

Training in micro planning at health units before Covid-19 vaccine rollout.



INTRODUCTION

Planning is an essential component of immunization activities. Jhpiego, an extending partner of the Ministry of health and Ghana Health Service, is engaged in immunization activities and contributes to training and implementation at various levels of the health system. During the Covid-19 pandemic, the organization provided support in logistics and data collection. Activities at health services, specifically at peripheral levels, are difficult to undertake without a well-organized and a functional system. This requires not only the engagement of workers but also knowledge about how all activities will be organized. At peripheral levels, workers were ill equipped and had limited knowledge when it comes to micro-planning. Consequently, despite efforts from the Ministry of health, many health services lack adequate plans. In the health regions of intervention of *Jhpiego*, many health workers had difficulties when Covid-19 arrived, not only was the disease new to them but also, they were not prepared in advance.

Bottle necks that motivated the intervention were the context of health crisis and the

emergency related to it. Workers had limited knowledge and did not get refreshment training. Challenges also include the fact that many of these areas are remote settings with limited opportunities for regular training sessions. The result is the poor management of health services and specifically immunization activities. This usually affects performances regarding health delivery to rural populations at individual facilities but consequently at district and region levels. Micro-planning is a process that can improve all activities at immunization services including routine immunization and campaigns. This documentation integrates information from an interview with respondents from Jhpiego regarding experiences in the Volta region and results from the report of the Micro-planning training activity organized at Great Accra health region

IMPLEMENTATION

Identification and collection of existing documents: Various documents exist for micro-planning activities. Training health workers on micro-planning requires choosing among these variety sources in relation to the level of the actor to be trained. Training for trainers and training community level actors use different documents. Equipment, reporting tools, data and information on different issues at health services need to be reviewed before planning the training.

Updating of documents: As training is done on specific contexts and purposes, it is important to update the documents along with the needs. At both document collection and updating steps, some partners can contribute. This was the case for the training sessions initiated by Jhpiego; a collaboration between Ghana Health Service and John Hopkins University was established.

Organization and Consensus building meeting with region

To discuss the scope, objectives and work plan of the training projects, a preparatory meeting is held with a high-level team from the Greater Accra Regional Health Directorate. This enabled the selection of priority districts (10) to be supported and the determination of the number of participants in the micro-planning training.

Training-of-trainers workshop for district teams

Although only 10 priority districts had been selected, the regional team requested that all 29 districts in the region be trained in complete micro-planning for COVID-19 vaccination deployment. A two-day, training-of-trainers workshop was organized for health staff from all 29 districts in the region. The training focused on ensuring uniformity in micro-planning. A total of 120 participants were trained. Various professional categories, such as district directors, EPI coordinators, health promotion and health information coordinators, public health nurses, disease control officers, etc., were considered. Participants developed training plans for sub-district levels. Schedules for micro-planning training at these levels were proposed. The actors drew on the knowledge gained and the micro-planning framework they had received as part of the field training.

Micro Planning workshop for sub- district teams

For micro-planning training of sub-district teams, the cascade approach was chosen by the district training teams. A workshop involving only the program's 10 priority districts was organized. For this level of actor, a total of 360 executives from different health professional backgrounds were

trained in the development of quality micro-plans. These included community health nurses, medical assistants, midwives, disease control managers, health promotion managers, registered nurses and public health nurses. These training courses were monitored and supported by the RISE team.

RESULTS

The achievements reported here come both from the respondents of the interview and from the report provided

- **Training of trainers:** At regional level, 29 districts received training-of-trainers in micro-planning. A total of 120 health workers participated in training-of-trainers' sessions.
- **Training in micro-planning:** a total of 43 sub-districts received the training in micro-planning. From all districts and sub-districts 360 health workers were trained in micro-planning and had their capacities improved.

