



# **HEALTH CLUSTER COORDINATION INDUCTION TRAINING**

**27 – 31 May 2019**

**Ethiopia**

**Training Report**

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## 1. Summary

This five days Ethiopia Health Cluster Coordination Induction Training took place from the 27 to 31 May 2019 in Bishoftu, Ethiopia.

The training was organised jointly by the Ethiopia Health Cluster in Addis Ababa, with support from WHO AFRO and the Global Health Cluster Unit in WHO Head Office Geneva.

The training was attended by twenty-six (26) participants and supported by a training team of fourteen (14).

The Participants were mainly personnel who work with, or support Ethiopia Health Cluster at sub – national level. Three of the participants were based in Somali region. Seventeen (17) of the participants were WHO personnel, six (6) of the participants were working with the MOH in Ethiopia and three (3) were working with Health Cluster NGO Partners: GOAL, MCMDO and IMC. There were twenty-two (22) male participants and four (4) female participants.

The evaluations and feedback from the participants were very positive throughout and after the training, and this training provides a sound basis for the development of future similar training in the East Africa Region.

The Health Cluster in Ethiopia would like to thank and acknowledge the WHE for funding the training and providing sufficient logistics and administrative support, AFRO for sending two facilitators, and the GHCU for co-leading the preparations, management and successful delivery of the training. OCHA Ethiopia facilitation of three sessions was highly appreciated. A big thank you to the government for being part of this training through participants from EPHI and RHB.

## 2. Background

Between 2015 and 2019 the Global Health Cluster Unit has conducted five Global Health Cluster coordination training targeting Health Cluster coordination teams, Public Health officers and other participants from WHE and Health Cluster partner organizations.

Ethiopia has benefited from these trainings, but the numbers trained so far does not match the needs for trained personnel across the country. Ethiopia is a vast country, geographically and by population, faced with various emergencies and events, both protracted and acute, including conflict, displacement, drought, food insecurity, malnutrition, and disease outbreaks.

It has not been possible to have functional and effective sub-national Health Clusters everywhere they're needed. Therefore, in May 2019 the Health Cluster in Ethiopia provided an induction level training for twenty-six officers drawn from WHE, Regional Health Bureaus (RHB) and partners in-country to facilitate more effective coordination at regional and zonal levels. Officers already deployed in the field as team leads were selected for the training in order to enable them take up additional Health Cluster coordination tasks. Some of these participants will therefore be prepared for the transition to full-time SNHCC roles in future when funding allows. The training followed the Humanitarian Programme Cycle and was based on the current Global Health Cluster coordination training structure and agenda.

Technical and training support from AFRO and GHCU was also sought and provided in order to successfully deliver this training.

### 3. Aims and Specific Objective

#### 3.1. Aims:

- To ensure a strong understanding of the roles and responsibilities of all stakeholders of the Ethiopian Health Cluster at national and sub-national levels.
- To build and strengthen the capacity to lead and coordinate the planning, implementation and monitoring of more effective, efficient, timely and predictable evidence based humanitarian health interventions in acute and protracted emergencies in Ethiopia.

#### 3.2. Specific Objective:

On completion of the training the participants will be able to:

- Effectively and collaboratively carry out the tasks and duties associated with the terms of reference for the Ethiopian Health Cluster.

The specific learning objectives for each session and the practical exercises were based on the Health Cluster coordination competency framework and the structure of the training followed the Humanitarian Programme Cycle:

- i. Needs Assessment and Analysis
- ii. Strategic Response Planning
- iii. Resource Mobilization
- iv. Implementation and Monitoring
- v. Operational Review and Evaluation

### 4. The Participants

There were twenty- six participants. The participants were mainly personnel who work with, or support Ethiopia Health Cluster at sub-national level. Three of the participants were based in Somali region.

Seventeen (17) of the participants were WHO personnel, six (6) of the participants were working with the MOH in Ethiopia and three (3) were working with Health Cluster NGO partners: GOAL, MCMDO and IMC. There were twenty-two (22) male participants and four (4) female participants. One participant joined the training on Day 2.

The participants were identified by means of a nomination process. The slots were decided by Health Cluster and WHE team in Addis. RHB were selected based on emergencies profile. NGO were selected based on presence at field level, and participation in Health Cluster activities. For EPHI, RHB and NGO, invitation emails and letters were sent to the heads who then nominated participants. For WHO participants, the WHE team in Addis directly nominated individuals based on field locations and current role.

#### 4.1. List of Participants

No.	Name	Gender	Job Title	Organization	Location
1	Mentwab Geday Gebreegziabher	F	PHEM Advisor	EPHI (Ethiopian Public Health Institute), MOH	Addis Ababa
2	Ghidey Libanos Selassie	M	PHEM Coordinator	RHB (Regional Health Bureau) MOH	Tigray
3	Belay Tesfahunegn Kelkay	M	Surveillance Officer	WHO	Tigray
4	Michael Oji	M	Emergency Health Officer	WHO	Somali
5	Yohannes Dugasa Feyisa	M	PHEM officer	EPHI	Addis Ababa
6	Mulugeta Wondwossen Hailu	M	Emergency Officer	WHO	Oromia
7	Tesfaye Tilaye Biru	M	PHEM Officer	WHO	Addis Ababa
8	Teferi Gezahegn Worku	M	Emergency Health Coordinator	NGO (Region) IMC	Harar
9	Markos Tadesse Jaffar	M	Emergency Health Officer	WHO	West Guji
10	Woisa Ahmed Hussen	M	Regional Coordinator	WHO	Afar
11	Tatek Ayalew Belete	M	MHNT Supervisor	NGO (Region) MCMDO	Oromia
12	Endalemaw Aberra	M	PHO	WHO	Addis Ababa
13	Nabaasa Gloria	F	Emergency Health Officer	WHO	Gedeo
14	Abdurhaman Abdulahi Abdi	M	Emergency Health Officer	WHO	Somali
15	Yusuf Mohammed Ahmed	M	Emergency Health Officer	WHO	Oromia
16	Abdibari Maalin Mohamed	M	Advisor, Partner Coordination	RHB	Somali
17	Jemal Hassen Amda	M	Epidemiologist	WHO	SNNPR
18	Bethel Teshome Bekele	F	PHEM Officer	EPHI	Addis Ababa
19	Meskele Welde Denbel	F	Zonal Program Manager	NGO (Region) GOAL	Oromia
20	Tesfaye Tolera	M	Surveillance Officer	WHO	Afar
21	Daniel Kaba Gossa	M	PHO	WHO	SNNPR
22	Ayalneh Fenta Melesse	M	Regional Coordinator	WHO	Amhara
23	Mesafint Alebachew Negash	M	PHO	WHO	Asossa
24	Chuol Puok Jock	M	Regional Coordinator	WHO	Gambella
25	Tugumizemu Victor	M	HIM Officer	WHO	Addis Ababa
26	Abate Adossa Heabana	M	PHEM Officer	RHB	Hawassa

## 4.2. Participants' Expectations

During registration before the training started the participants were asked to write their top two expectations of the training on post-it notes. Expectations were received from 25 participants.

These expectations were then reviewed by the training team, and one expectation was identified as not being covered within this training as it was specifically about WHO. This was addressed by adding a short session on World Health Emergencies Ethiopia at the start of Day 3.

In the final plenary on Day 5 of the training all of the participants were asked to revisit and review their expectations from Day 1 and to assess whether these expectations had been fully or partially met, or if their expectations had not been met at all.

Please see below for the expectations received and whether they had been met.

Expectation	Number of times expressed	Fully Met	Partially Met	Un-met
Understand the key principles, composition and functions of the Health Cluster	14	√		
Understand how the HC contributes to humanitarian needs and to effective coordination	12	√		
Understand the roles and responsibilities of Health Cluster Coordinators	10	√		
Knowledge and experience sharing by training team and participants	7	√		
Better understanding of how to ensure Health Cluster Coordination more responsive at sub national level	2	√		
How to establish a Health Cluster	1	√		
Innovative thinking	1	√		
Knowledge of HCT	1	√		
How to fill coordination gaps	1	√		
Resource mobilisation	1	√		
Learn about effective monitoring systems	1	√		
Better understanding of HNO	1	√		
Better understanding of the role of the CLA	1	√		
How to provide immediate humanitarian response within the coordination mechanism	1		√	
How to integrate Cluster Coordination in a multitask approach as part of the humanitarian response team	1		√	

The outcome of this process showed that all participants' expectations had been either fully or partially met during the training.

## 5. Training Design and Methodology

The training was designed to take place over five days and followed the Humanitarian Programme Cycle. Some adjustments were made to the planned programme in order to accommodate the availability of trainers from OCHA.

The training content was mainly based on session plans and training materials developed for previous Global Health Cluster coordination training, but with adaptations to take into account the induction level of the training, the Ethiopian context and the profiles of the participants, i.e. most of the participants were working at sub-national level and a significant number were relatively new to their roles and had not attended previous trainings.

Consistent with adult learning good practice, the training used participatory methodologies whenever possible.

Each day started with announcements and feedback and ended with the daily online evaluations and feedback from navigations group representatives.

Immediately after the training on days 1 – 4 the training team met for a faculty debrief to review the feedback from the participants, to decide how best to respond to this feedback and to ensure that all preparation had or would be done for the next day.

## 5.1. Training Agenda

Ethiopia Health Cluster Coordination Induction Training 27 - 31 May 2019 - Final Agenda												
Time	Day 1 - Monday			Day 2 - Tuesday		Day 3 - Wednesday			Day 4 - Thursday		Day 5 - Friday	
	Session	Session Lead		Session	Session Lead	Session	Session Lead		Session	Session Lead	Session	Session Lead
	08.00-08.25	Registration and Pre-Training Quiz										
Morning Session	08.30 - 10.15	Welcome and introductions, overview of training, objectives & expectations  1.1. Updates from the Global level	Wilbert Shihaji Aggrey Bategereza Gillian O'Connell  Emma Fitzpatrick	2.1. PHIS Standards (incl HeRAMS). Information Products including bulletins.	Rawi Elamin	3.1. a) World Health Emergencies Ethiopia  3.1. b) The Health Cluster Bulletin  3.1.c) Advocacy and Attacks on Health Care	a) Aggrey Bategereza  b) Rawi Elamin  c) Annemarie Ter Veen	4.1. Contingency Planning, Preparedness, Readiness (PPE)	Wilbert Shihaji	5.1. a) Humanitarian Health Response Monitoring  5.1. b) Inter-cluster coord	a) Willem Muhren OCHA  b) Max Glaser OCHA	
		Break		Break		Break		Break		Break		
	10.45 - 12.30	1.2. a) The Principles of Coordination  1.2. b)The Principles of Partnership	Annemarie Ter Veen	2.2. Needs Assessment and Analysis Needs Assessment and Analysis: What information is needed? PHSA	Aggrey Bategereza	3.2. a) HNO  3.2.b) HRP	a) Rawi Elamin  b. Emma Fitzpatrick	4.2. Humanitarian Development Nexus: Capacity Building	Andre Griekspoor	5.2. Resource Mobilisation	Nadia Nsabimbona and Timothy Mander (OCHA)	
		Lunch		Lunch		Lunch		Lunch		Lunch		
Afternoon Session	13.30 - 15.15	1.3. a) Health Cluster Coordination Overview (Cluster functions and expected deliverables)  1.3. b) Critical Health Cluster issues AAP, Protection mainstreaming, cross cutting issue	a) Wilbert Shihaji  b) Emma Fitzpatrick	2.3. a) Needs Analysis and Assessment: Rapid Field Assessment  2.3. b) Start of Exercise on Needs Assessment	a) Rawi Elamin  b) Annemarie Ter Veen	3.3.a) CCPM  3.3. b) Start of Exercise on HRP	a) Wilbert Shihaji  b) Emma Fitzpatrick	4.3. CASH Transfer Programming and Health Financing for Access to Essential Services	Andre Griekspoor	5.4. Final Plenary session, Post - Training Quiz, evaluations, certificates and closure  TRAINING FINISHED AT 1530	Gillian O'Connell	
		Break		Break		Break		Break				
	15.45 - 17.00	1.4. Collaborative Leadership	Gillian O'Connell	2.4. Exercise Needs Assessment	Annemarie Ter Veen Wilbert Shihaji	3.4. Exercise HRP	Emma Fitzpatrick Wilbert Shihaji	4.4. Team Building	Gillian O'Connell			
	17.00-17.30	Daily Evaluations and feedback from Navigation Groups										
	17.30-18.00	Faculty debrief										
Evening Session	18.15 -19.00			Drop in Clinic Meetings with Impact	Gillian O'Connell							

