“Regional Training of Trainers on Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in disasters”

Vedic Village Spa Resort, Kolkata, West Bengal
25th - 30th Nov 2013
Dates: 25th to 30th November 2013
Duration: 6 days (residential)
Venue: Vedic Village Spa Resort, Kolkata, West Bengal (India)
No. of Participants: 27
Facilitators: Ms. Shachi Grover, Programme Officer, UNFPA
Mr. Vikrant Mahajan, CEO, Sphere India
Dr. Shripad Kamat, Consultant Gynaecologist, Govt. of Goa
Dr. Itinderpal Singh Bali, Jammu & Kashmir
Mr. Gopal Mukherjee, Delhi
Ms. Runa Nath, Kolkata, West Bengal
Mr. V. R. Hari Balaji, Chennai, Tamil Nadu
Dr. Raju SMG, Bangalore, Karnataka.

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

Report compilation: Mr. V. R. Hari Balaji /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 Training of Trainers (ToT) organized in Kolkata, West Bengal, India from the 25th to 30th November 2013.

The TOT was attended by 27 training participants, out of which 19 were Females and 8 Males. These participants were nominated by different Non-Government organizations/Institutions. More than 20 participants have prior experiences of working in different disasters. The participants came from experiences of working at different level from grass roots to national policy level and majority of them have had prior experiences with facilitation. The participants coverage was from three East Indian States including Assam, Tripura, West Bengal. The list of the participant is attached as Annex A.

The Training was facilitated by experienced trainers from UNFPA, NDMA, Sphere India and MISP Master Trainers. Chief Operating Officer, Sphere India, Mr. Vikrant Mahajan was the lead facilitator. Besides experienced and highly motivated Master Trainers working as Medical Officers with the State Health Departments of Goa, Maharashtra and J&K who facilitated the technical sessions through presentations and group activities. The ToT schedule is attached as Annex B.

The MISP Facilitators Manual was introduced to participants for their inspiration, 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 curriculum of 2-days giving the participants hand on knowledge of how to be an effective trainer and adopt various techniques/methodologies while training.

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 AIWC participants responding to the disasters, 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.

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 as it helps the facilitators to improve with more objective assessments.
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.
2. Background

India is highly vulnerable to different hazards and a large population in this country 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 75% 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 Regional Training of Trainers was organized from Kolkata, West Bengal, India from the 25th to 30th November 2013.

Purpose 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.
- 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 on government agencies.
- Master trainers provide their expertise to undertake regional, state and district level training on MISP.
- MISP integrated in respective agencies/Departments Disaster Management Plans

Training Objectives: At the end of the training, the training partners will be 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;
- 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 to follow 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 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.

**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, course material and 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 TOT was 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 31 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 at least 4 MISP roll out trainings after completion of the first 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 (Bihar and Orissa initially) for trainings at state and 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 TOT
14. Profile of participants: Prior experience in maternal health including family planning, adolescents, health, gender, HIV/AIDS.

d) **Training Design preparations**

1) Sphere India coordinated the training announcement and invited nominations from its Member Agencies and their outreach networks on google groups, besides approaching other public and private health institutions individually, telephonically and through electronic media. 50-60 applications were received by Sphere India out of which 31 were selected.
2) UNFPA provided the technical assistance including provision of Master Trainers and cost of training programme.
3) Sphere India coordinated the 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, NDMA, Sphere India and MISP Master Trainers, details of whom are given below

- Ms. Shachi Grover, Programme Officer, UNFPA
- Mr. Vikrant Mahajan, CEO, Sphere India
- Dr. Shripad Kamat, Consultant Gynaecologist, Govt. of Goa
- Dr. Itinderpal Singh Bali, Jammu & Kashmir
- Mr. Gopal Mukherjee, Delhi
- Ms. Runa Nath, Kolkata, West Bengal
- Mr. V. R. Hari Balaji, Chennai, Tamil Nadu
- Dr. Raju SMG, Bangalore, Karnataka

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 3.
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 4 and 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.

**Post training processes:**

1. Compilation of the Summary Report by Sphere India.
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 district-levels levels.

**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

**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 participants 5-15 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, number of materials were provided in soft copy to participants for their future reference and use. These included training design and methodologies, film on female condoms, SOPs on SGBV, pics of the training programme, CD with films, pendrive 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 27 participants who attended the 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: (Vikrant)

The day started with the Registration of participants. Each participant was asked to write down his/her expectation from the MISP ToT. Due to late joining of four participants, expectations were received from 27 participants. Please find attached Annex C for the details of participant expectations.

