READY II Final Evaluation

Muna, a family health worker, provides access to healthcare for children in Somalia. (2021)
(Sacha Myers / Save the Children)

Amelia Goldsmith & Claire Weil

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Acronyms and Initialisms

AES: Annual Engagement Survey
BHA: Bureau for Humanitarian Assistance
CDC: Centers for Disease Control and Prevention
COP: Chief of Party
CP: Child protection
FGD: Focus group discussion
GBV: Gender based violence
GHC: Global Health Cluster
GOARN: Global Outbreak Alert and Response Network
IDP: Internally displaced person
IFRC: International Federation of the Red Cross
IPC: Infection prevention and control
IYCF: Infant and Young Child Feeding
JHU: Johns Hopkins University
KII: Key Informant Interview
MHPSS: Mental health & psychosocial support
MSC: Most significant change
NGO: Non-government organization
ORTP: Operational Readiness Training Program for Major Disease Outbreak Response
PPE: Personal protective equipment
READY: READY initiative
RCCE: Risk Communication and Community Engagement
SRMNH: Sexual, Reproductive, Maternal, and Newborn Health
SOP: Standard operating procedure
TAG: Technical Advisory Group
ToT: Training of Trainers
UN: United Nations
USAID: United States Agency for International Development
WASH: Water, sanitation, and hygiene
WHO: World Health Organization

Executive summary

The READY initiative (READY), led by Save the Children and a consortium of partners including the Humanitarian Leadership Academy, the Johns Hopkins Center for Humanitarian Health, the Johns Hopkins Center for Communication Programs, and UK-Med, was a collaborative effort to improve the readiness of national and international non-governmental organizations (NGOs) to respond to major infectious disease outbreaks in humanitarian settings. Funded by the United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA), READY produced a variety of tools and resources including eLearning materials, online simulations, webinars, issue papers, and in-person training sessions.

The evaluation team used a multi-stage, mixed-methodology approach including a document review, online qualitative key informant interviews, focus groups discussions, and an online survey alongside READY's secondary data. Emphasis was placed on qualitative data collection to capture narratives of change based on diverse interactions with READY. Data were collected from March through May of 2024, and focused on assessing how READY's work enhanced organizational and individual readiness for infectious disease outbreaks. Thematic and content analysis were used to analyze both primary and secondary data to provide an overview of READY's outcomes, challenges, lessons learned, and recommendations for future initiatives.

Relevance: The READY initiative effectively built organizational and individual readiness for disease outbreaks by engaging the right stakeholders, selecting relevant activities, and localizing its approach. The initiative ensured the selection of pertinent topical areas by engaging experts from diverse fields, resulting in high demand for READY's realistic, multisectoral resources. READY was agile by consistently adapting to emergent priorities and incorporating feedback from the NGO community. The initiative's focus on local NGOs, driven by BHA's strategic vision, led to tailored support and localized materials, though some stakeholders suggested further inclusion of local experts. Despite its success, the short-term nature of funding was cited as a limitation, which highlighted the need for funding longer-term capacity development initiatives for outbreak readiness.

Coherence: READY effectively positioned itself within the global outbreak response landscape by engaging key coordination structures and global actors like the Global Health Cluster, the Global Outbreak and Alert Response Network, the World Health Organization, and the BHA. This external coherence was demonstrated by collaborative relationships, a lack of duplication, and the embedding of READY's outputs into existing systems. The initiative's leadership showed careful decision-making, focusing on strategic priorities and leveraging expertise from stakeholders, including consortium partners and external experts. This

approach, combined with strong internal coordination and a unified brand identity, maximized READY's delivery.

Effectiveness: READY successfully increased the outbreak readiness capacity of humanitarian NGOs through innovative approaches like the Operational Readiness Training Program for Major Disease Outbreak Response (ORTP) and the Outbreak READY! digital simulations. These activities provided practical experience, fostered skill development, and were tailored to specific contexts, resulting in demonstrable improvements in outbreak readiness. READY also offered a centralized hub for outbreak preparedness resources, including the READY Outbreak Readiness and Response Learning Hub ("READY Learning Hub") and the READY Resource Library via the website, webinars, tools, guides, and issue papers. This effectively disseminated knowledge and fostered a global conversation around outbreak readiness. However, the initiative faced staffing and time constraints, which affected team members. While READY demonstrated a strong commitment to localization, further efforts to disseminate resources through local stakeholders, especially in non-English speaking regions, could enhance its reach.

Impact: READY successfully improved outbreak readiness at individual, organizational, and global levels. Evaluation respondents identified changes that resulted from their participation in and engagement with READY. They reported shifting from reactive to proactive approaches, demonstrating improved community engagement, a greater understanding of multidisciplinary readiness, and a commitment to knowledge sharing. These changes translated to organizational improvements, including new protocols and policies, documenting readiness, and applying learnings to emergencies beyond disease outbreaks.

READY's impact extended to the global level. Its resources circulated beyond the intended audience and inspired creative thinking and knowledge sharing. READY highlighted the crucial role of NGOs in outbreak response, leading to increased confidence and proactive engagement in coordination by NGOs. Finally, READY's successful gamification of capacity-strengthening, particularly the Outbreak READY! digital simulations, *Outbreak READY!* and *Outbreak READY 2!: Thisland in Crisis*, served as a proof of concept for future initiatives and demonstrated the effectiveness of innovative learning approaches.

Sustainability: READY prioritized sustainability, particularly through its READY Learning Hub, and its searchable Resource Library, both of which will remain accessible after the funding period. The initiative's focus on organizational change led to NGOs adjusting their systems and organic knowledge sharing among participants. Both components will likely continue to produce change. The short-term nature of funding limited sustainability planning, and a lack of visibility regarding the initiative's future affected potential outcomes. Increased localization, including deeper partnerships with national and regional experts, could enhance the sustainability of future activities like READY by fostering a sense of ownership and promoting wider dissemination of materials.

Background

Since 2018, United States Agency for International Development's (USAID) Bureau for Humanitarian Assistance (BHA) funded READY initiative (READY) has been augmenting global capacity for large-scale infectious disease outbreaks in or that have the potential to become humanitarian settings. Through investments in a robust and diverse capacity-strengthening portfolio, knowledge and best-practice sharing, and engagement with key coordination groups to identify and respond to real-time needs, READY equipped national and international humanitarian actors with knowledge and skills to be ready to respond to major disease outbreaks through integrated, multi-sectoral and community-centered approaches.

READY is led by Save the Children and implemented through a consortium approach with the Humanitarian Leadership Academy, the Johns Hopkins Center for Humanitarian Health, the Johns Hopkins Center for Communication Programs, and UK-Med. READY is currently in its second phase, covering the period of April 1, 2022 -June 30, 2024. This evaluation covers the second phase of READY only.

The COVID-19 pandemic began during the first phase of READY, which led to a de facto shift towards supporting COVID-19-specific needs among outbreak response implementing actors. During 2021, the consortium deliberately shifted its focus towards enhancing general technical, coordination, and operational readiness for responding to outbreaks and diseases with pandemic potential beyond the acute phase of the COVID-19 pandemic. As READY II rolled out in the spring of 2022, READY expanded this approach to focus on future infectious disease outbreaks.

The READY initiative aimed to strengthen the capacity of non-governmental organizations (NGOs) to respond to major infectious disease outbreaks in humanitarian settings. READY specifically aimed to:
1) Increase the capacity of humanitarian NGOs for response to major disease outbreaks through innovative operational and technical capacity strengthening approaches.
2) Ensure that technical and operational systems for response to major disease outbreaks are informed, influenced, and improved.

To meet these objectives, READY produced and delivered trainings and materials to help NGOs improve their readiness for infectious disease outbreaks[1]. READY developed eLearnings to fill identified gaps in digital learning resources and curated externally produced eLearning materials to feature on the READY online platform, the READY Outbreak Readiness

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[1] READY focused on outbreak preparedness and not outbreak response. While examples of outbreak response will be given throughout this report, they are only meant to provide examples of how planning affected engagement actual outbreak events.

and Response Learning Hub available on the Kaya platform[2], and the READY Resource Library. Both *Outbreak READY!* digital simulations were available for free online[3]. Additional READY products such as technical and operational webinars, guidelines and mini-guides, issue papers, as well as other resources were disseminated online, promoted through the consortium members networks, and available on the Resource Library. READY also focused on individual and organizational activities through in-person training and mentorship activities based on key technical areas including risk communication and community engagement (RCCE), and sexual, reproductive, maternal, and newborn health (SRMNH). The Operational Readiness Training Program for Major Disease Outbreak Response (ORTP) aimed to improve structural improvements within the participating organizations to strengthen their internal operational capacity. With improved technical capacity and systems in place, READY strived to enhance NGO readiness to put technical skills into practice in the event of an infectious disease outbreak.

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[2] The READY Outbreak Readiness and Response Learning Hub is hosted by the KAYA learning platform which is managed by the Humanitarian Leadership Academy and can be accessed through: https://kayaconnect.org/course/info.php?id=4272

[3] Outbreak READY! and Outbreak READY 2!: Thisland in Crisis is can be accessed through: https://www.ready-initiative.org/outbreak-ready-digital-simulations/.

Overview of methodology

Evaluation scope and focus

The purpose of this evaluation was to identify to what extent READY's approach, activities and events successfully supported international and national NGO readiness and capacity for outbreak response across operations, coordination and technical support. The evaluation scope focused on READY II, which spanned from April 1, 2022 to June 30, 2024.

The evaluation aimed to:
- Identify the intended and unintended effects, and outcomes of the READY initiative;
- Recognize challenges encountered during implementation that affected outcomes;
- Conduct an in-depth analysis on the experiences of program participants based on participation in trainings;
- Identify lessons learned and subsequent recommendations.

Evaluation approach

The evaluation was a multi-stage, mixed methods endline assessment, with primary data collection from March 7, 2024 to May 31, 2024. The analysis focused on the Organisation for Economic Co-operation and Development's Development Assistance Committee criteria of relevance, coherence, effectiveness, impact, and sustainability. The corresponding guiding questions and the tools are described in the table below:

Table 1: Evaluation Matrix

Criteria	Questions	Data Collection Tools
Relevance	To what extent were the chosen operational and technical activities the right ones to build organizational and individual capacity to respond to major disease outbreaks?	Program planning documents, internal READY monitoring data, key informant interviews (KIIs), Annual Engagement Survey (AES), focus group discussions (FGDs)
Coherence	To what extent did READY engage in the right global outbreak and humanitarian coordination structures?	Program planning documents, internal READY monitoring data, KIIs, AES, FGDs
Effectiveness	To what extent were the chosen operational and technical activities successful at building organizational and individual capacity to respond to major disease outbreaks?	Program planning documents, internal READY monitoring data, KIIs, AES, FGDs

	What gaps in operational and technical capacity for major disease outbreak response did READY successfully address? How successful was READY at meeting its localization commitments?	
Impact	How did engagement in these mechanisms help/or not help READY to achieve its impact?	Internal READY monitoring data, KIIs, AES, FGDs
Sustainability	What potential gaps remain that are potential focus areas for similar initiatives in the future? How were the efforts to meet localization commitments received and how could they be improved?	Internal READY monitoring data, KIIs, AES, FGDs

The evaluation used a combination of primary and secondary data sources. This included a desk review of programmatic documents and internal READY monitoring data, online qualitative key informant interviews (KIIs) with consortium members, global stakeholders and NGO beneficiaries, online focus group discussions (FGDs) with NGO beneficiaries, and READY's Annual Engagement Survey (AES) for individuals participating in READY activities or enrolled on READY's listserv[4].

The chosen methodology did not weigh evidence against a counterfactual, but focused on an in-depth understanding of experiences, perceptions, and self-identified behavior change and factors that influenced READY outcomes. The focus on qualitative data was the most suitable to observe the narratives of change needed to understand how READY learnings were internalized by participants.

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[4] The READY listerv includes approximately 3,500 individuals who engaged with READY directly or who signed up for the READY newsletter over the course of both READY I and READY II. READY conducted Annual Engagement Surveys to collect feedback on how humanitarian actors are engaging with READY and applying learnings to their work. An online survey was sent to training participants, webinar attendees, eLearning enrollees, and newsletter members. The survey asked questions on user demographics, engagement with READY over the past year, and their thoughts on how they were able to apply READY learning and technical support to their work.

Data Collection

Desk review of secondary data and programmatic documentation

The evaluation team reviewed a range of programmatic documents. Documents included proposal materials, monitoring and evaluation reports and trackers, monthly donor updates, semi-annual reports, post-activity survey feedback data, READY Learning Hub analytics data, technical tools, guidance documents, and webinar materials.

Primary data collection

After completing a desk review, primary data were collected in three stages from March 7th through May 31st, 2024:

Table 2: Data Collection Summary

Stage	Dates	Data Collected	Sampling
One	March 7-April 17, 2024	26 Consortium Members and Stakeholders KIIs	READY consortium members, external global health actors from GHC, GOARN, BHA staff, and external technical consultants based on a list provided by READY. Sampling was purposive and based on voluntary participation.
Two	March 25-April 16, 2024	413 Annual Engagement Surveys	The AES was an annual survey sent to the READY listserv of 3,506 people and resulted in 413 complete responses. Due to the risk of respondent fatigue, READY and the evaluation team added qualitative and quantitative questions to the AES to generate quantitative feedback for the evaluation instead of creating an additional survey.
Three	April 18-May 31, 2024	5 FGDs and 8 KIIs with 26 participants	FGDs and KIIs[5] were conducted with 26 READY participants based in NGOs. FGDs were divided by activity type including RCCE, simulation users, eLearning, and in-person training participants. Participants were invited via email based on the list of attendees to various activities, through opt-in after the AES, and through invitation from the training

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[5] The evaluation initially planned to only conduct FGDs with these participants but due to recruitment and scheduling challenges, participants were given the choice to opt for a KII instead of an FGD.

			facilitators. Sampling was purposive and participation was optional.

Themes featured in the Annual Engagement Survey, FGDs, and KIIs can be found in Annex 4.

Data analysis

Primary and secondary data were analyzed using thematic analysis to identify key findings and patterns. The evaluators created a coding matrix based on the evaluation questions and cross-cutting themes. Coding was also applied by participant or stakeholder type. New themes that emerged during data analysis were recorded in the thematic matrix. Data was triangulated across KIIs, FGDs, and quantitative data as well as by stakeholder type. Findings were also considered across the individual, organizational, and global levels.

The evaluation team intended to systematically use the Most Significant Change (MSC) approach[6]. Each phase of the evaluation would build on MSC findings from the previous stage. Due to challenges in participant recruitment, shifting timelines that had to overlap, and the heterogeneous interactions participants had with READY outputs, the method was adapted. FGD MSC feedback was contrasted with the KII MSC feedback and triangulated with themes emerging from Annual Engagement Survey data.