During the training small adjustments were made to the timings of some of the sessions. A short additional session on World Health Emergencies Ethiopia was added by Dr Aggrey Bategereza in response to the participants' expectations, but otherwise the training ran almost as planned.



## 5.2. Evening Clinics

These optional and voluntary evening sessions are an opportunity to go deeper into areas not covered in detail in the main agenda, or to respond in-depth to individual questions from the participants. One evening clinic on “Meetings with impact” was provided by the training team.

The participants were asked for additional suggestions for clinics, but none were received.

Although attendance at the clinic on “meetings with impact” was low, it was positively received by the participants who took part.

Clinic	Day and Time	Provided by	Number Attending	Feedback
Meetings with Impact	Tuesday 1830 - 2000	Gillian O'Connell	3	<ul style="list-style-type: none"><li>Helpful.</li><li>It is a great forum to share ideas on improving ways of conducting meetings and achieving set objectives.</li><li>I have got a lot from the clinic and shall continue in trainings.</li></ul>

## 5.3. Parking Lot Questions

The training team made every effort to ensure that there was sufficient time within each session or during breaks to answer participants' questions.

Participants were asked to place any questions they had been unable to ask during a session, or which they thought of after a session, on to a flipchart/parking lot on the wall of the training room by means of a post-it note, and to say who the question was for. These questions were reviewed by the training team as they were received and responded to individually or within the training agenda.

Only three questions were placed on the parking lot.

Question	Answer
1. What is the difference between authoritative and authoritarian leadership?	Authoritative is based on knowledge and is closer to an advisory role. Authoritarian is a leadership style which is directive and which may be appropriate in some contexts as part of a repertoire of leadership styles.
2. Are there standardized AAP approaches applicable in Ethiopia, and what's being done about it?	Many partners and Clusters are already applying AAP in their projects. An AAP working group has been established at ICCG level, with several partners involved, to streamline and drum up AAP tools and processes. The outputs of this group will be shared in due course.
3. Why is there a nil response to data on attacks on Health in Ethiopia?	The SSA has not been officially launched in Ethiopia. This conversation has started and upon arrival of the new WR, it is expected that the system will be rolled out, and possibly linked to OCHA's access reporting.

The responses to these questions were either given individually or covered in the appropriate session.

## 5.4. Drop Box

All training and learning materials were captured before and during the training on drop box which was set up and administered by the Ethiopia Health Cluster. Links to this were shared with the training team and the GHCU.

As the training progressed the final versions of the training and learning materials, resources and documents were saved on to the training laptop by the training secretariat and the participants and training team received a copy of all these learning resources on a USB stick on the last day of the training.

## 6. Training Team

The training was supported by a team of 14, of which 11 members were present for all or most of the training.

	Name	Position	Role in the Training
1.	Abel Dawit	Ethiopia ICT Assistant	Training Secretariat
2.	Andre Griekspoor	WHO Geneva, Senior Policy Advisor	Session Trainer
3.	Aggrey Bategereza	Ethiopia WHO Representative, OIC	Session Trainer
4.	Annemarie Ter Veen	Ethiopia WHE Consultant	Session Trainer
5.	Besufekad Weldesemayat	Ethiopia Administration and Finance Assistant	Training Secretariat
6.	Emma Fitzpatrick	Global Health Cluster Unit, Technical Officer	Training Manager and Session Trainer
7.	Gillian O'Connell	Global Health Cluster Unit, Learning Consultant	Event Facilitator and Session Trainer
8.	Ibrahim Rawi	Epidemiologist	Session Trainer
9.	Max Bonnel	Lead, Coordination Unit, OCHA	Session Trainer
10.	Nadia Nsabimbona	Partnership and Resource Mobilization Officer, WHE Hub Kenya	Session Trainer
11.	Tseday Zerayacob	Emergency Communications Officer	Training Team Support
12.	Tim Mander	EHF Manager, OCHA	Session Trainer
13.	Wilbert Shihaji	Ethiopia Health Cluster Coordinator	Training Manager and Session Trainer
14.	Willem Muhren	Lead, Information Management Unit, OCHA	Session Trainer

## 7. Financial Report

Total cost of the training was \$26,049, for 26 participants. This translates to a unit cost of \$1,001 per participant.

## 8. Recommendations

These recommendation are based on the feedback received from the participants and training teams online surveys. There were some conversations separately with several of the trainers, and the focus should be on follow up and improvement of performance of the participants in their work locations.

- Structured follow up meet-ups for the group should be considered, in locations of convenience for the majority, and or teleconferences, to discuss and share real time experiences on partners coordination for ongoing emergencies.
- The Health Cluster coordination team should organize periodic field missions from Addis Ababa and regions to zones to provide on the job support and discuss real day-to-day cluster coordination issues.
- Participants can choose to complete post-training assignments in PHSA, RNA, or ERPP in their places of work, with support from facilitators in-country, to gain more understanding of these topics.
- As this was an induction training, it will be important to purposively select some of the participants and send them to the annual global HCC training, to have the full package for effective cluster coordination.
- Provide a short ToT module and ToT toolkit in future trainings to support the delivery of good quality follow up training by participants with their teams.
- Future training design will need to take into account the availability of HCC eLearning modules.

## 9. Appendices

### Appendix A: Evaluation of the Training

The training was rigorously evaluated by means of:

- A Pre and post training learning quiz
- Participants daily navigation groups
- Participants daily online evaluation forms
- Participants final and overall evaluation forms
- Feedback from the training team

The Participants daily and final evaluations were based on Level 1 and Level 2 of the Kirkpatrick/Phillips Model for evaluating training:

Level 1: Reactions, Satisfaction, and Planned Action

Level 2: Learning

### Appendix B: Pre and Post Training Learning Quiz

The Participants were asked to complete a learning quiz under tightly controlled conditions on arrival at the training during registration and on Day 5 in the training room, when all of the technical training had been completed. The participants were instructed not to use online or hard copy documents.

The aim of this quiz was to give the training team an indication of the impact of the training on short term knowledge retention. The participants were informed that individual results would not be filed, published or analysed in detail, and that responses would be collated and compared to enable the Training Team to assess knowledge learnt in the training.

The participants were given their marked pre and post learning quiz on the last day, along with the answers, in this way the quiz also acted as a learning tool.

Twenty four participants completed both the pre and post training quiz. One participant only completed the post quiz and one participant did not complete either quiz.

There were 14 questions in the pre and post quiz and the questions were identical in each of them.

The results of the learning quiz were as follows:

Pre-Quiz Mean	Post-Quiz Mean	Pre-Quiz Range	Post-Quiz Range
5.6	7.5	0 – 8	0 - 13

- For five of the participants there was no change in the scores
- The score for three of the Participants decreased by 1

*Conclusion:*

The mean for the post training quiz of only 7.5 out of a maximum of 14 shows that the average for the whole cohort after the training had been completed was only 50% correct answers, which is low in comparison with previous Health Cluster Coordination Training.

There are a number of possible reasons for this:

- the reliability and validity of the quiz tool - many questions seemingly designed to measure memory, not ability to synthesize and understand information
- language issues - one participant commented in the final evaluation on the length and complexity of some of the questions
- the experience of the participants - many are new to the Health Cluster approach, and were hearing some of the concepts and topics for the first time

Questions 6, 4, 13, 9 and 1 – had the most incorrect answers in both the Pre and Post Training Quiz and may indicate training needs which need to be addressed by further training.

The difference in the pre and post quiz mean was 1.9. Therefore for this group of participants there is only weak evidence of a gain in knowledge over the duration of the training.

## Appendix C: Participants Navigation Groups

Each day four or five of the participants were asked to volunteer to be the “eyes and ears” of their colleagues, and to give a short verbal feedback to the event facilitator at the end of each day. The aim was to provide the participants with a formal feedback communication channel to the training team.

The participants were asked to consult with their table group colleagues and other participants during breaks and lunch about what was going well in the training, and what they would like to be improved.

This feedback was immediately taken to the daily training team meeting on Days 1 – 4 and acted upon as appropriate and possible.

### *Feedback from the Navigation Group:*

There was some very positive feedback about the training content, the smooth running of the training, participatory methods, practical hands-on sessions, training and facilitation, time management and the use of energisers.

The participants were actively and continuously encouraged to provide constructive feedback, and the following is a summary of the feedback which was received and how the Training Team responded to it.

