



## **INTER-COUNTRY MID-LEVEL MANAGEMENT COURSE**

**4 – 15 SEPTEMBER 2006**

# **COURSE TECHNICAL REPORT**

**PRETORIA,  
REPUBLIC OF SOUTH AFRICA**

## **1. BACKGROUND**

Vaccine-preventable diseases are still the major cause of morbidity and mortality in Africa and measles remains the leading cause of vaccine preventable childhood mortality in the Region. All stakeholders have agreed that effective and sustainable measles control and effective new vaccines introduction need a strong routine immunisation system, adequately integrated into primary health care services, especially at district level.

To improve and strengthen routine immunisation at district level, the Global Alliance for Vaccines and Immunisation (GAVI ) set, in 2000, a goal of reaching  $\geq 80\%$  DTP3 coverage in every district in  $\geq 80\%$  of developing countries by 2005 (referred to as the "80/80 goal") and the same goal has been adopted within African Regional Strategic Plan for Immunisation, 2001 – 2005. In November 2002 and in March 2003, the "80/80" goal was revised and adopted respectively by the United Nations General Assembly and by the GAVI Board as follows: " By 2010 or sooner all countries will have routine immunisation coverage at 90% nationally with at least 80% coverage in every district", hence referred to as the "90/80" goal. The "90/80" goal was recently, in May 2005, endorsed by the 58<sup>th</sup> World Health Assembly through the Global Immunisation Vision and Strategy (GIVS) for the period 2006-2015.

A renewed interest among all immunisation stake holders, especially GAVI partners in achieving the "90/80" goal provides a welcome opportunity for agencies to combine their technical and financial resources to reaching every district (RED) regularly and providing equitable access to all primary health services. The five key operational components of the RED strategy are: re-establishing outreach, linking communities with service delivery, providing supportive supervision, ensuring monitoring for action, better planning and management of resources. The RED strategy was endorsed by the Task Force for Immunisation in Africa in December 2002 and about 65% of African countries are now implementing this operational strategy. Furthermore, the 56<sup>th</sup> Regional Committee for Africa has recently endorsed in August 2006 the Regional EPI Strategic Plan for 2006-2009.

All EPI managers need therefore to have practical management skills to balance current efforts to achieving the goals of the Immunization Programme through The Global Immunisation Vision and Strategy (GIVS), the current EPI Regional Strategic Plan and through the RED strategy as well as to implementing specific EPI disease control initiatives such as measles control.

The 2006 mid-level management (MLM) courses at inter-country, national and district levels, using 16 revised modules, aim at providing a clear framework for public health managers, specifically those in the Immunization Programme, to conduct their day-to-day managerial activities and resolve problems that arise in the implementation of their national EPI plans, especially in the implementation of the RED strategy.

In 2006, WHO/AFRO, in collaboration with WHO/HQ, UNICEF, Network for Education and Support for Immunisation (NESI), MEDUNSA and other partners, have planned to conduct two intercountry MLM courses. The first one was conducted for 20 francophone countries in Ouidah, Benin, from 5 to 16 June 2006. The second inter-country MLM course is for 20 Anglophone countries of Western, Eastern and Southern epidemiological blocks in Pretoria, South Africa, from 4-15 September 2006.

## **2. TARGET AUDIENCE AND CHARACTERISTICS OF 2006 INTERCOUNTRY MLM COURSES**

The 2006 MLM inter-country courses were designed for national, provincial/district EPI managers, teachers/professors and WHO/UNICEF EPI focal persons. Each inter-country MLM course comprises a two-day session for training of trainers (ToT) whose desired profile is WHO/UNICEF EPI focal point and eleven days for EPI Managers/teachers session. Furthermore, the 2006 inter-country MLM courses provided an opportunity to update all facilitators and participants on GIVS 2006-2015 and the newly adopted Regional EPI Strategic Plan 2006-2009. Most importantly, participants will be trained on how to use guidelines to develop/revise a multi-year plan in line with GIVS.

