



Capacity Building Case Study

Upskilling WHO/UNICEF field staff

Transforming primary care with future-forward training programs.



The BCL Institute
for Learning in Global Health

The problem

Healthcare Delivery Practices

WHO and UNICEF work hard to identify the healthcare delivery practices most likely to yield the best outcomes for patients and healthcare providers, particularly those in low-resource settings. For these best practices to make their way into widespread use, WHO and UNICEF field staff must be willing and able to help ministries of health incorporate these working methods into day-to-day operations. This requires that field staff have a high degree of knowledge and competence in all of the best practice categories.

Challenges to Define a Joint Plan Forward

WHO and UNICEF felt that the knowledge and skill across many foundational routine immunization (EPI) areas varied from place to place and country to country. Both organizations knew it was an important issue to address, but neither were confident they knew what to do to move beyond a relatively general problem statement. As a result, the two collaborators were struggling to define a joint plan forward.

Consistent Guidance

WHO and UNICEF needed an immediate-term action plan to make sure all field staff from both organizations give countries consistent, high-quality guidance.





The goal

WHO and UNICEF wanted to understand what capacity building issues to prioritize, how they should go about closing any high-priority capacity building gaps, and who should take responsibility for what.

The solution

BCLi worked with UNICEF and WHO to clarify their goals, create a plan to achieve those goals, and help to oversee execution of the plan.



1. We identified the greatest areas of need

We designed and administered a two-pronged needs assessment that involved in-depth qualitative interviews in Nigeria and DRC and a follow-up survey of over 280 field staff. From this, we were able to create a rank-ordered list of the most acute needs.

2. We identified ideal responsibilities

With a rank-ordered list of capacity building priorities, we helped WHO and UNICEF decide how to distribute development responsibilities based on each organization's most significant competencies.

3. We defined a 3-year governance system

After establishing a development action plan, we worked with the organizations to define how we would work both independently and collaboratively over the three-year implementation period.

4. We vetted and hired a learning vendor

Once UNICEF knew the courses it needed to create, we helped them define their specifications, and identify, evaluate, and select an e-learning vendor. We also served as the creative director and primary point of contact for the vendor during the project.

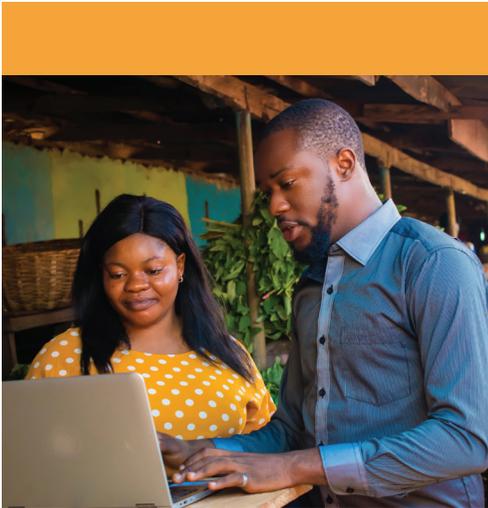
5. We created numerous elearning modules

We created a number of elearning modules covering supplemental topics ancillary to the core ones covered by the primary learning agency.

6. We implemented a global change plan

Finally, we worked with WHO and UNICEF to define and implement a comprehensive plan to promote, incentivize, and achieve uptake of the courses being created.

The needs analysis



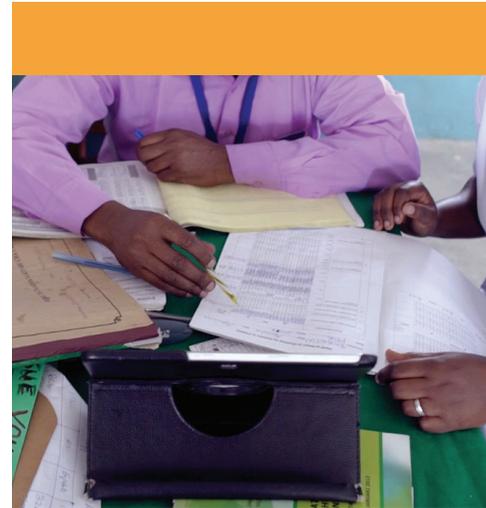
Field interviews

WHO consultants traveled to all corners of Nigeria and DNC interviewing field staff for broad views on capacity building needs.



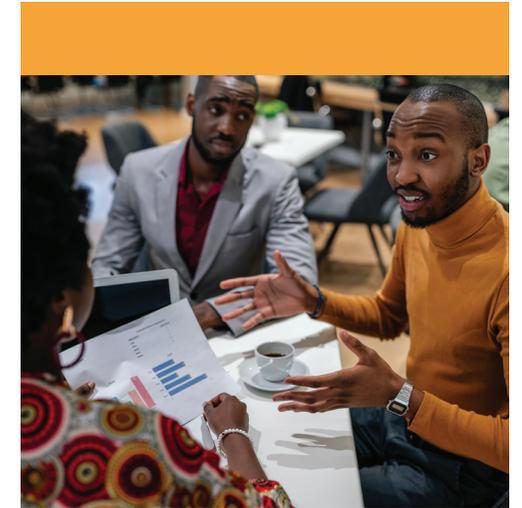
Global survey

A survey was conducted to validate and quantify the extent of the needs identified in the qualitative interviews.



Prioritization of gaps

Capacity building needs were rank-ordered based on the most and least regarded by survey respondents.



