



IMMUNIZATION
ACADEMY

Immunization Academy in Nigeria



The Challenge

1 Traditional capacity building approaches limit the reach and impact of training efforts

2 Immunization skill and knowledge gaps exist in Kano and Lagos states

1 A tale as old as time: Limitations of traditional capacity building approaches

Many countries, including Nigeria, rely on training in a live classroom setting to refresh and teach their health workforce new skills. This approach—removing staff from their workplaces and bringing everyone together for in-person training, often many days at a time—can limit the reach of training efforts.

Taking people out of their work environment for training disrupts services and does not allow them to learn or practice in their real-world environment, at their own pace. As many countries have experienced in the last year, the COVID pandemic presents additional challenges for physically bringing staff together for in-person training like the need for social distancing, personal protective equipment, and adequate ventilation of meeting spaces.

Traditional training efforts are also often limited in their ability to target each person's specific learning needs because it is not usually possible to find out what people do and do not know prior to providing training and resources. Immunization program leaders often wonder if the “right” people, or those most in need, are attending training. This results in programs that expend time and resources to train everyone on everything rather than focus on individual strengths and knowledge gaps. Traditional training efforts do not usually have the tools to determine whether a program had an impact and whether additional training and support is needed. Finally, attendance—rather than skill or knowledge acquisition—is emphasized and there is no built-in motivation to learn or improve skills and knowledge.

All of this amounts to a system of traditional capacity building that costs a lot to reach the health workforce, does not target individual learning needs, does not generate practical or actionable data for decision-making and action, disrupts services, and lacks incentives that motivate people to learn or improve skills and knowledge.

Traditional capacity building:

- ✗ costs a lot
- ✗ does not target individual learning needs
- ✗ does not generate practical or actionable data
- ✗ disrupts services
- ✗ lacks incentives

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Immunization skill and knowledge gaps exist in Kano and Lagos states



Despite ongoing capacity building efforts, Nigeria's National Primary Health Care Development Agency (NPHCDA) recognized that immunization skill and knowledge gaps exist among immunization managers and health workers in Kano and Lagos states.

A needs analysis conducted by the Clinton Health Access Initiative (CHAI) revealed:

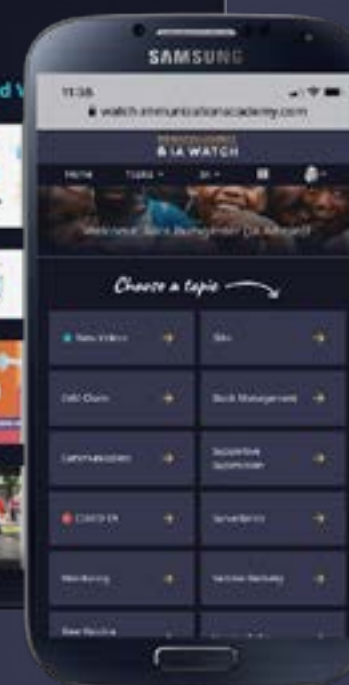
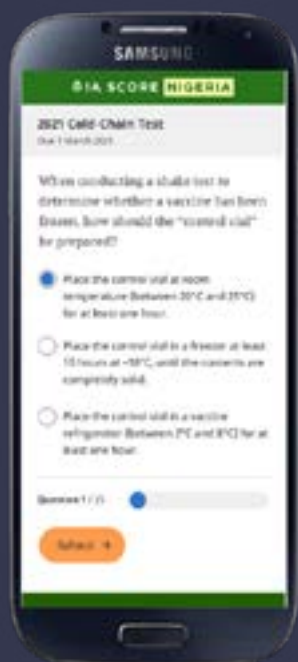
- ✓ Self-evaluation identified skill gaps in vaccine handling and management, data management, cold chain management, and microplanning.
- ✓ Observatory evaluation of health worker practices identified gaps in temperature monitoring, vaccine handling, delivering 6 key messages, and data entry.

