PCPM
Polish Center
for International Aid

SUPPORT TO DEVELOPMENT OF EMERGENCY MEDICINE SYSTEM IN ETHIOPIA: IMPACT ASSESSMENT

Evaluation of a development project implemented by the Polish Center of International Aid in partnership with the Ministry of Health of Ethiopia and financed by the Polish Ministry of Foreign Affairs in the years 2021-2023

Warsaw, January 2024

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EXECUTIVE SUMMARY

The report discusses the results of an impact assessment study of the "Support to development of emergency medicine system in Ethiopia" project implemented by the Polish Center for International Aid and financed by the Ministry of Foreign Affairs of Poland in the years 2021-2023. The project aimed at developing rescue capacities of the Ethiopian medical first responders and firefighters through in-kind assistance and training. The project was implemented in partnership with the Ministry of Foreign Affairs of Ethiopia, and in collaboration with ALERT CBD. The project activities aimed at supporting development of prehospital care through training, training of trainers and delivery of medical equipment, as well as at strengthening firefighters' rescue capacities through rope rescue training.

The impact assessment is based on the available monitoring materials as well as field research conducted between November 2023 and January 2024. The assessment focuses on questions of sustainability of the support provided as well as its beneficiaries' satisfaction.

The main findings of the report point to relevance of the support provided and high level of beneficiaries' satisfaction. The areas of highest impact of the project include:

- High applicability of skills and knowledge developed through training: most beneficiaries not only assessed them as applicable in the context of their work, but also were able to provide examples of their recent application,
- Significant impact of the training of trainers and in-kind support to trainers on further dissemination of knowledge: according to the trainers' declarations they have already taught over 1000 persons, applying their new skills, since they completed the ToT.

Due to the unstable security situation in Ethiopia and slow institutional changes towards the development of prehospital care within the national healthcare, achievement of sustainability may be described only as partial. The project has significantly contributed to it with its design and modalities of implementation. The remaining work needs to be done by the local actors.

In short, the project has contributed to a significant improvement of skills of the medical personnel, trainers in medical skills and firefighters participating in training courses, and has facilitated further dissemination of knowledge. Based on the opinions of the experts involved in the project as well as its beneficiaries, for these results to be durable, further training and supervised practice are recommendable, both for the trainers and the rescue frontliners.

Road Traffic Accident Simulation

ABOUT THE PROJECT

"Support to development of emergency medicine system in Ethiopia" is a project funded by the Polish Aid fund of the Polish Ministry of Foreign Affairs. It was implemented in partnership with the Ethiopian Ministry of Health and in cooperation with the ALERT Training Centre. The implementation period covered the years 2021-2023.

The main aim of the project was to increase the first response capacities of medical care workers and firefighters working in the Ethiopian first response system. This was to be accomplished through training, in-kind support as well as experts' support to the Ethiopian Ministry of Health.

The project partner, the Ministry of Health of Ethiopia, recommended the objectives of the project based on their needs assessment, and co-implemented a part of the activities. Ministerial experts supported identifying locations and beneficiaries most in need of training and equipment, and took responsibility for distributing the assistance. The Ministry identified, outreached and selected medical personnel for the training sessions based on commonly agreed criteria, and supervised delivery of the equipment to the selected medical institutions in Ethiopia. The ALERT Center supported the project logistically. The Centre booked and adequately prepared the training venue and equipment, they took care of transportation, accommodation and meals for training's participants, as well as contracted the Ethiopian instructors.

The table below presents the key project activities, their locations, beneficiaries and the monitoring tools used during the project.

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TABLE 1. PROJECT ACTIVITIES' OVERVIEW

ACTIVITY	LOCATIONS	BENEFICIARIES BY YEAR
In kind assistance: medical equipment [1]	Addis Abeba, Dire Dawa, Adama, Hosaena, Auasa, Asba Myncz, Nekemtie, Desje, Bahyr Dar, Gonder, Jigjiga, Hwassa	2021: 12 hospitals 2022: 29 hospitals and ALERT Training Center and Emergency Medical Team
Training in prehospital care delivered according to ATLS [2] standard	Addis Abeba, Adama, Dire Dawa, Hawassa, Bayr Dar	2021: 87 2022: 92 2023: TBD
Training of Trainers in prehospital care	Addis Abeba	2021: 24 2022: 10 2023: 17
Rope Rescue Training for firefighters	Addis Abeba	2022: 28 2023: 30
Swiftwater and Flood Rescue Training for firefighters	Addis Abeba	2023: 9

1 The in-kind assistance provided included: 102 AED defibrillators, 20 hospital beds, 18 ventilators, 22 ultrasound scanners, 10 multiparameter patient monitors, 5 hospital tents, 3 surgical tables, 150 trauma bags and first responder backpacks, 60 foldable stretchers, 48 spine boards, 9 manual defibrillators, equipment needed for training medical workers, as well as smaller pieces of equipment used in prehospital and emergency settings. The total value of the in-kind assistance exceeded PLN 1.8 million.

2 Advanced Trauma Life Support.

The Ministry identified, outreached and selected medical personnel for the training sessions based on commonly agreed criteria, and supervised delivery of the equipment to the selected medical institutions in Ethiopia. The ALERT Center supported the project logistically. The Centre booked and adequately prepared the training venue and equipment, they took care of transportation, accommodation and meals for training's participants, as well as contracted the Ethiopian instructors.

Moreover, online learning modules for firefighters and emergency medical personnel have been created as part of the project allowing them to refresh their knowledge on prehospital care. As mentioned earlier, the project aimed also at supporting institutional change and provided experts' support to the Ministry of Health. The experts were available to the Ministry for exchange of experiences as well as consultations of the national health strategy and its implementation. These two elements, i.e. the online module and experts' support, have been excluded from the evaluation. Measuring the impact of the learning modules requires introduction of an online monitoring system, which is underway for the PCPM online educational platforms. Currently, 124 have accounts on the platform. Since the platform for Ethiopia was established, 6 courses have been delivered. At the same time, the partnership between PCPM and the Ministry of Health was excluded from the evaluation. Apart from a general questionnaire on the quality of cooperation as well as learnings from the project monitoring tools, no additional research was conducted.

This evaluation covers the four activities mentioned in the table and focuses on their impact rather than on the implementation process itself. In the following sections of this report, research methods and limitations, and the key research results are discussed. Results are presented by activity and summed up in Conclusions. All impact assessment questionnaires can be found in the annexes.

RESEARCH METHODS

SCOPE AND KEY QUESTIONS OF THIS ASSESSMENT

This assessment focuses on four project activities: training in prehospital care, training of trainers in prehospital care (ToT), rope rescue training for firefighters, and in-kind assistance delivered to medical institutions. As the project aimed at a relevant response and sustainable results, relevance and sustainability are the key analytical categories of this assessment. At the same time, typical questions concerning the beneficiaries' satisfaction and their recommendations for similar projects in the future are also posed by this research. Its main questions of this assessment concern:

- Durability and applicability of the skills and knowledge developed through training,
- Impact of ToT on further dissemination of skills and knowledge,
- Utility of the equipment delivered, operation and maintenance capacities of the beneficiaries,
- Beneficiaries' satisfaction with the project activities.

METHODS, TECHNIQUES AND MATERIALS

The research is based on the available monitoring data and field data collected for this impact assessment. The earlier data include: reports from monitoring visits, pre and post test results (prehospital training), satisfaction surveys conducted directly after each training, trainers' and training supervisors' reports.

Field research for this assessment includes surveys with beneficiaries, interviews with trainers and representatives of partners. This data was gathered between November 2023 and January 2024. While the research tools were designed internally, an external consultant was hired to conduct all interviews in Amharic, the beneficiaries' mother tongue. The consultant also translated their replies back into English.

TABLE 2 RESEARCH METHODS BY ACTIVITY

ACTIVITY	METHODS
In kind assistance: medical equipment	Monitoring visits conducted jointly by the Ministry of Health and PCPM (Oct 2023) Interviews on the project's impact with representatives of Ministry of Health and ALERT Centre (Jan 2024)
Training in prehospital care	Pre- and posttests carried out for each training separately Post-training satisfaction survey Impact assessment survey with training's participants (Dec 2023) Trainers reports (filed after each consultancy) Interviews with trainers (Dec 2023)
Training of Trainers in prehospital care	Impact assessment survey with training's participants (Dec 2023) Trainers reports (filed after each consultancy) Interviews with trainers (Dec 2023, Jan 2024)
Rope Rescue Training for firefighters	Impact assessment survey with training's participants (Dec 2023, Jan 2024) Trainers reports (filed after each consultancy) Interviews with trainers (Dec 2023)

RESEARCH LIMITATIONS

As already explained, most responsibilities related to the initial needs' assessment were delegated to the project partner, the Ministry of Health, who competed this task through their own channels and methods. The assessment was a part of ongoing monitoring activities for the Ministry, not all of the data used could not be shared with PCPM. As a result, no baseline had been established before the project's implementation, as a point of reference for further monitoring activities.

Valuable information about the needs of the beneficiaries as well as the project's impact is provided by project documentation, especially the monitoring data and trainers' reports. These materials are used to contextualize the field research results. Otherwise, the research largely relies on its participants' memory and their abilities to assess the impact of the support provided on their own situation. To ensure that language is no barrier in the research process, all interviews were conducted by an external consultant in the mother tongue of the beneficiaries, Amharic. The consultant was also responsible for translating their feedback into English.

To mitigate a possible bias of replies aiming at winning additional support, and ensure a safe space for negative feedback, all beneficiaries were clearly informed that their answers were anonymous and would have no impact on availability of future assistance.

Some limitations of the field research are also related to outreach. A large proportion of beneficiaries were unavailable during the phone call surveys. The interviewer was instructed to call functioning numbers until their holder picked up, but no more often than three times a day for three days. The share of unreachable respondents (due to non-functional numbers or their decision not to pick up) differed from survey to survey reaching between 20% and 64%. Typically beneficiaries, who participated in the project activities in its earliest phases (2021), were hardest to reach. The vast majority of reachable beneficiaries, willingly participated in the interviews: only two beneficiaries declined to participate explaining their decision with lack of time. The response rate is discussed in more detail in sections on each of the activities.

Consequently, the sample should not be treated as statistically representative. Nonetheless, the data remain indicative of the character of impact that the project likely produced. To provide this kind of insight, the questionnaires maximized the qualitative input of the beneficiaries: they contained a large number of open questions, inviting a narrative and evaluative responses. To ensure that the data retain also the control function, much attention has been given to whether the research participants express criticism of the project and, if so, what elements of the project should be improved. Each such opinion has been treated as valid, regardless of whether the criticism was raised by one or more participants.

