



Health Cluster Coordination Virtual Exercise Natural Disaster with Outbreak in the SEARO Region 02 – 06 November 2020

Post-Exercise Report

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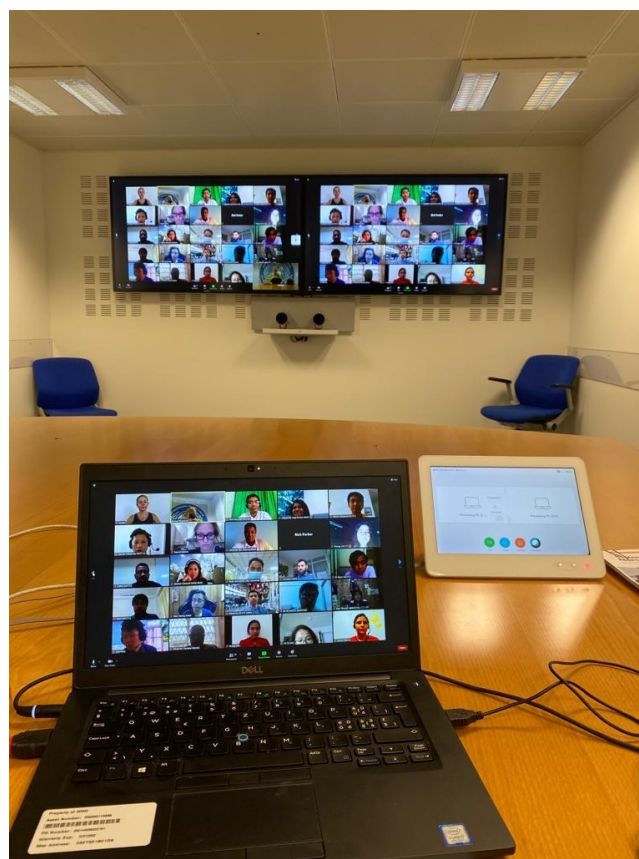
1. Background

Health Clusters exist to relieve suffering and save lives in humanitarian emergencies, while advancing the wellbeing and dignity of affected populations through well-coordinated collective action. In consultation with Health Cluster Partners, Stakeholders and WHO, the Health Cluster Capacity Development Strategy (HCCDS) 2016 – 2019 and Health Cluster Competency Framework were developed to ensure high quality and effective leadership and coordination in all health responses to acute and protracted humanitarian crisis. A major part of this strategy was the development and implementation of regionally-focused simulation exercise (SIMEX) packages.

In 2019, the Health Cluster Capacity Development Consultative Group (CDCG) oversaw the design and testing of three comprehensive SIMEX packages completed in January 2020 ready for implementation to support regions and countries in addressing health vulnerabilities. However, due to COVID-19 containment measures and travel restrictions, the Health Cluster Capacity Development Consultative Group explored options to adapt the face-to-face SIMEX packages to a virtual simulation methodology.

Meanwhile, Training In Aid (TIA), one of the consultancy partners contracted to manage the development of face-to-face SIMEX packages, had spent much of 2020 developing a new Remote Exercise Management (REM) System to enable aid organisations run team-based exercises at low cost, using customized content, and at a quality comparable with face-to-face simulations.

This report pertains to the first Health Cluster virtual exercise, implemented using REM-Systems in support of – and partnership with – SEARO Region.



2. Exercise Design and Planning

A collective design panel was brought together to develop and adapt the exercise materials. Using the face-to-face SIMEX 3 Health Cluster training package as a baseline, the panel designed a scenario, timeline and inject set that involved the following elements:

- Health Cluster coordination on an island state with a backdrop of economic, infrastructure and access challenges, but no substantial conflict;
- A sudden onset cyclone hits the country, devastating the capital city and – as the timeline developed – increasing reports of major urban and rural decimation along one of the major coastlines, requiring both countrywide and sub-national cluster coordination;
- The Ministry of Health, through its Health Emergency Operations Centre, plays a strong leadership role during the response and participants support this effort through the establishment of a Health Cluster coordination mechanism at first national, and then sub-national, level;
- The response evolves over a 90-day period, however after 12 days an infectious disease spreads rapidly from the evacuation centres and throughout the wider affected population.

Because the face-to-face SIMEX package was already comprehensively documented, it was fortunately possible to adapt the content in a very short timeframe for remote delivery. The main challenge lay in simplifying and reducing the tasks to make them achievable in a shorter timeframe. In future, a minimum of two months' design and planning time is recommended prior to the delivery of new SIMEX materials.

The main objective of the exercise was to identify and develop high-performing, dynamic and adaptable Health Cluster Teams and stakeholders that:

- Have the required combination of skills, knowledge and attitudes needed to lead and coordinate an effective health response that meets the needs of the affected population;
- Are ready to be deployed to crisis-affected countries;
- Are able to perform to the required standards.

The overall learning outcomes were designed to enable participants to:

- a. Facilitate the establishment of a health cluster coordination presence following the rapid onset of a major natural disaster;
- b. Demonstrate commitment towards mobilizing partnerships, networks and assets in seeking positive and meaningful health interventions for those in need;
- c. Draw information from multiple sources to facilitate joint analysis as a foundation for making effective plans and decisions within a health emergency response;
- d. Harness the roles that each stakeholder can play in support of the Health Cluster's six (6) core functions using a dynamic and partner-centric coordination approach;
- e. Tailor the use of global Health Cluster standards, guidelines and tools to enable an effective response as befits the national and local context;
- f. Construct appropriate relationships between the Health Cluster Coordination Team and other coordination mechanisms, including at the inter-cluster level;
- g. Use information services effectively at key points of the humanitarian programme cycle to influence and persuade others in taking appropriate action;
- h. Apply good practice in dealing with a broad range of specific Health Cluster coordination and leadership challenges.

3. Attendance

The full attendance list is at Annex A.

19 participants from the SEARO Region were selected to take part in the exercise, organized into three separate teams. Profiles included existing NGOs as well as government and WHO Health Cluster / partner coordination staff from the region. In line with the targets of the Capacity Development Strategy 2020-2023, more than 33% of the participants represented NGOs. In total, approximately 40% were female.

Event delivery was coordinated by the Global Health Cluster and TIA, in close collaboration with SEARO.

