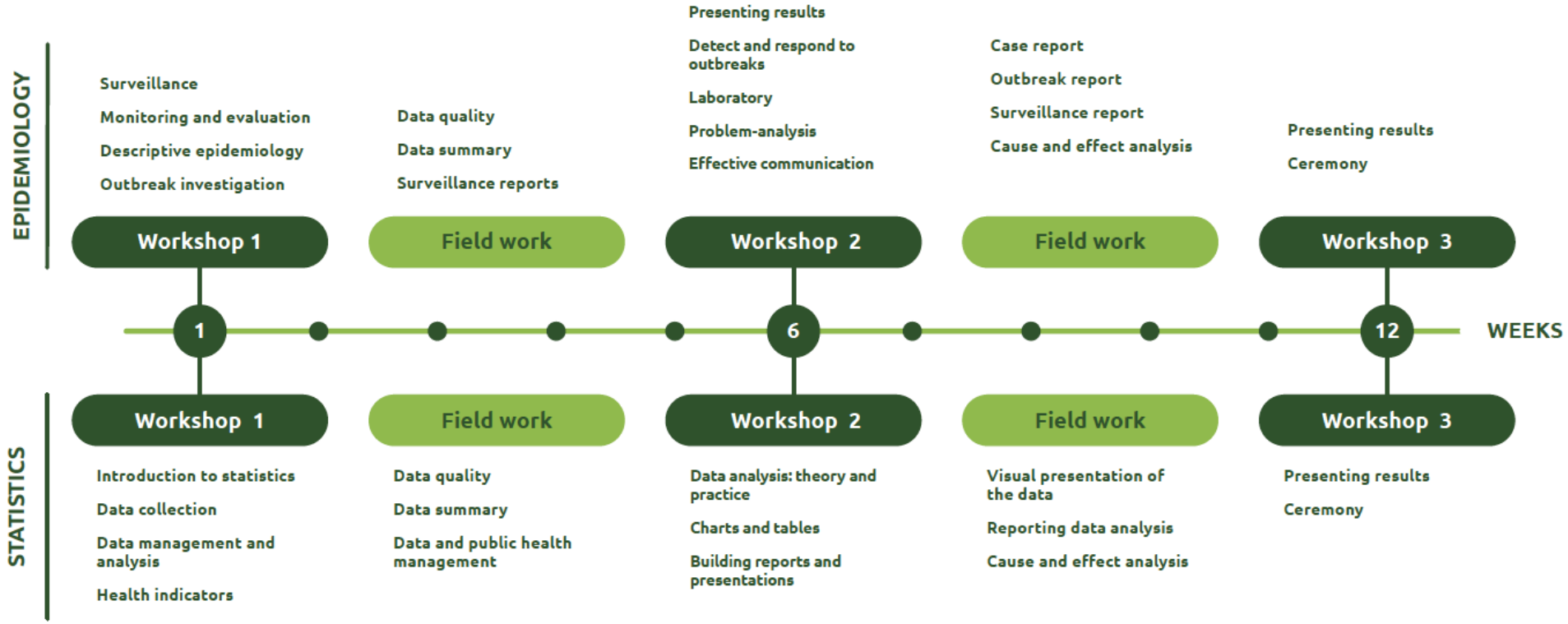
- Goal: To improve the technical and managerial capacity of public health workers at the forefront of disease prevention and control activities, focusing on surveillance and public health statistics in Angola

- Involve and train local facilitators in the training process, assuring continuity and sustainability of the activities in the long-term

- Target audience: professionals working at all levels - national, provincial and district. 3 cohorts of 20 professionals each.

- 3 modules each cohort

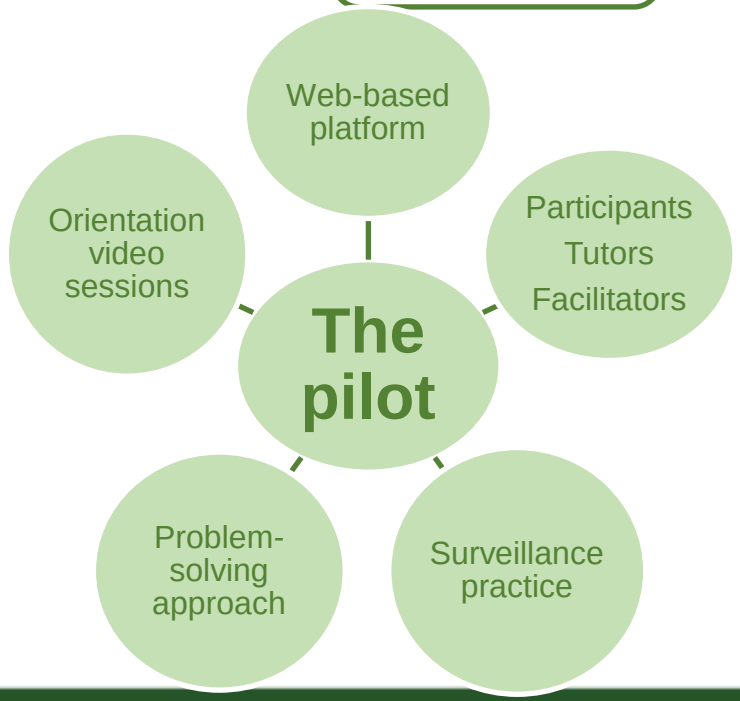
Overall Program Schedule



FETP Field Epidemiology Training Program

100% Virtual training – the pilot experience

In person workshops → Fully distance-learning course → Field Project



- 1 cohort → 14 students
- 3 modules
  - → 7 days (6 hours each) for modules 1 & 2
  - → 2 days (5 hours each) for module 3
  - → Total of 94 hours of training, of which 70 hours of synchronous online activities
- 8 weeks of field work activities with tutoring

