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Alberto Rojas/Save the Children

An 18 month old who survived the 2014-2015 Ebola outbreak in Liberia, Jojo*, was cared for by a health worker and her mother, also an Ebola survivor who was allowed to stay in the unit to care for her daughter.

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

Review of Outbreak Preparedness Training & Gaps Analysis

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the READY Consortium and do not necessarily reflect the views of USAID or the United States Government.

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ACRONYMS

- A&FS - agriculture & food security
- CDC - Centers for Disease Control and Prevention
- CCP - Center for Communication Programs
- CHH - Center for Humanitarian Health
- CHS - Core Humanitarian Standard Alliance
- ECDC - European Centre for Disease Prevention and Control
- EVD - Ebola Virus Disease
- ELRHA - Enhancing Learning and Research for Humanitarian Assistance
- GOARN - Global Outbreak Alert and Response Network
- IASC - Inter-Agency Standing Committee
- IFRC - International Federation of Red Cross and Red Crescent
- JHU - Johns Hopkins University
- FAO - Food and Agricultural Organization of United nations
- MERS - Middle Eastern Respiratory Syndrome
- MHPSS - Mental health & psychosocial support
- MSF - Médecins Sans Frontières
- MSH - Management Sciences for Health
- NETEC - National Emerging Special Pathogen Training and Education Center
- NGO - Non-governmental organization
- OFDA - Office of U.S. Foreign Disaster Assistance
- PPE - Personal protective equipment
- RCCE - risk communication and community engagement
- RMNH - Reproductive, Maternal, & Neonatal Health
- SBC - Social behavior change
- SCUS - Save the Children United States
- SCUK - Save the Children United Kingdom
- UNFPA - United Nations Population Fund
- UNICEF - United Nations Children's Fund
- USAID - United States Agency for International Development
- WHO - World Health Organization

EXECUTIVE SUMMARY

Large-scale infectious disease outbreaks continue to grow in frequency, complexity, and magnitude, often overwhelming the capacity of local governments to stop the spread and mitigate the far-reaching impacts of these outbreaks. Humanitarian non-governmental organizations (NGO) are increasingly requested to support governments in their responses and to provide life-saving assistance during these large-scale outbreaks. Many NGOs face numerous challenges to achieve adequate levels of preparedness to respond in a coordinated, effective, and technically-sound manner to such epidemics.

READY, an OFDA-funded consortium led by Save the Children, aims to augment efforts to fill critical gaps in outbreak response capacities among NGOs. Part of its mandate, validated through a series of stakeholder consultations and a wide-reaching landscape analysis, is to improve the capacity of NGOs to respond to major outbreaks and improve technical preparedness across relevant sectors for an infectious disease response. Understanding the varying technical needs in outbreak response across different sectors and disease pathogens, and the critical need to build the capacity of organizations engaging in outbreak response, READY intends to develop and deliver blended training packages to improve the capacity of staff and institutions to rapidly provide critical, life-saving services in standard technical areas of an infectious disease response that becomes a humanitarian emergency (READY Intermediate Result 3.2).

The first step to achieve IR 3.2 was an in-depth training assessment to identify the key strengths and gaps in the existing body of available training material and determine which gaps the READY training package can fill. This assessment, combined with a thorough examination of competency frameworks available from international organizations and consortium partners, a literature review of similar analyses and assessments of training material, the outputs of the previously generated READY Landscape Report, Global Review of Lessons Learnt from Past Outbreaks, and the global and regional consultation reports will provide both a clear and concise way forward for the consortium partners to develop a blended learning strategy, modularized training curriculum, and training modules and simulation exercises.

The assessment review undertook a four-step review process:

Step 1: Identify, collate, and review characteristics of existing training materials relevant to infectious disease outbreaks from key global health technical agencies, academic institutions, NGOs, training platforms and initiatives, and funding agencies.

Step 2: Conduct a literature review to identify the gaps in outbreak preparedness and the training needs of NGOs.

Step 3: Review competency frameworks to identify standardized metrics of knowledge level, skills set, behavior and personality traits, and capabilities required to deliver effective humanitarian response.

Step 4: Triangulate findings from the three review steps listed above and borrow inputs from previous READY review processes and reports to deduce final recommendations.

RESULTS

Step 1: Collate outbreak-related training materials

Most of the outbreak trainings were developed by the World Health Organization (WHO), followed by United Nations Children's Fund (UNICEF), International Federation of Red Cross and Red Crescent (IFRC), and Centers for Disease Control and Prevention (CDC). Among NGOs, Médecins Sans Frontières (MSF) was the lead contributor, followed by Save the Children and CARE International. Many of the trainings developed by NGOs were not available for public access. Most trainings addressed diseases transmitted by bodily fluids, especially Ebola Virus Disease (EVD), followed by trainings on influenza and cholera. In terms of sectors, most trainings addressed Water, Sanitation, and Hygiene (WASH), followed by nutrition and child protection. On the other hand, Mental Health and Psychosocial Support (MHPSS), Reproductive, Maternal & Neonatal Health (RMNH), and Agriculture & Food Security (A&FS) were seldom addressed. Among the cross-cutting themes, Social Behavior Change (SBC) was addressed the most, followed by Gender and Ethics. We did not find any multi-sectoral trainings in our review.

The duration of trainings ranged from just a few hours to more than one week. The majority of trainings were a few hours long; the next most typical duration was a few days. Few trainings lasted one day, one week, or more than one week. The primary language of delivery is English with some trainings also offered in French, Arabic, and Spanish. Most trainings found were open source, but there were still many that were only offered to internal staff. Additionally, most trainings required a post-test evaluation and offered a certificate following completion. Finally, most trainings were targeted at a basic skill level, followed by equal numbers of intermediate and advanced level.

Step 2: Literature review

The most frequently identified gaps in our review in order of frequency were: inter-personal communication, partnership development, staff safeguarding and self-care, adapting to new context, building trust and relationships, leadership, cultural competency, knowledge of humanitarian principles, and logistics and resource management.

