

GENEVA FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH



Training course in child and adolescent health in humanitarian settings 2024

Enhancing child and adolescent health outcomes, particularly in the Eastern Mediterranean Region



Course evaluation report

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Acknowledgement

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Background

The “Training course in child and adolescent health in humanitarian settings 2024” is one of the online training courses by the Geneva Foundation for Medical Education and Research (GFMER). It was organized in collaboration with the World Health Organization Regional Office for Eastern Mediterranean (EMRO). This course is designed for program managers and decision-makers in health and related fields, at every stage of a humanitarian emergency. This includes those working in the health sector or other sectors, government, and non-governmental organizations (NGOs, UN agencies, funding agencies etc.), and regional, national, and subnational level actors in countries that are directly or indirectly affected by emergencies.

The training course follows the “Operational guide on child and adolescent health in humanitarian settings.” The course aimed to equip program staff to meet child and adolescent health (CAH) needs in humanitarian emergencies by:

- Understanding comprehensive health needs from birth to adolescence
- Strengthening emergency child and adolescent health capacity in the Eastern Mediterranean Region
- Developing programmatic skills using a structured approach, based on key chapters of the operational guide: coordinate, assess and prioritize, respond, and monitor, evaluate and review.

The duration of the course was six weeks from 29th January to 10th March 2024.

The course core team comprised of:

WHO EMRO

- Ms Kim Beentjes
- Dr Khalid Siddeeg

Course advisory group

- Dr Samira Aboubakar, Independent Expert, Switzerland

- Dr Ubah Farah Ahmed, Ministry for Health, Somalia
- Prof Huda Basaleem, University of Aden, Yemen
- Dr Hamish Graham, The Royal Children's Hospital Melbourne, Australia
- Mrs Manar Shukri, International Rescue Committee (IRC), Jordan

Geneva Foundation for Medical Education and Research

- Prof Aldo Campana
- Dr Raqibat Idris
- Dr Fariza Rahman
- Ms Fionna Poon

About the course

1. Course participants

<https://www.gfmer.ch/2024-courses/cahhs/participants.htm>

A total of 158 health professionals from 35 countries participated in the course (Table 1). Although the course targeted EMRO region which recorded the largest number of participants (68%), 28% of the participants were from the African Region, and fewer number from the European Region (2%), the Region of the Americas (1%), and the Western Pacific Region (1%) (Table 2). WHO EMRO sponsored 92 of the participants from 11 targeted countries (Table 3).

Table 1: Participants' country of residence

Country of residence	No. of participants
Ethiopia	23
Somalia	19
Pakistan	15
Sudan	15
Iraq	11
Libya	9
Yemen	9
Syria	8
Afghanistan	7
Lebanon	6
Jordan	5
Malawi	3
Nigeria	3
Kenya	2
Bénin	2
South Sudan	2
Countries with one participant each: Burkina Faso, Burundi, Cameroon, Chad, Djibouti, France, Guinea-Bissau, Haiti, Iran, Ireland, Morocco, Mozambique, Niger, Philippines, Saudi Arabia, Tanzania, Togo, United Kingdom, United States	19

Total	158
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Table 2: Participants according to WHO Regions

WHO Region	No. of participants	%
Eastern Mediterranean Region (EMR)	108	68%
African Region (AFR)	45	28%
Western Pacific Region (WPR)	1	1%
European Region (EUR)	3	2%
Region of the Americas (AMR)	1	1%
Total	158	100%

Table 3: Participants according to target countries and sponsored by WHO EMRO

Target countries	No. of participants	Sponsored by WHO EMRO
Afghanistan	7	5
Djibouti	1	1
Iraq	11	10
Jordan	5	5
Lebanon	6	6
Libya	9	9
Pakistan	15	13
Somalia	19	19
Sudan	15	7
Syria	8	8
Yemen	9	9
Total	105	92

Among the participants, 89 (56%) were female and 68 (43%) were male (Table 4). Majority were in the mid-career age ranges (25-44 years) or slightly older, with the largest proportion in the age-group 35-44 years (35%), then 25-34 years (29%) and 45-54

years (23%) (Table 5). Participants were working in diverse professions, mostly as medical doctors (45%), program managers/ implementers (28%) and government officials (10%) (Table 6). Majority were from government organizations (39%), international organizations (31%) and international NGOs (10%) (Table 7). Of the total 158 enrolled participants, 142 were active and 128 completed the course (completion rate of 90%) and were awarded with certificates co- signed by WHO EMRO and GFMER.