Additionally, the COVID pandemic made the need for an alternative to lengthy, in-person training even more vital and necessary. To address the limitations of traditional capacity building and reinforce the government's efforts, Immunization Academy partnered with CHAI to provide a training alternative for Nigeria's health workforce.

Kano and Lagos were selected as the pilot states to test how the Immunization Academy training solution performed in two different settings - one in which participants may experience technology challenges (Kano) and one with better access to technology (Lagos). In addition, Kano and Lagos are the most populated and demographically diverse states in the country and were selected to provide a representation of the country.

The Solution

Introducing an innovative approach to training that brings learning closer to the moment of need



Goals



Immunization Academy offers instant access to skill-based video lessons on essential immunization topics in English, French, Swahili, and Hausa. Nigeria is in the top 10 countries for Immunization Academy use, with over 37,000 users. Immunization Academy's suite of tools are a recognized resource in country and some immunization managers and health workers from Nigeria are among the most active users on the global IA leader board.

The Clinton Health Access Initiative (CHAI) is an established and trusted immunization partner, providing support to the country's immunization program at both national and state levels.

Based on priority gaps identified in the needs analysis, Immunization Academy and CHAI designed and implemented a capacity building initiative to assess and remediate the vaccine delivery and data monitoring skill and knowledge gaps of immunization managers in Kano and Lagos states.

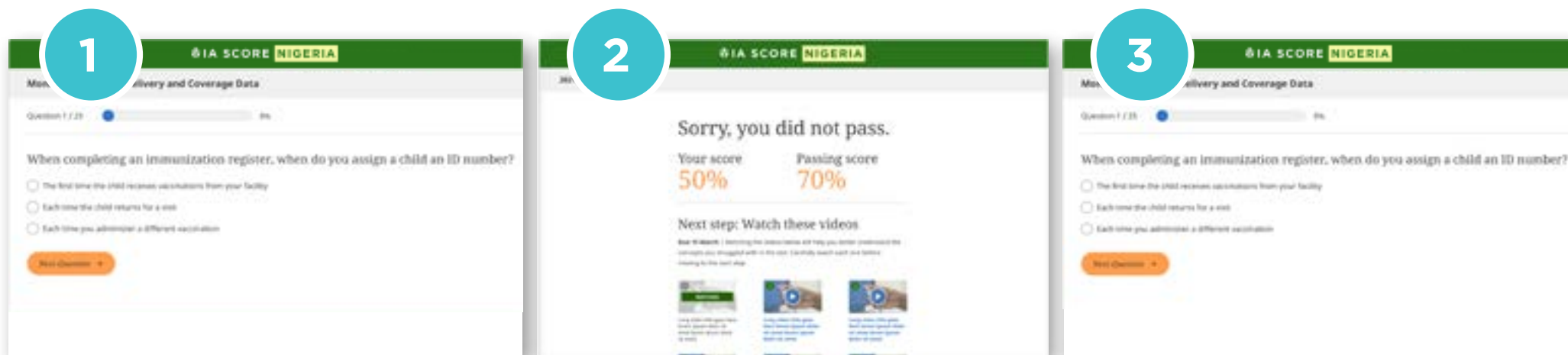
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The goals of the program were twofold:

- 1 Build sub-national manager capacity in a measurable way, and
- 2 Empower immunization managers with data to monitor their programs and take action.

What we did

Immunization Academy created a custom interactive tool for Nigeria, called IA Score Nigeria, which provided a personalized training approach to target and remediate each person's gaps.



First, the tool allows health workers or managers to take a pre-test to identify their strengths and weaknesses.

Next, it generates personalized learning plans to address each person's knowledge gaps identified by the pre-test.

Finally, learners take a skills-based post-test to demonstrate proficiency.

The training program was offered in both English and Hausa, so each person could select the language that was most comfortable to them.

What we did

Based on needs analysis data, CHAI identified “Monitoring Vaccine Delivery and Coverage Data” as the competency area in greatest need of training. This was chosen as the topic area for the first round of assessment and training. Managers were targeted as the first audience for training.

