Health Cluster Capacity Development Strategy 2020 – 2023

Mid-Term Review (MTR) April 2022

Contents

Appendices:

1. Summary

The Mid-Term Review (MTR) of the Health Cluster Capacity Development Strategy 2020 – 2023 (HCCDS) was carried out between January and April 2022. The aim of the MTR was to collect feedback from key stakeholders on the progress to date with implementing the four thematic strategic priorities, the achievements of the HCCDS so far, the challenges faced during 2020 – 2021 and to seek guidance on the priorities for 2022 and 2023.

In total fifty-eight informants took part in the MTR, either by means of an online survey or an interview. The feedback showed that despite a challenging first two years of the HCCDS, overall good progress has been made with the implementation of the strategy, the four strategic priorities remain relevant and training and learning activities are consistently evaluated as being of high quality. The feedback received from former Training Participants indicates that Health Cluster Coordination Training (HCCT) continues to have a positive impact on strengthening Health Cluster leadership and coordination at national and sub-national level.

The main challenges with the full implementation of the HCCDS have been the impact of the Covid-19 Pandemic on implementing direct HCCT and the significant funding and capacity constraints at global, regional and country level.

2. Introduction

The Health Cluster Capacity Development Strategy 2020 – 2023 (HCCDS) has been developed by the Global Health Cluster, in consultation with the Health Cluster Capacity Development Consultation Group and the Health Cluster Strategic Advisory Group, in order to support the implementation of the Health Cluster Strategy 2020 – 2023 vision of saving lives and promoting dignity in humanitarian and public health emergencies, by developing high quality and effective leadership and coordination in all health responses to acute and protracted humanitarian crisis. The HCCDS 2020 – 2023 builds on the achievements of the HCCDS 2016 – 2019 and provides the basis for continuing to strengthen the learning and performance of current and potential members of Health Cluster Teams, Health Cluster Focal Points and other Health Cluster Stakeholders, and for providing these personnel with Global Health Cluster endorsed opportunities for their continuous professional development.

The HCCDS 2020 - 2023 is based on the Health Cluster Coordination Competency Framework (please see Appendix A) and a blended and competency-based approach to learning and training, in which a variety of learning activities and access to high quality learning resources are provided. The HCCDS 2020 – 2023 also recognises the importance of effectively planning individual learning. The strategy envisages that this will be provided by the Health Cluster Professional Development Plan and by encouraging Supervisors and Line Managers to ensure that the implementation of learning is supported at organisational level.

The HCCDS is based on four thematic strategic priorities:

- **Strategic Priority 1:** The implementation of the Health Cluster Coordination Learning Programme.
- **Strategic Priority 2:** Increasing Health Cluster Partner engagement and participation in learning and training activities and as part of Health Cluster Coordination Training Teams.
- **Strategic Priority 3:** Ensuring the quality of all learning and capacity development activities.
- **Strategic Priority 4:** Strengthening and improving coordination with other Capacity Development Stakeholders.

The focus of the HCCDS 2020 – 2023 is therefore on supporting the implementation of the Global Health Cluster Strategy 2020 – 2023 Strategic Priority Objective 1.3.2: increasing Health Cluster Partner participation in capacity development activities, ensuring the quality of all learning and training activities, increasing the impact of learning and training at country level and by strengthening capacity development coordination with other WHO and MOH coordination networks.

3. The Purpose of the Mid-Term Review (MTR)

The purpose of this MTR is to establish the progress so far with the implementation of the HCCDS 2020 – 2023. The findings of the MTR will support the GHC Capacity and Development Consultation Group in identifying the priority activities for 2022/2023. This will enable the GHC Unit to continue to provide a systematic and structured approach to high quality, blended and impactful learning and capacity development which responds to the increased need and expectation for Health Clusters to demonstrate effective leadership and coordination in all types of acute and chronic emergency health response.

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4. The Scope of the Mid-Term review

The MTR sought feedback from informants identified by the GHC Unit on the following questions:

4.1. What has been the progress so far with achieving the four thematic strategic priorities?

- Strategic Priority 1: The implementation of the Health Cluster Coordination Learning Programme.
- Strategic Priority 2: Increasing Health Cluster Partner engagement and participation in learning and training activities and as part of Health Cluster Coordination Training Teams.
- Strategic Priority 3: Ensuring the quality of all learning and capacity development activities.
- Strategic Priority 4: Strengthening and improving coordination with other Capacity Development Stakeholders.

