Director General Bureau
Disaster Management Coordinator
July 21st , 2020

MDA NDRT – virtual simulation training report

A. Background:
1. MDA has a trained National Disaster Response Team (NDRT), with the objective of preparing for a large scale EQ to affect the region, a scenario where the state of Israel will most probably request international assistance.
   The objectives of the NDRT in the EQ scenario are:
   1) Conduct needs assessment and support the EPoA preparation and execution.
   2) Act as liaison to the movement units deployed.
2. MDA runs every year a simulation exercise of the NDRT, to refresh their skills in the above mentioned skills.
3. 2020 simulation exercise could not be conducted due to the COVID 19 restrictions. MDA decided to switch the simulation exercise to a virtual mode.

B. Objectives:
1. To train the NDRT members in working remotely.
2. To increase the NDRT members awareness on community related issues.
3. To practice needs assessment and preparing an EPoA.

C. Methodology:
1. An orientation session on the use of ZOOM and conducting virtual meetings and working in virtual groups (provided by NDRT team members) was organized (virtually) one week before the initiation of the simulation exercise.
2. ZOOM was used for the virtual meetings (plenary and group work through breakout rooms), each group was assigned with a Gmail account, and a Google drive was created, with all the relevant documents.
3. 30 NDRT members participated in the simulation (varying from 25-32 participants in different sessions).
4. **Time line:** 6 virtual meetings (4 hours each).
   Each meeting consisted of plenary and break out rooms.
   Session one – presentation of the scenario, set up of the groups, evaluation of secondary data, presentation of data gathering plan.

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Session two – interviews with role players, analysis on needs assessment, and presentation of prioritized needs [after a 15 min refresher on data collection and analysis].
[All the role players in the first round of interviews were male, with female role players on standby, for the event the participants realize their interviews are biased. As they did not realize this, after a short feedback on their interviews another set of interviews with female role players was provided].
As the prioritized needs assessment required improvement, on the next session, 1 more interview was allowed (for 10 minutes), and revised prioritized needs were presented.
Session three – a short refresher on EPoA, at the end of the session the teams presented their goal and main outcomes. At the end of the session, a "hot wash midterm feedback" was conducted.
Session four – the teams worked on their EPoA.
Session five – the teams presented their EPoA to their community counterparts for their feedback. At the end of the session the EPoA was presented to MDA DMC and sent to ERO PMER manager for feedback.
Session six: feedback from ERO PMER manager. Training feedback.
[As a lesson learned from previous trainings, the teams will be provided with the opportunity to revise the EPoA, based on the feedback received from PMER manager, and resubmit it, 96 hours later, which will be the formal end of the exercise].

5. **Scenario:**
December 2020, a 5th peak of patients coupled with seasonal winter illness is bringing the health care system to a breaking point.
The Israeli Ministry of Health (MoH) requested MDA to support in:
   5.1 Support in the design of 2 COVID wards based on large halls (outside of the hospital) to augment the3 capacities of Poria hospital in Tiberias [wards to admit patients who required observation with minimal care, mainly elderly patients]. The wards will act as an annex to the hospital, under the hospital's management.
   Expected outcomes -
   - design of the unit based on the WHO guidelines.
   - look into IPC and wash issues, specific to the setting.
   - look into PGI issues specific to the scenario.
   - Consider specific interventions associated with the specific communities involved in the operation (e.g. prayer room for different religions).

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5.2 Support the ultra-orthodox community in Zefad (Maor Haim), with large percentage of positive patients. A hotel has been designated to receive part of those positive cases. Past experience is translated into families not willing to be transferred to the hotel (issues with food, need to evacuate the entire family, not only those tested positive).
Expected outcomes:
- Understanding the reasons for not accepting the hotel option.
- Working to meet the specific needs of the community in the hotel.
- Planning a solution for the positive cases who stay in town.
- Planning a campaign to fight stigma and increase the number of persons taking COVID tests.

5.3 Support the community in Jish (3000 persons, 60% Christians, 40% Muslims), who suffer high percentage of positive patients. The needs assessment showed that some cultural issues prevent effective "home isolation" thus transmission continues.
Expected outcomes:
- A plan to educate the public on effective "home isolation"
- A plan to support those on "home quarantine"
- A plan to fight stigma and encourage people to be tested.

