“State Training of Trainers on Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Disasters-Odisha”

Venue: Hotel Hindustan International, Bhubaneswar, Odisha

Dates: 9th – 13th Dec 2013.
**Dates:** 9th Dec to 13th Dec 2013

**Duration:** 5 days (residential)

**Venue:** Hotel Hindustan International, Bhubaneswar (Odisha)

**No. of Participants:** 26

**Facilitators:**
- Ms. Shachi Grover, Programme Officer, UNFPA
- Mr. Vikrant Mahajan, CEO, Sphere India.
- Dr. Shripad Kamat, Consultant Gynaecologist, Govt. of Goa.
- Mr. Gopal Mukherjee, IFRC, New Delhi.
- Ms. Sangeeta Tikyani, PHFI, New Delhi.
- Mr. Manoj Dash, School of Disaster Management, CUTM.
- Dr. Henna Hejazi, Training & Capacity Building, Sphere India.
- Mr. Hari Balaji, Sampard University.

**TOT Coordinator:** Dr. Henna Hejazi, Focal Point, Training and Capacity Building, Sphere India.

**Report compilation:** Mr. Manoj Dash/Dr. Henna Hejazi
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1. Executive Summary

This report presents an overview of the background, key purpose, specific objectives, training activities, session observations, feedbacks and evaluations of the Minimum Initial Service Package State Training of Trainers (ToT) organized in Bhubaneswar, Odisha, from the 9th Dec to 13th Dec 2013.

The TOT was attended by 26 training participants, out of which 10 were Females and 16 Males. These participants were nominated by different Government (OSDMA, Dept. of Health & Family Welfare), Non Government organizations (IAG, INGOS, IRCs,NGOs) and Institutions working on Health and Disaster response(CUTM,KISS). The representation came from Departments, State & Districts. 15 participants had technical background in public health while more than 18 participants had prior experience of working in different disasters. The participants came from experiences of working at different level from grass roots to state policy level and majority of them have had prior experiences with training and facilitation. All the participants completed their online certificate course in MISP(eligibility criteria for attending the ToT). The list of the participant is attached as Annex A.

The Training was facilitated by experienced trainers from MISP National Master Trainers. State TOT was conducted with technical guidance from UNFPA, (Ms. Shachi Grover) and Chief Executive Officer, Sphere India,(Mr. Vikrant Mahajan). Mr. Gopal Mukharjee, IFRC was the lead trainer. The experienced and highly motivated National Master Trainers working as Medical Officers with the State Health Departments , facilitated the technical sessions through presentations and group activities.

This State TOT was the fourth one organized in the State, after the National TOT organised at Faridabad and three State TOTs at Chennai, Kolkata & Patna. The State TOT had met a good response from the State representatives of Health and Disaster Management Departments. The ToT schedule is attached as Annex B.

The MISP Facilitators Manual was introduced to participants, however, the focus was on developing capacities in participants to design and contextualize the training sessions using different resources.

The participant led sessions were useful in developing a MISP training curriculum of 1-day giving the participants hands on knowledge of how to be an effective trainer and adopt various training techniques/methodologies while delivering training programs.

The participants’ feedbacks were highly encouraging and it was recorded in the feedbacks that the participants found the MISP Manual very comprehensive and useful in their work. Few participants felt more comfortable in not only
using the Manual but also in its application in their organization in their respective roles. Some of 
the participants responding to the Phailin & Flood disaster, particularly those who are providing 
hygiene kits, were eager to bring improvisations in their existing kits and to transfer the knowledge 
they gained during the six day long ToT, to their colleagues in their organization, their partners and 
in communities for better implementation of MISP. It was even discussed to include the MISP as a 
subject under capacity development to the Health annual action Plan 2014.

The daily feedbacks by the participants and the daily review 
by facilitator’s on the training process helped to make improvement for the next-day training. The final training 
evaluation confirmed the perception that the majority of the participants rated high on the 
achievement of the training objectives and the relevance of the training to their work. The 
evaluation also included the feedback of participants for the Master Trainers. The outcomes are captured in the Evaluation report 
attached as Section 5.1. The evaluation results may be adopted for future MISP trainings at districts 
as it helps the facilitators to improve with more objective assessments.

The trainees from the Odisha Government Health Services and from the IAG/NGO sector and had lot 
of field exposure. Hence the need to maintain the highest quality of training was felt before the 
training. It was decided to strictly adhere to the protocols mentioned in the MISP manual prepared 
by NDMA and UNFPA for India. A pre-training meeting was conducted by the trainers at the Hotel 
Hindustan International, Bhubaneswar on 8th of December under guidance of Ms. Shachi Grover, 
Program Officer UNFPA to go in to all the aspects of the training program and also set up at the 
training hall.

The trainers were successful in putting forth concept of MISP in all the trainees. Most of the sessions 
gone according to the plan. All the trainers and Master trainers worked in a good team spirit under 
able guidance of Ms. Shachi Grover, UNFPA.

At the end of the training sessions, there are some specific recommendations and observations forwarded by the participants and facilitators aimed towards better implementation of MISP. In 
general, the training was deemed by the participants as a high learning event.

**Recommendation:**
Most of the participants expressed the need for a refresher course in Integrating SRH at the district 
level as part of taking back the learning to the districts. Many other participants also suggested Tthe 
MISP Manual to be translated in ODIA language

**Follow-up:**
The next steps includes Finalization of Training Report, Resource Person Teams, Updation of Face 
Book Page and Google group for resource sharing, Meeting with State Government to further
discuss their request to organise another TOT at State level, District level trainings on MIP in the State in consultation with the State Governments with priority on disaster prone districts & follow up with individual action plans.
2. Background

Odisha is highly vulnerable to different hazards and a large population in this state lives without access to basic services in normal times, which gets worse during humanitarian situations. During disasters, women have unique health concerns, from hygiene needs to life-threatening complications related to pregnancy, childbirth with increased risk of rape, sexually transmitted infections, unintended pregnancies, unsafe abortion and obstetrical complications. Women, young people and children constitute more than 80% of populations affected by disasters and a lot of above mentioned concerns and needs remain unattended in response by different Government and Non Government organizations.

Understanding the gaps, NDMA, UNFPA and Sphere India collaborated with a common objective to build/enhance capacities in the provision of Reproductive Health services in disasters. Towards this a first National Training of Trainers was organized in Faridabad, Haryana. This was followed by a ToT for the South Region in Chennai and East Region in Kolkata. A State level ToT was organised in Bihar. This is the last State ToT in 2013 for the State of Odisha and was organized at Hotel Hindustan International, Bhubaneswar, Odisha.

**Goal of the MISP ToT:**

- To share knowledge about planning, coordination and technical response in the area of RH and GBV.
- To build technical capacity in disaster preparedness and response through a mechanism of NDMA/UNFPA supported MISP training programmes which will be made sustainable through Government supported trainings at state and district level.
- Create a Pool of MISP (Minimum Initial Service Training package) trained professionals/Master trainers available who can respond to SRH needs during disasters, in coordination with other key government and non government agencies.
- Pool of Master trainers can provide their expertise to undertake regional, state and district level training on MISP.
- MISP is integrated in respective agencies/Departments Disaster Management Plans

**Training Objectives:** At the end of the training, the participants are able to:

- Advocate for RH in emergencies;
- Apply core concepts and techniques provided in the MISP ;
- Apply coordination skills for the implementation of the MISP;
- Produce an action plan to integrate RH and GBV into respective agencies Disaster Management Plans & preparedness plans ;
- Demonstrate ability to effectively facilitate and conduct trainings on the MISP at the regional /state and district level.
3. Training process

The training process has been very elaborate and followed the necessary steps for preparation, implementation and evaluation. The details of the process are illustrated below:

The pre-training processes involved the formation of an organizing committee with representatives from NDMA, UNFPA and Sphere India and defining the processes for criteria and selection of participants, training announcement, training design, identification and briefing of master trainers, venue and logistic arrangement etc.

Further, during the training the processes involved facilitation of the sessions as per the training schedule, action plan by the participants, daily feedback from the participants, participant led sessions, action plan reviews, training evaluation and valedictory.

The post training processes includes inventory stock taking, accounting, participant performance analysis, identification of future potential training teams, feedback and evaluation analysis, revisiting individual and group action plans. It also includes the trainers meeting to evaluate the lessons learnt for future trainings.

**Pre training processes:**

*a) Organizing Committee for the MISP TOT*

1) An organising committee for MISP was established with representatives from NDMA, UNFPA and Sphere India to oversee the planning, preparations, defining the eligibility criteria for applicants, participants’ selection, and course material to ensure overall quality of the program.

2) The MISP organising committee consisting of NDMA, UNFPA Coordinator / Manager, technical staff of Sphere India, facilitated planning, implementation and monitoring of MISP ToT.

3) The organizing committee was engaged electronically and telephonically on the planning and preparations of the TOT and had regular meetings to review the preparations, participants, trainers, course materials etc.

*b) Terms of reference*

The terms of reference for the Trainers were developed in consultation with the Organizing Committee.

*c) Eligibility Criteria for Participants*

MISP Organising/Screening Committee (consisting of NDMA, UNFPA and Sphere India) reviewed applications and based on the below given eligibility criteria, selected 26 participants for MISP training.

1. Educational Qualification: MBBS, Public Health degree/ post Graduate / graduate
2. Minimum 5 Years Experience in at least 1 of the following areas is essential (Maternal Neonatal Health, Family Planning, Adolescent Sexual and Reproductive Health, HIV/STIs)
3. Experience on coordination, especially during disasters, is preferred
4. Health care providers such as OB-GYN doctor, family doctor, midwife, preferred
5. Has completed and received certification for the MISP on-line module (misp.rhrc.org/)
6. Is committed to be available for MISP roll out trainings after completion of the state TOT
7. Willingness to prepare background materials prior to trainings
8. Departments should be able to release the trainer from regular duties to carry out periodic future MISP roll out trainings
9. Clear written and spoken English skills and the ability to communicate in the State language (Odia) for trainings at district level with computer skills
10. Good facilitation and communication skills, ability to present and convey ideas, stakeholder engagement and liaison skills
11. Initiative, judgement, flexibility and self-motivation to achieve results
12. Good interpersonal skills necessary to work in teams and under stressful conditions
13. Is available for the complete duration of the State TOT
14. Profile of participants: Prior experience in maternal health including family planning, adolescents, health, gender, HIV/AIDS & Disaster Management.

d) Training Announcement:

1) Sphere India coordinated the training announcement and invited nominations from its Inter Agencies Member, Health Departments, GoO, OSDMA, Academician and their outreach networks on Google groups, besides approaching other public and private health institutions individually, telephonically and through electronic media. 55 applications were received by Sphere India out of which 27 were selected.

2) UNFPA provided the technical support, including provision of Master Trainers and cost of training programme.