The program in numbers

- The training involved:
  - Coordination team: 2 executive coordination (Brazil and Angola), 2 technical coordinators, 1 e-learning platform coordinator (Brazil), 1 operational coordination on site (angola)
  - Facilitators and tutors: 10 content and lecture developers (Brazil and Angola), 4 facilitators (Brazil and Angola), and 3 local tutors (Angola)
- A total of 40 video sessions were recorded
- 10 tutorial videos and scripts developed to help participants to access and use the e-learning platform
- Resources:
  - Higher costs for facilitator time for video recording and parallel online sessions with 3 small group (4-5 students each)
  - Additional local costs for internet acess, laptops made available for all students
  - No travel/per diem or local workshop costs

The e-learning platform

Challenges

- Lack of technical skills and not regular use of digital platforms for training
- Tutors were not engaged at the beginning of the course, nor enough prepared for the synchronous activities
- To better adapt tutor's activities and responsibilities, we held more meetings than expected between module 1 and 2
- Field project took more time than expected to start with data collection
- Two students lost family members to covid during module 2
- Request for the involvement of high-level professionals in Angola to record lectures for module 2

Lessons learned

- The schedule: the exercises took longer than planned, so we must include more days or increase the session's duration
- Participant's and tutors: Student-tutor interaction proved to be the cornerstone of an effective pedagogy.
- The fieldwork component: a hands-on experience and practical exercises is the root to understand that the field epidemiology is beyond what we were focusing on in class.
- Teamwork: different partners demand effective communication and an engaged team

Lessons learned

The schedule

Participants and tutors

Teamwork

Fieldwork component

Main outcomes of the training

- Training of 14 public health workers to support at local and community levels
- Training of local tutors, enhancing the ability of sustaining the training locally in the long-run
- Strong inter-institutional partnership and collaboration
- Capacity to integrate training with knowledge and practical aspects of public health surveillance/epidemiology and statistics/data analysis, bringing together two target audiences
- Strong practical component with exercises and field activities between modules allowing participants to apply and enhance learned skills
- Increased ability to detect and respond to health events that might impact the local health system

Coordination team

Angola Coordination – ENSP

Dr. Julio Leite

Brazil coordination - UFG

Cristiana Toscano

Michelle Quarti
Technical coordinator

Fernanda d'Athayde
E-learning coordinator

Local coordination

Dilunvuidi Pode

Augusto Lopez

Max Tello

First virtual session

Dr. Veena Dhawan,
Joint Commissioner (Immunization),
MoHFW, India

India PCV training experience

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Developing a flexible, cascaded approach to NVI trainings during COVID-19

