Health Cluster Coordination Virtual Exercise
Protracted Emergency with Outbreak, AFRO Region
08 – 12 February 2021

Post-Exercise Report

Contents

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 second Health Cluster virtual exercise, implemented using REM-Systems in support of – and partnership with – AFRO Region.

Screenshot of participants working interactively using the REM-System platform

2. Exercise Design and Planning

A collaborative design panel was brought together to develop and adapt the exercise materials. Using the face-to-face SIMEX 1 Health Cluster training package as a baseline, the panel designed a scenario, timeline and inject set that involved the following elements:

- Health Cluster coordination at the sub-national level in a fictitious, landlocked country setting where longstanding power struggles exist between national stakeholders and a generally low level of government capacity to deal with chronic food insecurity, internal population displacement and other development issues dating back more than seven years;
- An infectious disease outbreak of major concern then hits the country and the cluster system must rapidly scale up to address escalating coordination issues in one vulnerable province;
- Against this backdrop, participants will join different Health Cluster Coordination Teams to coordinate the health preparedness and response up to and including, the resource mobilization stage.

Because the face-to-face SIMEX package was already comprehensively documented, it was fortunately possible to adapt the content within a two month period for remote delivery. The main challenge lay in simplifying and reducing the tasks to make them achievable in a shorter timeframe.

As with the pilot event in November 2020 for SEARO Region, the main objective of the AFRO 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 adaptation of a health cluster coordination presence at sub-national level following a significant escalation of health needs within a protracted emergency setting, such as in the situation of an IASC Humanitarian System-Wide Scale-Up and/or Scale-Up Protocol for the Control of an Infectious Disease Event;
b. Implement the advocacy functions of the Heath Cluster Team to ensure humanitarian principles are respected, particularly in contested contexts;
c. Demonstrate commitment towards mobilizing partnership, networks and inter cluster collaboration in seeking positive and meaningful health interventions for those in need;
d. Draw information from multiple sources to facilitate joint analysis as a foundation for making effective plans and decisions within a health emergency response.
e. 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;
f. Tailor the use of global Health Cluster standards, guidelines and tools to enable an effective response as befits the national and local context;
g. Construct appropriate relationships between the Health Cluster and other coordination mechanisms (e.g. HEOCs), as well as other clusters;
h. Use information services effectively at key points of the humanitarian programme cycle to influence and persuade others in taking appropriate action;
i. 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 attended from the AFRO Region, organized into three separate teams. Profiles included existing NGOs as well as government and WHO Health Cluster / partner coordination staff from the region. 20% of the participants represented NGOs. 32% were female.

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

Supporting members of the facilitation team were sourced from experienced Health Cluster Coordinators in the region plus additional subject matter specialists from WHO units and the wider global Health Cluster network. 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.

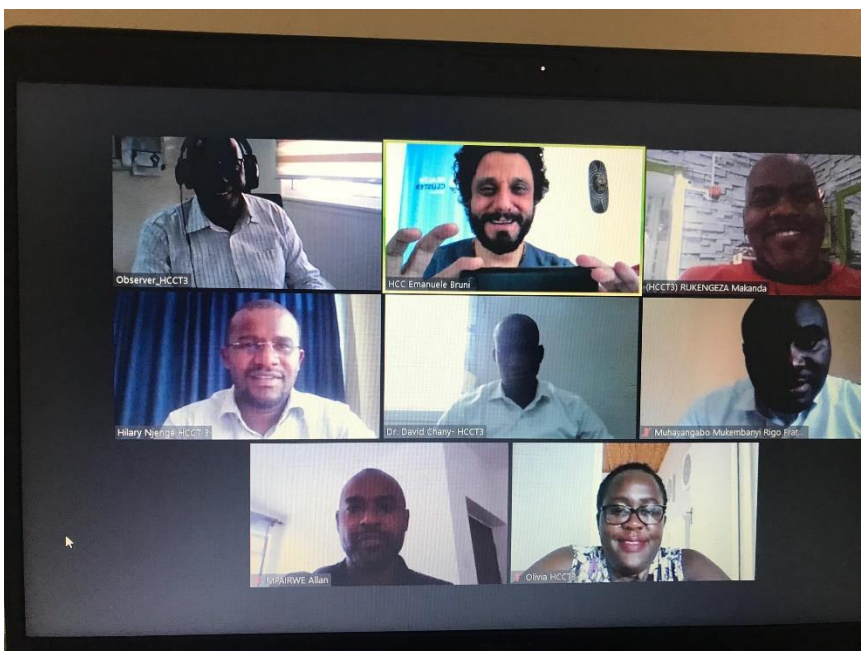
WHO colleagues from SEARO provided welcome support to convert lessons learned from the previous exercise, and key members of WHO EURO also joined the faculty in anticipation of the next simulation event scheduled there for Q2 in 2021. Such inter-regional collaboration was seen as a decisive factor not just in the success of this exercise, but also in terms of building a community of Health Cluster SIMEX personnel that is capable of transcending geographical variations on a longer term basis. Where possible, a similar troika system involving representative from past, present and future Regional Offices is recommended.

Building on recommendations from the previous event, to help standardize the experience for all participant groups, a virtual *Training of Trainers* (ToT) mini workshop was offered to all EXCON staff during the final week of preparations. This half-day workshop was held in addition to the regular 90 minute coordination meeting which precedes every Health Cluster SIMEX. The ToT component focused on key facilitation skills including managing group dynamics, observing participant activities debriefing skills for virtual simulations. Facilitators were also introduced to an Individual Action Plan for them to complete and use for continued reflection during and after the exercise.