Limitations

The evaluation approach could not conclusively determine causality and may have evidence gaps given the parallel timing to activity implementation. The evaluation was conducted concurrently with READY activities during the final stage of implementation, which spans through June 2024. Based on this, the data collection period overlapped with the final READY activities, which meant that not all activities were observed by the evaluation team. The evaluation could only observe short term impact. The MSC approach aimed to address these limitations by soliciting participant's perceptions of change attributed to READY.

Stories of change were not collected from passive resources. By nature of certain outputs like the issue papers, digital simulations, website, the READY Learning Hub, guides and tools, it was not always possible to derive narratives of change. These resources were considered based on frequency of use though website data analytics and some secondary quantitative survey data. Instead, the team focused only on the design, implementation, and dissemination of passive resources, which skewed the analysis towards participatory activities and outputs of the initiative.

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[6] The MSC approach is an evaluation methodology used to analyze changes identified by respondents based on them considering which ones are most significant. More able this methodology can be reviewed on Better Evaluation via this link.

Purposive sampling bias could skew evaluation findings positively. There were likely common characteristics among those who participated. Individuals could be more inclined to respond based on positive interactions with READY. Annual Engagement Survey, KII, and FGD participants may have provided responses that they perceived as socially desirable, rather than their true perspectives. Scheduling with beneficiaries was difficult due to a high rate of no shows, poor connectivity, and differing levels of English. Data and stakeholder triangulation was conducted to enhance validity of findings. Note that participation in the evaluation was not financially incentivized.

Given the heterogeneous nature of READY's resources, impact was not generalizable. Beneficiaries had diverse interactions with READY's materials, activities and trainings which resulted in a variety of impacts. This depended on the materials and events participants had interacted with, the topical areas of the resources, their professional focus, and the national context. Instead of aiming for comparability of impacts across READY resources, the evaluation observed themes that emerged from participant experiences.

Findings

1. Relevance

Finding 1.1: READY engaged the right stakeholders to identify NGO needs throughout implementation.

Precise selection of topical areas through engagement with experts

Internal stakeholders described how READY engaged key global health actors to identify priority competencies and existing gaps for skills strengthening opportunities in those priority areas, for preparing for major infectious disease outbreaks, and maintained its relevance in a post-COVID-19 context. The consortium sought and received guidance from experts and technical bodies regarding priority focal areas based on gaps in previous outbreak readiness activities and materials.

READY did not conduct new research into gaps but went directly to the topical experts (i.e. global humanitarian coordination for a and technical working groups), which allowed for efficient selection of technical foci. This enabled an efficient use of time and READY's budget. The RCCE Collective Service, for example, helped identify priority topics that had been missing from previous outbreak risk communication and community engagement training and priority locations for in-person RCCE trainings. An external RCCE advisory group established by READY provided inputs during the design of materials, trainings and activities.

Other advisors included READY consortium members as well as external experts within recognized technical and coordination bodies such as The Alliance for Child Protection in Humanitarian Action (CP Alliance), the Global Health Cluster (GHC), the Infant Feeding in Emergencies Core Group (IFE Core Group) and Global Outbreak Alert and Response Network (GOARN). This allowed for READY to leverage public health and humanitarian expertise to ensure a high degree of relevance in their products and activities. Technical advisors in BHA also provided technical feedback on all of READY's deliverables and products.

Agile activity selection and adaptive management

READY consistently used adaptive management and demonstrated agility by identifying emergent priorities and incorporating them into their programming. This was supported by READY focal points within BHA who were openminded to READY taking strategic risks and supported innovation. The willingness of BHA to pursue nontraditional avenues and new modalities for implementation was described by a READY consortium member: "*That was quite amazing. I am really grateful for it*" and that this was "*stepping outside of the box for BHA.*" This

reflected a unique, collaborative partnership between READY and BHA where ideas could be explored, supported, and executed.

High accountability and attention to feedback

Continuous feedback mechanisms for each activity, including from activity specific Technical Advisory Groups (TAGs) comprised of external sectoral, outbreak response and humanitarian experts were established by READY. TAGs helped to select priority countries for trainings, provided technical feedback to eLearning content and in-person training design. This helped ensure technical accuracy of READY products and improved the quality of trainings and online learning materials. The READY Learning Hub allowed for users to rate courses and provide feedback after completion. Participants in online and in-person activities were invited to complete a post-activity survey while some participants in in-person training were given the option to participate in a follow-up meeting online. This was deemed highly useful by participants who were able to ask follow-up questions, based on their experience of bringing READY learnings back into their professional lives. This supported learning integration but was not offered in a standardized way across all trainings. In future initiatives, the post-event feedback process could be made available for all in-person learning to reinforce this best practice.

Finding 1.2: The operational and technical activities offered by READY were the right ones to build organizational and individual readiness for disease outbreaks.

High demand for READY outputs points to the relevance of READY activities

Throughout the project period, there was an overwhelming demand for READY outputs, including trainings, technical tools and guidance. When new in-person trainings were offered, READY received hundreds of applications for a limited number of spots. This far exceeded the initiative's scope and capacity, according to external and internal stakeholders. This demand was reflected by the large enrollment numbers on the READY Learning Hub. Internal analytics showed over 16,000 enrollments with 2,961 completions of READY online courses as of June 30th, 2024.

When asked what additional areas READY could focus on, most Annual Engagement Survey respondents cited activities that READY already offered, such as in-person trainings, a centralized repository of trainings, sustained mentorship programs, webinars and documents on how to prepare an organization for outbreaks, and tools and guides. An internal stakeholder highlighted the relevance of READY when they noted: "*At the moment, the READY Learning Hub is the most updated curated list of all outbreak readiness resources. […] [It] is now the example of the most digitized form of the outbreak readiness training there currently is.*"

Content was relatable and pertinent for participants

Operational needs and gaps mentioned by evaluation participants across data sources showed that NGOs were eager to improve the skills of non-clinical staff to improve outbreak readiness. Coordination was cited as a distinctly high priority gap within their organizations, based on their experiences with COVID-19. This feedback further reinforced that READY precisely identified the most important areas to focus on for NGOs. Evidence from KIIs and FGDs show that the READY training content strongly resonated with participants and was highly reflective of on-the-ground realities. Echoing a broad theme in participant feedback, an attendee from a training in Ethiopia noted that READY *"was really bringing new information to partners who had been working in this field for a long time."*

Respondents emphasized that the READY Learning Hub was the first resource of its kind to centralize outbreak readiness trainings that provided realistic and detailed information on what may come up as an outbreak unfolds. Previously resources were not always easy to locate and were not always free. One key informant at the global level noted that READY's combination of in-person and online activities was well suited to the post-pandemic context where local NGOs may be more likely to seek training online than in-person. An internal stakeholder described this: *"There has been a massive digitization effort of humanitarian training resources across the whole portfolio. We've seen a huge change where we've gone from I'd say 90% face-to-face to an absolute flip with it now being 90% digital and 10% face-to-face. This has all been happening prior to the pandemic and READY was a massive accelerator of that."*

Users welcomed the multisectoral approach for a variety of experience levels

Multi-sectoral materials were repeatedly lauded in the KIIs, FGDs and Annual Engagement Survey responses as a key reason why READY outputs were so appropriate. Technical needs and gaps mentioned highlighted the valuable cross-sectoral collaboration to provide high-value guidance and tools. An external stakeholder explained that "*READY has tried to keep things as current as possible [...] there was no other actor at the global level who really put these two ideas of child protection and outbreak response and how these two sectors can understand one another in a way that allows them to work well together. READY was really at the forefront.*" Child protection mini-guides developed with the CP Alliance were described as transformative of existing guidance, making it more digestible, and engaging. Participants with differing levels of experience were taken into consideration as participants from NGOs pointed to phased, continuous, or multi-stage training where they could move from beginning RCCE to advanced RCCE training, for example.

Additional activities for consideration

Some respondents requested small grants to implement or pilot changes within their organizations to better integrate READY learnings and bolster response readiness. This could include having enhanced internal capacity to institutionalize policy changes via trainings,

acquiring new materials to support organization level changes, or even piloting changes to consider long-term integration based on monitoring data.

Finding 1.3: READY effectively managed its scope and focus to ensure relevance.

Strong strategic vision

External stakeholders taking part in the evaluation understood that the need for stronger technical and operational capacity, and improved coordination to respond to outbreaks will always exist. READY understood that maximizing its impact and value required proactively managing its scope. The vision for this was described by an internal stakeholder who said *"We […] envisioned READY as an umbrella framework for infectious disease readiness. [...] Projects like this can too easily lose their focus on the operational nature [...] We want things that will be useful in the field to our partners. And I think that that's where READY really thrived was never losing that thread of usefulness."*

Deliberate planning and a predetermined vision for impact in planning documents grounded the consortium from getting lost in the vast world of outbreak readiness. An internal stakeholder described how READY actively considered their scope by asking *"Do we want to have a wide, shallow reach or do we want to have deep narrow reach? We agreed we wanted to have both but that the priority should be for deep narrow reach [...] for people to really use [our resources]."* To accomplish this, READY tailored support to select local NGOs through ORTP and in-person trainings (further elaborated on in the Impact section). eLearning, webinars, the digital simulations, the READY Learning Hub and the Resource Library provided wider coverage allowing individuals to select resources that were relevant to their needs.

Greater national and regional visibility of READY participants

Some global stakeholders highlighted the need for better visibility on surge capacity at the local level and the need for additional coordination at the regional level. Global stakeholders appreciated the work done by READY to strengthen the capacity of certain NGOs but wished that they could more easily identify which NGOs had been upskilled when they need surge support. In the event of an outbreak, this could help global actors more easily reach these NGOs and activate a network of local partners. Certain participants in FGDs also voiced interest in having more regional exchanges and opportunities to learn from NGOs in other countries to share lessons learned and best practices.

Finding 1.4: READY was shaped by BHA's vision to focus on NGOs working in humanitarian setting with high risk of major disease outbreaks

Focusing on the NGO level

Internal stakeholders highlighted that READY was designed to provide training and resources at the operational NGO level and not specifically for government ministries or United Nations (UN) agencies. While there was collaboration with higher level entities (including through participation in in-person trainings), this humanitarian NGO-level focus was new for global health security initiatives. This approach was a strategic decision at the donor level and was a learning from the 2014-2016 Ebola outbreak during which it was difficult to identify NGOs that had the technical readiness to establish a functional Ebola treatment unit. READY met the need for a concentrated NGO-level capacity building initiative.

> *"There was nobody that was dedicated to outbreaks from the NGO perspective or trying to capacitate that. It's a bit ad hoc that COVID-19 kind of made everyone interested in outbreaks all of a sudden. READY helped galvanize that. [...] The role of local actors cannot be undermined and diminished. Understanding what actors can provide and how they can be engaged from the strategy point was important." (External stakeholder in global coordination structure)*

Emergency funding limitations

Both donors and implementers agreed that the short-term nature of BHA funding limited the READY initiative. While BHA focuses on immediate emergencies, infectious disease preparedness and readiness requires both short-term and long-term funding. This tension between outbreak response readiness and long-term capacity building created challenges for READY. Although BHA recognized the need for sustained preparedness efforts, its funding structure restricted READY from pursuing activities that required longer-term investment. A respondent within BHA explained that, despite READY's successes, that they [BHA] "*cannot be the donor forever*" while others within BHA acknowledged that this was an ongoing point of reflection for BHA.

BHA, READY consortium members, and participants unanimously cited the need for more intensive, in-country training to create a durable impact. One technical expert in the consortium described this by saying that, while outbreak readiness financing often wants a "*silver bullet*", that the problem can only be addressed with a more innovative financing model[7].

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[7] This respondent provided a counterexample of working side-by-side with national counterpoints from the government over a period of five months. This longer period of mentorship allowed for them to troubleshoot together and adapt technical expertise to the local context. They jointly developed standard operating procedures that are still in place. After this period of intensive partnership, the key informant described their counterpart as capable of responding to any outbreak in an informed manner. This respondent contrasted this to the design of READY and questioned whether the complexity of infectious disease preparedness could truly be supported through a predominantly online presence supplemented by a shorter term in-person training.

Participants in the ORTP wished for a longer in-person training component and follow-up sessions over longer periods of time, but READY staff explained that limited time and staffing required them to be creative in maximizing the training's impact. As one respondent described: "*The ball really starts rolling once you are in-country. Once you are face to face with people […] You can adapt to the local context when you're in-country.*" This reflected a need to support longer in-person trainings in future initiatives.

Finding 1.5: READY heavily invested in localization to ensure relevance and applicability at the local level.

Evaluation participants indicated that READY acted deliberately to ensure local relevance and usefulness. A consortium member described this by saying "*we adapted the trainings to what they specifically need in their organization*" to highlight how content was tailored to the needs of individual organizations during the ORTP process (further reviewed in the Effectiveness section). Proactive measures included budgeting for translating trainings, guides, digital simulations and eLearnings into major languages including French, Spanish and Arabic, engagement of in-country stakeholders, and careful selection of and funding for local NGOs to take part in all in-person trainings.

The commitment to tailoring products to the local level was reflected by a high degree of ownership of the activities described by ORTP participants. READY's online materials were actively used in low- or middle-income country settings including the *Outbreak READY!* digital simulations. According to usage analytics, 32% of simulation users were from national NGOs, which exceeded the 25% target set in READY localization commitments.

Some participants indicated that READY sometimes struggled to incorporate the right balance of academic language and more simplified vocabulary in the eLearnings and the simulation that could be easier for individuals who speak English as a second language. Further consultations with learning experts on how to tailor certain phrasing and vocabulary could enhance the usability of the materials for an international audience. Additionally, READY core team members could have had more diverse linguistic backgrounds as most were native English speakers. READY made a concerted effort, however, to have the digital simulations and eLearning courses offered in additional languages such as French, Spanish and Arabic.

Lessons learned

- **Continuous engagement and consultation of experts and target audiences to ensure relevance:** Engaging the right stakeholders from the outset helped ensure that initiatives addressed the most critical needs. Engaging participants throughout implementation maintained the initiative's relevance.