4.2. What have been the achievements so far of the HCCDS 2020–2023?

4.3. What have been the challenges so far of implementing the HCCDS 2020–2023?

4.4. What are the priorities for the remaining term of the HCCDS 2020–2023?

5. Methodology

Feedback for the MTR was collected from the following stakeholders and sources:

5.1. Five online surveys were carried out with all:

- Global Health Cluster Partners
- Health Cluster Coordinators and Health Sector Coordinators
- Participants of the online SIMEX's which took place in SEARO 2020, and AFRO 2021 and the Myanmar Induction Training in 2021
- Members of the Training Teams for these three training events
- Health Cluster Strategic Advisory Group Members (SAG)

5.2. Key Informants identified by the GHC Unit were invited to take part in individual interviews.

5.3. A desk review of the following documents was carried out and has informed the identification of the progress, achievements, challenges so far and priorities for 2022/2023.

- Health Cluster Coordination Training Reports 2020– 2021
- Health Cluster Strategic Advisory Group reports and updates 2020– 2021
- Capacity Development Consultation Group reports and updates 2020 – 2021
- Strategic Advisory Group Task Team Review of the Capacity Development Consultation Group in February 2022
- Alignment of current WHE Learning Strategy and HCCDS 2020 - 2023

6. Feedback

6.1. Summary of the online surveys

This section summarises the number of responses from the five online surveys which were carried out with the following stakeholders:

1. Former Training Participants
2. Training Team Members
3. Health Cluster Partners
4. Members of the Health Cluster Strategic Advisory Group
5. Current Health Cluster Coordinators and Health Sector Coordinators

The surveys ran from 11 – 25 February 2022 and were initially sent out by the GHC Unit on 11 February 2022 followed by two reminders sent out by the WHE LCD Unit.

There were 49 respondents in total to the online surveys. The response rate and respondents for each survey were as follows:

Survey	Number of responses	Distribution	Response rate	Responses were received from
1.Former Training Participants	18	57	31%	AFENET CARITAS Health Poverty Action IMC Save the Children WHO AFRO (8) WHO SEARO (4) WHO HQ
2.Training Team Members	5	25	20%	WHO (4) IMMAP
3.Health Cluster Partners	8*	61	13%	ECHO FHI360 GOAL MTI SP The Global Fund UNFPA WVI
4. SAG Members	5**	9	55%	CARE
5. Health Cluster Coordinators and Health Sector Coordinators	13	23	56%	WHO AFRO 4 WHO AMRO WHO EMRO 7 WHO SEARO

*.Although this was a disappointingly low response rate from HC Partners, all 8 of the partners who responded were either fully (62.5%) or partially (37.5%) familiar with the HCCDS Strategic Priorities.

**There was only 1 direct response to survey 4. SAG Members, but 3 members had completed the HC Partners and 1 member the Training Team survey. In total feedback was received from 5 SAG members. Other members of the SAG were invited to respond as Key Informants.

Please see **Appendix B** for the full feedback from the online surveys**.**

6.2. Feedback from Key Informants

Feedback was received from nine Key Informants which has informed the recommendations of this review:

	Key Informants		Region/ Team
1	Thierno	Balde	**AFRO**
2	Oleg Nikolayevich	Storozhenko	**EURO**
3	Wagawatta Liyanage Sugandhika Padmini	Perera	**SEARO**
4	Nilesh	Buddh	**SEARO**
5	Linda	Doull	**GHC Unit**
6	Emma	Fitzpatrick	**GHC Unit**
7	Heini	Utunen	**LCD Unit**
8	Andrew	Black	**LCD Unit**
9	Marie Chantal	Claravall Larrucea	**EMT**

Please see **Appendix C** for a summary of the feedback received from the Key Informants.

7. Progress to date with achieving the Strategic Priorities

Despite the COVID-19 pandemic and significant capacity and funding constraints good progress has been made with Strategic Priority 1: the implementation of the HCCDS Learning Programme. In 2020/2021 the first two online SIMEX packages, 1) AFRO Protracted Crisis with an outbreak 2) SEARO Natural Disaster with an outbreak, were successfully piloted and the Health Cluster eLearning course has 28,700 enrolments

Feedback from the survey respondents and key informants has also confirmed that some progress has also been achieved with the implementation of Strategic Priorities 2, 3 and 4, and that they remain relevant and should be the basis for identifying the priorities for 2022 and 2023.