A detailed agenda for the ToT is enclosed at Annex B and the faculty feedback is at Annex C.

Screenshot from Health Cluster Coordination Team Breakout Room 1

Screenshot from Health Cluster Coordination Team Breakout Room 2



Screenshot from Health Cluster Coordination Team Breakout Room 3

4. Exercise Implementation

The full exercise schedule is at Annex D.

The main days of the simulation scenario took place on 09 - 11 February 2021, each session lasting 4 hours.

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 additional pre-exercise reading (1 hour) to become familiar with the background emergency scenario;
- A live orientation session (2 hours) on 08 February to brief participants on the exercise, facilitate introductions and provide a live orientation on the REM-Systems technology. At the request of AFRO, an additional presentation was included to recap core concepts from international humanitarian humanitarian architecture;
- A post-scenario debrief session (2 hours) on 12 February 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.

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.

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

<u>Live orientation session:</u>

- This session was well attended. As in previous events, it proved to be an essential introduction to the exercise and allowed everybody to hit the ground running the following day.
- Additional time and explanation may be needed in future to recap the pre-reading materials and ensure everyone has taken the time to become thoroughly familiar with the main aspects of the country background and emergency scenario.
- A further motivational tool would be to notify participants that their pre-reading activities will be "tested" on arrival at the SIMEX meeting. To reinforce this, a short anonymous quiz might be held using Mentimeter, or time given to participants in their breakout rooms to write "10 key elements of the country profile" on their team whiteboard;
- If a further 1-2 hours was added to the orientation session, it would be possible to conduct the majority of the contingency planning phase here (i.e. Task 1 - baseline data review / actor mapping, and Task 2 - PHSA), which would reduce the time compression the following day and provide a less frenetic insertion into the exercise scenario. This may be an option worth considering for future events.
- Overall, the REM-Systems platform worked very smoothly once again during the orientation session and on every other training day. Approximately half of the participants did experience less than optimum wifi connectivity at some stage during the exercise, however the major impact of this was that participants were not always able to make their camera visible on Zoom.

First Scenario Day:

- While timings generally ran to plan throughout the week, Tasks 1 and 2 were found to be relatively time consuming and required an extra hour than originally planned to achieve a minimum output. The PHSA in particular never truly got accomplished by any team in written format, despite some excellent learning discussions on this topic.
- The knock-on effect to timings meant that Task 3 (briefing note) was skipped and Task 4 (Health Cluster coordination meeting) was adjusted to make it a plenary forum where each participant team prepared in full but was responsible only for facilitating one agenda point.
- One suggestion discussed during the end-of-day EXCON meeting was to take a more prescriptive approach in terms of allocating individual roles within participant teams. While this may save a little time at the start of the exercise, it does carry the disadvantage of shrinking the opportunity for participants to find and negotiate effective team practices: a necessary part of working in the Health Cluster arena and a key learning outcome of the SIMEX. It is recommended, therefore, for future EXCON teams to retain role assignation as a back-up option to be decided on a case by case basis by each team facilitator, in conjunction with central EXCON.
- Following another recommendation from the previous event, a separate folder was created for each participant team with templates of relevant information documents. This allowed them to edit templates directly and thereby reduced the time or IT requirements needed for participants to download.

Second Scenario Day:

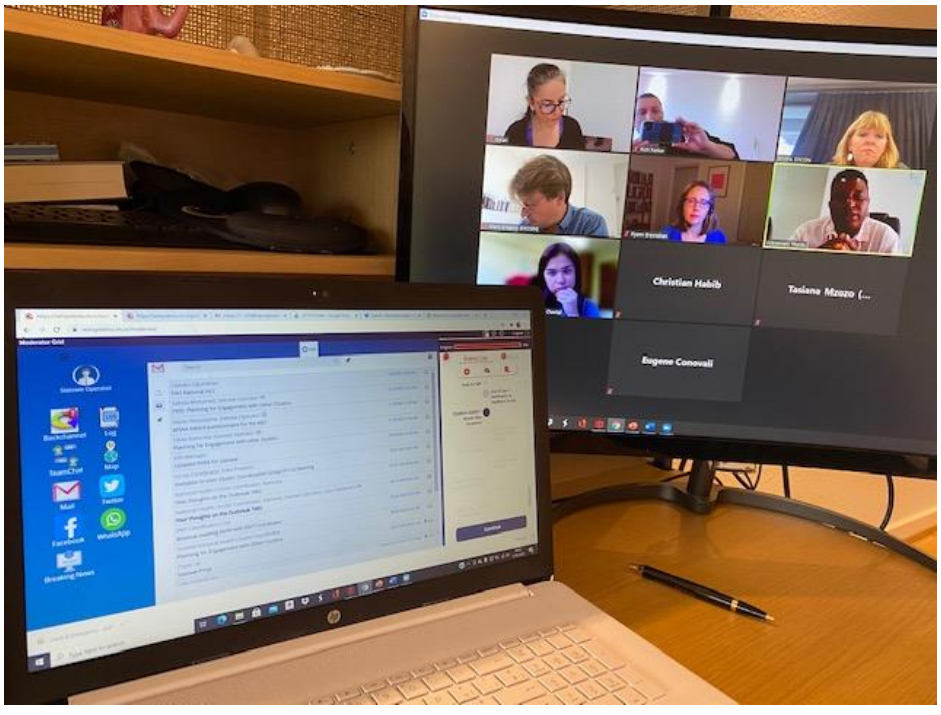
- Overall, participant performance increased dramatically during the second scenario day, which fits normal patterns as people become increasingly comfortable with the mode of interaction and IT platforms.
- It is notable that Day 2 involves a greater number of smaller tasks run in parallel (requiring more emphasis on participant role division), whereas the first and last scenario days trend towards fewer, more lengthy tasks run in sequence (requiring more emphasis on unified action).
- In terms of timings, due to the interest generated by other core tasks, Task 9 (GBV), Task 10 (joint community messaging) and Task 11 (outbreak briefing note) were omitted as set pieces. However, these were largely planned as optional tasks and the facilitator of one participant team showed good initiative in requesting Task 9 at a later stage in the day when his group was less busy. This was a positive example of the flexibility and responsiveness needed by EXCON to customize the learning experience to fit each group's needs.
- Some team facilitators reported challenges in cross-refencing the task sheet numbers with live injects delivered through the REM platform, which meant they felt less able to follow up on team progress against each deliverable. More attention is needed on this during the pre-exercise ToT/EXCON sessions, and a simple system introduced to enable facilitators to quickly cross-reference and track outstanding team outputs during live exercise play.
- As with the SEARO pilot event, the level of awareness around Emergency Medical Teams (EMTs) and the synergies between Health Cluster and EMT coordination concepts was especially low amongst AFRO participants; Task 6 should therefore be retained as this subject matter is still relatively new for many health partners. An additional 1 page sheet on EMTs may also be useful.
- A short (10 min) plenary session was again inserted at the beginning of the day which allowed technical experts to provide general feedback and discussion on the participants' information products from Day 1 (e.g. PHSA).
- Participant team leaders and deputies were rotated, which helped to maximise shared ownership and brought different leadership styles to the surface. For one team in particular, however, the issue of gender roles became prominent and it remains important for facilitators to ensure both women and men are given equal opportunities to assume leadership roles. As far as possible within a virtual environment, EXCON staff must continue to make all efforts to challenge discriminatory or derogatory language by role-modelling exemplary behaviour and not allowing women to be talked over by men or relegated to note-takers on every occasion.

Third Scenario Day:

- The third scenario day began with a 15 minute presentation on resource mobilization from a staff technical officer within AFRO.
- The decision was made overnight to combine Task 12 (flash appeal) and Task 13 (donor presentation) into a single focus and plenary forum, with each team responsible for briefing donor role-players on one agenda point plus one of their proposed flash appeal objectives. This plenary approach provided a fitting culmination at the end of the scenario. To manage any potential confusion over in/out of role assignments, a dedicated EXCON trainer facilitated the interchange between speakers and shared each team's slides on screen which they had submitted beforehand. Three other EXCON actors were allocated as donor role-players, supported by question prompts from other members of the faculty passed via the EXCON WhatsApp Group. Two separate observers were then asked to lead the debrief on technical issues arising from the meeting, before the meeting facilitator covered the Fields of Facilitation tool on
- On conclusion of the donor meeting, a screenshot of the entire group was taken as well as of each breakout participant room.

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 to schedule.
- 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.



Screenshot of the EXCON team working interactively using the REM-System platform

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 E.

Highlights include the following:

- 100% of participants rated their overall exercise experience as either “excellent” or “good;”
- 100% rated the training content as either “excellent” or “good;”
- 100% rated the exercise methodology as either “excellent” or “good;”
- 100% 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 50% of participants on average, which was an improved response rate compared to the previous event. It is recommended to continue collecting daily feedback through the first iteration of the final SIMEX package (i.e. conflict-based scenario), although this level of evaluation may not be necessary for subsequent repeat scenarios.

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.

Screenshot during a final plenary session when ENDEX was called

6. Concluding Remarks

This second Health Cluster virtual exercise has built upon the strengths and recommendations of its predecessor, providing participants and other stakeholders with a highly effective capacity building event in spite of the significant restrictions created by COVID-19. Success is attributed largely to the selection of appropriately experienced and qualified participants, a reduced number of task sheets within the allocated exercise timeframe, and a positive team spirit amongst EXCON colleagues including strong support from AFRO staff.

The ToT component has proven to be a meaningful new addition and – with minor customizations for each event – should be retained as a tool for enhancing skills development amongst the Health Cluster SIMEX pool.

At the time of writing, discussions are likely to continue throughout the remainder of 2021 (and potentially beyond) as to the feasibility of fully returning to a face-to-face mode of simulation exercise. TIA's recommendation to the Health Cluster community is to continue planning for a range of delivery options and a flexible approach that can be adapted to the conditions applicable in different regions at different times. A hybrid approach, for example, may be possible much sooner where participants and facilitator(s) from the same country are co-located in a physical venue, and yet utilize virtual platforms such as REMs to connect with other participant teams and EXCON situated elsewhere. This approach would seem to offer the best of both worlds, certainly during the interim months while international travel remains uncertain.

Based on discussions from this AFRO event, another suggestion for future planning might be to hold an all-female Health Cluster SIMEX in the coming months and promote this to other partners and humanitarian clusters/networks as a showcase event for virtual exercises.

Finally, the event organizers would like to thank all partners and individuals who gave their energy and expertise to make this training event a success. Any comments on the substance of this report will be warmly received.