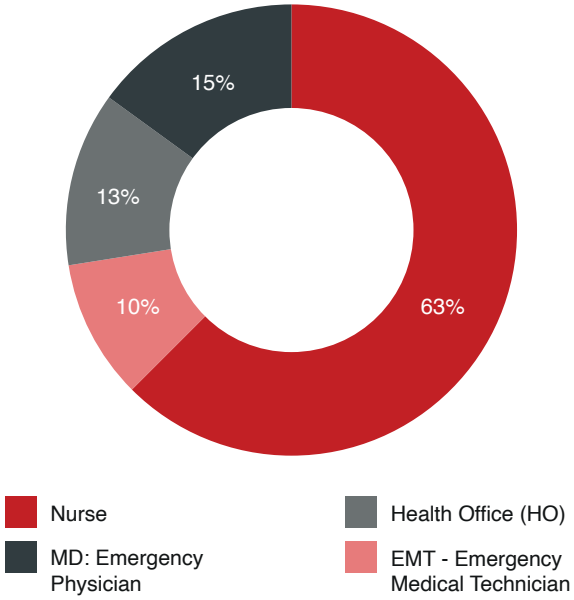
PREHOSPITAL TRAINING

RESPONDENTS' PROFILE

Out of 258 graduates of the prehospital training, 40 were interviewed as a part of this impact assessment. The sample was largely affected by the beneficiaries difficult availability: 62% of them were impossible to reach. 31% did not pick up the phone (despite being called 3 times per day over three days). Phone numbers of the same share were no longer functional. 1% declined participation explaining their decision with lack of time. The interviewed participants constituted 16% of all beneficiaries. They were interviewed upon appointment as their daily schedules were typically busy.

38% of respondents declared they worked in Addis Abeba, and the rest indicated various locations outside of the capital city. Men dominated in the research sample accounting for its two fifths. Nearly two thirds of respondents (63%) were employed as nurses, 15% were emergency medical technicians, 10% emergency physicians and 13% worked as health officers. All, apart from the health officers, worked in emergency contexts. The high proportion of nurses in the sample stems from the fact that in some of the hospitals, persons employed as nurses practically undertake responsibilities of EMT. 16 out of 24 nurses in the research sample (64%) were men.

FIGURE 1. BENEFICIARIES BY PROFESSION



The Ethiopian EMT team is setting up the tent provided by PCPM

Most respondents (83%) worked at one place only, 17% had two employers. All of the latter combined work at a public health institution (e.g. hospital or health center) with either private practice or academic activity. Hospitals were named most frequently as employers: by 85% of respondents. Private practice and health centers accounted for 10% each. Emergency dispatch centers were mentioned by 8% respondents, which corresponds to the organizational structure of the Ethiopian healthcare system. 5% of respondents said they worked also as academic teachers, but in no case was it their only employment.

FIGURE 2. ANSWERS TO QUESTION:

"What kind of institution do you work at? If you work at more than one institution, please name all your workplaces"

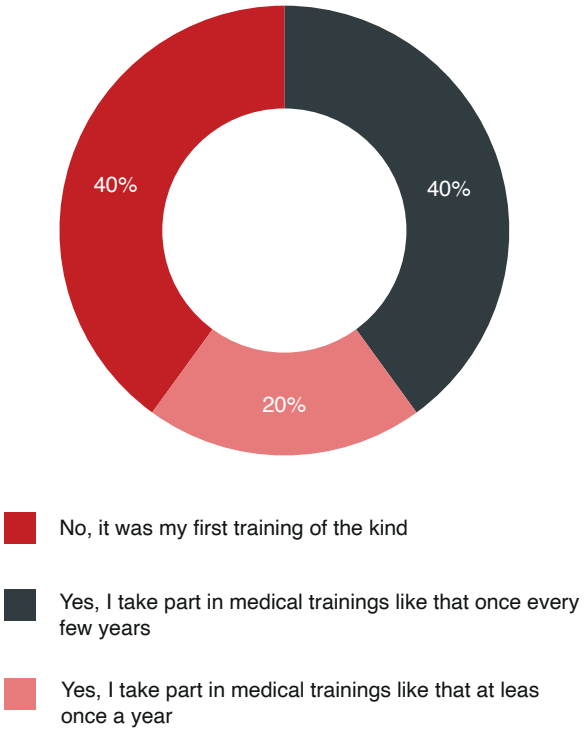
PROFESSIONAL DEVELOPMENT

16 out of 40 respondents (40%) participated in a training provided by an organization other than their employer for the first time since the start of their employment in a medical profession. The same proportion declared they take part in such training at least once a year. The remaining 20% declared they participate in such training once every few years. The respondents for whom the PCPM delivered training was the first outside training in their careers will be referred to as first-timers in the later analysis.

The first-timers did not differ from the total population significantly in the number of years of experience, but they typically had less patients daily, especially the emergency cases. Nonetheless, they admitted on average nearly 20 patients per day, including 7 emergency cases. The first-timer with longest work experience declared to have worked as a nurse for 10 years.

FIGURE 3. ANSWERS TO QUESTION:

"Since the start of your employment, have you taken part in a medical training provided by specialists outside your institution?"



Out of the respondents who took part in any other medical training provided by outside organizations, one declared he covered the cost of the training himself, four said the costs were covered by their employers and in the remaining an external party bore the expense. It should be stressed that examples of the employers' initiative to cover the cost of their employees professional development were especially few, accounting for 10% of declarations. These results show that the Ethiopian medical workers and professionals have limited opportunities to develop their skills, despite the gravity of responsibilities they carry and the constant development of medical knowledge and rescue techniques. Thess data show that the project definitely responded to a pressing need of the Ethiopian health system.

TABLE 3. YEARS OF EXPERIENCE, DAILY NUMBER OF PATIENTS AND DAILY NUMBER OF EMERGENCY CASES AMONG ALL RESPONDENTS AND THE FIRST-TIMERS*

		FIRST-TIMERS*	TOTAL POPULATION
Years of experience	Mean	5.94	5.64
	Median	6.00	5.50
Daily number of patients	Mean	19.69	28.27
	Median	10.50	25.00
Daily number of emergency cases	Mean	6.81	10.87
	Median	3.00	8.00

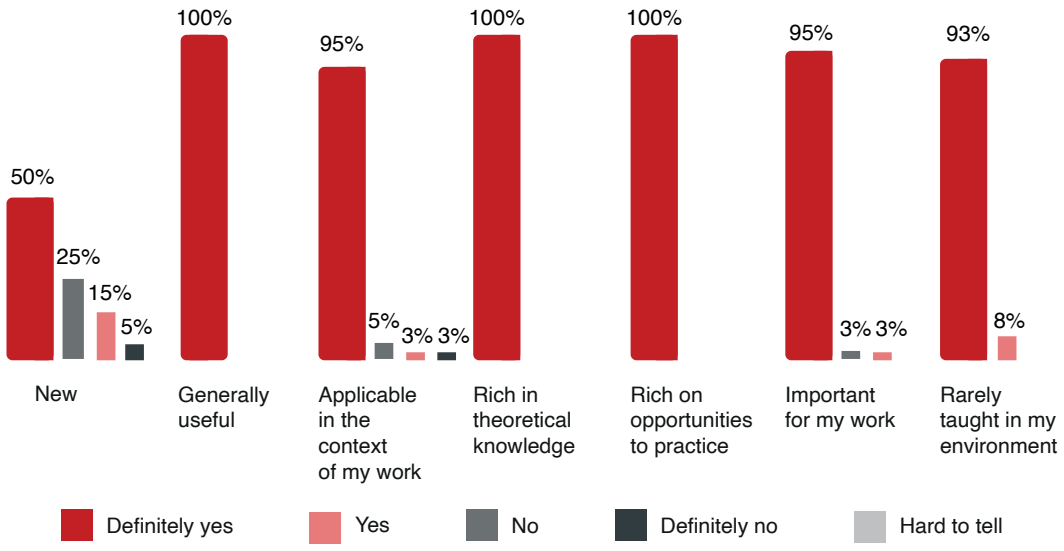
*Respondents for whom the PCPM/MoH training was the first medical training provided by an outside institution since the start of their employment.

KNOWLEDGE RETENTION AND APPLICATION

When asked how well they remembered the prehospital training, most respondents identified with the highest values of the 1-5 scale, where 5 indicated the highest knowledge retention. The average grade in the total population was 4,29. The same figure among the first-timers reached 4,5. Three respondents declared they remembered the training poorly (grades 1 or 2), two of them declared to participate in a medical training at least once a year, and one was a first-timer. Nonetheless, all of them were able to provide an example of a recent application of their learnings from the training in the later part of the interview.

The respondents were asked to assess the training content against 8 characteristics: new, generally useful, applicable in the context of my work, rich in theoretical knowledge, rich in opportunities to practice, important for my work, and rarely taught in my environment. In each case, they could less or more strongly agree or disagree, or evade answering ("Hard to tell"). The respondents generally agreed with all, but one description.

TABLE 4. ANSWERS TO QUESTION:
"How would you assess what you have learnt during the training? How far do you agree with the following descriptions of skills and knowledge you gained through the training?"*



*The questionnaire allowed only one answer per item. In two cases the sum of percentages exceeds 100% as a result of automatic rounding up.

Only for half of them the training's contents were completely new and 30% partly of fully disagreed with this description. For 30% of the respondents, the training was a refresher and update session. Nonetheless, all respondents agreed that such skills and knowledge were rarely taught in their environments. 100% definitely agreed that the training was generally useful and 93% agreed that is was applicable in the specific contexts of their work. All assessed the training as rich in both theoretical knowledge and opportunities to practice it. 95% said the new knowledge was important in their work.

> *I learned valuable skills on assisting a patient found on the streets, including checking the safety of the environment for both the patient and myself. Assessing if the individual is breathing or not has been particularly beneficial. These lessons have equipped me with the knowledge to respond effectively to emergency accidents and provide assistance.*
>
> **Nurse, with 4 years of professional experience**

> *The training was highly practical, which was a significant positive aspect. Particularly, the patient transportation module stood out, offering a distinct approach. Many places execute it incorrectly, and the skills acquired during the training empower me to perform it accurately.*
>
> **Emergency physician, with 2,5 years of professional experience**

> *I found the training on basic life-saving techniques to be the most impactful. This included comprehensive instruction on CPR, pre-hospital care, managing individuals with blocked airways, and effectively using AED machines in emergency situations with an ambulance.*
>
> **Nurse, with 7 years of professional experience**

> *The training equipped me with a crucial skill in applying a collar for patients who require it and I found the method on choke injuries and cardiovascular procedure particularly valuable.*
>
> **Emergency Medical Technician, with 7 years of professional experience**

TABLE 5. MOST USEFUL PART OF THE TRAINING ACCORDING TO THE RESPONDENTS: CATEGORIZATION OF ANSWERS TO OPEN QUESTIONS

MOST USEFUL TRAINING TOPIC	NUMBER OF RESPONDENTS	% OF RESPONDENTS
CPR (cardio pulmonary resuscitation)Median	12	30%
Ensuring safety of environment, safe transportation and ABC	8	20%
All elements of the training were useful	7	18%
prehospital care in case of injuries	5	13%
BLS (basic life support)	4	10%
AED (automated external defibrillator)	3	8%
Other	5	13%

The respondents were also asked two open questions about utility and application of their learning from the training. The questions concerned what the most useful part of the training from their perspective was and when the last time they applied the knowledge was. Their answers pointed to CPR (cardiopulmonary resuscitation) as an especially useful and frequently applied element of their training takeaways. A large share of respondents (18%) also said that all elements of the training were useful. The below table presents the categorization of their replies.

Many respondents indicated more than one use of the training (which is why the percentages in the table above exceed 100%). The lion share stressed the value of practical exercises, which constituted the key part of each course. Here are some of the most representative responses to the question:

Every respondent, but one, was able to describe their last application of the prehospital care skills. The one who provided no example was a fresh employee working as an EMT team member. As she herself explained, "I haven't faced any situations requiring the application of skills and knowledge from the basic prehospital training within my first three months of work." While her reply may stem from her novice position in the team, the possibility that the training was not put to use by some of the graduates should be admitted (despite a lack of similar answers in the sample).