8. The achievements so far of the HCCDS 2020 – 2023

There have been a number of significant achievements during 2020 and 2021.

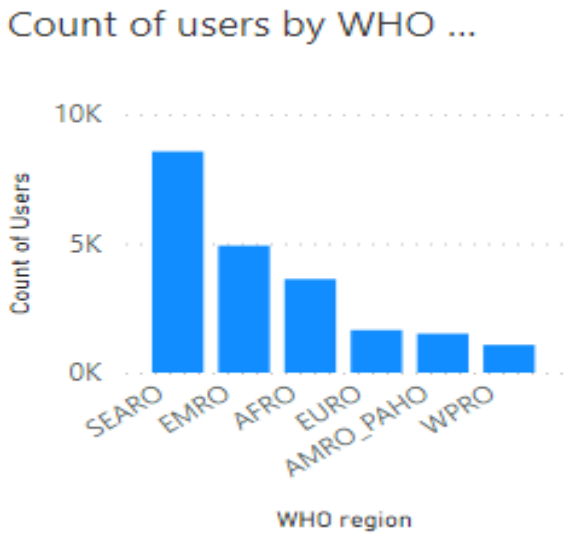
8.1. The finalization and successful launch of the 17 module Health Cluster eLearning course in December 2019 led to the enrolments which mostly took place in 2020 and 2021.

Between December 2019 and March 2022 there had been 28,700 enrolments. 8,610 or 30% of eLearners had fully completed all modules and been awarded a certificate and Open WHO badge. The main reason given in the MTR on-line surveys for non-completion was insufficient time (66%), with 33% of respondents saying that they were planning to complete the eLearning course.
66.76% (14.24K) of learners were male; 33.11% (7.07K) of learners were female; and .13% (.03K) were other.
Currently the OPENWHO platform does not allow us to identify how many of these enrolments are colleagues and partners directly involved in clusters.

CDCG will work with open who to add a survey/ questionnaire at the beginning of the modules to try and ascertain if someone is working in or with a cluster. We will also develop a survey to be sent to all users that have enrolled in the elearning asking if they are currently working with or in a cluster.

Please see **Appendix B** for a summary of the full feedback from Training Participants, Health Cluster Partners, Health Cluster Coordinators and Health Sector Coordinators on the Health Cluster eLearning course.

8.1.1. The regional breakdown of learners



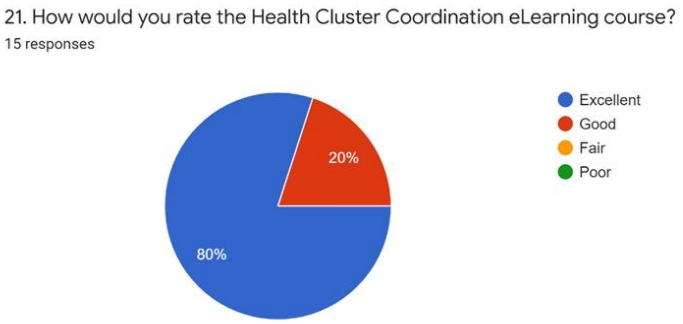
8.1.2. The affiliation of Learners

Affiliation	Count of Users	%
Student	8711	34
Other	3476	13.6
NGO	2546	10
Volunteer	2273	9
Health Ministry	1906	7.4
Health Expert	1724	6.7
Healthcare Professional	1308	5.13
WHO staff	925	3.6
Int organisation	875	3.4
Health Institute	861	3.3
Other Ministry	509	2
UN Country Team	341	1.34
GOARN	26	.10