- **Align activities with the needs of global and local actors, incorporating their inputs and help shape scope to avoid duplication of efforts:** The success of READY's operational and technical activities highlighted the importance of aligning capacity-building efforts with the specific needs of individuals and organizations involved in outbreak readiness.
- **Localization is key for ensuring relevance and applicability at all levels:** READY's investment in localization underscored the importance of adapting initiatives to local contexts, ensuring that resources and approaches resonated with local actors and were applicable to their specific needs. Setting standards and allocating budgets for localization supported effective execution. Increased engagement of local networks, actors, experts, and academics in technical content development could be beneficial. Longer term in-country presence from experts during trainings was also cited as a best practice.
- **Strategic alignment with donor vision enhances impact, but short-term funding can limit sustainability:** READY's alignment with BHA's strategic vision demonstrated the value of aligning project activities with donor priorities. Long-term funding is essential to ensure the relevance of initiatives like READY which can boost sustainability and impact.

2. Coherence

Finding 2.1: READY effectively positioned itself within global outbreak and humanitarian coordination structures.

READY engaged the right coordination structures and global actors to ensure external coherence of the initiative. These included GHC, GOARN, the RCCE Collective Service, the CP Alliance, and the IFE Core Group. One success of external coherence was the relationship between READY and GHC. READY solicited inputs and engagement of GHC members on outputs produced for their members and the community. Likewise, the GHC sought READY's investment in their work plan and COVID-19 task team. READY's niche focus on NGOs in humanitarian settings also allowed them to fill in guidance gaps, according to an external stakeholder.

> *"[READY] weren't saying: we know everything. They recognized that they wanted to bring all of the partners on board and learn from each other's expertise. I thought that was done very well. It was a very open and collaborative space that they created. Very welcoming and it took off." (External stakeholder)*

With the approval of BHA, READY shared their experience with creating digital simulations in a working group with GOARN, but also supported improvements within their working model lent from the READY experience. With external stakeholders, READY crafted its scope to

meet needs, avoiding duplication and embedding activities into existing systems from designing inputs to participation in implementation and disseminating resources.

Careful decision-making was behind the choice to pursue an activity, determine its scope and to weigh whether logistics were realistic. READY's leadership provided the structure for READY's operations to benefit from a strong degree of coherence. This was demonstrated, not only in the topics that READY chose to cover through a strategic and efficient focus on recommendations from experts, but also in the topics that they covered. Despite many requests to conduct training of trainers (ToT) courses, READY conducted a careful internal analysis of the resources and time required to produce a high-quality ToT. READY determined that the time and resources required to do a thorough and responsible ToT would not be feasible within the scope of the project period.

"Leadership is everything. Maintaining trust is everything. READY shaped a conglomerate of different NGOs. Trust is everything in order to engage the GHC. It's not about pushing the READY agenda or competing with the GHC. [...] [READY leadership] took that competition away and allowed for a trusted and respectful environment was a pivotal part of leadership when you have consortiums like READY." (External stakeholder)

To ensure further external coherence in the large landscape of global outbreak actors, READY engaged experts and stakeholders across sectors to leverage existing expertise and networks internationally. One stakeholder mentioned this by saying *"READY was very good at [identifying the right experts]: We know someone in Nigeria. We know someone in Cox's Bazar. We know somebody in Haiti so that was easy for the stakeholder mapping consultation to find the right people to speak to."*

The relationship with various communities of practice, such as the Learning and Development Working Group, within the CP Alliance and the creation of multi-agency technical advisory groups was emblematic of the strategy to leverage recognized knowledge, expertise, and resources to enhance the value of READY's offering. Resources that had already been produced by external actors were featured alongside READY resources in the Resource Library and the READY Learning Hub based on a careful curation process. Trainings on the READY Learning Hub linked to other websites including courses offered by UNICEF, WHO and others. This reflected the successful integration of resources from outside of the consortium.

Despite these positive themes highlighted above, some respondents disagreed. Anecdotal feedback from certain external stakeholders in KIIs pointed to the possibility of enhancing external coherence of READY through more engagement of health clusters, national members of the International Federation of Red Cross and Red Crescent Societies (IFRC), or health ministries. Alongside feedback on improved localization, this evidence pointed to the value of

engaging actors at the local level to avoid duplication of training and resources and ensure concordance with national policies and strategies.

Finding 2.2: READY used the expertise and networks of consortium partners by fostering a collaborative space to work towards a common goal.

READY leveraged a team of consortium members successfully to present a coherent and recognized brand. A key success to READY's materials was that they were created under the penumbra of the READY name and were not subsumed by the brands of the participating consortium members. READY strategically leveraged consortium member's networks to disseminate and promote READY materials. The READY brand as distinct rather than an assemblage of individual consortium members was a testament to the initiative's effectiveness. This stemmed from an internal culture that prioritized collaborative outcomes over individual agendas, fostering a strong sense of shared ownership. This environment, free from territorialism, enabled effective managerial balance among consortium members, resulting in the production of a cohesive and comprehensive suite of resources. READY made large gains in internal coordination in its second phase according to both internal and external stakeholders, due to more familiarity with working with each other, more stable staffing, and stronger internal leadership.

"The other thing that was really good is the mix of partners in the consortium and having that really terrific balance between distinct roles and responsibilities and complementary expertise and experience and to do that in a way that really sort of maximizes project deliverables without duplicating efforts and getting in each other's ways. I'm thinking in particular of the RCCE training […] It was great to see this cohesive whole and you could really see where each organization could bring their individual strengths to the workshop, but it didn't feel like this is now UK Med's piece and this is Johns Hopkins piece. You really felt like it was READY's collective piece."
(External stakeholder)

Through the availability of the *READY Learning Hub* and *Resource Library*, and the development of a reputation about the usefulness of the READY materials, key informants described "*a buzz*" about READY, which allowed for members of the international outbreak readiness and response community to refer others to READY resources. The capacity building sessions with GOARN concerning the simulation built a reputation for READY within WHO and allowed for members of GOARN, who benefited from the simulation learnings, to refer colleagues to READY online eLearnings on an ad hoc basis. One respondent that was only involved in the early stages of READY explained that they heard GOARN reference the quality and usefulness of the materials by saying "*I work closely with them now and I've also heard commentary back from GOARN leadership that these tools are relevant and helpful.*"

Finding 2.3: READY leadership's collaboration with BHA enabled a high degree of coherence.

Effective collaboration between BHA and READY

Alignment with BHA ensured internal coherence of the READY initiative. Both BHA and READY consortium members highlighted that this was in part due to the professional chemistry between staff members. The success of the donor's support of READY was described in consortium interviews in terms such as "*they were beside us every step of the way*" and "*focusing on what our value add could be and articulating that was very much done in partnership with BHA.*" This collaboration and trust created a dynamic where there was a high degree of tolerance for constructive feedback paired with a willingness from READY to make corresponding adjustments.

The ease of partnership between the donor and READY management team was cited as a strong asset to the implementation of the project. READY leadership was commended for their proactive communication style, and commitment to transparency with BHA. While personality interactions cannot be foreseen at the proposal stage, this was cited by BHA as a success factor, which supported strong facilitation and streamlined the project management process. BHA was reliably alerted in advance concerning their expected level of involvement, which enabled horizontal collaboration between BHA and Save the Children.

Adaptive management at the leadership level

BHA worked actively with READY as programmatic partners through the cooperative agreement structure. They provided a flexible model that made space for ad hoc needs, including allowing for members of the READY core team to devote extensive time towards capacity building within GOARN, despite this not being an initial goal of the initiative. Because the training recipients within GOARN were members of national NGOs, BHA allowed READY to contribute to capacity building at the global level. This demonstrated an agile working relationship between Save the Children and BHA, and a strong command for adaptive management by READY's Chief of Party (COP).

A shining success within READY was the decisive recovery that was made from turnover at the leadership level during *READY I*. A respondent at BHA described how not all awards were able to recover from a change in leadership. READY II benefited from a single COP's ability to make tough and resourceful decisions without revealing "*how the sausage was made*" as described by another respondent. BHA benefited from strong and consistent communication from the READY COP who made a concerted effort to be accessible. This reliability was reflected by an exceptional track record of producing deliverables on time. A respondent went as far to say that the READY COP "*could teach a masterclass to other Chief of Parties.*"

Lessons learned

- **Engaging global outbreak actors and humanitarian coordination structures upfront to shape an initiative ensures stakeholder buy-in and external coherence:** READY's success was partly due to its integration with existing outbreak and humanitarian structures. Proactively engaging these stakeholders from the outset ensured buy-in, fostered a sense of shared ownership, and paved the way for greater external coherence and collaboration.
- **The leadership of a consortium such as READY must foster a collaborative, non-competitive space for members to leverage each other's strengths to deliver on a shared goal:** Evidence highlighted the importance of a collaborative approach within a consortium like READY. The leadership played a key role in fostering an open and non-competitive environment where members could effectively leverage each other's expertise and resources. This approach maximized the consortium's collective impact and ensures efficient progress towards shared goals.
- **Donors can play a pivotal role in ensuring coherence by working alongside the initiative to create an enabling environment for the consortium to successfully implement and adapt activities:** Evidence reinforced the importance of donor involvement beyond financial support. Donors can play a pivotal role in fostering coherence by actively collaborating with the initiative, providing guidance, and creating an adaptive environment. This proactive partnership approach helped ensure the project could navigate challenges effectively and maximized its impact.

3. Effectiveness

Finding 3.1: READY increased outbreak readiness technical and operational capacity, and knowledge of select humanitarian NGOs.[8]

Blended learnings built the capacity of participants through an innovative approach
READY's first objective was to increase the capacity of humanitarian NGOs for response to major disease outbreaks through innovative operational and technical capacity strengthening approaches. To achieve this, READY offered dynamic in-person and blended trainings with embedded digital simulations as well as eLearnings online on the READY Learning Hub. The detailed list of in-person trainings and eLearnigns can be found in Annexs 6 and 7.

The Operational Readiness Training Program for Major Disease Outbreak Response Experience

The Operational Readiness Training Program for Major Disease Outbreak Response (ORTP), a crucial component of READY's blended learning approach, was a deep engagement with eight

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[8] Finding 3.1 corresponds to READY's Purpose 1 objectives while Finding 3.2 focuses on Purpose 2.

organizations across Ethiopia, Somalia, South Sudan, Lebanon and Pakistan. It included combining tailored in-person and online training such as digital simulations and sustained technical support. These bespoke trainings of nine to twelve months used a co-designed, phased learning approach[9]. These innovative methods supported effective knowledge transfer and retention. In FGD and KIIs, participants reported improvements in their knowledge and skills related to outbreak preparedness and response because of the ORTP training (further elaborated on in the Impact section). Self-reported assessments and post-activity feedback surveys showed that participants felt more confident in operational planning and developed comprehensive outbreak preparedness plans. Participants demonstrated improved understanding of the key considerations during different stages of outbreak response. Overall, individuals ranked themselves three to four points higher after partaking in the ORTP program[10]. They expressed greater confidence in their ability to participate in operational planning, respond to outbreaks, and engage with government officials and other stakeholders during an outbreak. They felt more able to make informed decisions and take appropriate actions in a time sensitive situation.

Prioritizing SRMNH Services in Humanitarian Settings Training Experience

The Outbreak Readiness and Response: Prioritizing Sexual, Reproductive, Maternal, Newborn Health (SRMNH) Services in Humanitarian Settings ("SRMNH training"), delivered in Kenya, Nigeria, South Sudan and Bangladesh, received overwhelming praise from participants. These in-person trainings aimed to strengthen capacity to ensure continuity and prioritization of SRMNH services during major disease outbreaks in humanitarian settings. Post-activity feedback revealed that 100% of respondents found the training useful or very useful. Nearly all participants strongly agreed that the training enhanced their ability to recognize the barriers women, girls, and newborns face during outbreaks. The training effectively equipped participants to identify key outbreak response coordination structures and describe actions they could take to ensure readiness to maintain essential SRMNH services. Participants appreciated the conducive learning environment, trainer expertise, flexibility and sensitivity to allow time-outs for emotionally intense scenarios, and the relevance and impact of the topics.

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[9] This ORTP was delivered in a phased approach. Phase one focused on organizational capacity and risk assessment and foundational learning online. Phase two and three involved in-person customized training and technical support, which integrated a one-day digital simulation. These interactive trainings provided participants from local NGOs with hypothetical outbreak management scenarios, fostering skills development through simulations and active learning. Phase four involved tailored technical support to promote sustained learning.

[10] On a scale from one to ten with ten being the highest score.

The RCCE Outbreak Readiness Training for Major Disease Outbreak Response experience

The **Risk Communication and Community Engagement (RCCE) Readiness Training for Major Disease Outbreak Response** ("RCCE training") , delivered in Nigeria and Ethiopia[11], aimed to equip humanitarian workers with the knowledge and skills to implement effective RCCE in public health emergencies. The program's effectiveness was demonstrated through the overwhelmingly positive feedback received from participants, and consistent reports of increased confidence in applying these concepts. For example, in the Nigeria RCCE training, 81% of participants reported increased confidence in planning RCCE interventions, while 88% felt more confident in engaging communities and describing their organization's RCCE capacity. The training was deemed helpful by 94% of participants, with 75% successfully applying learnings to their work, which reflected similar trends from the Ethiopia training's post-activity survey. Qualitative feedback highlighted the value of understanding how to develop a comprehensive RCCE plan, including planning steps, data-driven interventions, and community engagement strategies. The role-play exercise included in the training was particularly appreciated for its practicality and engagement, allowing participants to apply concepts in a safe and controlled environment. A participant remarked, *"RCCE is one of the most useful trainings I attended so far,"* emphasizing its relevance and value.

The Outbreak Ready! digital simulations experience

The *Outbreak READY!* and *Outbreak READY 2!: Thisland in Crisis* digital simulations, which were a key innovation in READY's blended learning approach, was described as powerful tools for bolstering the outbreak readiness of players. This interactive serious game challenged participants to integrate epidemiological data, clinical findings, and community feedback during an outbreak.

The simulations' provided immersive and highly realistic scenarios which mirrored the on-the-ground challenges faced by NGOs during an outbreak. Interview participants from Nigeria, South Sudan, and Ethiopia described it as a *"true reflection of a 'real life situation'"* and *"a great teaching aid for everyone who has or hasn't dealt with a real outbreak."* This allowed participants to hone their decision-making skills in a controlled environment to prepare them for the complexities of a real outbreak. In post-activity feedback, most respondents (84%) agreed that their knowledge had increased and felt better equipped to support their organizations during outbreaks. The user-friendly design of the simulations and ability to seamlessly supplement other outbreak readiness trainings was also noted.

As described earlier, READY exceeded its goal of 25% of simulation users being from local NGOs by over five additional percentage points. Learners came from 83 different countries

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[11] Planned RCCE training deliveries in Iraq and Lebanon were postponed into READY III implementation due to insecurity in the region.

for Outbreak READY 2! and 100 countries for Outbreak READY!, demonstrating the reach of the simulation. Feedback on Outbreak READY 2! showed that the game's difficulty level had been successfully calibrated to balance difficulty level and accessibility, with 46% of players finding it moderately challenging and 40% finding it challenging. Despite these strengths, use analytics spiked in countries after an in-person READY event followed by comparative lulls where most participants were from high income countries.