All examples were relatively recent. 30 respondents (75%) described rescue actions which happened within the month of the survey, including 16 (40%) from the week of the survey. One respondent reported a situation which happened on the day of the survey (the most recent example), and one gave an example from a year before (the most distant one).

Only 15 out of 40 examples (37%) were actions in a prehospital emergency setting. Others, happened in hospitals. All but 3 concerned emergency cases. The three exceptions were applications of life saving techniques on severely ill patients hospitalized for a longer time.

Most applications were centered around the use of CPR or support in injury cases. This shows that the respondents' evaluation of training's utility is consistent with the examples of application, which is an argument for data reliability despite the methodological limitations mentioned earlier.

Most respondents (all with two exceptions) gave examples of successful rescue efforts, which may be an indirect indication of the positive effects of the training. However, it should be stressed that success of medical care in emergency contexts depends on a large number of factors other than skills of medical personnel. Perhaps the respondents were more eager to share optimistic examples, since it required less emotional work than admitting failure or speaking of loss.

Here are some examples of skills application provided by the respondents:

> *A 5-year-old boy experienced a significant polytrauma when a car struck and ran over him. He suffered severe bleeding and bilateral injuries. I promptly managed the bleeding and administered comprehensive care in accordance with the training*
>
> **Emergency Physician, with six years of experience**

> *In a car accident, the individual had a neck injury. Upon arrival at the hospital, the neck was initially wrapped with a cloth. I then placed a cervical collar for further procedures, and I found satisfaction in being able to assist this way.*
>
> **Nurse, with 5 years of professional experience**

> *I came across a patient who had fallen in the street with many people around. First, I gathered information about the incident and checked his airway since they didn't know him and he had fallen hours ago. Suspecting trauma, I asked for help, positioned him correctly, and ensured airflow. I advised people not to give him food or drink, then called a Red Cross ambulance, but they required someone to be with him and refused to come. Checking his pocket, I found an insulin syringe, indicating he's diabetic. Eventually, he woke up, explained he couldn't afford medication, so we collected money to purchase it for him.*
>
> **Emergency Medical Technician, with 2 months experience**

> *It was a road traffic accident, and finding stretchers in our area is challenging. We faced difficulty as approximately 5 people were injured and rushed to the emergency. In response, we improvised by constructing supporting boxes. The injuries included various traumas such as head injuries, fractures, and severe bleeding. Team work with my colleagues was crucial at the moment, and I applied every skill and knowledge acquired from the training.*
>
> **Nurse, with 8 years of experience**

There was a severe car accident due to the bus's brake failure, resulting in around 70 injuries. On that day, we applied all the skills acquired during our training, and all our equipment was put to use. We provided prehospital care at the accident site for numerous people. It's a day I won't forget â€“ being able to save many lives, and we are sincerely thankful for the training provided by Polish Aid. After the incident, we gathered as a team, reflecting on the training and discussing how remarkably useful it proved to be.

Nurse, with 6 years of experience

While it is impossible to verify whether the skills and knowledge taught in the hospital training have been applied by the beneficiaries with full expertise, it is clear the knowledge has been applied and considered as useful. Apart from the medical care practices of the beneficiaries, the training has also boosted their morale by strengthening their self-confidence and directing their attention towards the quality of their work and procedures.

At the same time, many respondents indicated (in the comments section of the survey) they felt they needed more training and, especially, supervision of specialists in their work contexts. These replies point to a likely institutional deficiency of the Ethiopian healthcare: apparently the beneficiaries do not have enough support at their workplaces to doublecheck whether they apply their new skills and knowledge correctly. Addressing this challenge may be the aim of future development projects.

SATISFACTION FROM TRAINING

The respondents were also asked to rate their satisfaction level with the training on a 1 to 5 scale, where 5 stood for full satisfaction and 1 for definite dissatisfaction. Most respondents (70%) chose a 5 as their answer, and 23% indicated a 4. Only one respondent assessed the training as dissatisfying by choosing a 2, and two other respondents were undecided (they chose a 3). Let us look at their explanations more carefully.

The dissatisfied respondents was a first-timer, a paramedic who had just entered the medical profession. Her words show that the training may have been too brief for medical workers and professionals without much experience in the field. Clearly, she did not feel confident at applying the learnings. Nonetheless, she assessed the quality of the training very highly by calling it “excellent”.

Training for Ethiopian medics and firefighters

The training duration was brief, limiting our ability to acquire a comprehensive set of skills. The practice spanned only one week, during which we encountered numerous cases, but the time available for hands-on experience was relatively short. The emergency field encompasses a wide range of scenarios, and I feel that we might not have encountered a comprehensive spectrum during the training period. Despite this, I must acknowledge that the training itself was excellent.

Emergency medical technician, with 2 months of work experience

The two respondents who were neither satisfied nor dissatisfied with the training were both men, nurses, with very long work experience (35 and 17 years). One expressed her disappointment at the fact that despite the new competencies there was still no dispatch center at her hospital. He believed without the center, he could not practice what he learnt. Another said, he participated in the training two years earlier and forgot a lot of what was taught. In his view, refresher sessions were necessary for medical staff to actually incorporate their new skills into the practice of their work.

Otherwise, both respondents spoke highly of the training. Their criticism points to the need of more development aid rather than to the faults of the aid already delivered.

The training is highly valuable for those in need, particularly for EMT professionals and caregivers. Its focus should be on individuals directly involved in emergency medical services rather than those working in hospitals or non-emergency contexts.

Nurse, with 35 years of work experience

The training was highly practical, and the trainers were exceptional. It would be advantageous to extend this valuable training to more ambulance workers.

Nurse, with 17 years of work experience

The respondents who were satisfied with the training, were also asked about reasons for their satisfaction. Their responses can be divided into three categories.

Application-focused feedback includes examples of successful rescue actions or new contexts of application as the main reason of satisfaction. This kind of feedback leaves no doubt as to whether the learnings from the training were applied. 18 respondents (45%) respondents gave answers belonging to this category. Below, are some of the examples:

The training gives me the skill to save numerous lives, especially in significant accident in our town in Hawassa university. Thanks to the training, we successfully rescued many people. Without this training, our ability to respond effectively would have been limited.

Emergency Medical Technician, with 7 years of experience

I find fulfillment in being able to assist people, save lives, and minimize the potential health complications resulting from accidents.

Nurse, with 2 years of professional experience

I gained extensive knowledge on proper patient lifting and movement, as well as the care provided upon arrival and how to respond to emergencies.

Nurse, with 6 years of professional experience

This training is particularly invaluable, considering the potential involvement in rescue operations during construction disasters where immediate medical assistance is crucial.

Health Officer, with 18 years of professional experience

Didactics-focused feedback, as the name of the category suggests, is centered around teaching methods and trainers' professionalism. 8 respondents (20%) provided feedback of the kind. Here, are some of the examples:

The training introduced me to new and crucial knowledge. It was highly practical, with active hands-on practice sessions during the training. The trainers were exceptional, contributing to the overall positive learning environment.

Nurse, with 5 years of professional experience

I'm satisfied because they provide theoretical knowledge on procedures and allow us to practice hands-on, applying the lessons we learned.
Emergency Medical Technician, with 2 months of professional experience

The trainers were both professional and friendly, with firsthand experience in the emergency field. The training materials provided were excellent, contributing to a highly practical and beneficial learning experience.
Nurse, with 5 years of professional experience

My primary sources of satisfaction stem from the training's combination of both theoretical and practical aspects. We applied everything we learned in theory through practical exercises after each lesson.
Nurse, with 15 years of professional experience

Integrative feedback covers those utterances in which the respondents gave multiple reasons for their satisfaction, indicating that the training had also psychological benefits: it helped them understand their professional roles better or gave them more confidence. 15 respondents (38%) provided such feedback.

I've witnessed individuals facing critical situations, such as choking, severe bleeding , and various traumas, who we initially thought might not survive. However, after the training, I'm now confident in assessing that they can indeed survive and find relief from pain.
Nurse, with 4 years of professional experience

These three categories of replies help understand the kinds of impact the training had on the beneficiaries. Firstly, it impacted the way a share of the respondents work. Secondly, it gave an idea to many of them what professional development may be. Lastly, it impacted their morale. Based on the declarations, all three types of impact were positive. At the same time, the research material allows us to question durability of the first kind of impact unless it is strengthened with refresher sessions, as well as institutional changes supporting prehospital care skills development and application.

PRE- AND POSTTEST RESULTS

The prehospital training was monitored also through the pre- and post-tests. The same test was filled out before and after the training to check whether the training participants would improve on their results. The test was carried out in English and focused on theory (it had no practical part).

The five training courses provided between 2022 and 2023 all contributed to some gain in knowledge. The first training is an outlier in term of results, which are significantly lower. A possible explanation can be found in a report by one of the trainer's, who mentioned organizational issues (lacking or incompatible equipment) and too little briefing on the Ethiopian healthcare (provided to the trainer) before the training.

TABLE 6. PRE- AND POSTTEST RESULTS BY LOCATION

	HAWASSA MAY 2022	ADAMA OCT. 2022	ADDIS ABEBA JUL. 2023	DIRE DAWA OCT. 2023	ADDIS ABEBA OCT. 2023
Average improvement from pre-test to post-test	11.69	38.23	24.38	31.72	45.78
Maximum score achievable	100	100	100	100	100
Maximum score achieved at post-test	100	95	95.2	100	100
Minimum score achieved at post-test	50	70	52.4	29	56
Maximum score achieved at pre-test	90	70	85.7	72	66
Minimum score achieved at pre-test	38	15	24	20	19
Number of beneficiaries whose score deteriorated from pre- to post-test	5	0	2	0	0

TRAINERS' FEEDBACK

Three experts involved in the prehospital training as instructors or training supervisors were interviewed for this assessment. They were asked about their assessment of the preparations to the trainings, the training's implementation and expected results. The information from the interviews is amended with their feedback included in the post-consultancy reports.

Two of the interviewees believed they could have been prepared better for their first training. What would have been most beneficial are a few extra days for finalizing the preparations on the spot. That would allow them to meet with the beneficiaries, inspect the training equipment, and learn more about the local healthcare system.

One of the interviewees complained of the briefing for his first trip. In his view, too little information on the Ethiopian teaching standards were provided beforehand. It would also be more convenient, he suggested, if the expert's trips were arranged in advance of 5-6 months. He described the first training session as the most challenging as some of the training equipment was not available and the institutional context of the Ehtiopian healthcare system was still unclear to him. Further sessions were much easier, the last, he said, was both rewarding and effortless.

The trainers and training supervisors interviewed agreed on a number of points regarding the participants of the training and its possible results. The trainers highly evaluated theoretical knowledge of the participants, but were critical of their practical competencies. The heavy focus on hospital care within the Ethiopian healthcare system and lack of clarity as to the place of prehospital care translated into lacking practical skills related to the prehospital and emergency contexts. The dominant teaching method in Ethiopia was reliance on textbooks and Power Point presentations, while the most pressing training needs were related to skills.

The trainers also pointed to the need for refreshers. Some of them had the occasion to train the same people year after year. The trainees who participated in the training earlier still remembered some of their earlier learnings, but definitely benefitted from the refresher session.