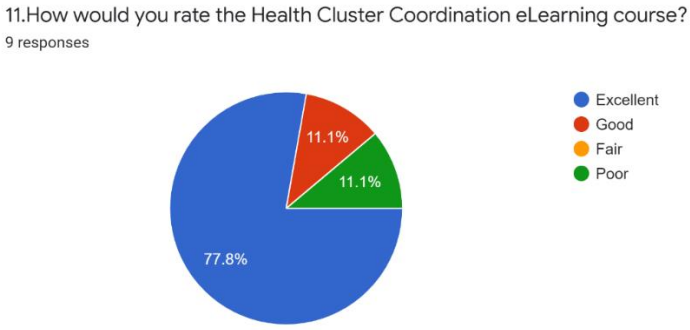
8.1.3. Learners by Country (those countries with over 1% of learners)

Country	Count of Users	%
1. India	6658	31
2. Pakistan	1310	6
3. Nigeria	1207	5.6
4. Bangladesh	916	4.3
5. United States of America	782	3.6
6. Iraq	675	3
7. Saudi Arabia	609	2.86
8. Nepal	543	2.55
9. Philippines	514	2.4
10.Egypt	464	2.18
11.Ethiopia	397	1.86
12.UK	285	1.34
13.South Africa	265	1.24
14.Yemen	261	1.22
15.Sudan	254	1.19
16.Kenya	243	1.14
17.Somalia	242	1.13
18.United Arab Emirates	230	1.08

8.1.4. Fifteen (15) of the 18 former Training Participants who responded to the survey and who answered this question had completed the HC eLearning course. All of the 15 rated the HC eLearning course as excellent or good.



8.1.5. Nine (9) of the 13 Health Cluster Coordinators or Health Sector Coordinators who responded to this survey and answered this question had completed the HC eLearning course, and 89% of the nine rated it as excellent or good.



8.2. The scripts of the eLearning courses have been translated into French and are awaiting budget to be able to record and create the French version of the training.

8.3. The CDCG has developed 3 SIMEX training packages with country, regional and HQ technical partners. The three different packages have been developed to adapt to different country and regional focus. including 1) Protracted Crisis with an outbreak; 2) Conflict with an outbreak; 3) Natural Disaster with an outbreak. Packages 1 and 3 have now been successfully piloted virtually and evaluated.

8.4. In 2020 and 2021 due to covid restrictions, two of the three face-to-face training packages were also adapted to create 5-day virtual SIMEX packages that were co-hosted and cost shared and implemented in SEARO and AFRO.

8.5. SEARO Regional Training November 2020

The Global Health Cluster in collaboration with the WHO Regional Office for South-East Asia (SEARO) conducted a Health Cluster Coordination Virtual Exercise for countries in SEARO on 2 – 6 November 2020. The **nineteen participants** were from Ministries of Health, national and international non-governmental organizations and WHO staff representing Bangladesh, Myanmar and Nepal, in addition to WHO staff from regional offices SEARO and AFRO Health Emergencies Programme and Emergency Medical Teams.

8.6. AFRO Regional Training February 2021

The Global Health Cluster in collaboration with the WHO Regional Office for Africa conducted a Health Cluster Coordination Virtual Exercise for countries in the region on 8 - 12 February 2021. The **nineteen participants** were from global Health Cluster partners (iMMAP, International Medical Corps, Save the Children) and national partners (AFENET, Médecins d'Afrique), WHO regional offices (AFRO, EURO, SEARO) and WHO staff representing Algeria, Cameroon, Comoros, the Democratic Republic of Congo, Kenya, Mozambique, the Republic of the Congo, Senegal, South Sudan, Ukraine and Zimbabwe.

8.7. The three SIMEX packages have been translated into French.

8.8. A 3-part induction/ orientation course was developed and delivered in Myanmar between the end of November 2021 and early January 2022. There were 11 participants and the facilitation team consisted of 2 representatives of the GHC, the SEARO Focal Point and the acting Myanmar HCC. The course consisted of a three-hour virtual workshop with all participants, all participants were asked to complete the Health Cluster eLearning course, and there was a two-hour virtual Q&A session. The materials used in the induction/orientation course are on the GHC SharePoint.

8.9. Feedback from the online surveys has produced a strong indication of the **high quality** of the current HCCT training.