3) Sphere India coordinated the training arrangements including the procurement of training material, logistics arrangements for the training event.

e) Facilitation team

The Organizing Committee provided inputs for identification of the facilitation team.
The Training was facilitated by experienced trainers from UNFPA, Sphere India and MISP Master Trainers trained in national TOT, details of whom are given below

- **Ms. Shachi** Grover, Programme Officer, UNFPA
- **Dr. Shripad** Kamat, Consultant Gynecologist, Govt. of Goa
- **Mr. Vikrant** Mahajan, CEO, Sphere India
- **Mr. Gopal** Mukharjee, IFRC, New Delhi.
- **Ms. Sangeeta** Tikyani, PHFI, New Delhi.
- **Mr. Manoj** Dash, School of Disaster Management, CUTM.
- **Dr. Henna** Hajari, Training & Capacity Building, Sphere India.
- **Mr. Hari** Balaji, Sampard University.
During Training Processes:

f) **Strategic Training Approach**

The strategic approach was focused towards building the facilitation skills in the participants and later, test and improve on these skills during the participant led sessions on the MISP Manual. Apart from the technical sessions on MISP, SGBV, MNH, STI/HIV, SRH Supplies and Data Management emphasis was given on adult learning approach and engaging the participants in the learning environment through variety of participatory approaches. The primary focus was to develop both the facilitation skills necessary and the subject knowledge required for successful implementation of MISP.

1) The lead trainers ensured facilitation of the sessions as per the training schedule
2) Action plan for Disaster preparedness and contingency planning was filled by the participants at the end of each day from Day 1 to 4.
3) Daily feedback was taken from the participants through different Groups which were framed on the Day 1. The facilitators tried to incorporate the subsequent session plans according to the feedbacks received.
4) Day 5 comprised of participant led sessions where the participants framed a training programme and were allotted specific themes/topics on which they deliberated.
5) Action plan reviews
6) Training evaluation and valedictory.
7) The concept of buddy and mentors were introduced

Post training processes:

1. Developing an Inventory of work station supplies, equipment for future use in district & state level trainings.
2. Financial Reporting by Sphere India.
3. Participant performance analysis by the organizing committee and identification of future potential training teams
4. Feedback and Evaluation analysis
5. Revisiting individual and group Action Plans.
6. Compilation of the Training Report by Sphere India
7. Follow up meetings of the steering group to review achievements and lessons learnt for improvement in future activities.
8. Preparation for the future program activities for further trainings at state & district levels.
9. Initiation of the process documentation by Sphere India.
g) **Training Methodology**

This training used variety of adult learning participatory methods such as:

1) Interactive presentations  
2) Discussion groups  
3) Brainstorming  
4) Reflection  
5) Consensus building  
6) Group work  
7) Case study  
8) Sharing (expectation, experiences)  
9) Peer coaching  
10) Role play  
11) FGD

h) **Learning aids used:**

1) White Board  
2) Flip Charts  
3) PowerPoint  
4) Video presentations  
5) Handouts  
6) Meta clips  
7) Post It  
8) Visual aids

i) **Training Materials**

The MISP Facilitators Manual was given to each participant. Besides, on the request of the participant’s 5-10 copies of the MISP Manual were distributed to each organization/institution for their staff and partners.

For better understanding and quick references, additional handouts were distributed on group work station exercises, cheat sheets, acronyms, Action planning, Adult learning resources amongst the participants.

Besides, numbers of materials were provided in soft copy (pen drive) to participants for their future reference and use. These included training design and methodologies, film on female condoms, SOPs on SGBV, pictures of the training programme, CD with films, pen drive with adult learning sessions.

j) **Participants’ evaluation and feedback**

The participant-led sessions were evaluated by the peer group and the training team. The constructive feedback as individuals and groups were given to the participants by the peer group and the training team. An analysis of the participant led sessions was developed for the organizing committee for their future reference.
k) **Accreditation**

The accreditation was provided by NDMA, UNFPA and Sphere India, to 26 participants who attended the State ToT and were proactively engaged in the complete duration of the course. They were awarded with the Certificate of Participation by NDMA, UNFPA and Sphere India.
4.1 Session observations: Day 1

4.1.1 Course Expectations, Inaugural Speech: (Vik)

The day started with the Registration of participants. Each participant was asked to write down his/her expectation from the State MISP ToT. Due to late joining of two participants, expectations were received from 25 participants. Please find attached Annex C for the details of participant expectations.

Vikrant Mahajan, CEO, Sphere India, welcomed all the participants to the MISP State ToT. He complimented the trainees on their expertise in various sub sectors and was enthusiastic that the training will meet its objectives and outcomes.

Mr. Vikrant Mahajan, CEO, Sphere India, in his welcome address provided a NDMA & UNFPA perspective vis-a-vis MISP, to the audience. He emphasized the importance of building in MISP into response effort to prevent suffering and address the special needs of women during disasters, which otherwise has been a neglected priority. While explaining the importance of Awareness and building of Disaster Management Plans, he said he was optimistic that the participants would not only learn the subject matter and train other people but also be “engaged advocates” for MISP. He applauded the leadership of NDMA who have an ambitious agenda of rolling out MISP in all disaster prone States and districts. He informed the participants about the plan for implementing “MISP State level ToT” followed by district-level trainings along with regular follow-ups to ensure the quality is retained.

This was followed by Mr. Gopal Mukharjee, IFRC, New Delhi sharing the video presentations, developed by UNFPA, which were shown in the MISP launch event on 21st May & National TOT, illustrating how MISP interventions will address key concerns and gaps in current response programs. They included

1. Testimonies from Bihar (Men/Women speaking about the plight of women in the State during floods and challenges they faced)
2. Short Animated movie showing what MISP is all about and

All these three films together form a compact powerful advocacy tool for MISP implementation.

The training was informally inaugurated by Ms. Shachi Grover, Programme Officer, UNFPA. In her inaugural address, she emphasized the need to address the important issues of sexual and reproductive health taking previous disasters (Uttarakhand / Phailin & Floods) as a case study. She mentioned the previous trainings on MISP in different States and expected that this training of trainers will lead to roll out of MISP in different districts of Odisha. She also gave details of the contextualization of the MISP Module to Indian setting and the challenges met during the process besides acknowledging the contribution of the Master trainers in the process. He further added that the Manual has been sent to all Government Ministries and State Health departments for ensuring MISP implementation. Besides she shared her insight of MISP becoming part and parcel of the NRHM. With the MoH agreeing to incorporate this programme, she was hopeful of every
State/District having stockpiles of RH Kits. She admitted that the Non-Government sector/Private Institutions are the best force to take the MISP mission forward. In this regard he applauded the role and responsibility of Sphere India, to coordinate the entire process across the country. She also appreciated the key interest of UNFPA and Sphere India in taking the process forward. She concluded with an expectation that all participants will make their contributions as good trainers to prepare the state & country towards disaster.

This was followed by a group photograph of the MISP Team followed by a tea break.

4.1.2 Introduction to the Course (Ground rules, logistics, training teams): (Gopal & Manoj)

The session started with an introductory ice breaking exercise wherein the participants were made to form a circle with one participant introducing his/her co-trainees (who had preceded giving their introductions) by their names followed by his/her own name. This exercise helped the entire team in remembering the name of each participant.

The Ground rules were set through brainstorming with the group. The agreed ground rules were noted on a flip chart and kept on display inside the training hall.

Following are the agreed ground rules for the training:

<table>
<thead>
<tr>
<th>Do’s</th>
<th>Don’t’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile on silent</td>
<td>Do not use laptops during sessions.</td>
</tr>
<tr>
<td>Be on time/Finish on time</td>
<td>Avoid cross talking or making sub-groups.</td>
</tr>
<tr>
<td>Respect to all participants and each others views.</td>
<td>Not to comment on any ones communication.</td>
</tr>
<tr>
<td>Participate/Interest.</td>
<td></td>
</tr>
<tr>
<td>Give equal opportunity to all.</td>
<td></td>
</tr>
<tr>
<td>Parking lot for un-resolved issues/out of session topics.</td>
<td></td>
</tr>
<tr>
<td>Time managers for each day.</td>
<td></td>
</tr>
<tr>
<td>Participatory approach</td>
<td></td>
</tr>
<tr>
<td>Indicate if any one want to interact or discuss</td>
<td></td>
</tr>
</tbody>
</table>

The Logistic details were given to the participants including timing and venue for Tea, Luch and Dinner. Some participants who had not received the arrival letters from the hotel reception (consisting of the welcome note and Programme Agenda) were provided with the same. Facilities available with in the Hotel were also made aware to the participants by Mr. Manoj Dash.

Participants were made to form 6 groups, (from Day 1-5). Each group would collect feedback from all participants at the end of each day and discuss with the facilitators. Besides this 5 groups would also be responsible for conducting a recap of the days learning on the next day morning. One group was specially marked to take a feedback on the action plans from each group and present it one the next
day after the recapulation sessions. The concept of buddy and mentor were discussed and introduced for proper support and monitoring of activities.

Following were the designated groups and group members & Mentors for each day of training:

<table>
<thead>
<tr>
<th>Day</th>
<th>Team name</th>
<th>Mentors</th>
<th>Team members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Natkhat Mango</td>
<td>Hari</td>
<td>Dr. Indira, Sohel, Swasti, Inakhi</td>
</tr>
<tr>
<td>Day 2</td>
<td>Naughty Pineapple</td>
<td>Heena</td>
<td>Dr. Swain, Jshona, Dillip, Dr Paresh, Dr. Rajni</td>
</tr>
<tr>
<td>Day 3</td>
<td>Orange josh</td>
<td>Manoj Dash</td>
<td>Dr. Parmila, Rudra, Biranchi, Jaykrushna,</td>
</tr>
<tr>
<td>Day 4</td>
<td>Toffy Chow</td>
<td>Dr. Kamat</td>
<td>Rupali, Laxmikant, Satyashikha, Benudhar</td>
</tr>
<tr>
<td>Day 5</td>
<td>Minto Fresh</td>
<td>Sangeeta,</td>
<td>Tanmaya, Dr. Beg, Thangam, Prasant, Maheekshita</td>
</tr>
<tr>
<td>Day 6</td>
<td>Coffeetino</td>
<td>Gopal</td>
<td>Dr. Kaushik, Banita, Bismita, Manas</td>
</tr>
</tbody>
</table>

Day and group numbers were finalised for delivering their role of responsibility in training management. Besides a time manager was chosen to ensure the facilitators stick to their time schedule while another volunteer was chosen among the participants to give gentle reminders to participants for coming back to the training hall at the end of each break.

4.1.3 Pre Test, Overview of SRH interventions in Disasters and Introduction to MISP: (Gopal & Vikrant)

This session included distribution of pre test questionnaire with blank answer sheets. Participants were informed that they have 10 minutes to complete the 10 questions. Each question may have one or multiple answers. They were also instructed to report their answers in the answer sheet without putting their names on it.

The aim of the exercise was to help the facilitators understand better the learning needs and to assess the impact of the training. A detail analysis was made after going through the pre test answer sheets.

The participants were informed that a post test would be done at the end of the training for the evaluation purpose. Please find attached the pre and post-test evaluation in Annex D.

The pre test was followed by the first technical session which was taken by Ms. Mr. Vikrant Mahajan, CEO, Sphere India, New Delhi

Session Title

Overview of SRH interventions in disasters and Introduction to MISP.
Content covered

Need to address the sexual and reproductive health issues during disasters and implementation of MISP in disasters.