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

The training introduction was given by Shachi Grover, Programme Officer, UNFPA & Mr. Vikrant Mahajan, CEO, Sphere India. Importance of sexual and reproductive health during disasters was clearly explained. 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 informed the participants about the plan for implementing MISP District Level trainings along with regular follow-ups to ensure the quality is retained.

4.1.2 Introduction to the Course (Ground rules, logistics, training teams): (Hari Balaji)

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.
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</td>
<td></td>
</tr>
<tr>
<td>others views</td>
<td></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</td>
<td></td>
</tr>
<tr>
<td>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>
</tbody>
</table>

The Logistic details were given by Hari Balaji 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.

Participants were made to form 5 groups, (from Day 1-6). Each group would collect feedback from all participants at the end of each day and discuss with the facilitators. Besides this group would also be responsible for conducting a recap of the days learning on the next day morning.

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Team name</th>
<th>Team members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Kaccha Aam</td>
<td>Arundhati, Sanghamitra, Barnabas, Neha, Shikha, Ankur</td>
</tr>
<tr>
<td>Day 2</td>
<td>Alpenliebe</td>
<td>Sudakshina, Basuda, Basab, Biplab, Paramita, Ananya</td>
</tr>
<tr>
<td>Day 3</td>
<td>Eclairs</td>
<td>Nandita, Sutapa, Monica, Naushina, Alexander</td>
</tr>
<tr>
<td>Day 4</td>
<td>Mazelo banana</td>
<td>Aparajita, Anjali, Bubu, Bishnu, Pramod</td>
</tr>
<tr>
<td>Day 5</td>
<td>Mazelo water melon</td>
<td>Isita, Kathika, Chandra, Indrani, Basudev</td>
</tr>
</tbody>
</table>

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 MISP Pre-Test (Raju)/ Advocacy on MISP Films (Hari Balaji)/ Overview of SRH interventions in Disasters and Introduction to MISP (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.

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

This was followed by Hari Balaji sharing the video presentations, developed by UNFPA, which were shown in the MISP launch event on 21st May, 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
3. Message from Priyanka Chopra.

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

4.1.4 Overview of SRH interventions in Disasters and Introduction to MISP (Vikrant):

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
- Impact of disaster on reproductive health needs of the affected community
- International mandates & policies addressing Reproductive Health rights and services
- SRH services for population 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
Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive
Health during disasters

29th July-3rd August, 2013
Haryana, India

- Prevention and response to sexual violence which may increase during disasters
- Preventing increased risk associated with STIs/HIV transmission during disasters
- Addressing 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
- SRH/Gender needs are not seen as important and gender discrimination becomes many fold in disasters
- Lack of data on SRH
- Lack of capacity to plan and implement MISP
- Lack of knowledge among service providers
- 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

4.1.5 Introduction to Institutional Mechanisms and Coordination for SRH in Disasters: (Vikrant)

The session was facilitated by Mr. Vikrant Mahajan, Chief Executive Officer, Sphere India, who deliberated on the above mentioned topic. 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.

Content covered
- Coordination during disasters
- Partners in MISP
- Disaster Management Act
- Legal institutional framework
- Coordination mechanism at State and District level
- Initiatives of Government
- 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
- Understanding the coordination structure and mechanism at State and District level.
- Understanding the funding patterns
- Information on the Government Initiatives.

Key messages of the session
- Coordination is essential 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:
- What are the coordination mechanisms for NGOs?
- Exploring possibilities of creating partnerships.

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

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

4.1.6 Data Monitoring and Evaluation in Disaster: (Hari Balaji/Shachi)

Mr. Hari Balaji, Chennai and Ms. Shachi Grover, Programme Officer, UNFPA 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 phase 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
- How to collect data during different phases of disaster
- Request from participants for including standardised formats which can be readily used during disasters.
- No need for NEEDS ASSESSMENT for MISP
- 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.

4.1.7Adult Learning Principles (Raju/Vikrant) / Designing trainings (Raju/Vikrant) / Action plan review (Shachi):

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.

The session started with the 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 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 complimenting 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 proceeds. 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.

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 two days 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.