Opening remarks for the exercise delivery phase were provided by the SEARO Regional Emergency Director, Dr Jos Vandelaer.

Supporting members of the facilitation team were sourced from experienced Health Cluster Coordinators in the region plus additional subject matter specialists in information management and Emergency Medical Teams. Team facilitators and key role players were appointed to each breakout group to observe participant interactions, act out live serials and moderate the feedback process. Colleagues from AFRO region also joined the faculty in anticipation of the next exercise scheduled for early 2021.

The following observations were made in relation to human resource issues, which involve slight deviations from the guidance in the face-to-face SIMEX Manual:

- Three people are needed to run central EXCON, with tasks shared as follows:
 - a. One exercise coordinator to manage the timeline and brief role-players;
 - b. One Zoom manager to move people between breakout rooms;
 - c. One email coordinator to act as switchboard operator, monitor email traffic between teams and respond to participant emails on behalf of fictitious stakeholders.
- place a short table/overview as to the overall training structure, e.g.:
 - d. That all participants were required to complete the 9 hour online course
 - e. That all participants then attended the 3 day, 4 hour SIMEX proper with orientation and debriefing before and after
 - f. That all participants were offered bilateral feedback (to be scheduled as soon as possible post training).
 - g. Share the Health Cluster Competency and Personal Development Plans with the invitation to attend the training.
- A minimum of one dedicated Team Facilitator is needed per participant breakout room, and where possible, it is suggested to have two. Virtual exercises may provide a valuable opportunity to invite experienced NGO and/or MoH representatives to join the faculty team in the role of support facilitators;
- In general, the coaching system worked very well and it was decided unanimously to retain the same facilitators with each group throughout the entire exercise. Future delivery teams are suggested to monitor this and adjust the approach where needed;
- To help standardize the experience for all participant groups, it is suggested to develop a “Remote Train The Trainer” session for facilitators to attend during the lead up weeks for future events. This session should focus on observation and debriefing skills for virtual simulations;
- Additional actors would be a bonus to assist with video meetings, so that each actor only needs to play one role;
- Six participants per team was manageable. Three teams worked well. 18 participants per exercise is suggested as a maximum for future events.

4. Exercise Implementation

The main days of the simulation scenario took place on 03 - 05 November 2020, each session lasting 4 hours. The exercise schedule is at Annex B.

All activities before, during and after the exercise were conducted remotely from attendees' office or home-based locations. Access to a computer and wi-fi connection were the only support resources needed.

In addition, the following pre and post activities were implemented:

- During the preceding weeks, all attendees were asked to complete the Health Cluster Coordination eLearning Course (9 hours) at their own pace, as well as conduct an additional pre-exercise reading (1 hour) to become familiar with the background emergency scenario;
- A live orientation session (1.5 hours) on 02 November to brief participants on the exercise, facilitate introductions and provide a live orientation on the REM-Systems technology;
- A post-scenario debrief session (2 hours) on 06 November to draw out key learning points from across the entire exercise and gather feedback evaluation;
- Individual follow-up meetings (20 minutes) were then offered to each participant as a coaching opportunity to reflect on personal strengths and areas to develop further.

Daily wash-up sessions amongst the facilitation team and exercise support team captured the following points.

Live orientation session:

- This session was well attended. It proved to be an excellent introduction to the exercise and allowed everybody to hit the ground running the following day. In future, it will not be necessary to include the additional self-paced software orientation during the preceding week. Pre-reading materials can be emailed directly rather than accessed through REM;
- Overall, the REM-Systems platform worked very well, helped by strong wifi connectivity. Participants went through a natural learning curve in relation to the technology on both REM and Zoom;
- The Quick Guide with user hints proved useful, exercise attendees were able to download and print this for the following exercise day;
- A reminder is needed during the orientation to ask all participants to write their team name in their Zoom profile, alongside their personal name (e.g. "Salim, HCCT1"). This makes it considerably faster to move people between breakout rooms;
- Suggest to explain from the outset that each training day will start with a confirmation of attendance, as this was difficult to monitor continuously when participants dropped out for short intervals.

Day 1 (first scenario day):

- Encouraging participants to log on to REMs in advance of the start time proved an efficient way to start the day. Opening the Zoom meeting 30 mins early each day and posting the REM log-in instructions on a shared screen whiteboard is a recommended practice;
- By midway through the day's activities, all users seemed to be comfortable with the technology and were able to fully focus on the training content and interactions;
- The Whatsapp Group for EXCON was useful for sharing updates and key timings behind the scenes;
- Hot debriefs interspersed throughout the exercise timeline (every 60 - 90 minutes) were vital to reset and recalibrate participant progress. It is strongly recommended to retain this approach;

- Suggest to create a separate folder for each participant team with templates of relevant information documents so they can edit directly and not ask them to download the templates first. This will require an accompanying information note for all EXCON with the links for each team;
- While timings generally ran to plan, the initial baseline review tasks (Tasks 01 and 02) were found to be relatively complex and required an extra hour. The instructions for these tasks might be simplified;
- It is recommended to add the following bullet point into the ICCG agenda invitation from OCHA (Task 04): “Discuss Cluster inputs into MIRA questionnaire;”
- Tasks after the ICCG meeting were moved across to Day 2, which had a cascading effect on time planning throughout the remainder of the exercise;
- A short EXCON meeting at the end of the training day was helpful to review changes for the following day and confirm where each participant team was currently at in relation to the open tasks.