5.4 Support the Bedwin community of Al Azazme tribe (in the south of Israel near Beer Sheba), who are spread over several none-recognized settlements. High percentage of positive cases, low numbers of persons tested, are not willing to leave their homes (to hotels) – issues related to the ownership on the land, and claims on discrimination involved.
Expected outcomes -
- A plan to educate on COVID, reduce stigma, and proper prevention of transmission and proper "home isolation".
- Possibly, plan of a "community isolation center" (based on WHO guidelines).
- Plan for support of those under "home isolation" (if possible in their living conditions).

D. <u>Participant's feedback</u> (from a mid-training "hot wash" and a debriefing session held at the end of the training. Result from an anonymous feedback questionnaire attached in annex 1. The questionnaire was distributed to all NDRT members, including those who did not participate in the simulation exercise) :

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- The participants are happy with the simulation, feel it is timely, and well connected to the reality.
- Participants are happy with the use of ZOOM. For most of them it is the first time they work in virtual teams, and they feel confident in their capacity to work in a virtual team and deliver an appropriate result.
- Some participants reported technical challenges in the use of the platforms (ZOOM, Google drive)
- Some participants feel that the face to face interaction is missing.
- Some participants feel that the group work is not focused enough and expected more guidance to the group work from facilitators (participants received feedback on this issue that learning to work in a group is part of the skills they need to develop).
- Some of the participants feel that by "sharing screens" it is easier for them to work on documents, compared to "normal group work".
- Participants appreciate that the "remote" simulation and afternoon hours allow them to participate despite their busy agenda (which would have not allowed for travelling).
- Some participants request re-considering the timing of the simulation (Wednesday and Thursday 1700-2100 and Friday 0900-1300) as being at home, for team members with young children this is "family time". Combining the simulation with work commitments proved challenging to some (compared to "traditional trainings" where people are "off work" for the duration of the training).
- Participants feel that clear deadlines, and clear products to be presented at each deadline make the process clearer for them. For some participants the pace was too fast.
- The facilitator's impression is of considerable decay in knowledge. For future simulations, a "pretest" followed by refresher sessions (more than the 15 min refresher provided in this case). Short virtual refresher sessions on specific skills will be scheduled on a quarterly basis (e.g. on effective interview as the first topic to be addressed on the 3 quarter).
- Participants expect more engagement of the facilitators throughout the "break out rooms" (like the facilitators "popping up" in a face to face simulation).
- Language barriers are mentioned as a reason for difficulties to actively participate.
- **The involvement of the ERO was greatly appreciated.**

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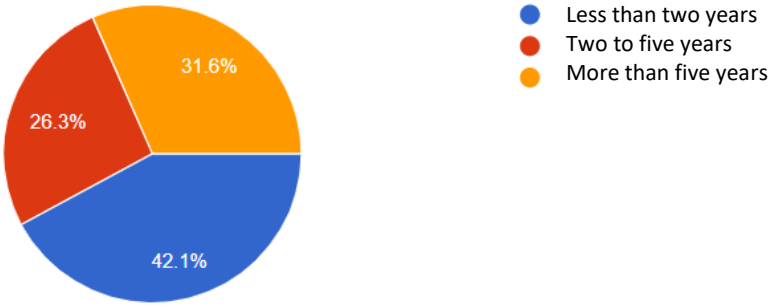
NDRT Virtual Simulation Training Report – Participants Feedback

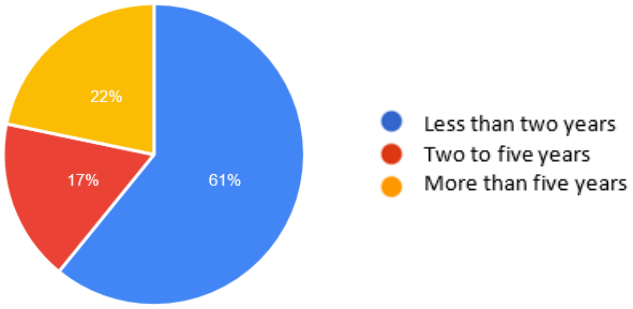
1. 28 participants were in the training (out of 90 "active" members of the team, and 60 members of the NDRT WhatsApp group). From them, 23 replied to the feedback questioner. Additional 16 from the team also replied the feedback questioner, with total of 39 replies.

2. 25% of the replies are from women. In the training 8 women participated (28.5% of 51% of the replies are of paid staff, the rest are volunteers. In the training, 47.8% of the participants were pain staff, and 52.2% were volunteers.