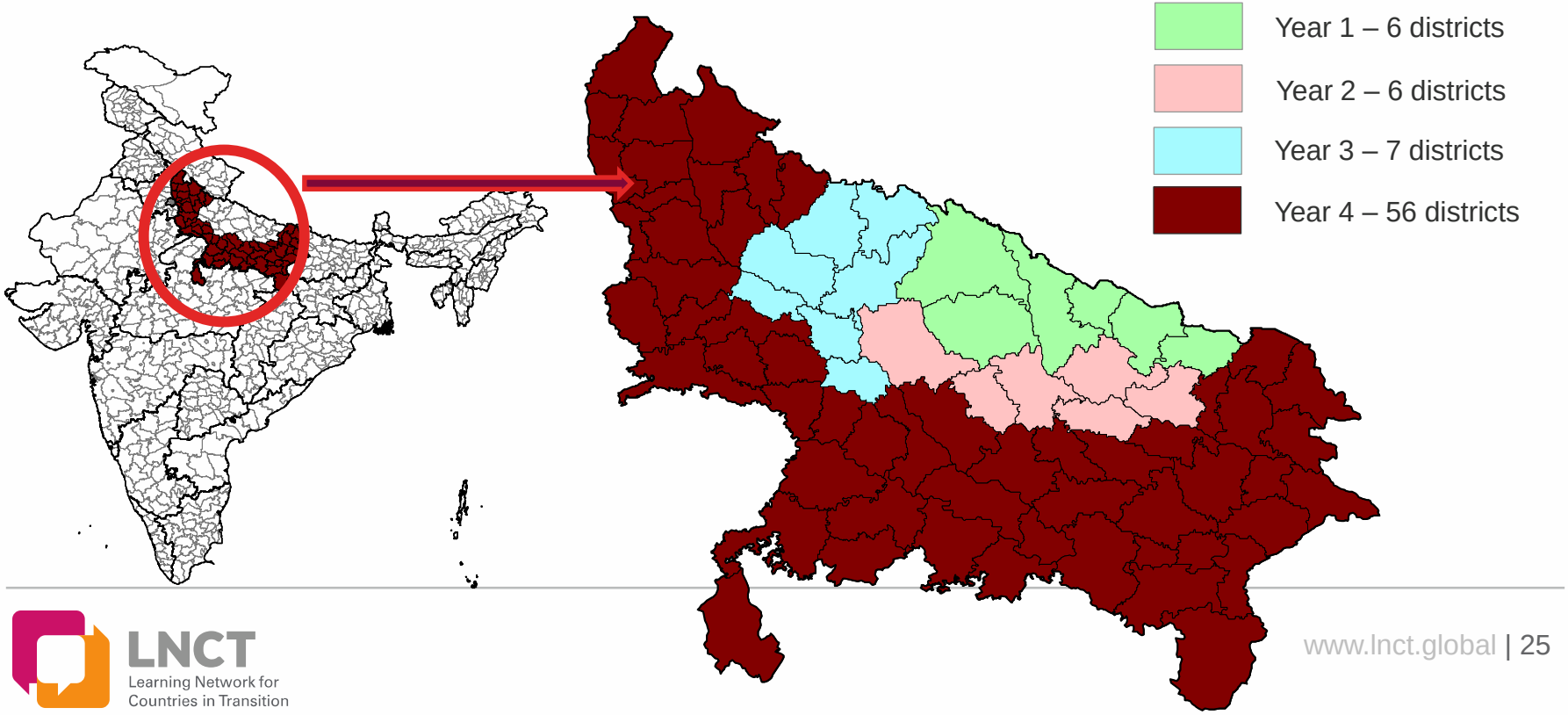
An experience from India

January 27, 2021

Dr. Danish Ahmed, World Health Organization

PCV introduction Plan

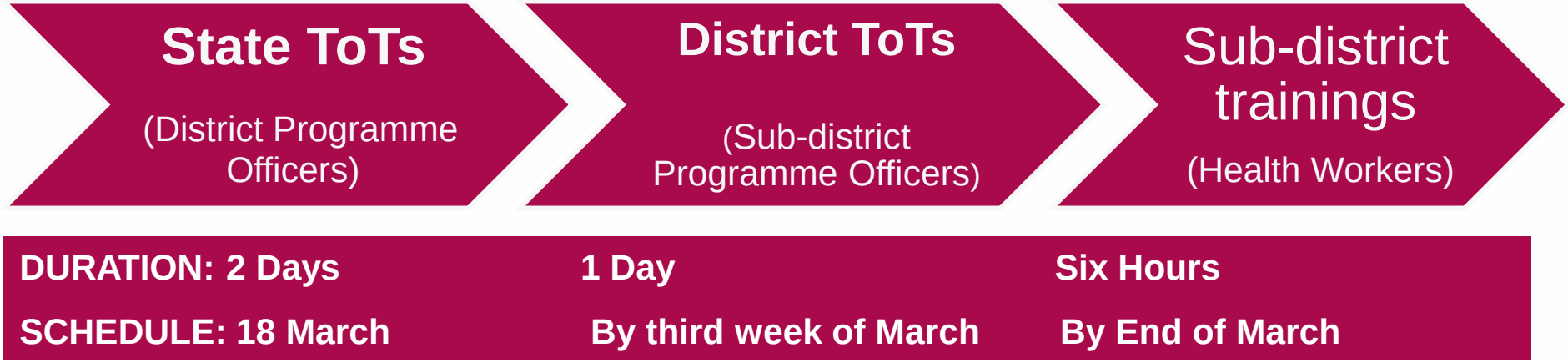
- India has high disease burden for pneumonia and introducing PCV in a phased manner
- Introduction was scheduled in 56 districts of Uttar Pradesh in April 2020
  - 170 million population and 4.2 million birth cohort



PCV trainings planned (prior to COVID-19 pandemic)

- More than 200,000 health workers engaged in immunization activities in these districts

- Cascaded trainings planned to orient health workers:
  - State and district raining of trainers (ToTs) prior to Subdistrict training of health workers



Revised PCV trainings conducted during the Pandemic

State ToTs (District Programme Officers)	District ToTs (Sub-district Programme Officers)	Sub-district trainings (Health Workers)
DURATION: 2 Days	**1 Day**	**Six Hours**
SCHEDULE: 16 - 17 July	**By last week of July**	**By first week August**
Training Method: Virtual	**Face to Face**	**Face to face**

- Training package customized for virtual platform
  - Training compressed from 8 hours/ day to 5 hours/ day
  - Exercises and group works in training and compressed
  - Details of exercises shared with participants in advance
- Preparedness review conducted prior to PCV introduction
  - State review – Virtual
  - District review – both virtual and face to face
  - Sub-district review – Face to face

Considerations for selection of training format

- Government owned platform preferred in view of security
- Availability of computer, laptops or smart phone with participants
- Participants' ability awareness of using virtual platforms
- Internet connectivity
- Restrictions during lockdown –out of district travel avoided
- Virtual platform preferred for state trainings whereas district and sub-district trainings conducted face to face
- Large districts preferred virtual platforms for review meetings

Activity description		State	District	Sub-district
Trainings	Face to Face	0	56	890
	Virtual	1	0	0
Preparedness review	Face to Face	0	46	890
	Virtual	1	10	0

Outcome of trainings

State ToTs

(400 District programme officers trained)

District ToTs

(2900 Sub-district programme officers trained)

Subdistrict trainings

(210,000 Health Workers)

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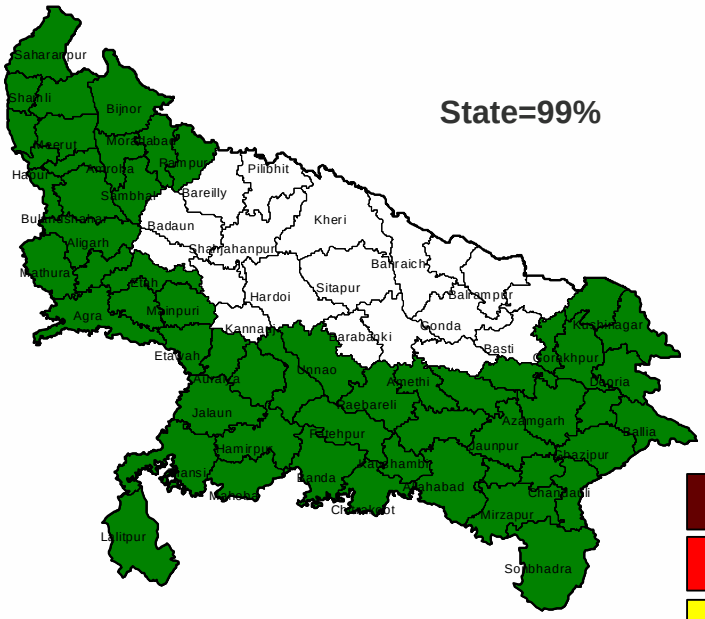
Concurrent Immunization Session Monitoring (Post- Introduction)