Rich Parker,
Training In Aid, in support of the Global Health Cluster and AFRO

Annexes:

A. Attendance List;
B. Training of Trainers Workshop Agenda;
C. Training of Trainers Feedback Evaluation Results;
D. Exercise Schedule;
E. Exercise Feedback Evaluation Results.

Annex A: Attendance List

Participants			
No	**Name**	**Affiliation**	**Email contact**
1	Allan Mpairwe	Nairobi hub	mpairwea@who.int
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6	Opeayo Ogundiram	WHO AFRO	ogundirano@who.int
5	David Chany Biel	WCO South Sudan	bield@who.int
6	Sainda Mohammed	WCO Comoros	mohamedsai@who.int
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9	Georges Batona	WCO Congo	batonag@who.int
10	Nollascus Ganda	WCO Kenya	gandan@who.int
11	Aurelien Pekezou	WCO DRC	pekezoua@who.int
12	Lylia Oubraham	WCO Algeria	oubrahaml@who.int
13	Aliyou Moustapha	WCO Cameroon	chandinia@who.int
14	Faquir Calu	WCO Mozambique	caluf@who.int
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16	Davy Louveozo	Medecins d'Afrique (Partner)	dlouvouezo@yahoo.fr
17	Olivia Namusisi	AFENET (Partner)	namusisiolivia@afenet.net
18	Louis de Gonzague Rukengeza	Save The Children (Partner)	Rukengeza.Makanda@savethechildren.org
19	Rigo Muhayangabo	IMC (Partner)	rfmuhayangabo@internationalmedicalcorps.org
Exercise Control (EXCON)			
No	**Name**	**Affiliation**	**Email contact**
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03	Emma Fitzpatrick	GHCU, WHO HQ	fitzpatricke@who.int
04	Rich Parker	Training In Aid	rich@traininginaid.com
05	Nuran Higgins	Training In Aid	nuranhiggins@gmail.com
06	Sugandhika Perera	WHO SEARO	pereras@who.int
07	Oleg Storozhenko	WHO EURO	storozhenkoo@who.int
08	Christian Habib	GHCU, WHO HQ / iMMAP	chabib@immap.org
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15	Roy Cosico	EMT Secretariat, WHO HQ	cosicor@who.int
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Annex B: Training of Trainers Workshop Agenda

The overall aims of this mini workshop are to:

a. Prepare Team Facilitators, and other Faculty Group Members, for their role in supporting the delivery of a Health Cluster Coordination Virtual SIMEX;
b. Further enhance Health Cluster Partner Training Capacity at global, regional and country levels.

Ser	Time (Brazzaville local time)	Session/Topic	Session Learning Outcomes
1	1030 – 1040	Opening & Expectations	• Outline the workshop agenda & content • Reflect on individual objectives as a virtual SIMEX team facilitator
2	1040 – 1100	Observing Participant Teams & Making Interventions	• Recognize the degree of flexibility & options available to team facilitators when guiding participants during SIMEX activities • Identify concrete steps for structuring observations of participant actions, decisions & competencies that may be used to inform subsequent debriefing sessions
3	1100 – 1135	Facilitating Participant Team Debriefs	• Describe at least three different ways to structure a participant team debrief following a SIMEX activity/phase or during the final exercise review • Practice facilitation techniques for making the most of dialogue within an inclusive group reflection session • Recognize technical expertise within the faculty team which can be used to provide constructive, technical feedback & examples of good practice
Short Break			
4	1140 – 1215	Troubleshooting within HC Simulations	• Explore techniques for handling challenging participant behaviours • Identity options to incorporate cultural, language & gender variations into the participant group dynamics • Describe how to maximise simulation technologies to help guide participants
5	1215 – 1230	Evaluation of ToT & Recap of Key Learning	• Complete individual action plans as SIMEX facilitators • Commit to using the mentoring and feedback processes available for development of Team Facilitators during the SIMEX • Complete a level 1 evaluation of the ToT phase

Annex C: Training of Trainers Feedback Evaluation Results

Q1 Please rate your overall experience of the workshop.

Poor	0.00%
Fair	0.00%
Good	0.00%
Excellent	100.00%

Q2 How well did the workshop meet your expectations?

Poor	0.00%
Fair	0.00%
Good	0.00%
Excellent	100.00%

Q3 The duration of the workshop was...

Too short	0.00%
About right	100.00%
Too long	0.00%

Q4 Please rate the learning CONTENT.

Poor	0.00%
Fair	0.00%
Good	0.00%
Excellent	100.00%

Q5 Please rate the learning METHODOLOGY and FACILITATION.

Poor	0.00%
Fair	0.00%
Good	0.00%
Excellent	100.00%

Q6 Would you recommend this workshop for other HC SIMEX facilitators in the future?

Yes	100.00%
No	0.00%
Maybe	0.00%

Q7 Please add any other comments that you would like…

- More expectation to cascade it at lower level (countries as soon as possible). Very interesting training
- Very well thought of and structured ToT.