While these points are consistent with the survey results, the two following observations slightly diverge from the trainees' perceptions of rescue skill's utility and the needed capacity development. Firstly, the trainers assessed that the weakest point of the prehospital care in Ethiopia was related to handling injuries while the beneficiaries most often pointed to CPR as the most valuable element of the course. Secondly, the trainees frequently pointed to the need for more equipment wile two of the trainers interviewed observed (in the interviews as well as their post-consultancy reports) that the equipment already in place may not be properly maintained.

Training in rope rescue

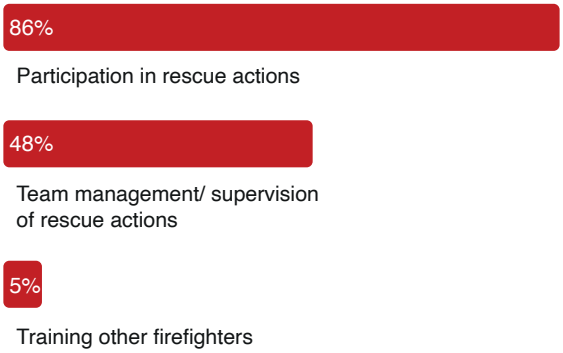
ROPE RESCUE TRAINING FOR FIREFIGHTERS

RESPONDENTS PROFILE

In December 2023 and January 2024, 21 out of 26 firefighters who took part in the Polish Aid-PCPM rope rescue training were interviewed. 20% of all beneficiaries were impossible to reach: 12% did not pick up and 8% of numbers were no longer valid. All beneficiaries who were reached agreed to take part in the survey.

Out of the 21 respondents, 2 were women. On average, a respondent had 10,33 years of experience as a firefighter. The respondent shortest in service had 5 years of experience, the most experienced one served for 23 years. The respondents' main work responsibilities included participation in rescue actions (86% cases) and team management or supervision of rescue actions (48% cases).

FIGURE 4.
RESPONDENTS' MAIN WORK RESPONSIBILITIES



Every respondents said firefighting was their regular work. Their weekly workload was full time or more. All respondents worked in Addis Abeba. For 12 respondents (57%), the Polish Aid-PCPM training was the first training provided by an outside institution since the beginning of their employment. 7 respondents declared they took part in such training at least once a year, and the remaining 2 said they did it every few years. Those who participated in at least one training earlier said it was paid by their employer (7 cases) or by another party (2 cases). No respondent had to bear the cost of the training on their own.

TRAINING'S UTILITY AND APPLICATION

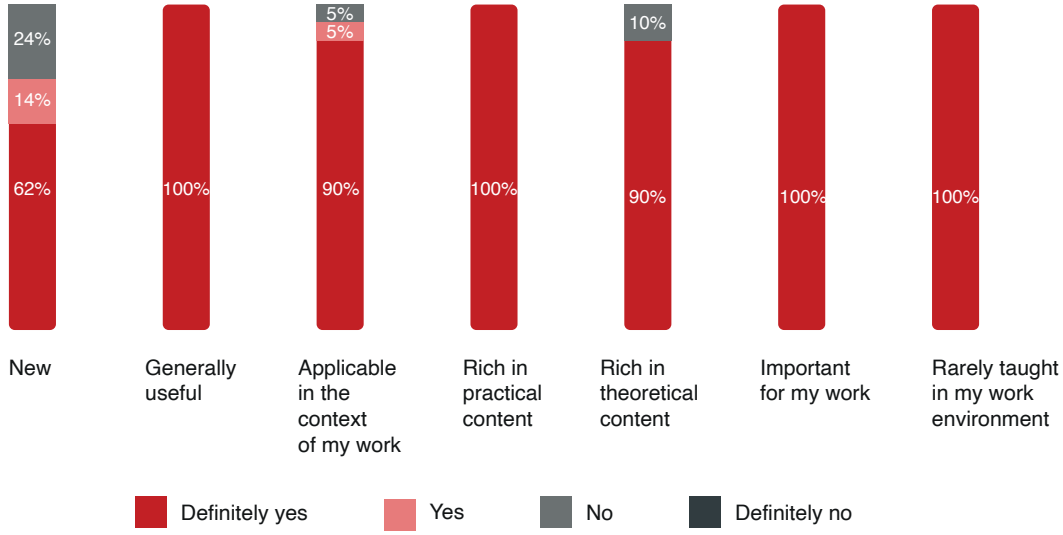
Most respondents remembered the training well or very well. When asked to assess their knowledge retention on a 1-5 scale (5 being the highest grade), 16 respondents picked the top grade, 3 indicated a four, and 2 chose the middle of the scale. None chose the bottom values. The average grade was 4.66.

Respondents were asked to assess the training against five descriptions: new, generally useful, applicable in the context of my work, rich in theoretical content, rich in practical content, important for my work and rarely taught in my work environment. Over 90% of respondents agreed with all the descriptions but the first one. Still, the majority of the interviewees (62%) said the information provided during the training was new to them. The table below presents the answers.

One respondent declared the new skills were not applicable in the context of his work. Nonetheless, he was satisfied with the training and able to provide examples of how he employed the new skills.

When asked what part of the training they found most useful, the respondents typically replied by pointing to the possible applications of rope rescue skills. The examples concerned mainly rescue actions in urban settings (as mentioned in Respondents' profile, all respondents worked in Addis Abeba): rescue from high rise buildings, extracting people from confined spaces such as pits or elevator shafts, rescue from damaged buildings or ruins. The respondents stressed utility of the skills in water rescue and road traffic accidents. At the same time, 5 persons (about one fourth of all respondents) could not provide any example of application of the skills taught, which likely means they had not put the skills to use. The last time the remaining three fourths applied the rope rescue skills was between a few days ago and more than a year ago.

TABLE 5. ANSWERS TO QUESTION:
"How would you assess what you have learnt during the training? How far do you agree with the following descriptions of skills and knowledge you gained through the training?"



The examples they shared matched the way they described the training's utility earlier: the skills were especially useful in urban contexts, water and road accident rescue. All examples the respondents gave concerned serious accidents, involving the risk of people's death or grave injury and requiring specialized intervention. Here are some of the examples they shared:

There was an accident in a market mall due to the elevator peg breaking. While the security personnel was inspecting the building inside the elevator, he fell to the basement, and the confined space made the rescue challenging. Applying the rope rescue technique, I took on the risk to successfully extract the person from the elevator. This was possible because I was the team member who received specific training for such situations.
M, 13 years of experience

Last week, there was a truck accident, and it ended up crushed in a hole. We successfully rescued the person alive using a stretcher held by a rope, applying the techniques learned in rope rescue training.
M, 10 years of experience

Following a car accident where the vehicle fell into a hole, upon arrival, we extracted the victims by securing them on stretchers. My role involved leading the team and actively participating in the rescue action. The operation was successful.
M, 10 years of experience

The last occasion I applied the skills and knowledge from the rope rescue training was six weeks ago during a building fire. My role involved utilizing rope rescue skills to safely evacuate people from the building. Despite the challenging situation, the training proved invaluable, and the actions taken were efficient. I felt in control of the situation, ensuring a successful and safe evacuation using the rope rescue skills.
M, 9 years of experience

I used my newly acquired skills 6 months ago. We rescued someone that fell in a water filled ditch by hooking the ropes onto the tyres of our rescue car and were able to pull him up alive.
M, 5 years of experience

The respondents were also asked if they though their new skills would impact their teams' capacities. All of them replied in affirmative. Most explained they shared their skills with other team members. One stressed that while the training was useful, his team also required more equipment.

> *I'm able to share the knowledge acquired from the training with my team members who haven't undergone the training. Additionally, we demonstrate how to apply certain skills learned during the training in our weekly sessions at our center.*
> M, 10 years of experience

> *Yes! We willingly share our knowledge and the experiences gained from every rescue action.*
> F, 15 years of experience

> *Oh yes! We are collaborating with other team members that took a similar training in Germany and combining the skills we learned from you, we are teaching our other colleagues that didn't take part in the training and conducting effective rescue missions.*
> M, 9 years of experience

> *Yes, I believe my new skills will positively impact the team's capacity. Our team conducts regular revisions, and we extend our training to those who haven't undergone it yet, providing them with opportunities to practice and enhance their abilities. This collective effort contributes to an overall improvement in the team's skill set and operational effectiveness.*
> M, 10 years of experience

> *Certainly, the new skills acquired from the rope rescue training will positively impact the capacity of the team I work with. However, it's important to note that there are challenges, such as a shortage of accessories needed to train other professionals. The donated equipment is currently housed in the head office, and obtaining them for training involves navigating through bureaucratic processes. Despite these obstacles, the enhanced skills will contribute to the team's overall proficiency once logistical challenges are addressed.*
> M, 13 years of experience

Requests for firefighting equipment were also voiced in comments to the survey. On the one hand, the respondents requested more training, on the other in-kind support. Two respondents pointed to organizational obstacles preventing their teams from making most use of the aid provided. These included too little training for management and shortages of personnel. The results show that the training has been assessed as both generally useful and applicable in typical rescue actions the respondents undertake by nearly all respondents. Based on the declarations, the skills learnt through training have been shared with team members who did not participate in the training. At the same time, one fourth of respondents have likely never applied their new skills. Their positive assessment of the training did not stem from their experience from the new skills' application. Moreover, shortages of equipment and personnel as well as, possibly, too little capacity building focused on fire service management may prevent the fire units to take full advantage of the training.

SATISFACTION FROM THE TRAINING

Respondents were requested to use a 1-5 scale (5 being the highest grade) to rate their satisfaction level from the rope rescue training. 16 respondents picked the highest grade (5) and the remaining 5 picked the second best grade (4). Thus, the average assessment reached 4.8. The overall satisfaction level can be described as very high.

The main reasons for satisfaction given by respondents were centered around their individual development: new skills, ability to effectively respond to emergencies that used to be beyond their capacity and higher self-confidence at work. Another important area of improvement mentioned by the respondents was work safety: the new skills helped firefighters engage in previously risky actions following procedures and employing skills and equipment up to a higher safety standard. Increased safety has also had an impact on their morale as they felt their safety was no less important than that of the people they were to rescue.

I'm particularly satisfied because, following the training, I can now respond to rescue actions that I once deemed impossible and beyond our capacity. Now, I can effectively address challenging and critical situations by providing prompt and effective responses to rescue actions.
M, 13 years of experience

After the training, I feel much more confident when responding to rescue calls. The new skills acquired guide me on how to perform tasks properly, ultimately enabling me to save lives. Previously, I had concerns about tying ropes and executing rescue actions, but now I am fully confident as I've learned the correct methods.
M, 10 years of experience

The training and the equipment (rope) have significantly eased our work. Previously, we relied on ladders with high risks, but after the training, we have avoided using them.
M, 5 years of experience

The training was highly engaging and beneficial. I found the content applicable to my day-to-day work activities, making it the best training for all of us. I hope every firefighter and rescuer gets the opportunity to undergo this training.
M, 6 years of experience

In our city with many old buildings, lowered down by rope during rescue actions poses potential risks. The equipment provided by PCPM has significantly enhanced our safety measures and practices. I also draw satisfaction from being able to save lives using the equipment and skills acquired in training.
F, 16 years of experience

I'm satisfied for the following reasons. Firstly, we can execute rescue actions while prioritizing the safety of the rescuer. Secondly, we've acquired the ability to perform rescue actions with ease, minimizing potential risks to the rescuer. And lastly, the overall outcome has been highly successful.
M, 15 years of experience

My satisfaction primarily stems from executing actions proficiently. Having a thorough understanding of rescue procedures instills confidence, ensuring our effective response. Moreover, it equips me with the skills to handle tasks with ease.
M, 8 years of experience

It has made me and my team more confident because we know the rope is durable and will not be ripped and so, it adds to our sense of safety during missions.
M, 12 years of experience

Respondents we also asked for suggestions on what we could do better in similar projects in the future. Most of them asked simply for more training. They argued refreshers were needed to keep their skills up to date and that the rope rescue training should be provided to their colleagues from the same or other units. One respondent argued that training of trainers should be organized to ensure that the local fire system can rely on its own instructors. Two respondents asked for more advanced training. Two others suggested that the refreshers could be also held online, in line with what PCPM was already suggesting.