Step 3: Review of competency frameworks

In our review, 11 key competencies were identified across the frameworks evaluated. Briefly and broadly, the core competencies recognized were teamwork, leadership, planning and organizational skills, human resource management, partnership, communication, achieving results, management of self, adapting and coping, and knowledge of humanitarian principles.

KEY RECOMMENDATIONS:

- I. READY should design training modules around non-technical (soft) skills such as leadership and management, negotiation, and conflict resolution, planning and resource management, and partnership and relationship maintenance, as there are many existing technical trainings.

2. READY should attempt to break the silos of sector-specific or disease-specific training and implement an integrated approach to its outbreak trainings. The trainings should aim to build a multi-sectoral understanding of infectious disease outbreaks with an integrated approach to preparedness planning.
3. READY should address the training gaps in the respiratory mode of transmission, as many outbreak trainings focus on bodily fluid transmission mode and water-borne disease outbreaks.
4. READY should consider integrating cross-cutting issues such as health worker safety, self-care, cultural sensitivity, and humanitarian principles as topic areas for trainings.
5. READY should address the training gaps in sectors such as agriculture & food security, mental health & psychosocial support, and cross-cutting themes such as gender and ethics.
6. READY should create linkages between the training material and the key technical guidance and disseminate it through an open-access knowledge-sharing platform. READY should explore ways to build this knowledge hub into a continued learning platform offering follow-up training.
7. READY should engage with NGOs at headquarter, regional, and country levels from the initial stages of curriculum development and carry out trainers of trainers (ToT) at regional and country levels to foster local training capacity and ensure sustainability.

INTRODUCTION

ABOUT READY

The United States Agency for International Development (USAID) Office of U.S. Foreign Disaster Assistance (OFDA) awarded a three-year grant to Save the Children United States to lead a global consortium to strengthen capacity for response to major infectious disease outbreaks. The consortium, known as the READY initiative, brings together leadership from Save the Children United States (SCUS), Save the Children United Kingdom (SCUK), the Johns Hopkins University (JHU) Center for Humanitarian Health (CHH), the JHU Center for Communication Programs (CCP), UK-Med, MERCY Malaysia, and EcoHealth Alliance to fill critical gaps in outbreak response capacity and capability by leveraging expertise and best practices across these operational, academic, and communications organizations.

By augmenting non-governmental organizations' (NGO) capacity in coordination with other global outbreak initiatives, READY will strive to improve the response capacity to infectious disease outbreaks that have the potential to become global humanitarian emergencies. Operational consortium members will be supported to build and retain standing capacity to more quickly and effectively respond to large-scale disease outbreaks. The program will also design and roll-out a multi-sectoral response approach that seeks to address the holistic needs of outbreak-affected communities.

PURPOSE

The Intermediate Result 3.2 of the READY Consortium workplan calls for “*improved technical capacity of staff and institutions to rapidly provide critical, life-saving services in standard technical areas of an infectious disease response that becomes a humanitarian emergency.*” The first task undertaken in accordance with this intended result is the development of a modularized learning agenda and curriculum development, a process that will be led by CHH and supported by SCUS, SCUK, and CCP. This training assessment is the first exercise called for towards the completion of the modularized curriculum. As elaborated by the workplan, in this step CHH aims to undertake an assessment of the current trainings offered by large international organizations and READY consortium partners.

In so doing, **this assessment aims to identify and elaborate upon the key strengths and gaps in the existing body of available training material.** This assessment, combined with following additional activities below, will provide both a clear and concise way forward for the **consortium partners to develop a blended learning strategy, modularized training curriculum, and training modules and simulation exercises.**

- A thorough examination of competency frameworks available from international organizations and consortium partners;
- A literature review of similar analyses and assessments of training material; and
- Outputs of the previously generated READY Landscape Report, Global Review of Lessons Learnt from Past Outbreaks, and the global and regional consultation reports



READY Landscape Analysis.pdf



READY Consultations Report.pdf



Literature Review Interim Report_Final.pdf

APPROACH & METHODS

The assessment began with the formation of a working group of CHH faculty and relevant partner stakeholders. This working group conducted weekly meetings in which members discussed relevant materials for the assessment, determined helpful avenues of inquiry, and sought access to relevant materials. After reviewing the findings of the landscape report and operational review, the working group explored further ideas with relevant technical experts and drafted the terms of reference for the scope of the assessment. The group developed templates, tools, and agreed upon a **multi-step review process** which is elaborated below:

Step 1: Collate outbreak-related training materials

Between **August 2019 and January 2020**, an extensive online search (on Google platform) was conducted to identify available training materials relevant to infectious disease outbreaks. This search explored the websites of key global health technical agencies, academic institutions, non-governmental organizations, training platforms and initiatives, and funding agencies. The detailed breakdown of organizations will be discussed in the results section. For each training material assessed, the following information was extracted and collated on a Microsoft Excel worksheet:

- **Name** of the training material
- **Parent organization and hosting platform** (where the material could be accessed)
- **Description** of the training material and the stated **topics covered**
- The potential **value of the training for READY**
- **Transmission modes** covered (fecal oral or waterborne, airborne, or via bodily fluids only)
- **READY sectors** addressed (WASH, Protection, Reproductive and Neonatal Health, Mental Health and Psychosocial Services, Agriculture and Food Security, and Nutrition)
- **READY cross-cutting themes** addressed (Gender, Social Behavioral Change, and Ethics)
- **Modality of delivery** (in-person, web-based, or mixed-methods)
- Time **duration** of training and **pacing** (self-paced or guided)
- **Languages** available (English, French, Arabic, Spanish, Indonesian/Malay, Vietnamese, or Other)
- **Access** (Internal or Open-Access)
- **Audience** (Intended audiences and skill-level of training [Basic, Intermediate, or Advanced])
- **Evaluation** methodology (pre-test, post-test, and certification)

Step 2: Literature review

We designed a literature review to answer two questions:

- **What are the training gaps in outbreak preparedness?**
- **What are the specific training needs of NGOs for outbreak preparedness?**

To answer these research questions, we searched on PubMed, Embase, Google, and Google Scholar to extract relevant literature using the key terms or phrases - ‘infectious disease outbreak’, ‘training gaps’, ‘training needs’, ‘training evaluation’, ‘capacity building’, ‘knowledge gaps’, ‘non-governmental organizations’, and ‘competency-based education.’ The detailed methodology of the literature review is beyond the scope of this report. In summary, we screened **41 articles** out of 1238 articles that addressed the gaps in trainings pertaining to outbreaks and conducted a detailed review. The key gaps and recommendations

were extracted and grouped into themes. The final list included most frequently addressed thematic areas. The main lessons from this review are presented in the results section.