% ANM Attended Training on PCV Introduction



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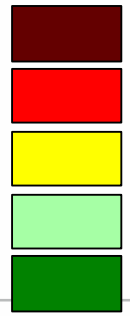
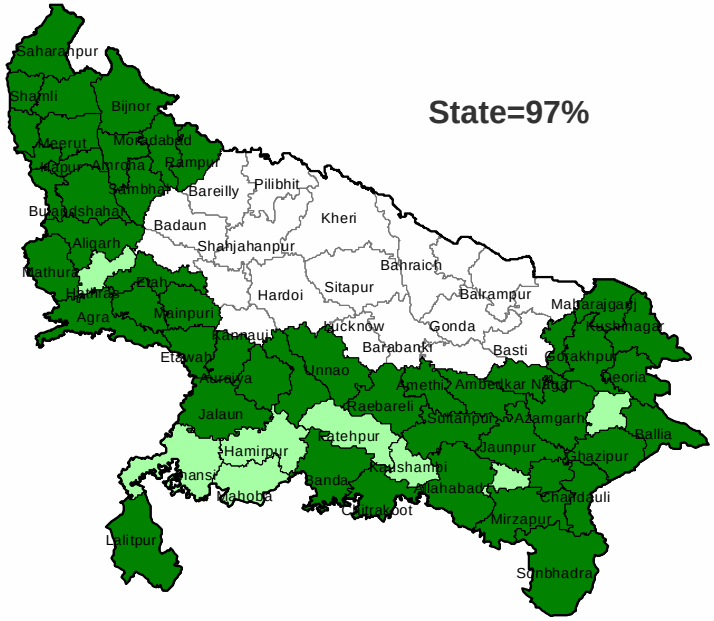


% ANM aware of eligibility criteria, dose and route of PCV introduction



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Summary

- Mix of virtual and face to face trainings paved the way for successful PCV vaccine introduction
- State trainings preferred virtual platforms
- Considerations to select virtual trainings include internet connectivity, availability of devices and participants comfort
- Virtual trainings helped to save travel time and cost
- Hesitancy amongst trainees to raise queries despite using chat-box options
- Key messages delivered well through virtual trainings
- As we are adapting to use technologies, virtual platforms have strong potential to shape trainings

Thank you!

Poll 2: What are the biggest challenges for virtual trainings?

India RISE experience

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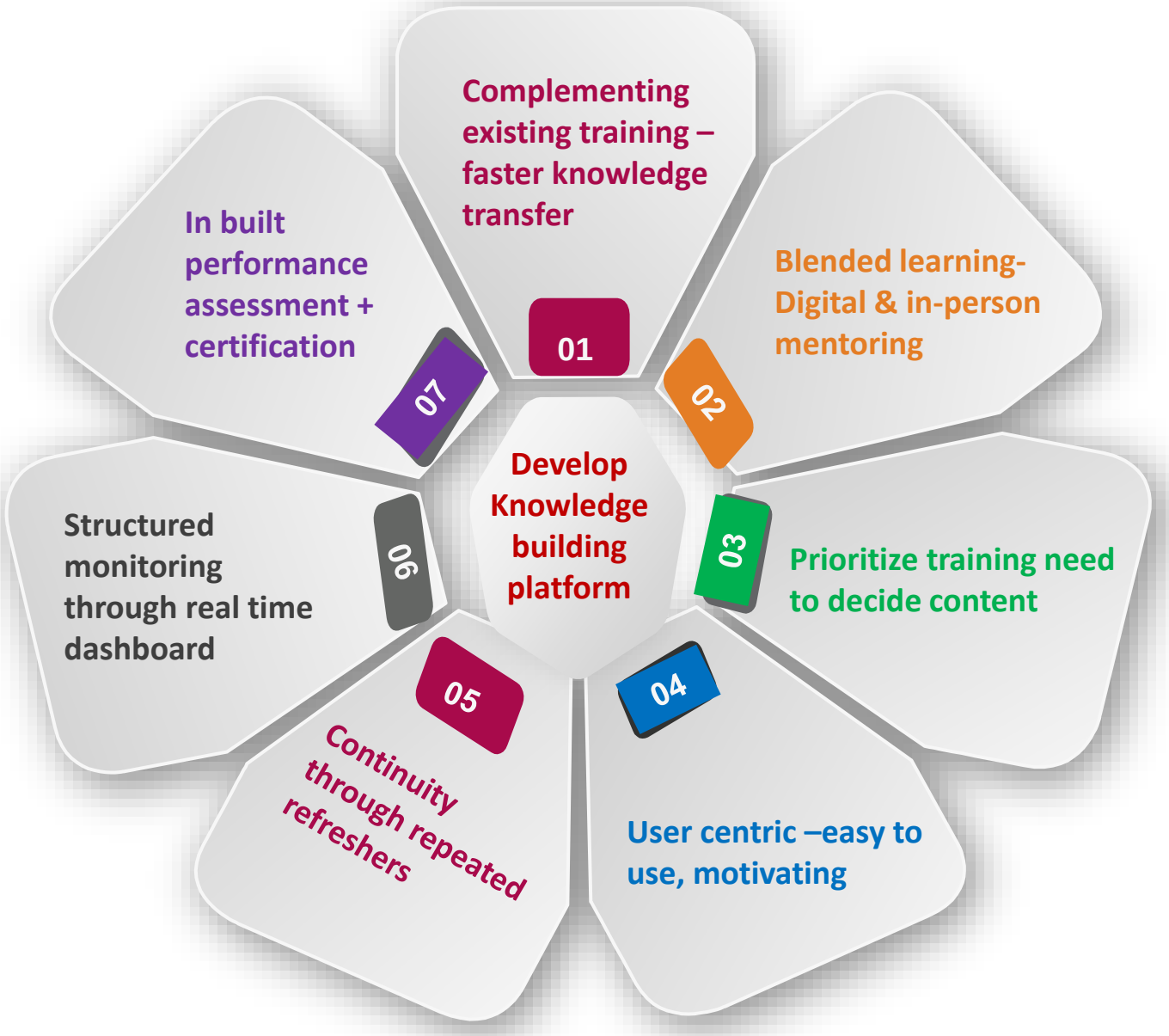
RISE (Rapid Immunization Skill Enhancement): A complementary platform for immunization training leveraging digital technology

An experience from India

27th January 2021

Dr. Parthasarathi Ganguly, JSI India

Characteristics of the RISE



Needs Assessment: Key takeaways

Participants:

Health administrators, Program Managers, Medical Officers, Health workers

Irregular training,

no refresher,

Lack of systematic monitoring of trainings

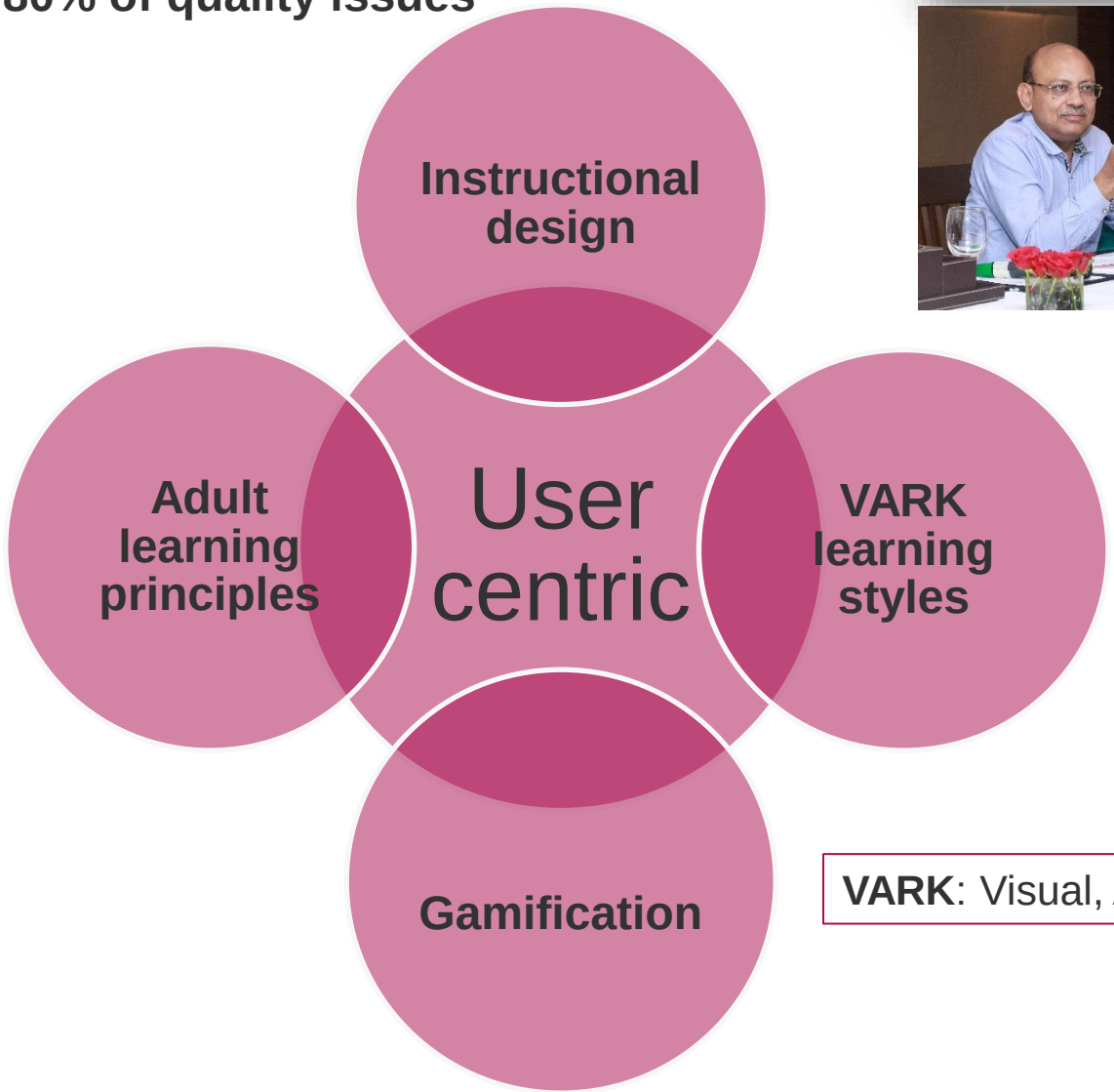
Concern over training methodology - not interactive, not uniform

Issue over training logistics, venue, timings, etc

Technology Scoping: 80% Vaccinators had android smartphones/tablets and 80% of them were conversant with their use

Content Development

Consultative process with Govt. & partners to identify 20-30% of the topic accounting for 80% of quality issues

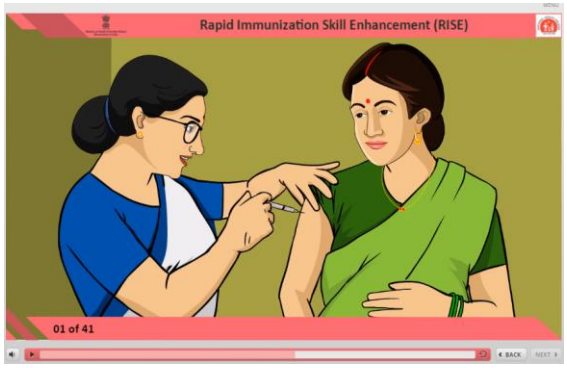


VARK: Visual, Auditory, Reading, Kinesthetic

Content & Format

422 minute of interactive animated video- divided in 5 modules, 14 chapters (25-35 min each): made in 5 languages