Two respondents assessed some elements of the rope rescue training critically: one believed it was too short considering the amount of new skills and information, and the other believed more equipment should be available during the training. Bearing those critical remarks in mind, it should be stressed that even the replies to this question indicated a high level of satisfaction.

TRAINERS' FEEDBACK

One of the firefighting instructors working in the project was additionally interviewed. He was asked about his opinion about the training's organization, knowledge retention and application among the trainees, as well as the uses of the equipment he may have learnt about during his consultancy.

The rope rescue instructor assessed that he was well prepared for his consultancy. The time for preparation given by PCPM was sufficient and the background information provided was helpful. He had already worked in Ethiopia earlier and suspected that this allowed him to confidently carry out his consultancy.

The trainer described the trainees as ambitious and determined to apply the new skills. This, he believed, favored high knowledge retention. Nonetheless, in his experience, such training required some refresher sessions. He was optimistic about online education tools in that respect. At the same time, he did not perceive the fire service management as determined to support the fire units in keeping their competencies up to date. The trainer noticed also that some of the rope rescue equipment donated earlier was probably used very little and suspected it was stored away for a longer time.

The trainer's feedback is largely in line with the survey results. Also the trainees believed refresher sessions were needed. Their replies on the training's impact on their team indicated little initiative on the part of their management to make systematic use of the new skills of their frontliners. The knowledge was vastly shared among frontliners, but evidence on its impact on team management or procedures is lesser.

TRAINING OF TRAINERS IN PREHOSPITAL CARE

RESPONDENTS PROFILE

19 graduates of the training of trainers in prehospital care were interviewed for this impact assessment in December 2023 and January 2024. The intended number was higher, but the trainers were difficult to reach. 24% of the beneficiaries did not pick up, and the phone number of 40% was no longer working. The remaining 36% are the 19 who took part in the survey. No beneficiary declined participation. Realizing the low response rate, we reoriented the questionnaire to give it more qualitative character. Open questions were given a priority so as to provide deeper insight into the respondents situation.

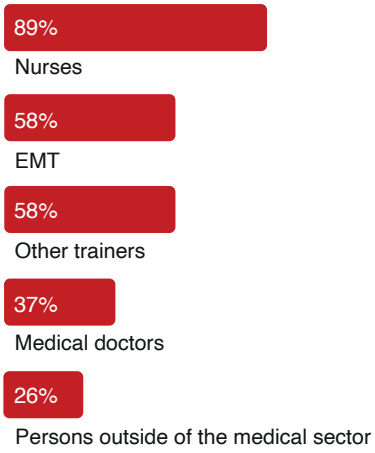
The research sample includes 5 women and 14 men. 63% of respondents worked only in Addis Abeba, 26% only outside of the capital and 10% both in and outside of Addis Abeba. As trainers, they provided instruction mostly to nurses, EMT and other trainers.

The average respondent had 2.75 years of experience as a trainer. The least experienced instructor had only started to teach, and the most experienced one had taught for 8 years at the time of the interview.

The respondents differed with respect to their activity as trainers. 13 (68%) of them said they had not trained anyone over the past month, and 7 (37%) declared they had not trained anyone over the past 6 months. Those who can be described as active trainers, trained on average 68 people over the 6 months preceding the survey. It should be noted that being more or less active as a trainer may result from access to opportunities to teach, and not just from attitudes.

FIGURE 4.

"Who do you usually provide your training to or who do you plan to train?" (multiple choice question)



For 8 respondents (42%), the ToT was the first medical training provided by an outside institution since the start of their employment. The remaining respondents declared they participated in such training at least once a year (6 persons) or once every few years (5 persons). The training was typically paid for by their employers (3 cases) or "another party", which is neither their employer, nor themselves (8 cases). The respondents who declared to have participated in medical training courses before happened to be more active as trainers. However, given the sample size, this coincidence cannot be treated as a statistically significant correlation.

Overall, the sample can be considered as diversified in terms of gender, location, work experience and professional activity. It gathers feedback from first-timers as well as trainers who have had more occasions to develop their skills and can compare the Polish Aid-PCPM training to other courses.

FURTHER DISSEMINATION OF SKILLS AND KNOWLEDGE

When asked to rate how well they remembered the training on a 1-5 scale (5 being the highest grade), 79% respondents picked one of the two highest values, with 63% respondents opting for the top grade. The remaining 21% chose the middle of the scale.

14 (74%) respondents said they had already integrated the learnings from the training into their teaching practice, and 5 (26%) said they were planning to do so. The latter belonged to the participants who did not teach in the months preceding the survey.

When asked how the training heled them in their work, the participants pointed primarily to their improved teaching approach. More than half of the participants said the training helped them shift from theory to practice, from explanation to learning-by-doing. They indicated also that the training allowed them to realize the importance of earlier preparation, assessment of trainees' abilities and ensuring that sessions are not only informative, but also engaging.

> *As a trainer, I found it beneficial to blend theoretical and practical teaching, deviating from our usual approach of theory-first. The training emphasized hands-on learning, omitting typical slides, like during CPR instruction where we learned by doing. It also provided insights on effective training, considering trainees' levels and encouraging shared experiences.*
> F, 8 years of experience

> *The insights into effective communication with the audience significantly contributed to my understanding of being a trainer.*
> M, 3 years of experience

> *Previously, certain technical procedures were not executed concurrently, and I also encountered variations from country to country. This experience has facilitated my personal growth by enhancing my ability to navigate diverse technical requirements. Moreover, in the past, my approach to presentations involved creating slides. However, I have now gained insight into the importance of comprehensive preparation and effective engagement with trainees.*
> F, 3.5 years of experience

> *I've transformed my training approach. Previously, it was more theoretical, relying on Power Point slides. Now, I've learned to teach in a more engaging manner, ensuring trainees find it easy to understand and remember.*
> M, 6 years of experience

> *I grasped the essence of high-quality CPR from the training and, in turn, shared this knowledge by emphasizing practical skills over theoretical teaching.*
> M, 3 years of experience

One of the respondents pointed to shortages of equipment at medical institutions where he had taught. During the ToT, he believed, equipment unavailable in many other contexts had been used. Nonetheless, he saw this as an opportunity to learn how to use the more advanced devices rather than a risk of incompatibility between the training and the actual work conditions in Ethiopian hospitals:

Typically, during training sessions conducted by Polish aid, there is an introduction to pedagogy at the outset. This approach has enhanced my skills as a trainer, as we used to commence training without this pedagogical foundation. Fortunately, we conducted the training at the Alert CPD Center, providing trainees with hands-on experience using the materials we utilized in the training. However, if we were to conduct the training elsewhere, we might face challenges in accessing the same equipment. This presents a gap that may require trainees to adapt to situations where equipment is not readily available. Nevertheless, the primary benefit for trainees lies in the aspects I initially highlighted.(

M, 6 years of experience

The respondents who declared to have already integrated the training's takeaways into their teaching practice were asked about the feedback they had received from their trainees. All of them said the feedback was positive. Their trainees' reasons for satisfaction typically included reliance on practical exercises as the trainers' main teaching method and well-prepared course materials, as well as realizing the utility of prehospital skills. Some of the respondents said also that the ToT helped them effectively tackle challenges such as differing levels of their trainees or their wavering attention.

The feedback was excellent. They were happy because we showed them how to efficiently use available resources and apply practical work. It was engaging, with positive comments regarding the training's continuity.

Trainer, F, with 8 years of experience

The feedback was positive. They mentioned a shift in perspective, realizing the significance of high-quality CPR and basic life support techniques. The training helped them grasp the meaning of prehospital and emergency care.

M, 3 years of experience

They expressed greater satisfaction with the prehospital care training compared to others due to the distinct learning materials and teaching methods. Their engagement was notably higher, given the emphasis on practical aspects.

M, 6 years of experience

The trainees' feedback reported is consistent with the earlier answers. The results show that the trainers put their main lessons learnt – namely, the importance of prehospital care and the need to introduce practical exercises in to their teaching curricula – to use and that the trainees appreciated this innovation.

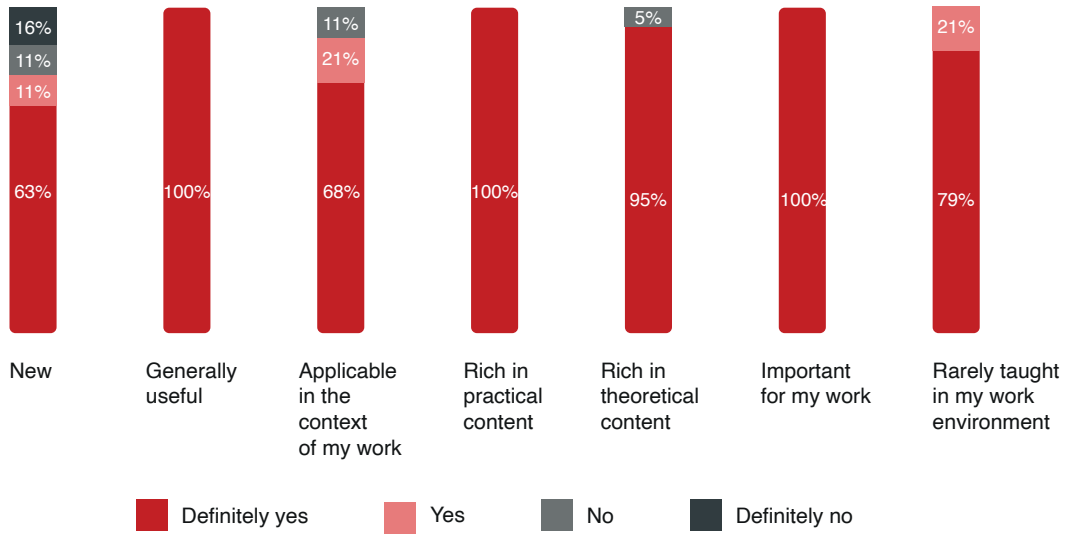
The respondents who said they had held courses since the ToT, overall taught 1034 persons. Bearing in mind that they integrated the new skills into their teaching curricula, the number can be treated as a measure of further dissemination of skills in prehospital care.

APPLICABILITY AND SATISFACTION FROM TRAINING

The respondents were asked how far they agreed with five descriptions of the training's content (see the chart below). For 74% it was new, which is a high results considering that the sample included experienced professionals, medical trainers themselves. All respondents agreed the training was generally useful as well as rich in practical and theoretical content. Most believed also that such skills were rarely taught in their environment.