Feedback from Training Participants:

- **88.9%** of the respondents said that they evaluated the HCCT training events they attended as excellent
- **100%** of the respondents said that they would recommend the HCCT training event they attended to other Health Cluster personnel

Feedback from former members of the Training Team

- **80%** of respondents said that they evaluated the training events they supported as excellent

8.10. Feedback from the online surveys has produced a strong indication of the **impact** of the current HCCT training**.**

Feedback from Training Participants

- **88.8%** of the respondents said that participating in HCCT has assisted them in their current role
- **94%** of the respondents said that they had used their learning in order to strengthen Health Cluster coordination at country level

I do participate in the health Cluster part of my representation role. Owing to the knowledge acquired during the training, i have improved my contributions to the health cluster work in DRC.

I really understand the partnership role after the training

The training boosted my confidence to perform the role of HCC. I also had to learn more about the role

- **100%** of the respondents said that they had used their learning in order to improve their performance in their current role

My presence in the health cluster meeting has increased the organization visibility and participation.

I fully understand prioritization of needs after the training

Learning more about the role has improved my performance

I was able to use the skills gained during the HCC in development and implementation of HCC simulation exercises and to organize parts of Joint Operations review for Ethiopia. I was able to support remotely Ethiopia crisis by guiding them how to design their response program especially on HCC aspects

- **100%** of the respondents said that they had used their learning in order to strengthen their leadership abilities and competencies

Using knowledge acquired and living in the country where we note several emergencies, I have increased my leadership abilities to coordinate new deployments or leading new operations set up.

8.11. Feedback from the Health Cluster Partners who responded to the online survey showed that **100%** reported that the HCCDS 2020 – 2023 is making some progress in meeting the capacity development needs of Health Cluster Partners.

8.12. There has been strong and regular input into WHE training materials (WHE Capacity Development Strategy, Ready to Respond eLearning, and input I of WHE Leadership Training)

8.13. The development of a 30-minute introduction package to the Health Cluster, which was used in South Sudan and Ethiopia. The learning materials used in the introduction package are available on the GHC SharePoint.

8.14. The GHC has joined the newly established GCCG Inter-Cluster Capacity Development Task Team and supported the development of the Terms of Reference and initial priorities for 2022. The GHC will be the Co-Chair of the Task Team from March 2022.

9. The challenges with implementing the HCCDS 2020 - 2023

A review of the online surveys and Key Informant Interviews revealed that the following challenges were consistently raised by a significant number of respondents and informants:

9.1. The Covid -19 Pandemic has created significant difficulties in conducting the planned capacity development activities, particularly the direct/f2f training mode for HCCT which has not taken place in 2020 and 2021.

9.2. Current regional and GHC Unit capacity to coordinate and support Health Cluster capacity development activities had a major impact on implementing planned capacity development

activities. In 2021 the GHC Unit Technical Officer responsible for capacity development was deployed to the Ethiopia Health Cluster for six and half months.

9.3. In 2020 USD 30,000 dollars that was available for capacity development was used in the transformation of the face-to-face training to the virtual SIMEX training package. This allowed for a cost-sharing agreement with SEARO and AFRO to implement one virtual training in each region. November 2020 in SEARO and February 2021 in AFRO. However, resources for capacity development (both in terms of personnel and funds, were very stretched over Year 1 and Year 2 of the HCCDS which made medium- and longer-term planning and the full implementation of the Strategic Objectives very challenging. The focus on Health Cluster Coordination Training eLearning and virtual SIMEXs has continued to be the main priority of the implementation of the HCCDS learning programme. In September 2021, funds were made available for the translation from English to French of the eLearning and the 3 SIMEX training packages modules. Having the potential to conduct trainings in French will help support the CDCG reach the goals established in 2022 and 2023.

9.4. The identification, training and timely deployment of sufficient national and sub-national Health Cluster Coordinators continues to be a major challenge. The CDCG has developed minimum suggested criteria for the nomination and participation of all training participants. However, when hosting Regional Trainings, the GHC Unit has no direct authority over HCC training nominations and deployments. The CDCG should explore and provide firmer guidelines. Related to this is the difficulty of managing expectations at regional and country levels of the outcomes of HCCT, and the readiness of participants to be competent to be deployed purely on the basis of having attended a HCCT. Participation in a training does not automatically qualify a participant to be deployed as a HCC. Training is only one part of the overall qualification and experience required.