The Ouidah MLM course scheduled for 5-16 June 2006 was attended by 61 participants from 20 countries including Algeria, Benin, Burkina Faso, Burundi, Cameroon, Comoros, Congo, Cote d'Ivoire, Gabon, Guinea, Madagascar, Mauritania, Mali, Niger, Central African Republic, Democratic Republic of Congo, Rwanda, Senegal, Chad and Togo.

A total of 70 participants attended the Pretoria MLM course from the following 20 countries: Botswana, Gambia, Ghana, Liberia, Sierra Leone, Nigeria, Eritrea, Ethiopia, Kenya, Namibia, Malawi, Mauritius, Uganda, Seychelles, South Africa, Swaziland, Tanzania, Zimbabwe and Zambia. In addition, 2 facilitators from NESI attended the course.

## **3. LEARNING OBJECTIVES FOR EPI MANAGERS SESSION**

### **3.1 General Objective**

To manage immunisation services within the context of GIVS, the 2006-2009 Regional Strategic Plan and the RED strategy.

### **3.2 Specific Objectives**

By the end of the EPI Managers' session, the participants should be able:

- To explain immunisation systems, GIVS, the Regional Strategic Plan 2006-2009 and the RED strategy
- To identify the managers' roles in the EPI core processes within the context of health sector reforms and GIVS
- To use the problem solving approach when managing immunisation services
- To communicate /to advocate more effectively for EPI
- To develop sustainable strategic and operational plans or revise them in line with GIVS
- To increase immunisation coverage

- To manage financial resources, including resource mobilisation
- To manage vaccines
- To manage cold chain
- To ensure immunisation safety
- To manage new vaccines introduction
- To manage integrated disease surveillance
- To organize more effectively the supplemental immunisation activities
- To monitor/supervise/evaluate EPI services and activities

#### **Roles and responsibilities of participants**

- To be punctual and hard working
- To participate actively in course presentations and discussions
- To participate actively in group work
- To do individual exercises and as indicated
- To master the modular content
- To harmonise the content of the MLM modules

#### **4. CONTENT STRUCTURING**

The 2006 MLM inter-country courses comprised of a 2-days training of trainers (ToT) session and eleven days for national EPI Managers training session.

The ToT session, designed for level 1 trainers, focuses on EPI references and on MLM lesson design: immunisation systems, GIVS, MYP in line with GIVS, Regional EPI strategic plan 2006-2009, RED approach, basic psycho-pedagogical concepts, formulation of learning objectives, methods and techniques selection, active media using, lesson and learning evaluation tools design, lesson plan design and microteaching.

The EPI managers' session centred on EPI management. It is a mid-level training in main EPI operations and components management, using revised narrative modules with their referential strategic documents.

The MLM Course is structured in 24 modules covering the functional, operational and supportive components of the immunisation programme. The 2006 MLM course however, was planned to cover 14 of the 24 modules. The modules covered during the course are outlined in table 1.

**Table 1: MLM modules covered, Pretoria, September 2006**

<b>Module</b>	<b>Topic</b>
	Immunisation Systems
	GIVS 2006-2015
	MYP in line with GIVS
	Regional EPI Strategic Plan 2006-2009
	RED Approach
1	Problem Solving approach
2	Role of the EPI Manager
3	Communication for EPI
4	EPI Planning
5	Increasing immunisation coverage
6	Costing, Financing & Resource Mobilisation
8	Cold Chain management
9	Vaccine Management
10	Immunisation Safety
15	New Vaccines Introduction
17	Quality integrated SIAs
19	Integrated Disease Surveillance and Response
20	Monitoring and data management
21	Supportive Supervision
23	Immunisation Services Assessment
	How to update EPI content within pre-service training institutions

The 14<sup>th</sup> MLM course was conducted at Bentley's Lodge in the North of Pretoria from 4th to 15th September 2006.