1. LEARNING



2. KNOWLEDGE RECALL

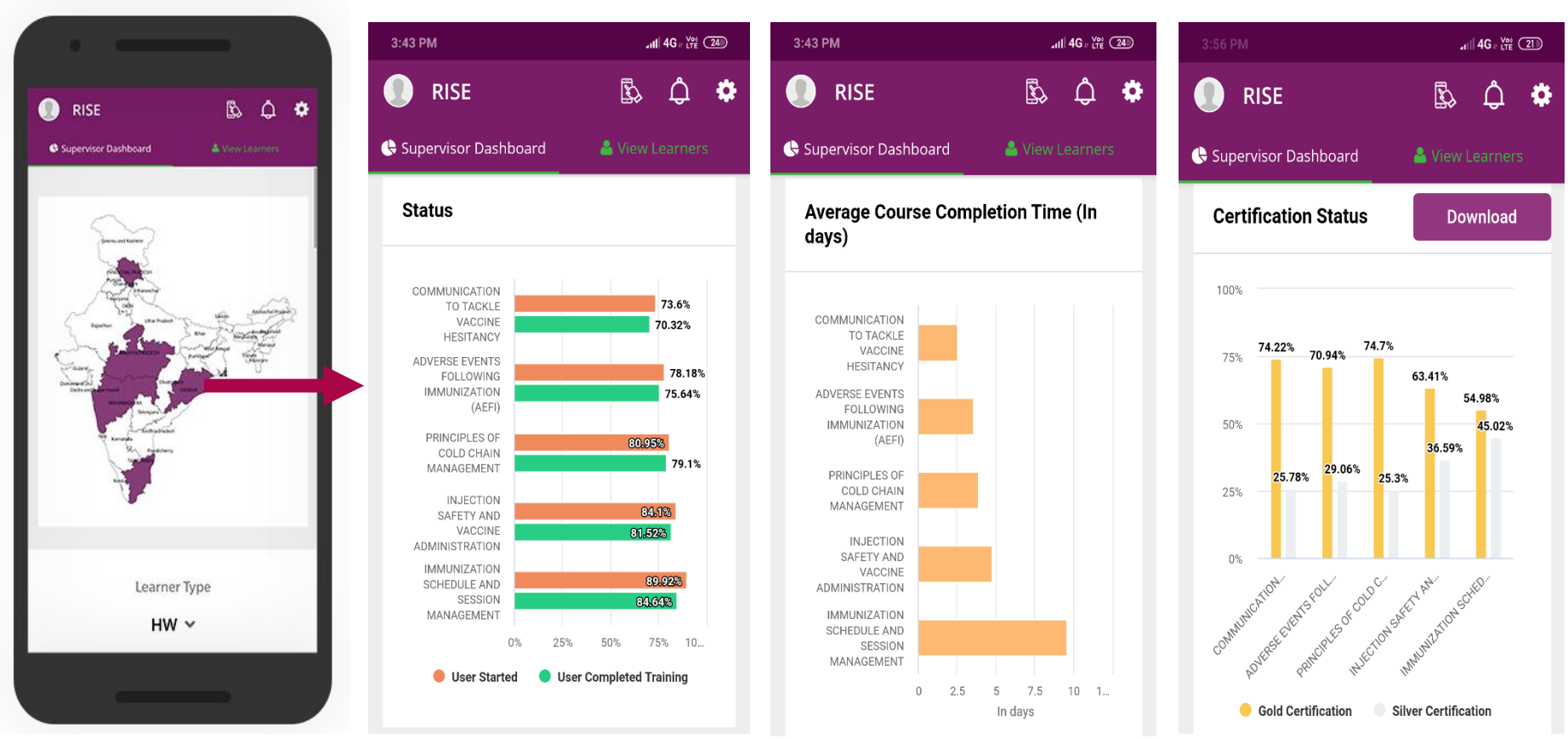
3. ASSESSMENT & CERTIFICATION

These are delivered in android/ios devise through **Learning Management System (LMS)**- A software application for the administration, delivery, tracking, and reporting

Dashboard

LMS provides a real time dashboard to supervisors for effective monitoring

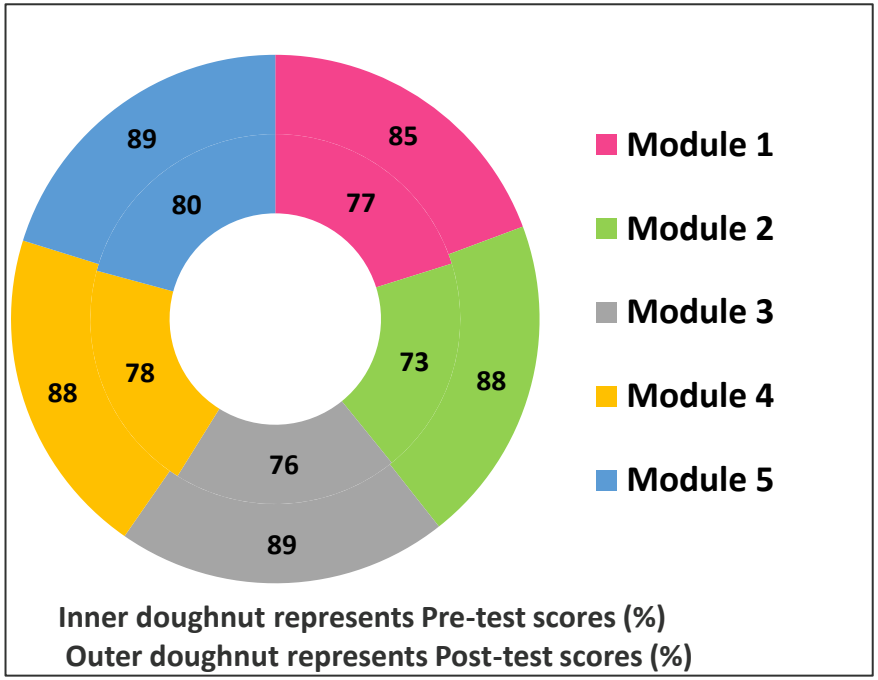
Some of the indicators: Completion status, completion time, Certification status, Pre & post test mark comparison



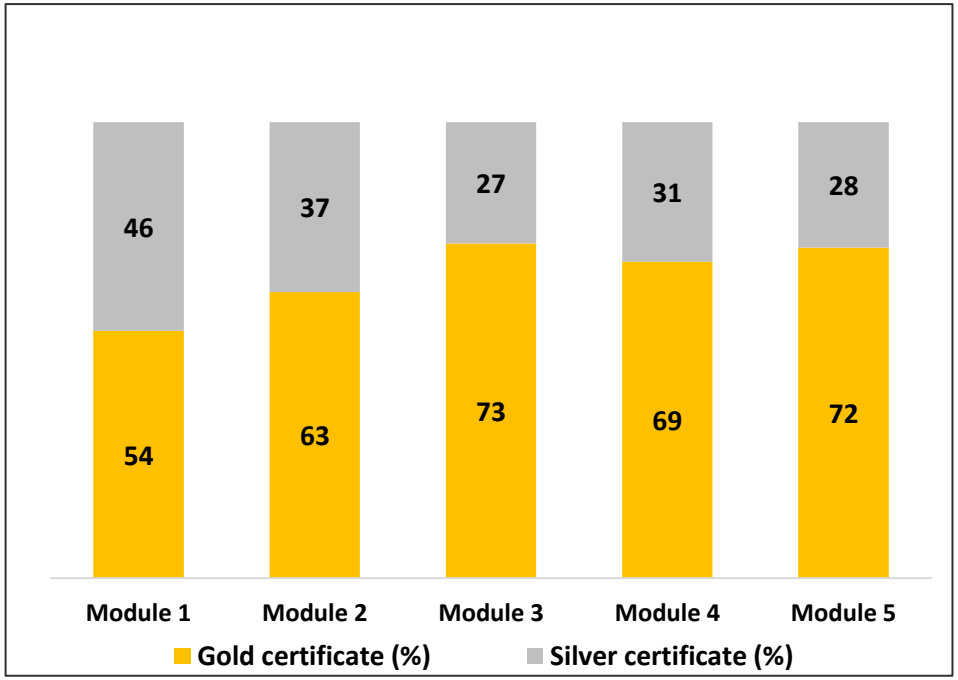
Results from RISE Dashboard- provided concurrent results!!