4.1.8 Action plan review (Shachi):
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. 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 and Action Planning. 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: (Runa Nath/Shachi Grover)
The session was facilitated by Ms. Runa Nath, Kolkata and Ms. Shachi Grover, Programme Officer, UNFPA

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 respond to consequences of sexual violence

Key discussion points/questions/ issues/ comments raised by participants
- Sexual Violence is a social problem
- 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: (Runa Nath/Shachi)

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:
- Describe the essential components of the clinical management of rape survivors
- Act and facilitate towards implementing appropriate clinical care setting 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): (Runa Nath, Raju, Itinder Singh Bali, Hari Balaji, Dr. Henna)

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 proding 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 Training methodologies (Vikrant)

The facilitator shared with 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.

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 used role plays of disseminating the information on SGBV and the SGBV group work station role plays. 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: (Raju/Shripad Kamat)

The morning session was taken over by Dr. Raju, Bangalore & Dr Shripad Kamat, Gynaecologist, Government of Goa. Dr.Kamat has been facilitating previous MISP ToTs as a Master Trainer. He has 10 years of experience and his area of special interest is public health in field of Obstetrics and Community obstetrics. Dr.Raju was facilitating this session with Dr.Kamat support

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, Breast Feeding and Comprehensive Care: (Raju/Shripad Kamat)

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:**
- Addressing needs of adolescents

**Key Outcomes**
- Plan for Comprehensive MNH programmes

**4.3.4 Family planning in Disasters: (Raju/Shripad Kamat)**

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**
- Ensure basic FP supplies available for continuing users
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 to choose from. 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:
- 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: (Raju, Gopal, Itinderpal Singh Bali)

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.
4.4 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, family planning in disasters and MNH work discussions. With this they handed over the charge to Group 4 for managing the time, summarizing daily feedback and other responsibilities of Day 4.

4.4.1 Preventing HIV and STI in disasters: (Bali)

Dr. Itinderpal Singh Bali, District Health Officer, J&K, 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:
  a. What are STIs? What are the common STIs?
  b. What is HIV? How is it transmitted?
  c. Prevalence and consequences of HIV and STIs
  d. Methods for risk reduction during crisis
  e. Standard precautions
  f. Safe blood
  g. 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 TTI

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: (Raju/Bali)

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 (MISPand 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 HIV/STI Group Work Station: (Bali,Gopal,Kamat)

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.

**4.4.5 SRH Supplies and Logistics: (Gopal Mukherjee/Shachi)**

Dr. Gopal Mukherjee and Ms. Shachi Grover 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.
- Organising 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**
- Which assessments have to be made?
- Which interventions will you put in place immediately?
- Which kits will you order and how many (for three months)?
- Make a distribution plan (consider implementing partners and in-country storage and transport needs)
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 into place.
- Which RH kit is required for which intervention?
- How to make a distribution Plan?

4.4.6 Constructive feedback and Preparation for participant lead sessions: (Vikrant)

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.

The participants were provided opportunity to lead sessions and practice the learning from the TOT. The participants designed a 2 day training on MISP and they delivered on the sessions. The 2 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 Training of Trainers at Chamoli, Uttarakhand. 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 in Disasters
- Reproductive, STI and HIV issues
- Sexual and Gender based Violence
- Coordination and Logistics
- Monitoring and Evaluation

The participants were divided into five groups based on their formed in groups of 3 people each and every group had 90 minutes time for their topic. They had to make presentations (20 minutes each person) and then a slot of discussion and feedbacks by peer group and facilitators was kept for 30 minutes for each group.

The evaluation was based on:
- Individual performance in the presentation
- Team performance (of session)
- Performance of entire group (2 days training)

For more details on the Session designs in the participant led session refer to Annex E and F.
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 SRH Supplies and Logistics, Data Monitoring and Evaluation. 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.

4.6.1 Recap of Day 5: (Group 5)

The recap was provided by Group 5, on the Day 5 proceeding. The group used participatory techniques for participant led group session. With this they handed over the charge to Group 6 for managing the time, summarizing daily feedback and other responsibilities of Day 6.
4.6.2 Action Plan Review (Shachi, Vikrant):

**ACTION PLAN HIGHLIGHTS:**

- Capacity building of field level workers and volunteers on MISP.
- Community disaster preparedness
- Ensuring prevention and response is in place to protect affected persons from sexual violence.
- 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.
- Water and Sanitation.
- Provision of emergency care to the victims of GBV during disasters.
- Counselling and providing support to rape survivors.
- Sensitising programme for adolescent women to prevent sexual violence.
- Selection of SRH cadres and imparting training programmes 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 grassroot level health personnel on safe delivery in disaster situation.
- Making situation analysis and Rapid assessment during disasters.
- Preparation of distribution plan.

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.