Nearly all respondents declared their learnings were applicable in the context of their work. Two disagreed: one of them had doubts whether the training was relevant to the work conditions in Ethiopia and the other one had had no opportunity to train anyone yet. The two respondents nevertheless thought the training was important for their work and asked for its continuation.

TABLE 7. ANSWERS TO QUESTION:
"How would you assess what you have learnt during the training? How far do you agree with the following descriptions of skills and knowledge you gained trough the training?"



When asked about the most useful part of the training, the respondents either praised the ToT as a whole or pointed to one of its elements, including: CPR, triage, basic life support, ambulance care, and patient lifting and moving. The answers were largely consistent with the feedback from the prehospital training reported in the previous chapter). Two respondents pointed again to the value of practical demonstrations.

All trainees declared they were satisfied from the training. 16 chose the top of the 1-5 scale and 3 chose 4. Their reasons for satisfaction typically returned to the practical exercises during the training sessions. The respondents also praised the atmosphere, good organization and the trainers' professionalism. One of the respondents pointed out that the training skills were especially valuable given the current conflict in Ethiopia, which put first responders under additional, immense pressure.

My satisfaction primarily stems from the training's practical sessions. The individual exposure, presentations, individual and group assignments made the program effective.
F, 4 years of experience

The training was exceptionally beneficial. Considering our region's history as a war zone, it marked the first instance we received such training, bringing great satisfaction to our community.
F, 4 years of experience

The training adhered to a punctual schedule, maintaining good time management. The session was engaging and created a relaxed atmosphere. It facilitated self-reflection, enabling us to understand how to become effective trainers.
M, 1 year of experience

The respondents were also asked if there was anything about the training that could have been better. Few expressed any criticism. It included pointing to the need to target more people from rural areas and to complete the training with direct supervision of the trainees at their workplaces. Some of the criticism was also directed at the Ethiopian healthcare system and too little attention given to prehospital care by its architects. Most respondents expressed their gratitude, asked for refresher training and suggested broadening its scope. The respondents recognized the importance of prehospital care and believed the skills should be disseminated as widely as possible.

You are always welcome, and your support is crucial for our expansive prehospital care center. But, It's important to identify the specific audience for prehospital care training, particularly focusing on healthcare providers working in that setting. Training should be targeted towards paramedics and emergency department staff to ensure relevance and effectiveness. This way, we can reach a broader audience and enhance our prehospital care setting.
M, 3 years of experience

...ensuring equipment reaches the intended location needs attention. While improvements have been made, there's a need to focus on monitoring the program's continuity and sustainability. To prevent programs from phasing out after their [PCPM staff and instructors] departure, it's recommended to consider agreements with a third party or hiring a monitoring and evaluation officer locally, which would be highly beneficial.
M, 6 years of experience

Adding to my previous point, I must highlight the exceptional quality of the equipment used during the training. Although our country's prehospital infrastructure poses limitations on practicing everything directly on patients, the program provided us with valuable exposure to nearly authentic case scenarios, enriching our training experience.
M, 3 years of experience

The respondents clearly cared about maintaining the new skills up to date and applying them. Their concerns over the possible resistance of their institutions to developing prehospital care or efforts at making sure all equipment is put to good use show that they agree with the project's objectives, but did not trust the managers of the healthcare system fully. Perhaps, more activities directed at management and oriented towards supporting an institutional change should be considered for similar projects in the future. A number of respondents, in their replies to different questions, suggested also that they would benefit greatly from the trainers' supervision of their work at their places of employment. Such activities would definitely help ensuring the training is fully compatible with the institutional setting and with the equipment available.

TRAINERS' FEEDBACK

Three trainers or training supervisors were interviewed as part of this impact assessment. They were asked about how they assessed cooperation with PCPM, activity's relevance, and chances that it would bring about durable positive effects. The interviews were to complete information included in their reports filed after their consultancies.

The trainers who visited Ethiopia more than once as a part of the project (2 of the interviewees), assessed their first consultancies more critically than the further ones. The first ones are often described as requiring flexibility and improvisation from the trainers, who found themselves in a new context for the first time and had little time to complete their tasks. Despite this description, all respondents concluded their first training was successful.

The training of trainers was assessed the highest out of all activities in terms of relevance and the likely durable effects. "The ToT was the biggest value of the project", said one of the interviewees. All three agreed that the competencies of the participants were high in terms of theory and practice. They also described the trainees as engaged in the sessions and determined to make the best use of them. Two of the interviewees believed the participants lacked prehospital experience, and suggested they should be offered additional training or supervision of their work by experts. One of the interviewees observed, the Ethiopian medical instructors had little occasions to exchange knowledge and experience.

One of the trainees considered some of the ToT participants overconfident. Considering the fact they had little opportunity to develop their competencies and little supervision, the risk they would overlook the flaws of their teaching was real.

All interviewees believed more training would be beneficial for the participants. “Now it would be best to work with them at their workplaces,” said one of the trainers, suggesting also what some of the training participants expected. Further training, believed the interviewees, should be less general (focusing on development of weaker elements of the prehospital care) and involve workplace supervision. These suggestions are largely in line with the beneficiaries’ observations.

IN-KIND ASSISTANCE

Apart from the monitoring materials available, little data was gathered among the beneficiaries to assess the impact of the in-kind assistance provided as part of the project. This stems partly from the fact that joint monitoring visits by PCPM and the Ministry of Health were conducted as recently as October 2023. Another reason is related to division of responsibilities between partners. The Ministry of Health took responsibility for identifying the most needed equipment and distributing it among the beneficiaries. The Ministry was also responsible for a large share of communication work necessary to complete the distributions. Such task division facilitated effective implementation of the project in the unstable security situation in Ethiopia. At the same time, it was the Ministry of Health who became the main actor receiving direct feedback from the beneficiaries. As part of this assessment a representative of the Ministry was interviewed about the Ministry’s role in the project, quality of the partnership and beneficiaries’ feedback. Another interview was conducted also with the ALERT training center who had the double role of project’s key collaborator (responsible for logistics around organization of training sessions) and beneficiary (the center received training equipment).

MONITORING VISITS

Six hospitals were visited as part of the in-kind assistance monitoring activities in October 2023, including Dilchora Referral Hospital in Dire Dawa, Jigjiga University Sheik Hassen Yabare Referral Hospital in Jijiga, Yekatit 12 Hospital in Addis Abeba, St. Peter’s Specialized Hospital in Addis Abeba, ALERT Comprehensive Specialized Hospital in Addis Abeba and Jimma University Hospital in Jimma. Each time the monitoring visit was conducted by a PCPM project staff, a PCPM expert and a representative of the Ministry of Health.

The visits performed a double function of supporting the project monitoring and providing on the spot support to hospitals in case of any technical problems with the equipment delivered. Each visit followed a similar scenario. Firstly, the visitors located the equipment provided as part of project and checked whether all items were indeed delivered. If that was the case, they determined whether the equipment was functional and in use. If so, they asked for more information about its applications. This scenario became more complicated if the equipment had not been delivered, complete or used. In such cases, the visitors intervened trying to locate the equipment, set it up or instruct the personnel on how to operate it.

A detailed report on the monitoring visits was prepared by Adam Kukliński, PCPM Project Officer. Here, some of his findings are further analyzed in the context of the earlier results and other monitoring materials. The aim of this analysis is to indicate factors which may increase or risks which may limit the sustainability of the project’s results.

The report from the monitoring visits identifies a number of challenges related to the equipment’s distribution, which result either from insufficient communication between the Ministry of Health and the beneficiaries or negligence on the part of sub-agency distributing the equipment locally (Ethiopian Pharmaceuticals Supply Agency). The issues noted were typically tackled on the spot: the missing equipment was localized and delivered. Problems with distribution of the equipment should be described as frequent: no issues were reported at one hospital only. Nonetheless, according to the PCPM project team, the Ministry representative addressed them without any hesitation and to a good result.

The report lists pieces of equipment that were in and out of use. Most equipment was in use and personnel knew how to operate it. The typical exception was equipment in excess: ventilators and defibrillators, stored properly and ready to use in case of an emergency of a larger scope. Another piece of equipment (temporarily) stored away were jackets for the rescue teams, which would be used when the weather. Other examples were related to insufficient communication within one of the hospitals (the hospital received equipment but the emergency detachment remained unaware of it and the equipment remained in the storage room). Two other examples showed the hospital staff had problems setting the equipment up and operating it. The PCPM expert present at the visits helped them set the equipment up and provided them with instructions on how to use it. Last example showed that the equipment, ideally, meant for the emergency teams was eventually used by other hospital detachment: that was the case of an ultrasound scanner in one of the hospitals, where the emergency team still did not have sufficient qualifications to properly interpret the scans.

The examples cited show that, ideally, distribution of the equipment should be combined with a training session about its operation and maintenance in every beneficiary institution. Such a session would be also beneficial in the light of the trainers' report (cited earlier) indicating the risk of insufficient maintenance of medical equipment used in the emergency context.

The results show also that in some cases the competencies of the emergency rescue teams were too low to apply the equipment provided. An additional training implementable within the context of an international aid project may not always mitigate such risks, especially when the lacking competencies require longer education and supervised practice. It may be more efficient to mitigate such risks at the assessment stage.

MINISTRY OF HEALTH'S ACCOUNT OF PROJECT'S IMPACT

Both the Ministry of Health and the ALERT Center assessed the project's impact highly and reported positive feedback of its direct beneficiaries. The roles of both partners differed as well as their perceptions of the impact of the project. For this reason, their feedback is discussed separately.

Mr. Mebratu Tesfaye Gebreyes, Pre-health Institution and Emergency Patient Service Specialist at the Ministry of Health was in charge of logistics related to the medical equipment distribution. Based on the PCPM project reports and monitoring materials, the cooperation with the Ministry was essential at this stage of the project, but also flawed but insufficient monitoring and communication with the beneficiaries on the Ministry's part (see the earlier section). Nevertheless, according to the Ministry's representatives, the beneficiaries' feedback was utterly positive:

> *The feedback received from the project's beneficiaries was very positive. Many respondents highlighted the usefulness and helpfulness of the equipment, particularly mentioning the significance of items like mechanical ventilators, portable ultrasound, and more. They emphasized that these resources are crucial and highly valued.*
>
> **Mebratu Tesfaye Gebreyes, Leading Executive of Medical Services, Pre-health Institution and Emergency Patient Service Specialist, Ministry of Health**

The Ministry representative occasionally spoke of the project as significantly impacting the Ethiopian healthcare as a whole. His assessment may be slightly overestimated, considering that Ethiopia has a population of about 120 million and that the needs of the local healthcare are proportionate to the country's size. However, it can be safely argued that PCPM helped the Ministry make the first step towards introducing prehospital care into the existing institutional setting, which means however that further steps should be taken by the Ministry.

Since 2021, the project has contributed a large amount of equipment to Ethiopia. Previously, Ethiopia lacked prehospital services, resulting in a death rate exceeding 40% due to the absence of adequate prehospital care. PCPM played a crucial role in introducing these services… …We've learned several lessons from this project. A key takeaway is the importance of focusing on prehospital services… …In our country, prehospital services were more tilted towards hospital transfers. This project provided crucial medical devices to address this gap. Moreover, prehospital care training was not common in the country, but PCPM initiated it. Individuals who underwent training, both in prehospital care and ToT now possess enhanced knowledge and skills. They, in turn, are disseminating this knowledge in various locations. The overarching lesson is the significance of training our professionals to be competent for improved prehospital services, with PCPM playing a pivotal role in addressing out-of-hospital deaths through this project.
Mebratu Tesfaye Gebreyes

When asked about monitoring of the project's results, Mr. Mebratu Tesfaye Gebreyes does not provide any systematic information. Nor does he speak of any Ministerial plans regarding further development of the prehospital services, which casts a shadow on the sustainability of the project's results as it largely depends on continuation of the efforts by the Ethiopian authorities.