Day 2:

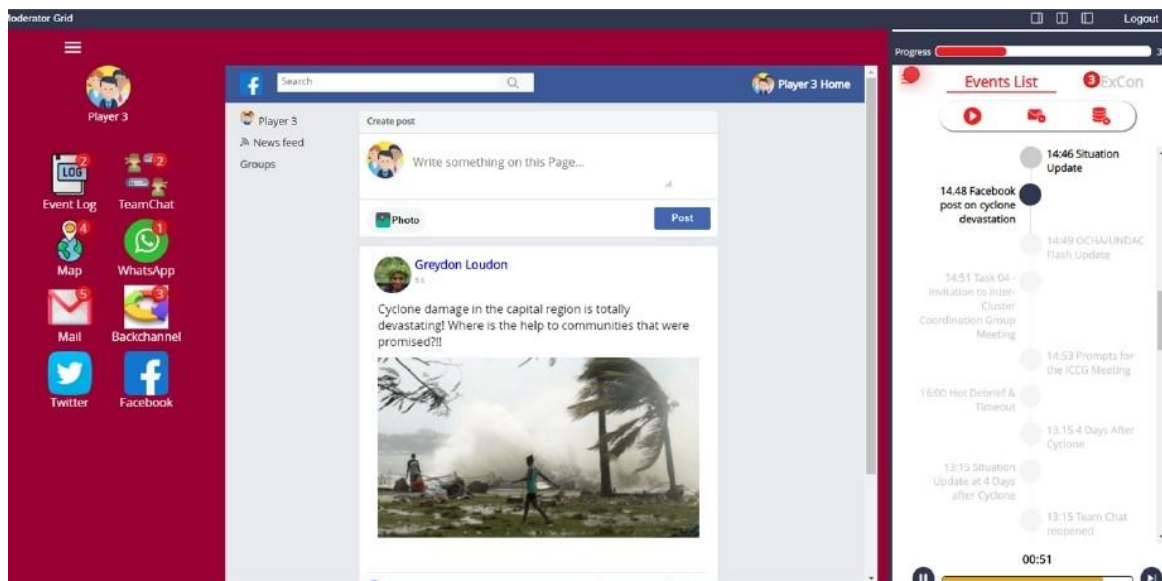
- Facilitators were emailed an updated version of the EXCON Run Sheet prior to the start of the training day, to reflect the changes to timings from Day 1;
- Participant team leaders and deputies were rotated at the start of the training day, which helped to maximise shared ownership and brought different leadership styles to the surface. This is recommended for future exercise;
- A short (10 min) plenary session was built in at the beginning which allowed technical experts to provide general feedback on the participants’ information products from Day 1 (e.g. PHSA). Additional feedback was given to individual teams throughout the first hour;
- Further strengthening of learning messages around the role of the Health EOC during a natural disaster response is recommended and could be included as part of the task involving synergies with the EMT Coordination Cell (Task 08);
- Day 2 in particular highlighted that it will be important to continue refining the tasks and injects to align with new developments, such as the PHIS training curriculum which continues to evolve. Development of “solution” products to compare and discuss with participants during hot debriefs will be an added bonus, if and when they become available;
- Due to cascading time overruns, the task involving a briefing note for the incoming WHO Incident Manager (Task 05) was omitted, and the time jump into the outbreak phase was pushed across to the following day.

Day 3:

- Again, the training day began with a rotation in team leadership and a short plenary to review the general points observed from the flash appeal task;
- Cascading timings meant that the task on shared community messaging (Task 11) was omitted, while the HC Bulletin task (Task 13) was incorporated into the final HC coordination meeting (Task 14);
- The decision was made to run Task 14 as a plenary briefing/meeting, where each team was given a section to present on in front of the entire group. While this approach has the potential to provide a final culmination at the end of the exercise, participants did report some degree of confusion as to how the meeting was managed and whether they were in or out of role at different moments. It is recommended for a dedicated trainer, separate from those involved as role-players, to facilitate the process. The plenary format carries pros and cons when compared with separate team meetings, and these should be discussed and decided amongst the faculty in preparation for the next event.

Debrief Day:

- The final training day did not involve any scenario work or utilization of the REM platform. There were opportunities for extended team debrief sessions, a plenary wrap up and next step remarks;
- Timings ran approximately 30 minutes ahead of schedule which enabled an early finish to the programme;
- Mentimeter worked very well to capture immediate participant reaction following the final debrief. and allows for easy exportation of raw data into the post-exercise report. Recommend to retain this tool on future exercises.



5. Feedback Evaluation Results

Participant feedback and observations from both trainers and observers suggest that this was an appropriate, interactive and challenging exercise event.

Participant reaction data, collected anonymously through a live activity at the end of the event, is enclosed in full at Annex C.

Highlights include the following:

- 100% of participants rated their overall exercise experience as either “excellent” or “good;”
- 69% rated the training content as either “excellent” or “good;”
- 81% rated the exercise methodology as either “excellent” or “good;”
- 80% of participants firmly recommended this remote exercise for other colleagues involved in Health Cluster Coordination.

Extra survey data was gathered at the end of each training day and used to make minor adjustments for the following session. Daily evaluations were completed by 25% of participants, on average. Although only providing a sample, this was just enough to help make minor adjustments the schedule for the following day.

In addition to these evaluation measures, participants also took part in an anonymous peer feedback process for other members of the Health Cluster Coordination Team they had worked with throughout the week. Peer feedback was collated by the faculty and shared privately with each participant who opted to utilize the individual follow-up sessions. All participants signed up for the individual sessions run by the GHC and Regional Office focal points for 30 minutes per person. The main aim of these session was to discuss the individual peer feedback, the training overall and areas for health cluster coordination professional development. In support of these sessions, the Health Cluster Competency framework as well as the Health Cluster Coordinator and Information Management Officer Personal Development Plans were shared with all participants as a guide to the core commentaries for health cluster coordination. All participants thanked the training team for the opportunity to have individual sessions reporting that it helped round off and finalize the learning process for the event.

6. Concluding Remarks

Success in this first Health Cluster virtual exercise is attributed to a high degree of motivation and flexibility from participants, appropriate tailoring of the scenario and content to meet their needs, and a positive approach from all faculty representatives.

It should not be understated that other regions were waiting keenly for the results of this remote exercise, and as such the SEARO colleagues involved have helped to cement a truly novel approach which may have lasting contributions to Health Cluster effectiveness worldwide.

In summary, it was firmly concluded that the virtual model established through this first event has paved the way for wider implementation of REM-Systems in other regions and using all three SIMEX scenarios (natural disaster, protracted emergency, and conflict).

Whilst the experience of remote participation in a team-based simulation is undeniably different from a regular face-to-face version, it nevertheless allows for an interactive style of learning that succeeded to meet the stated learning outcomes. As travel restrictions from COVID-19 and other factors come and go, it would be wise to plan for a range of delivery options and a flexible approach that can be adapted to the needs and demands of different regions at different times.