Step 3: Review of competency frameworks

Global health agencies have unique mandates and there is a considerable variation between agencies in the services they deliver. Therefore, the intended audience of the trainings varied depending upon the organization and the type of training. We reviewed the competency frameworks among eight organizations to **identify standardized metrics of knowledge level, skill set, personality traits, and capabilities required to deliver effective humanitarian response**. This fed directly into the process of identifying the **target audience** and the development of the training **curriculum**.

We selected eight reputable organizations and groups, and reviewed their competency frameworks: Médecins Sans Frontières (MSF), the Global Outbreak Alert and Response Network (GOARN), the European Centre for Disease Prevention and Control (ECDC), the Start Network, the Core Humanitarian Standard (CHS) Alliance, the Enhancing Learning and Research for Humanitarian Assistance (ELRHA) project, the Inter-Agency Standing Committee (IASC), Save the Children, and the European Humanitarian Action Partnership. We identified the most common competencies identified across different frameworks based on the frequency in which they were addressed and are discussed in detail in the results section.

Step 4: Triangulation of findings and recommendations

The final step was to triangulate the key findings from each of these processes and synthesize a report that provides: i. an overview of training activities undertaken by different organizations; ii. available open-access training materials; iii. an insight into what are the gaps and needs of NGOs for outbreak preparedness; and iv. how READY can design a competency-based training curriculum to respond to the identified gaps and needs of the global NGO community. We also used outputs from previous READY assessment reports, gleaning where possible lessons that could be distilled into actionable recommendations.

LIMITATIONS

Step I: Online search to collate outbreak-related training materials

Comprehensiveness: The universe of available training materials for infectious disease preparedness and response is vast and is rapidly expanding. Our search was restricted to Google-based searches on organizations' websites and other online training platforms and was conducted between August 2019 and January 2020.

Access: The training materials that are not populated on online platforms and are not made available for public access were not captured in this review. Many organizations provide access to new materials only to their employees, contractors, or subsidiaries. Some organizations list details about their internal training materials on publicly available sites, but do not make the content itself available for public use.

Data capture: A full review of all available material would yield important lessons about the breadth, depth, and quality of the current lexicon of source content. However, the purpose of the present

assessment was deemed to be focused mainly on availability of training materials. The analysis was restricted to capturing the characteristics listed under the methods section; the quality of the trainings was not assessed.

Step 2: Literature review

Large-scale infectious disease outbreaks are a niche subject area, and literature on this topic is heavily influenced by the lessons learnt after the 2014–2016 Ebola outbreak in West Africa. An overwhelming majority of papers discussing the gaps in outbreak preparedness training came out of experiences and after-action reviews conducted following the Ebola response. The gaps and needs identified should be cautiously applied to other modes of disease transmission and context. There was also a predominance of information on individual competencies, skills, and behavior traits that did not shed a light on gaps in technical knowledge and skills such as clinical knowledge, disease control measures, and epidemiological skills.

Step 3: Review of competency frameworks

Many of the frameworks reviewed were defined for a more general humanitarian response; a few frameworks addressed the competencies specific for large-scale infectious outbreak responses. We assumed that large-scale outbreaks have similar contextual challenges as other humanitarian emergencies. Therefore, we adapted these competency frameworks to a large-scale epidemic.

Step 4: Triangulation of findings and recommendations

One cannot necessarily generalize the findings and the applicability of recommendations for a specific context to another context or setting. Our recommendations are aligned with READY's mandate to improve NGO technical capacities with special attention to implementation capacity given the resource and time constraints.

KEY FINDINGS

STEP 1: COLLATE OUTBREAK-RELATED TRAINING MATERIALS

Using the methodology described under the methods section, a total of **193 trainings** relevant to infectious disease outbreaks were identified and reviewed. The breakdown of the characteristics of these trainings are summarized in **Tables IA – ID**.

The breakdown of trainings by the parent organization is presented in the **Table IA**. Most of the outbreak trainings were developed by WHO, followed by UNICEF, International Federation of Red Cross and Red Crescent (IFRC), and CDC. Among NGOs, MSF was the lead contributor, followed by Save the Children and CARE International. Many of the trainings developed by NGOs were not available for public access.

| TABLE - IA: PARENT ORGANIZATION / INTER-AGENCY GROUP (N = 193) | |
|--|----------|
| Care International | 5 (3%) |
| Centers for Disease Control and Prevention (CDC) | 9 (5%) |
| Food and Agricultural Organization of United nations (FAO) | 5 (3%) |
| Global WASH Cluster | 5 (3%) |
| International Federation of Red Cross and Red Crescent (IFRC) | 11 (6%) |
| Médecins Sans Frontières (MSF) | 37 (19%) |
| National Emerging Special Pathogen Training and Education Center (NETEC) | 5 (3%) |
| RedR | 5 (3%) |
| Save the Children | 8 (4%) |
| United Nations Children's Fund (UNICEF) | 11 (6%) |
| World Health Organization (WHO) | 42 (22%) |
| Others: | 39 (20%) |
| BBC Media (1/193); Communications with Disaster Affected Communities (1/193); CORE Group (3/193); DisasterReady (1/193); Duke University (1/193); European Centers for Disease control and Prevention (ECDC) (1/193); Emergency Capacity Building Academy (1/193); Emory University (1/193); Global Nutrition Cluster (3/193); Harvard Humanitarian Initiative (1/193); Indiana University School of Public Health (1/193); International SOS (1/193); JHU-CCP (1/193); London School of Hygiene and Tropical Medicine (1/193); Management Sciences for Health (MSH) (1/193); National Center for Disaster Preparedness (1/193); Penn State University (1/193); Social Mobilization Action Consortium (1/193); Social Science in Humanitarian Action (1/193); University of North Carolina (UNC) - North Carolina Institute for Public Health (3/193); United Nations Population Fund (UNFPA) (1/193); University of Colorado (1/193); University of Geneva (3/193); USAID (2/193); University of Pittsburg (1/193); University of Strathclyde (1/193); University of Washington (1/193); Utrecht University (1/193); WASH Cluster (1/193); Unknown (12/193) | |