Constructive Feedback	Response
There were requests for soft copies of the presentations before the sessions took place	Not possible to provide these before the session. Some presentations are still being finalised and the focus of the Participants should be on the trainer. Participants were told they will receive all presentations and learning materials on a USB stick on last day. Participants were also reminded that they have hard copies of key documents in the folders they received at registration and encouraged to read them in the evening as the training progresses.
The font on the A4 hard copy of the agenda was too small for some of the Participants	A3 copies placed on each table
Training Team asked to provide more energisers	More provided and Participants encouraged to provide them
The delivery of some sessions is too fast, particularly for staff who are new to the Health Cluster and not familiar with complex graphics and acronyms	The training team was asked to slow down as much as possible and allow enough time for questions. Hard copies of complex and key charts and diagrams were provided
Some power point slides were very hard to read	The training team was asked to check and adjust if possible and to provide hard copy handouts of complicated but critical slides. The training team was provided with a short power point top tips guidelines
There are no desks in hotel rooms – many Participants are catching up with work in the evenings and there nowhere to do this.	It was not possible for the venue to provide desks in participants own rooms. A room in the conference centre was made available until 2030hrs. Participants were also reminded that there are many tables around the venue and to consider using these.
The training room is too hot in some places	The venue provided one fan - which broke on Day 3
A small number of participants find the training room chair cushion too hard for prolonged sitting	Participants who are finding this a problem were asked to identify themselves to a member of the training team and we would attempt to rectify this. No one came forward.
The Agenda is very tight – can they have longer breaks?	Not possible to increase the breaks (30 mins morning and afternoon and 60 mins for lunch) without extending the day. Most participants were happy with the duration of the breaks. No action taken
The regular power cuts are disruptive	This is a national problem. The venues’ generator is being used to the maximum. The training secretariat is in constant communication with the venue about this and doing their best to minimise the disruption. Most participants understand that this is challenging and that everything possible is being done by the Training Secretariat.
The training room will be too dim for participants to read post training quiz	The lights will be on during the quiz – if it’s still too dim for some participants they can take the Quiz outside or in a room downstairs
Some participants found the HDN session confusing	Feedback noted and will be considered for future training
CASH Programming in Ethiopia needs further study	Feedback noted
The participants prefer the participatory sessions and some find the more presenter	Feedback noted and passed on to training team

centred sessions boring and would prefer “more slides and less talk”	
Can’t always hear the mike when used for questions	Mike batteries replaced and Participants reminded to hold mike close to mouth and speak clearly
Need more time for ERP	Feedback noted and will be considered for future training

The responses from the training team to this feedback were given to the participants as appropriate at the start of days 1 – 4.

## Appendix D: Participants Final Evaluations

This section provides a full report of the Participants final and overall evaluation of the training.

The online evaluation was by means of a google form survey.

The final online evaluation was completed by 24 of the 26 participants within five days of the completion of the training. This is a response rate of **92%**, which is a very high response rate for final evaluations completed after training has finished.

The participants were given the option to remain anonymous and twelve (50%) of the participants chose this option.

Overall the final feedback from the participants was extremely positive and showed a very high level of Participant satisfaction and reported learning.

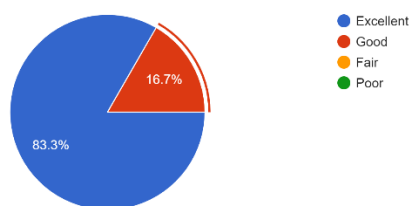
*Q1: The Participants were asked to give their overall rating of the training*

**83.3%** of the participants who responded to the survey rated the training overall as excellent

**16.7%** of the participants who responded to the survey rated the training overall as good

Overall, how would you rate this training?

24 responses



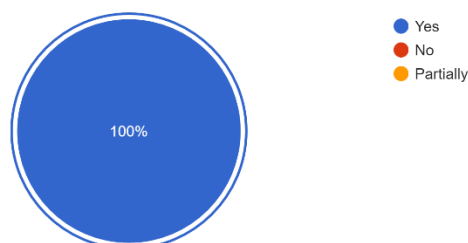
There were no other comments to this question.

*Q2. The participants were asked if the training had met their expectations*

**100%** of the participants who responded to the survey answered **YES** to this question.

Did the training meet your expectations?

24 responses



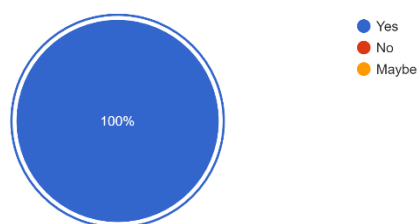
There were no other comments to this question.

*Q3: The participants were asked if they would recommend this training to other appropriate health cluster personnel.*

**100%** of the participants who completed the survey answered **YES** to this question.

Would you recommend this training to other appropriate Health Cluster Personnel?

24 responses



There were no other comments to this question.

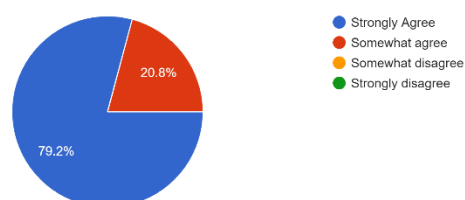
*Q4. The participants were asked how closely they agreed or disagreed with the statement: "I feel competent and competent in my current Health Cluster role"*

**79.2%** of the participants who responded to the survey said that they **strongly agreed** with this statement

**20.8%** of the participants who responded to the survey said that they **somewhat agreed** with this statement

How closely do you agree or disagree with this statement: " I feel confident and competent in my current Health Cluster role."

24 responses



There were no other comments to this question.

*Q5: The Participants were asked to identify which 5 sessions contributed most to their learning.*

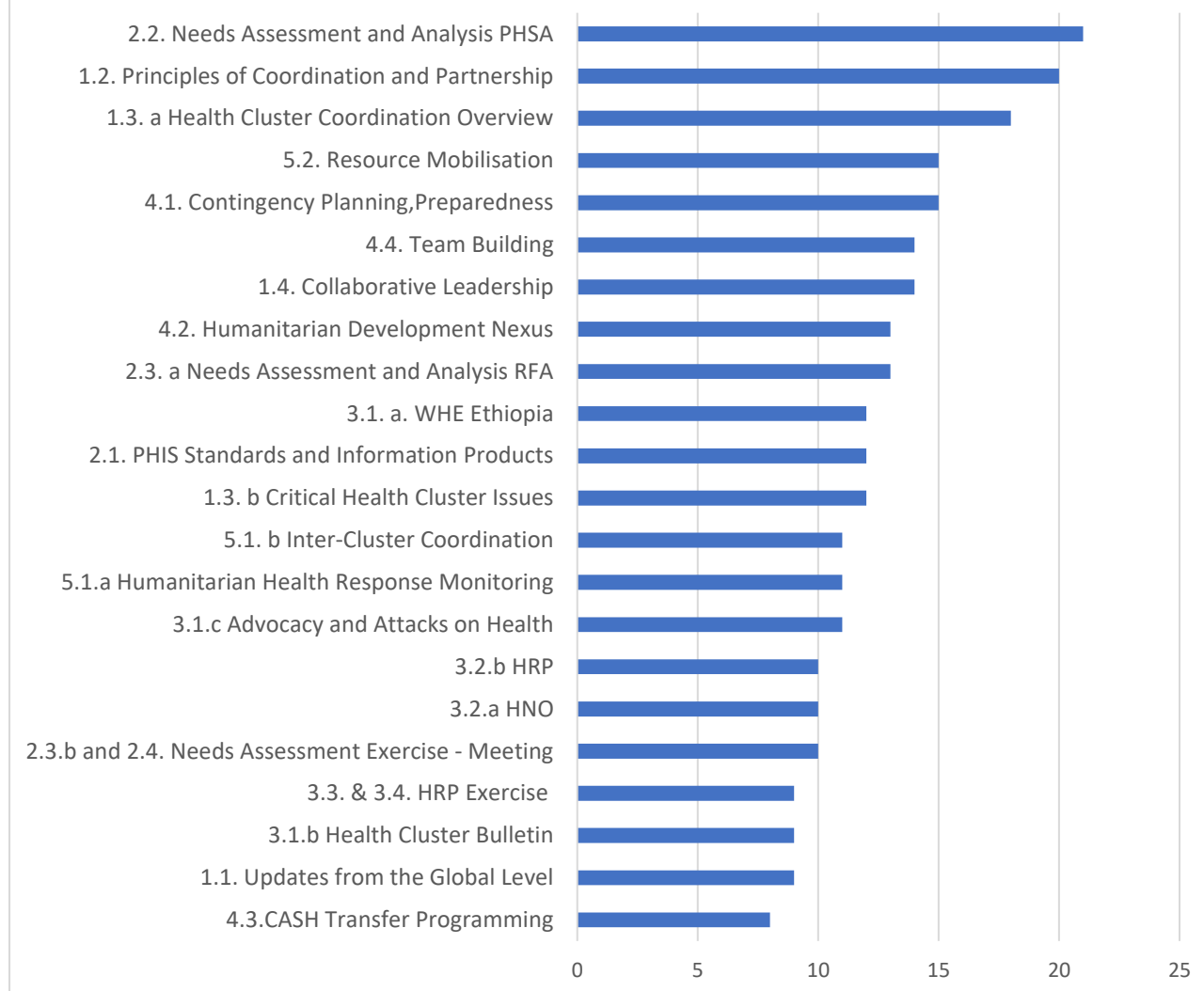
Twenty-four response were received to this question.

*The results showed that the 5 sessions which contributed most to the learning of the participants were:*

- 2.2. Needs Assessment and Analysis PHSA
- 1.2. Principles of Coordination and Partnership
- 1.3. a) Health Cluster Coordination Overview
- 5.2. Resource Mobilisation
- 4.1. Contingency Planning, Preparedness and Readiness

Please see the chart below for the participants rating of all of the sessions in terms of the contribution to Participants learning.

## Q5: Which 5 sessions or learning activities contributed most to your learning?



Q6: The Participants were asked to give examples of how they planned to use their learning from this training. 23 responses were received to this question.

Participant	How will you use your learning?
1	Coordination of health cluster
2	-first mapping the partners, -then 3Ws analysis and give role and responsibilities -Timely information sharing -Regular M & E
3	I am planning to implement the lessons learned from the training and will directly apply in the upcoming health cluster and inter cluster coordination meetings.
4	I will sensitize the health cluster partners, I will present the Team building session for all partners and RHB
5	Strongly involving in all health services humanitarian response specially at field level
6	On resource mobilization I have good understanding as every partner have responsibility to contribute. ..
7	Actively involving in all area of humanitarian need and responses through contributing what I can
8	I will discuss the issue with the RHB head in order to call a meeting to HC members and plan
9	Need assessment at woreda and zone level integrated with all stake holders conducted continuously
10	I will share my knowledge with colleagues in the field. I will contribute strongly to resource mobilization.
11	By applying the principles of the HCC at sub-national level

12	Attaining cluster meetings, making joint assessment & planning, sharing information, working on advocacy & contributing to resource mobilizations
13	There is no cluster meeting at our operation area I will try to push to start the coordination with the zonal offices.
14	I will use the trainings to lead the trainings during health cluster coordination meetings. It will help me during public health situations and need assessment ,The training much more helps me to understand the role, responsibilities and function of WHE.
15	first of all map the health cluster partners, invite for meeting, set common agenda discussed and reach an agreement and set action points
16	CCM
17	I will strengthen information, and coordination sharing among all health cluster partners. Previously I was concerned with only WHO specific activities. It was hard to double hat the CC role and WHO staff role
18	#1. Strengthen the Cluster Coordination in my region. #2. Support cluster resource mobilization
19	Use the effective ways of response preparedness planning and resource mobilization, work in collaboration with the team and apply my own roles in the cluster coordination activities (meeting, information sharing and responsibility sharing, coordination). To be engaged in needs assessment which I have never been involved in but after the training I learned the components and steps to follow in need assessment. So I'll use it in the future.
20	It facilitates me to coordinate the health cluster in the region and follow-up their projects as well as evaluating their proposals.
21	Apply what I have learned on my HC coordinator role and refer from the soft copy and hard copy I received all the time and coming to perfection.
23	Needs assessment, rapid assessment

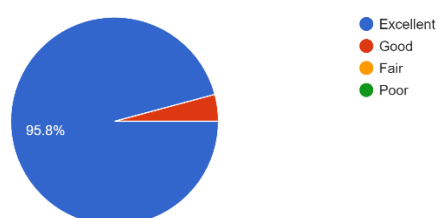
*Q7: The Participants were asked to give their overall rating on the Facilitation of the training.*

**95.8%** of the participants who responded to the survey rated the facilitation as **excellent**

**4.2%** of the participants who responded to the survey rated the facilitation as **good**

#### The Facilitation

24 responses



The participants were asked if they had any other comments about the Facilitation?