Key Proceedings
- Defining Disaster and impacts to various sectors.
- Impact of disaster on reproductive health needs of the affected community
- International mandates & policies addressing Reproductive Health rights and services
- SRH services for population affected in disasters
- Key challenges for SRH in emergencies
- Defining MISP, objectives, challenges and various components within continuum of the emergency
- Comprehensive SRH Care
- Challenges in implementing the MISP and lesson learnt

Key messages of the session
- Need for advocacy to address SRH issues in Disasters
- Apply core concepts and techniques provided in the MISP
- Need and importance of Coordination for implementation of MISP
- Prevention and response to sexual violence which may increase during disasters
- Preventing increased risk associated with STIs/HIV transmission during disasters
- Adressing unwanted pregnancies as a result of not providing family planning services
- Need and importance of addressing the needs of Adolescents
- Malnutrition and epidemics increases risks of pregnancy complications
- Appropriate referral mechanisms required for Maternal Health and SGBV issues
- Lack of access to Bemonc and Cemonc increases risk of maternal morbidity and mortality
- Dignity Kits – contents and importance of pre positioning culturally sensitive kits

Key discussion points/questions/issues/comments raised by participants
- How the RH coordinator will facilitate the MISP
- The data for SRH analysis was tried in Phailin response.
- Lack of capacity to plan and implement MISP
- Lack of knowledge among service providers and key responsibility
- Lack of integration of SRH in Policies and programmes
- Importance of Coordination
- Who can be an SRH coordinator?
- Plan and have systems in place in order to effectively coordinate and respond to the SRH needs of the affected populations, especially women and adolescent girls at the time of disasters.

Key Outcomes
Participants are able to:
- Define ‘Disaster’ and explain why SRH and MISP are important in disasters
- Describe the components of the MISP
- Know where to access key tools and resources to support implementation of SRH in disasters
- Understand the importance of Insitutionalization of MISP
- Establish the need to prevent and manage the consequences of sexual violence during disasters
- Establish mechanisms to reduce HIV/STI transmission during disasters
- Link MISP with reduction of neo-natal and maternal morbidities and mortalities
- Understand the importance of Planning for comprehensive RH services

Upon completion of the training, participants should be able to:
- Advocate for SRH in disasters
- Apply core concepts and techniques provided in the MISP
- Apply coordination skills for the implementation of the MISP
- Produce an action plan to integrate RH into the state and district disaster management and health plans

4.1.4 Introduction to Institutional Mechanisms and Coordination for SRH in Disasters: (Manoj)

The session was facilitated by Mr. Manoj Dash, School of Disaster Management, CUTM, who deliberated on Introduction to Institutional Mechanisms and Coordination for SRH in Disasters. MISP as was explained in the earlier session is all about coordinated efforts of various stakeholders including Government, NGOs, UN Agencies and civil society. During his session he emphasised that working jointly towards a common goal will lead to integration of MISP in the Government Plans, particularly at the State/district level where the impact of disasters is the most.

Session Title

Introduction to Institutional Mechanisms and Coordination for SRH in Disasters.

Content covered
- Coordination mechanism during disasters
- Partners in MISP coordination
- Disaster Management Act & policy
- Legal institutional framework & finance
- Coordination mechanism at National, State and District level
- Initiatives of Government for DRR
- RH Partnership at various levels

Key Proceedings of session:
- Understanding the challenges during disasters
- Understanding the shift of response effort from Relief to Preparedness.
- Identifying the key partners in MISP at State & District level.
- Understanding the coordination structure and mechanism at State and District level.
- Understanding the funding patterns at State & District level.
- Information on the Government institutions & Initiatives.

Key messages of the session
- Coordination is essential mechanism for effective MISP planning & implementation
- RH Coordinators should utilise the existing institutional frameworks and participate in coordination mechanisms for disaster and/or contingency planning at all levels
- SRH: within the Health Department
- SGBV: within the Department of Women and Child
- HIV, Gender, Adolescents and Data: Cross Cutting issues

Key discussion points/questions/ issues/ comments raised by participants:
- GO- NGO Coordination was established by OSDMA for Phailin Response
- What are the coordination mechanisms for various sectors responding to disaster including the CSR activity of Corporate?
- Exploring possibilities of creating partnerships at various levels.
- Financial mechanism for support and establishment of coordination.

**Key Outcomes**

- Identify challenges in Disaster Management
- Be familiar with the institutional mechanisms at centre, State and District Level and the policies for Disaster Management
- Identify actors at national, state and district level in RH
- Identify partnership opportunities for RH implementation
- Outline where RH, SGBV and HIV are addressed within the coordination mechanisms

### 4.1.5 Adult Learning Principles: (Vik)

This session was highly appreciated by the participants wherein they found themselves sharing their views which helped them in understanding behaviour and communications in different scenarios and with different people.

The facilitator started with discussion on how this training is different from different trainings as it provides us information on subject knowledge (MISP for Sexual and Reproductive Health in Disaster) as well as introducing the concept of training of trainers and the importance of acquiring training skills for future trainers.

This was followed by a Group Exercise, on how people learn and acquire skills. During the debriefing session, participants were made to understand the core adult learning principles, difference between education and training and then about different ways of learning. The facilitator also shared about different styles of learning. He shared about the principles of adult learning.

The participants were provided handouts on the Adult Learning Processes to further build discussion on the subject. The need for experimenting with methodologies was encouraged, because our learning styles vary from person to person. There are four learning styles and one is dominant in each one of us. Certain things are methodologies, others are principles and concepts and then there are processes.

Session reflected on principles of learning including trainees needing to know why, what and how to create a learning process. As a trainer we need learn to be engaged and learner-specific. Adults are usually filled with knowledge and experiences that hinder our personal growth and make us biased and its important for trainers to unlearn and then re-learn. He also emphasised on the importance of motivation and planning for adult learners.

After taking a quick feedback from participants on what is learning, he explained that learning is change in knowledge, practice, attitude. Participants were encouraged to talk about a learning experience. They were also briefed about the importance of keeping the last day for the participants to develop better capacity as trainers.
The participants were shared about the Kolb’s experiential learning cycle. The Kolb’s learning style inventory was practiced by all participants to understand their own learning behaviour and needs. The facilitator shared handouts to the participants on learning styles. The session was perceived well by the participants.

The facilitator added to it with the theory of comfort zone and shared that challenging situations also make an individual learn a lot in some cases.

4.1.6 Training methodologies (Sangeeta)

Sangeeta, PHFI, shared the participants that there may be different methodologies to deliver any particular content. The facilitator shared that given the principles of adult learning, training methods play an important role in transferring knowledge and skills and changing attitudes.

Appropriate training methods cut across knowledge, thinking, doing, and feeling. Different training methods may include Demonstration with return demonstration, Talk or presentation, Role-play, Buzz group, Case study, Group discussion, Plenary discussion, Field visit, Brainstorming, Drama etc. Selecting an appropriate training method depends on variety of factors including what are the learning objectives, content of session, participants profile (how many participant, their characteristics, learning style), whether the trainer is comfortable with the method, time availability, cost associated, space and equipment required etc.

The participants were engaged in a game to understand experiential learning method. The session was well received by the participants.

- Learning Objectives/Outcomes:

  By the end of the session, participants will be able to:

  - Enlist the ten commandments of training of trainers
  - Explain the different methods of training
  - Enlist the merits and demerits of different training methods

- Methodology adopted:

  - PowerPoint Presentation
  - Video on “not prepared for the presentation”
  - Participants Interaction
  - Flip Chart

- Key messages of the session

  - Apply always a combination of techniques/methods
  - Active participation of participants should be encouraged as much as possible: participative training
  - Understanding basics and relations of the course subjects are more important than learning facts
  - Select a combination of techniques/methods which is 'suitable' for both trainers as well as participants
4.1.7 Designing trainings : (Vik)

The session started with the facilitator presenting a video, giving details of training delivery through Power-points. The participants were asked to provide their inputs on how they perceived the video. During the de-briefing, the facilitator explained to the participants on how best to use the Power-Points, which included the following points:

- There should not be many bullet points per slide. The bullet points should be clear and visible to the audience.
- The slides should not be text-heavy. The font size should be neither too small nor too big.
- The colour and background needs to be subtle and complementing the font colour.
- No acronyms should be used in the slides.

Similarly the facilitator discussed the following advantages of a Flipchart presentation:

- Bullet Points should be bold and size of Font should be readable by all.
- Blue and Black colour markers can generally be used. Red colour is usually not visible to audience sitting at a distance.
- It is the most powerful medium of training, because a two-way learning is ensured.
- The pages of a flip chart can sometimes be used as a reference tool to put up on the wall, during trainings.

The facilitator also explained the advantages of using other methods of training including Metaclips and Post-its. He also emphasised on preparedness and using all methods properly.

The facilitator also shared that the key learning messages in a particular training could be divided into three sections. One of this is the “must know” part which the participants must know during the course of the session itself. The other is “should know” which the participants may pick up during the session as the facilitator shares about the topic and the discussions proceed. The third one is “could know” which a participant may know by referring to the documents provided of the links, reference sources etc. This was perceived well by most of the participants.

4.1.8 Action Plan Matrix

Mr. Vikrant shared the Preparedness Activities sheet with the participants and introduced the Action Plan Matrix giving in details and specifying its importance in the MISP implementation.

While specifying the aim of the Action Plan, he said that this matrix is an agreement on the roles and responsibilities of each organisation/individual to advance the agenda of SRH in crisis. He suggested the participants to generate new ideas, brainstorm within groups, Buddy and fill the activities covered under different themes at the end of each day.

The participants were given 10 min to fill the Action Plan for topics they had covered over the course of Day 1.

At the end of Day 1, the Group 1 was made to collect feedback from all participants and later gave a feedback to the facilitators on the proceedings of Day 1. Group feedbacks on action plans were collected at the end of the day for compilation and presentation. The detailed summary is provided under section 5.1 of this report.
4.2 Session observations: Day 2

4.2.1 Recap of Day 1: (Group 1)

The recap was provided by Group 1, on the Day 1 proceeding. The group used participatory techniques of disseminating the information on Overview of SRH, Coordination, Action Planning and adult learning. With this they handed over the charge to Group 2 for managing the time, summarizing daily feedback and other responsibilities of Day 2.

4.2.2 Introduction to Gender and SGBV, Sexual Violence- Barriers to Care and Support and Guiding Principles: (Sangeeta)

The session was facilitated by Ms. Sangeeta Tikyani, PHFI, New Delhi, as a MISP Master Trainer, who has facilitated MISP state ToTs in Channi.