Some participants suggested incorporating an offline functionality to enhance accessibility in settings with poor internet connectivity[12]. Some prospective users in low- and middle-income countries had wanted to play the simulation but were unable to do so due to their internet speed. These considerations were considered by READY staff; they described that Outbreak Ready! had an offline version that was difficult to distribute due to the size of the file. To address this challenge, READY considered allowing the second digital simulation to be downloaded and played in sections. This was unfortunately not possible without sacrificing functionality.

The eLearning experience

The evaluation had limited data specific to the eLearning options, partly due to the lack of follow-up opportunities for the evaluation team with learners. However, internal feedback metrics from the Kaya platform reflected that nearly all participants, ranging from 97-100% of eLearning users said that they would likely apply the knowledge acquired to their work. The overarching feedback from eLearning course designers and the few online learners who participated in interviews was strongly positive. Respondents described a dedication to designing useful courses that would effectively equip learners with technical knowledge. eLearnings and mini-guides benefitted from READY's network of technical experts which helped hone the highest priority content to feature.

Stakeholders described the content as carefully tailored to address specific challenges and considerations, ensuring that learners gain practical skills. The eLearning modules were designed to be flexible and adaptable, allowing learners to access the content at their own pace and on their own schedule. This flexibility was particularly important for humanitarian workers who often face demanding workloads and limited time for training. The modules could be used as standalone courses or integrated into existing trainings, providing a valuable tool for both individual and organizational learning. According to the 2024 Annual Engagement Survey and corroborated by backend data[13], most participation in eLearnings

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[12] READY took the initiative to include a dedicated section for questions about internet connectivity including the option for users to test their internet speed and compare it to the speed needed for use. READY also ensured that if users lose connectivity that they can return to the same place later.

[13] Enrollment numbers from backend data reflected the following attendance numbers for courses: WASH in Epidemics (4,396), WASH en situation d'épidémie (1,464), IYCF Remote Counseling: How to support caregivers during infectious disease outbreaks and other settings (1263), Infant and Young Child Feeding in Emergencies

were for *Water, sanitation, and hygiene (WASH) in Epidemics* (36%), *Adapting Child Protection Programming in Infectious Disease Outbreaks: Guidance for Case Management Safety and Continuity* (34%), and *Infant and Young Child Feeding (IYCF) in Emergencies during Infectious Disease Outbreaks* (27%).

Areas for in-person learning improvements highlighted by participants

Blending training participants shared some suggestions for improvement. Some requested extending the duration to allow for in-depth scenario work and content coverage, while others desired more time for scenario work and group interactions to delve deeper into the material. Some participants suggested extending the in-person training to two weeks, with reduced daily hours to avoid overwhelming participants. Suggestions also included more opportunities for knowledge sharing including communities of practice for ongoing support and deeper expertise development

Finding 3.2: READY centralized outbreak readiness resources.

READY's second objective was to ensure that technical and operational systems for response to major disease outbreaks were informed, influenced, and improved. To do so, READY produced a range of tools, guides, briefs, materials, webinars and online resources to fill identified gaps. The READY Resource Library[14] on the READY website stored READY developed tools, guidance and documents (i.e. reports, publication and assessments), and externally curated tools and guidance for outbreak readiness response from across various sectors, disease types, and providers (i.e. WHO, GHC, IFRC, etc.). The READY Learning Hub[15] consolidated free outbreak-related eLearnings from across the sector beyond those produced by READY (see Finding 3.1). A list of READY specific publications and eLearnings is available in Annex 7.

The READY Learning Hub and Resource Library pooled materials from READY and beyond

The Resource Library served as a central repository for tools and resources, developed by READY and external sources, including WHO, GHC, Médecins Sans Frontières, the CP Alliance and others. This offered a one-stop platform for essential information and streamlined access to outbreak preparedness knowledge. This website amplified the initiative's reach, with an average of 1,555 visits per month since October 2023 with 11,663 visits in total. The majority of users were based in the United States, followed by the United Kingdom, India, and Nigeria. READY staff explained that user experience was a priority in curating the online content based on strategic design and expert consultation. By

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during Infectious Disease Outbreaks (798), and Introduction to Risk Communication and Community Engagement for Outbreaks in Humanitarian Settings (634).

[14] The READY Resource Library can be found here: https://www.ready-initiative.org/resource-library/

[15] The READY Learning Hub can be found here: https://kayaconnect.org/course/info.php?id=4272

incorporating user feedback, READY demonstrated a commitment to facilitating access to resources. This emphasis on a seamless user experience underscored the Resource Library's role in equipping individuals with the tools needed for effective coordination and response during disease outbreaks.

Publications and issue papers

READY produced publications, including systematic reviews, operational guides, and issue papers that addressed critical aspects of outbreak readiness. The *Community-based surveillance of infectious diseases: A systematic review of drivers of success* in 2022[16] was particularly well received according to internal stakeholders. It had already been cited fifteen times by other publications. 63% of Annual Engagement Survey respondents that interacted with a READY publication referred to the systematic review. READY's operational guides, such as "*Infectious Disease Outbreak Response Coordination: An Introductory Guide for Non-Governmental Organizations*" and the "*Child Protection in Outbreaks*" Mini-guide series, have been translated into multiple languages (English, French, Spanish, Arabic, and Bangla) to promote accessibility. These guides were among the most used by survey respondents, with 48% utilizing "*CP in Outbreaks: Collaborating with the health sector in infectious disease outbreaks*" (Mini-guide 3) and 35% using "*Infectious Disease Outbreak Response Coordination: An Introductory Guide for NGOs.*" Additionally, READY has also provided key mental health and psychosocial support (MHPSS) resources such as the *MHPSS Staff Well-Being Guidance Note in Infectious Disease Outbreaks*, conducting gap analyses and creating multilingual operational guidance notes on staff wellbeing in collaboration with the Inter-Agency Standing Council MHPSS sub-working group. READY's issue papers and articles delved into complex topics beyond clinical activities. The open-access nature of many of these publications aimed to enhance reach and accessibility.

The READY website featured an appreciated suite of webinars and resources

Webinars contributed to improving knowledge of technical and operational systems for outbreak readiness based on use metrics and qualitative feedback. The most popular webinars among Annual Engagement Survey respondents were "*Global Launch Webinar: Fit for Purpose? Global Coordination Mechanisms of Large-Scale Epidemic Responses in Humanitarian Settings*" (33%), "*Global Launch Webinar of New Simulation—Outbreak READY2!: Thisland in Crisis*" (29%), "*Communicating with Children During Infectious Disease Outbreaks*" (25%), and the "*Launch Event: Locally Led Action in Outbreak Response*" (25%)[17].

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[16] McGowan CR, Takahashi E, Romig L*, et al* (2022) Community-based surveillance of infectious diseases: a systematic review of drivers of success. *BMJ Global Health. Accessed on 28, June 2024. Available here:* https://gh.bmj.com/content/7/8/e009934

[17] Global Launch Webinar: Fit for purpose? Global Coordination Mechanisms of Large-Scale Epidemic Responses in Humanitarian Settings (332), Outbreak Coordination: Opportunities and Barriers for Greater NGO Engagement (274), Launch Event: Locally Led Action in Outbreak Response (173) were top 3 attended webinars for READY 2.

While these percentages did not fully represent the broader READY community, they underscored the role of launch events in enhancing the visibility of READY resources. Participants interviewed described high participation rates and momentum-building strategies used in these webinars. The attention to detail in the design of graphics created a professional appearance. This meticulousness promoted engagement and an interest in subsequent webinars. This feedback corroborated the high-quality nature of READY outputs described by interviewees, while a variety of topical areas demonstrated a comprehensive approach to diversity of outbreak response.

The READY Learning Hub provided comprehensive and targeted online course collections, which were continually updated based on feedback from user testing. This ensured that the most relevant courses were intuitively accessible in one location. The READY Learning Hub was targeted in its incorporation of key content to avoid overwhelming users with information. Users had the option to rate trainings and courses while ongoing analytics monitored engagement levels. The READY Learning Hub's timing was also perceived to be ideal by internal stakeholders who indicated that learning resources are becoming increasingly digitized along with the increased digital skills and expectations of users. One evaluation interviewee speculated that some users may now prefer online courses over traditional in-person trainings. Learners explained in the FGDs that they appreciated how the online resources allowed them to learn at their own pace. This was particularly helpful among emergency actors who may not have the time to learn continuously and regularly. The READY Learning Hub was developed by internal stakeholders to be the most updated and digitized form of outbreak readiness training platform in the humanitarian sector. Its success was underpinned by thoughtful design, adaptive flexibility, and a dissemination strategy through a well-developed social media presence, particularly on LinkedIn.

Finding 3.3: Evidence suggests a dissonance between READY's ambition, and available resources.

An ambitious plan that warranted adequate resources

Feedback from internal stakeholders and BHA suggested a disconnect between READY's ambitions and the resources available, particularly in terms of staffing and time. Both internal and external stakeholders, as well as users and participants, recognized the quality of the team and contributors. However, a consistent theme shed light on a need for more time to allow for appropriate feedback during the output development process. Interviews highlighted the staff's desire for more time to properly pilot, design, and develop outputs.

One interviewee detailed how the challenge of obtaining adequate input from all consortium members while developing resources sometimes resulted in limited inclusion of key voices: *"For example, with the global coordination tool, […] it was a huge amount of work, but it took time*

and by the time we were ready and asked colleagues for comments, it was almost a bit too late. We took in some, but we couldn't make major changes." This respondent explained that if staff had not been working on several other projects and had more open schedules, READY could have benefited from *"more ideas and more input from different perspectives."* This sentiment was echoed by stakeholders who were asked to collaborate with the READY team and provide input and feedback.

Consider limiting scope to better support staff

Anecdotal feedback, while concurrently expressing admiration for READY's accomplishments, highlighted a risk of staff burn-out. Despite these challenges, external stakeholders and participants recognized the remarkable efforts made by the READY team to design high-quality outputs and deliverables. The successful delivery of projects attested to the staff's determination and ability to work under pressure. Despite this, additional time and human resources could have enhanced long-term effectiveness and sustainability.

Finding 3.4: READY delivered on its localization commitments but could have benefited from more input and dissemination at the country level.

Proactive efforts to meet localization commitments

READY established actionable localization goals that guided the development, implementation, and review of its activities. This included a comprehensive localization commitment two-pager, which BHA stakeholder interviewees indicated they had used as a best practice example for other programs. READY's focus on local NGOs aligned with these goals, as highlighted by one respondent: *"It is very rare with humanitarian funding […] to have such a focus on local capacity building."*

Localization was a priority for READY's leadership, with regional and national experts reviewing outputs to ensure contextual relevance. An external consultant involved in developing tools and webinars described the process as responsive to country-level feedback: *"We gave priority to field practitioners and responded to their feedback to ensure the guides were as practice-oriented as possible."* eLearning materials, tools, guidelines, and digital simulations were available in multiple languages, while live interpretation was provided during online events. Dissemination included social media, newsletters, and launch events in multiple languages and across multiple time zones.

Internal data showed that the goal of having at least 25% of participants in capacity-building activities from national or sub-national organizations or locally recruited personnel was consistently met. Webinars consistently featured speakers or experts from national organizations. An interviewee noted that materials were easy to find and could be used by diverse actors. Another internal READY stakeholder noted on ORTP: *"READY had done a really*

good job of not just having superficial partnerships with local and national NGOs but identifying long-lasting relationships with multiple touchpoints…bringing some of those people who have come along through that journey into other things like presenting at webinars and being more visible."

Potential for more dissemination and local ownership

While READY prioritized translating materials and ensuring representation from non-English speaking countries, materials in languages other than English were less utilized according to available data analytics on the READY Learning Hub and Resource Library. Qualitative feedback from stakeholder interviews and participants in FGD and KIIs suggested that READY could have better engaged with local networks in target countries to support dissemination. Stakeholders at the GHC voiced that perhaps more efforts could be made to engage local country clusters. The Annual Engagement Survey showed that only 9% of survey respondents learned about READY through sectoral coordination groups. Some suggested that local academics could have been engaged in the curriculum development stages to amplify the voices of local experts and provide examples of scenarios encountered in local contexts. These practices could further the initiative's reach. Embedding trainings locally could also expand ownership of trainings and empower local actors to further share knowledge and skills. Participant and stakeholder feedback at the global level reflected a common interest to further expand localization efforts.

Lessons learned

- **Innovative capacity strengthening approaches can enhance outbreak readiness:** The success of READY's innovative methods for technical and operational capacity building demonstrated the value of such approaches in equipping NGOs to better respond to disease outbreaks. Future initiatives could prioritize similar strategies.
- **Centralizing resources proved valuable particularly due to the multisectoral nature of outbreak preparedness**: READY's role as a central hub for information dissemination (Resource Library) and online learning (READY Learning Hub), highlighted the usefulness of this approach.
- **Balancing ambition with available resources is crucial for effectiveness:** The experience of READY underscored the importance of aligning project ambitions with available resources, particularly staffing and funding. Overstretching resources can lead to burnout and impact long-term sustainability, even in successful projects.
- **Localization requires additional effort to reach non-English speaking audiences:** While READY demonstrated a strong commitment to localization, data revealed the need for additional dissemination of resources in non-Anglophone settings. Active engagement at the national level further supports inclusivity and maximizes reach.

4. *Impact*

Finding 4.1: READY increased outbreak readiness at the individual level.

Shifts in individual perceptions of readiness

All respondents from FGDs and KIIs who participated in READY trainings cited changes in how they viewed readiness and responsible practices, or cited concrete actions taken as a result of READY. This underscored a broad trend of shifting from reactivity to readiness. Due to the heterogeneous exposure to READY activities, impact was different depending on the materials and in-person events participants had experienced, the topical areas they focused on, their professional specialization, and the national context.

Appreciation for the role of planning

Several RCCE training participants described how their risk communication approaches prior to READY were not strategic and that they did not have an official readiness approach to communicating with the public before or during emergencies. A participant described their previous approach as haphazard and stated, *"We had limited capacity in terms of communication and advocacy before.*" One NGO specified that, prior to READY, they had not thought about strategic engagement with community members in a structured manner and had dealt with challenges from the community in an ad hoc way. Many participants described this shift in perspective as the impetus for establishing RCCE strategies and policies.