The following feedback was received.

Participant	Feedback
1	Just excellent
2	I learned a lot about facilitation.
3	Everybody is ready and confident please keep it up and I would like to say thank you all of you for your facilitation.
4	<ul style="list-style-type: none"> <li>The organization and preparedness on the topics was very excellent.</li> <li>The attention given for training , the training or topics was highly related with participants and very important for field workers</li> </ul>
5	Should be commended for their ability to remain focused despite serial power interruptions
6	It was well coordinated, and I appreciate the timing
7	No more comments, it was really excellent but the time was seemed to be short
8	I suggest that it is good to motivate trainees like us by giving chance to practice on facilitation of such training so that we can get confident and be competent to facilitate such training in the future.



*Q8: The participants were asked to give their overall rating of the training logistics and administration before and during the training*

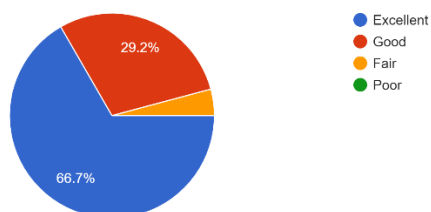
**66.7%** of the participants who responded to the survey rated the training logistics and administration as **excellent**

**29.2%** of the participants who responded to the survey rated the training logistics and administration as **good**

**4.2%** of the participants who responded to the survey rated the training logistics and administration as **fair**

The Training Logistics and Administration before and during the training

24 responses



The participants were asked if they had any other comments about the training logistics and administration?

The following feedback was received.

Participant	Feedback
1	If training materials given ahead of time it had been good.
2	Improve to provide training documents ahead of training days
3	Light interaction
4	Dinner should have been included. Going out for dinner could have security implications because the venue is far from city centre.
5	an alternate arrangement for power support will be helpful

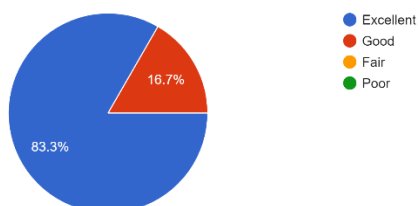
*Q9: The participants were asked to give their overall rating of the training facilities.*

**83.3%** of the participants who responded to the survey rated the training facilities as **excellent**

**16.7%** of the participants who responded to the survey rated the training facilities as **good**

The Training Facilities

24 responses



The participants were asked if they had any other comments about the training facilities?

The following feedback was received.

Participant	Feedback
1	Light interruption was a big problem
2	Chairs in the training hall were not comfortable to sit more than an hour.
3	Light interruption
4	Better to distribute training materials; presentations and guidelines ahead of time to the training participants, better to include homework and time to read training materials

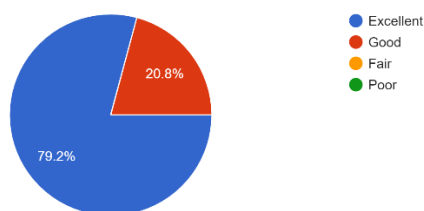
Q10: the participants were asked to give their overall rating of the hotel accommodation and meals

**79.2%** of the participants who responded to the survey rated the hotel accommodation and meals as **excellent**

**20.8%** of the participants who responded to the survey rated the hotel accommodation and meals as **good**

The Hotel Accommodation and Meals

24 responses



The participants were asked if they had any other comments about the hotel accommodation and meals?

The following feedback was received.

Participant	Feedback
1	Just excellent
2	Really it is amazing place and I had enjoyed the packages. It was excellent choice specially for field team.
3	Meals were ok but there was frequent power interruptions and poor lighting in the rooms made follow up review of the days activities a bit challenging
4	The rooms had dim lights which put pressure on sight accommodation during reading and writing.
5	There was no chair as well as tables that would have facilitated on comfortable reading and writing.

Q11: The participants were asked if they had any other comments about this training, and how we could improve future similar training?

Participant	Other Comments
1	Prolonging duration of training
2	Review meeting and refreshment of HCC training should be regular. At least biannual meeting.
3	For the future please send training documents a head of times for better understanding.
4	Keep up the good work and we need such kind of training in the future, as technical experts we need to be in a position to support the health cluster in a beer way, as the expectation from WHO is very high.
5	On the scheduled a bit compacted it may need two more day in order to discuss in detail We need to have capable expert in this all area (session) in the country in order to capacitate the health cluster intervention services I mean this is induction, but each section need detail section in order to have produce capable experts Look at the beginning my knowledge about coordination and role of health cluster is not good I said this from my result of pre and post quiz (test) from 14% to 65% it is your effort. Thanks
6	Improving the schedule a bit tight it may need more days in order to discuss each section in detail and to have well understood expert in all section I will recommend to continue this type of constructive training There is also knowledge gap on the partners WHO need to share knowledge
7	Additional 3-5 days
8	Regional and zonal Government health coordinator training on this is important to easily facilitation
9	Add one more day.
10	Good to give the same training for others and establish monitoring and evaluation mechanism for those who took the training
11	It was amazing time for me.
12	The training duration was short, There was no time for preparation to react in the pre and post exam. Therefore, the training needs much time and the multiple choices should be easy which can assess the hearing, listening and attending capacity of the participants.
13	I expect final training report to be shared

14	Generally. The training was timely, well organized. The time was quite short to internalize all the concepts. I propose that there be annual refresher courses on some of the critical topics for example needs assessment, Monitoring, etc
15	It would have also been good to conduct a real field data collection exercise using the PHSA and Needs assessment
16	#1. Sub-national training would be helpful #2. There should be more time to deal with the challenges that sub-national clusters and coordinators face.
17	Extend the schedule of the training time and give a little bit details on the real practical experience of coordination activities and share other countries' experience
18	keep it up
19	Regional and zone Government PHEM FP training is important for easily facilitation
20	May be the time and based on my observation, the training evaluation quiz seem to have not actually measuring the participants understanding; very long statements and confusing questions that may require more reading but I am not sure of the others who might passed the test
21	Because we may not get well established health clusters in many sub national and sub-regional levels I think presentation on how to organize/establish new health cluster is also better included into the training program.
22	Extend the schedule of the training time and give a little bit details on the real practical experience of coordination activities and share other countries' experience
23	Keep it up
24	Regional and zone Government PHEM FP training is important for easily facilitation

## Appendix E: Feedback from the Training Team

Feedback from the Training Team was received by means of a google forms online survey.

The survey was sent to the ten core members of the Training Team and responses were received from six members, giving a response rate of 60% (by 7 June 2019).

Responses were received from:

- The two training managers
- The event facilitator
- One member of the training secretariat
- Five session trainers

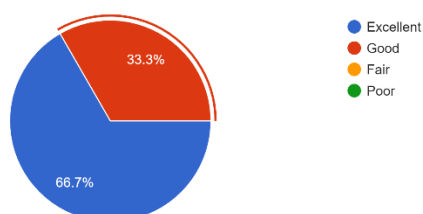
*Q1: The training team was asked to how they would rate the training.*

**66.7%** of the training team who responded to the survey rated the training as **excellent**

**33.3%** of the training team who responded to the survey rated the training as **good**

Overall, how would you rate this training?

6 responses



There were no other comments to the question.

*Q2: Session trainers were asked about their thoughts about how each of their sessions went, and what changes (if any) would they make to future similar sessions?*

Five responses were received to this question:

HCC overview and CCPM sessions went very well, with good participant involvement. Contingency planning/ ERP, though very important received a bit of a cold shoulder around the room due to the general feeling that it is a rigorous routine annual exercise that least gets funded.
Beside the issue of general interruption with electricity and internet. We tried to make sure the smooth running of the training without noticeable interruption. Hence I would like to thank the hotel for their understanding and letting us use the generator the entire time.
More time needed (30 mins) for collaborative leadership - to enable more in depth look at different leadership styles.
I think it would have been good to provide pre-course reading.
The sessions went very well, and no major changes will be required to the structure of the PHIS sessions. One change could be considered is to give more time to the practical sessions for the PHSA and needs assessment to allow participants to grasp more the information.

*Q3: The training team was asked for their thoughts or feedback about the planning, preparation and/or delivery of this training, and how it could be improved or strengthened?*

Five responses were received to this question:

For this level of audience, a keener look at the topics, flow and relevance is needed. Role play was a success, but only a few individuals took part, so probably more of such in smaller groups? Have groups do more practical things like filling 5W matrix and bulletin, conducting HC meeting, assessment etc. Maybe language was also a barrier to some, looking at the low improvement in training quiz. The low scores versus very high evaluation rating got me mixed up.
Longer lead in time to enable peer review of session plans and training materials. More direction on how to use the handouts in the folders - as pre-reading during the training in preparation for appropriate sessions.
All was done very perfectly
Any training, especially training of 5 full days requires full engagement from all of the facilitators well in advance. I think the facilitators should be confirmed before the dates are set.
I also feel that as most of the participants came from regions within Ethiopia, the venue should have been in Addis. Adding an extra 90 min drive is not helpful. Also I believe that we may have had better electricity and less noise.

*Q4: With regard to future Ethiopia Health Cluster coordination training the training team was asked what should be kept the same and what should be changed?*

Six responses were received to this question:

Keep the same
Yes; involvement of 3 levels, venue away from main city, mixed WHE/government/NGO and
Overall the training was very well planned, prepared and rationally speaking excellent in everyone role of presentation most of all very participatory and not boring, which will create no doubt about the exact delivery of the training for participants. Keep it up.
HPC based curriculum framework. Keep and increase the participatory learning exercises. Training location/venue away from main office
No
Very similar yes
in the structure and the flow of sessions, keep the 5 days plan, and keep the practical sessions and the role plays.
Change
Have confirmations and start intensive preparations much earlier. PHIS lead facilitator changed several times one week to training, not good. Some more female participants would be a plus. Provide reading materials to participants in advance.
To be well prepared prior to the training time for instance with collecting participants email address and contacts ahead of time for resource sharing and to prepare WIFI dongles as a means of back up for internet connection.
Gender balance of participants. If this venue is used again, the location of the generator - from outside of the conference centre.
Yes We look at all power point presentation some days before hand
the venue
Nothing
Have confirmations and start intensive preparations much earlier. PHIS lead facilitator changed several times one week to training, not good. Some more female participants would be a plus. Provide reading materials to participants in advance.