The event organizers would like to thank all partners and individuals who gave their energy and expertise to make this landmark event a success.

Annexes:

- A. Attendance List;
- B. Exercise Schedule;
- C. Participant Feedback Evaluation Results.

Annex A: Attendance List

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Annex B: Exercise Schedule

All timings are indicated in Delhi time.

	Tuesday	Wednesday	Thursday	Friday
1300	Disaster Readiness Phase (3 days before impact)	Scaling up the sub-national Health Cluster (4 days after impact)	Implementation & Advocacy (6 weeks after impact)	Post-Exercise Debrief & Evaluations
1330				
1400				
1430				
1500	Establishing national Health Clusters (2 day after impact)			
1530				
1600	Scaling up the sub-national Health Cluster (4 days after impact)	When Outbreak Strikes (12 days after impact)		
1630				
			End of scenario	

Annex C: Participant Feedback Survey Data

Please give us your feedback about this exercise.

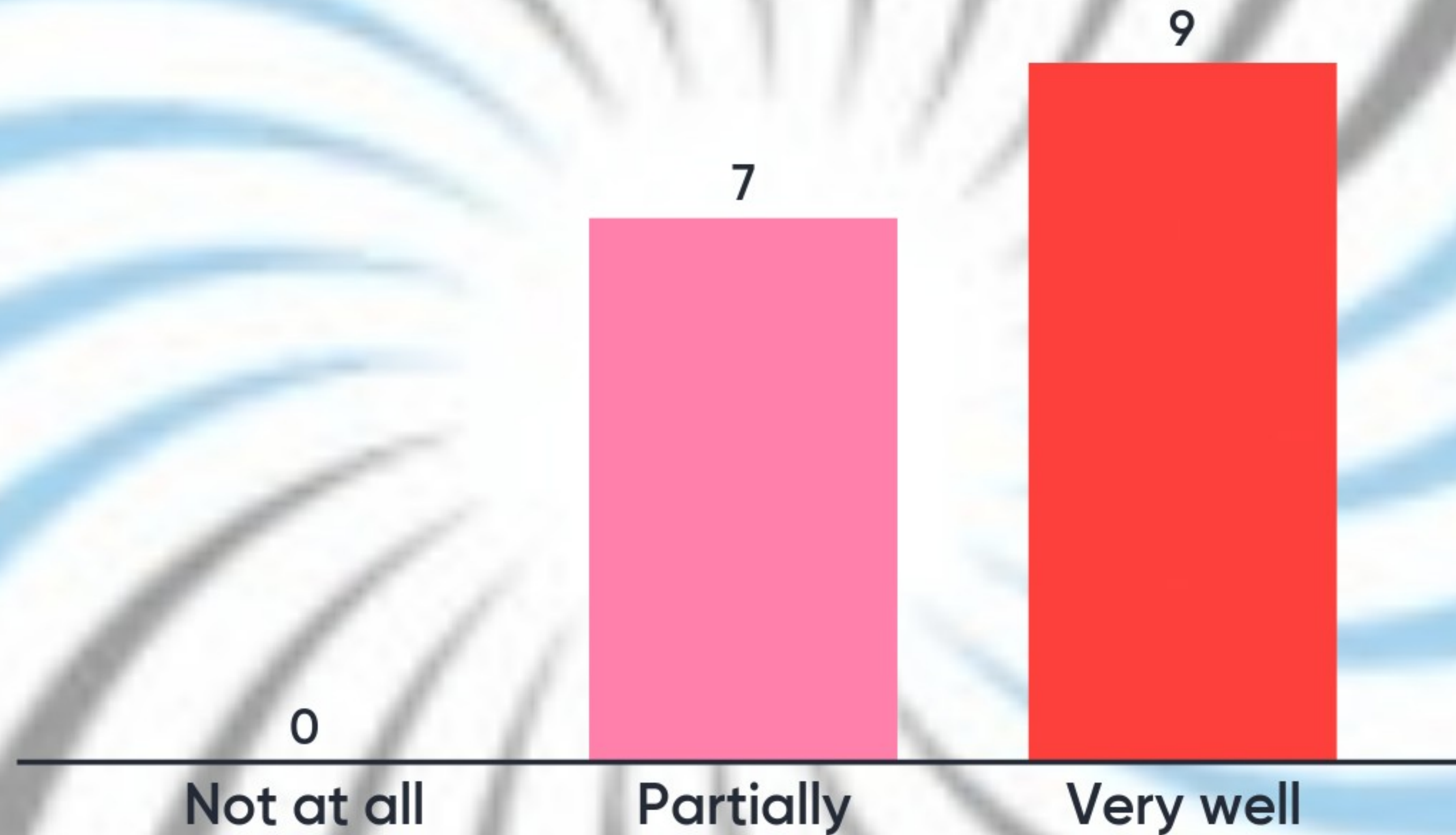
Your feedback is very important to the Faculty Team and the SEARO Regional Office. We will use it to find out more about what you have learned, how you plan to use your learning and how we can improve future exercises.