Content covered
Introduction and Prevention of Sexual & Gender based violence during disasters

Key Proceedings
- Introduction to Gender issues and SGBV
- Sexual violence: barriers to care and support & guiding principles

Key messages of the session
- Sexual and Gender Based Violence is a violation of human rights
- Gender inequality, abuse of power and disrespect are root causes of SGBV
- A multi-sectoral and coordinated approach to sexual violence is important to prevent and Responding to consequences of sexual violence
- Guiding principles should be observed at all times when responding to sexual violence
- Guiding principles in medical management of rape survivors: safety, confidentiality, respect and non-discrimination
- Provide 24/7, confidential services that include at least - prevention of pregnancy (<5 days), STIs, and HIV transmission (<72 hours)
- Detailed documentation, referral for further crisis intervention
- Ensure staff have treatment protocols, forms, and supplies
- Coordinate confidential referral procedures between health, psychosocial, police, and legal services

Key discussion points/questions/ issues/ comments raised by participants
- The entire context was related to the practical scenario of Phailin response.
- Sexual Violence is a social problem and who is responsible
- Multiple interventions are needed to tackle SGBV
- Multi agency coordination is the most important yet most difficult
- Social change should be motivated to tackle SGBV in all settings

Key Outcomes
Participants are able to:
- Identify the human rights, legal framework and guiding principles for SGBV activities
4.2.3 Medical Services for Rape Survivors: (Sangeeta)

Content covered
Management of Sexual & Gender based violence during disasters

Key Proceedings
- Medical services for rape survivors
- Mental health services for rape and other SGBV affected

Key messages of the session
- Guiding principles should be observed at all times when responding to sexual violence

Key discussion points/questions/issues/comments raised by participants
- Consequences of rape and Role of the Health Sector

Key Outcomes
Participants are able to:
- The team was displayed and understood the essential components of the clinical management for the rape survivors
- Act and steps towards executing appropriate clinical care setup for rape survivors within health care services
- Highlight the current status of various action plans existing in the sector and suggest concrete action points to integrate the MISP into disaster and health preparedness plans

4.2.4 SGBV Group Work Station (Referral Mechanism for Rape survivors and Inter-Agency Coordination: (Heena, Gopal, SK)

The participants were divided into three groups and each group was assigned to a station on the following two thematic topics
- Referral mechanisms for rape survivors
- Inter-agency coordination for SGBV prevention and management of SGBV Victims

A facilitator was assigned to each station to set it up and facilitate it. Participants were given worksheets for the two stations. (Ball of wool, Name Tag Stickers) Through gentle probing and constructive feedback, the facilitators ensured that the group addresses key discussion points. After the exercise one group rotated to the next station.

At the end of the three sessions the participants were brought together in a large group and facilitators took five minutes to de-brief them about each activity. They were also shown a copy of the SGBV SOPs.

Key Outcomes:
- Outline the importance of establishing Inter Agency Standard Operating Procedures for SGBV interventions in disaster settings.
- Use the IASC GBV Matrix as a tool for planning and follow-up.
4.2.5 SRH Supplies and Logistics: (Gopal)

Mr. Gopal delivered the session on SRH Supplies and Logistics.

Content covered

- Familiarity with the contents and supplies of the Inter-Agency RH Kits/RH Kit Booklets
- Methods of assembling the kit.
- Organizing storage and distribution plans
- Adhering to the objectives of MISP package

Key Proceedings

- Introduction of the Interagency working group on RH in Crisis
- Inter Agency RH Kits for disaster situations
- Blood Transfusion facilities.
- Hygiene supplies.
- Dignity kits for disaster situations.
- Local Logistic issues.
- How to make a Distribution Plan
- RH Kits-Who does what?

Key messages of the session

- What are the assessment standards?
- What are the interventions that need to be in place immediately?
- Which kits will needs to be ordered and how many (for three months)?
- Make a distribution plan (consider implementing partners and in-country storage and transport needs)
- How to venture into Partnerships.

Key Outcomes

Participants got sensitised to the following issues

- Familiar with the process of Assessment, especially rapid assessment.
- Clarity on the interventions to be put in place.
- Which RH kit is required for which intervention?
- How to make a distribution Plan?

4.3 Session observations: Day 3

4.3.1 Recap of Day 2: (Group 2)

The recap was provided by Group 2, on the Day 2 proceeding. The group disseminated the information on SGBV & group work station role plays, SRH supplies and logistic management. With this they handed over the charge to Group 3 for managing the time, summarizing daily feedback and other responsibilities of Day 3.

4.3.2 Maternal & Newborn Health: (SK)

The session was taken over by Dr Shripad Kamat, Gynaecologist, Govt. of Goa. He has been facilitating previous MISP ToTs as a Master Trainer to State and National TOT. He has 10 years of
experience and his area of special interest is public health in field of Obstetrics and Community obstetrics

Content covered
- Importance of addressing Maternal and Neonatal Health issues in Disasters
- Monitoring and Evaluation for Quality of Care

Key Proceedings of session
- Understanding the factors which make Maternal and Neonatal population more susceptible in Disasters.
- Causes for the three delays and strategies to reduce the three delays.
- Referral Mechanism : challenges and solutions
- Facilities and services to be provided in BEmONC and CEmONC centres.

Key messages of the session
- Establish referral system
- Supply at referral level (CEmONC)
- Supplies for delivery at health facilities (BEmONC)
- Plan for Ante natal care and post ate care and integrated into PHC as soon as possible
- Provide Clean delivery kits to visibly pregnant women (for home based deliveries in case access to health facility not possible)
- Plan for comprehensive MNH program services

Key discussion points/questions/ issues/ comments raised by participants:
- Safe delivery kits - can be locally compiled and distributed to visible pregnant women
- Dignity kits – culturally suitable

Key Outcomes
Participants are able to
- Advocate for MNH services in disasters
- Identify key components of maternal and new born health services needed in disasters
- Identify strategies for setting up referral mechanisms (transportation, communication and support for referral hospital)

4.3.3 Adolescents Health, Safe Abortions and Family Planning in Disaster Situations: (SK)

The session was delivered by Dr Shripad Kamat, Gynaecologist, Govt. of Goa.

Contents covered:
- Special consideration for Adolescent Reproductive and Sexual health
- Necessity of Breast Feeding in disasters
- Safe Abortion care service provisions in disasters

Key Proceedings of session
- Need to focus and address Adolescents need, Safe Abortion care, Breast feeding.
- Role of TBAs—not for provision of services

Key messages of the session
- Ensure access for young people ie include the needs of adolescent population and provide for safe abortion care facilities.
Key discussion points/questions/ issues/ comments raised by participants:
- Facilities for safe abortion and breast feeding in the multi cyclone shelters.
- Addressing needs of adolescents during emergency

Key Outcomes
- Plan for Comprehensive MNH programmes

4.3.4 Family planning in Disasters: (SK)

Dr. Shripad Kamat delivered an important session on Family Planning in Disasters.

Contents covered:
- Discuss the role of FP in disaster and post- disaster situations
- Understand benefits of FP
- Understand the importance of integrating STI management and FP
- To explain the elements of service delivery, supplies and logistics
- Address FP needs of young people

Key Proceedings of session
- Family Planning Scenario in India
- Benefits of Planning
- MISP RH and comprehensive services regarding Family Planning.
- Group exercise on issues, concerns, community attitudes and patterns of contraceptive use in Family Planning.
- Family Planning is a human right, saves lives of women and children, encourages adoption of safe sexual behavior
- Lack of family planning services in disasters increases risks associated with unwanted pregnancy and unsafe abortions
- Integrate STI Management in FP services.
- Quality of Family Planning Programmes.
- Challenges of Family Planning in India.

Key messages of the session
- Provision of FP services during disasters helps reduce teenage pregnancy and maternal and child mortality as well as unsafe abortions
- Ensure a reliable supply of a variety of contraceptive methods at accessible pockets.
- Ensure variety of FP methods available
- Ensure access for young people/adolescents
- Integrate FP services with PAC, Post natal care and STI management
- Focus on Quality of Care

Key discussion points/questions/ issues/ comments raised by participants:
- To update the action plan to ensure basic FP supplies available for continuing users
- Issues, concerns, community attitudes and patterns of contraceptive use in Family Planning.

Key Outcomes
Participants are able to
- Advocate for FP services in disasters
- Role of Family planning – benefits, addressing needs of young persons, importance of integrating STI management and STI, elements of supply and logistics
4.3.5 MNH Group Work Station: (Sangeeta, Dr. Kamat, Dr. Heena)

The participants were divided into three groups and each group was assigned to a station on the following three thematic topics

- Clean Delivery and immediate Newborn Care
- Post Abortion Care
- Quality of Care in MNH

A facilitator was assigned to each station to set it up and facilitate it. Participants were given worksheets for the three stations. Through gentle probing and constructive feedback, the facilitators ensured that the group addresses key discussion points. After 20 minutes, five minutes were allowed to each group to rotate to the next station. At the end of the three sessions the participants were brought together in a large group and facilitators took five minutes to de-brief them about each activity.

**Key Learning Outcomes:**

- Apply the contents of the clean delivery kit for immediate newborn care.
- Plan the distribution of the delivery kits to disasters.
- Discuss the impact of unsafe Abortion in disaster situations.
- Describe elements of Post-abortion Care (PAC) services.
- List major causes of death and disability in mothers and newborns.
- Discuss the relevance of QOC in preventing the third delay.

4.3.6 Data Monitoring and Evaluation in Disaster: (Vik)

Mr. Vikrant, Sphere India, New Delhi delivered the session on Monitoring and Evaluation.

**Content covered**

- Data and its importance, especially during disaster management planning process
- Identify the sources and types of Data
- Human Right Approaches in Data collection
- Basics of RBM
- Indicators and type of Indicators
- Identify Data needs during different phases of disasters
- Process of Assessment, Monitoring and Evaluation in disasters.

**Key Proceedings**

- What is data?
- What are the sources of data? Which data and source are used for different phases of disaster
- Difference between qualitative and quantitative data
- What is indicator? Why indicators are required and type of indicators
- Group work on Data

**Key messages of the session**

- Data is very important for preparedness of disaster
- Human rights approach in data collection
- Data required for preparedness should be population, age and sex desegregated
- No need for NEEDS ASSESSMENT for MISP
Key discussion points/questions/ issues/ comments raised by participants

- Authentication of Data and their sources?
- Transparency to Data handling in emergencies.
- What are the mechanism to collect data during different phases of disaster
- Request from participants for including standardised formats which can be readily used during disasters.
- Exercises on indicators conducted

Key Outcomes

- Participants got sensitized about need for data and its importance
- Identify sources of Data
- Familiar with the types of Data
- Familiar with Human Right Approaches in Data collection
- Familiar with Indicators and type of Indicators, with specific reference to MISP
- Developed an understanding of identification of data needs during different phases of disasters
- Familiar with the process of Assessment, especially rapid assessment, Monitoring and Evaluation in disasters.

4.4 Session observations: Day 4

4.4.1 Recap of Day 3: (Group 3)

The recap was provided by Group 3, on the Day 3 proceeding. The group used participatory techniques of disseminating the information on MNH, FP & Data monitoring and evaluation. With this they handed over the charge to Group 4 for managing the time, summarizing daily feedback and other responsibilities of Day 4.

4.4.2 Preventing HIV and STI in disasters: (Gopal)

Mr Gopal, IFRC, New Delhi, delivered the Day 3 session on the HIV/STI prevention and Planning for comprehensive STI/HIV programming.