New perceptions of the role of community members in outbreaks

The drama resource[18] taught in the RCCE training was transformative for all interviewed participants who put it into practice. An NGO participant in Nigeria cited that using the drama to sensitize community members during an outbreak increased their acceptance by the community, which the NGO had previously been habituated to working around during outbreaks. As one respondent said *"The drama was excellent. It felt like real life. It was like the context in Nigeria. It included issues we see in the work such as rumors, ignorance, issues of misinformation, rejection, dealing with community leaders, people doubting that the disease could be real […] so we had to develop different RCCE tools."*

Using drama to give community members roles in the outbreak enhanced understanding of the outbreak which *"improved sensitization"* and made *"acceptance a lot easier."* Community

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[18] The RCCE training included a "drama" role play component that allowed participants to practice the development of a community-led action plan, starting with prioritizing key actions to take forward in the plan. About 8-10 participants are assigned the roles of community committee members, composed of community leaders and affected community members or their representatives, and then were briefed on the issues and priorities these individuals have in relation to the emergency Examples included the burden of going to an isolation center when you have children at home, reporting sick chickens if it meant culling all of your birds, or religious practices that are being compromised for biomedical burial practices.

members shifted from an antagonistic stance towards the NGO to serving as active partners during the response period. This also created an unintended effect of community building in a moment of fear and provided psychosocial support. Bringing participants together to act in the drama helped brighten spirits in the community which brought levity to a tense situation.

NGOs also became more interested in community feedback. One participant described this by saying: *"In this [diphtheria] outbreak, we are doing additional engagement with community leaders and increasing investment in community engagement early on […] involving members of the community, getting their feedback and knowing what they want. That is one thing that READY has taught me. Know what the community wants so what you bring to your intervention, it's going to be very smooth […] it has really been impactful."*

Deeper commitment to informal knowledge sharing with peers

Blended learning participants demonstrated a deeper commitment to knowledge sharing by establishing technical units and participating in working groups. One participant in Nigeria described how they have been using their increased technical knowledge to further engage in technical working groups. They stated *"I am part of the RCCE working group. We have been developing RCCE activities to address rumors and advocacy strategies. I have been able to use these skills in this working group."* Another participant established an internal focal point for their organization's RCCE unit to further institutionalize readiness efforts.

Shifting perspectives on caring for healthcare workers' physical and mental health

Some respondents highlighted their appreciation for the emphasis on ensuring that staff members are protected from infection beyond more commonly known practices such as using personal protective equipment and infection prevention and control for healthcare workers. A participant in a SRMNH training in Nairobi emphasized the revelatory nature of this dimension of the training by saying:

"I never used to put myself first. I always put the clients first before me. I think healthcare workers somehow think […] they can't get sick, but after the training I have to put myself first. I have to protect myself first before I protect the other person […] I came to realize if we don't protect ourselves, we are not able to offer services." (Participant KII)

This idea of safeguarding the health of team members was a shift in participants' own perception of what readiness means. This was bolstered by sharing additional strategies for how healthcare workers can protect themselves.

Increased awareness of outbreak readiness as multisectoral

Overall, training participants showed an increased recognition of outbreak readiness as multidisciplinary and not merely occurring on the clinical level. ORTP participants in particular

reflected the need to plan on an organizational level for disruptions to systems, which led to concrete changes in supply procurement practices to avoid stock outs and ensuring that referral mapping was in place. This was a distinct shift towards readiness.

A participant in the South Sudan SRMNH training described their efforts to increase awareness about the heightened risk of gender-based violence (GBV) during emergencies and outbreaks. This participant has engaged in the GBV sub-cluster to further share their learnings from READY.

"It was really important because sometimes…cases of GBV increase in times of outbreaks, in times of insecurities […] I was able to really get awareness to the community on how to handle these issues where they refer the referral pathways and the health service mapping on how they can know where the services are in case they happen to have survivors around." (Participant KII)

This participant had previously done awareness raising about HIV on International Women's Day but took the initiative to raise awareness about GBV during outbreaks for the first time as a direct result of the READY training. This was a clear impact of READY sensitizing participants on predictable effects of outbreaks beyond clinical settings.

Finding 4.2: READY increased readiness at the organizational level.

Development of new protocols, policies and standard operating procedure (SOPs)

Many respondents cited that concepts shared in training were incorporated at the strategic and policy level in their organizations. This included the first-time development of outbreak readiness plans in some organizations as a result of the ORTP or incorporating subspecialties such as SRMNH priorities into emergency planning. While the focus on READY was to improve outbreak readiness rather than outbreak response, participants described a variety of examples of how their positioning had shifted because of READY, creating distinct changes in their approach when disease outbreaks occurred. This improved readiness was cited by all interviewed participants who responded to an outbreak after their READY training.

ORTP participants from South Sudan described incorporating some of the technical IYCF content into their SOPs based on engagement with other READY resources. Prior to their participation in READY, many of their SOPs for outbreaks were out of date or not being systematically put into practice. A SRMNH training participant in Bangladesh described how the policies and plans put into place after the READY training were a contrast to the reactive style of outbreak response which they experienced during COVID-19. An Annual Engagement Survey respondent described improved readiness for a measles outbreak by saying "*I was able to design a patient flow in one of our supported health facilities during this measles outbreak, provide in-service training to health staff to build them in handling disease outbreaks, improved IPC and*

update SOPs during outbreak." All of these examples underscored a shift from reactivity to readiness through improved institutionalization of outbreak readiness learnings.

Participants found the READY learnings helped them advocate for improved readiness within their organizations. Annual Engagement Survey respondents described a diversity of ways in which they used READY materials to inform policy and organizational structure that had the potential to continue to shape activities after the completion of READY activities. Some respondents used the tools for advocating child-friendly safe spaces, shelters, and compliance with outbreak guidelines.

Documentation of outbreak readiness to increase attractiveness to donors

Participants described how READY helped document their skills. A participant in the Somaliland ORTP described the importance of documentation of their readiness for future outbreaks to be in a better position to acquire funding from donors. This respondent cited that their organization lacked the documentation to be able to develop strong proposals to acquire new funding, but that the business continuity plan and outbreak readiness plan became key materials to display in proposals. They expressed this by saying "*we are led to use it as a reference material for any call for expression to any donor related to any disease outbreak*."

Improved readiness in health facilities to shift to outbreak response

Respondents shared stories of how their positioning changed as a result with READY when faced with new outbreaks such as during a cholera outbreak in Northwest Syria. A participant in the SRMNH training in Nairobi described being better prepared to respond to and more quickly contain a small cholera outbreak that happened in Kenya after the READY training occurred. Instead of closing their facilities to prevent transmission, this NGO stayed open because of the training and made recommended adjustments. They described this by saying "*We were ready this time around with isolation centers in place. We had staff trained, we had PPE in place. There were funds to buy supplies [...] and we didn't need to build the facility afresh [...] We used to have our facilities closed [...] The facilities were not closed, our SRH services were going on [...] there was a place for screening [our clients] before they would get the service [...] We needed more staff so more staff were brought in.*" Another participant described how they also challenged their initial instinct to provide fewer services during an outbreak by saying "*It was a real eye-opener. I have become more aware of my unconscious biases. Previously, I would see an outbreak as an opportunity to scale down essential services as opposed to looking for opportunities to mainstream essential services in the response.*"

A respondent from the SRMNH training in Bangladesh also described how they felt more prepared to manage an increase in cases of chickenpox cases in a refugee camp due to skills obtained from READY. Their increased understanding on how to report these cases, and how to engage in adequate coordination mechanisms gave them the resources that they needed to

address the issue upstream and to prevent a large-scale outbreak. They cited this as a concrete example of how their perspective shifted towards readiness.

Finding 4.3: READY supported improved coordination and collaboration at national level by elevating NGOs as key outbreak response actors.

READY spotlighted NGOs as key actors in the outbreak response structure

READY's emphasis on NGOs recognized their role in the outbreak coordination structure. NGO participants were eager for this kind of engagement and were animated by participating. One described this level of focus on their technical needs by saying "*It was so exciting*" or "*I loved it!*" Respondents concurrently reported increased feelings of confidence in conducting, not only readiness activities, but seeking additional fundings from donors to further stabilize their organizations to be more reliable actors in outbreaks and emergencies.

Anecdotal feedback from a respondent in a national NGO highlighted that some NGOs feel overshadowed by larger organizations with more visibility. One respondent in Bangladesh highlighted how these tensions can sometimes come to the fore during meetings where UN actors, aware of these power dynamics, can take up more space than their NGO counterparts. All data sources indicated that this focus of READY was unique.

NGOs more proactively engaged in coordination

A respondent from the GHC said that READY played a role in *"demystifying"* coordination in outbreak readiness which was reflected by many participants. Many described more easily engaging in coordination structures during outbreaks. During a Lassa Fever outbreak in an internally displaced person (IDP) camp, participants described a greater ease of engagement with government officials and coordination mechanisms. Previously outbreaks had been reported through the camp managed structure which caused delays in the coordinated response.

"In the camp, NGOs need to report health emergencies to the camp manager who escalates to their supervising officer who sends it to the director in charge of the IDP camps who then sends it to the executive secretary of the emergency management agency which will need to be approved before being reported to the Ministry of Health. It takes a week or two before you can get a response from this process and the outbreak continues to spread. Instead of following the bureaucratic channels, we reached directly out to the emergency arm of the Ministry of Health. This was completely different than the previous process because suspected cases were removed from the camps immediately for testing and medical attention. The state then conducted contact tracing. This made the response much more rapid and was done within 48 hours of reporting." (Participant KII)

This change in awareness of coordination bodies was emblematic of a wider trend of improved efficiency which allowed for more swift action in outbreak response activities.

Finding 4.4: READY inspired creative thinking, organic knowledge sharing and circulated beyond the target audience.

Engagement with READY sparked more demand and inspired knowledge sharing

Participants in READY consistently wanted more after their initial engagement with READY. They wanted refresher trainings, longer periods for engagement, opportunities to further integrate learnings, and an interest in covering more technical areas in the future. Many organizations specifically cited that including a training of trainers in READY would have been distinctly helpful for the further dissemination of national activities. Some participants in-blended learnings even shared an interest in developing their own communities of practice.

Most respondents took the initiative to cascade knowledge to colleagues within their organizations, with their managers or host cascading training external to their organizations, including with government agencies and management within IDP camps. Some of these internal trainings resulted in strategic discussions about organizational changes, such as changes in budget allocation to avoid stock outs of PPE before outbreaks happen. Two FGDs respondents from South Sudan also gave the example of setting up an informal cascading training to apply examples that they learned from playing the digital simulation to share knowledge and discuss how learnings could improve organizational practices.

READY learnings inspired creative thinking and general emergency preparedness

As an unintended consequence of the READY training, some respondents cited "*thinking outside the box*" with their colleagues to introduce new ways of working. A participant described the decision to permanently try to reduce crowding at their facility even outside of outbreaks by expanding the reach of their community health worker programming.

Participants in several locations cited that READY inspired them to think beyond outbreaks alone, and to bolster their readiness for all emergencies through strategic planning. Many countries that hosted READY trainings were vulnerable to natural disasters, waves of conflict-related displacement or political unrest. A participant in the *SRMNH training* in Kenya cited that great familiarity with referral networks and service mapping helped them pivot in the midst of a physician strike to ensure that their patient population could avoid interruptions to services. Across data sources, respondents felt more prepared based on a better understanding of coordination, how to work with other organizations in emergency situations, and leverage communication channels during a crisis.

READY products circulated beyond the intended audience

An unintended consequence of the simulation was its circulation in academic settings. A BHA stakeholder reported that their intern had used *Outbreak READY 2!* during their undergraduate public health coursework. The digital simulation website has a section describing the intended audience by saying *"The simulation is designed for national and international NGOs responding to humanitarian emergencies, particularly targeting NGO health staff, including health program managers and coordinators, RCCE focal points, and community health workers."* The simulation game's accessibility enabled it to circulate beyond NGOs alone.

Survey respondents cited using READY materials in diverse settings including supporting curriculum development in universities, using them to engage community members so they felt more informed about outbreaks, and sharing READY content with students in low- and middle-income country settings. These examples showed the value of READY resources as useful didactic materials in other learning settings. Some additional survey respondents cited using the READY materials as authoritative sources to support background information when they were developing proposals and protocol development within their organizations. READY materials were also used to help advocate for improved readiness within Ministries of Health.

Finding 4.5: READY was the proof of concept that gamified capacity-strengthening can work.

The simulation paved the way for further gamified learnings in the humanitarian sector

READY's experience with creating the digital simulations was extensively shared with WHO GOARN through intensive collaboration via a technical working group. Because WHO had never created a gaming resource for internal training, the learnings from READY were instrumental in allowing them to scale up their own training capacity. A respondent from GOARN described READY's support for them developing their own simulation by saying *"Our project would not have succeeded without them. They were absolutely critical."* BHA's flexibility to allow READY to shift its workplan for this engagement was instrumental in enabling READY to devote time to GOARN's core group which allowed for this transfer of knowledge.

Respondents believed that the simulation improved the effectiveness of online learning in contrast to traditional massive open online courses (MOOC) style lectures because it was experiential. This created open mindedness within BHA to funding other gamifications in the future. One respondent at BHA described the READY experience by saying *"It's a good case study for showing success and a good value for money."* This same respondent cited that they received anecdotal feedback that other parts of the humanitarian sector were also inspired to think more creatively about how they could move away from more traditional didactic tools.

Lessons learned

- **Tailored multimodal capacity-building initiatives focused on coordination and readiness can enhance individual readiness:** Providing individuals with the skills, and confidence to respond to outbreaks was crucial for improving their outbreak readiness.
- **Fostering creative thinking ensures demand, enthusiasm, and motivation for readiness:** Initiatives should aim to motivate individuals to prioritize readiness, inspiring them to seek out further knowledge and advocate for change within their organizations.
- **Strengthening organizational capacity is key to building readiness:** Impactful initiatives should focus on supporting organizations to develop and implement practical, sustainable changes, such as developing policies and plans that enhance readiness.
- **Readiness efforts should extend beyond specific health threats:** The skills and knowledge gained through initiatives like READY can be applied to a range of emergencies, highlighting the value of a comprehensive approach to readiness. READY's intersectoral approach highlighted the interdependencies between sectors.
- **Strengthening coordination and collaboration among key actors is essential:** Initiatives should prioritize fostering connections and communication channels between NGOs and other stakeholders involved in outbreak response to ensure a coordinated and effective response at the national level.
- **Innovative approaches like gamification can enhance learning:** Incorporating gamification into learning activities improved engagement, and effectiveness.

5. *Sustainability*

Finding 5.1: Availability of the READY Learning Hub and Resource Library.