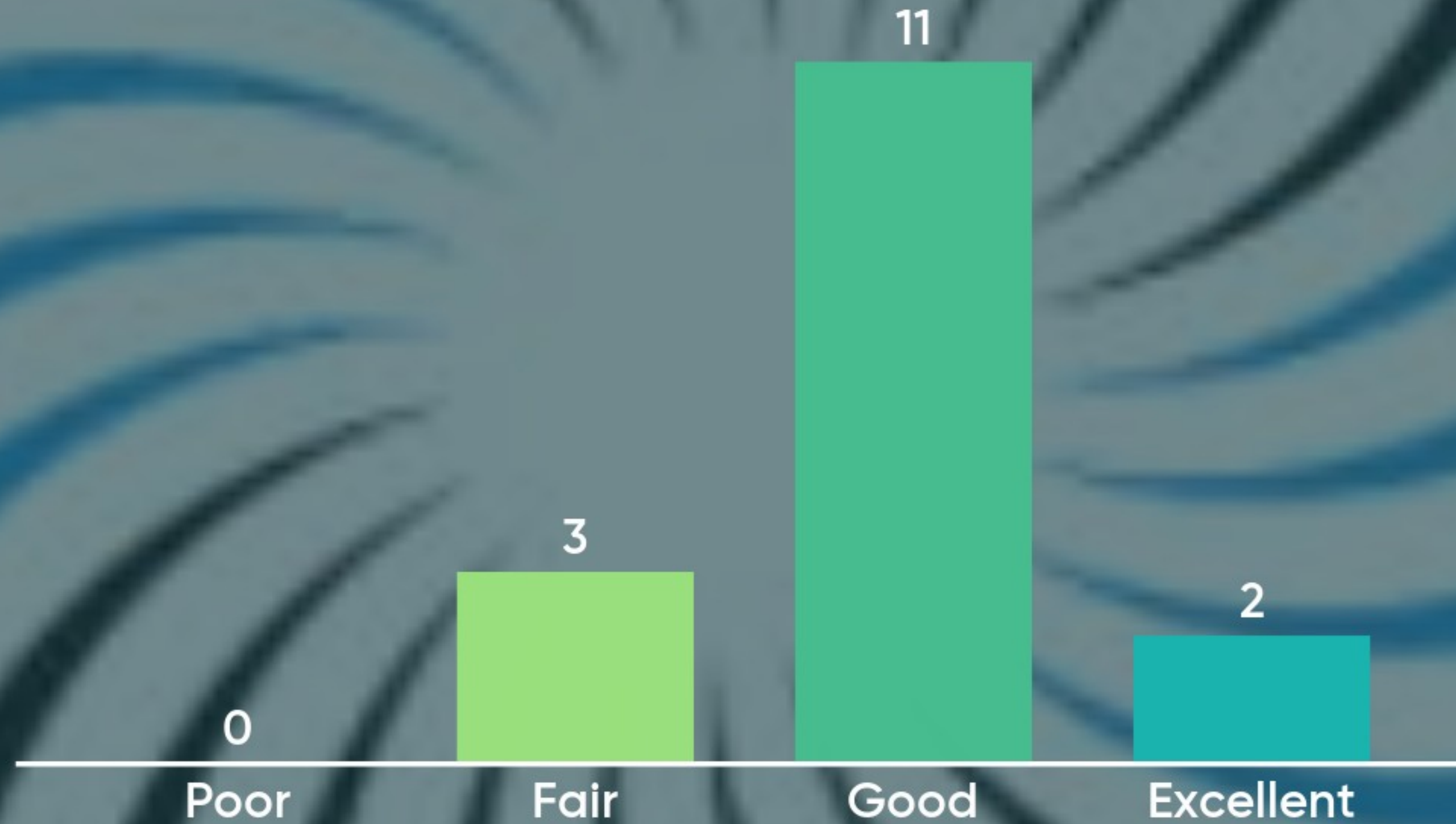
Please rate your overall experience of the exercise



How well did the exercise meet your expectations?



Please rate the on-boarding process and preparations phase (lead up communications, pre-reading, orientation day on Monday)



Please write some comments on the on-boarding and preparations phase

It was fine and coordinated

the whole process is quiet OK

It's okay. The system is easy to use and setup.

It is really useful to attend elearning course before this stimulation.

it is nice that the team has good preparations to equip us for this virtual training. Is is helpful.

It is critical phase and I would suggest to request additional document reflecting REM

Online REM system is a new innovative platform to use easily and effectively for me. But sometimes, two screen sharing is not easy for me.

Faced some technical problems, but good we are familiar now with new technology

The design of the exercise should be explained very well so that the participants can familiar with the exercise.

Please write some comments on the on-boarding and preparations phase

If we could get the information in an organized way that would be better. A separate guideline to overcome the technical problem

very useful

Thought as the facilitator will lead all the discussion.

The schedule was little tight.

it is a nice one

REM system and SIMEX exercise

can learn the basic concept of health cluster

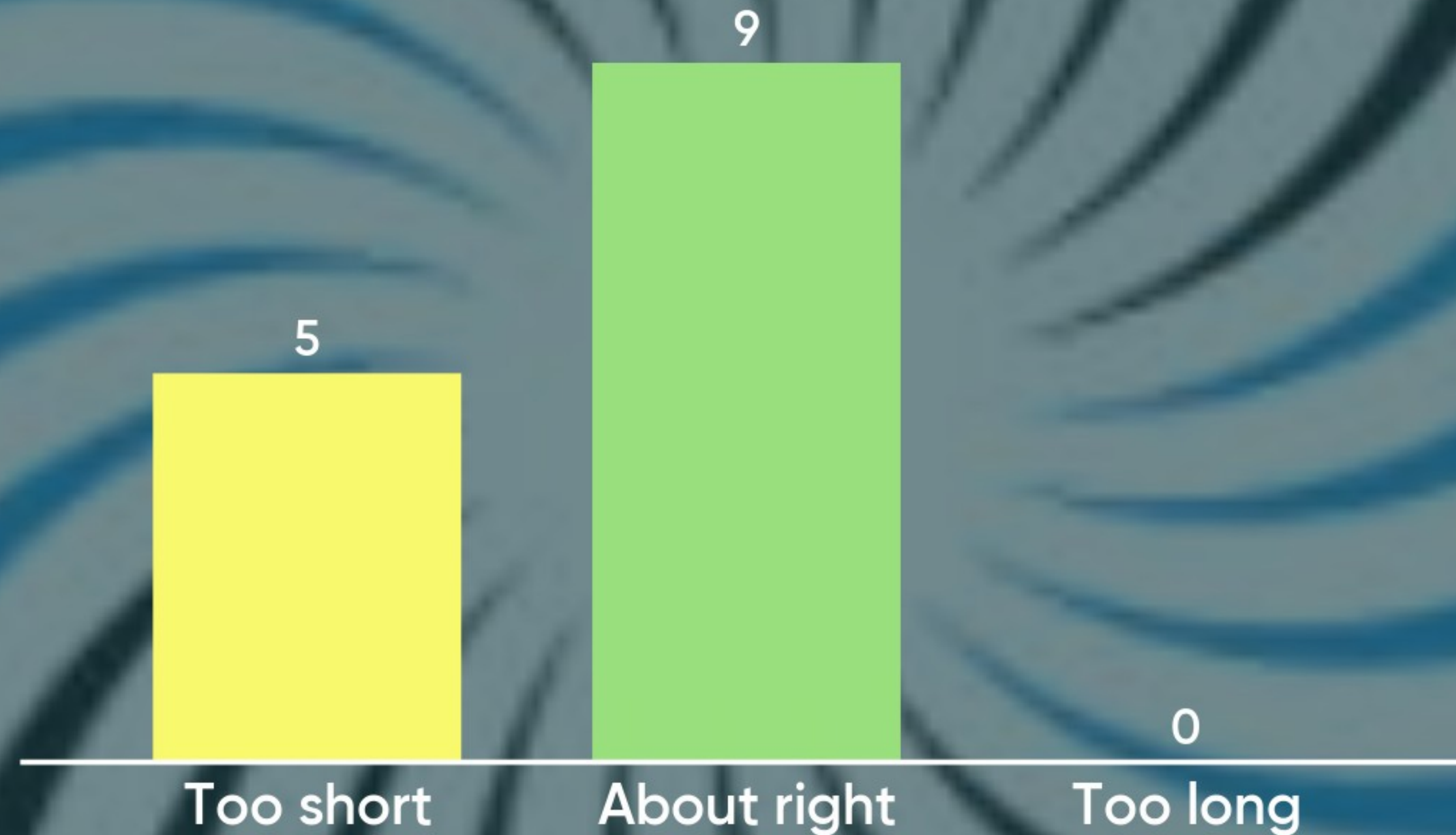
It will be better if the exercise based on a real scenario from the past. So that the participants can do more research on the country