*Q5: The training team was asked for their overall recommendations for the further development and implementation of Ethiopia Health Cluster coordination training?*

Five responses were received to this question:

Very useful for capacitating field teams.
Follow up the participants after 3 months to see how they are using their learning. Provide top tips TOT guidance for training team and participants
Strengthen supportive supervision to the trainees
If these participants want to cascade this training down to their regions, then I would suggest this should only be 2 days - just to focus on the principles.
One idea might be considered is to have a post-training assignment for the participants. In which the participants will be required to prepare PHSA, need assessment, or preparedness plan after they go back to work. In this way, they could be engaged in a real live assignment that will help them to understand these topics more.

*Q6: The training team was asked if they had any other comments about this or future training?*

Five responses were received to this question:

A number of people had stomach upset on different days. Admin should provide this feedback and the noisy generator to the hotel.
Ahead of time to check the availability of internet and arrangement of the generator with the location of the meeting hall to avoid the noise.
I thought the training went well and was good/very good - but all training can be improved.
When resources allow to conduct refresher training at least annually
Thank you to everyone for making this a great success.

## Appendix F: Full Summary of the Participants Daily Evaluations

The participants were asked to complete an online evaluation at the end of Days 1 to 5.

The evaluation form asked the Participants to provide feedback on:

- i. Their overall rating of the day
- ii. Their feedback on each of the sessions
- iii. What they had learned about Health Cluster coordination
- iv. How they planned to use their learning
- v. What was good about the day
- vi. How the day could be improved
- vii. If they had any other comments

The participants were given the option to remain anonymous.

The results were reviewed immediately by the Training Team at the end of Days 1 – 4 and acted upon as appropriate.

**Day 1: Twenty-one (21) of the twenty-five (25) participants completed the online evaluation for Day 1**

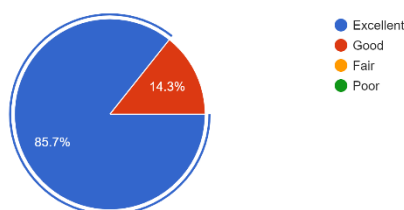
*Q1: The Participants were asked how they would rate Day 1 overall.*

**85.7%** of the Participants who responded to this survey rated Day 1 as **excellent**

**14.3%** of the Participants who responded to this survey rated Day 1 as **good**

Overall, how would you rate Day 1?

21 responses



The Participants were asked to give their feedback on each of the sessions in Day 1.

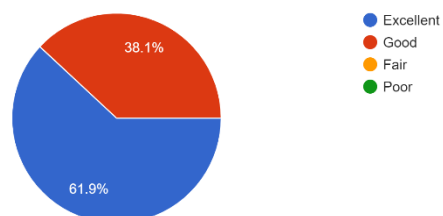
Q2: How would you rate Session 1.1. Updates from the Global Level?

**61.9%** of the Participants who responded to the survey rated this session as **excellent**

**38.1%** of the Participants who responded to the survey rated this session as **good**

How would you rate Session 1.1. Updates from the Global Level?

21 responses



#### Other Comments on Session 1.1.

Really the training is entertaining type and excellent approach but try to increase the lunch time because it is too short.

Eye opening session

I have no others comment rather than encouraging the way it was to be continues

Case studies, Real examples from Ethiopia if any?

Q3: How would you rate session 1.2. Principles of Coordination and Participation?

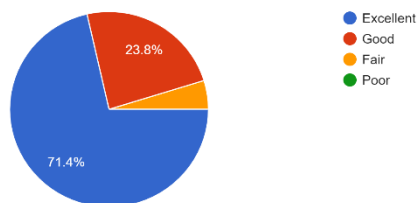
**71.4%** of the Participants who responded to the survey rated this session as **excellent**

**23.8%** of the Participants who responded to the survey rated this session as **good**

**4.8%** of the Participants who responded to the survey rated this session as **fair**

How would you rate session 1.2. Principles of Coordination and Participation?

21 responses



#### Other comments on Session 1.2.

It is good keep it up

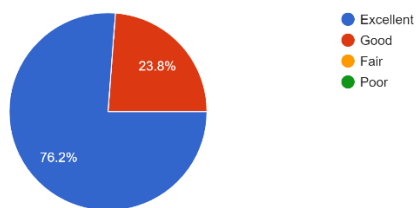
Q4: How would you rate Session 1.3. a) Health Cluster Coordination Overview?

**76.2%** of the Participants who responded to the survey rated this session as **excellent**

**23.8%** of the Participants who responded to the survey rated this session as **good**

How would you rate Session 1.3. a) Health Cluster Coordination Overview?

21 responses



**There were no other comments on Session 1.3. a)**

*Q5: Participants were asked how they would rate Session 1.3. b) Critical Health Cluster Issues?*

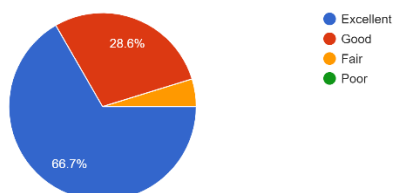
**66.7%** of the Participants who responded to the survey rated this session as **excellent**

**28.6%** of the Participants who responded to the survey rated this session as **good**

**4.8%** of the Participants who responded to the survey rated this session as **fair**

How would you rate Session 1.3. b) Critical Health Cluster Issues?

21 responses



**There were no other comments on Session 1.3. b)**

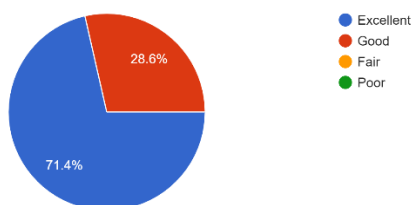
*Q6: The Participants were asked how they would rate Session 1.4. Collaborative Leadership?*

**71.4%** of the Participants who responded to the survey rated this session as **excellent**

**28.6%** of the Participants who responded to the survey rated this session as **good**

How would you rate Session 1.4. Collaborative Leadership?

21 responses



**Other comments on Session 1.4.**

Confusing ideas

No it is clear

Difference between management and leadership, and types of leadership better be discussed.

No comment, it is fine

*Q7: The Participants were asked to give two examples of what they had learned on Day 1 about Health Cluster Coordination?*

**Examples of Learning about Health Cluster Coordination**

Importance ,function and principle
Respect humanitarian principles
Functional coordination team necessary
Better coordination ways
The activation criteria and the AAP
The 6 core functions of HC
Good coordination is needs based rather than capacity driven and learned the core functions of cluster
The hierarchical organization of health cluster within humanitarian response.
WHO,s clear role in health cluster coordination
Health cluster lead agency is WHO
The cluster is part of the bigger HCT which relies on information and strategies set out by the cluster.
health cluster core principle
key element of health cluster
About Health cluster coordination and Collaborative leadership
1. Definitions of coordination terms, 2.transforming agenda, 3.six core functions of cluster coordination
coordination is the core point for any intervention
who is responsible for need assessment
1. How much role of leadership is vital for cluster coordination
2. Coordination maximizes efficiency and effectiveness
We have learned core functions of health cluster, health cluster activation
The Global Health Cluster (GHC)
phases of the Humanitarian Program Cycle as endorsed by the IASC Principles
important in emergency response. The Response cycle. All the cluster types
It's a platform for better intervention and a bit challenging to bring every partner on board
I have learned a lot about core functions of cluster coordination and the key elements

*Q8: The Participants were asked to give two examples of how they will use what they have learned today in their work.*

How the Participants will use their learning from Day 1 in their work
Establishing health cluster in my location
Review current practice
Improve my leadership style
understanding coordination
I will shape my leadership quality with what I learnt
I will apply what I learned from this training to health and nutrition cluster meeting and apply in cluster coordination of partners
I will maximize WHO's role in the cluster meetings
Increase my team's role in the health cluster coordination
I will contribute to the assessment of the health needs of west Guji IDP using the IASC benchmarks developed by the global health cluster.
Advocate and strengthen collaborative leadership among the partners in health cluster.
understanding over all concept of health cluster coordination, I will be able improve my coordination mechanism
Strengthen coordination at all level
Collaborative is the best way to coordinate activities
By sharing the information that I have learned for my team and practically implementing the learned sessions to strengthen the health cluster coordination at sub national level
Sharing what I have learnt to my fellows , promoting collective leadership prioritizing responses based on analysis of assessments, taking evidence based actions
strengthening coordination among partner and stakehold
active participation on need assessment
1. Provide sensitization to all team members of a health cluster
2. Develop ToR and MoU and adhere to the guidance of cluster coordination protocol
What I have learned today, will apply effectively activating health cluster coordination mechanism and supporting service delivery, building in capacity in area of preparedness.
entertaining and attractive
improve my coordination
Improving how I lead TWG and strengthening the information sharing
It will benefit me to improve my skill and coordination ability to strengthen the partner coordination in my region



Q9: The Participants were asked what was good about Day 1

Presentations and training was participatory x 9
Time Management x 3
Everything x 2
Open for discussion
The new knowledge shared. This is a first kind of training in Ethiopia
All the presentation and commitment of the facilitators.
Clear Presentations, was participatory, time was well kept, good teamwork
coordination training because it is a challenging issue at field level
All sessions were fine, I understood how clusters are coordinated based on knowledge. Time management is appreciated
The good things about today was all participants were enjoyed, because well informative way was in placed.
The ppt are clear and very much informative

Q10: The Participants were asked how Day 1 could be improved?

Not at all
Just keep it up x 4
By including energizers x 2
I think it was going well and to be continues
Make sure to give time to clarify important parts as enable to capture more .
Keeping on discussion, more energizer, sharing the presentation slides ahead
Best
increase participation
Don't take too much time for the introductory

Q11: The Participants were asked if they had any other comments or feedback about Day 1?

Please keep up the participatory approach. Thanks.
All in all Day 1 is excellent for me and keep it up.
Afternoon tea break was full of sugary food items which shall be improved.
Reference citation of your presentations and providing soft copies
Actually day one started in very good way; we need to maintain today training performance
Keep up the good work
Please keep up the participatory approach. Thanks.
All in all Day 1 is excellent for me and keep it up.

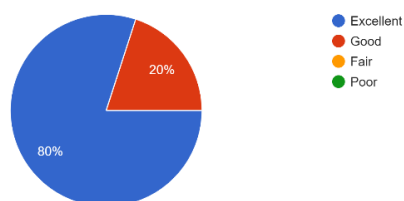
## Day 2: Twenty (20) of the twenty-six (26) Participants completed the online evaluation for Day 2

Q1: The Participants were asked how they would rate Day 2 overall.

**80%** of the Participants who responded to this survey rated Day 2 as **excellent**

**20%** of the Participants who responded to this survey rated Day 2 as **good**

Overall, how would you rate Day 2?  
20 responses



The Participants were asked to give their feedback on each of the sessions in Day 2.