Annex D: Exercise Schedule

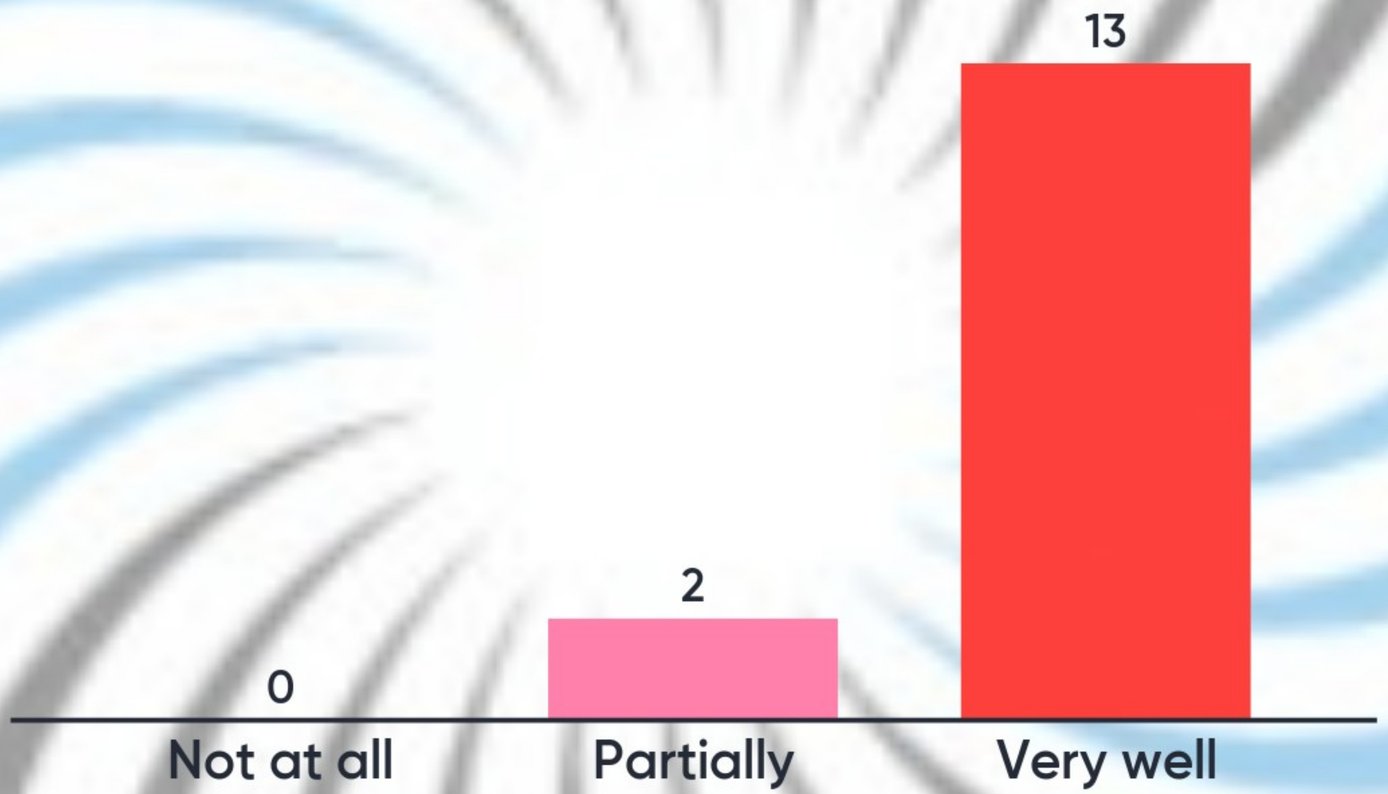
All timings are indicated in Brazzaville time.

	Monday	Tuesday	Wednesday	Thursday	Friday
09:00		Preparedness phase (1 month prior to escalation)	Needs assessment & analysis, leading into strategic planning (2 days after escalation)	When outbreak strikes cont (11 days after escalation)	
09:30					
10:00	Welcome briefing, team allocation and software orientation				Post-Exercise Debrief & Evaluations
10:30				Resource mobilization & advocacy (1 month after escalation)	
11:00		Establishing sub-national Health Cluster (1 day after escalation)			
11:30					

Annex E: Exercise Feedback Survey Data

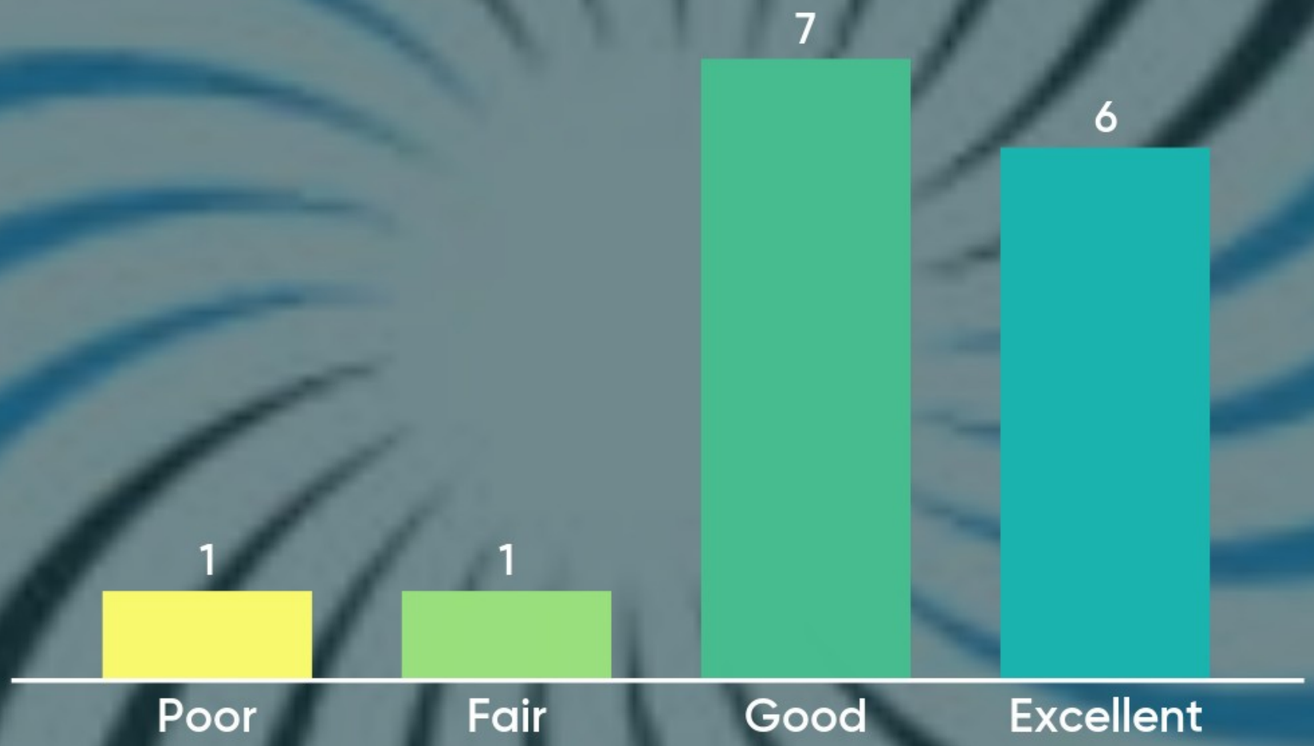
Please rate your overall experience of the exercise