The long-term availability of the READY Learning Hub

The READY Learning Hub will be maintained past the current funding period. Key informants believed that these materials would continue to be used by the public health community and will remain relevant for years to come. Post-award availability of the online learnings will be provided by Save the Children, the Humanitarian Leadership Academy and through in-kind contributions of other consortium partners. For example, the Johns Hopkins Center for Humanitarian Health have committed to covering the fees to host the digital simulations for the next five years. There was also strategic thinking in place to include some of READY's materials on other platforms. A respondent described how READY found partners "*who can sustain some of the learning by having resources available on their websites like the GHC and […] the CP Alliance […] to kind of give it a sustaining platform.*"

However, internal stakeholders indicated that these materials will lose their relevance over time if they are not updated within the next three to five years. Some respondents also indicated that the ability of new visitors to navigate the website could be a limitation. This was highlighted as partially related to the design of the website. Informants described limitations in funding, which could be devoted to more intuitive web design for browsing the online catalog. Sustainability could be supported after the READY ends by creating a guide for new users to navigate to resources without guidance.

Finding 5.2: Gains from training that led to organizational changes could produce sustained results.

Outbreak preparedness plan

The mentorship program was designed so that all eight participating NGOs in the ORTP left the program with their own personalized outbreak preparedness plan. While these plans were not binding agreements, they were a resource for the NGOs to institutionalize increased readiness. This feature of the mentorship program showed a concerted effort to prioritize and increase the likelihood of durable change within NGOs.

The outbreak preparedness plans were cited as one of many tools that NGOs had available to prepare for outbreaks and to demonstrate to donors that they were capable of responding to an outbreak. A ORTP respondent in Somaliland cited plans to reference these materials as they secure additional donor funding to support continuity of their operations.

Policy and guideline development within NGOs

Changes in policy attributed to participation in READY could have long-term effects on operations. As outlined in the impact section, many blended training participants developed new policies, SOPs, and guidelines after participation. Many of these respondents indicated that these materials inspired new conversations, processes and styles of working. This shift towards readiness from reactivity had potential to produce long-term changes.

Human resources development and further knowledge sharing

Skills obtained by participants could have produced changes in their working lives and could lead to further knowledge sharing. A respondent also highlighted that people moved between different NGOs over the course of their careers and could bring their new skills with them. Some respondents indicated that they planned to provide further cascading training for a variety of audiences. It is worth noting that, while useful skills and accurate technical knowledge were likely to be shared in cascading training, this was not an intended impact of READY so this could come with the risk of inaccurate information being cascaded.

Finding 5.3: National level networks established during the training currently remain active.

Mentorship programming created active national networks

An unintended result of the READY included new relationships between participants that happened in-country, which resulted in long-term connections via platforms like WhatsApp. As a consortium member stated *"It's important to keep those WhatsApp groups alive […] it's a forum for them to also interact with each other because READY doesn't necessarily need to provide all those answers. Within the participant groups there is quite a lot of knowledge."* The usefulness of the WhatsApp groups was identified during piloting. These networks served as informal communities of practice that may continue beyond READY.

As NGOs were taught more about the different actors that comprised the coordination networks within their local context, some participants became more involved with working groups or in the cluster system. Respondents spoke about these activities as though their engagement was not meant to be a singular experience but was a long-term priority. This suggested that these engagements will continue after the project period.

Finding 5.4: Lack of visibility about the future of READY affected sustainability outcomes and options.

Due to the short-term nature of BHA funding, READY was limited in its ability to invest in sustainability planning since they were not sure whether they would receive a new round of funding. Without guaranteed funding, activities were only planned in the short-term. Once READY had clear confirmation that funding would not be extended at the same level, READY had a shorter timeframe to adjust while they concurrently pivoted to project close out. Respondents within BHA and READY in addition to beneficiaries described a variety of ways in which these uncertainties shaped READY including limited capacity for technical experts to devote a longer-term presence in-country.

Finding 5.5: Increased localization and engagement with universities could be an pathway for sustainability of future activities like READY.

While READY intentionally co-branded materials and had them hosted on multiple websites, some internal stakeholders lamented in interviews that certain *"ambassadors"* were not designated to sustain attention towards READY's materials. While READY tapped into international expertise, national experts had limited engagement in material design. Further inclusion of national experts could allow for a more entrenched sense of ownership of materials at the local level. This may further promote distribution after the award period.

As previously noted, foreign language materials did not have the same level of uptake and circulation as the materials translated into other languages. Deeper partnerships with regional experts, academics or universities could have allowed for better circulation of these READY materials at the local level. This could also be a helpful avenue for READY products to have natural *"ambassadors"* who could continue to feel a sense of ownership over the learning materials and promote them in their networks. READY materials were highly relevant to academic settings and could remain in circulation for the foreseeable future within these networks alone. While not an initial goal, learning experiences inspired career development and could lead interested professionals to further work in this area.

Lessons learned

- **Digital resources offer long-term value but require maintenance and user support to ensure long-term relevance:** While the READY Resource Library provided lasting access to resources, ensuring its continued relevance and usability requires ongoing updates, user-friendly navigation, and potentially, a guide for new users.
- **Organizational level changes such as policy development could lead to sustained impact**: READY's focus on fostering organizational changes, such as developing outbreak preparedness plans, updating internal policies, and sustained mentorship had the potential to create lasting improvements in outbreak readiness. The mobility of trained staff within the sector could further amplify this impact.
- **Cultivating active networks enhances knowledge sharing and sustainability:** National networks established during training and increased familiarity with local coordination structures highlighted the importance of fostering communication channels that extend beyond the project's lifespan.
- **Sustainability planning is crucial, even with funding uncertainties:** The lack of visibility regarding READY's future underscored the need for early and proactive sustainability planning. This included exploring alternative funding models, identifying potential partners for long-term collaboration, and developing clear transition plans.
- **Increased localization at the design stage could foster ownership and promote long-term sustainability**: Engaging local experts, academics, and universities in the design and dissemination of materials not only enhances their relevance but also could create natural *"ambassadors"* who can champion the initiative and its resources within their networks to support a wider reach.

Conclusions, best practices and recommendations

Conclusions

The READY initiative had a profound impact on outbreak readiness at the individual and organizational level of participating NGOs. By equipping individuals and organizations with enhanced knowledge and skills, fostering organizational changes, and strengthening national-level networks, READY contributed to a more robust and coordinated global health security architecture. The initiative's focus on innovation, such as gamified capacity-strengthening, will leave a legacy in the field of outbreak readiness and inspire further discussion.

READY increased technical capabilities, inspired new organizational priorities, and catalyzed a shift from reactivity to readiness. Participants shared diverse examples of how they approached outbreaks differently based on new skills and perspectives gained from READY. This shift expanded their thinking about outbreaks beyond clinical considerations to a multisectoral approach to readiness. READY learnings were also transferable to other kinds of emergencies which could be better addressed with improved planning.

Despite its accomplishments, the sustainability of READY's impact remained a key consideration. While digital resources and organizational changes offered promising avenues for long-term sustainability, the lack of clarity regarding the initiative's future was a challenge. Ensuring the continuity of established networks and capitalizing on the gains made would be crucial to sustaining the positive impacts achieved by READY.

To further amplify and sustain its impact, future initiatives could prioritize increased localization, actively engaging local experts, and academics to ensure long-term ownership and relevance. By building on the successes of READY and addressing key sustainability challenges, the global community could continue to strengthen outbreak readiness.

Key findings highlighted the importance of (1) prioritizing sustainable funding to safeguard READY's achievements, (2) ensuring adequate resources to deliver high quality, ambitious programs for local NGOs working in key areas, and (3) deeper engagement with local actors to maximize impact and the sustainability of investments made by BHA.

Best practices for future initiatives

Relevance

Establish a standing advisory group: Convene a diverse group of experts and representatives from target audiences to provide ongoing input and guidance throughout the project lifecycle. This group can ensure continuous alignment with evolving priorities.

Strategically identify needs through consistent or iterative global and national stakeholder consultations: Determine priorities with global actors working on outbreak readiness. This helps identify existing initiatives, avoid duplication, and support coherence.

Invest in dedicated resources for localization*:* Allocate funding and personnel to support comprehensive localization efforts. Partnering with local organizations and networks to disseminate materials and ensure accessibility for non-English speaking audiences.

Coherence

Map key stakeholders early on: Before launch, conduct stakeholder mapping to identify key global outbreak actors and coordination structures. Leverage consortium member networks and develop a comprehensive engagement plan that includes regular consultations.

Establish clear governance and communication channels: Prioritize open communication to facilitate a collaborative culture among consortium members. Celebrate collective achievements and recognize individual contributions to foster a positive environment.

Foster a strong donor partnership: A collaborative donor relationship helps ensure that initiatives are aligned with donor priorities and that activities to benefit from their expertise.

Effectiveness

Prioritize innovative capacity-building approaches: Invest in developing and implementing creative and engaging capacity-building activities, such as gamified learning, and interactive workshops, to enhance engagement and knowledge retention.

Design and deliver tailored programs: Focus on providing customized support that extends beyond one-off events and is tailored to participants and their organizations.

Deliver learnings in an engaging way to increase participant buy-in: Use participatory didactic methods rather than lecturing at participants to promote a sense of ownership.

Impact

Provide practical tools to support organizational change: Equip organizations with the practical tools, templates, and resources they need to develop and implement actionable outbreak preparedness plans, update internal policies, and promote effective coordination.

Promote a multisectoral approach to readiness: Emphasize the interconnectedness of different sectors and actors in outbreak readiness.

Facilitate multi-stakeholder networking: Create opportunities for NGOs, government agencies, and other relevant stakeholders to build relationships, and strengthen coordination mechanisms at the national and local levels.

Inspire creative thinking: Design programs that encourage critical thinking, solve problems creatively, and develop innovative solutions to apply learning in an agile manner.

Sustainability

Prioritize targeted, and tailored support to organizations: Go beyond one-off training events and invest in long-term mentorship graduation programs that provide tailored support to organizations as they institutionalize learnings.

Facilitate ongoing collaboration: Provide platforms and opportunities for alumni of READY programs to connect, share knowledge, and collaborate beyond the project's lifespan. This could include online forums, regional workshops, or mentoring partnerships.

Integrate early sustainability planning: Incorporate sustainability into the initial project design, even in the face of funding uncertainties. Explore alternative funding models, cultivate relationships with potential long-term partners, and develop clear transition plans.

Embed localization throughout the project lifecycle: Increased localization could enhance a sense of ownership at the local level.

Areas for Improvement for Future Initiatives

Recommendations at the consortium level

Use the READY experience to seek long term funding to expand offerings: READY was a resounding success in the relevance of products and skills strengthening offerings created for NGOs. The demand for READY training was far beyond the scope of the project and participants wanted more. Long term funding could allow for READY to build from its

successes and meet additional demand. Advocate to donors for long-term funding commitments to maintain momentum.

Changes to resource allocation to better match resources with ambitions: Further prioritize human resources support in budgeting to allow for more sustainable workloads for consortium members to allow for greater ease of input sharing and collaboration.

Longer in-country engagement for outbreak readiness training: Respondents identified the need for longer periods of in-country engagement with technical experts. Consider having an in-country presence of at least two weeks with the possibility of longer-term visits.

Standardize post-event engagement process across all in-person learning experiences: Some in-person training participants participated in follow up webinars where they could ask questions about bringing their new skills into their workplaces. This best practice should be standardized across all in-person training to boost effectiveness and promote impact.

Develop a sustainability plan for updating digital resources: Allocate resources for regular updates to the READY Learning Hub, ensuring content remains current and relevant. Invest in user experience improvements, including intuitive navigation and a user navigation guide.

Consider offering a small grants program: Participants in the ORTP suggested the possibility of using small grants to institutionalize or pilot learnings. Small grants could also expand access to training for participants that need support with travel expenses or other costs.

Recommendations to BHA

Establish an internal focal point to advance the conversation on humanitarian vs. development funding: Establish a concrete point person within BHA to advance a more integrated humanitarian-development funding model to engender outbreak readiness in a sustainable manner. Designating a point person could institutionalize this dialogue.

Consider graduation funding: Consider a bridge within USAID for successful BHA-funded initiatives like READY to have easier access to longer term development-style funding within USAID to support the sustainability of BHA's investments.

Annex 1: Evaluation Terms of Reference (ToR)

READY Program Evaluation

Timeframe: December 2023 - March 2024

Level of Effort: Up to 35 working days

Location: Remote – available to work across various time zones in the Americas, Middle East, Africa

I. Background

When major disease outbreaks occur, non-governmental organizations (NGOs) are often on the frontlines, using their deep connections with affected communities and expertise to support outbreak readiness and response. READY, an initiative funded by USAID's Bureau for Humanitarian Assistance and led by Save the Children and a consortium of partners, is supporting NGOs to more effectively respond to major disease outbreaks in humanitarian settings. Through investments in a robust and diverse capacity-strengthening portfolio, knowledge and best-practice sharing, and engagement with key coordination groups to identify and respond to real-time needs, READY is equipping national and international humanitarian NGOs with knowledge and skills to be ready to respond to major disease outbreaks through integrated and community-centred approaches.

The first phase of READY ran from September 2018 through March 2022. The current phase of READY launched in April 2022 and will run through the end of March 2024. As READY approaches the end of the initiative, we are seeking a consultant to lead on an evaluation of READY's work in the second phase. To learn more about the READY initiative visit https://www.ready-initiative.org/

II. Evaluation Purpose

The purpose of this evaluation is to identify to what extent READY's approach, activities and events successfully supported international and national NGO readiness and capacity for outbreak response across operations, coordination and technical support.

III. Evaluation Type

READY plans to carry out an external, mixed methods performance evaluation to review how well the initiative achieved its objectives, highlight lessons learned and best practices for future programs of a similar nature. Though the methodology will be finalized with the support of the selected consultant(s), it is anticipated that the evaluation will largely rely on qualitative methodology with a focus on interviews and discussion with key stakeholders. READY encourages the use of innovative evaluation methodologies including outcome harvesting or case studies.

IV. Evaluation Questions

READY is interested in understanding the relative effectiveness of its various activities in strengthening NGOs' ability to respond to outbreaks, within each of the project's two objectives: 1) Capacity of humanitarian NGOs is increased for response to major disease outbreaks through innovative operational and technical capacity strengthening approaches, 2) Technical and operational systems for response to major disease outbreaks are informed, influenced, and improved by systematically capturing, disseminating, and applying learning from COVID-19 and other epidemics/pandemics.