Incidentally, knowledge retention and dissemination among the trained medical personnel is assessed significantly higher by the Ministry representative than the instructors or the trainees themselves. No grounds for such optimism are provided. Considering the lack of systematic monitoring on the part of the Ministry, the other sources should be treated as more reliable.

ALERT CENTER'S ACCOUNT OF PROJECT'S IMPACT

The observation of the representative of ALERT Center, Mr. Tesfaye Abebe, Nursing Director in the Intensive Care Unit, are more in line with the results of the monitoring visits. In his view, the distribution procedure applied by the Ministry of Health did not ensure the equipment reached the beneficiaries in time or were put to use. He also points out hat systematic monitoring of the distribution and its results is lacking:

Most of the problems, I believe, is from the local partners' side. For example, the materials that are given are stored and not used and some of the items have expired because they weren't distributed to the intended institutions in time and on those that were distributed, there wasn't an active assessment whether the materials and resources were being used effectively and in the right manner.
Mr. Tesfaye Abebe, Nursing Director, ALERT Center

Mr. Abebe regretted the distribution of the equipment by the Ministry was less effective than expected. He considered the equipment to be of high quality and in line with the hospital's pressing needs. He also believed that PCPM "set a standard" for prehospital care and hoped the ALERT Hospital and Training Centre would be able to maintain it.

The ALERT Training Center also received in-kind assistance: in the form of training equipment. The equipment was complete and in use. Based on the attendance lists shared with the PCPM team in November 2023, the equipment had already been used in 6 training sessions delivered outside of the Polish Aid-PCPM project and served 300 participants. In January, Mr. Abebe assessed the overall number of beneficiaries trained using the new equipment at around 300. The ALERT trainees benefitted not only from the equipment, but also from the fact that the trainers had undergone additional training.

29 staff members from the Center were trained in TOT and 15 staff members were trained in Prehospital Care and I can testify that all of the trainees have benefited from the trainings they received, and it has definitely raised their competence and added value to their work.

The wish of the interviewee was that more of the Centre's and Hospital's personnel could benefit from these courses.

The ALERT Training Center conducted regular monitoring of their own training sessions, including those conducted employing the new skills and equipment. The results point to high satisfaction of the trainees from the training and the equipment.

CONCLUSIONS AND RECOMMENDATIONS

The main conclusion from this study is that the aid provided was relevant to the needs of the beneficiaries and brought about improvement of rescue capacities of medical workers as well as firefighters. Nonetheless, this improvement's durability depends on the Ethiopian authorities and their determination to continue the efforts to maintain the results already achieved.

The study points to very high satisfaction levels of beneficiaries participating in all kind pf training as well as their determination to keep their competencies up to date. The beneficiaries were also generally able to provide examples of application of the new skills, and these examples showed they were able to integrate their training takeaways into their routine work. The new skills helped carry out effective rescue actions in situations in which they were previously far from proficient. In the case of the training for firefighters, the new skills in rope rescue significantly enhanced their personal safety.

The PCPM experts as well as the beneficiaries participating in the medical training sessions agreed that knowledge retention may wane without refreshers or further capacity development. Most of them believed putting the new skills into practice was not enough to ensure the prehospital procedures were executed correctly. They suggested workplace supervision and additional training as the countermeasures. Some were also hopeful of the online education tools, but insisted that supervised practice was a much more effective tool.

The experts suggested also that further training should be less general. It should focus on areas where the prehospital competencies are weakest. One such area suggested was handling orthopedic injuries.

Similar observations were made by the trainer and the beneficiaries of the rope rescue training: refreshers and more specialized training were needed to maintain the level of competencies achieved thanks to the project.

While the ToT was very highly evaluated by the beneficiaries and trainers, it should be noted that about one third of them had not trained any person within the six months preceding the survey. The remaining respondents were more active as trainers and, since the ToT, jointly transmitted the prehospital skills to about 1000 other medical staff.

The in-kind assistance provided as part of the project was relevant to the needs of the beneficiaries according to all parties interviewed. Based on the monitoring visits' report, most of the equipment was directly put to use. Nonetheless, delays and errors in the distribution process eventually delayed the application of the equipment at some of the hospitals. The party responsible for distribution was the Ministry of Health. Perhaps some of the delays could have been avoided, if the partnership had been based on a more precise mutual agreement specifying, e.g. distribution process requirements and monitoring obligations of each party.

A set of challenges related to operation and maintenance have been identified during the monitoring visits. Some of these challenges were tackled on the spot by the PCPM expert. Nonetheless, it is recommendable that distribution of advanced technological equipment is always combined with a training session on its operation and maintenance.

The overall impact of the project can be assessed as positive. However, the assessment results point to the need of further aid to cement the results already achieved. PCPM and its partners have made the first step towards developing prehospital care in Ethiopia, but first steps are usually at a distance from the objective in sight. Without proper institutional changes, further training and in-kind support, prehospital care is unlikely to be durably established in Ethiopia. At the same time, the aid provided has already saved lives and this humanitarian effect makes the project worthwhile.

Last but not least, the project was implemented in the context of unstable security situation and the covid-19 pandemic. These circumstances hindered mobility of project's staff members, shipment of goods, and building relationships with the beneficiaries. Bearing this into account, the project's achievements should still be considered as successful.

ANNEX 1: QUESTIONNAIRES

PREHOSPITAL TRAINING: QUESTIONNAIRE FOR PARTICIPANTS

Introduction

Hi, my name is XXXX and I am calling regarding your participation in the basic prehospital training , financed by the Polish Aid funds and co-implemented by the Ethiopian Ministry of Health, Alert CBD and Polish Center for International Aid. We are now evaluating the project and trying to understand what worked well and what we could do better. I would like to ask you a few questions about the training.

The survey is confidential, full data will be used by PCPM and its donors only. Anonymized data may be shared with researchers for adacemic purposes if they consent to PCPM terms of data protection.

The interview will take up to 15 minutes. It is fully voluntary and has no impact on availability of any future assistance. Your honest feedback will help us improve our work in the future. Would you be willing to take part in this short survey?

[if reluctant:] Is that the right time? Would you prefer that I call you later? What time would suit you best?

About the respondent

Thank you very much! Your feedback is very valuable to us. First I would like to ask a couple of questions about yourself and your work.

1. Gender:
   a) Male
   b) Female
   c) Other

2. What is your medical profession?
   a) Nurse [go to 3]
   b) Medical doctor: emergency physician [go to 3]
   c) Medical doctor not working in emergency contexts [go to 3]
   d) EMT - Emergency Medical Technicians [go to 3]
   e) Office employee at a medical institution [go to 9]

Applicable to respondents working directly with their patients

3. How long have you worked in this capacity? (open question)

4. What kind of institution do you work at? If you work at more than one institution, please name all your workplaces
   a) Hospital
   b) private practice
   c) medical rescue team independent from public healthcare

5. Which town or city have you worked in in the last 12 months? (open question)

6. Considering all your employment in healthcare, how many days a week do you work? (open question)

7. Considering all your employment in healthcare, can you assess how many patients you provide medical support to every day? (open question)

8. How many of your patients would you classify as emergency cases? (open question)

Participation in similar trainings delivered by other institutions

Now I would like to talk more in detail about the training of trainers you participated in.

9. Since the start of your employment, have you taken part in other trainings for trainers, provided by specialists outside your institution, but not PCPM?
   a) Yes, I take part in a training like that at least once a year [go to 9]
   b) Yes, I take part in trainings like that once every few years [go to 9]
   c) No, it was my first training of the kind [go to 10]
   d) Don't recall [go to 10]

10. Who covered the cost of the other (non-PCPM) training?
    a) My employer
    b) Myself
    c) Another party
    d) Don't know/ Don't recall

Polish Aid-PCPM training takeaways

I would like to ask you about the main training takeaways related to the PCPM training.

11. On a scale from 1 to 5, how well do you remember the training of trainers delivered as part of the Polish Aid-PCPM project? 1= "I hardly remember anything from the training", 5= "I remember the training very well"

12. How would you assess what you have learnt during the training? How far do you agree with the following descriptions of skills and knowledge you gained through the training?

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
New					
Generally useful					
Applicable in the context of my work					
Rich in practical content					
Rich in theoretical content					
Important for my work					
Rarely taught in my environment					

13. Could you tell us what part of the PCPM training you found most useful? (open question)

14. Please think about the last time you had an occasion to apply the skill and knowledge you gained through the basic prehospital training. When was that? (open question)

15. Could you tell me more about this situation? What was the patient's problem? How did you help them? Was it easy? Did you immediately know what to do? (open question)

16. Do such situations happen often at your work? How often? (open question)

17. In your typical work week, how often are you able to apply the knowledge and skills gained through the basic prehospital training? Could you characterize situations in which the skills and knowledge come in handy? (open question)

Summary

18. Overall, how satisfied are you from the training of trainers?
1= "Very satisfied", 5= "Very dissatisfied"

19. What are your main reasons for satisfaction? (open question)

20. What could we do better in the future? (open question)

21. Would you like to add anything? (open question)

Thank you for the interview!

TRAINING OF TRAINERS: QUESTIONNAIRE FOR PARTICIPANTS

Introduction

Hi, my name is XXXX and I am calling regarding your participation in the training for trainers of medical skills, financed by the Polish Aid funds and co-implemented by the Ethiopian Ministry of Health, Alert CBD and Polish Center for International Aid (PCPM). We are now evaluating the project and trying to understand what worked well and what we could have done better. I would like to ask you a few questions about the training.
The survey is confidential, full data will be used by PCPM and its donors only. Anonymized data may be shared with researchers for adacemic purposes if they consent to PCPM terms of data protection. The survey is fully voluntary and has no impact on availability of any future assistance.
The interview will take up to 15 minutes. Your honest feedback will help us improve our work in the future. Would you be willing to take part in this short survey?
[if reluctant:] Is that the right time? Would you prefer that I call you later? What time would suit you best?

About the respondent

Thank you very much! Your feedback is very valuable to us. First I would like to ask a couple of questions about yourself and your work.

1. Gender:
   a) Male
   b) Female
   c) Other

2. Date of ToT:
   a) Ocober 2021
   b) October 2022
   c) July 2023

3. How long have you worked as instructor of medical skills? (open question)

4. Who do you usually provide your trainings to or who do you plan to train:
   a) Nurses
   b) emergency medical technicians (EMT)
   c) medical doctors
   d) other trainers in the medical field
   e) workers and professionals outside of the medical sector

5. Which town or city have you worked in as a trainer in the last 12 months ?
   a) In Addis Abeba
   b) Outside of Addis Abeba
   c) Both, in Addis Abeba and Outside of Addis Abeba
   d) I'm a beginner, I haven't worked as a trainer yet

6. Over the last month, how many people have you trained? (open question)

7. Would you be able to assess how many people you have trained over the last 6 months? (open question)

Participation in similar trainings delivered by other institutions

Now I would like to talk more in detail about the training of trainers you participated in.