Content covered

- Preventing HIV/AIDS & STIs in Disaster settings
- Risk Factors for STI and HIV transmission in disaster setting
- Describe the link between HIV transmission, STIs and SV
- Explain the importance of ensuring that universal precautions are implemented in all health care settings
- Apply the measures to be taken after an occupational incident
- Identify strategies to ensure access to free condoms in disaster
- Reinforce the rational use of blood and strategies to ensure safe blood transfusion
- Explain the use of the IASC HIV matrix as a coordination tool
- STI and HIV : the link
Key Proceedings of the session

- Interactive discussion on:
  - What are STIs? What are the common STIs?
  - What is HIV? How is it transmitted?
  - Prevalence and consequences of HIV and STIs
  - Methods for risk reduction during crisis
  - Standard precautions
  - Safe blood
  - Use of condoms

Key messages of the session

- SGBV and the transmission of HIV and STIs are linked
- MISP objectives are part of both the IASC HIV- and the IASC GBV guidelines
- All health care settings should apply the full range of universal precautions from the onset of the humanitarian response
- Safe working practice protocols, first aid information for occupational exposure, and PEP should be available to staff working in health care settings
- Condom distribution strategies need to be adapted to the situation in order to make them accessible
- All blood for transfusion must be tested for TTIs

Key Outcomes

By end of the session, participants were able to

- Describe the link between HIV transmission, STIs and SV
- Explain the importance of ensuring that universal precautions are implemented in all health care settings
- Apply the measures to be taken after an occupational incident
- Identify strategies to ensure access to free condoms in emergency
- Reinforce the rational use of blood and strategies to ensure safe blood transfusion
- Explain the use of the IASC HIV matrix as a coordination tool

4.4.3 Planning for Comprehensive STI and HIV Programming: (Gopal)

Content covered:

- Appreciate the public health burden of STIs and the importance of STI prevention and control programmes in post-disaster settings
- Identify the features of the syndromic approach to diagnosis and treatment of STIs
- Describe different strategies for partner management
- Outline the principles of HIV programming in post-disaster settings

Key Proceedings of the session:

- Global Burden of STIs
- How STI is a public health Problem?
- Factors related to spread of STI
- Consequences of STIs
- How can we best diagnose STI?
- Examples of STI syndromes
- How to carry out comprehensive STI case management.
Key messages of the session:

- The syndromic approach is an appropriate way to diagnose and treat STIs in post-disaster settings.
- Syndromic approach algorithms need to be adapted to the country situation.
- Do not forget partner management.
- STI management should be part of a larger public health package and integrated into FP, adolescents and MNH services.
- In acute phase: essential HIV interventions (MISP and IASC guidelines).
- In post-acute phase: services similar to those the host community has (make sure minimum in place).

Key Outcomes:

- Appreciate the public health burden of STIs and importance of STI prevention and control in disaster situations.
- Identify Syndromic approach and importance of partner management and the strategies.

4.4.4 Constructive feedback and evaluation: (Vik)

The facilitator shared tips on constructive feedbacks and how to give and receive feedbacks. The facilitator further added that feedback is one of the most effective ways of learning more about our self. It has been said that the last thing we learn about ourselves is the effect we have on others. The facilitator engaged the participants in practicing it by giving and receiving feedback in peer group. The need and significance of evaluation was discussed and a handout was shared illustrating four levels of evaluation. Different methods of the immediate evaluation as being used in this training were discussed.

4.4.5 HIV/STI Group Work Station: (Hari, Dr. Kamat, Gopal, Sangeeta)

The participants were divided into three groups and each group was assigned to a station on the following three thematic topics:

1. Standard precautions
2. Demonstration of condoms (male/female)
3. STI Syndromic approach

Participants were divided into three groups and each group was rotated after 10 min.

Learning Outcomes:

- Assess the implementation of standard precautions at the service delivery point.
- Explain how access to free condoms can be ensured in disaster setting.
- Calculate condom supplies.
- Describe the importance of adapting the STI syndromic approach to national guidelines.
- At the end of Day 3, Participants were given 10-15 minutes to work on the Action Plan, to fill information against the themes covered during the day.

At the end of the Group work station a film was shown to the participants on Female Condoms.

4.4.6 Introduction to participants led sessions: (Vik)

The participants were provided opportunity to lead sessions and practice the learning from the TOT. The participants designed a day training on MISP and they delivered on the sessions. The one day participants led training design included the following processes.

Two lead facilitators were identified by participant consensus who were given the task of leading the training team in designing a District level sensitization Training program at Beherampur, Ganjam,
Odisha. They were instructed to use the existing MISP Facilitators Manual to design the contents of this training. The norm for the participant led sessions to put the learning into practice was shared with the participants.

The following five broad topics for the MISP Training of Trainers were identified:

- Introduction to MISP, SRH, Coordination mechanism
- Sensitization on SGBV
- Importance of Mother & Newborn care during disaster
- Prevention of STI & HIV
- Supply & logistics management in MISP

The participants were divided into five groups based on their formed in groups of 5 people each and every group had 50 minutes time for their topic. They had to make presentations (5-10 minutes each person) and then a slot of discussion and feedbacks by peer group and facilitators was kept for 15 minutes for each group.

The evaluation was based on:

- Individual performance in the presentation
- Knowledge on subject matter & communication
- Team performance (of session)
- Performance of entire group

For more details on the Session designs in the participant led session refer to Annex E and F.


The session on Action Plan Review was facilitated by Shachi and mentors wherein the participants were briefed about the three levels of submitting the Action Plan

1) On an individual level
2) As a group
3) Commitment from an organisation

This was followed by an open discussion on how each participant, group or organisation intends to carry forward the MISP Mission.

The representatives from the department of Health & Family welfare, govt. of Odisha, stated that the MISP will be included as a component for the year calander of 2014. They also expressed interest in developing a manual for MISP into Odiy language.

Representatives from OSDMA also committed to take up few training programmes inhouse and also to take up in Government training calender. They also expressed their interest in Advocating for Contingency Planning and need for Pre positioning of supplies and kits.

Sphere India, proposed sensitisation of 12 districts, on MISP implementation, Advocacy with OSDMA, Integration of SRH into existing Disaster Management Plans, Coordinating trainings on MISP in disaster-prone States, as part of the MISP activities in the Action Plan.
Other individual participants also shared their Plans. Few participants were interested in helping out with the process documentation of the MISP, Revision of Manual and Packaging. It was also expressed to include the MISP package in the dignity / family kit for emergency support to victims.

**ACTION PLAN HIGHLIGHTS:**

- Capacity building of field level workers and volunteers on MISP.
- MISP approach with Community Disaster preparedness
- Ensuring prevention and response is in place to protect affected persons from sexual violence in post disaster situations.
- Developing SOPs for different stakeholders including health care providers, police, local bodies, civil society, public, community, adolescents, pregnant women etc. within six months by conducting awareness workshops.
- Advocacy at different levels with policy makers, PRI members.
- Provision of emergency care to the victims of GBV during disasters.
- Counseling and providing support to rape survivors.
- Sensitizing programme for adolescent women to prevent sexual violence.
- Selection of SRH cadres and imparting training programme to them at the community-level.
- Rational distribution of food, RH Kits and other minimum needs at the time of disaster.
- Training of NGOs, task force members on MISP/SRH at district-level.
- Orientation to district health administration, WCD, PRI, RD, HRD, Revenue Dept., schools etc.
- Capacity building of SDMA/DDMA and other stakeholders for MISP.
- Build capacity of the grass root level health personnel on safe delivery in disaster situation.
- Making situation analysis and Rapid assessment during disasters.
- Preparation of distribution plan with MISP as a component.

**4.5 Session observations: Day 5**

**4.5.1 Recap of Day 4: (Group 4)**

The recap was provided by Group 4, on the Day 4 proceeding. The group used participatory techniques of disseminating the information on Planning for Comprehensive STI and HIV Programming and Group works. With this they handed over the charge to Group 5 for managing the time, summarizing daily feedback and other responsibilities of Day 5.

**4.5.2 Participant led Group 1,2,3,4 & 5:**

For details on the session delivery of each group please refer to the Annex E & F.
5 Training Evaluations

5.1 Training evaluation

All the participants expressed the interest to use the training process forward to strengthen their programs and take MISP work forward in their respective organizations. During the preparation time it was decided to evaluate the training at different levels to demonstrate different evaluation methodologies and the complete evaluation process to the participants.

Accordingly, the daily participant feedback and facilitation team reviews were conducted every day. The reaction level evaluation of the training was performed after the training.

From both the anecdotal feedback and the participant feedbacks collected at the end of every day and post training evaluation by the participants, organising committee and training team, the MISP State ToT seems to have met the training objectives and in many cases surpassed expectations. The summary of learning from participant daily feedback and facilitation team review process and the post training participant evaluation is discussed below:

5.1.1 Summary of participants’ daily feedbacks

The daily feedbacks were collected from participants through the training management teams (Group 1-5) which were formulated on the first day of the training with an aim to progressively improve the quality of training delivery. Efforts were made by the facilitators to incorporate the feedbacks in the forthcoming sessions while certain others were recorded for reporting and better planning of future TOTs. Below are some of the points recorded from the daily feedbacks of the participants:

- Sessions are informative and well translated.
- Facilitators tried to reach out to each participant.
- Training arrangement and Logistics are very good and beyond expectation.
- Energizers to be introduced at regular intervals.
- Information about MISP was new and interesting and at the same time adaptable.
- Lecture method was fast with text-heavy slides.
- More time should be allotted to Group work exercises.
- Lighting of the room was a bit disturbing. Responding to the suggestion additional lights were arranged in the training hall.
- Both Hindi and English languages should be adopted in all sessions.
- Resource person from SDMA should be involved in the institutional mechanism session.
- Some changes in the sitting arrangement were suggested which was put into place.
- Exercise on Coordination Meeting by collector on flood disaster at Barmer was the best learning experience.
- Conceptualization of SOP on barriers to rape survivor exercise was thought-provoking.
- Most of the participants turn up late in the morning which results in sessions running till late in the evening. Participants should be punctual to avoid this inconvenience.
- Single trainer monotony needs to be broken from time to time.
Monitoring and Evaluation session could have been taken post lunch. It was done in haste.

Back to back sessions become too exhaustive. There should be mini-breaks in between sessions.

Session on data management was very lengthy.

The participants should be provided handouts for each presentation. Since they were to receive the MISP Manual on the Day 4, the facilitators agreed to share the soft copies of each days session to interested participants.

There were many things to learn from designing the adult training program. This State TOT for MISP will be a quality indicator for further training programs.

One day training timings may be restricted to 8 hours with breaks.

Accommodation for all the participants should not be compulsory.

Lot of emphasis was given on learning process and timings for sessions.

Slides of presentations may be simplified for few topics.

Over whelming response to Social night and was praised by the participants.

Logistic arrangements were satisfactory except the training hall light arrangements.

Participants were happy because all participants got chance to interact & lead sessions.