Delegation

Of the rank-ordered list, WHO and UNICEF each chose the two top-ranked topics that corresponded with their organizational strengths.

UNICEF and WHO course responsibilities

UNICEF courses

1



Immunization supply chain management

Supply chain management is a UNICEF strength. We agreed that they would create a comprehensive online learning program introducing people to the topic.

2



Communication for generating demand

Generating demand for immunization is another one of UNICEF's areas of strength. UNICEF elected to create an online training program to teach people core communication skills.

WHO courses

1



Immunization coverage data

In keeping with WHO's strength in monitoring and data, they took responsibility for creating an online coverage data monitoring course.

2



Planning immunization services

WHO sets the standard in planning immunization services. They took on the challenge of creating an online learning program to teach good planning practices.

BCL course responsibilities

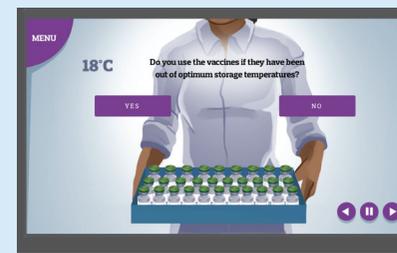
In addition to the courses being developed by UNICEF and WHO, UNICEF hired BCL to supplement those offerings by creating the following online courses:



National Logistics Working Group



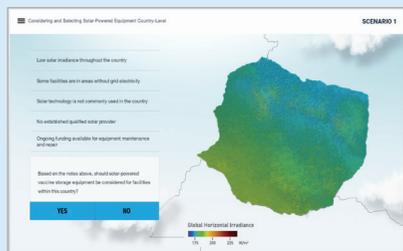
Multi-dose Vial Policy



Vaccine Vial Monitors



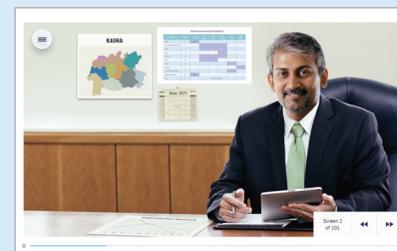
Temperature Monitoring in the Vaccine Cold Chain



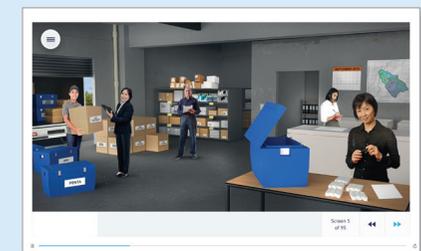
Solar-Powered Cold Chain Equipment



How to Use Passive Containers & Coolant Packs



How to Design a Repair and Maintenance System for Cold Chain Equipment



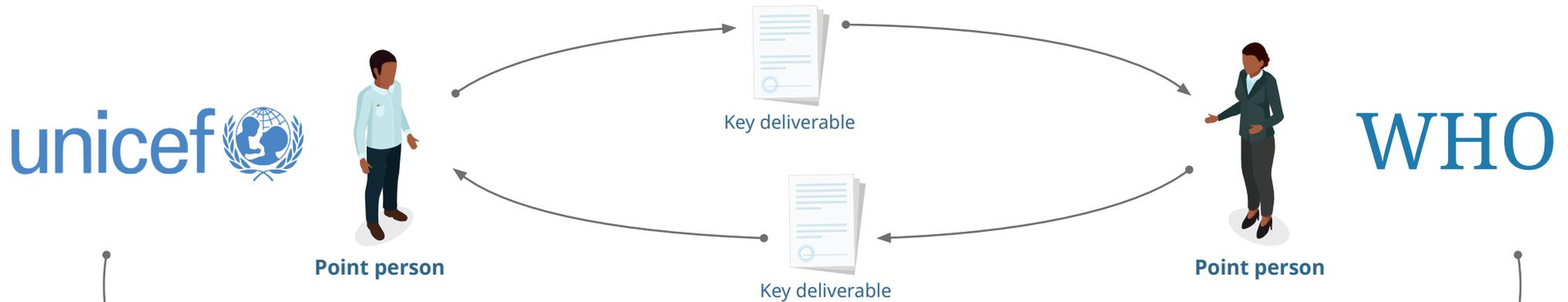
How to Manage Immunization Stock

The governance structure

While the courses were being created, it was important that we continually ensure alignment, inform one another of progress, and apply the appropriate level of involvement. For this, we did two essential things.

Joint review of key deliverables

A point person from each organization was assigned to review key deliverables created by UNICEF/WHO. Rules for review & approval were defined.



Quarterly advisory board meetings

An advisory board was assembled which met each quarter to review progress and discuss strategy.



Change management



1. Defined core messaging

We defined core messages using needs analysis research to inform value propositions and responses to common objections.



2. Cultivated global champions

Next, we identified people with influence and enthusiasm for the project and enlisted them as a field force to help spread the word.



3. Cascaded core messaging

Then, our champions took our key messages to their networks, using their influence to inform, encourage, and support.



4. Promoted through key channels

In addition, we promoted the courses at EPI managers' meetings, conferences, and various email lists.

The impact

Since the e-learning modules first launched in 2015, the following occurred:



6,850 people

enrolled in one or more of
the courses



17,638 courses

completed



9,000 hours

of learning time completed
by users





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JENGO HILI LA KIJILI CHA
LOOVILUKUNY LENYB OPISI,
CHUMMA... ITANO
NA GH... AKULA
LILJE... WA
SH... YA
WASICA... WA
MT... WA
NA...

Transforming primary care with future-forward training programs.