Training is very effective for me as I have learned a lot what are the key roles of HCCT during crisis situation and accepted much experiences from team colleagues, & facilitator.

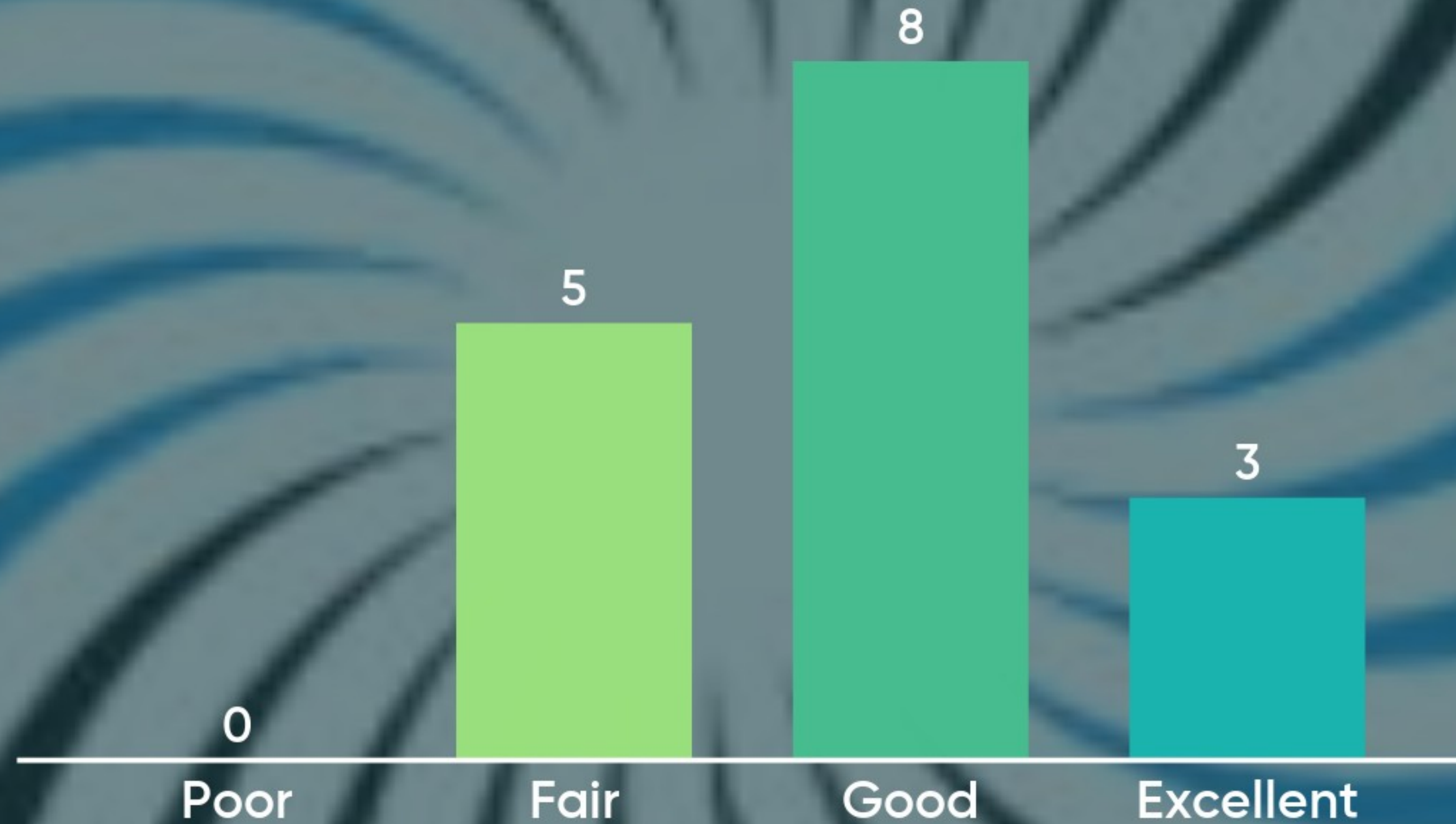
Please write some comments on the on-boarding and preparations phase

It seems short with virtual approach and it is better in person training.

The duration of the exercise (3 x 4 hour sessions) was...



Please rate the learning CONTENT (scenario, tasks, injects)



Please write some comments on the learning CONTENT

Quiet Good

Some documents are very useful

It was good. Only the discussion time within team was limited.

It is better if Learning contents are specific information and guidance.

Great to learn as a lesson.

it is good and may need to have enough time to read it in exercises

HCT and Cluster activation, coordination and advocacy, Resource Mapping and Situational analysis

This is a very useful training and it reflects our real life.

It is good. And events were set like the real situation. It remind me the field situation.