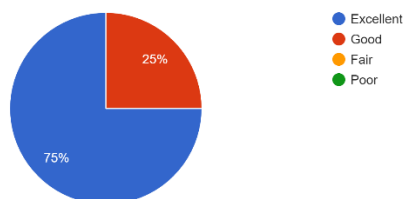
Q2: How would you rate Session 2.1. PHIS and Information Products

**75%** of the Participants who responded to the survey rated this session as **excellent**

**25%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 2.1. PHIS and Information Products?

20 responses



#### Other Comments on Session 2.1.

It was very interesting and helpful for field work. Really, it's have been interesting, interactive and participatory.

Slides had a lot of information. Made it challenging to process

The session is very important at field level.

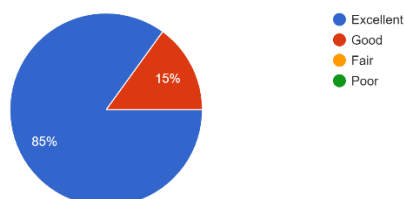
*Q3: How would you rate session 2.2. Needs Assessment and Analysis PHSA?*

**85%** of the Participants who responded to the survey rated this session as **excellent**

**15%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 2.2. PHSA?

20 responses



There were no other comments on this session

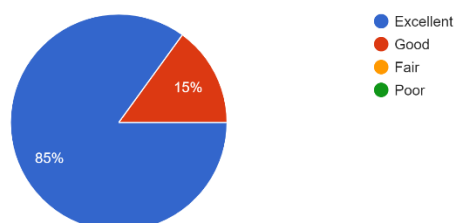
*Q4: How would you rate Session 2.3. Rapid Needs Assessment?*

**85%** of the Participants who responded to the survey rated this session as **excellent**

**15%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 2.3. Rapid Needs Assessment?

20 responses



#### Other comments on Session 2.3.

It was very interesting and helpful for field work. Really, it's been interesting, interactive and participatory.

It is well supported by scenario
please attach the ppt presentation after session

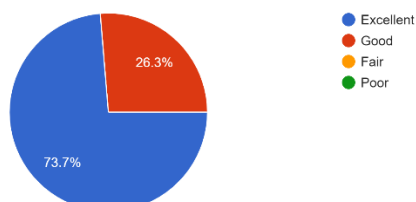
*Q5: Participants were asked how they would rate Session 2.4. Exercise on Needs Assessment*

**73.7%** of the Participants who responded to the survey rated this session as **excellent**

**26.3%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 2.4. Exercise on Needs Assessment?

19 responses



Other comments on Session 2.4.
It was reflecting the ground situation, very interesting, all the team and presenters actively playing their role
It would be better if each team would have got the chance to participate on role play
The exercise is really amazing to show the grass root level situation, the challenges and the way we have to follow to support population in need.
It was presented in practical way which helped to get real time experience
please attach the ppt presentation after session

*Q6: The Participants were asked to give two examples of what they had learned on Day 2 about Health Cluster Coordination?*

Examples of Learning about Health Cluster Coordination
Simulation, how to conduct assessment
Simulation
Using standard and guidelines
1- Evidence based discussion
2- Abiding the objective of the coordination meeting
How to participate, Co-lead and participate in the HCC meeting
Skill to coordinate partners, and WHO has to keep its leading position
Needs assessment supports implementation of health cluster activities
PHSA is a great source of information for the cluster
- Usefulness of generic assessment tools
- Need to prepare well for meetings
Information sharing, strengthening coordination at all me el
how all partner work together in order to response to humanitarian needs
how need assessment conduct and lead by whom
Today I have learned about public health information services and public health situation analysis as well as needs assessment and analysis.
It was about public health information analysis, need assessment rapid assessment
I learned how to conduct PHSA document preparation and need assessment
1. How much the information is important for the coordination
2, How to collect information(Asses happened crisis),sort, arrange and analysis the information for Better response and coordination
1- Different need assessment tools
2- When and where someone uses this different need assessment tools.
1. Public Health standard Information 2.Public Health situation Analysis
-why do we need information?
-why introduce PHIS standards?

Q7: The Participants were asked to give two examples of how they will use what they have learned today in their work.

How the Participants will use their learning from Day 2 in their work
Will share for the regional cluster meeting
Share the knowledge I gained
Utilize tools for upcoming activities
I will use it in different coordination meeting in my region, as WHO is a cochair of different Taskforce meetings.
In the co leading and guided the partners
I think I can use what I learnt by practicing bilateral and team communication and discussion.
Plan health cluster meetings with clear agenda to achieve set out objectives.
A needs assessment template has to be adapted to the situation on ground. It is not a generic document
- I will share the knowledge with colleagues in the regions
- I will go back and review assessment reports
Need assessment tools very important to identify gaps, resources,
through active participation on cluster coordination and flagging any information in my working area regarding humanitarian need and support
By doing public health situational analysis and needs assessment.
Making joint assessment and analyse the findings and using that for planning, prioritisation and responding timely.
I will conduct PHSA document preparation and need assessment whenever there is crisis situation
1. I am new for the cluster coordination as it is not implemented at our operational area I will facilitate or push the government officials to start the meeting
2. I will coordinate my organization with other NGOs regardless of their capacity in all aspect of the response from the need assessment to the response
I use it when a health emergency event occurs through health partners' mutual understanding.
I use it adapting the tools in the local specific condition.
Partner Mapping for emergencies and how to work collaboratively with other sectors and partners
Practically I will use in Sub national or field level
I will use for informed decision making
by planning, monitoring and coordinating the performances

Q8: The Participants were asked what was good about Day 2

Simulation
Participatory
Classroom facilitation
The all session were very interesting
Everything
Presentation, facilitation skills and guiding skills of facilitators are very excellent and the special of the day
It was participatory and involving.
Excellent facilitators, very good simulation exercise
Role play, because it showed the challenges faced in coordinating partners on the ground
Presentation, facilitation and group work
All the exercise as well as presentation the exercise part clearly pun what on the ground
The practical exercise of health cluster meeting of partners.
The presentation on why PHIS, Health information domains, services expected of an activated, need assessment & analysis, Rapid health assessment was clear. The role play was also excellent, and I have learnt a lot. .
The participation of the team and the way of facilitation was excellent
- The exercise is more explanatory and easy to do. I think everybody loves the way they pretend the actual situation at grass root level.
- Your coordination was best
Lecturers were making every steep of the lesson very much clear and understandable to each trainee.
the Exercise done on need assessment because it is a real working areas of experience
The rapid assessment planning exercise with the very good Scenario on returnees and it was very interactive. Lesson learnt session
everything

Q9: The Participants were asked how Day 2 could be improved?

Not at all
Continues in that way
Keep up the good work!
Nothing to improve
Please keep up the approach used for today
The role play could be designed in such a way that it reflects much of the current reality (e.g. IDP crisis in one of the locations)
Excellent
Avoiding repeating already discussed agenda
Keep on making the presentations participatory.
Continue participating the team members
Everything was best and continue with the exercise and energizer
I don't an thing that need improvement. it is absolutely in a high standard.
For me it was well coordinated training.
It was very good EXCEPT some PPT slides font size to be improved by the presenters
Nothing to improve

*Q10: The Participants were asked if they had any other comments or feedback about Day 2?*

Sometimes invisible fonts in pps
Keep up the good work!
Keep it's up the good work you have done
Everything is good
Power points shouldn't be crowded. Good if one slide contains four to five bullets.
At the end thank you all of you for your commitment to make everybody on the same page.
No other comment and would like to thanks all the facilitation
Transport arrangement to -----accessible sites

**Day 3: Twenty five (25) of the twenty-six (26) Participants completed the online evaluation for Day 3**

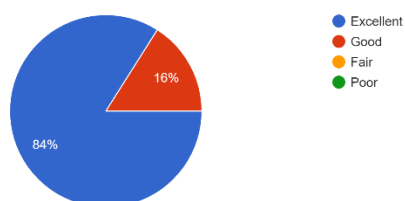
*Q1: The Participants were asked how they would rate Day 3 overall.*

**84%** of the Participants who responded to this survey rated Day 3 as **excellent**

**20%** of the Participants who responded to this survey rated Day 3 as **good**

Overall, how would you rate Day 3?

25 responses



*The Participants were asked to give their feedback on each of the Sessions in Day 3.*

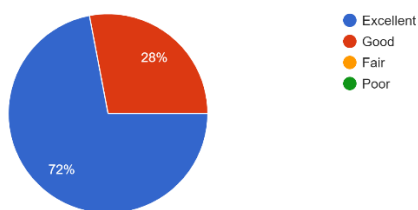
*Q2: How would you rate Session 3.1.a) World Health Emergencies Ethiopia*

**72%** of the Participants who responded to the survey rated this session as **excellent**

**28%** of the Participants who responded to the survey rated this session as **good**

### How would you rate session 3.1.a. World Health Emergencies Ethiopia

25 responses



#### Other Comments on Session 3.1. a

Inadequate time allocated
Very precise and relevant
Very useful
The participants should get the training materials by soft copy in organized manner
The presentation was very well but has been rushing
The session needs some additional time
It is very good to add on the Agenda

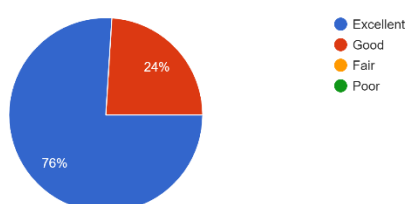
### Q3: How would you rate session 3.1. b ) The Health Cluster Bulletin?

**76%** of the Participants who responded to the survey rated this session as **excellent**

**24%** of the Participants who responded to the survey rated this session as **good**

### How would you rate session 3.1.b. Health Cluster Bulletin?

25 responses



#### Other comments on Session 3.1. b

I appreciated the example of the bulletin from Ethiopia office
the participants should get the training materials by soft copy in organized manner
The same case as WHE

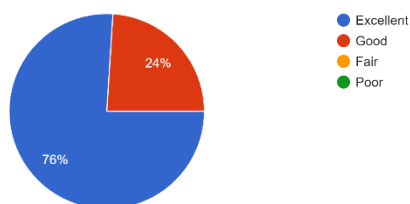
### Q4: How would you rate Session 3.1. c) Advocacy and Attacks on Health?

**76%** of the Participants who responded to the survey rated this session as **excellent**

**24%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 3.1.c. Advocacy and Attacks on Health Workers?

25 responses



#### Other comments on Session 3.1. c

Very great examples used. I appreciate the new knowledge
Advocacy is so important, but did not give attention
the participants should get the training materials by soft copy in organized manner
It was participatory, it was nice
Conduct a deep study on health attacks in Ethiopia
It is additional information for me regarding the WHO advocacy of reporting health attack. And a good inclusion.

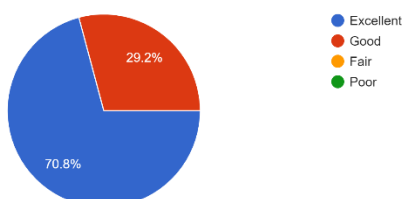
Q5: Participants were asked how they would rate Session 3.2. a) HNO

**70.8%** of the Participants who responded to the survey rated this session as **excellent**

**29.2 %** of the Participants who responded to the survey rated this session as **good**

How would you rate session 3.2.a. HNO?