Table 4: Gender distribution of the participants

Gender	No. of participants	%
Cisgender (Woman)	1	1%
Female	89	56%
Male	68	43%
Total	158	100%

Table 5: Age distribution of the participants

Age range	No. of participants	%
18-24	2	1%
25-34	46	29%
35-44	56	35%
45-54	37	23%
>55	17	11%
Total	158	100%

Table 6: Distribution of participants by profession

Profession	No. of participants	%
Medical doctor	71	45%
Program Management / Implementation	44	28%
Midwife / Nurse	10	6%
Professor / Lecturer / Researcher	3	2%
Government Official	16	10%
Allied Health	5	3%
Student - Nursing /Midwifery / Medical	5	3%
Social scientists / Social Worker	2	1%
Pharmacist	2	1%
Total	158	100%

Table 7: Distribution of participants by type of organizations

Organization type	No. of participants	%
Government organizations	61	39%

International organizations	49	31%
International NGOs	16	10%
Academic sectors	8	5%
Local NGOs	8	5%
Private organizations	5	3%
Civil societies	3	2%
Government Hospitals / Clinics / Medical offices	4	3%
Non-government Hospitals / Clinics / Medical offices	2	1%
Others	2	1%
Total	158	100%

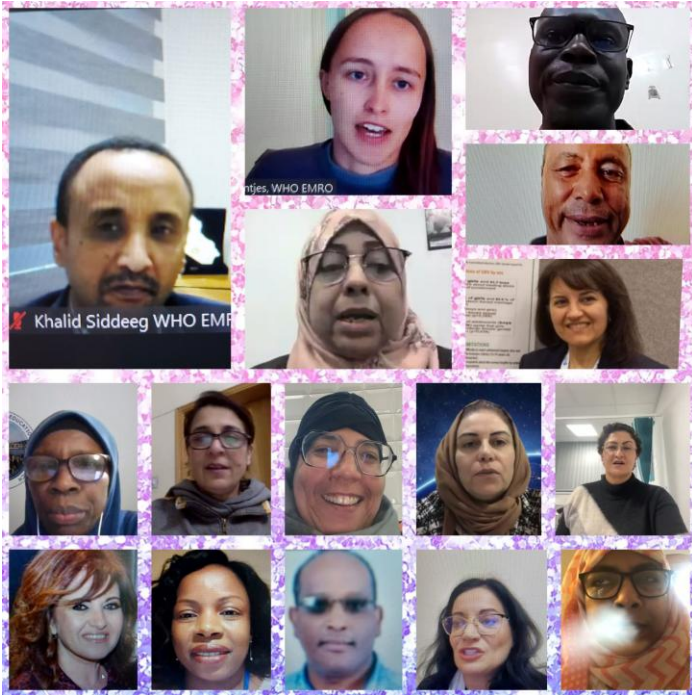
2. Recruitment of the participants

Participants of the course were recruited by announcements by GFMER through its website, network, social medias, coaches and country coordinators, by WHO regional (especially EMRO) and country offices, and other WHO network as well as regional NGOs and health ministries. Majority of the participants were nominated and sponsored by WHO EMRO.

3. Coaches for the course

<https://www.gfmer.ch/2024-courses/cahhs/tutors.htm>

GFMER engaged 14 coaches from 12 countries. An orientation session was held for coaches for quality and standardized tutoring (group picture below). Participants were distributed under coaches according to countries or regions. The main responsibility of the coach was to guide the participants, review their assignments and give feedback, coordinate the group work, and assist them to prepare the finished product.



4. Teaching method

The teaching methods for the course consisted of on-line lectures (video recordings, didactic presentations), key readings, additional references and audio-visual materials including expert commentaries, and referrals to related websites. The course materials could be downloaded for offline reading. At the beginning of the week the module contents were posted in the GFMER website. The link was sent to individual participants and coaches. Coaches communicated with the participants via e-mail and WhatsApp, and organized group meetings regularly via Zoom, Google meet or WhatsApp.