Trainings were further broken down by the transmission mode and disease state and are presented in **Table IB**. Transmission mode was further broken down into respiratory route, contact with bodily

fluids, and feco-oral transmission. Most trainings addressed diseases transmitted by bodily fluids, especially EVD followed by other trainings on influenza and cholera.

In terms of READY sectors, the sector that most trainings addressed was WASH, followed by Nutrition and Child Protection. Mental health & psychosocial support (MHPSS), Reproductive & Neonatal, and agriculture & food security (A&FS) were seldom addressed. Among the cross-cutting themes, social behavior change (SBC) was addressed the most, followed by Gender and Ethics. We did not find any multi-sectoral trainings in our review. The breakdown is presented in **Table IC**.

TABLE – IB: MODE OF TRANSMISSION & DISEASE (DATA AVAILABLE FOR N = 48)

| | | | |
|---------------------------------|----------|--|----------|
| Respiratory route | 15 (31%) | Influenza | 13 (87%) |
| | | Middle Eastern Respiratory Syndrome (MERS) | 2 (13%) |
| | | Measles | 2 (13%) |
| Close contact with bodily fluid | 26 (54%) | Ebola Virus Disease (EVD) | 22 (85%) |
| | | Lassa Fever | 1 (3%) |
| | | Rift Valley Fever | 1 (3%) |
| | | Crimean-Congo Hemorrhagic Fever | 1 (3%) |
| | | Leptospirosis | 1 (3%) |
| Feco-oral | 7 (14%) | Cholera | 7 (100%) |

TABLE – IC: READY SECTORS & CROSS-CUTTING THEMES (DATA AVAILABLE FOR N = 125)

| | |
|--|----------|
| Water, Sanitation, & Hygiene (WASH) | 24 (19%) |
| Nutrition | 18 (14%) |
| Child Protection | 15 (12%) |
| Mental Health & Psychosocial Support (MHPSS) | 8 (6%) |
| Reproductive, Maternal, & Neonatal Health (RMNH) | 7 (6%) |
| Agriculture & Food Security (A&FS) | 6 (5%) |
| Social Behavior Change (SBC) | 35 (28%) |
| Gender | 8 (6%) |
| Ethics | 4 (3%) |

The trainings were reviewed also for the following characteristics: 1) delivery modality; 2) duration; 3) language offerings; 4) target audience and skill level; and 5) mode of evaluation. The duration of trainings ranged from a few hours to more than one week. Most trainings were a few hours long. The next most typical duration was a few days, while few trainings lasted one day, one week, or more than one week. The primary language of delivery is English with some trainings also offered in French, Arabic, and Spanish. Most trainings were open source, but there were still many that were only offered internally. Additionally, most trainings required a post-test evaluation and offered a certificate following completion. Finally, most trainings were targeted at a basic skill level, followed by equal numbers of intermediate and advanced level. The detailed breakdown is provided below in **Table ID**. The full list of trainings are listed in **Appendix A**.

| TABLE ID: TRAINING DELIVERY CHARACTERISTICS (N = 193) | | |
|---|--------------------|-----------|
| CATEGORY | SUB-CATEGORY | |
| Duration | Data available | 100 (52%) |
| | <1 hour | 34 (34%) |
| | 1 hour – 8 hours | 32 (32%) |
| | <5 days | 19 (19%) |
| | ≥5 days | 15 (15%) |
| Audience based on skill-level | Data available | 129 (67%) |
| | Basic level | 61 (47%) |
| | Intermediate level | 31 (24%) |
| | Advanced level | 37 (39%) |



READY_training_review_database_4_26_20.

STEP 2: LITERATURE REVIEW

Among the reviewed articles, a variety of gaps were noted in outbreak training. Almost all of the articles discussed the gaps, challenges, and lessons learned during the Ebola response in West Africa. **Table 2** below ranks the topic areas identified either as gaps in training in Ebola response. Prioritization was undertaken based on the number of articles each item was mentioned in.

The most frequently identified gap was **communication skills** both at an inter-personal level at organizational level. Studies noted that aid workers lacked a clear understanding of their roles and responsibilities. Clarification of roles was highlighted as a gap both within an NGO team and between an NGO and members of the community who may be participating in a response effort. Other studies noted that aid workers lacked negotiation and mediation skills, as well as risk communication skills.

The second major gap is one closely related to and dependent on communications - **partnership**. This topic area included items such as teamwork, coordination, group dynamics, and relationship building. These first two topic areas are also tied in with gaps identified in building trust with the community and the lack of cultural competence to achieve that.

Self-care was the third most identified gap area in outbreak trainings. This included a myriad of sub-topic areas such as physical safety and security, employee health and mental hygiene, proper use of personal protective equipment (PPE), etc. Lack of importance paid to self-care affected the team dynamics as one must be able to adequately care for oneself to be an effective team member.

Two other gaps that appeared frequently in the search were the need for trainings to be adapted to fit the **context** and the cultural environment in which it is delivered. Many trainings were found to be not applicable or appropriate for the demography and disease distribution in the country. The lack of cultural sensitivity and respect for beneficiaries was also noted in training curriculum developed by many responding agencies.