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)

Mentimeter



15

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

Mentimeter

I think the instructions were quite clear.

Les details de l'organisation de la formation n'ont pas été clairement définis

Instructions were clear and shared timely

Everything was good

The instructions were clear, and there was always support from the facilitators

Preparations for the exercises were excellent. Keep it up

There should have been a ready folder with all information in there right place before the sessions. We spend lots of time to try and locate the needed readers

Instructions were not so clear

Facilitators to make sure everyone has the prereading materials as attachments and not as a link, maybe consider having a French training because some participants we struggling to communicate in English

26

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

Mentimeter

pre reading exercise was very comprehensive and vital for this exercise better this exercise be conducted in face to face mode...but covid could not allow this ...this exercise is practical face to face is important (back ache from sit down)

Some of the facilitators where not sure of the instructions and consulted from time to time

You can include communication or soft skills training as part of this training, then maybe refer partcipants to writing skills and convicing skills

Nothing to say. It was good but need to ensure that all participants have received documents.

share of information, involvement of all partners, need of information for the context, organize meeting for preparedness

They went wellCommunications and emails were relevant and helpful

Overall things went well. The organisers might consider organising a training session for participants who speak french

The engagement with the participants was not thorough. A more frequent interaction could make the participants better be ready.

It was good

26

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

Mentimeter

The documentation provided allowed us to better understand the practice of simulation and effective response to the event. However, the information from the preparation phase should have been more exhaustive to allow us to better project ourselves in

The learning content was great.

The platforms put together were perfectct

For the HC guideline, would it be possible to have a summarized and smaller version with the essential elements.Make available PDF slides for the OpenWHO training

It was perfect

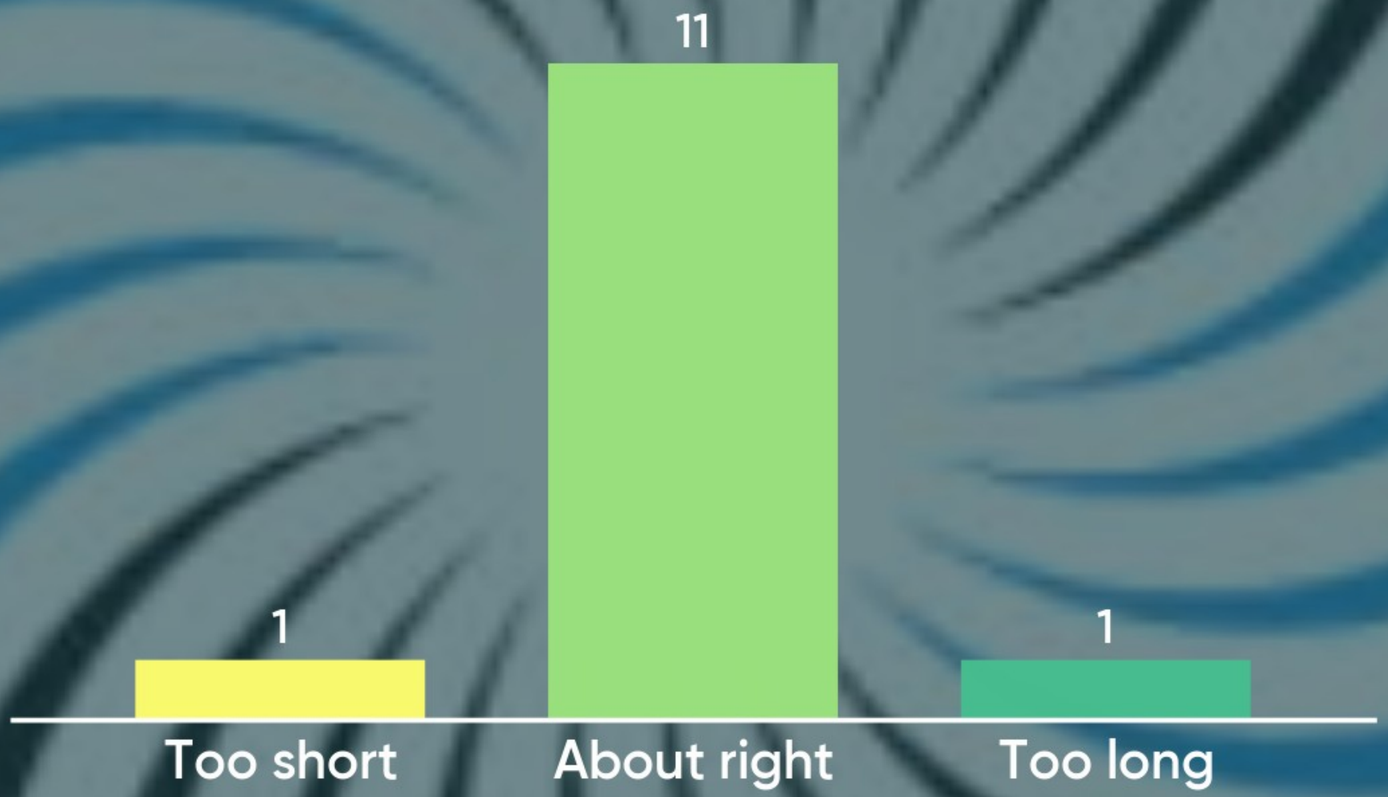
They were perfect all put together.