3. Years of membership in the team, among all the repliers:



4. Years of membership in the team, among all the participants of the training:



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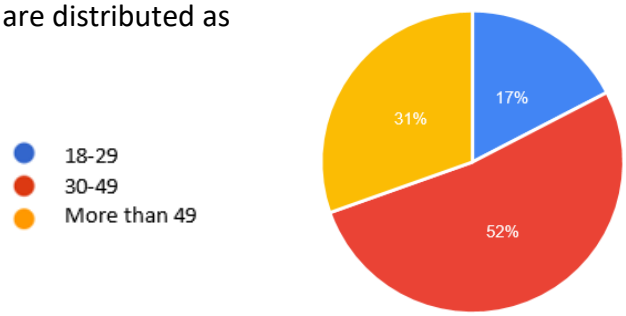
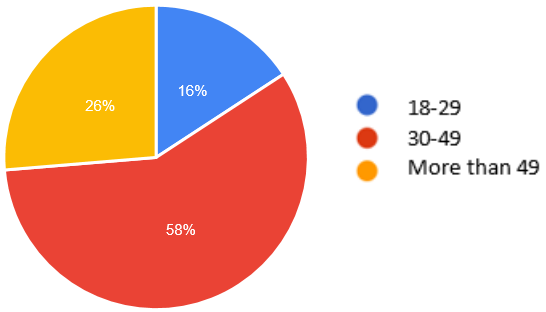
5. The ages of the responders are distributed as follows:



6. The ages of the responders who participate the training are distributed as follows:



7. The reasons for not participating in the training were:
   - Lack of time (11)
   - Other commitments- work (3)
   - Other commitments - academy (1)
   - Believing the exercise is not contributing to their knowledge and skills
   - No one mentioned technology limitations or fear from using the technology

8. 79% (18) of the participants felt they were highly involved in the training, and 21% (5) defined their level of involvement as "moderate".

9. The difficulties during the training were:
   - Technology difficulties
   - Locating relevant materials
   - Lack of practical knowledge

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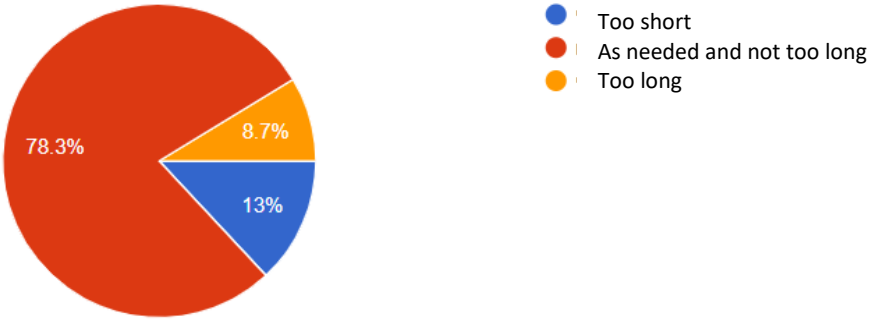
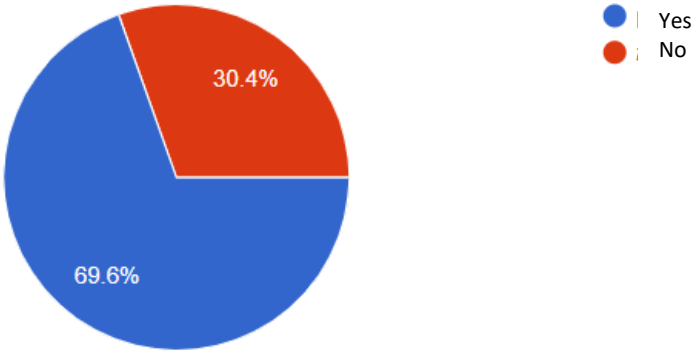
- Using English in the training
- The time at the day was not convenient
- Lack of face-to-face work
- Tasks and terms were not define well enough
- Lack of time to complete tasks
- Team leader who is not allowing others to be involved
- In-efficient work in the group
- Some of the group members were not active
- Difficult to work within MDA's stations, and to connect to the internet
- Pressure from the regional management to leave the training and go back on other duties
- Difficulty in understanding the expected outcome- need to experience more trainings