QUANTITATIVE RESULTS

Training-of-trainers

- 29 districts
- 120 health workers

Training in micro-planning

- 43 sub-districts
- 360 health workers

QUALITATIVE RESULTS

Health workers' perception

- Good perception of workers
- Improvement in workers confidence

Effect of the training

- Data-based planning
- Successful vaccine deployment

- **Health workers' perception:** Health workers had a good perception of the process. The training improved their confidence in projecting their needs, monitoring AEFI, and managing supplies. Subdistrict teams were able to map out geographically inaccessible communities and had accurate and adequate estimation of target populations and vaccines for campaigns.

- **Effect of the training:** The result was good mapping of hard-to-reach communities, adequate social mobilization plans, good provision of resources and vaccines, all based on appropriate estimates of the target population. No vaccine was wasted. Micro-planning training contributed to the successful deployment of Covid-19 vaccines.

BEST PRACTICES

Training-of-trainers for more districts: As mentioned, although initially planned for 10 priority districts, the training of trainers in micro-planning was provided to up to 29 districts. Such a commitment is a major contribution to capacity building for the whole region. It provides other districts with the human resources they need to improve the micro-planning skills of all their workers. The result is a critical mass of trainers capable of supporting other regions of the country.

Training-of-trainers and Micro-planning training for a variety of health workers: Most of training activities are organized for workers of specific health services. In many cases head of units or those responsible for the specific service (in this case immunization) are included. Training a great diversity of workers is helpful in raising abilities at all levels of the local health system or units. All the required changes and their implications for the work are understood by all the actors at the same time. This approach can improve collaboration and team building for future activities.

Cascading training and harmonization: The cascade approach to training all levels of workers is often used for improving efficiency, however it has also some disadvantages. The main advantages are the need for the higher level to master the subject before being able to train at lower levels. Similarly, the strategy reduces training costs and organization time, while improving collaboration and internal ownership at team level. The most common risk is the dilution and loss of training quality from the highest to the lowest levels. The decision to implement harmonization processes ensures that quality is maintained.

LESSONS LEARNED

- **The link between successful campaigns and micro-planning:** Different campaigns have a variety of implications in terms of actors and resources. There is a need to always adjust the resources to the campaign and to the context. Organizing and following all the requirements can improve the quality of the campaigns. However, the success of campaigns can be greatly influenced by the quality of the micro-planning done upstream.

- **The need for retraining and refreshing for actors:** Given the time lag between two consecutive campaigns, most of the details of workers' micro-planning knowledge and abilities can be lost. It is therefore necessary to carry out regular refresher training sessions for all agents, at appropriate times.

- **Adapting tools:** micro-planning training courses generally relate to specific activities or campaigns. Logistical issues, actors and their responsibilities may differ from one campaign to another. Existing tools are usually general or specific, based on previous activities. Similarly, training in micro-planning for child immunization may differ from micro-planning for adult immunization. In view of all these considerations, micro-planning training always needs to be adapted to new needs.

- **The importance of resources:** Micro-planning training requires consideration of various aspects, including coordination and human resources, target population estimates, mapping of hard-to-reach communities and means of accessing them, social mobilization plans, logistical needs estimates, and the deployment of substantial resources. The mobilization of resources must

be substantial to cover all aspects of training. Similarly, given the number and diversity of participants, resources must be planned to take care of all those involved.

REPLICATION

Resources were provided by Jhpiego, some given to the Ministry of health for updating activities of the training documents. Replication of the training is possible for another pandemic if necessary. It can be adapted to any other emergency.

CONCLUSION

Training in micro-planning enabled better targeting of populations and better inclusion of hard-to-reach populations. It also improved campaign implementation and the availability of resources and vaccines for the population. Organizing training-of-trainers beyond the minimum requirements, the training of a wide range of actors and the approach to harmonizing training at all levels ensured that the health system had adequate micro-planning skills. The organization of such training requires substantial resources, as well as appropriate data. The training for micro-planning at health units was a learning process for all those involved in this activity. It was helpful in showing the gap in the health system, and the gaps in health workers levels of preparedness for the pandemic and for adult and mass vaccination. Planning for rapid response to the pandemic including resource mobilization was improved. Health workforce capacity building is a continuous process and regular refreshing activities are needed. The benefits of this training can be easily expanded to new workers to improve immunization activities across the country. The existing tools need to be widely distributed.