Please write some comments on the learning CONTENT

were much elaborated and comprehensive

It is good and very useful

Overall good. Too many information at a time. Could not get much time to read all those. It could be focused on problem based and priority based.

The learning materials are excellence but we have tight time frame to use this during exercise. Online HCCT at ilearn is really helpful.

Cluster deactivation and Transition plan

more comprehensive if organized some preparation before exercise

More facts,

Some documents should be shared in advance

I've learnt on the health cluster working mechanism during emergency disasters, how to engage Govt. NGOs, INGOs, World Bank, Politicians etc. and how to make more active.

Please write some comments on the learning CONTENT

1) the importance of coordination and communication among cluster partners
2) partnership and leadership

- is essential in respond to health emergency-
coordination role

What did you learn about Health Cluster Coordination?

Please give at least two examples

I've learnt on how to activate health cluster team mechanism and how to involve all in this disasters to help mankind.

1) The role of cluster members. 2) Importance of coordination with MOH, stakeholder agencies and different clusters.

How to prepare proper PHSA and coordination mechanism between partners

1. Importance of leadership role of health cluster in emergency phase 2. Multitasking role of health cluster

The sensitization of health cluster mechanism to MOH and government is essential for successful cluster activation and continuation

Health cluster doesn't mean WHO, it's a forum for coordinated response and resources mobilization

Time management on multiple tasks Management several info within a short time

1) Health Cluster Meetings are the place to discuss and share about the emergencies. 2) Inter cluster coordination is very important.

The importance of coordination and communication among cluster partners. the importance of partnerships and leadership during crisis situation.

What did you learn about Health Cluster Coordination?

Please give at least two examples

Health cluster coordination should respond immediately after the disaster. In between the cluster coordination there should be synergy and sharing of information.

It is important to consider inside and outside coordination. We need to unlimited our coordination with team/cluster. We have to ask assistants and technical supports from regional or HQ/ Global HC.

Coordination and leadership are very important in emergency situation. I also learnt that we have to keep in mind that transition is also important.

communicating and responding in a coordinated way, it ensures timely and optimum resource utilization in response activity

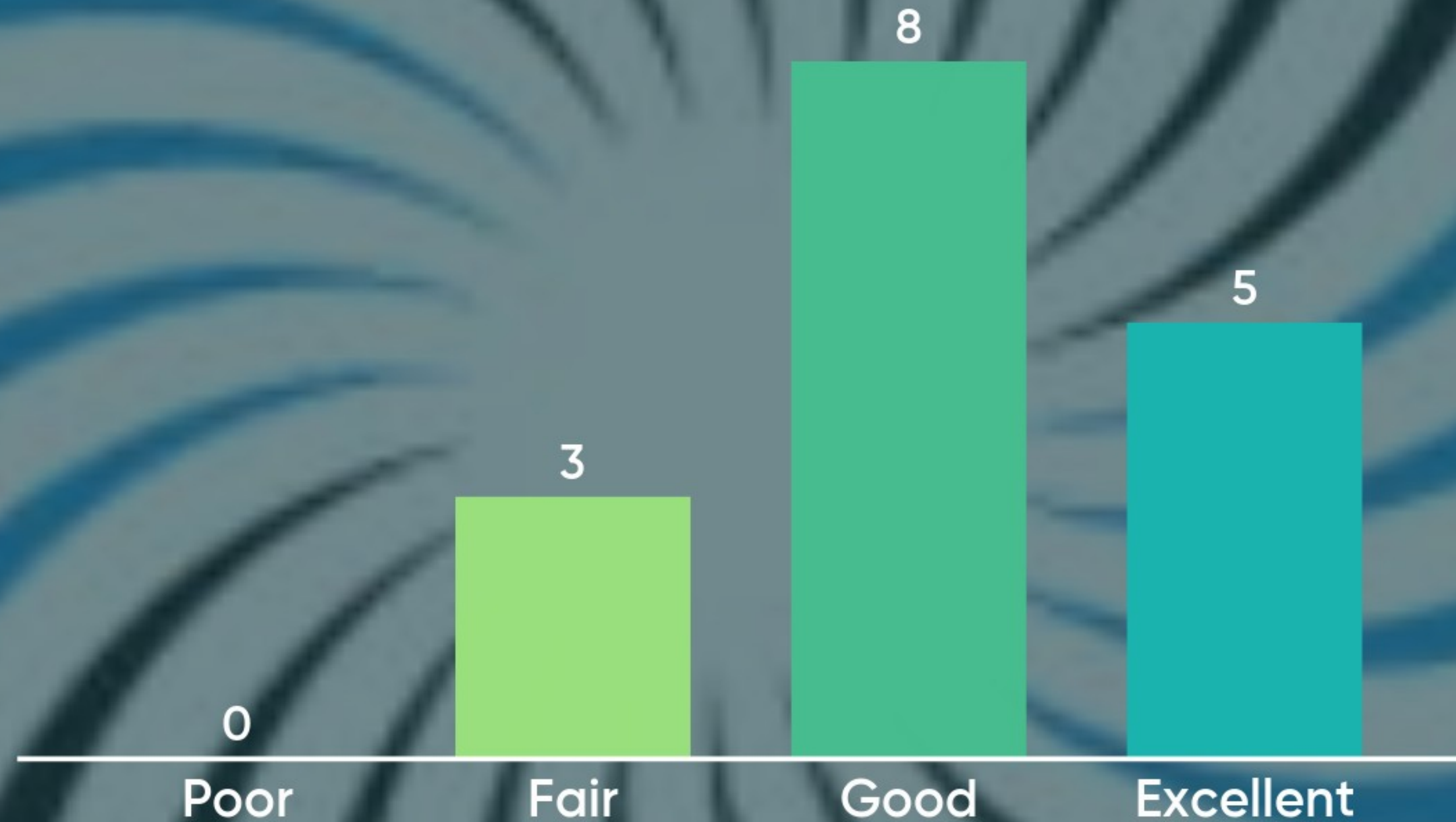
1. time is limited for multiple actions. 2. have to be ready to engage with different parties with different interest. 3. communication skill is the key

Cluster should identify the each members technical expertise to solve specific problems

1. To save lives and promote dignity for people living in humanitarian settings. 2. To strengthen efficiency, accountability and responsibilities of all stakeholders in responding humanitarian crises

Health cluster coordination should respond immediately after the disaster. The coordination sub cluster should have synergy.