- **84% overall completion (State to state range 74%-100%)**
- **Majority completing in 10-14 days**

Module-wise comparison of Pre test and post test marks (%)

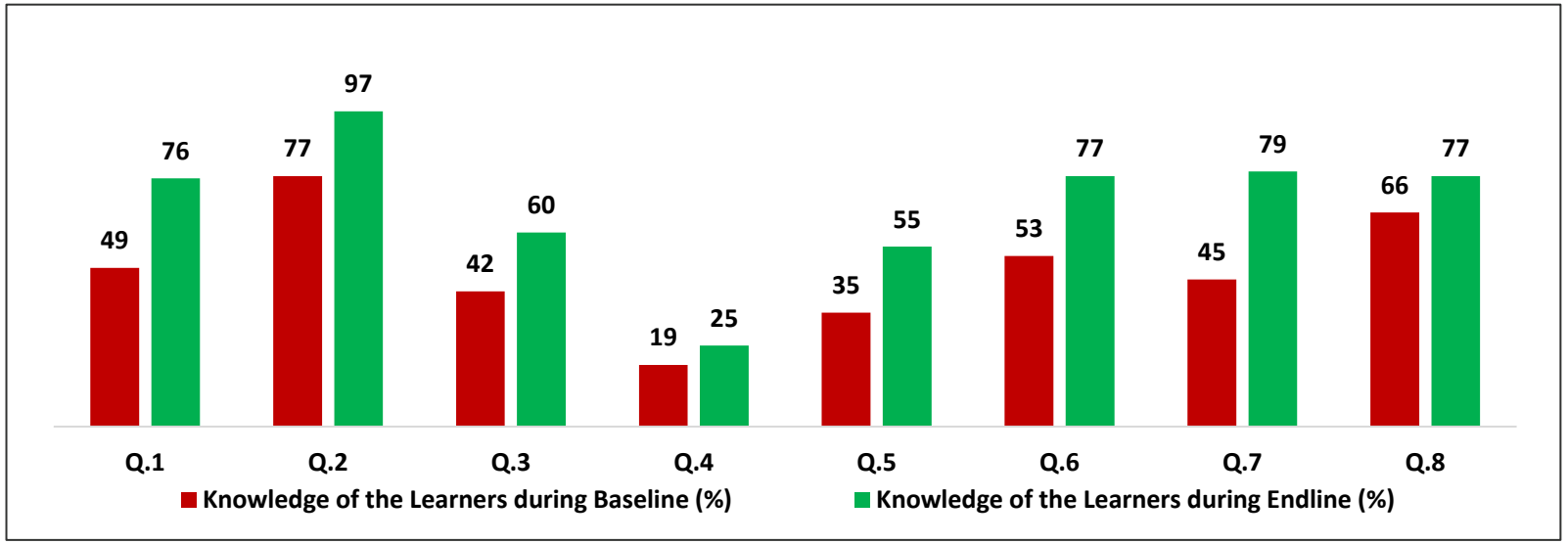


Module-wise certification status

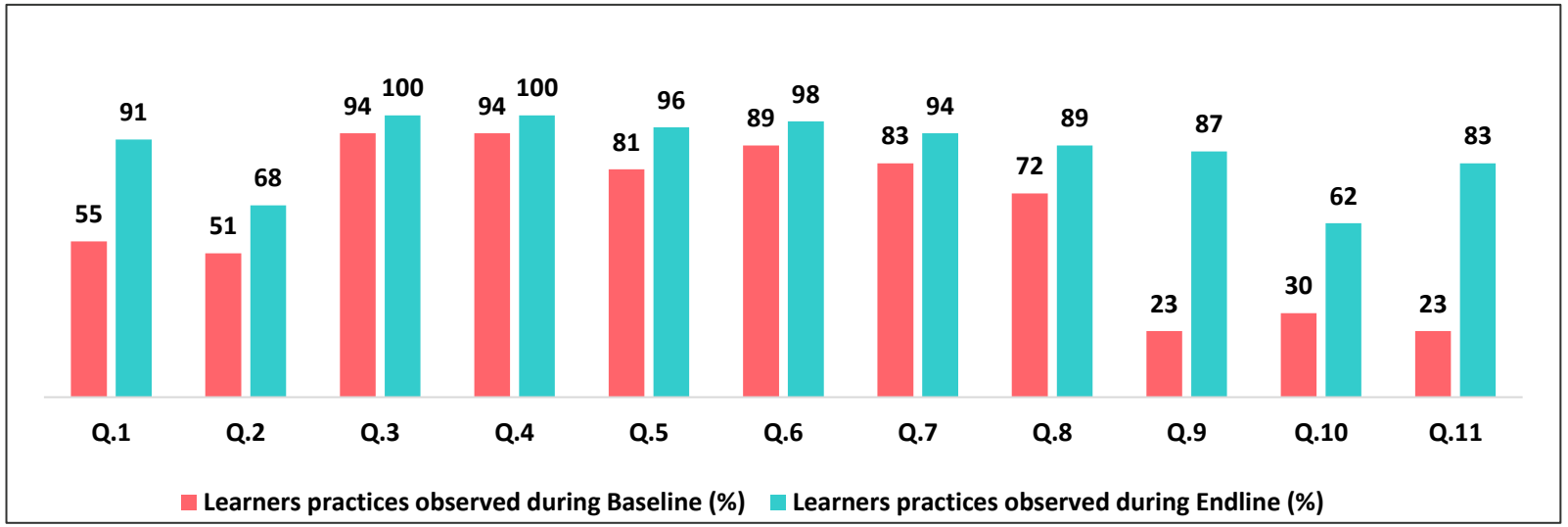


Comparison of Baseline and Endline Assessment

1. Improvement in Knowledge of Learners (Module 1)



2. Improvement in Immunization Practices of learners



What worked?