10. The duration of the training was:



11. Were the days and hours of the training convenient for you?



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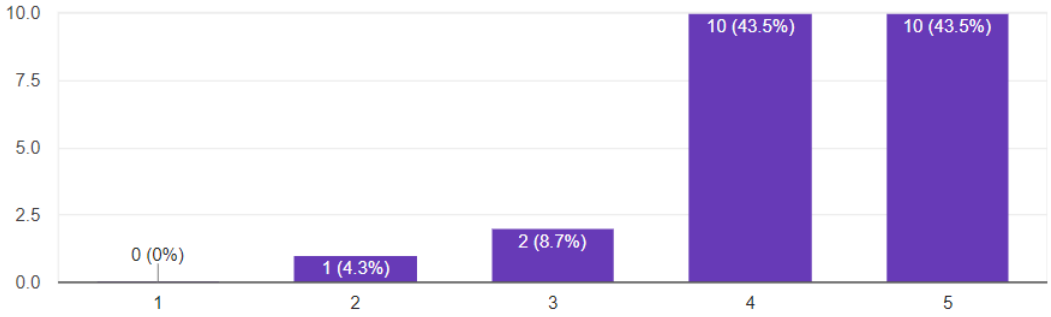
12. All of the respondents described the training as highly professional.

13. 87% felt that the training highly contributed to their ability to conduct needs assessment, the rest thought it moderately contributed to that.

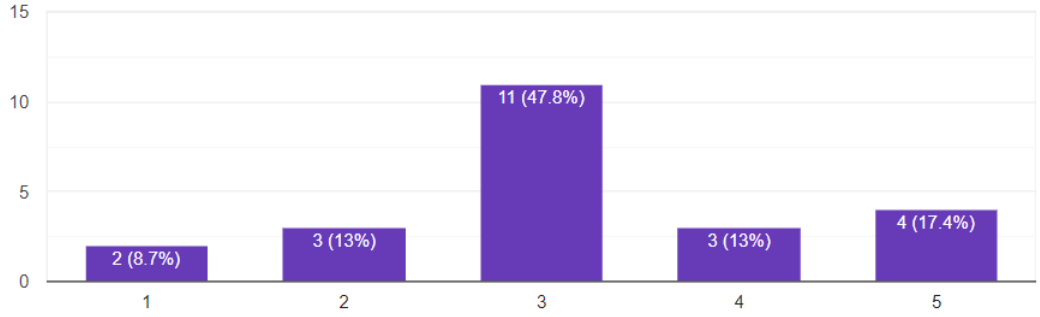
14. 95% felt that the training highly contributed to their ability to a Plan of Action, one participant thought it moderately contributed to that.

15. Approximately 60% reported the training highly improved their knowledge of the IFRC tools, the others reported moderate or lower level of improvement.

16. To what extent does the training contributed to your ability to address community aspects (1 very low – 5 very high)?



17. What was your level of confidence in working in a virtual group before the training (1 very low – 5 very high)?



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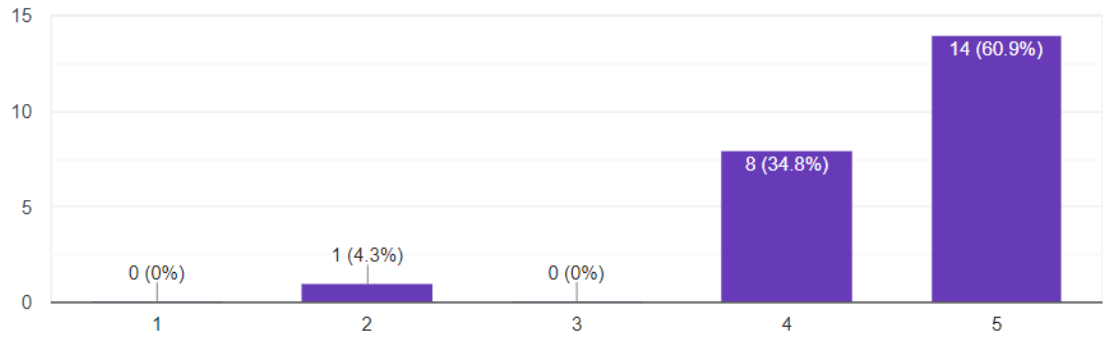
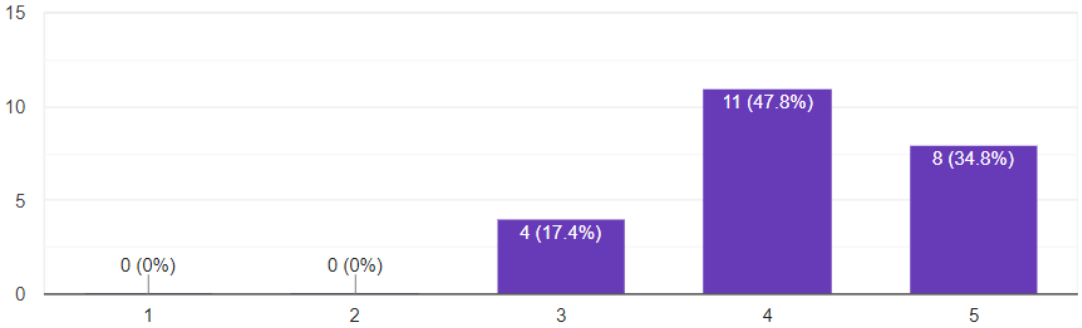
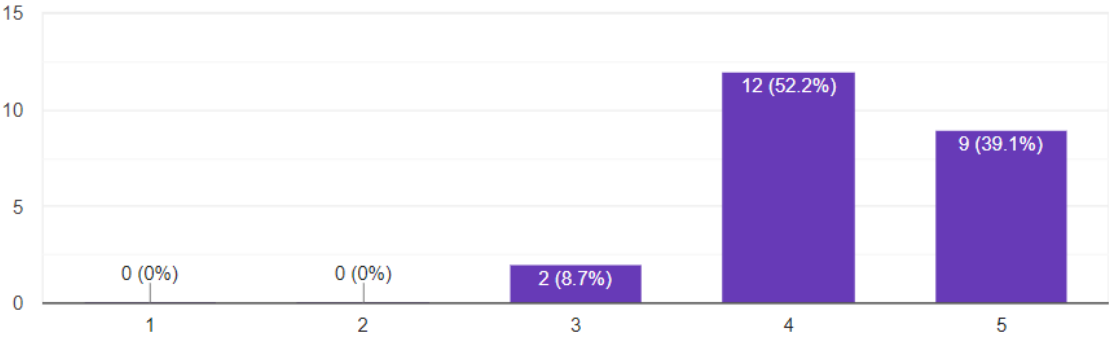
18. What is your level of confidence in working in a virtual group after the training (1 very low – 5 very high)?