## **5. METHODS AND TECHNIQUES**

The pedagogical methods/ techniques used for the MLM training included:

- Individual pre-reading of the modules
- Presentations using active media
- Group and plenary discussions
- Practical exercises
- Case studies
- Practical exercises
- Role play
- Simulations

The training for each module involved an introduction to the topic (1 hour), group work (1 hour and 30 minutes), presentation and discussion in plenary (1-1.30 hours), and finally a summary/ wrap up presentation (5-10 minutes). The duration for each module was between 3 – 4 hours. Each session was interspersed with periodic “energisers” or jokes by participants and facilitators.

Participants were divided into four groups. Each group had an average of 12-15 participants with 3-4 facilitators each. The list of participants and facilitators in the 4 groups is attached (Annex 1). Group work involved discussion of topics, analysis of problems and sharing of country experiences. The groups made use of flip charts, calculators and laptops to facilitate their work.

Participants from one country were designated each day to summarise the proceedings, key points and recommendations from the day's discussions, in collaboration with a team of general rapporteurs for the course. A summary report was presented at the beginning of each day for discussion in plenary.

A daily evaluation of the course was done at the end of each day by each participant. A standard form was used to assess the objectives, content, facilitation and participation for each module. In addition, the overall methodology and organisation of the course was assessed. Members from 2 countries were selected each day to compile the information from the evaluation and present the findings in plenary at the beginning of each day. A final course evaluation was done by the participants at the end of the course.

Daily facilitators' meetings were conducted at the end of each day to review all aspects of the course, particularly concerning the day's activities and to agree on specific issues arising.

## 6. FACILITATION

The MLM inter-country course uses a co-facilitation system requiring mainly: pedagogical and MLM-topic content mastering as well as international training experience.

During the EPI managers' session, trainers of trainers were supervising trainees acting as co-facilitators. Participants were split into four groups covering the same modular block at the same time. At least three co-facilitators were assigned to each module as illustrated in table 2.

**Table 2: Titles of MLM Modules and List of Facilitators and Co-Facilitators for MLM Course, Pretoria, September 2006**

<b>Module / Reference document</b>	<b>Facilitators</b>
Introduction	Mutabaruka
Immunisation Systems	Mutabaruka
GIVS 2006-2015	Mutabaruka/Dicko/Davis
Regional EPI Strategic Plan 2006-2009	Dicko
RED Approach	Wambai/Yakubu
Problem solving approach	Wambai/Yakubu
Role of EPI Manager	Wambai/Mumba/Yakubu
Communication	Kagondou/Kibassa
MYP Guidelines/GIVS	Mutabaruka
EPI Planning	All facilitators
Increasing immunisation coverage	Macauley/Mumba/Wambai/Yakubu/Ngwira
Costing, financing and resource mobilisation	Karamagi/Dube
Cold chain management	Davis/ChangBlanc
Vaccine management	Davis/ChangBlanc
Immunisation safety	Dicko/Davis/ChangBlanc/Selaledi
New vaccine introduction	Macauley/Mumba/Meheus/Hoosen
Quality of SIAs	Masresha/Yakubu/Weisen
IDSR	Gaturuku/Meheus/Yakubu
Monitoring and data management	Macauley/Wambai
Supportive supervision	Mutabaruka/Kibassa/Selaledi
Immunisation services assessment	Macauley/Yakubu/Wambai/Kibassa
Facilitator's guide	Mutabaruka

## **7. PEDAGOGICAL ADMINISTRATION**

The general MLM course coordination was under WHO South Africa

The general MLM Course Direction was as follows:

- Dr. E Mutabaruka, Course Director
- Dr. M Mumba, Deputy Course Director and General Rapporteur
- Mr. A Etukudo, Local Organisation Committee
- Prof A Hoosen, Local Organisation Committee
- Dr. S Dube, Local Organisation Committee
- Mr. J van den Heever, Local Organisation Committee
- Ms. P Lebogang, Local Organisation Committee

Members of the Secretariat included:

- Adri, Secretary
- Mari, Secretary
- Shoni, IT
- Moshidi, Driver

## **8. PROCEEDINGS**

### **8.1 TOT Session 2-3 September 2006**

The ToT session focused on individual acquisition of the MLM lesson plan design and communication skills, through four sequences:

- Pedagogical conceptualisation
- MLM content updating/mastery
- Exchanges with colleagues
- Pedagogical ownership

### **8.2 Main Course 4-15 September 2006**

The EPI managers' session covered MLM content updating/mastery, exchanges with colleagues and managerial skills acquisition, and transfer.