### 5.1.2 Summary of participants’ Session Feedback

#### 1. MISP Overview and Coordination:
- Clarity on the need of MISP.
- Clarity on the disaster cycle especially the mitigation and preparedness.
- All the videos are very interesting and useful.
- Building capacity of different stakeholders from top to bottom by coordinating with all line departments to address SRH in disasters has been a take home lesson.

#### 2. Sexual and Gender-based Violence:
- Group presentation is highly appreciated.
- Rope game exercise was very good.
- Rope game exercise was excellent and learning friendly.
- Most of the participants were proactively involved in the session.
- Establishing SGBV Guidelines is a challenge which needs to be addressed.
- All human beings have equal rights and dignity was a key lesson from this session.
- Learnt about guiding principles of SGBV.
- Inter agency Coordination for SGBV was a key learning.

#### 3. Maternal and Newborn Health:
- Hands on demonstration in group work.
- Session was quite informative.
- Enhanced understanding of the maternal and newborn health.
- To relieve the monotony some group sessions could have been taken in the lawn.
- It was very technical but very comprehensive.
- Learnt the basic components of a clean delivery kit.

#### 4. HIV and STI:
- ICE material was highly informative and much appreciated.
- Demonstrative group work very interesting and educative.
- Medical terminology was a bit difficult to understand.
- Excellent session.
- Standard precautions and the syndromic management was a learning.
- Innovative session.
5. SRH Supplies and Logistics:
- Coordination at different levels in a systematic way.
- Clarity on how to assemble RH kits locally, proper storage system and distribution plan.
- Knowledge of RH Kits used during disasters.

6. Data, Monitoring and Evaluation:
- Taking the help from this session we can be able to advocate for the implementation of MISP.
- Session needs some practical demonstration for more understanding.
- Group exercises can be introduced in this session.
- Learnt about RH Kits, and their distribution in standard population.

7. Action Planning:
- Quite interactive, extensive and learner friendly.
- There is a need to roll out the Action Plans in the field.
- Translation of module in Oriya language.

8. Training Design/Methodology:
- Manual should be in Oriya.
- Ten commandments of training very beneficial.
- Video clipping was good.
- Need a detailed understanding on the training methodologies.
- Developed an understanding of the principles of Adult Learning.

9. Participant-led Sessions:
- Innovative, interactive and learning session.
- More time could have been alloted for preparation.
- Enhanced understanding and challenges on how to become a good trainer.
- Nice way of reviewing the learnings of participants.
- Emphasis should be on quality of delivery rather than the content alone.

5.2 Summary of Facilitator’s daily and end of training review process

The facilitator team and the organising committee overall felt very happy with the outcome of the training, the achievement of the training objectives and the expectations. The spirit of the learning group was positive and a strong commitment was evident in their forward plans to implement MISP within their organisations and as inter agency efforts. Overall the facilitation was very effective and there was a lot of learning noted by each facilitator for future trainings. Some of the observations were:

- Some participants expressed that this was one of the best trainings of their life.
- The participant selection criteria for the TOT were very appropriate and were strictly adhered to.
- A refresher course in Integrating SRH at the district level will be helpful in taking back the learning to the districts.
- Translation of the MISP Manual in ODIA language came as a recommendation.
- Daily facilitator planning and de-briefing strengthened the process.
- The lead trainer should examine the readiness and preparedness of the trainers for their sessions well in advance to avoid changes and last minute anxieties.
- Follow-up of training needs to be done with the participants and respective organizations.
5.3 Summary of participant’s evaluation at the end of the training

5.3.1 Logistic/Admin:

The summary of consolidated feedback collected through the standard evaluation form of MISP manual which was designed by the organising committee based on certain logistic and administrative parameters is given below.

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5.3.2 Relevance of MISP training:

87.5% participants said that the training was relevant to their work and were optimistic in advocating and Integrating MISP into Disaster Preparedness and Contingency Planning.
5.3.3 Most Beneficial Sessions:

On being asked which three sessions were the most beneficial, preference for SGBV, MNH & HIV/STI in disasters

![Bar chart showing preferences for different sessions](chart1.png)

5.3.4 Least Beneficial Sessions:

On being asked which three sessions were the least beneficial, 8 participants named Monitoring & Evaluation and Data and 4 participants named Data, SGBV and M&E

![Bar chart showing least beneficial sessions](chart2.png)
5.3.5 Evaluating the Trainers:

An evaluation of the trainers was done based on scales from 1-4 (1 is unsatisfactory and 4 is excellent). Sangeeta, Shachi & Vikrant received the highest scores while others also followed.

5.3.6 Comfort in delivering MISP Training:

A very important feedback was taken to evaluate participants interest, knowledge, aptitude and comfort in delivering trainings as a Master Trainer in future trainings in specific MISP Topics. It was observed that most of the participants were interested in taking up topics like Family Planning, Overview of SRH, Intro to MISP, Adult Learning principles and MNH. The detailed findings are as follows.
6.1 Summary of observations/key recommendations for MISP implementation and future ToTs:

6.1.1. Summary of observations:

- The Animation Film on MISP and the Testimonies from Bihar on need for SRH implementation were used and worked well. Trainers felt optimistic of making optimal use of this resource in the future MISP trainings. Films may be developed in local languages.
- The structure of the presentations needs some simplification. The standard slides of the MISP Manual should not be overloaded with information. This becomes difficult for non-technical humanitarian workers, to understand and keep pace with the technical jargons and acronyms which are used. Instead trainers should come out with their own illustrious and creative training techniques to deliver maximum information for future trainings.
- According to the inputs received by some participants during the course of the training, it was felt that some information largely pertaining to the data management (which is the backbone of any operation) needs to be more systematic and exhaustive.

Key Recommendations

- After receiving individual and collective responses of the participants on each session, it was observed that the MISP Manual may require a revision (after a year) to incorporate certain changes vis à vis statistical data etc.
- Many participants have expressed the need for a refresher course after 3 months, with more focus on the participant-led sessions.
- Translation of the MISP Manual in local languages for future State and District-level ToTs also came as one of the recommendations from the participants.

6.1.2 Follow-up actions:

- Advocacy at all levels for MISP in disasters and also advocacy to the Task Forces being developed under Community Managed DRR with Phailin response activities.
- State health disaster document of 2 pages hosted in the departmental web portal, will be updated with MISP information.
- Inclusion of MISP introduction in state health Joint review meeting.
- Inbuilt of MISP as a component into the training schedule of the Health Training institute.
- Creating of cadre of trained advocates at State and District level to implement MISP during disasters.
- MISP sensitization training programmes will be taken up in ODRAF.
- Joint meeting of Health & Disaster Management to place MISP in disaster & SOP.
- District level MISP sensitization meetings by the officers from the CDMO offices.
- Integration of SRH and MISP into state and district disaster management and health plans.
- Coordination mechanisms to be established to implement MISP by analyzing the Action Plan of different Agencies/individuals.
- Undertake sensitization/capacity building programmes in the areas of operations on the need for inclusion of MISP issues in all phase of disaster.
- Creation of cadre of trained health and disaster management people for further creating awareness on the issue of MISP.
- State government should make use of the trainers and create more master trainers.
- Action Plans to be submitted by all participants by the 25th Dec 2013 in Soft copy. (For details on the submission status of the Action Plan, please find attached Annex G).
## 7. Annexes

### Annex A:

**List of participants**

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Photo</th>
<th>Name</th>
<th>Designation</th>
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<th>E-mail Id</th>
<th>Contact No</th>
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<tr>
<td>1</td>
<td><img src="image" alt="Dr Kaushik Mishra" /></td>
<td>Dr Kaushik Mishra</td>
<td>Associate Prof.</td>
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<td>94372 28312</td>
</tr>
<tr>
<td>2</td>
<td><img src="image" alt="Dr. Indira Rath" /></td>
<td>Dr. Indira Rath</td>
<td>Dy. Director, Immunization,</td>
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<td>94399 91195</td>
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<tr>
<td>3</td>
<td><img src="image" alt="Dr. Pramila Baral" /></td>
<td>Dr. Pramila Baral</td>
<td>Dy. Director, IDSP,</td>
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<tr>
<td>4</td>
<td><img src="image" alt="Dr. S.K. Swain" /></td>
<td>Dr. S.K. Swain</td>
<td>Dy. Director, HIV, AIDS,</td>
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<td>87631 18786</td>
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<tr>
<td>5</td>
<td><img src="image" alt="Dr. Paresh Mishra" /></td>
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<td>96928 87109</td>
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<td><img src="image" alt="Dr. M.B. Baig" /></td>
<td>Dr. M.B. Baig</td>
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<td>94399 96304</td>
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<td>7</td>
<td><img src="image" alt="Rudra Prasad Pradhan" /></td>
<td>Rudra Prasad Pradhan</td>
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<td><img src="image" alt="Satyasikha Swain" /></td>
<td>Satyasikha Swain</td>
<td>Project Coordinator,</td>
<td>Vishwa jeevan Seva Sangha</td>
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<td>suhail mohammad ali</td>
<td>Program Officer</td>
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<td>VIM-789, Bhubaneswar-751021 <a href="mailto:suhailmdali@gmail.com">suhailmdali@gmail.com</a></td>
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<td>1</td>
<td>Laxmikant Paikray</td>
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<td>11</td>
<td>Dr. Rajani Ranjan Mishra</td>
<td>State Trainer</td>
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<td>12</td>
<td>Jaya Krushna sahu</td>
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<td>13</td>
<td>Sachitanda Pati</td>
<td>Field Response Coordinator</td>
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<td>Plot No: 1116/1631 (19A), Bisudhananda Nagar, Sampur, Near SUM Hospital, Ghatikia, Bhubaneswar sachidanandapa <a href="mailto:ti@gmail.com">ti@gmail.com</a>, <a href="mailto:spati@hi-india.org">spati@hi-india.org</a></td>
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<tr>
<td>14</td>
<td>Tanmay Kumar Satapathy</td>
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<td>15</td>
<td>Saswati Nayak Mohapatra</td>
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<td>Plot No. 10, Rajarani Colony, Tankapani Road, Bhubaneswar 14 <a href="mailto:smohapatra@india.childfund.org">smohapatra@india.childfund.org</a></td>
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Page 41 of 58
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<td>2</td>
<td>Banita Dixit</td>
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<td>6</td>
<td>Jyotshna Sahu</td>
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<td>7</td>
<td>Biranchi Nayak</td>
<td>Manager- Public Relation</td>
<td>SWARNA HOSPITAL PVT LTD., Bhubaneswar</td>
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<td>8</td>
<td>Dillip Kumar Mishra</td>
<td>State Master Trainer</td>
<td>State Institute for Rural Development</td>
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<tr>
<td>24</td>
<td>Maheekshi ta Mishra</td>
<td>Secretary</td>
<td>Net Cost Puri, Odisha</td>
<td><a href="mailto:payalmishra@gmail.com">payalmishra@gmail.com</a></td>
<td>94382 38198</td>
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<tr>
<td>25</td>
<td>P Thangaperumal</td>
<td>Program Manager</td>
<td>Terre Des Hommes Ganjam, Odisha</td>
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<td>96325 12200, 91640 50000</td>
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<tr>
<td></td>
<td>Benudhar Mohapatra</td>
<td>Master trainer</td>
<td>Kalinga Institute of Social Science At-Maitri Bihar, Goda Dharmasagar, Khasmahal, Ramchandra pur Bazar P-O-Jatni Dist-KHurdha, Pin-752050</td>
<td><a href="mailto:benumohapatra1972@gmail.com">benumohapatra1972@gmail.com</a></td>
<td>94377 57433</td>
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<td>26</td>
<td>Prashant Kumar Nayak</td>
<td>Asst. Commandant of Police</td>
<td>Orissa State Disaster Management Authority OSDMA, Rajeev Bhavan, Bhubaneswar</td>
<td><a href="mailto:nayak.prashant5@gmail.com">nayak.prashant5@gmail.com</a></td>
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### AGENDA MISP TOT BHUBANESHWAR