19. To what extent did the presentation to the ROE contributed to you (1 very low – 5 very high)?



20. To what extent did the option to re-submit the POA after receiving comments from ROE contributed to you (1 very low – 5 very high)?



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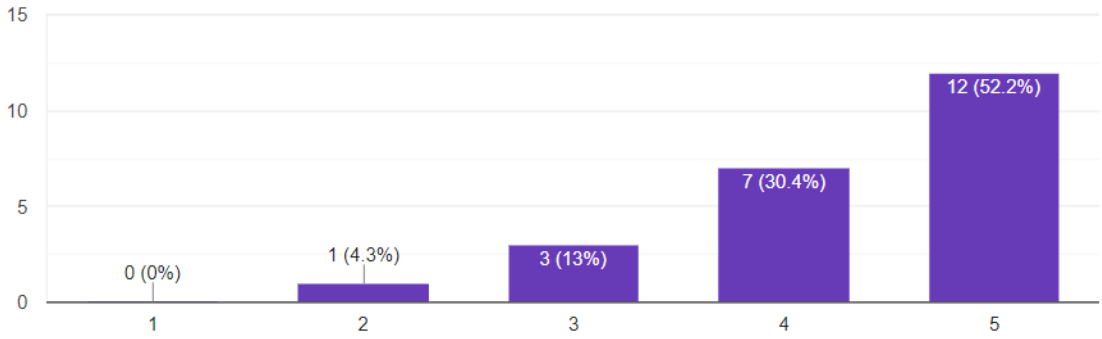
21. How efficient was the work in your group (1 very low – 5 very high)?



22. The recipients mentioned they liked:
    - The teamwork
    - The need for creativity
    - The virtual work
    - Mixing participants from different trainings
    - The sense of pressure that is like the reality
    - The feedback from the trainers and the opportunity to try again
    - The role-play actors
    - Getting to know new tools
    - Receiving feedback in calm and good manner
    - The "fake" data
    - The ability to participate from home

23. Recommendations for changes:
    - It would be easier if we had more time between the presentations of the POA to the final submission of it.
    - Add a guidance document with the training instructions (email addresses, tasks…)
    - Have all the templates in Hebrew, the groups will fill them in Hebrew and then it will be translated into English. It will make thinking processes easier.
    - Have more virtual meetings for updates and short refresh coursers
    - The trainers need to be more involved in the group's work to help and guide the group

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- Various reading materials were suggested (IFRC, WHO…), it was difficult not to focus in one or two.
- Lack of pre-reading materials to be more ready when the training starts
- Written instructions for the tasks, rather than only spoken ones
- Share the agenda
- Have a daily feedback from the participants, not only at the end of the training.

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