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

Daily feedbacks were collected by the Training Management teams (group 1-5) from the participants with an aim to progressively improve the quality of training delivery. The idea was to incorporate the feedbacks in the forthcoming sessions. Some additional feedbacks were recorded for reporting and better planning of future TOTs. Below are some of the points recorded from the daily feedbacks of the participants:
The training is very informative and relevant.

The introductory video on MISP made the participants about the deplorable condition of SRH in rural areas. These videos are important advocacy tool to create awareness among the relevant actors.

PME session could have been avoided in the first day as the participants could not relate to it.

Folders (which were not present initially) came as a requirement from the participants.

Frequent energizers came as a suggestion from the participants, to keep the sessions alive and to relieve the tedium of the technical sessions.

The methodology of delivery as per the participants should be aimed at reducing the powerpoint presentations and increasing the duration of the interactive and practical sessions, which results in retention of learning. Inclusion of case scenarios would help in better understanding. The group exercises from Day 2 onwards, in this regard were well taken and appreciated by all participants.

A tea session at the end of the day also came as a suggestion from the participants.

The wool ball game was very interesting, simple to follow, effective and highly appreciated by all participants.

The agenda, though interesting was heavy to many participants. To address this issue, frequent gaps were given in between the sessions.

Training Methods was well accepted and understood. The delivery was easy to keep pace with.

Late-comers it was decided should be made to do some extra work as a punishment.

Lunch time should be for one hour instead of 45 minutes.

All the sessions were informative and well understood.

Logistic session became more interesting with games and active participation of all.

5.1.2 Summary of participants’ Session Feedback

1. MISP Overview and Coordination:
   - Clarity on the need of MISP.
   - The video films were very effective.
   - Session gave an overview of MISP and its objectives.
   - This session will help us in advocating for MISP and building the capacity of the district-level workers to implement RH services in disasters.
   - More clarity needed on how SRH can be mainstreamed at the Government level.
   - Information on the Nodal Departments in Coordination session was very helpful.
   - Need for an SRH coordinator was effectively highlighted.

2. Sexual and Gender-based Violence:
   - Detailed understanding on SGBV. Well planned simulation used.
   - The best part of this session is that it is activity-based.
   - GBV tree and GBV Matrix very helpful in addressing SGBV issues in the communities.
   - Implementation process of SOPs for SGBV was not explained.

3. Maternal and Newborn Health:
   - Hands on demonstration in group work.
   - Understanding the importance of supply chain management to ensure timely positioning of RH Kits in villages.
   - Session was very technical but there were lots of new things to learn.
- Helped in understanding the strategies for establishing referral mechanism.
- The video on setting up of camps after Philippine disaster was highly informative providing insight on response.
- Clarity on myths related to MNH.

4. HIV and STI:
- Enabled participants to establish a link between HIV transmission and Sexual violence in disaster situation.
- Learnt the strategies and implementation of Standard precautions.
- Clear idea on how to implement standard precautionary methods in the humanitarian setting.
- Understanding of the IASC HIV Matrix as a coordination tool.
- Clarity on how to get access to free condoms during disaster.
- Six stages of hand washing were most interesting.
- Session was good. Participants were energetic and interested to learn.
- Demonstration of female condoms explained very well.

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:
- Human rights approach in data collection was informative.
- Interesting session which was explained in a simplified way.
- Session was not interesting. Although the material was relevant but more clarity was required.

7. Action Planning:
- A great help in our way forward.
- Good exercise but needs more clarity.
- Most stimulating and challenging part of the entire programme.

8. Training Design/Methodology:
- Knowledge of smart objectives helpful.
- Steps to follow before and after training were enlightening.
- This session helped a lot in preparing for the participant led sessions.
- Handouts were given which were very informative.
- Few training sessions were heavy and time allotted was limited.

9. Participant-led Sessions:
- Innovative, interactive and learning session.
- Understanding of our strengths, weaknesses and opportunities.
- Learning through practice and identifying the areas of improvement.
- Memorable, Informative, Socially relevant, Purposeful.
- Constructive feedback from participants and Mentors was really helpful.
- Participants could judge their own performance and where they stand as trainers.

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 was very appropriate and was strictly adhered to.
- A refresher course will be helpful in taking back the learning to the districts.
- 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.

#### 5.3.2 Relevance of MISP training:

86% 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, 21 participants showed preference for SGBV, 19 for Intro to MISP, 10 voted for overview of SRH in disasters.

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 Maternal & Newborn Health.

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). Vikrant, Dr. Jitesh and Shachi 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 ToTs 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 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.
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**

- Many participants have expressed the need for a refresher course after 3 months, with more focus on the participant-led sessions.