OK

How to do a PHSAI also learned how to use the ICC platform for advocacy and how to engage donors

26

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



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

Mentimeter

14

Please write some comments on the learning CONTENT

Mentimeter

Content was ok

Very clear and really interesting : it like in reality.

The contents were more realistic

No comments from my side. all good

The learning content was excellent. It all helped set the right stage of an outbreak setting. I enjoyed it and learnt quite a lot from everything i read

The content was perfect.More time for resources mobilization and negociation with donors

Maybe during the simualtion, before the simulation, you can have a recap of the topic of the day, just to remind participants something from online training, just before they start simulation. Resource mob presentation was good example

Learning content was useful and sufficient to give us abilities. and to strengthen our capacities.

The contents were pretty good. I would have preferred for there to be a plenary session to set the stage for each task though, but otherwise, great job!!!

15

Please write some comments on the learning CONTENT

Mentimeter

the content was good because it was practical in using simulation and dealing with all phases to get ready for the intervention on the benefit of affected people.

The content was quite comprehensive and included various humanitarian scenarios with health emergency components. I really enjoyed it.

The inject and scenario were well and in line with the competence to achieve

The learning contents are well designed to clarify the tasks. The injects helped to provide details to for more clarifications

You need to be able to read fast, process information, be able to summarize it fast and present it in a very convinving manner. Need to be able to work fast and be able to constantly prioritize

Need to learn alot about other clusters operations to be able to coordinate better,

15

What did you learn about Health Cluster Coordination? Please give at least two examples

Mentimeter

Humanitarian program cycle and all its details - very usefullImportance of Information Management officer

I remember that it is necessary to have an organizational and collective spirit. To be pragmatic.

HCC must be neutral and advocate for the entire health sector.

- Health cluster is also involved in resources mobilization - Coordination is key success and must have skills to do that

HCC must always be ready to deliver, to advocate, to go straight to the point

HCC requires the inclusion of health partners, the consideration of the need of affected communities, the ability to advocate and represent the HC in effective manner

The insights from the conversations during debriefs, majorly with the donor meeting.I also learned more about the role of local EMTs as most of my understanding were about the international EMTs.Leaned about the multiple resources available

Team CohesionLearn more on each member is important to delivery quality workOrganization and task division is the force of the team to optimize time, efforts and results

1. Multisectoral in nature with needed expertise to save lives2. Very instrumental to get the health agenda on the top during emergency

14

What did you learn about Health Cluster Coordination? Please give at least two examples

Mentimeter

You should know where everything isShape donor friendly message according to the context and the donors sensitivities

The way to make need assessment, and the way to participate in the meeting with donor for ressources mobilization. The way we conduct cluster meeting.Exemples: assessemnt in soko end meeting with donor

1. Multisectoral in nature with needed expertise to save lives2. Very instrumental to get the health agenda on the top during emergency

I learnt that organizing your team before engaging with other organizations is key to knowing your contribution to the bigger team Speed and focus is everything i n the management tasks in an emergency

1. Multisectoral in nature with needed expertise to save lives2. Very instrumental to get the health agenda on the top during emergency

14

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

Please write some comments on the exercise METHODOLOGY

Mentimeter

No further comment it was well done considering the times

Make the platform more maneuverable.

very useful

Spend more time on explaining instrcutions of the work. Dedicate more time for each exercise.

should make sure that each participant can manage with NTIC and have good internet

the methodology was good but don't send many mail in the same time in the REM systme

Is it possible to have s jingle when messages are coming through emails...on REM

I think the exercises were structured very well. They gave us an opportunity to digest and think through the various scenarios like it was real

It was my time to work with REM. i found it very effective and user-friendly.I enjoyed the team spirit of HCCT2, everyone complemented each other

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Please write some comments on the exercise METHODOLOGY

Mentimeter

Rem System is an excellent and amazing but challenging tool

TOR for the team on how to foster team working quickly

Considering that the REM platform was new, it would have been helpful if there was an instructional video sent with the pre-training materials. The in course methodology was great especially with the injects!!!