5. Course module

The course was divided into 4 modules by topics. Participants were required to read the materials and prepare the assignment and submit to their respective coaches at the end of the week before the next module was posted. Each module also had a set of MCQs that they needed to solve online and submit. The course topics were:

Module 1: Coordinate - how to take a coordinated approach to child and adolescent health in a humanitarian emergency

Module 2: Assess and prioritize - how to gather data on child and adolescent health through needs assessment and use the data to prioritize actions

Module 3: Respond - how to plan and carry out a coordinated set of activities to deal with the identified child and adolescent health priorities

Module 4: Monitor, evaluate and review - how to use data systems to review and improve child and adolescent health-related activities

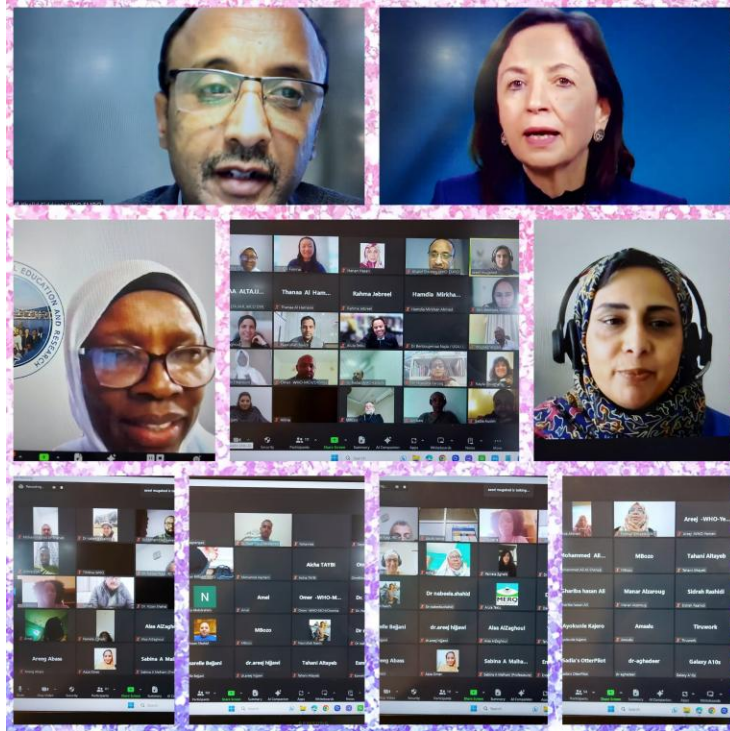
6. Assignments and group work

The course was assessed by weekly individual assignments and MCQs, and a group work for module 3. Coaches marked and provided feedback on the assignments using the marking guides provided. The focus of the group work was on experiences in the selected country relevant to child and adolescent health within a humanitarian response context. Participants were divided into groups under their respective coaches and each group prepared a power point presentation and a word file in a given template on their chosen humanitarian health issue. The groups picked a country, preferably where the majority of the group members were working, and chose a specific experience related to child and adolescent health in the selected country, which they analyzed throughout this exercise. The group works submitted totaled 15 and were posted on the course Google Groups for peer review and comments. Each group also presented their work in a live online Webinar ‘Country’s experience-success stories’ where other participants had the opportunity to ask questions from the groups.

7. Live sessions

During the course, three live online sessions were organized on Zoom.

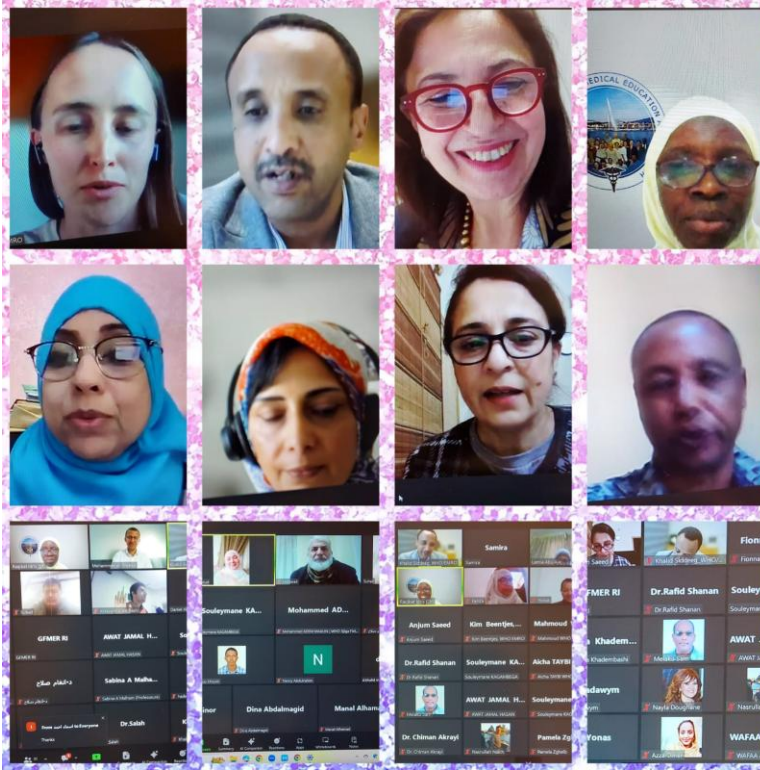
[Webinar 1: introduction of the training course](#) was held on 29 January 2024. Participants were given an overview of the course in this webinar. The peak number of attendees in the webinar was 122 (picture below).