A majority of articles recommended a combination of didactic presentations and active learning exercises. Active or participatory training included methods such as group discussions, demonstrations, case studies, and simulations. Some articles also highlighted the need for both pre- and post- trainings assessments. Overall, the identified training or knowledge gaps and needs in this review tended to be focused on building competencies of the personnel and less focused on technical competencies. A more focused literature review on gaps in technical training may reveal additional gaps and allow for prioritizing training topics. Additionally, eleven of the 41 articles reviewed either highlighted the need for or used competency-based training. Such competencies were recommended to be multi-level or tiered. An additional literature search focused more specifically on existing competencies for infectious disease outbreak response could be of use in developing a refined competency model for humanitarian professionals.

TABLE 2: TRAINING GAPS (N = 41)

| TOPIC AREA | IDENTIFIED GAPS | PROPORTION OF ARTICLES MENTIONING THE GAP |
|-----------------------------|---|---|
| Communication | <ul style="list-style-type: none">• Communications within NGOs, between NGOS, and with local communities• Clarify roles and responsibilities• Negotiation and mediation• Risk communication | 21 (51%) |
| Partnership | <ul style="list-style-type: none">• Teamwork<ul style="list-style-type: none">◦ Interdisciplinary◦ Multidisciplinary• Coordination• Working effectively together• Group dynamics• Teambuilding• Relationship building | 19 (46%) |
| Worker safety and self-care | <ul style="list-style-type: none">• Physical safety and security• Employee mental health• Protecting health workforce | 18 (44%) |
| Contextual adaptation | <ul style="list-style-type: none">• Demography and disease distribution | 13 (32%) |
| Building Trust | <ul style="list-style-type: none">• Community Engagement | 11 (27%) |
| Leadership | - | 11 (27%) |
| Cultural Competence | <ul style="list-style-type: none">• Respect for beneficiary and community• Cultural sensitivity | 11 (27%) |
| Humanitarian Principles | <ul style="list-style-type: none">• Ethics• International Humanitarian Law | 6 (15%) |
| Logistics | <ul style="list-style-type: none">• Transport | 3 (7%) |
| Management of Resources | - | 2 (5%) |

STEP 3: REVIEW OF COMPETENCY FRAMEWORKS

Competency frameworks are an important part of human resource management, professional development, and education and training. A competency framework pulls together the requisite competencies for effective performance and the associated behaviors, knowledge, skills, and abilities that allow for building competencies and improve overall performance. A standardized core competency framework for humanitarian professionals across organizations would allow for greater professionalization, quality of work delivered, and accountability. To inform future training, a search was conducted of existing frameworks with a focus on those targeting project managers or implementers on the ground responding to humanitarian emergencies.

We selected eight reputable organizations and groups, and reviewed their competency frameworks: Médecins Sans Frontières (MSF), the Global Outbreak Alert and Response Network (GOARN), the European Centre for Disease Prevention and Control (ECDC), the Start Network, the Core Humanitarian Standard (CHS) Alliance, the Enhancing Learning and Research for Humanitarian Assistance (ELRHA) project, the Inter-Agency Standing Committee (IASC), Save the Children, and the European Humanitarian Action Partnership.

All the frameworks defined overarching competencies or competency domains and either sub-competencies or key behaviors. The key behaviors for these competencies highlight actionable knowledge, skills, and abilities needed to achieve or meet competencies. Inclusion of key behaviors provides clear guideposts for development of training materials and curriculum development. Some frameworks additionally provided limiting or negative behaviors that may prevent an individual from meeting a competency.

Seven of these eight competency frameworks (87.5%) recognized the need to stratify competencies based on role or level. This allows for competencies to be tailored given the varying levels of experience, education, scope, and responsibility of humanitarian professionals. For the purpose of this report, competencies targeting project managers or implementers on the ground responding to humanitarian situations were selected. These roles included Project Coordinators, Medical Coordinators, Logistics Coordinators, Heads of Mission, and Deputy Heads of Mission.

The proposed core humanitarian competency framework is comprised of individual-level competencies that can apply to humanitarian professionals across organizations and job profiles at the managerial level. To build upon these core competencies a technical competency framework must be pursued to provide detailed guidance for technically specialized roles. Additionally, it is expected that humanitarian organizations could supplement this proposed framework with their own agency-specific mission, values, and vision.

ELRHA's report "Professionalizing the Humanitarian Sector: A Scoping Study" noted the multiplicity of ad-hoc trainings and lack of defined standards or a professional pathway for humanitarian professionals. This leads to challenges in both recruitment at the organizational level and delivery of essential assistance at the field level. Given the multidisciplinary nature of the humanitarian sector a core humanitarian competency framework is needed to ensure more comprehensive training and cohesive teams.

Table 3 summarizes 11 common competencies identified across the frameworks evaluated along with the number of frameworks in which they were mentioned. Briefly and broadly, the core competencies are teamwork, leadership, planning and organizing, people management, partnership, communication, achieving results, management of self, adapting and coping, humanitarian principles, and service orientation.

| TABLE 3: MOST FREQUENTLY DISCUSSED COMPETENCIES (N= 8) | |
|--|-----------|
| COMPETENCY | FREQUENCY |
| Teamwork and cooperation | 6 (75%) |
| Leadership | 6 (75%) |
| Planning, organizing, effective use of resources | 5 (63%) |
| Promotion of organizational learning | 5 (63%) |
| Network, building relationships, and partnerships | 5 (63%) |
| Effective and credible communication | 5 (63%) |
| Achieving / Producing results | 5 (63%) |
| Knowing and managing oneself | 4 (50%) |
| Adapting and coping to ever-changing context | 4 (50%) |
| Humanitarian principles | 3 (38%) |
| Service orientation | 1 (13%) |

STEP 4: TRIANGULATION OF FINDINGS

Inputs from previous READY reviews and reports

Previous review processes including the landscape analysis and the regional consultations explored training as one of the areas of inquiry where experts were consulted on key gaps and recommendations to improve competencies. Some key findings were:

- Lack of collaboration among NGOs leading to significant variation in quality of trainings developed and delivered by NGOs.
- Available trainings tend to focus heavily on technical areas and are sector specific. Availability of training in non-technical and cross-cutting areas is an important gap. One such gap was the lack of management skills among those in leadership and management roles.
- Many of the trainings are developed on ad-hoc basis and are delivered only once with no planned follow-up training or continued learning opportunities.
- Overall, the Landscape Analysis noted a need for a comprehensive integrated training package to build technical capacities across READY sectors while also addressing cross-cutting themes.

