

Planning a training programme using Immunization in Practice

A course planner decides who is to be trained, by whom, when and where. He or she selects the required materials and equipment, makes arrangements for skill practice, and plans how to evaluate the training.

Here are some special considerations for planning a course using Immunization in Practice.

1. What decisions must you make first?

Before identifying participants, facilitators, facilities, and equipment for a training programme, someone, if possible a master trainer, must decide:

- the objectives of the course;
- the topics to be covered;
- the learning activities to be included;
- the materials from Immunization in Practice and other publications to be used; and
- the most effective sequence of activities.

2. Who will be trained?

The Immunization in Practice materials can meet a variety of training needs. Participants can be:

- students;
- health workers who have recently been hired, transferred, or promoted;
- health workers who must implement new policies, for example, the open-vial policy;
- health workers who must use new equipment, for example, vaccine vial monitors; and
- health workers who are performing poorly. This may be indicated by the occurrence of abscesses in clients after injections, failure to submit routine reports, or failure to reach coverage targets.

3. How many participants should there be?

Immunization in Practice can be used by individuals or by groups. If the group is receiving training in basic immunization skills, which requires extensive hands-on practice, limit participants to not more than six for each facilitator.

4. Who is responsible for which portions of the training?

A training programme needs a course director, a master trainer, facilitators, and administrative and support staff. The functions of course director and master trainer may be performed by the same person if design work is minimal.

- The **course director** organizes the training programme and coordinates activities.
- The **master trainer** designs the curriculum. If Immunization in Practice is being used for training in basic immunization skills, the master trainer must plan the practice component and integrate it with the other materials.
- **Facilitators** provide information, organize learning tasks, supervise skill practice, evaluate the progress of participants, and provide feedback.
- **Administrative and support staff** provide secretarial, driving, and other services for the training programme.

5. How many facilitators are needed and what qualifications should they have?

Because demonstration, guidance, and observation by facilitators are so critical during practice, a basic immunization skills course should have no more than six participants for each facilitator. Usually, fewer facilitators are needed for refresher courses.

Facilitators should know the content of Immunization in Practice and should be skilled in providing the immunization services that they are teaching. They should understand how to teach others psychomotor, communication, and organizational skills.

6. How long should training last?

This depends on the purpose of the course and the experience of the participants. A basic course on immunization skills for people who are already working takes approximately two weeks. More time is needed if the participants have never given injections. A refresher course takes less time, and if only one module or topic is covered, even less time is needed.

7. What facilities are needed?

Training programmes require a large room equipped with tables and chairs in which all the participants can meet. Space is also needed so smaller groups can do exercises, hold discussions, and practice skills. For these purposes, course facilitators may divide the large room, use smaller rooms nearby, or perform training at separate tables.

If the programme includes clinical practice, the training centre should be near health facilities that allow participants access.

8. What materials and equipment are needed?

Teaching equipment

- flip-charts and easels (a whiteboard or blackboard may also be used);
- newsprint for flip-charts;
- marker pens;
- writing pads;
- ballpoint pens;
- pencils;

- if using visual aids, an overhead projector, a film projector, or a slide projector, and a projection screen; and
- a reliable source of power.

Practice equipment

The practice equipment you need depends on the content of the training programme. It may include:

- injection equipment;
- disposal equipment;
- vials of vaccine, both frozen and unfrozen, to use as examples in performing the shake test and with vaccine vial monitors showing different stages;
- cold chain equipment, for example, refrigerators, vaccine carriers, and thermometers; and
- immunization cards, patient registers, tally sheets, and reporting forms.

It is critical to have all the necessary equipment before beginning a session. For example, if you are teaching injection techniques, you will need enough syringes and needles to allow each person to practice different ways of injecting vaccines.

9. How can training be evaluated?

Course directors should select methods for evaluating the effectiveness of a course before preparing programme and evaluation forms. The most common methods of evaluation include:

- reaction evaluation – to determine the participants' satisfaction with the course;
- learning evaluation – to determine how much the participants have learned during the course; and
- performance evaluation – to determine how well the participants are able to use their skills and knowledge on the job once the course has been completed.

You can also evaluate the impact of training on meeting programme goals. For this you need information on participants' performance before the training, and you must wait for a period after training for the impact to be felt.