#### Day 1 Morning-MISP Overview and Coordination

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<td>9:30-10:15</td>
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<td>Vikrant, Gopal, Manoj</td>
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<td>Gopal</td>
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<td>Advocacy on MISP – Films</td>
<td>Gopal</td>
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<td>11:00-12:30</td>
<td>Overview of SRH interventions in Disasters and Introduction to MISP</td>
<td>Vikrant</td>
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<tr>
<td>12:30-13:00</td>
<td>Introduction to Institutional Mechanisms and Coordination for SRH in Disasters</td>
<td>Manoj</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>

#### Day 1 Afternoon- Adult Learning, Training Methods

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-15:00</td>
<td>Adult Learning Principles</td>
<td>Vikrant</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:30-16:30</td>
<td>Training Methods</td>
<td>Sangeeta</td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Designing Trainings</td>
<td>Vikrant</td>
</tr>
<tr>
<td>17:00-17:30</td>
<td>Action Plan Review</td>
<td>Training team</td>
</tr>
<tr>
<td>17:30-18:00</td>
<td>Briefing meeting of Trainers</td>
<td></td>
</tr>
</tbody>
</table>
### Day 2 Morning - Sexual and Gender-based Violence (SGBV)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:30</td>
<td>Recap of Day 1</td>
<td></td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>Introduction to Gender and SGBV:</td>
<td>Sangeeta</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>10:45-12:00</td>
<td>Sexual Violence: Barriers to Care and Support and Guiding Principles</td>
<td>Sangeeta</td>
</tr>
<tr>
<td>12:00-13:15</td>
<td>Medical Services for Rape Survivors</td>
<td>Sangeeta</td>
</tr>
<tr>
<td>13:15-14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>

### Day 2 Afternoon - Sexual and Gender-based Violence (SGBV)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-15:30</td>
<td>Group Work:</td>
<td>Sangeeta and training team</td>
</tr>
<tr>
<td></td>
<td>1: Referral Mechanism for Rape Survivors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: Inter-Agency Coordination for SGBV</td>
<td></td>
</tr>
<tr>
<td>15:30-15:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:45-17:15</td>
<td>SRH Supplies and Logistics</td>
<td>Training team</td>
</tr>
<tr>
<td>17:15-17:30</td>
<td>Action Plan Review</td>
<td></td>
</tr>
<tr>
<td>17:30-18:00</td>
<td>Briefing meeting of Trainers</td>
<td></td>
</tr>
</tbody>
</table>

### Day 3 Morning - Maternal and Newborn Health (MNH)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:30</td>
<td>Recap of Day 2</td>
<td></td>
</tr>
<tr>
<td>9:30-10:45</td>
<td>Maternal and Newborn Health in Disasters and Post-Disaster Situations</td>
<td>Dr.Kamat</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>11:00-12:15</td>
<td>Adolescence Reproductive and Sexual Health, Safe Abortion Care, Breastfeeding and Comprehensive Care</td>
<td>Dr.Kamat</td>
</tr>
<tr>
<td>12:15-13:15</td>
<td>Family Planning in Disasters</td>
<td>Dr.Kamat</td>
</tr>
<tr>
<td>13:15-14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>
### Day 3 Afternoon - Maternal and Newborn Health (MNH)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-15:30</td>
<td>Group Work:</td>
<td>Dr. Kamat and training team</td>
</tr>
<tr>
<td></td>
<td>1: Clean Delivery and Immediate Newborn Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: Post Abortion Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3: Quality of Care in MNH</td>
<td></td>
</tr>
<tr>
<td>15:30-15:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:45-17:00</td>
<td>Data, Monitoring and Evaluation</td>
<td></td>
</tr>
<tr>
<td>17:00-17:15</td>
<td>Action Plan Review</td>
<td>Training team</td>
</tr>
</tbody>
</table>

### Day 4 Morning - HIV/STI

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:30</td>
<td>Recap of Day 3</td>
<td></td>
</tr>
<tr>
<td>9:30-10:45</td>
<td>Preventing HIV/STIs in Disasters</td>
<td>Gopal</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Planning for Comprehensive STI and HIV Programming</td>
<td>Gopal</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>Constructive feedback</td>
<td>Vikrant</td>
</tr>
<tr>
<td>13:00-13:45</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>

### Day 4 Afternoon - HIV/STI

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:45-15:15</td>
<td>Group Work:</td>
<td>Gopal and training team</td>
</tr>
<tr>
<td></td>
<td>1: Standard Precautions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2: Condoms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3: STI Syndromic Approach</td>
<td></td>
</tr>
<tr>
<td>15:15-15:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:30-16:30</td>
<td>Intro to participant led sessions</td>
<td>Vikrant</td>
</tr>
<tr>
<td>16:30-17:45</td>
<td>Participant led Group 1</td>
<td></td>
</tr>
<tr>
<td>17:45-18:30</td>
<td>Briefing meeting of Trainers</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Facilitators</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>9:00-10:00</td>
<td>Participant led Group 2</td>
<td></td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Participant led Group 3</td>
<td></td>
</tr>
<tr>
<td>11:00-11:15</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>11:15-12:15</td>
<td>Participant led Group 4</td>
<td></td>
</tr>
<tr>
<td>12:15-13:15</td>
<td>Participant led Group 5</td>
<td></td>
</tr>
<tr>
<td>13:15-13:45</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>

**Day 5 Afternoon-Review and Evaluation**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00 – 15:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>15:15-16:45</td>
<td>Closing Distribution of Certificates</td>
<td>Shachi/Vikrant</td>
</tr>
<tr>
<td>16:45-17:00</td>
<td>Tea Break</td>
<td></td>
</tr>
</tbody>
</table>
### Annex C:

**Expectation Index:**

- Total no. of participants: 25
- No. of participants submitted expectations card: 23
- Two participants joined late

**Major areas of expectations**

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Area of expectation</th>
<th>No. of expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knowledge on MISP</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>RCH/SRH service provision</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Data Use in Disaster</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Skills as trainer</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>To handle women and child issues</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Improve communication skills</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Better handling of Disasters</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

**Percentage of participants expectations**

- Knowledge on MISP: 11%
- RCH/SRH service provision: 32%
- Data Use in Disaster: 4%
- Skills as trainer: 8%
- To handle women and child issues: 16%
- Improve communication skills: 0%
- Other: 4%
Detailed expectations from MISP State TOT

- To know more about MISP & to learn about the basic services of MCH/SRH issues during emergency situation.
- MISP and it’s way forward in the context of Odisha State and districts.
- To understand MISP for sexual and reproductive health in context of its linkage with human rights issues in the context of disasters.
- Different key players & stakeholders responsible for implementation of MISP
- Knowledge to handle women issues during/post emergencies.
- Knowledge to become an efficient trainer and Training skills for further MISP training.
- Preparedness at individual and community level to ensure basic health care especially maternal and child healthcare.
- How can we engage various local stakeholders in the MISP Program?
- How to address MCH services during disasters.
- Preparedness at individual and community level to ensure basic health care specially maternal and child healthcare & Management of Disasters
- Through this training we hope to train maximum people in the community vis a vis maternal and child health care services
- Knowledge to improve capacity to deal with disasters
- Role of clinicians, non-clinicians during disasters.
- Planning and Implementation of MISP at State and District-level
- Skill of effective communication during Disasters for Reduce health hazards during disasters
- Skills to provide basic health care services & SRH needs in Disasters
- Knowledge to access Health Management Information System during Disaster
- Developing skills to become an effective & knowledgeable trainer
- Knowledge to improve capacity to deal with disasters
- Knowledge to handle emergencies for women in various phases of disaster.
- Others
Annex D

Pre and Post Test Evaluation

Pre Test Evaluation

PRE-TEST BHUBANESHWAR - PARTICIPANT

![Graph showing pre-test participant marks distribution]

PRE-TEST BHUBANESHWAR - QUESTION

![Graph showing pre-test question marks distribution]
Post test Evaluation

PRE TEST AVERAGE - BHUBANESHWAR

Post - Test Bhubaneshwar

[Bar charts showing post-test scores for participants P1 to P25]
Pre and Post Test Average

Average

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>70%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre Test: 46%
Post Test: 64%
Annex E: Revised training schedule (Participants led sessions):

Day 5 was kept exclusively for the participant led sessions in the State TOT. The following steps were taken for planning these sessions.

Two individuals (amongst the participants) were identified and advised to act as lead trainers to deliver a district level training of various line department on MISP at Phailin affected district Ganjam, Odisha.

Dr. Parmila and Mr. Thangam (identified as lead trainers) evolved a consensus between participants on the identification of broad topics for the training and through a small exercise of giving choices, ensured comfort-level of every participant on establishing training tools/techniques on different themes of the training topics. This exercise helped in sifting of topics/groups.

A broad Training Schedule was shared with the participants and each group was made to Plan and share their respective Session Details along with the session objectives and training tools/techniques to be adopted by each group.

One Day Sensitization on MISP to District Level Officials on "Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Disasters"
Chattrapur, Ganjam, Odisha on 13th Dec 2013

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Members</th>
<th>Team leader</th>
<th>No</th>
<th>Person</th>
<th>Sub-topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to MISP, SRH, Coordination mechanism</td>
<td>4</td>
<td>Rupali</td>
<td>1</td>
<td>Mr. Thangam</td>
<td>Welcome the participants &amp; opening remarks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>Mr. L.K. Paikray</td>
<td>Definition of disaster &amp; SRH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Mr. Manas</td>
<td>Introduction to MISP &amp; its importance in disasters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>Ms. Rupali</td>
<td>Institutions &amp; coordination mechanisms</td>
</tr>
<tr>
<td>2</td>
<td>Sensitisation on SGBV</td>
<td>7</td>
<td>Rudra Pradan</td>
<td>1</td>
<td>Mr. Rudara Pradan</td>
<td>Introduction to gender and sex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>Ms. Jyotsna</td>
<td>Gender Based Violence and types of violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Ms. Banita, Ms. Bismita, Ms. Satyasika,</td>
<td>What is rape? Medical &amp; legal services to rape victims</td>
</tr>
</tbody>
</table>
### Tea break

<table>
<thead>
<tr>
<th>3</th>
<th>Importance of Mother &amp; Newborn care during disaster</th>
<th>5</th>
<th>Dr. Kausik Mishra</th>
<th>Introduction to MNH in disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Dr. Indira Rath</td>
<td>Reduce delay to prevent maternal deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dr. Prameela Baral</td>
<td>Adolescent health in disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dr. Rajani Mishra</td>
<td>Safe abortion care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ms. Mahikitha</td>
<td>Coordination in MNH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Prevention of STI &amp; HIV</th>
<th>5</th>
<th>Dr. S. Swain</th>
<th>Link between HIV/STI, Sexual violence in disaster settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Ms. Saswati</td>
<td>Effective implementation &amp; maintenance of standard precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Mr. Suhail</td>
<td>Access to free condoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ms. Inaki</td>
<td>Safe blood transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dr. Paresh</td>
<td>Syndromic STI management</td>
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<td></td>
</tr>
</tbody>
</table>

### Lunch break

<table>
<thead>
<tr>
<th>5</th>
<th>Supply &amp; logistics management in MISP &amp; Feedback on session</th>
<th>5</th>
<th>Dr. Baig</th>
<th>Introduction to SRH logistics and data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Mr. Jayakrishna</td>
<td>Content and supplies of RH kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Mr. Piranchi</td>
<td>Distribution plan &amp; transportation of RH supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mr. Tanmay kumar</td>
<td>Data management &amp; it's importance in disaster</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Training Team:
1) Total 5 groups and each group lead by National MISP Trainer as mentors, will deliver one day sensitization programme.
2) Each group will get 50 minutes for the session i.e. 35 minutes for session and 15 minutes for the feedback from the juries.