The program offered certification endorsed by NPHCDA upon passing, in order to motivate healthcare professionals to participate and complete the program. Additionally, a dynamic dashboard was created to allow managers to review State, Local Government Agency (LGA), and individual data. With this data in a practical and actionable dashboard, managers could easily see where skill and knowledge strengths and gaps existed, geographically, by specific competency, and by individual.

Communication resources were also provided to support rollout and encourage participants to complete the program.

CHAI led the extensive stakeholder engagement efforts, national and state level program implementation, and provided technical program guidance – all of which were vital to the introduction of Immunization Academy in Kano and Lagos states.



For the first time I have
the opportunity to
choose what I want to
learn and when.

-HEALTH WORKER (KANO)



How it worked



The results: Immunization managers measurably **improved their skill and knowledge by an average of 10.5%** after spending about 15 minutes watching IA video lessons.

The Results

The more they watched, the more they improved.

Findings



10.5%

The average increase in their “Monitoring Vaccine Delivery and Coverage Data” knowledge was 10.5%



14.71%

For managers with a pre-test score less than 50%, the average increase in knowledge was 14.71%

Other notable highlights include:

- ✓ LGAs in Kano had an average increase in test scores of 11.9%.
- ✓ The most significant increase in competency score in Kano was for “calculating an area’s immunization coverage rate,” which increased by 18.1%.
- ✓ LGAs in Lagos had an average increase in test scores of 10.7%.
- ✓ The most significant increase in competency score in Lagos was for “properly recording, compiling, and reporting administered vaccine doses in a tally sheet,” which increased by 15.8%.
- ✓ In both states, the average increase in score was correlated to the amount of learning effort. **Learners who watched more of their assigned video lessons had a greater increase in post-test score.** Learners who watched most (76-100%) of their assigned video lessons had an average score improvement of 13%.

Telling a new training story in Kano and Lagos states

The Immunization Academy initiative in Nigeria tackled many of the challenges associated with traditional capacity building efforts.

- ✓ **Generated measurable improvement.** Immunization managers improved their skill and knowledge by an average of 10.5% after spending about 15 minutes watching IA video lessons.
- ✓ **Reduced the resources required to deliver training.** The inputs required by learners and system managers to implement the IA Score Nigeria initiative were minimal compared to traditional, resource-intensive training strategies.
- ✓ **Enabled managers to see where coaching is needed.** With actionable learning data, managers could see where the greatest skill and knowledge gaps were, then prioritize sites and individuals for additional support and targeted coaching.
- ✓ **Relieved some of the training burden on managers.** And enabled a system in which staff were empowered to improve their knowledge with the technology they had on-hand.
- ✓ **Targeted support and resources based on need.** Learners received individualized learning plans that addressed their specific knowledge gaps rather than a one-size-fits all training approach in which every learner receives all of the training regardless of their specific learning needs.
- ✓ **Reduced disruption to service delivery.** Staff were able to learn on their own schedules, at their own pace, and in their work environment.
- ✓ **Quickly disseminated training resources.** The program allowed NPHCDA to quickly get capacity building resources to the people who needed them without waiting for the time, resources, and person-power required to cascade material through in-person training.



IA is really an academy in one's pocket and will benefit not only the health workers but even us, the managers.

-PHC COORDINATOR (KANO)

Conclusions



The initial IA Score Nigeria assessment on “Monitoring Vaccine Delivery and Coverage Data” demonstrates that IA Score assessments and learning plans are an effective way of assessing, addressing, and monitoring skill and knowledge gaps, particularly for the lowest performing sites (where some of the greatest improvements in post-test scores were observed).

The model and tools could be applied to assess and address other skill and knowledge gaps by expanding to other cadres of the workforce, other priority technical areas, and other states – thereby enabling a continuous cycle of performance improvement.

Interested in learning how Immunization Academy could support your capacity building strategy?

Contact us at info@immunizationacademy.com