- Additional topic areas recommended for training include areas like human resources and financial management, building leadership skills and project development skills, effective communication, building cultural sensitivity, and logistics and data management.

The Regional Consultations provided insights into the needs of regional stakeholders where READY could be a value-add, and potential for synergies among stakeholders. Some highlights of these consultations are:

- SBC and community engagement were identified as area with additional need for training.
- These stakeholders also emphasized that many organizations make trainings available for internal use and they are not shared or made accessible to the wider humanitarian response community.
- Trainings to build communication and coordination skills are sparse.
- There are a lack of trainings addressing the need for an integrated approach to outbreak response.
- Trainings fail to address the key barriers to outbreak response such as safety, access, and logistics supply constraints. Travel restrictions can act as a barrier to access/attend training activities.

The global literature review of lessons learnt from past outbreaks noted additional gaps in outbreak-related training:

- Lack of a comprehensive, easy-to-access knowledge hub was noted, highlighting the need to ensure that any future trainings and associated materials be made widely and readily available. This goal presents a great challenge as most organizations are not willing to share their resources and the constantly evolving nature of the humanitarian space.
- A significant gap in technical knowledge and contextual understanding of outbreak settings was identified by many responders not receiving adequate pre-deployment training or orientation.
- The need for refresher trainings for front-line workers on topics such as case management and infection prevention and control where there is evolving evidence and modifications to clinical protocols throughout the outbreak.
- Implementing agencies should include local health care workers in orientation and trainings to establish uniform standards of care and response approaches.

The training review conducted by CCP has noted the following gaps specific to SBC:

- Conducting rapid data collection and analysis
- Operationalizing and coordinating risk communication and community engagement (RCCE) in outbreaks based on quality standards
- Conducting RCCE in outbreaks in fragile states/conflict zones
- Integrating social sciences across response areas and integrating RCCE across humanitarian sectors
- Operationalizing community feedback mechanisms in outbreaks
- Conducting M&E in outbreaks

RECOMMENDATIONS FOR READY

1. The majority of outbreak-specific trainings were developed by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Centers for Disease Control and Prevention (CDC), United Nations Food and Agriculture Organization (FAO) and other technical and normative agencies. They are mostly focused on building capacities of member states. READY is uniquely positioned to develop training materials to address the technical gaps among the NGO community. READY should use the feedback from its regional and country-level Outbreak Preparedness Planning (OPP) workshops to identify specific training needs and design a training curriculum to address those needs.
2. READY, through its technical working group, should work on a competency-based model to identify the primary and secondary audience for its trainings. We recommend NGO program managers (in charge of outbreak response planning) as the primary audience for the training, while technical experts should be considered as the secondary audience.
3. READY should design training sessions around building non-technical (soft) skills such as leadership and management, negotiation, and conflict resolution, planning and resource management, and partnership and relationship maintenance, as there are many existing technical trainings.
4. READY should attempt to break the silos of sector-specific or disease-specific training and implement an integrated approach to its outbreak trainings. The trainings should aim to build a multi-sectoral understanding of disease outbreaks with an integrated approach to preparedness planning.
5. READY should address the training gaps in the respiratory mode of transmission, as many outbreak trainings focus on bodily fluid transmission mode and water-borne disease outbreaks.
6. READY should consider integrating cross-cutting issues such as health worker safety, self-care, cultural sensitivity, and humanitarian principles as topic areas for trainings.
7. READY should address the training gaps in less-defined sectors such as agriculture & food security, mental health & psychosocial support, child protection, and cross-cutting themes such as gender and ethics.
8. READY should develop a modularized training curriculum and employ innovative methods of training to include didactic learning modules, interactive participatory sessions, and collective problem-solving exercises to promote task-oriented learning versus solely knowledge acquisition.
9. READY should create linkages between training activities and key technical guidance materials and 'how-to' documents through an open-access knowledge-sharing platform. READY should explore ways to build this knowledge hub into a continued learning platform offering follow-up training.

10. READY should engage with NGOs at regional and country levels from the initial stages of curriculum development and carry out trainers of trainers (ToT) at regional and country levels to foster local training capacity.

APPENDIX A

| Name of the Training | Parent Organization | Notes |
|---|---------------------------------|-------|
| Cholera: Introduction | WHO | |
| WHO Pre-Deployment Pack: GO 2.0 | WHO | |
| Simulation Exercise Management: Introduction | WHO | |
| IMS (Tier 1) | WHO | |
| IMS (Tier 2) | WHO | |
| Operational Readiness (Tier 1) | WHO | |
| GOARN outbreak response training | WHO | |
| Ebola GO 2.0 | WHO | |
| e-PROTECT | WHO | |
| Pandemic influenza: Introduction | WHO | |
| Risk communication for influenza events | WHO | |
| Avian and other zoonotic influenza: Introduction | WHO | |
| Influenza sentinel surveillance | WHO | |
| Clinical management of seasonal influenza | WHO | |
| Pandemic Influenza Severity Assessment | WHO | |
| Pandemic Influenza Vaccines | WHO | |
| Pandemic and epidemic-prone diseases | WHO | |
| MERS: Introduction | WHO | |
| MERS: methods for detection, prevention, response and control | WHO | |
| Ebola Awareness | International SOS | |
| Rift Valley Fever: Introduction | WHO | |
| Cholera: Revised cholera kits and calculation tool | WHO | |
| Lassa Fever: Introduction | WHO | |
| CCHF Introduction | WHO | |
| Ebola: knowledge resource for responders | WHO | |
| Leptospirosis: Introduction | WHO | |
| Ebola: clinical management of EVD | WHO | |
| Pandemic influenza preparedness and mitigation in refugee and displaced populations | WHO | |
| Introduction to IHR | WHO | |
| One Health | WHO | |
| Event management at ports of entry | WHO | |
| JEE - team member orientation | WHO | |
| 8 Steps for Hygiene Promotion in Emergencies | IFRC | |
| Addressing menstrual hygiene management needs: Guide and Tools for Red Cross and Red Crescent Societies | IFRC | |
| Building a Better Response (BBR) | Harvard Humanitarian Initiative | |
| Child Protection at the IFRC (English) | IFRC | |
| Code of Conduct | IFRC | |