9.5. There continues to be lack of understanding at country level of the Health Cluster Coordination mechanism and its connection with other coordination mechanisms such as EMT and GOARN. This lack of understanding continues to be widespread amongst WRs, WHE staff and MOH. Particularly strong feedback on this was provided by EURO and EMT Key Informants. Although the different coordination mandates are covered in the HCCT and the HC eLearning course, part of the reason for this is likely to be found in participation rates among these target groups and changes in personnel.

10. Conclusions

The MTR found good indications that the HCCDS 2020 - 2023 continues to make progress in building effective leadership and coordination capacity at country level, and the strategic priorities remain relevant. However, much remains to be done in order to achieve the ambition of the current strategy, particularly with regard to the funding and capacity needed to fully implement the strategic priorities and related activities.

The main priorities for 2021 – 2023 should be to ensure the quality and impact of all Health Cluster learning and capacity development activities, increase the pool of deployable Health Cluster Coordinators and Health Sector Coordinators and strengthen the links and collaborations with key capacity development stakeholders, particularly EMTs, GOARN and the WHE Learning and Capacity Development Unit**.**

11. Recommendations

Based on the outcomes of this MTR it is therefore recommended that the HCCDS priorities for 2022 – 2023 should be as follows:

11.1. Ensure training and learning quality by fully implementing the HCCDS Learning Programme and Monitoring Framework and consider introducing Continuous Professional Development (CPD) accreditation, initially for the Health Cluster eLearning course.

Please see Appendix A for the existing Learning Programmne and Monitoring Framework.

11.2. Develop and implement effective impact assessment tools.

11.3. Increase the pool of HCC trained qualified and experienced deployable HCCs and HSCs. This can be supported by

- ensuring that at a minimum all HCC candidates have completed the HCC eLearning prior to deployment.
- Conducting regular trainings in English and French.

11.3.1. It is also recommended that an analysis is carried out of the number of HCCT Participants who have been deployed as Health Cluster Coordinators and Health Sector Coordinators.

11.4. In order to achieve 11.1, 11.2. and 11.3. significantly increase the human and financial resources available for capacity development at regional level and to support the GHC Unit.

11.5. Revive the Capacity Development Consultation Group, and ensure that is enabled to address the priorities identified by this MTR by:

- Reviewing membership
- Identifying a Partner Co-Chair
- Producing a realistic and funded workplan for 2022 – 2023
- Developing a capacity development funding strategy and secure funding against it

11.6. Commence the preparations for developing the HCCDS 2024 – 2027 and ensure the alignment with Health Cluster Strategy 2024 -2027 and the WHE Learning Strategy 2022 – 2027. (The timelines for these strategies are to be confirmed).

11.7. HCCT Training

- Provide a f2f HCCT at global level, it is recommended that this is a women only HCCT for 24 participants, 3 from each WHO region. This was recommended by the Participants who took part in the AFRO HCCT in February 2021 and has been suggested by HC partners. The Ready for Response Leadership in Emergencies flagship programme has also recently initiated a Women in Leadership Community of Learning Network.
- In consultation with the regions build on the achievements of the two online SIMEXs which have already been successfully run in AFRO and SEARO, by piloting a shorter

online SIMEX package 2 - Conflict with an Outbreak, and identifying opportunities to include Health Cluster modules on other regional trainings

- Review and shorten the three SIMEX training packages and develop the injects and learning materials/resources for the WHE virtual platform.
- Run at least one SIMEX in French (f2f or virtual)
- Develop a short f2f and virtual refresher training (SEARO)
- Review and strengthen Health Cluster Induction and Orientation and target WRs, WHE staff and MOH
- Strengthen the targeting of training participants

11.8. HCCT eLearning

- Strengthen the targeting of eLearning participants
- Launch the French HCC eLearning course
- Add the existing mandatory pre-deployment courses and the new WHO PRSEAH modules to the HCC eLearning course space
- Develop a specific PRSEAH module for HCCs and wider WHE
- Develop a very short/micro “Health Cluster Essentials” and FAQ, to be placed on the GHC website and to include sign-posts to the Health Cluster Guide, PHIS Toolbox, eLearning course and the Global Health Cluster Team.

11.9. Strengthen links and collaboration with the WHE LCD Unit.

11.10. Continue to strengthen capacity development links with GOARN and EMT, identify the cross cutting/core learning objectives and ensure WHO and Health Cluster partners fully and consistently understand the coordination mandates of each partnership.