



EXECUTIVE SUMMARY: TRAINING STRATEGY TO INCREASE VACCINE DEMAND

Local Health System Sustainability Project: LHSS
Colombia

Task Order I, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project: LHSS Colombia

The Local Health System Sustainability Project under the United States Agency for International Development (USAID) Integrated Health Systems indefinite delivery/indefinite quantity (IDIQ) helps low- and middle-income countries move towards sustainable, self-funded health systems as a means for supporting universal health coverage. The project works with partner countries and local stakeholders to reduce financial obstacles to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, 209-million-dollar activity will build local capacity to maintain strong health system performance, supporting countries on their path to self-sufficiency and prosperity. In Colombia, this project is known as “Comunidades Saludables.”

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EXECUTIVE SUMMARY

I. DESCRIPTION

Objective

Describe the training strategy implemented for human resources for health (HRH) using a virtual approach and for community leaders using a hybrid approach to (1) increase their knowledge regarding COVID-19 vaccination supply and demand processes in Colombia, and (2) promote dissemination of information about vaccination using approaches tailored to their communities.

Methodology

The training strategy was designed in two phases as follows:

Phase 1. Planning and preparation: This phase began with identification of key stakeholders related to the vaccination of vulnerable populations in Colombia. This enabled linkage between conditions in the territorial entities and technical inputs from the guidelines and expectations the Ministry and Health and Social Protection (MSPS, in Spanish) has defined over time and from a literature review. The project built an analysis matrix accounting for the evidence-based training needs of HRH and community leaders related to the COVID-19 vaccination process. The analysis matrix highlighted key aspects to be addressed in the territorial entities and was followed by two Knowledge, Attitudes, and Practices (KAP) surveys for the target populations. Survey results led to the identification of training needs and topics to be covered by the training strategy.

Phase 2. Structure adaptation for training strategies: Based on the themes and categories established in Phase 1 and using ethnic and community approaches, inter-professional education with cultural competencies, and a tailored approach, the technical team designed two training strategies: one for HRH through a virtual course, and another for community leaders with adapted content relevant to that population.

The training strategies developed were applied to the HRH that manage and operate COVID-19 vaccination and to community leaders including individuals located in remote rural areas, ethnic communities, and migrants with limited access to medical care and, therefore, limited access to the COVID-19 vaccine. The departments and municipalities that participated in training strategy development represent a population structure exemplifying the phenomenon known as the “demographic transition.” These include Casanare, Valle del Cauca, Meta, Santa Marta, Norte de Santander, Barranquilla, Santander, Cauca, Arauca, Caldas, Cesar, Sucre, Antioquia, Buenaventura, and Nariño.

The strategy aimed at HRH used a virtual format and self-learning strategies with 40 hours of content and synchronous meetings. The second strategy aimed at community leaders was implemented using a hybrid approach, with facilitated in-person meetings and virtual meetings with experts, for a total duration of 20 hours.

Coordination

For training implementation, LHSS Colombia coordinated operations with the MSPS to validate the thematic content for each course, creating a toolbox for the MSPS that will contain conceptual and methodological materials for COVID-19 vaccine promotion. The toolbox will be shared with the territorial entities to replicate the contents of each course.

2. MAIN FINDINGS

During implementation of the “Education for COVID-19 Vaccine Promotion” course for HRH, participants took an initial pre-test with twenty questions related to general knowledge on the COVID-19 vaccination process. They then took a post-test following the training. 309 participants in total took the pre-test, and 233 have taken the post-test as of February 28, 2022. 395 community leaders received training.

Among the HRH, 22.3% passed the pre-test, while 42.5% passed the post-test, reflecting a 20.2 percentage point increase in knowledge following the training. This impact may be related to participant commitment, the application of National Vaccine Plan guidelines, one-on-one follow-up for participants, among other factors. However, a considerable number of participants continue to fail the pre-test or post-test. The main reasons for this, after following up with each participant, are a lack of time to complete the entire course and a lack of internet connectivity in the area where they are located.

The questions that showed significant differences using the chi-square or Fisher test were on topics related to a tailored approach to the vaccination process in areas like ancestral medicine and facilitators within ethnic communities, as well as on specific approaches for vulnerable populations, on operations, specifically related to safe vaccination, vaccine storage temperatures, the PAIWEB 2.0 information system, on debunking of fertility-related aspects, and popular education tools. Participants had a lower performance on the post-test than on the pre-test on two questions regarding vaccinations for children and boosters for vaccines containing mRNA. However, this helped identify the need to strengthen content and discussion on these topics during synchronous meetings.

Recommendations

- Each territorial entity should identify grassroots organizations to enable early coordination with those that influence community decision-making and build COVID-19 vaccination promotion capacities.
- Involve Health Secretariats in community capacity building processes to create strategic partnerships for purposes such as identifying vaccination-related myths so they can be solved in a timely manner and strengthening reliable sources of information for communities.
- Maintain the same HRH individuals in each community to manage and administer vaccines to provide consistency for the population, improve access to vaccination services, and prevent mistakes during vaccine administration.

3. SUSTAINABILITY / DELIVERABLE USE

The objective of this training process is to build capacities and knowledge amongst people to guarantee appropriate care and dissemination of the information defined in the training plan. It also aims to ensure

an adequate structure for disseminating information coherently and in a targeted manner, using digital educational tools (toolbox) that will ensure the sustainability of education and capacity building regarding the vaccination process.

4. ANNEXES

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- Annex B. Supporting documentation for photograph use
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