- Flexibility of time & place
- Opportunity for self-learning
- Instant certification – sense of achievement
- Peer to peer learning
- Prompt support from supervisors in problem solving

- *"it can be used anywhere and at any point of time"*
- *"provision of instant certificate generation makes it more attractive"*
- *"Even at the age of 60 years I found it quite easy to use as the app is very user friendly and require minimum hand-holding support"*

  (all from learners)
- *"supervisor dashboard gives confidence to the supervisor. Tracking of health staffs at a large scale is at the fingertips"* ***(Supervisor)***

Sustainability/viability

- Cost of initial development of content and LMS in pilot phase
- Scale-up cost : Human Resource (A small core team) & Web hosting
- Economy of scale : very good in a large country like India (per learner cost will be very reasonable)
- Already a provision of training budget for immunization in Govt. budget (State plan under National Health Mission)
- ANMOL android devices are being provided to Health Workers (ANMs) by Govt. of India – no separate provision of airtime is required

Thank You

RISE TEAM

Dr. Parthasarathi Ganguly
Project Director

National Team

Dr. Rajat Garg
Program Manager

Chahat Narula Thakur
Project Officer

Sohini Sanyal,
Learning and Capacity Building Specialist

Jaykumar Jha
Project Manager – Applied Technology

Dr. Anita Bhargava
Monitoring, Learning and Evaluation Officer

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State Training Officer
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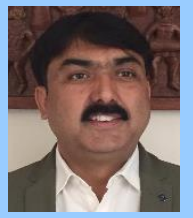
State Training Officer
Odisha

Dr. Rachna William
State Training Officer
Tamil Nadu



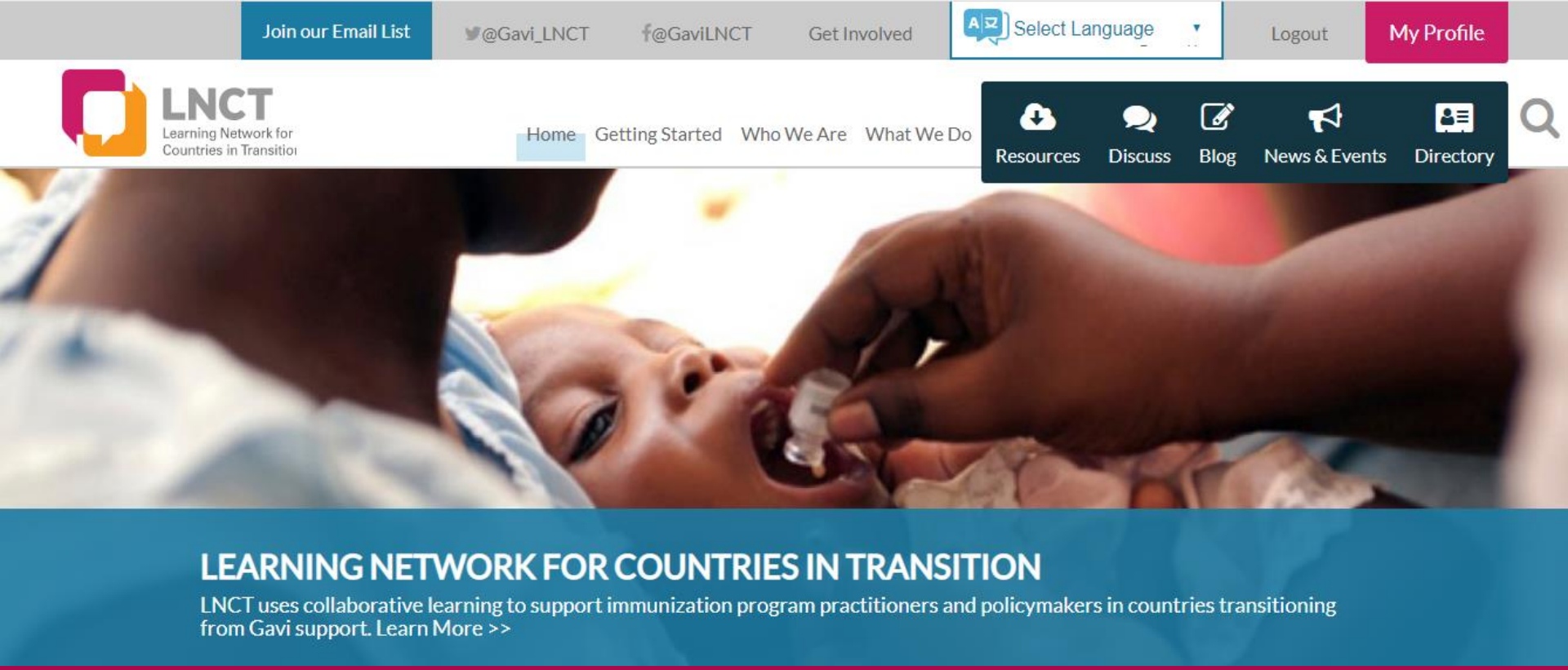
Surya Prakash Dixit
State Technical Consultant
Madhya Pradesh

Innovate | Improvise | Immunize

Poll 3: Do you think that certain topics are better suited to virtual trainings than others?

Moderated Question & Answer

Poll 4: Is there interest in pursuing such trainings in your country?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Thank you!