[Webinar 2: ‘Country’s experience-success stories’](#) where participants presented their group work took place on 28 February 2024 in two sessions with a short break in between. The first session recorded a peak attendance of 86 and the second session, 73 (picture below).



In the [end of the course meeting](#) on 07 March 2024, participants, coaches, course coordinators provided their experience, suggestions, and comments on the course. The attendance at its highest was 86 (picture below).



8. Google group

A Google group was created for the course specifically to share the experience and discussion on child and adolescent health in humanitarian setting. The Google group also acted as platform for sharing the group work of the participants for peer reviews.

9. Certification

Participants who completed the assignments, took part in the groupwork, and submitted the MCQs were awarded with a certificate cosigned by GFMER and WHO EMRO. The [top 10 performing participants](#) were awarded with an additional certificate of commendation and the top 5 participants received a book gift.

Course evaluation report

After the course, participants and coaches were invited to complete separate course evaluation survey forms to assess their perceived levels of satisfaction and usefulness of the course and to identify areas of improvement. The link to the anonymous online survey was shared by email with frequent reminders. Participation in the survey was voluntary. The survey included questions to collect participants' demographic data, appraisal of the course, open-ended questions for additional comments and to express their likes and dislikes about the course as well as suggestions on how to improve it.

1. Participants Survey

Total 73 out of 158 participants volunteered the survey to give a participation rate of 46%. The course was highly rated by 99% of participants who responded with a rating of 'excellent' or 'good'. Only 1 respondent (1%) rated the course fair. With a rating scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), the majority of the surveyed participants felt (agreed/ disagreed) that the course was well structured (87%) with clear objectives (93%), have adequate content (86%) and was clearly presented (89%), that the individual and group assignments were relevant, helpful and appropriate for the level of the class (86%, 84% respectively) and the webinars useful (84%). Most of the respondents stated that the course increased their knowledge (92%), confidence and skills (88%) on child and adolescent health in humanitarian setting, corresponded to their expectations (85%) and that they would apply the knowledge in their professional practice (93%). With respect to the relevance of the course topics and webinar 2 on country experience to their professional practice, all the course modules and the webinar were highly rated (module1 - 92%, module 2 - 95%, module 3 - 94%, module 4 - 89%, and webinar 2 - 89%). Despite the positive feedback from the majority, 4% of the respondents disagreed or strongly disagreed across multiple statements, suggesting that there might be isolated issues that need attention.

Generally, the feedback on coaching was overwhelmingly positive. Respondents were happy with the overall quality of coaching received during the course with a 93% response rating of excellent and good. However, 1% of respondents were not pleased with the quality of coaching and 5% of them gave a 'fair' rating. The surveyed

participants informed that their coaches were responsive, encouraged to contact when needed, provided constructive feedback on their assignments in time and encouraged them to participate in the course. Nonetheless, 2% of the participants were not in agreement with the statements.

Most participants in the survey (89%) said that they would recommend the course to others, indicating strong overall satisfaction and 10% rated maybe, suggesting that while they found value in the course, they may have some reservations. Only 1% of participants said they would not recommend the course, thus showing very few negative experiences.

Majority of respondents (68%) spent at least the recommended 6 hours per week or more, with 36% dedicating 7-10 hours. Thus, most participants were actively engaged with the course materials, although some may have found it necessary to spend more time than suggested.