**6.1.2 Follow-up actions:**

- Advocacy at all levels for MISP in disasters
- Creating of cadre of *trained* advocates District level to implement MISP during disasters
- Integration of SRH and MISP into 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.
- 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>S.no</th>
<th>Name of Participants</th>
<th>Organisation</th>
<th>Phone No.</th>
<th>Email id</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Isita Roy Chakraborty</td>
<td>WWF India</td>
<td>9330952854</td>
<td><a href="mailto:r_isita@yahoo.com">r_isita@yahoo.com</a></td>
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<td>2</td>
<td>Biplab Chakrabarty</td>
<td>ADRA India</td>
<td>9477648889</td>
<td><a href="mailto:biplab_chakrabarty@yahoo.com">biplab_chakrabarty@yahoo.com</a></td>
</tr>
<tr>
<td>3</td>
<td>Basab Sarkar</td>
<td>Adra India</td>
<td>8473016756</td>
<td><a href="mailto:basabsarkar@adraindia.org">basabsarkar@adraindia.org</a></td>
</tr>
<tr>
<td>4</td>
<td>Alexander Pandian</td>
<td>World Vision</td>
<td>9007992319</td>
<td><a href="mailto:alexander_pandian@wvi.org">alexander_pandian@wvi.org</a></td>
</tr>
<tr>
<td>5</td>
<td>Anjali Hazarika</td>
<td>Regional College of Nursing, Indrapur(Trained Nurses Association)</td>
<td>9707837117</td>
<td><a href="mailto:hazarika.anjali@gmail.com">hazarika.anjali@gmail.com</a></td>
</tr>
<tr>
<td>6</td>
<td>Nandita Bhattacharjee</td>
<td>Government Medical College, Agartala.</td>
<td>9402172463</td>
<td><a href="mailto:bhattacharienandit@gmail.com">bhattacharienandit@gmail.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Neha Agarwal</td>
<td>Doctors for you</td>
<td>7399724462</td>
<td><a href="mailto:neha2003@yahoo.co.in">neha2003@yahoo.co.in</a></td>
</tr>
<tr>
<td>8</td>
<td>Bubu Basu</td>
<td>All India Womens Conference, Kolkata</td>
<td>9831086692</td>
<td><a href="mailto:basubb12@gmail.com">basubb12@gmail.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Chandra Sarkar</td>
<td>All India Womens Conference, Kolkata</td>
<td>9831096934</td>
<td><a href="mailto:chandra513@rediffmail.com">chandra513@rediffmail.com</a></td>
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<tr>
<td>10</td>
<td>Indrani Sengupta</td>
<td>All India Womens Conference, Kolkata</td>
<td>3322874691</td>
<td><a href="mailto:isg51fb@gmail.com">isg51fb@gmail.com</a></td>
</tr>
<tr>
<td>11</td>
<td>Kathika Das</td>
<td>All India Womens Conference, North East Kolkata</td>
<td>9830620506</td>
<td><a href="mailto:karthikadas@yahoo.com">karthikadas@yahoo.com</a></td>
</tr>
<tr>
<td>12</td>
<td>Monica Mukherjee</td>
<td>All India Womens Conference, East Kolkata</td>
<td>8697815695</td>
<td><a href="mailto:mukhmonica@hotmail.com">mukhmonica@hotmail.com</a></td>
</tr>
<tr>
<td>13</td>
<td>Shikha Mitra</td>
<td>All India Womens Conference, East Kolkata</td>
<td>9903168718</td>
<td><a href="mailto:shkmitra@hotmail.com">shkmitra@hotmail.com</a></td>
</tr>
<tr>
<td>14</td>
<td>Aparajita Phukan Barua</td>
<td>Asian Institute of Nursing Education, Guwahati</td>
<td>8011491469</td>
<td><a href="mailto:aparajitajan@gmail.com">aparajitajan@gmail.com</a></td>
</tr>
<tr>
<td>15</td>
<td>Shri Basudev Bhattacharya</td>
<td>Indian Red Cross Society</td>
<td>9874480929</td>
<td><a href="mailto:basujiban@gmail.com">basujiban@gmail.com</a></td>
</tr>
<tr>
<td>16</td>
<td>Shri Bishnupada Parua</td>
<td>Indian Red Cross Society</td>
<td>9874480929</td>
<td><a href="mailto:bishnupadaparua@yahoo.in">bishnupadaparua@yahoo.in</a></td>
</tr>
<tr>
<td>17</td>
<td>Sanghamitra Dasgupta</td>
<td>CASA, Kolkata</td>
<td>332226 8206</td>
<td><a href="mailto:sangamitra.dasgupta@yahoo.co.in">sangamitra.dasgupta@yahoo.co.in</a></td>
</tr>
<tr>
<td>18</td>
<td>Paramita Mohapatra</td>
<td>Yoth Welfare and Cultural Society, Kolkata</td>
<td>9804024708</td>
<td><a href="mailto:prmta27@gmail.com">prmta27@gmail.com</a></td>
</tr>
<tr>
<td>19</td>
<td>Ananya Kar</td>
<td>CASA, Guwahati</td>
<td>8721882341</td>
<td>lisany@<a href="mailto:2003@gmail.com">2003@gmail.com</a></td>
</tr>
<tr>
<td>20</td>
<td>Sudakshina Ghosh</td>
<td>Raiganj Mahila Samillani</td>
<td>9733033589</td>
<td><a href="mailto:jagwestbengal@gmail.com">jagwestbengal@gmail.com</a></td>
</tr>
<tr>
<td>21</td>
<td>Dr. Ankur Gautam</td>
<td>Doctors for You</td>
<td>9899351532</td>
<td><a href="mailto:avgmyworld@gmail.com">avgmyworld@gmail.com</a></td>
</tr>
<tr>
<td>22</td>
<td>Basudha Ganguly</td>
<td>AIWC Garia Mahamayatala</td>
<td>9051158896</td>
<td>bashudagmail.com</td>
</tr>
</tbody>
</table>
Annex B:

MISP TOT schedule

AGENDA MISP TOT, KOLKATA (25-30 Nov)

25 Nov, Day 1 Morning-MISP Overview and Coordination

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-9:30</td>
<td>Registration</td>
<td>Vikrant Mahajan, CEO, SPHERE</td>
</tr>
<tr>
<td>9:30-10:15</td>
<td>Welcome</td>
<td>Shachi Grover, UNFPA Programme Officer, Humanitarian and Disaster Response</td>
</tr>
<tr>
<td></td>
<td>Remarks and opening,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introduction of participants/Briefing on participant led sessions</td>
<td>Vikrant</td>
</tr>
<tr>
<td></td>
<td>Logistics /Ground Rules</td>
<td>Hari Balaji</td>
</tr>
<tr>
<td></td>
<td>Participants’ Expectations</td>
<td></td>
</tr>
<tr>
<td>10:15-10:30</td>
<td>MISP Pre-test</td>
<td>Dr. Raju</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Advocacy on MISP – Films</td>
<td>Hari Balaji</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Overview of SRH interventions in Disasters and Introduction to MISP</td>
<td>Vikrant</td>
</tr>
<tr>
<td>11:00-12:30</td>
<td>Introduction to Institutional Mechanisms and Coordination for SRH in Disasters</td>
<td>Vikrant</td>
</tr>
<tr>
<td>12:30-13:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
<tr>
<td>13:00-13:45</td>
<td>Day 1 Afternoon- Data and Monitoring/Evaluation, Trainings</td>
<td></td>
</tr>
</tbody>
</table>
### Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive Health during disasters

**29th July-3rd August, 2013**

**Haryana, India**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:45-15:15</td>
<td>Data, Monitoring and Evaluation</td>
<td>Hari Balaji/Shachi</td>
</tr>
<tr>
<td>15:15-15:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:30-17:00</td>
<td>Adult learning principles</td>
<td>Dr.Raju/Vikrant</td>
</tr>
<tr>
<td>17:00-17:45</td>
<td>Designing Trainings</td>
<td>Dr.Raju/Vikrant</td>
</tr>
<tr>
<td>17:45-18:00</td>
<td>Action Plan Review</td>
<td>Shachi</td>
</tr>
<tr>
<td>18:00-18:30</td>
<td>Briefing meeting of Trainers</td>
<td></td>
</tr>
</tbody>
</table>

**26 Nov, 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>Runa Nath/Shachi</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>Runa Nath/Shachi</td>
</tr>
<tr>
<td>12:00-13:15</td>
<td>Medical Services for Rape Survivors</td>
<td></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)**

14:00-15:30 Group Work:
- 1: Referral Mechanism for Rape Survivors
- 2: Inter-Agency Coordination for SGBV