Key themes to explore:

- *Were the chosen operational and technical activities the right ones to build organizational and individual capacity to respond to major disease outbreaks, and to what extent were they successful at doing so?*
- *What gaps in operational and technical capacity for major disease outbreak response did READY successfully address? What potential gaps remain that are a potential area of focus for similar projects in the future?*
- *Did READY engage in the right global outbreak and humanitarian coordination structures at the right time? How did engagement in these mechanisms help/or not READY to achieve impact?*
- *How effective was READY at meeting its localization commitments? How were these efforts received and how could they be improved?*

The final evaluation questions will be identified and agreed upon amongst the consultant(s) and the READY Chief of Party and M&E Advisor.

V. Evaluation Methods

The proposed methodology includes:

- Document review including review of donor reporting, after action reviews from READY activities, participant feedback, pre-and post- test scores, activity learning objectives, etc.
- Annual Engagement Survey data from March 2023 and potentially Q1 2024.

READY II Final Evaluation

- Online survey targeting READY email subscribers (a global network of over 2,000 individuals who have subscribed to READY updates and/or engaged in READY trainings, events, and activities), stakeholders, and partners
  - Note: Given the nature of the survey and READY's target populations, there is limited capacity to develop a scientific sample. This will be a non-probability sample using self-selection sampling.
- Qualitative interviews (key informant interviews and/or focus group discussions) with READY staff, consortium partners, advisory group members, external stakeholders who have engaged with READY's work (webinars, capacity building trainings, technical guidance development and operationalization, etc.), and coordination bodies (Health Cluster, RCCE Collective Service, etc.)
- READY encourages proposals from applicants using alternative approaches including outcome harvesting, case studies, etc.

The Consultant will work with the READY M&E Advisor and the READY Chief of Party to develop an evaluation plan and methodology at the start of the consultancy. READY can provide support and access to online survey platforms such as Survey Monkey, Google Forms or Kobo Toolbox.

VI. Evaluation Findings Dissemination Plan

READY will share findings from the evaluation with key stakeholders, and relevant partners. It will also upload the final report to the Development Experience Clearinghouse and READY's website. A full dissemination plan will be developed with the READY team and BHA and will include a final report and presentation of findings to key stakeholders.

VII. Expected Deliverables & Timeline

Recruiting and onboarding the consultant will take place in final quarter of 2023. Data collection for the evaluation will take place in the final quarter of the program (January-February 2024). The evaluation report will need to be finalized and approved by the end of the project on March 31, 2024.

The Consultant's deliverables and tentative timeline (subject to the commencement date of the evaluation) are outlined below. Key deliverables are in bold. The Consultant and the READY M&E Advisor will agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline - Milestones

Early Dec 2023 - The Consultant is contracted, onboarded and commences work

Early Jan 2024 - The Consultant will submit a detailed workplan and timeline including:

- evaluation objectives, scope, and key evaluation questions

- description of the methodology, including design, data collection methods, sampling strategy, data sources, and evaluation matrix against the key evaluation questions
- data analysis and reporting plan
- caveats and limitations of evaluation
- risks and mitigation plan
- ethical considerations including details on consent
- stakeholder communication and engagement plan
- key deliverables, responsibilities, and timelines
- resource requirements
- data collection tools

Once the report is finalized and accepted, the Consultant must submit a request for any change in strategy or approach to the M&E Advisor and Chief of Party.

Late Jan/Early Feb 2024 - The Consultant will lead on data collection and analysis

Mid Feb 2024

The Consultant will share the Draft Report including the following elements:

- Executive summary
- Background description of the program and context relevant to the evaluation
- Scope and focus of the evaluation
- Overview of the evaluation methodology and data collection methods
- Findings aligned to each of the key evaluation questions
- Specific caveats or methodological limitations of the evaluation
- Conclusions outlining implications of the findings or learnings
- Recommendations
- Annexes (Project logframe, evaluation ToR, Inception Report, Evaluation schedule, List of people involved)
- Note: A consolidated set of feedback from key stakeholders will be provided by Save the Children within 2 weeks of the submission of the draft report.

Early March 2024 - The Consultant will develop and share the **Final Report** incorporating feedback from consultation on the Draft Evaluation Report

Mid-March 2024 - The Consultant will present findings of evaluation to management team and donor.

VIII. Consultant Profile

The evaluation will require an external Consultant with:

- Master's Degree, preferably in public health or a related field;
- Proven experience in program evaluation;
- Strong experience in qualitative methods, including conducting interviews or group discussions - Excellent English language oral and written communication skills (required);
- Knowledge and experience in humanitarian response and outbreaks (required);
- Familiarity with humanitarian and global health coordination mechanisms (required);
- Experience with USAID/BHA Monitoring and Evaluation practices (preferred);
- Comfort working in teams as well as acting independently in the implementation of specific tasks, multitasking and prioritizing, working under pressure, and meeting deadlines;
- Willingness to work across multiple time zones as needed.

IX. Submission of Proposal

- Total proposal must be less than 5 pages, excluding annexes/attachments
- Proposal must include the following:
  - Description of the individual(s) and/or firm and their relevant experience against Section VIII (including CV)
  - Summary of proposed approach in line with the above methodology and timeline (300-500 words)
  - Budget (including proposed payment schedule)
  - Sample of similar/ relevant work (1-3 pages, can be included as an annex)

Annex 2: READY Logframe and Indicators

Sector	Subsector	BHA Indicator No. ^	Indicator Title	Disaggregates^^	Indicator Type^^	Desired Direction of Change	Baseline Value**	Life of Award (LOA)	Data Collection	Data Source^^	Data Collection	Position Responsible for	Assumptions	Comments
Goal: Humanitarian NGOs have the tools, knowledge, and skills to more effectively support crisis-affected communities and local authorities in response to major epidemics and pandemics														
Purpose 1: Capacity of humanitarian NGOs is increased for response to major disease outbreaks through innovative operational & technical capacity strengthening approaches														
Humanitarian Policy Studies Analysis or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C01	% of NGOs with increased capability in outbreak readiness following READY-facilitated Operational Readiness Training Program	N/A	Outcome	+	0%	100%	Routine Monitoring	Organizational Capability Assessment	Ongoing	Activity Lead (UKMED)	Organizations/Participants engage in the assessments, feedback surveys, and post-training follow ups.	NGOs participating in the Operational Readiness Training will take part in a pre and post training assessment/evaluation. This activity will target the 8 NGOs who start the training during the award period.
Humanitarian Policy Studies Analysis or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C02	% of participants who report having applied knowledge learned in synchronous READY Trainings (in-person or blended) to their work at the 2 month follow up	Learning Modality	Outcome	+	0%	80%	Beneficiary-based monitoring survey (e.g. post-distribution monitoring)	2 Month Follow Up Survey	Ongoing	M&E Advisor/ Learning & Development Specialist		Participants in the Blended Trainings will be contacted following completion of the training and invited to complete a post-training feedback survey. This indicator does not measure asynchronous learning.
Humanitarian Policy Studies Analysis or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C03	% of participants who report they are likely to apply knowledge from an asynchronous READY eLearning to their work	Course Type	Outcome	+	0%	80%	Beneficiary-based monitoring survey (e.g. post-distribution monitoring)	Feedback Survey Data	Ongoing	M&E Advisor/ Learning & Development Specialist		New Indicator. Participants in READY eLearning will be prompted to take a survey upon completion of the training. This indicator does not measure synchronous learning.

Sector	Subsector	BHA Indicator No ^	Indicator Title	Disaggregates^^	Indicator Type^^	Desired Direction of Change	Baseline Value**	Life of Award (LOA)	Data Collection	Data Source^^	Data Collection	Position Responsible for	Assumptions	Comments
Goal: Humanitarian NGOs have the tools, knowledge, and skills to more effectively support crisis-affected communities and local authorities in response to major epidemics and pandemics														
Purpose 1: Capacity of humanitarian NGOs is increased for response to major disease outbreaks through innovative operational & technical capacity strengthening approaches														
Output														
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C04	# of outbreak readiness foundational and thematic e-learning or blended courses developed and launched on the Outbreak Readiness and Response Learning Hub	Learning Modality, Language	Output	+	0	7	Routine Monitoring	Kaya	Ongoing	M&E Advisor/ Learning & Development Specialist	READY Learning Hub platform is functional and accessible to people in all target geographic areas	This includes asynchronous and blended trainings. This does not include curated content available on the READY Learning Hub that was not developed under READY.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C05	# of individuals trained in outbreak prep	Course Type	Output	+	0	350	Routine Monitoring	Training Records	Ongoing	M&E Advisor/ Learning & Development Specialist	In-person trainings an take place given COVID-19 travel restrictions; Online trainings can be developed when in-person trainings are not feasible	This indicator will capture the total number of participants who take part in a READY led training. This will include participants in Operational Readiness Training, Blended Learnings, live trainings, etc. This indicator does not measure asynchronous learning or webinar participation.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C06	# of individuals who complete an asynchronous READY outbreak preparedness and response eLearning course	Course Type	Output	+	0	1500	Routine Monitoring	Course Records	Ongoing	M&E Advisor/ Learning & Development Specialist		New indicator. Note that eLearning do not count as formal training and will not be counted under C04.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C07	# of NGOs who completed the Operatio	N/A	Output	+	0	8	Routine Monitoring	Training Records	Ongoing	Activity Lead (UKMED)		This indicator will target the 8 new organizations that start the training under READY II.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Capacity Building Training and Technical Assistance	C08	# of participants playing the Digital Outbreak and Preparedness Simulations	Simulation Version	Output	+	0	1000	Routine Monitoring	Google Analytics	Ongoing	M&E Advisor	Simulation is functional and accessible to people in all target geographic areas	Google Analytics from the Simulation will be used to calculate the number of individuals who play the simulation. Note that simulations are not counted as formal training and will not be counted under C04.

Sector	Subsector	BHA Indicator No. ^	Indicator Title	Disaggregates^^	Indicator Type^^	Desired Direction of Change	Baseline Value**	Life of Award (LOA)	Data Collection	Data Source^^^	Data Collection	Position Responsible for	Assumptions	Comments
Goal: Humanitarian NGOs have the tools, knowledge, and skills to more effectively support crisis-affected communities and local authorities in response to major epidemics and pandemics														
PURPOSE 2: Technical & operational systems for response to major disease outbreaks are informed, influenced, and improved by systematically capturing, disseminating, and applying learning from COVID-19 and other epidemics														
Humanitarian Policy Studies Analysis or Applications (HPSAA)	Guidelines Development Toolkits and Resources	C09	% of respondents accessing READY tools and/or guidelines who have used READY resources within their work	N/A	Outcome	+	0%	80%	Beneficiary-based monitoring survey (e.g. post-distribution monitoring)	Survey Results	Annually	M&E Advisor/ Learning & Development Specialist	Individuals that engage with READY participate in the annual survey.	As part of the Annual User Engagement Survey, there will be a series of questions to examine how READY's tools/guidelines have been applied by NGOs who access them.
Humanitarian Policy Studies Analysis or Applications (HPSAA)	Thought Leadership and Policy	C10	% of respondents accessing READY policy briefs who found the resource relevant to current issues in outbreak response and preparedness	N/A	Outcome	+	0%	80%	Beneficiary-based monitoring survey (e.g. post-distribution monitoring)	Survey Results	Annually	M&E Advisor/ Learning & Development Specialist		As part of the Annual User Engagement Survey, there will be a series of questions to examine whether READY's policy briefs were relevant and useful.

Sector	Subsector	BHA Indicator No. ^	Indicator Title	Disaggregates^^	Indicator Type^^	Desired Direction of Change	Baseline Value**	Life of Award (LOA)	Data Collection	Data Source^^	Data Collection	Position Responsible for	Assumptions	Comments
Goal: Humanitarian NGOs have the tools, knowledge, and skills to more effectively support crisis-affected communities and local authorities in response to major epidemics and pandemics														
PURPOSE 2: Technical & operational systems for response to major disease outbreaks are informed, influenced, and improved by systematically capturing, disseminating, and applying learning from COVID-19 and other epidemics														
Output														
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Guidelines Development Toolkits and Resources	C11	# of technical/operational tools or guide	N/A	Output	+	0	20	Routine Monitoring	Document Review	Ongoing	M&E Advisor/ Learning & Development Specialist	The READY website and listserv will be functional and accessible to people in all target geographic areas.	Note this indicator captures technical tools and guidelines developed or supported by READY under Purpose 2. Outputs such as the eLearning, blended learnings, and simulation are counted under Purpose 1.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Thought Leadership and Policy	C12	# of policy briefs and journal articles co	N/A	Output	+	0	4	Routine Monitoring	Document Review	Ongoing	M&E Advisor/ Learning & Development Specialist		This indicator capture policy briefs and journal articles produced by READY only. Other outputs are measured under C13.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Thought Leadership and Policy	C13	# of participants taking part in READY c	N/A	Output	+	0	1500	Routine Monitoring	Webinar Records	Ongoing	M&E Advisor/ Learning & Development Specialist		This indicator will measure webinar participants; this does not include those who take part in e-learnings, blended thematic learning, etc. as part of Purpose 1.
Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)	Thought Leadership and Policy	C14	# of pageviews of key knowledge produc	N/A	Output	+	0	18000	Routine Monitoring	Pageviews	Ongoing	Knowledge Management Lead	The knowledge hub/website will be functional and accessible to people in all target geographic areas	A list of key knowledge products will be compiled and pageviews of these resources will be monitored as a proxy for user engagement.

Annex 3: Theory of Change

The below Theory of Change and activities summary across sectors was articulated in READY's project proposal:

Goal: Humanitarian NGOs have the tools, knowledge, and skills to support crisis-affected communities and local authorities more effectively in response to major epidemics and pandemics.

Theory of Change: By participating in diverse and targeted capacity-strengthening opportunities (training, simulations, and webinars); connecting with humanitarian peers, mentors, and global coordination mechanisms; capturing, sharing, and applying resources, capacity, and best-practices; and accessing the right resources adapted to their capacity and context, humanitarian NGOs will be better-equipped with the technical knowledge and operational skills necessary to be ready for major infectious disease outbreak response, particularly those occurring in humanitarian settings.

Purpose 1: Capacity of humanitarian NGOs is increased for response to major disease outbreaks through innovative operational and technical capacity strengthening approaches.

Purpose 2: Technical and operational systems for response to major disease outbreaks are informed, influenced, and improved by systematically capturing, disseminating, and applying learning from COVID-19 and other epidemics/pandemics.

Activity Overview
Sector 1.1: Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) READY will design and implement an in-depth capacity-strengthening portfolio inclusive of operational and technical skill-building opportunities using asynchronous and blended learning approaches; will further invest in the development, operationalization, and application of operational and technical guidance; and will develop a comprehensive knowledge management strategy to improve awareness and application of the best global resources for outbreak response.