Please rate the exercise **METHODOLOGY** (exercise technology, group work)



Please write some comments on the exercise METHODOLOGY

Very Good!

It is great. But time is factor. Good team work is needed.

team work, time bound

Will be better if the participants can also become part of the role-playing when other groups are presenting.

It reflects actual situation. Good.

The menthodlogy is impressive and REMS stimulated like realist situation. Suggestions: to explore more agenda on risk communication and community engagement.

1. it takes the 1st training day to adapt. 2. after adapting, it is great. 3. face to face might be better.

REM system was really great to experience the scenario in a virtual platform. The overall exercise methodology is satisfactory.

it need to improve in REMS system to work all features

Please write some comments on the exercise METHODOLOGY

residential training would have better learning opportunities

Facilitators are good and always gently remind team members to be finished in timely manner. Methodologies are great.

Excellent for new normal environment, cost effective, no need to travel for attending training, but there was no interpersonal interaction like other training

1. Although the training is conducted virtually, it is a very useful for the participants.

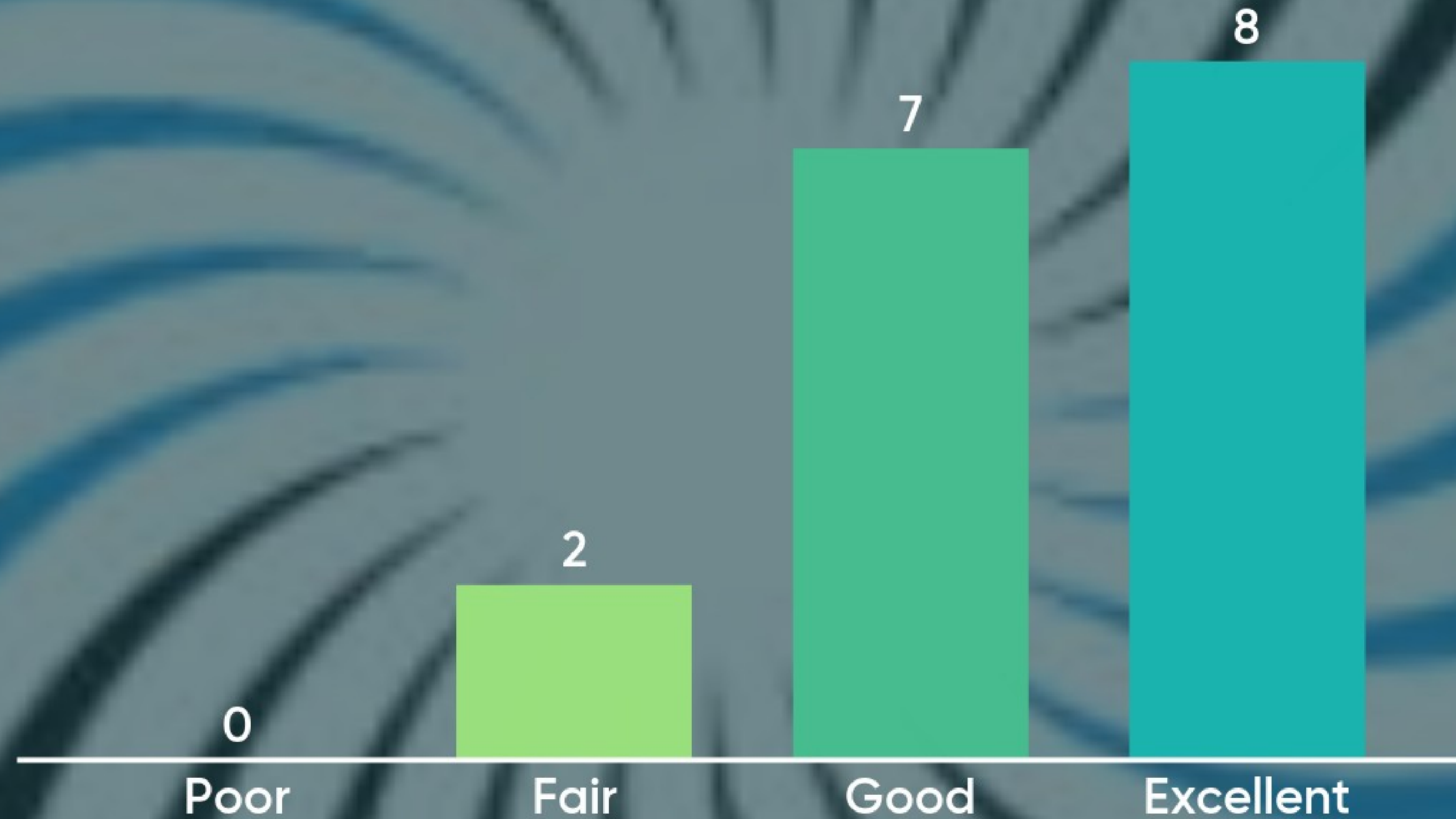
Task delegation among team members by using google sheets, docs and REM system are very useful to discuss all case scenarios.

Good to learn. Need some improvement.

1. Could be more clear if we could get any guidance of the type of exercise one day prior to the exercise. 2. Group work was good. Equal numbers of participants were not present in each group,

The REM system is good.

How would you rate the facilitation of the exercise?



Please give some comments on the facilitation

It is good.

Very good!

Love it.

The facilitation process is really good

The facilitators are very active and supportive for team.

overall good

it is good enough.

simply splendid. strategic as well

energized

Please give some comments on the facilitation

It was great for me as I have a lot of learning opportunities from others.

They are excellent and provided valuable comments and direction what we have to do for convincing negotiation

It's good

The facilitators are very nice, can provide quick and important feedbacks to the team immediately.

Will be better if the facilitator gives more explanation or the expected outcome of the exercises.

Facilitation was great overall. Debriefing at the end of the day helped to improve for the next day. However, facilitation at the beginning when exercise starts needs to be more spontaneous with some Ice breaking.

Overall facilitation skill is good. Sometimes, task delegation and group work among team members for sharing ideas and feedbacks are needed to improve

Would you recommend this exercise to other colleagues?