15:30-16:30 Training Methods

16:30-16:45 Tea Break

16:45-17:00 Action Plan Review

17:00-18:30 Briefing meeting of Trainers

**27 Nov, 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.Raju/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.Raju/Dr.Kamat</td>
</tr>
<tr>
<td>12:15-13:15</td>
<td>Family Planning in Disasters</td>
<td>Dr.Raju/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)**

14:00-15:30 Group Work:

Page 39 of 49
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30-15:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:45-16:30</td>
<td>Group exercise</td>
<td></td>
</tr>
<tr>
<td>16:30-16:45</td>
<td>Action Plan Review</td>
<td></td>
</tr>
<tr>
<td>16:45-17:30</td>
<td>Briefing meeting of Trainers</td>
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</tbody>
</table>

28 Nov, 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>Dr. Bali</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>Dr. Raju, Dr. Bali</td>
</tr>
<tr>
<td>12:00-12:45</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>12:45-14:15</td>
<td>Group Work:</td>
<td>Dr. Bali</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>
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</tr>
<tr>
<td>14:15-14:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>14:30-16:00</td>
<td>SRH Supplies and Logistics</td>
<td>Gopal Mukherjee/Shachi</td>
</tr>
<tr>
<td>16:00-17:30</td>
<td>Constructive Feedback and preparation for participant led sessions</td>
<td>Vikrant</td>
</tr>
<tr>
<td>17:45-18:30</td>
<td>Briefing meeting of Trainers</td>
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</tbody>
</table>

29 Nov, Day 5 Morning - Participant-led sessions

<table>
<thead>
<tr>
<th>Time</th>
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<th>Facilitators</th>
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<tbody>
<tr>
<td>9:00-9:30</td>
<td>Recap of Day 4</td>
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</tr>
<tr>
<td>9:30-11:00</td>
<td>Participant led Group 1</td>
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</tr>
<tr>
<td>11:00-11:15</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>11:15-12:45</td>
<td>Participant led Group 2</td>
<td></td>
</tr>
<tr>
<td>12:45-13:30</td>
<td>Lunch Break</td>
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</table>

Day 5 Afternoon - Participant-led sessions

<table>
<thead>
<tr>
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<th>Session</th>
<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td>13:30-15:00</td>
<td>Participant led Group 3</td>
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### 30 Nov, Day 6 Morning Review and Evaluation

<table>
<thead>
<tr>
<th>Time</th>
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<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td>09:00-09:30</td>
<td>Recap of Day 5</td>
<td></td>
</tr>
<tr>
<td>09:30:10:30</td>
<td>MISP Post Test</td>
<td></td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>10:45-13:00</td>
<td>Action Plan Review, Discussions</td>
<td>Vikrant/Shachi</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch Break</td>
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</tbody>
</table>

#### Day 6 Afternoon-Review of Expectations and Valedictory

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-15:00</td>
<td>Training Evaluation/Feedback</td>
<td>Vikrant/Shachi</td>
</tr>
<tr>
<td>15:00 – 15:15</td>
<td>Review of Participants Expectations</td>
<td></td>
</tr>
<tr>
<td>15:00 – 17:00</td>
<td>Tea Closing</td>
<td>Shachi Grover/Vikrant</td>
</tr>
<tr>
<td>17:00 onwards</td>
<td>Distribution of certificates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Departure</td>
<td></td>
</tr>
</tbody>
</table>

### Annex C:

#### Expectation Index:

- Total no. of participants: 27
- No. of participants submitted expectations card: 27

#### 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 of MISP</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>RCH/SRH service provision</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Data Use in Disaster</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Skills as trainer</td>
<td>5</td>
</tr>
</tbody>
</table>
Detailed expectations from MISP TOT

- Preparedness at individual and community level to ensure basic health care specially maternal and child healthcare
- Reduce health hazards during disasters
- Package of maternal and child health care services
- Know more about MISP
- Hands-on training to be effective trainer
- Knowledge to improve capacity to deal with disasters
- Knowledge to handle emergencies for women
- SRH needs in Disasters
- Management of Disasters
- Skill of effective communication during Disasters
- Skills to provide basic health care services
- Knowledge to access Health Management Information System during Disaster
- Others

Annex D
Pre and Post Test Evaluation

Pre Test Evaluation

[Bar chart showing pre-test evaluation with data points and bars indicating max score and avg score for each question number 1 to 10.]

Post test Evaluation

[Bar chart showing post-test evaluation with data points and bars indicating max score and avg score for each question number 1 to 19.]