Sub-Sector 1.1.1: Capacity Building, Training, and Technical Assistance

With the identified gaps and shifts across the humanitarian sector in mind, READY is proposing an ambitious expansion of its capacity-strengthening portfolio to support NGOs in better preparing for and responding to COVID-19 and future infectious disease outbreaks in humanitarian settings, focusing on innovative learning methodologies and tools, and increasing access for nationally and locally led organizations.

Sub-Sector 1.1.2: Guidelines Development, Toolkits, and Resources

Although there is a plethora of technical tools and guidelines for outbreak response, there continue to be gaps in critical areas and challenges to making existing guidelines accessible and applicable, particularly for smaller NGOs. READY will continue to leverage its capacity across critical technical sectors to bring together expertise to improve NGO capacity to address the holistic needs of communities impacted by major outbreaks.

Sub-Sector 1.1.3: Thought Leadership and Policy
Given the READY I's distinct role and objectives, the consortium is in a unique position to explore future policy conundrums of epidemics in humanitarian settings. READY will contribute to global thought leadership and policy through the continuation of its successful webinars and a series of topical issue papers exploring future trends and the role of NGOs in outbreak response.

Annex 4: Evaluation Matrix

Data Collection Tool	Sampling	Themes Examined
413 Online Surveys	Members of the READY mailing list had the survey link shared with them	• Job Role and Organization • Engagement with READY • Feedback and Suggestions • Tool Usage • Learning Sources • Evaluation of READY • Personal Development • Networking and Connection • Future Engagement • Additional Feedback • Follow-up Interview
25 Key Informant Interviews (KIIs) with key stakeholders	Members of the consortium, BHA staff, coordination partners, technical experts (trainers, CP Alliance members, GHC, GOARN, etc.)	Relevance and Coherence: • Appropriateness of READY activities. • Alignment with existing initiatives. • Involvement of local actors. Effectiveness: • Contribution to capacity building. • Achievement of objectives. • Adaptation to changing needs. • Localization. Impact: • Notable outcomes and changes. • Capacity building for local NGOs/actors. • Contributions of READY. Sustainability: • Measures for long-term impact. • Maintenance and dissemination of outputs. Conclusion: • Identification of gaps and lessons learned.
8 Key Informant Interviews with participants	Participants in the READY products	Relevance and Effectiveness: • Appropriateness and impact of READY activities. Impact: • Notable outcomes and changes.

		Sustainability: • Measures for long-term impact. Conclusion: • Lessons learned and future considerations.
5 Focus Group Discussions with participants	Participants in the READY products	Introduction: • Self-introduction and engagement with READY. Relevance and Effectiveness: • Appropriateness and impact of READY activities. Impact: • Notable outcomes and changes. Sustainability: • Measures for long-term impact. Conclusion: • Lessons learned and future considerations. • Notable outcomes and changes. Sustainability: • Measures for long-term impact. Conclusion: • Lessons learned and future considerations.

Annex 5: Documents Reviewed

- Theory of change
- Logframe
- M&E Framework
- READY Proposal Technical Narrative
- READY Semi-Annual Reports
- READY Fact Sheet
- Monitoring data collection tools
- Annual engagement survey questionnaire and data
- READY Indicator Reporting
- Simulation user/utilization data
- Website and course analytics
- Participant feedback
- READY work plans
- Aggregate list of READY activities
- READY Resource Library
- Outbreak readiness training workbook
- BHA monthly progress reports
- ORTP pilot report
- RCCE Ethiopia training documents
- READY Outbreak Readiness and Response Learning Hub
- READY Website including the READY Resource Library
- *Outbreak READY 2!: Thisland in Crisis* Simulation

Annex 6: READY In-Person Trainings

Training	Location	Date
Risk Communication and Community Engagement (RCCE) Outbreak Readiness Training for Major Disease Outbreak Response-Ethiopia	Addis Ababa, Ethiopia	Jan 31-Feb 3, 2023
Operational Readiness Training Program-ANPPCAN-SOM	Hargeisa, Somaliland	February 5-9, 2023
Operational Readiness Training Program-SOYDAVO	Hargeisa, Somaliland	February 5-9, 2023
Operational Readiness Training Program-AISDA	Addis Ababa, Ethiopia	February 13-17, 2023
Outbreak Readiness and Response: Prioritizing Sexual, Reproductive, Maternal, and Newborn Health Services in Humanitarian Settings Training	Nairobi, Kenya	February 20-23, 2023
Operational Readiness Training Program-MHA (Foundational Sessions)	South Sudan	March 20-24, 2023
Operational Readiness Training Program-JIA	South Sudan	March 27-31, 2023
Outbreak Readiness and Response: Prioritizing Sexual, Reproductive, Maternal, and Newborn Health Services in Humanitarian Settings Training	Nigeria	June 5-9, 2023
Operational Readiness Training Program-MHA (Plan Development Phase)	Wau, South Sudan	June 14-30, 2023
Outbreak Readiness and Response: Prioritizing Sexual, Reproductive, Maternal, and Newborn Health Services in Humanitarian Settings Training Session 1	Cox's Bazar, Bangladesh	September 11-20, 2023
Outbreak Readiness and Response: Prioritizing Sexual, Reproductive, Maternal, and Newborn Health Services in Humanitarian Settings Training Session 2	Cox's Bazar, Bangladesh	September 11-20, 2023
Outbreak Readiness and Response: Prioritizing Sexual, Reproductive, Maternal, and Newborn Health Services in Humanitarian Settings Training	Juba, South Sudan	February 5-9, 2024
Operational Readiness Training Program-Project Hope	Addis Ababa, Ethiopia	December 11-15, 2023
Operational Readiness Training Program-Relief International Lebanon	Istanbul, Turkiye	March 20-22, 2024
Risk Communication and Community Engagement (RCCE) Outbreak Readiness Training for Major Disease Outbreak Response-Nigeria	Kano, Nigeria	February 19-23, 2024
Operational Readiness Training Program-MERF	Pakistan	April 22-26, 2024

Annex 7: READY Outputs and eLearnings

Over the life of the award (**April 1, 2022-June 30, 2024**) READY produced and contributed to several reports, guidance notes, eLearnings, toolkits journal articles, issue papers and resources.

- Adapting Child Protection Programming in Infectious Disease Outbreaks: Guidance for Case Management Safety and Continuity
- Advocating for the Centrality of Children and their Protection in Infectious Disease Outbreaks
- Brief: Fit for purpose? Global Coordination Mechanisms of Large-Scale Epidemic Response in Humanitarian Settings
- Checklist for child-friendly isolation and treatment centers: Considerations for design, implementation, and budgeting (Arabic)
- Checklist for child-friendly isolation and treatment centers: Considerations for design, implementation, and budgeting (English)
- Checklist for child-friendly isolation and treatment centers: Considerations for design, implementation, and budgeting (French)
- Checklist for child-friendly isolation and treatment centers: Considerations for design, implementation, and budgeting (Spanish)
- Child Protection Case Referral (Cox's Bazar) (Bangla)
- Child Protection Case Referral (Cox's Bazar) (English)
- Child Protection in Outbreaks: Adapting child protection programming in infectious disease outbreaks (Mini Guide 1) (Arabic)
- Child Protection in Outbreaks: Adapting child protection programming in infectious disease outbreaks (Mini Guide 1) (French)
- Child Protection in Outbreaks: Adapting child protection programming in infectious disease outbreaks (Mini Guide 1) (Spanish)
- Child Protection in Outbreaks: Advocating for the centrality of children and their protection in infectious disease outbreaks (Mini Guide 2) (Arabic)
- Child Protection in Outbreaks: Advocating for the centrality of children and their protection in infectious disease outbreaks (Mini Guide 2) (French)
- Child Protection in Outbreaks: Advocating for the centrality of children and their protection in infectious disease outbreaks (Mini Guide 2) (Spanish)
- Child Protection in Outbreaks: Collaborating with the health sector in infectious disease outbreaks (Mini Guide 3) (Arabic)
- Child Protection in Outbreaks: Collaborating with the health sector in infectious disease outbreaks (Mini Guide 3) (French)
- Child Protection in Outbreaks: Collaborating with the health sector in infectious disease outbreaks (Mini Guide 3) (Spanish)

- Child Protection in Outbreaks: Communicating with children in infectious disease outbreaks (Mini Guide 4) (Arabic)
- Child Protection in Outbreaks: Communicating with children in infectious disease outbreaks (Mini Guide 4) (French)
- Child Protection in Outbreaks: Communicating with children in infectious disease outbreaks (Mini Guide 4) (Spanish)
- Child Protection in Outbreaks: Preventing harm to children in infectious disease outbreaks (Mini Guide 5) (Arabic)
- Child Protection in Outbreaks: Preventing harm to children in infectious disease outbreaks (Mini Guide 5) (English)
- Child Protection in Outbreaks: Preventing harm to children in infectious disease outbreaks (Mini Guide 5) (French)
- Child Protection in Outbreaks: Preventing harm to children in infectious disease outbreaks (Mini Guide 5) (Spanish)
- Child Protection in Outbreaks: Prioritizing child participation in infectious disease outbreaks (Mini Guide 6) (Arabic)
- Child Protection in Outbreaks: Prioritizing child participation in infectious disease outbreaks (Mini Guide 6) (English)
- Child Protection in Outbreaks: Prioritizing child participation in infectious disease outbreaks (Mini Guide 6) (French)
- Child Protection in Outbreaks: Prioritizing child participation in infectious disease outbreaks (Mini Guide 6) (Spanish)
- Collaborating with the Health Sector in Infectious Disease Outbreaks: Guidance for Integrated Approaches
- Communicating with Children in Infectious Disease Outbreaks: Guidance for Effective One-to-One Communication
- Community-based surveillance of infectious diseases: A systematic review of drivers of success
- Confidentiality guidance note: Advice for health actors addressing child protection concerns during infectious disease outbreaks (Arabic)
- Confidentiality guidance note: Advice for health actors addressing child protection concerns during infectious disease outbreaks (English)
- Confidentiality guidance note: Advice for health actors addressing child protection concerns during infectious disease outbreaks (French)
- Confidentiality guidance note: Advice for health actors addressing child protection concerns during infectious disease outbreaks (Spanish)
- Confidentiality Guidance Note: Advice For Health Actors On Handling Child Protection Concerns During Infectious Disease Outbreaks (Cox's Bazar) (Bangla)
- Confidentiality Guidance Note: Advice For Health Actors On Handling Child Protection Concerns During Infectious Disease Outbreaks (Cox's Bazar) (English)

- [Data Collection, Analysis, and Use for Risk Communication and Community Engagement during Infectious Disease Outbreaks in Humanitarian Settings](#)
- [Fit for purpose? Global Coordination Mechanisms of Large-Scale Epidemic Response in Humanitarian Settings](#)
- [Global Mapping of Mental Health and Psychosocial Support Resources Supporting Infectious Disease Outbreak Readiness and Response in Humanitarian Settings (English)](#)
- [Infant and Young Child Feeding in Emergencies during Infectious Disease Outbreaks (English)](#)
- [Infant and Young Child Feeding in Emergencies during Infectious Disease Outbreaks (French)](#)
- [Infectious Disease Outbreak Response Coordination: An Introductory Guide for Non-Governmental Organizations (Arabic)](#)
- [Infectious Disease Outbreak Response Coordination: An Introductory Guide for Non-Governmental Organizations (English)](#)
- [Infectious Disease Outbreak Response Coordination: An Introductory Guide for Non-Governmental Organizations (French)](#)
- [Infectious Disease Outbreak Response Coordination: An Introductory Guide for Non-Governmental Organizations (Spanish)](#)
- [Introduction to Business Continuity Planning for Outbreaks in Humanitarian Settings](#)
- [Introduction to Infectious Disease Outbreaks in Humanitarian Settings (English)](#)
- [Introduction to Infectious Disease Outbreaks in Humanitarian Settings (French)](#)
- [Introduction to Risk Communication and Community Engagement for Outbreaks in Humanitarian Settings (English)](#)
- [Introduction to Risk Communication and Community Engagement for Outbreaks in Humanitarian Settings (French)](#)
- [IYCF Remote Counseling: How to support caregivers during infectious disease outbreaks and other settings (Arabic)](#)
- [IYCF Remote Counseling: How to support caregivers during infectious disease outbreaks and other settings (French)](#)
- [IYCF Remote Counseling: How to support caregivers during infectious disease outbreaks and other settings (Indonesian)](#)
- [IYCF Remote Counseling: How to support caregivers during infectious disease outbreaks and other settings (Spanish)](#)
- [Making Your Health Center Child Friendly: Advice For Health Actors During Infectious Disease Outbreaks (Cox's Bazar) (Bangla)](#)
- [Making Your Health Center Child Friendly: Advice For Health Actors During Infectious Disease Outbreaks (Cox's Bazar) (English)](#)
- [Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (Arabic)](#)

- Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (Arabic)
- Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (English)
- Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (French)
- Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (French)
- Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (Spanish)
- Maternal and Newborn Health During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (Spanish)
- Measuring supply-side service disruption: a systematic review of the methods for measuring disruption in the context of maternal and newborn health services in low and middle-income settings
- Participatory Community Engagement during Major Disease Outbreaks in Humanitarian Settings
- Preventing Harm to Children in Infectious Disease Outbreaks: Guidance for Intersectoral Prevention Strategies to Address Root Causes of Harm
- Prioritising Child Participation in Infectious Disease Outbreaks: Guidance for the Safe, Meaningful, and Inclusive Engagement of Children
- RCCE Readiness Kit (French)
- RCCE Readiness Kit (Spanish)
- Sexual and Reproductive Health and Rights During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (Arabic)
- Sexual and Reproductive Health and Rights During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (English)
- Sexual and Reproductive Health and Rights During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (French)
- Sexual and Reproductive Health and Rights During Infectious Disease Outbreaks: Operational Guidance for Humanitarian and Fragile Settings (Spanish)
- The Most Vulnerable Children Faced Unique Risks During COVID-19: How Agencies Communicated with Communities on Parenting in Low Resource and Humanitarian Settings
- Tip sheet: Child-friendly approaches for health actors undertaking vaccination campaigns (Arabic)
- Tip sheet: Child-friendly approaches for health actors undertaking vaccination campaigns (English)
- Tip sheet: Child-friendly approaches for health actors undertaking vaccination campaigns (French)

- Tip sheet: Child-friendly approaches for health actors undertaking vaccination campaigns (Spanish)
- Two-page brief: Why the delay? Perspectives of national and local actors on progress toward locally led outbreak readiness and response
- WASH in Epidemics (Arabic)
- WASH in Epidemics (French)
- WASH in Epidemics (Spanish)
- Why the delay? Perspectives of national and local actors on progress toward locally led outbreak readiness and response