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| <u>Surge Webinar Series</u> | IFRC | |
| <u>Nutritional Status Assessment and Analysis</u> | FAO | |
| <u>Caring for Children Moving Alone: Protecting Unaccompanied and Separated Children</u> | University of Strathclyde, Glasgow | |
| <u>Communicating for Food Security</u> | FAO | |
| <u>DRR - Malawi – Integrated Food Security Programme</u> | IFRC | |
| Introduction to Nutrition | UN Women | Internal Use Only |
| Introduction to Child Protection | UN Women | Internal Use Only |
| Gender Equality, UN Coherence and You | UN Women | Internal Use Only |
| Introduction to Psychosocial Support | UN Women | Internal Use Only |
| Public Health: Mental Health and Psychosocial Support | UN Women | Internal Use Only |
| Gender in Food and Nutrition Security | UN Women | Internal Use Only |
| Equality, Diversity and Inclusion | UN Women | Internal Use Only |
| <u>Introduction to outbreak investigation</u> | University of Washington | |
| <u>Basics of public health preparedness</u> | UNC - North Carolina Institute for PH | |
| <u>FOCUS on field epidemiology</u> | UNC - North Carolina Institute for PH | |
| <u>I is for Investigation</u> | UNC - North Carolina Institute for PH | |
| <u>Community Level Training: Ebola and Infectious Diseases Of Public Health Significance</u> | Indiana University School of public health | |
| <u>PPE</u> | CDC - Preparedness and Emergency Response learning Centers | |
| <u>Emergency Preparedness and Management of mass fatalities: Pandemic Influenza</u> | National Center for Disaster Preparedness | |
| <u>Introduction to outbreak investigation</u> | ECDC | |
| <u>Screening patients for EVD risk factors and symptoms</u> | CDC | |
| <u>Isolation of patient with Ebola risk factors and symptoms</u> | CDC | |
| <u>Evaluation and brief management of PUI for Ebola</u> | CDC | |
| <u>Special Pathogens of Concern</u> | NETEC | |
| <u>Special Pathogens of Concern - EVD</u> | NETEC | |
| <u>Infection Control for Special Pathogen Isolation</u> | NETEC | |
| <u>Behavioral Health Considerations for Patients and Healthcare Workers</u> | NETEC | |
| <u>Identify, Isolate, Inform: Assessment, management, and placement of PUI</u> | NETEC | |
| <u>Ebola: Essential Knowledge for Health Professionals</u> | Utrecht University | |
| <u>Ebola: Vaincre ensemble!</u> | University of Geneva | |
| <u>Ebola Virus Disease: An Evolving Epidemic</u> | Emory University | |
| <u>Global Health at the Human-Animal-Ecosystem Interface</u> | University of Geneva | |
| <u>Epidemics - the Dynamics of Infectious Diseases</u> | Penn State | |

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| <u>Tropical Parasitology: Protozoans, Worms, Vectors and Human Diseases</u> | Duke University | |
| <u>Disease Screening in Public Health</u> | University of Geneva | |
| <u>Epidemics, Pandemics and Outbreaks</u> | University of Pittsburgh | |
| <u>Foundations for Global Health Responders</u> | University of Colorado | |
| <u>Ebola eBriefing</u> | MSF-OCG | |
| <u>Emergency Response Pre-readings</u> | MSF-OCBA | |
| <u>QUALEaty</u> | MSF-IO | |
| <u>SRH 2017</u> | MSF-OCG | |
| <u>Field Coordinators Net</u> | MSF-OCBA | |
| <u>Cholera Learning Resource</u> | MSF-OCG | |
| <u>ePediatrics Course</u> | MSF-OCBA | |
| <u>Mental Health e-Course</u> | MSF-OCBA | |
| <u>eNutrition Course</u> | MSF-OCA | |
| <u>Health Promotion & Community Engagement</u> | MSF-OCBA | |
| <u>Responding to Epidemics</u> | MSF-epicentre | |
| <u>Populations in Precarious Situations (PSP)</u> | MSF-epicentre | |
| <u>Malaria Training</u> | MSF-OCBA | |
| <u>Mental Health Course</u> | MSF-OCBA | |
| <u>Newborn Care Training</u> | MSF-OCBA | |
| <u>RUMHER-Ready to use MH in Emergencies</u> | MSF-OCBA | |
| <u>Water, Hygiene and Sanitation in Emergencies</u> | MSF-OCB | |
| <u>Vector control in Precarious Situations</u> | MSF-OCB | |
| <u>Water, Hygiene & Sanitation for Health (WEDCI)</u> | MSF-OCA | |
| <u>Emergency Response Training - ERT</u> | MSF-OCBA | |
| <u>Advanced HR Management Course</u> | MSF-OCP, OCG, OCA | |
| <u>Tropical Paediatrics Course</u> | MSF-OCB | |
| <u>Vector Control in Precarious and emergency situations</u> | MSF-OCB | |
| <u>Water, Hygiene and Sanitation in Emergencies Course</u> | MSF-OCB | |
| <u>E-learning SERIOUS GAMES</u> | MSF-OCB | |
| <u>Integrated Mental Health Care</u> | MSF-OCG | |
| <u>Global Mental Health</u> | MSF-OCG | |
| <u>Measles initial assessment (MIA)</u> | MSF-OCG | |
| <u>e-briefing Ebola</u> | MSF-OCG | |
| <u>e-briefing Cholera</u> | MSF-OCG | |
| <u>Nutritional Crises - CERAH</u> | MSF-OCG | |
| <u>Nutritional e-Briefing</u> | MSF-OCG | |
| <u>Health Emergencies in Large Populations (H.E.L.P)</u> | MSF-OCG/ICRC | |
| <u>Response to Epidemics</u> | MSF-OCG | |
| <u>Emergency Response Training (ERT)</u> | MSF-OCG | |
| <u>Malaria Challenges in High Endemicity Settings</u> | MSF-OCA | |