REM is a practical platform that complement easily Zoom during this training session

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How would you rate the facilitation of the exercise?

Please write your HCCT team number followed by any feedback comments specifically for your facilitators

Mentimeter

3

HCCT2

3; Our facilitators were great

HCCT3

HCCT1thanks for always stepping in to advise

HCCT2 - Very helpful when called upon to clarify. Feedback was also really good. Happy to have had him

HCCT 1: Congratulations

HCCT1: Many thanks facilitators for good quality of the facilitation.

HCC2Well done by helping us to built our team

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Please write your HCCT team number followed by any feedback comments specifically for your facilitators

Mentimeter

HCCT2, the facilitators were at ease and confortable. They play a good role for our understanding

HCCT3: we had excellent facilitators, very supportive and with great experience in methodology and how to respond to emergency

HCCT2 = Very grateful to have been part of this team and this training. Really very useful

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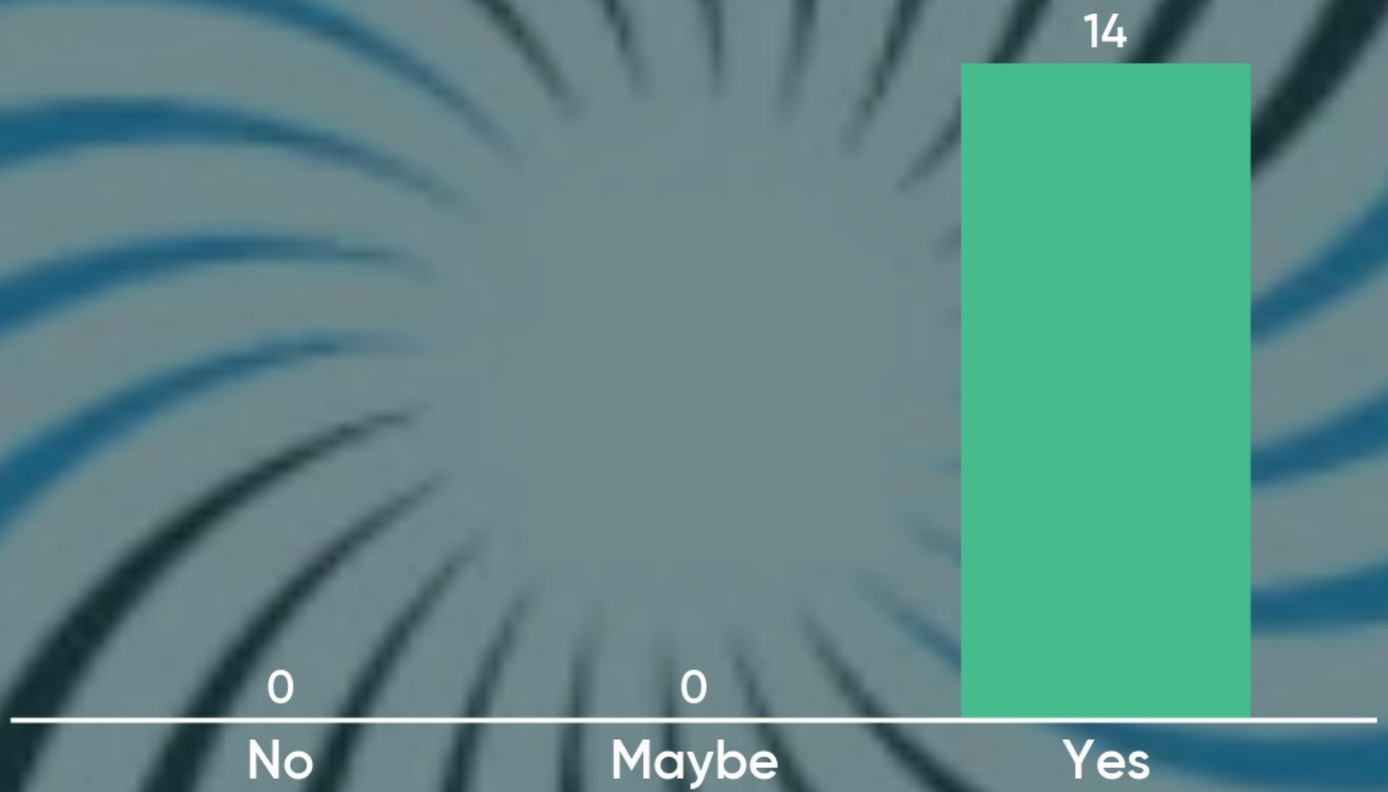
Would you recommend this exercise to other colleagues?

Mentimeter



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Any final comments or recommendations? Please add them now

Mentimeter

none	Congratulations	none
Thank you for this excellent training with great resources	We need a continous support to perform our abilities and capacities, Stay with us please	To organise a training session for french speaking participants
This is a great exercise and all emergency response teams need to take it	it would have been great if it was physical meeting. interaction would have been more interesting	Organize other training in the field of health cluster to bild our capacities.

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Any final comments or recommendations? Please add them now

Mentimeter

The team organizers have successfully put together very organizers first every virtual training globally I personally do appreciate your technical abilities

Just to thank you all for the training. Very helpful. If you could share a folder of the training materials. Also, a list of facilitators and participants with contacts for future engagement. Links to other additional trainings opportunities

Excellent training

Make the REM platform accessible to the HCCT to facilitate remote work especially in this period where remote work is more practiced.

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