## 9. PEDAGOGICAL EVALUATION

Pedagogical evaluation was conducted through:

- Diagnosis evaluation using general identification form
- Daily formative course evaluation, using a specific form and a daily technical report
- Course summative evaluation with a standardized form.
- The results of course evaluation were presented during the closing ceremony.

Participants received a participation certificate at the end of the course.

### 9.1 Daily Evaluation

The daily number of respondents ranged between 36 and 5 participants. A standard form was adapted for the evaluation of each module and the general organization of the course. The scores for each module are summarised in table 3.

**Table 3a: Results of daily formative evaluation of the reference presentations, Pretoria, Sep 2006**

<b>Presentation</b>	<b>Facilitation (%)</b>	<b>Participation (%)</b>	<b>Average Score (%)</b>
Immunisation Systems	80	77	79
GIVS 2006-2015	80	77	79
MYP in line with GIVS	78	78	78
Regional EPI Strategic Plan 2006-2009	79	77	78
RED Approach	76	74	75
How to update EPI content within pre-service training institutions	80	78	79

**Table 3b: Results of daily formative evaluation of the MLM course modules, Pretoria, Sep 2006**

	<b>Module</b>	<b>Facilitation (%)</b>	<b>Participation (%)</b>	<b>Average Score (%)</b>
0	Introduction (syllabus of the course)	80	77	79
1	Problem solving approach	80	78	79
2	Role of EPI manager	78	80	79
3	Communication	82	81	82
4	Planning immunisation activities	77	76	77
5	Increasing immunisation coverage	86	85	86
6	Costing and financing	73	75	74
8	Cold chain management	81	78	80
9	Vaccine management	84	84	84
10	Immunisation safety	85	84	85
15	New vaccine introduction	87	86	87
17	Quality integrated SIAs	85	83	84
19	Integrated disease surveillance	84	84	84
20	Monitoring and data management	85	84	85
21	Supportive supervision	81	82	82
23	Immunisation services assessment	78	79	79
	<b><i>Average score for all modules</i></b>	<b>82</b>	<b>86</b>	<b>84</b>

## 9.2 General Course Evaluation

An overall course evaluation was done at the end of the course by the participants. The results are summarised in table 4.

**Table 4: Results of general course evaluation, Pretoria, September 2006**

	<b>Aspect</b>	<b>Index of satisfaction (%)</b>
1.	Meals	71
2.	Accommodation	71
3.	Training materials and tools	87
4.	Direction of the course	86
5.	Secretariat	90
6.	Schedule	72

## **10. RECOMMENDATIONS**

### **Preamble**

The 17<sup>th</sup> Inter-country MLM Course held at the Bentley's Country Lodge in Pretoria, South Africa, from 4-15<sup>th</sup> September 2006, at which 59 participants from 19 countries were in attendance, the following recommendations were made:

- Countries are encouraged to undertake conversion from kerosene to other sources of power for their cold chain.
- Countries should take steps to strengthen injection safety through training and retraining and adoption of new technology.
- Countries as much as possible should purchase their vaccines from WHO pre-qualified manufacturers.
- Countries are encouraged to involve the lower levels and partners in the development of their cMYP.
- EPI managers should ensure regular, documented and integrated supportive supervision
- MLM course alumni should organize themselves at country level for the purpose of advocacy and replication of training
- Future country training should ensure strengthening of capacity of staff in data collection, collation, analysis and use for decision making
- AFRO should maintain an inventory of all training materials produced by the Regional Office, partners and countries
- Materials on child health programs should be developed into an integrated training package for health training institutions
- WHO/AFRO should consider developing modules for areas where they do not exist (e.g. SIAs).