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| CARE - EPP1: Introduction to Emergency Preparedness Planning | Care | |
| CARE - EPP2: Creating the Emergency Preparedness Plan | Care | |
| Child Protection | Care | |
| Food Security: Food Security Concepts and Frameworks | FAO | |
| Food Security: Collaboration and Advocacy Techniques | FAO | |
| Ebola Awareness | DisasterReady.org | |
| Emergency Capacity Building Project (ECB) - Technical Project Management (TPM) in WASH Emergencies | Emergency Capacity Building Project | |
| CARE Emergency Group Orientation Program | Care | |
| Protection In Emergencies | Care | |
| Seven Moves: Protection, Gender and Inclusion in Emergencies | IFRC | |
| Protection, Gender and Inclusion Basic Training for Surge Personnel | IFRC | |
| Toolkit and Training on Child Friendly Spaces in Humanitarian Settings | IFRC | |
| Cholera Toolkit eLearning | UNICEF | |
| Measles control in emergencies | UNICEF | |
| Introduction to Humanitarian WASH coordination | GWC-UNICEF | |
| Humanitarian WASH Coordination Induction | GWC-UNICEF | |
| Partners' briefing on Humanitarian WASH coordination | GWC-UNICEF | |
| WASH Operational Coordination | GWC-UNICEF | |
| Humanitarian WASH Leadership & Coordination | GWC-UNICEF | |
| Ebola safety e-course | UNICEF | |
| Introduction to WASH | UNICEF | |
| Programming for IYCF | UNICEF | |
| Child rights and why they matter | UNICEF | |
| GenderPro: Gender Focal Point Capacity Programme | UNICEF | |
| Enhancing efficiency and effectiveness of Food Security Cluster Coordination | FAO | |
| Nutrition in emergencies | UNICEF | |
| Harmonized training package | Global Nutrition Cluster | |
| Cluster Approach Awareness training | Global Nutrition Cluster | |
| IYCF - E training package | Global Nutrition Cluster | |
| Psychological first aid training manual for child practitioners | Save the Children | |
| Child protection in emergencies | RedR | Internal Use Only |
| Humanitarian logistics in emergencies | RedR | Internal Use Only |
| WASH in emergencies | RedR | Internal Use Only |
| Negotiation for humanitarian responders | RedR | Internal Use Only |

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| Managing People and Projects in Emergencies | RedR | Internal Use Only |
| Emergency coordination | RedR | Internal Use Only |
| Community preparedness: Reproductive health and Gender (facilitator kit) | UNFPA | |
| Gender, One Health and Infectious Disease (Training Guide) | USAID | |
| EWAR Response Training | WHO | |
| EWAR Response Case Study | WHO | |
| Outbreak Response - EWARS in a Box Practical Exercise | WHO | |
| CORT | SCI | |
| SHIP | SCI | Internal Use Only |
| Humanitarian Capacity Building Group Curriculum | SCI | |
| WASH Cluster Ebola Training | WASH Cluster | |
| Haiti Cholera Training Manual: A Full Course for Healthcare Providers | CDC | |
| Effects of Emergencies on Health and Nutrition- An Introduction | Save the Children | |
| Effects of Emergencies on Health and Nutrition- An Advanced Guide | Save the Children | |
| Emergency Response Pre-readings | MSF | |
| Disease Outbreaks in Low and Middle Income Countries | London School of Hygiene and Tropical Medicine | |
| Risk communication for high risk and at-risk populations | CDC | |
| Various modules on media in crises - Lifeline Program | BBC Media | |
| C4D Online Course | UNICEF C4D | |
| CDC CERC Online Training and Webinars | CDC | |
| Epidemic Control - Volunteer Training Manual | IFRC | |
| Partnership Defined Quality Facilitation Guide: A training supplement for the book Partnership Defined Quality | SCUS | |
| Facilitator's Guide and its companion Participant's Manual on Interpersonal Communication for Immunization (IPC/I) | UNICEF | |
| eCBFHA volunteer training manuals | IFRC | |
| WHO emergency risk communication learning course | WHO | |
| Risk communication essentials | WHO | |
| Risk communication for influenza events | WHO | |
| Ebola: Knowledge resources for responders | WHO | |
| CERC Shared Learning | CDC | |
| Mobilizing Communities for Education, Health and Social Change: Facilitators Guide | Save the Children | |
| Emergency Preparedness and Response Training | CDC | |
| Social Science in Humanitarian Action | SSHAP (UNICEF & Anthrologica) | |

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| <u>Emergency Response Risk Communication Network Training</u> | WHO | |
| <u>IPC facilitators guide for HH visits using the Job Aid</u> | JHUCCP | |
| <u>SMAC: Community Mobilization Training Manual: Ebola</u> | SMAC | |
| <u>Enhanced Capacity Building - Training for Frontline Staff on Building Trust and Communication - Facilitator's Guide</u> | WHO | |
| <u>Managers Who Lead</u> | MSH | |
| <u>Emergency Toolkit for Food Security and Nutrition Protection: Cholera Disease Preparedness Community Group Module</u> | CORE Group | |
| <u>Ebola Virus Disease Care Group Module</u> | CORE Group | |
| <u>Humanitarian Pandemic Preparedness (H2P)</u> | CORE Group | |
| <u>Community case management during an influenza outbreak: A training package for community health workers</u> | WHO | |
| <u>The flu: Caring for someone sick at home</u> | WHO | |
| <u>Interpersonal Communication Toolkit for Immunizations</u> | UNICEF C4D | |
| <u>Social Media for Health and Development</u> | USAID | |
| <u>Communication is Aid</u> | CDAC | |