24 responses



#### Other comments on Session 3.2. a

The participants should get the training materials by soft copy in organized manner
Need more time

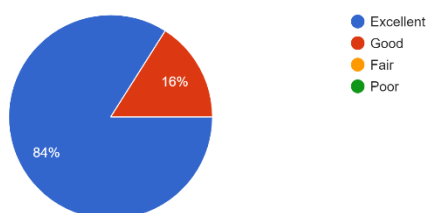
Q6: Participants were asked how they would rate Session 3.2. b) HRP

**84%** of the Participants who responded to the survey rated this session as **excellent**

**16%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 3.2.b. HRP?

25 responses



Other comments on Session 3.2. b
The exercise was helpful to understand the concept of HRP
The participants should get the training materials by soft copy in organized manner

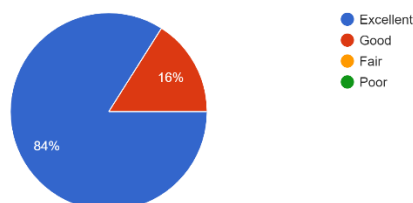
Q7: The Participants were asked how they would rate Session 3.3. a) CCPM

**84%** of the Participants who responded to the survey rated this session as **excellent**

**16%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 3.3.a CCPM?

25 responses



Other comments on Session 3.3. a
It would have been good to get time to analysis the steps
Participatory
The participants should get the training materials by soft copy in organized manner

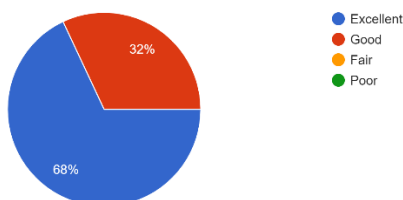
Q8: The Participants were asked how they would rate 3.3 b) and 3.4. Exercise on HRP.

**68%** of the Participants who responded to the survey rated this session as **excellent**

**32%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 3.3. b. Exercise on HRP?

25 responses



Other comments on Session 3.3. b) and 3.4
Time shortage
Very engaging
After each presentation of exercise, there shall be answer being prepared by facilitators
the participants should get the training materials by soft copy in organized manner
The exercise gave me a real time experience which I can apply in my career
Entertaining and easy type of exercise.

Q9: The Participants were asked if they had attended the Clinic on Meetings with Impact on the evening of Day 2

Three (3) Participants had attended this clinic.

Feedback on the Clinic – Meetings with Impact
Helpful
It is a great forum to share ideas on improving ways of conducting meetings and achieving set objectives
No comment but I will attend tomorrow



I have got a lot from clinic and shall be continue in trainings.
No comments. the training is going in comfortable manner

Q10: The Participants were asked to give two examples of what they had learned on Day 3 about Health Cluster Coordination?

Examples of Learning about Health Cluster Coordination
Thinking about use of the bulletin
Interested on the preparation of the HNO and HRP
And the practical exercise for HRP
Very interesting and important
Advocacy, HRP process
Advocacy skills and on HRP as well as CCPM
Health system performance, and steps of humanitarian health response planning
The overall presentation and preparedness of the facilitators on the subject matter was very excellent and Giving a change to asking questions helpful to clarify things
Deeper understanding of HNO
Deeper insight into capacity gaps in planning
CCPM
planning, organizing
World health emergency
Advocacy
Emergency response planning and advocacy mechanism
1)Bulletin and the contents 2) what advocacy is and how advocacy works
1. HNO 2. CCPM
-health cluster coordination uses to mobilize resource effectively and efficiently
-by involving and participating stakeholders we resolve the event timely.
what is advocacy and it need
how we prioritize public health intervention area
Whom I should consider for advocacy
- Coordination is not something so simple as it is said theoretically
- If it is lead very well, cluster coordination reduces morbidity and mortality by bridging and addressing the gaps identified according their priority
how to prepare the HRP and SSA
CCPM
HRP
- How to prepare bulletin to disseminate information
- Advocacy have to rely on essential humanitarian principles
- The necessity to report health attack
-The way of the health cluster trying to evaluates its own performance
-How to prepare HRP, objective setting and prioritization
Difference between HNO and HRP

Q11: The Participants were asked to give two examples of how they will use what they have learned today in their work.

How the Participants will use their learning from Day 3 in their work
Health cluster planning for EPRP. 2. Useful for doing sub-national HNO.
In daily task plus while on the development of any HRP
By applying the core cluster function in practise
To better advocate of health emergencies, To better and realistically plan health responses
Using Advocacy skills
Improved HRP
Effectively and timely
It's very helpful for the field work and for leading of HCC
Share my knowledge with colleagues
Organize training on proposal writing
I use in next cluster meetings
I continue reading for applying the knowledge to performance

At regional level on health cluster and by discussing on with the Region PHEM
I will use it in areas where I am working to benefit the needy people
Practically, I will use by sticking on the steps and procedures that are included in the documents
-in my work I understand and how can I manage the emergencies.
-and how can I work with partners.
re-evaluating my program focus area and
prioritizing the most in need community
- Work together with HCT by updating and deepening my knowledge through acquiring experiences
- Apply the scientific way of coordinating clusters
I learned how I can prepare the HRP and prepare the HC bulletin
Improving coordination
Better outcome
The addressed topics have a great contribution to advocates our services, to report/includes health attacks on our report and objective setting.
Today's lesson will help me to properly conduct need assessments.
categorize priorities

*Q12: The Participants were asked what was good about Day 3*

Everything
Finished on time
Clear presentations and giving more time
more participatory
Group work and discussion
Training methods, facilitation
Presentation, preparedness of facilitators and accommodation plus refreshments
Exercise
Interesting energizer
Overview of WHE
participatory
All session were very interesting in term time and clarity
All the lecture and the practice are given in entertaining manner
Presentations were clear and time oriented. We had also adequate time to discuss and reflect our views. The exercises given also gave us a chance to share our experiences.
Advocacy, CCPM
All the sessions were very good especially the CCPM part
training approach, refreshment
HRP part because it is it help me to know how I priorities intervention
it is very supportive for my current position
All parts especially the exercise
All were good
The training was nice part
All session was good
Everybody was ready, time utilization and the exercises.
All the lecturers and exercise were excellent

*Q13: The Participants were asked how Day 3 could be improved?*

Better speaker systems for video
It was good
Improve time
Keep up the good work
Let it goes as it is
Presentation on results hierarchy ??
By increasing participation
Continues in that way
Keep it up

Keep it.
It was an excellent day
It was excellent and I could say keep it up

*Q14: The Participants were asked if they had any other comments or feedback about Day 3?*

Keep up the good work
No more comments rather than encouraging the best way you are going
It would be good if the facilitators could summarize in power points the possible answers for exercises.

**Day 4: Twenty one (21) of the twenty-six (26) Participants completed the online evaluation for Day 4**

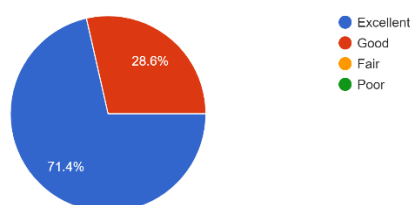
*Q1: The Participants were asked how they would rate Day 4 overall.*

**71.4%** of the Participants who responded to this survey rated Day 4 as **excellent**

**28.6%** of the Participants who responded to this survey rated Day 4 as **good**

Overall, how would you rate Day 4?

21 responses



*The Participants were asked to give their feedback on each of the Sessions in Day 4.*

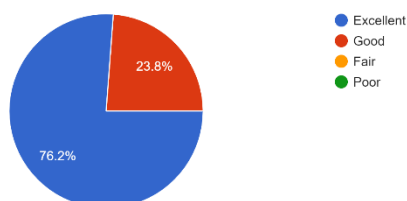
*Q2: How would you rate Session 4.1. Contingency Planning, Preparedness and Readiness*

**76.2%** of the Participants who responded to the survey rated this session as **excellent**

**23.8%** of the Participants who responded to the survey rated this session as **good**

How would you rate Session 4.1. Contingency Planning, Preparedness and Readiness

21 responses



#### Other Comments on Session 4.1.

Appreciate the example of Somali Contingency plan shared
ERP is very important, but time is too short
No other comments
a little bit boring type of presentation
I got a better understanding and clear differentiation of preparedness and readiness and a good understanding of preparedness as a continuous process which is done all along the program cycle.

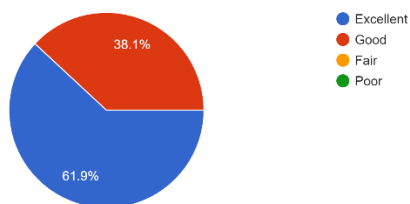
*Q3: How would you rate Session 4.2. Humanitarian Development Nexus: Capacity*

**61.9%** of the Participants who responded to the survey rated this session as **excellent**

**38.1%** of the Participants who responded to the survey rated this session as **good**

How would you rate session 4.2. HDN -Capacity Building

21 responses



**Other comments on Session 4.2.**

Very new session to me. I appreciated the new knowledge

The discussion was interesting.

a little bit boring type of presentation

As a new topic to me I enjoyed it very well

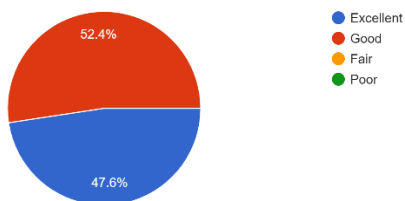
*Q4: How would you rate Session 4.3. CASH Transfer Programming ?*

**52.4%** of the Participants who responded to the survey rated this session as **excellent**

**47.6%** of the Participants who responded to the survey rated this session as **good**

How would you rate Session 4.3. HDN - CASH

21 responses



**Other comments on Session 4.3.**

Need more examples on how it is working elsewhere

A little bit confusing, it need more time to discuss and the time the too short

Needs further study and experience sharing from other countries that might perform well

Seems to be an area that will need more discussion

sustainability issue in Ethiopian context is questionable.

Advocacy to political leaders is vital for putting this new approach in to action

Too long session

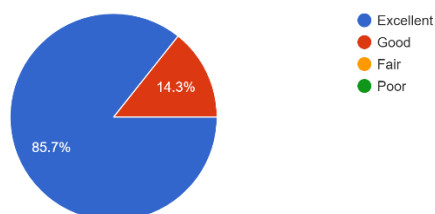
*Q5: Participants were asked how they would rate Session 4.4. Team Building*

**85.7%** of the Participants who responded to the survey rated this session as **excellent**

**14.3%** of the Participants who responded to the survey rated this session as **good**

## How would you rate Session 4.4. Team Building

21 responses



Other comments on Session 4.4.
Enjoyed the group work session
No time to deal with managing team dynamics
Keep up the good work
So fine and to be continued !
I like the way the picture was organized to present a status of the built team

Q6: The Participants were asked to give two examples of what they had learned on Day 4 about Health Cluster Coordination?