Commenting on things liked best about the course, many participants appreciated the course content, finding it informative, well-organized, and full of new information. Some liked the simplicity, clarity, and real-world applicability of the course topics. Several valued specific components like group work, case studies, assessments, webinars, interactions among participants, coaching, the opportunity to exchange experiences, especially insights from different countries, and the team-based approach. However, there were some concerns about the course's workload, volume of reading materials, and time demands, especially for working professionals including conflicting timings of online sessions with work, assignment deadlines and issues with group work, such as limited responsiveness from team members and network/connectivity issues. A few felt the online modality or virtual setup limited the experience, preferring more interactive or flexible options. It is to be noted that the online webinars were recorded and shared with all participants and the assignment deadlines were flexible. Also, WHO EMRO has an in-person training on the Operational Guide and the online version has different objectives including increasing its reach to a larger audience.

Respondents were also asked to give suggestions to help improve the course which the course organizers could consider for future courses. Some of the suggestions were:

1. Course content – simplify and focus course content, more real-life examples, more country experiences and practical field stories, more details in the monitoring and evaluation module, more inclusive to address the needs of marginalized and vulnerable groups, including those affected by disabilities, migration, and gender-based violence. For example, “Very helpful course, I think it is good if more examples like experience from other countries can be included in the lecture”.
2. Group work – allocate more time or start earlier in the course, organize better to allow balanced contributions from all group members, more groupworks (though one participant suggested that it is removed). For example, “We needed more time to read and absorb all the course materials. To have more group assignments”.
3. Interaction – additional video materials, quizzes, and interactive activities – more live sessions, face to face training or workshop. For example, “The sessions could be conducted live for better interaction with the participants rather than being recorded”; “More learning videos and interactive activities”.
4. Assignment – more qualitative, concept-focused feedback, prompt feedback.
5. Timing and scheduling – adjustments to Zoom meeting times, more flexibility, and longer course duration to accommodate content. For example, “in my opinion it would be better if course time is increased”; “Find good times of the day and extend the course completion duration”; “Change time of zoom meeting”.

Overall, the feedback highlights that most participants found the course valuable.

2. Coaches survey

All 14 coaches participated in the survey (100% response rate), and they all rated the quality of the course high (excellent/good). All but one coach agreed with the statements that the course objectives were clear; the course was well organized with adequate content that help the participants to learn, that the individual, group assignments and the webinar were relevant and appropriate for the participants and helpful for learning. Most coaches found the marking guides timely, clear and useful with reasonable marks allocated to each question. However, one or two coaches disagreed with these statements and would like broader options and more clarity of some answers. All coaches gave a

high rating (excellent/good) on their interaction with their participants. All but one coach informed that they encouraged their participants to contact them if they had any questions or needs in the course, provided constructive feedback and encouraged the participants to remain active. Twelve of them also agreed/strongly agreed to being responsive when contacted and providing timely feedback on assignments. One of the coaches consistently strongly disagreed with all the statements which does not correspond with the overall high rating on the quality of coaching given by all the coaches but may however explain the 2% of the participants who were dissatisfied with the coaching received, requiring further exploration.

Commenting on their coaching experience, many coaches appreciated the group work and felt it encouraged learning and interaction. One coach valued the diversity of participants from different countries and professions thus enriching discussions, and others noted that regular communication and encouragement were essential using different channels of communications including virtual sessions, local phone contacts and WhatsApp groups. Most coaches would like every aspect of the course to be taken into the next one, especially the group work (although a coach suggested that this should be excluded while another felt there should be more), as well as country experiences, case studies, virtual presentations, and articles to keep participants engaged. Other suggestions from coaches were the inclusion of topics like maternal health and non-communicable diseases (NCDs) in humanitarian settings; integrating maternal health into the operational guide; incorporating data specific to each country's health context; and having interactive sessions for coaches before the course begins to learn from each other and to better support the participants. Of note, a virtual orientation session was held for the coaches before the start of the course.

Conclusion

The 'Training course in child and adolescent health in humanitarian settings 2024' was arranged for the first time by WHO EMRO with the collaboration of GFMER with the aim to equip program staff to meet child and adolescent health (CAH) needs in humanitarian emergencies through capacity strengthening and development of an

appropriate programmatic approach. We believe that from the outcome of the course and feedback from coaches and participants this goal was achieved, and participants have acquired the necessary knowledge and tools. More trainings are needed and in other languages to build on the manpower resources to ensure that CAH needs are met in humanitarian settings. The constructive suggestions from participants and coaches will be considered for the next course.