**GROUP SESSIONS**  
**Mid-Level Management (MLM) Course**  
**For Anglophones Countries**  
**Pretoria, South Africa: 4-15 September 2006**

<b>GROUP I (Kudu)</b>	<b>GROUP II (Impala)</b>	<b>GROUP III (Lion)</b>	<b>GROUP IV (Rhino)</b>
Ms Mosidi Mokotedi Botswana	Ms Elizabeth Mangope Botswana	Ms Marina Seobakeng Botswana	Mr. Dejere Ayalew Ethiopia
Dr Tesfaye Umate Ethiopia	Mr Lamin Ceesay Gambia	Mr Moges Haile Ethiopia	Dr. Tesfaye Ayalew Ethiopia
Dr Tersit Assefa Ethiopia	Dr Tersit Assefa Ethiopia	Dr. Raffick Saumtally Mauritius	Mr Amadou Kanteh Gambia
Mr Alkali Jabbi Gambia	Dr Afisah Zakariah Ghana	Ms Comfort Kona Ghana	Dr Agana Nsiire Ghana
Dr Kipruto Chesang Kenya	Dr Abdi Hassan Ahmed Kenya	Dr Annah Wamae Kenya	Ms Ellen Moshehsha Lesotho
Ms Mapaseka Selikane Lesotho	Ms Agnes Lepphoto Lesotho	Mr Aaron Gbanlon Liberia	Mr Wuo L.S. Gartei Liberia
Mr M Luhanga Malawi	Mrs Kamanga Malawi	Mr A Chamiso Malawi	Mr Asser Ngula Namibia
Ms Aune N. Kapuka Namibia	Dr Edward Dede Nigeria	Dr Sadiq Umar Abubakar Nigeria	Dr Samuel Bawa Nigeria
Dr Auwal U. Gajida Nigeria	Mr Suleman A. Mohammed Nigeria	Mr Felix Akhibi Nigeria	Dr. A Adbulwahab Nigeria
Ms Juliette Bristol Seychelles	Miss Maria Cousin Seychelles	Mr Foday Kamara Sierra Leone	Mr. Festus Amara Sierra Leone
Dr B Chauke South Africa	Dr H Mabuza South Africa	Dr Maake South Africa	Prof S Mda South Africa
Ms MM Madumo South Africa	Dr Sengane South Africa	Dr Dan Kibuuka South Africa	Ms Zanele Hadebe South Africa
Dr Zebadia Lauwo Tanzania	Ms Nomsa Dube Swaziland	Ms Thandi Maphalala Swaziland	Mr Acton Mwaikemwa Tanzania
Ms Yeridah Biribonwa Uganda	Dr William Mwengee Tanzania	Mr William Msirikae Tanzania	Ms Rose Lyimo Tanzania

K Mbuya Zimbabwe	Ms Hellena Mukakarisa Uganda	Dr B Tambatamba-Chapula Zambia	Ms Florence Mukupo Zambia
	A Sasa Zimbabwe	EM Mandiveyi Zimbabwe	E Bhila Zimbabwe
<b>FACILITATORS</b>	<b>FACILITATORS</b>	<b>FACILITATORS</b>	<b>FACILITATORS</b>
Prof. Anwar Hoosen	Dr. Samukeliso Dube	Dr. Donald Ngwira	Ms. Baile Selaledi
Dr. Helen Mutambo	Dr. Colleta Kibassa	Dr. Ahmadu Yakubu	Dr. Zakari Wambai
Dr. Freddy van der Veen	Ms. Diana ChangBlanc	Carine Dochez	Mr. Robert Davis
Dr. Modibo Dicko	Dr. Peter Gaturuku	Mrs. Grace Kagondu	Dr. Balcha Masresha
Dr. Humphrey Karamagi	Dr. Mutale Mumba	Ms. Lidija Kamara	Prof. Andre Meheus