Examples of Learning about Health Cluster Coordination
Cluster coordination is a result of team effort of all participants.
Team building
Team building contingency planning
How to develop ERP and Contingency plan ,Importance of formation and working with team
Team building, ERP
HDN, team building
1) Preparedness as a continuous process in the humanitarian program and what activities should be included under it. 2) Cash or voucher principle in health sector 3) Team and high performing team and steps to reach high performing team.
#1. The are many areas that one can apply the HDN. #2. Leadership is key
1-How to build performing team, which is critical for our work
2-How to prepare ERP
3- HDP
when preparing ERP we should consider in term of action(Plan Resource mapping ,simulation exercise capacity building in term of 3Ws
Contingency planning, Preparedness and Team Building
When HC prepares contingency planning and how
Team Building
- The need of teamwork is very vital for achieving predefined team objectives
- Good understanding on cash transfer programming concept
ERP, CP, Capacity building, HDN
Humanitarian Vs Developmental
Team
Core functions
how I can work in team spirit
Resources mobilization

Q7: The Participants were asked to give two examples of how they will use what they have learned today in their work.

How the Participants will use their learning from Day 4 in their work
I will apply in my duty station with my team members
Orienting my team
ERP the main challenges are resource allocation and budget
I will use to formation of team, to working with teams and developing ERP and Contingency
Improve advocacy
Will help a lot in my daily performing in coordinating humanitarian cluster
Aligning humanitarian activities with development concept, considering cash transfer concept

1) I will use the steps that the preparedness plan while preparing the plan in the future 2) Though humanitarian development Nexus is a new concept in our area, I will use all opportunities to advocate and to support in my areas 3) I will try to check the team I am a member using the steps for high performing teams.
# Explore more opportunities for HDN. #Explore more resources from WHO Cluster site.
By being an active team leader and member in the health cluster to influence on other health cluster partners
-preparedness is the continuous process
-high performing team have a clear vision, role clarity, and shared sense of ownership and responsibility.
I will use in accordance with the guidelines and presentation provided
Today lessons helps me to prepare contingency planning,
How to build a team that works together
- I will exercise building a health cluster team in my region
- I will exercise Emergency Response Preparedness in my practice in its scientific way
How to link the humanitarian short term response with long term developmental program
it will help me in coordinating health cluster partners
In cluster meeting
work in collaboration with the EOC team
Effectively

Q8: The Participants were asked what was good about Day 4

It was brief and participatory
Team building
All the section
ERP, because this is an actual or practical practice at all level
All the preparation of facilitators and their knowledge on the subject matter
HDN
Time was managed effectively as usual
All sessions were good for they were participatory
Afternoon session was more interactive.
All sessions
refreshment is good
Session 4.1 and 4.4 presentations were very good , Because it is practical to be implemented for Humanitarian interventions
the exercise for team building was good because it reflected the real situation.
All fine and enjoyable
All things are good, except the CASH part
all were best
Group work
all exercises
Everything

Q9: The Participants were asked how Day 4 could be improved?

Put main points in the ppt instead of full lecture
More participation of trainees
Keep it up
Allocate more time for ERP
Nothing to improve, please keep it up the good work.
Nothing rather encouraging the way you do it
keep it up
Highlight all key issues on slides. Some colleagues may have difficulty with facilitators accent.
Keep up the good work
make the presentation in short and precise way
Well it was good and I would recommend session 4.2 and 4.3 to be presented in a way that participants first understand the presentation and then after discussion can be followed for the future
It was really high standard
Keep it the same way
linking with existing situation

Add more days
it was perfect for me

Q10: The Participants were asked if they had any other comments or feedback about Day 4?

No other comment, continues In this way
#1. Encourage individual contributors to speak up. #2. Any plans for follow up and to sustain capacity built/more capacity building. #3. Consider sub-national training.
training document should be shared for the participants by Flash disk
incorporate additional references to the presentations on cash transfer programming and Humanitarian and development peace nexus.
Additional days
Keep it up!

**Day 5: Twenty (20) of the twenty-six (26) Participants completed the online evaluation for Day 5**

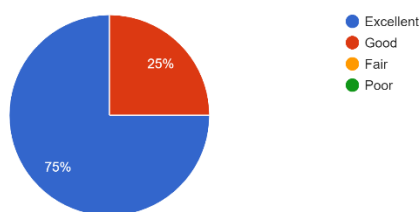
Q1: The Participants were asked how they would rate Day 5 overall.

**75%** of the Participants who responded to this survey rated Day 4 as **excellent**

**25%** of the Participants who responded to this survey rated Day 4 as **good**

Overall, how would you rate Day 5?

20 responses



The Participants were asked to give their feedback on each of the Sessions in Day 5.

Q2: How would you rate Session 5.1.a) Humanitarian Health Response Monitoring?

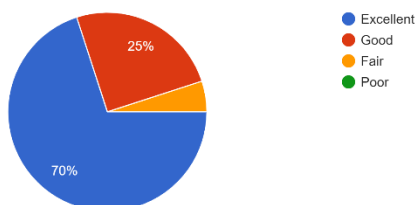
**70%** of the Participants who responded to the survey rated this session as **excellent**

**25%** of the Participants who responded to the survey rated this session as **good**

**5%** of the Participants who responded to the survey rated this session as **fair**

How would you rate Session 5.1. a Humanitarian Health Response Monitoring

20 responses



#### Other Comments on Session 5.1. a

Too brief with limited information
still training documents are not in our hand (soft copy)

Q3: How would you rate Session 5.1. b) Inter-Cluster Coordination?

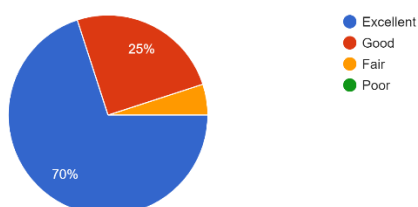
**70%** of the Participants who responded to the survey rated this session as **excellent**

**25%** of the Participants who responded to the survey rated this session as **good**

**5%** of the Participants who responded to the survey rated this session as **fair**

How would you rate session 5.1. b. Inter Cluster Coordination

20 responses



#### Other comments on Session 5.1. b

It would have been good for them to high light key challenges and expectations from field staff.

Time shortage

More exercise needed

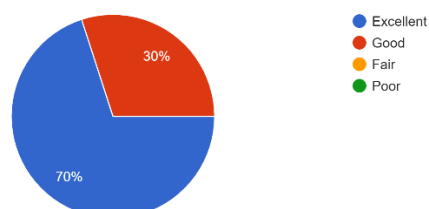
Q4: How would you rate Session 5.2. Resource Mobilisation?

**70%** of the Participants who responded to the survey rated this session as **excellent**

**30%** of the Participants who responded to the survey rated this session as **good**

How would you rate Session 5.2. Resource Mobilisation

20 responses



#### Other comments on Session 5.2.

Second facilitator has several practical issues which would be better if put in a more articulate way.

Time shortage

Very good presentation style

It would be great if you were included some of donors requirements

it was participatory

Time was not enough

Q5: Participants were asked how they would Session 5.3. Final Session – End of Training?

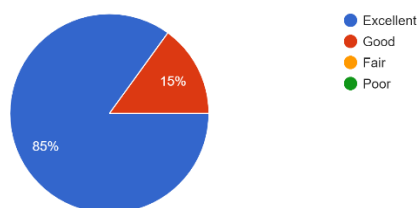
**85%** of the Participants who responded to the survey rated this session as **excellent**

**15%** of the Participants who responded to the survey rated this session as **good**



How would you rate Session 5.3. Final Session - ending of training?

20 responses



#### Other comments on Session 5.3.

Excellent facilitator, committed

Q6: The Participants were asked to give two examples of what they had learned on Day 5 about Health Cluster Coordination?

#### Examples of Learning about Health Cluster Coordination

Coordination to address sector wise issues

The technique for RM

1. People give money to people.

2. It good to know that fund in we have and their sources.

How the resource received from donors is mobilized and the information management system at OCHA

Importance of cluster coordination

Inter cluster platform, resource mobilization principles

Resource mobilization and Inter cluster ordination

receiving fund, partners involving and working together including fund

HRM

Donor

Coordination members, responsibility

Inter-cluster coordination, Resource mobilization

Humanitarian Response monitoring

How resources mobilization is

Response monitoring, Resource mobilization

Importance and mechanisms of advocacy

The role of cluster coordinator and partners

The role of health cluster in resource mobilization and what are factors HC should look at to mobilize resources.

-HCC is the responsibility of every stakeholders

-HCC is effective when inter agency collaboration is active

The complexity of resource mobilization

How inter cluster coordination works

Q7: The Participants were asked to give two examples of how they will use what they have learned today in their work.

#### How the Participants will use their learning from Day 5 in their work

Support resource mobilization activities.

My role during my future involvement at cluster coordination even though I'm Not part of it this time

Start at regional level

Reflecting health cluster priorities during the intercluster meetings, focus on visibility and advocacy activities for resource mobilization

Yes , indeed I will use at national level since it was important

implementing what I have learned

Improving coordination

Resource mobilization

Selection of members, Partners mapping

This will help in my performance in term of applying all principle of coordination and partnership

Close following the interventions

Participating on resources mobilization

The role of sub-national HCC in dealing with the resource mobilization and how to monitor the response
By communicating of health cluster coordination meeting and bilateral communication with concerned ones
I will apply in the coming inter cluster and Health cluster meeting what I have got in the training
I use effectively improve the way how HCC coordinated.
I will share what I learned with my partners in the health cluster
I will be active in ICCG meeting

*Q8: The Participants were asked what was good about Day 5*

The ppt
All sessions
Dealt with the practical issues of the funding
It was participatory and got more time for discussion and experience sharing
All presentations were appreciated
All the sessions and facilitation were very good
More exercise on resource mobilization
All best
Coordination session , because its practical
Time management, and precise presentations
All the section
Everything
The lecture and discussion were very good
Resources mobilization, this is the most neglected part at sub national level
Information on factors that can hinder the access of funds from donors including OCHA and how important to deal with them
Facilitation was good
All the lecturers were very interesting.

*Q9: The Participants were asked how Day 5 could be improved?*

On the RM second part of ppt instead of lecturing its better if you can add ppt so that we can follow the talk
Keep up the good work
No comment in this regard
Time shortage only
Almost everything is good
Allocate extra time
Continues in this ways, I have nothing observed to be improved
Just keep it up!
It is good better keep up
By providing exercise after power point presentation and by sharing of experience
keep it up.
keep it up
It is wonderful

*Q10: The Participants were asked if they had any other comments or feedback about Day 5?*

Nothing, Keep up the work!
Wondering: should the govt colleagues be part of the presentation on funding?
I would like to thank you for all the facilitation and WHO
Excellent facilitator all the five days.
Since it's the last day today, I would like to say thanks a lot for this usefully training and the way you have facilitated and managed it was really excellent, wish you all the best
Good accomplishments
Please tell us important links to improve our careers in the future.
Good to involve OCHA in such trainings.
Review meeting should be regular for future.

## Appendix G: Photo Gallery