8. Since the start of your employment, have you taken part in other trainings for trainers, provided by specialists outside your institution, but not PCPM?
   e) Yes, I take part in a training like that at least once a year [go to 9]
   f) Yes, I take part in trainings like that once every few years [go to 9]
   g) No, it was my first training of the kind [go to 10]
   h) Don't recall [go to 10]

9. Who covered the cost of the other (non-PCPM) training?
   e) My employer
   f) Myself
   g) Another party
   h) Don't know/Don't recall

Polish Aid-PCPM training takeaways

I would like to ask you about the main training takeaways related to the PCPM training.

10. On a scale from 1 to 5, how well do you remember the training of trainers delivered as part of the Polish Aid-PCPM project? 1= "I hardly remember anything from the training", 5= "I remember the training very well"

11. How would you assess what you have learnt during the training? How far do you agree with the following descriptions of skills and knowledge you gained through the training?

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
New					
Generally useful					
Applicable in the context of my work					
Rich in practical content					
Rich in theoretical content					
Important for my work					
Rarely taught in my environment					

12. Could you tell us what part of the PCPM training you found most useful?

13. Did you find the equipment used in the training relevant to the work conditions in Ethiopian healthcare?
    a) Yes
    b) No
    c) Hard to tell

14. Did you find the equipment used in the training in good shape?
    a) Yes
    b) No
    c) Hard to tell

15. Have you already integrated any learnings from the training into your teaching practice?
    a) Yes [go to 17]
    b) Not yet, but I'm planning to do to in my future trainings [go to 17]
    c) No [go to 16]

Reasons for not including the learnings in the teaching practice

16. You said, you have not integrated the learnings from the TOT into your teaching practice. Why? (open question) [go to 19]

Teaching with the new skills

17. You said you have already integrated the learnings from the training into your teaching practice. Can you assess how many trainees you have trained since the ToT? (open question)

18. What was your trainees feedback to your work since the ToT? (open question)

Summary

19. How, if in any way, what you have learnt helps you as a trainer? (open question)
20. How, if in any way, what you have learnt may be of value to your trainees? (open question)
21. Overall, how satisfied are you from the training of trainers?
    1= "Very satisfied", 5= "Very dissatisfied"
22. What are your main reasons for satisfaction? (open question)
23. What could we do better in the future? (open question)
24. Would you like to add anything? (open question)

Thank you for the interview!

ROPE RESCUE TRAINING: QUESTIONNAIRE FOR PARTICIPANTS

Introduction

Hi, my name is XXXX and I am calling regarding your participation in the rope rescue training for firefighters, financed by the Polish Aid funds and co-implemented by the Fire and Disaster Risk Management Commission of Addis Ababa and the Polish Center for International Aid (PCPM). We are now evaluating the project and trying to understand what worked well and what we could have done better. I would like to ask you a few questions about the training.
The survey is confidential, full data will be used by PCPM and its donors only. Anonymized data may be shared with researchers for academic purposes if they consent to PCPM terms of data protection. The survey is fully voluntary and has no impact on availability of any future assistance.
The interview will take up to 20 minutes. Your honest feedback will help us improve our work in the future. Would you be willing to take part in this short survey?
[if reluctant:] Is that the right time? Would you prefer that I call you later? What time would suit you best?

Questionnaire

1. Do you agree to take part in this short survey? Yes/No

If yes: Thank you very much! Your feedback is very valuable to us. First we would like to ask a couple of questions about yourself and your work.

2. What is your gender? M/F/Rather not say
3. How long have you been a firefighter? (open question)
4. Where is your fire station located? (open question)
5. Is firefighting your employment or voluntary work? Name all relevant answers
   a) Firefighting or providing expertise in firefighting is my regular work
   b) I engage in firefighting as a volunteer (without remuneration)

6. Considering all your employment in firefighting, how many days a week do you work?

7. What are your key work responsibilities as a firefighter? Name all relevant responsibilities
   a) participation in rescue actions
   b) supervising rescue actions
   c) team/detachment management
   d) training other firefighters
   e) office work, e.g. reporting

Now we would like to ask you about the training you participated in. We would like to know how well you remember it and if you found it useful in your work.

8. On a scale from 1 to 5, how well do you remember the Polish Aid-PCPM training? 1= “I hardly remember anything from the training”, 5= “I remember the training very well”

9. Since the start of your employment, have you taken part in other (non-PCPM/CFOA) trainings in firefighting provided by specialists outside your fire brigade or station?
   a) Yes, I take part in a training like that at least once a year
   b) Yes, I take part in trainings like that once every few years
   c) No, it was my first training of the kind
   d) I don't recall

10. Who covered the cost of the training(s) provided by other organizations/institutions?
    a) My employer
    b) Myself
    c) Another party
    d) Don't know/ Don't remember

I would like to ask you about the main training takeaways

11. Let us get back to the PCPM training that you remember best. How would you assess what you have learnt during the training? How far do you agree with the following descriptions of skills and knowledge you gained through the training?

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
New					
Generally useful					
Applicable in the context of my work					
Rich in practical content					
Rich in theoretical content					
Important for my work					
Rarely taught in my environment					

12. Could you tell us what part of the training you found most useful? (open question)

13. Do you recall when was the last time you applied any piece of knowledge you gained through the training? Could you tell us more about this situation? (open question)

14. How often do such situations happen in your work? (open question)

15. What are the types of emergency situations that you and your brigade typically respond to? Do the skills and knowledge gained through the training(s) provided by PCPM come in handy in these situations? If yes, how? Please give a few examples (open question)

16. Do you think your new skills will impact or have already impacted the team you work with and its capacity? If yes, please explain how. (open question)

17. Overall, how satisfied are you from the PCPM/CFOA training(s)? 1= "very dissatisfied", 5- "very satisfied"

18. What are your main reasons for satisfaction? (open question)

19. What could we do better in the future? (open question)

20. Would you like to add anything? (open question)

QUESTIONNAIRE FOR THE MINISTRY OF HEALTH OF ETHIOPIA

Introduction

Hi, my name is XXXX and I am calling on behalf of PCPM regarding a project co-implemented by the Ethiopian Ministry of Health, Alert CBD and Polish Center for International Aid (PCPM). We are now evaluating the project and trying to understand what worked well and what we could have done better. I would like to ask you a few questions about the project and the Ministry's observations and lessons learnt from this partnership.

This interview is not anonymous. We invite you to take part in it as a representative of the Ministry. This interview is not recorded, but I am taking notes. Full data will be used by PCPM and its donors only. The survey is fully voluntary and has no impact on availability of any future assistance.

The interview will take up to 15 minutes. Your feedback will help us improve our work in the future. Would you be willing to answer a few questions? If yes, proceed to the questionnaire

Questionnaire

About the respondent

1. May I confirm your name and position at the Ministry? (open question)

2. How would you describe the role of the Ministry in the project? (open question)

3. How would you describe your own role in the project? (open question)

Influence on the project

I would like to ask you to rate the involvement of the Ministry on the project in its different phases. I would like to ask you if you rate this involvement on a 5 step scale from definitely insufficient considering the Ministry's expectations in the project to fully matching the Ministry's expectations.

4. Influence at the stage of needs' assessment and selection of beneficiaries: 1= “definitely insufficient considering the expectations”, 5= “fully matching the expectations”

5. Influence at the stage of implementation: 1= “definitely insufficient considering the expectations”, 5= “fully matching the expectations”

6. Involvement in the end of the project (in assessing results, gathering lessons learnt): 1= “definitely insufficient considering the expectations”, 5= “fully matching the expectations”

7. Would you like to comment on these questions? (open question)

Partnership assessment

8. Please decide if the partnership was characterized by the following qualities:

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
Mutual respect					
Mutual trust					
Mutual transparency					
Mutual flexibility					
Mutual reliability					
Adequate allocation of resources					
Effective implementation					
Achievement of the project’s objectives					

9. Would you like to comment on this section? (open question)

Project's impact

I would like to ask you also about the Ministry's assessment of the project's results

10. Has the Ministry gathered any feedback from the project's beneficiaires? If yes, could you share with us what the feedback was? (open question)

11. Has the Ministry tried to assess the results of the project? If yes, could you share with us what the results were? (open question)

12. Has the Ministry itself or its employees been impacted by the project in any way? If yes, could you share with us in what way? (open question)

13. Are there any lessons learnt from this project that you would like to share? If we were to implement the project once again, what should we do differently? (open question)

14. Is there anything u would like to add? (open question)

Thank you for all the information!

QUESTIONNAIRE FOR ALERT CBD

Introduction

Hi, my name is XXXX and I am calling on behalf of PCPM regarding a project co-implemented by the Ethiopian Ministry of Health, Alert CBD and Polish Center for International Aid (PCPM). We are now evaluating the project and trying to understand what worked well and what we could have done better. I would like to ask you a few questions about the project and the Alert Centre's observations and lessons learnt from this partnership.

This interview is not anonymous. We invite you to take part in it as a representative of the ALERT Centre. This interview is not recorded, but I am taking notes. Full data will be used by PCPM and its donors only. The survey is fully voluntary and has no impact on availability of any future assistance.

The interview will take up to 15 minutes. Your feedback will help us improve our work in the future. Would you be willing to answer a few questions? If yes, proceed to the questionnaire

Questionnaire

About the respondent

1. May I confirm your name and position at the ALERT Center? (open question)
2. How would you describe the role of the ALERT Center in the project? (open question)
3. How would you describe your own role in the project? (open question)

Assessment of the assistance received

As a part of the project, also the ALERT center received some assistance.
We would like to ask you about its relevance and utility.

4. To what degree the below characteristics describe the trainings delivered to the ALERT Centre's staff?

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
Relevant to our needs					
Competent trainers					
Well prepared					
Useful teaching materials					
Rich in theoretical knowledge					
Rich in practical exercises					
Offering opportunities to ask questions					
Building competencies for a longer time					

5. To what degree the below characteristics describe the in-kind assistance delivered to the ALERT Centre's staff?

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
Relevant to our needs					
Easy to use					
Of high quality					
Affordable maintenance					
Durable					

6. Can you assess how many how many (if any) people you have trained since your center received aid as a part of the project? (open question)
7. How many of these people have you trained using the equipment received as a part of the project? (open question)
8. How many of the trainees benefitted from the new competencies of your staff, built as a part of the project? (open question)

Partnership assessment

9. Please decide if the partnership was characterized by the following qualities:

	DEFINITELY YES	YES	NO	DEFINITELY NO	HARD TO TELL
Mutual respect					
Mutual trust					
Mutual transparency					
Mutual flexibility					
Mutual reliability					
Adequate allocation of resources					
Effective implementation					
Achievement of the project's objectives					

10. Would you like to comment on this section? (open question)

Project's impact

I would like to ask you also about the ALERT's assessment of the project's results

11. Has the Center gathered any feedback from the project's beneficiaires? If yes, could you share with us what the feedback was? (open question)
12. Has the Center tried to assess the results of the project? If yes, could you share with us what the results were? (open question)
13. Has the Center itself or its employees been impacted by the project in any way? If yes, could you share with us in what way? (open question)
14. Are there any lessons learnt from this project that you would like to share? If we were to implement the project once again, what should we do differently? (open question)
15. Is there anything u would like to add? (open question)

Thank you for all the information!

This report is a result of a group effort. Contact us if you have questions.

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