1. **Group 1: Introduction to MISP in disasters:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Introduction to MISP in disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Objectives</strong></td>
<td>At the end of the session participants will be able to: Define disaster, SRH, MISP and explain need of MISP in disaster</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>LCD, Markers, Flip Charts</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Ice breaker, PowerPoint Presentation, , Group activity and interaction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Thangam</td>
<td>Learning objectives and define disasters.</td>
</tr>
<tr>
<td>Mr. L.K. Paikray</td>
<td>Definitions of Disaster &amp; SRH</td>
</tr>
<tr>
<td>Mr. Manas</td>
<td>Introduction to MISP &amp; its importance in disasters</td>
</tr>
<tr>
<td>Ms. Rupali Kar</td>
<td>Institutions &amp; coordination mechanisms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
</tr>
<tr>
<td>5 minutes</td>
</tr>
<tr>
<td>10 minutes</td>
</tr>
<tr>
<td>10 minutes</td>
</tr>
</tbody>
</table>

**Key learning messages:**
- Understanding the components and need of MISP in Disaster
- Sensitized on the Institutions & coordination mechanisms for MISP in Disaster.
- Applying core concepts and techniques provided in the MISP

2. **Group 2: Sensitization on SGBV:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Sensitization on SGBV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Objectives</strong></td>
<td>At the end of the session participants will be able to: Understand Gender and sex, Gender based violence &amp; What is rape? Medical &amp; legal services to rape victims</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>LCD, Markers, Flip Charts, VIPP cards, Stickers and post aids</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Power point presentation, discussion, group work and open session</td>
</tr>
</tbody>
</table>


### Session Distribution with time

<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Rudara pradan</td>
<td>Introduction to gender and sex</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Ms. Jyotsna</td>
<td>Gender Based Violence and types of violence</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Ms. Banita, Ms. Bismita, Ms. Satyasika, Mr. Dilip &amp; Mr. Benudhar</td>
<td>What is rape? Medical &amp; legal services to rape victims</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

#### Key learning messages:
- Getting familiar with the Gender and Sex terms
- Different types of Gender based violence
- Understanding the Rap, legal and medical service to rape victims.
- Empathy and respect and treating all humans with dignity

### 3. Group 3: Importance of Mother & Newborn care during disaster:

#### Session Plan and Design:

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Importance of Mother &amp; Newborn care during disaster</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Objectives</strong></td>
<td>At the end of the session participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>Learn the importance of MNH coordination and its remedies during disasters. Adolescent health and methods for safe abortion &amp; prevent maternal health.</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>LCD, Markers, Flip Charts, VIPP cards</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Lecture method, Power Point, Role Play and Demonstration</td>
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<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
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<tbody>
<tr>
<td>Dr. Kausik Mishra</td>
<td>Introduction to MNH in disasters</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Dr. Indira Rath</td>
<td>Reduce delay to prevent maternal deaths</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Dr. Prameela Baral</td>
<td>Adolescent health in disaster</td>
<td>8 minutes</td>
</tr>
<tr>
<td>Dr. Rajani Mishra</td>
<td>Safe abortion care</td>
<td>7 minutes</td>
</tr>
<tr>
<td>Ms. Mahikitha</td>
<td>Coordination in MNH</td>
<td>5 minutes</td>
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</tbody>
</table>

#### Key learning messages:
- The importance of MNH in disaster
- Adolescent health, methods for safe abortion & preventive measures to maternal health.
4. **Group 4: Prevention of STI & HIV:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Prevention of STI &amp; HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Objectives</strong></td>
<td>At the end of the session participants will be able to: Know the link between HIV and STI in disasters. Effective implementation &amp; maintenance of SOPs &amp; Syndromic STI management</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>Markers, Flip Charts, Handouts, white board</td>
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<tr>
<td><strong>Methodology</strong></td>
<td>Power Point, Group activity and interaction, Audio, Handouts, whiteboard</td>
</tr>
<tr>
<td><strong>Session Distribution with time</strong></td>
<td>Name of Facilitator</td>
</tr>
<tr>
<td></td>
<td>Dr. Sushant Swain</td>
</tr>
<tr>
<td></td>
<td>Ms. Saswati</td>
</tr>
<tr>
<td></td>
<td>Mr. Suhail</td>
</tr>
<tr>
<td></td>
<td>Ms. Inaki</td>
</tr>
<tr>
<td></td>
<td>Dr. Paresh</td>
</tr>
</tbody>
</table>

**Key learning messages:**
- Understanding the link between HIV and STI in disasters.
- Effective implementation & maintenance of SOPs.
- Syndromic STI management & Safe blood transfusion.

5. **Group 5: Supply & logistics management in MISP:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Supply &amp; logistics management in MISP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session Objectives</strong></td>
<td>At the end of the session participants will be able to: State the importance of Supply &amp; logistics for MISP Design logistic management plan for MISP</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>LCD, Markers, Flip Charts, White Board</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>PowerPoint Presentation, Group activity and interaction</td>
</tr>
<tr>
<td><strong>Session Distribution with time</strong></td>
<td>Name of Facilitator</td>
</tr>
<tr>
<td></td>
<td>Dr. Baig</td>
</tr>
<tr>
<td></td>
<td>Mr. Jayakrishna</td>
</tr>
<tr>
<td></td>
<td>Mr. Biranchi</td>
</tr>
<tr>
<td></td>
<td>Mr. Tanmay kumar</td>
</tr>
</tbody>
</table>

**Key learning messages:**
- Importance of Supply & logistics for MISP
- Design logistic management plan for MISP
Annex G:

Submission details of Action Planning Matrix for implementing and Integrating MISP in State and District Disaster Preparedness and Health Plans.

26 participants have shared their individual/collective MISP Action Plan for Disaster Preparedness and Contingency Planning. The detailed matrix of each participant is attached in Annexure.....

<table>
<thead>
<tr>
<th>S.no</th>
<th>Name of Participants</th>
<th>Organisation</th>
<th>Status of Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr Kaushik Mishra</td>
<td>Associate Prof. RHTC, Jagatsinghpur</td>
<td>Submitted</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Indira Rath</td>
<td>Dy. Director, Immunization, O/o. DFW, Odisha</td>
<td>Submitted</td>
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<tr>
<td>3</td>
<td>Dr. Pramila Baral</td>
<td>Dy. Director, IDSP, O/o. DPH, Odisha</td>
<td>Submitted</td>
</tr>
<tr>
<td>4</td>
<td>Dr. S.K. Swain</td>
<td>Dy. Director, HIV, AIDS, O/o. PD, OSACS</td>
<td>Submitted</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Paresh Mishra</td>
<td>DTO, Nayagarh, O/o. CDMO, Nayagarh</td>
<td>Submitted</td>
</tr>
<tr>
<td>6</td>
<td>Dr. M.B. Baig</td>
<td>DTO, Kendrapara, O/o. CDMO, Kendrapara</td>
<td>Submitted</td>
</tr>
<tr>
<td>7</td>
<td>Rudra Prasad Pradhan</td>
<td>UNFPA</td>
<td>Submitted</td>
</tr>
<tr>
<td>8</td>
<td>Satyasikha Swain</td>
<td>Vishwa jeevan Seva Sangha</td>
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<tr>
<td>9</td>
<td>Suhail mohammed ali</td>
<td>State AIDS Control Society</td>
<td>Submitted</td>
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<tr>
<td>10</td>
<td>Laxmikant Paikray</td>
<td>New- Millennums Research &amp; Consultancy</td>
<td>Submitted</td>
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<tr>
<td>11</td>
<td>Dr. Rajani Ranjan Mishra</td>
<td>National Safety Council</td>
<td>Submitted</td>
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<tr>
<td>12</td>
<td>Jaya Krushna sahu</td>
<td>Centurion University</td>
<td>Submitted</td>
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<tr>
<td>13</td>
<td>Sachatitananda Pati</td>
<td>Handicap International</td>
<td>Not Completed</td>
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<td>14</td>
<td>Tanmay Kumar Satapathy</td>
<td>Council of Social and Rural Development</td>
<td>Submitted</td>
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<tr>
<td>15</td>
<td>Saswati Nayak Mohapatra</td>
<td>ChildFund International</td>
<td>Submitted</td>
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<tr>
<td>16</td>
<td>Rupali Kar</td>
<td>Twoflower</td>
<td>Submitted</td>
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<tr>
<td>17</td>
<td>Banita Dixit</td>
<td>United Artists’ Association</td>
<td>Submitted</td>
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<tr>
<td>18</td>
<td>Manas Gahir</td>
<td>District Coordinator</td>
<td>Submitted</td>
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<tr>
<td>19</td>
<td>Inakhi Patra</td>
<td>CASA Odisha</td>
<td>Submitted</td>
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<tr>
<td>20</td>
<td>Bismita Jena</td>
<td>Pragati Juba Sangha</td>
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<td>21</td>
<td>Jyotsna Sahu</td>
<td>AAINA</td>
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<td>22</td>
<td>Biranchi Nayak</td>
<td>SWARNA HOSPITAL PVT LTD., BHUBANESWAR</td>
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<td>23</td>
<td>Dillip Kumar Mishra</td>
<td>State Institute for Rural Development</td>
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<td>24</td>
<td>Maheekshita Mishra</td>
<td>Net Cost</td>
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<td>25</td>
<td>P Thangaperumal</td>
<td>Terre des Hommes</td>
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<td>26</td>
<td>Benudhar Mohapatra</td>
<td>Kalinga Institute of Social Science</td>
<td>Submitted</td>
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<tr>
<td>27</td>
<td>Prashant Kumar Nayak</td>
<td>Orissa State Disaster Management Authority</td>
<td>Submitted</td>
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