Pre and Post Test Average

[Bar chart showing the average scores for pre-test and post-test with bars indicating pre-test avg and post-test avg.]
Annex E:
Revised training schedule (Participants led sessions):

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

Two individuals (amongst the participants) were identified and advised to act as lead trainers for a district level MISP ToT.

Indrani and Pramod (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.
Day 1 (29th Nov 2013)

Session Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30-11:00</td>
<td>Welcoming remarks, opening</td>
</tr>
<tr>
<td>9:30-11:00</td>
<td>Group 1-Introduction to MISP in disasters</td>
</tr>
<tr>
<td>11:30-11:15</td>
<td>Tea</td>
</tr>
<tr>
<td>11:15-12:45</td>
<td>Group 2-Maternal and Newborn Health</td>
</tr>
<tr>
<td>12:45-13:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:30-15:00</td>
<td>Group 3-Sexual and Gender based violence</td>
</tr>
<tr>
<td>15:00-15:15</td>
<td>Tea Break</td>
</tr>
<tr>
<td>15:15-16:45</td>
<td>Group 4- STIs and HIV prevention</td>
</tr>
</tbody>
</table>

Annex F:

Session Designs and reports of participants’ led sessions

Please take some ideas from Manojs session and add here. A lot of this needs editing

Training Team:
1) Total 5 groups and each group lead by MISP Trainer
2) Each group was allotted 60 minutes for the session i.e. 60 minutes for session and 30 minutes for the feedback

Group 1:

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

<table>
<thead>
<tr>
<th>Session Distribution with time</th>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Biplab</td>
<td>Learning objectives and define disasters.</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Basab</td>
<td>What is MISP? Goal of MISP</td>
<td>12 minutes</td>
</tr>
<tr>
<td></td>
<td>Monica</td>
<td>Need of MISP in disasters</td>
<td>12 minutes</td>
</tr>
<tr>
<td></td>
<td>Shikha</td>
<td>Key messages/experiences</td>
<td>8 minutes</td>
</tr>
<tr>
<td></td>
<td>Ankur</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sanghamitra</td>
<td>Components of MISP</td>
<td>18 minutes</td>
</tr>
</tbody>
</table>
Key learning messages:

- Understanding the components and need of MISP
- Applying core concepts and techniques provided in the MISP

2. **MNH during Disasters:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Reproductive, STI and HIV issues</th>
</tr>
</thead>
</table>
| Session Objectives | At the end of the session participants will be able to:  
  - Enlist essential components of MNH in disaster.  
  - Identify strategies of referral mechanisms for MNH.  
  - Be able to compare needs of FP and ARSH in disasters.  
  - Know link between HIV and STI in disasters. |
| Materials | LCD, Markers, Flip Charts, VIPP cards |
| Methodology | Ice breaker, Power point presentation, discussion, group work and open session |

<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nandita</td>
<td>MNH on disaster situation and Key components of MNH (ARSH and FP)</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Kathika</td>
<td>FP in disasters</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Aparajita</td>
<td>HIV and STI in disasters</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Arundhati</td>
<td>Group Work</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Bashuda</td>
<td>Group Work</td>
<td></td>
</tr>
<tr>
<td>Paramita</td>
<td>Group Work</td>
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</tbody>
</table>

Key learning messages:

- Getting familiar with the components of MNH
- Strategies of referral mechanism in MNH
- Needs of FP and ARSH in disasters.
- Understanding the link between HIV and STI in disasters.

3. **Sexual and Gender based Violence:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Sexual and Gender Based Violence</th>
</tr>
</thead>
</table>
| Session Objectives | At the end of the session participants will be able to:  
  Learn issues related to SGBV and its response during disasters. |
| Materials | LCD, Markers, Flip Charts, VIPP cards |
| Methodology | Lecture method, Role Play and Demonstration |
### Session Distribution with time

<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sutapa</td>
<td>Medical and Psychosocial services</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Isita</td>
<td>Human right aspects</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Neha</td>
<td>Role Play on SGBV</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Basudev</td>
<td>Contributing factors</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Bubu</td>
<td>prevention and response to SGBV</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Alexander</td>
<td>Introduction and definition-Gender</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

### Key learning messages:
- The importance of understanding the Gender based issues
- Empathy and respect and treating all humans with dignity

### 4. HIV/STI Prevention Session Plan and Design:

#### Session Name
HIV/STI Prevention

#### Session Objectives
At the end of the session participants will be able to:
- Enlist the importance of link factor of prevention of transmission of HIV in Disasters.
- Enumerate the Standard Precautions.
- State the practice of blood transfusion and use of condoms.
- Explain STI and its management through syndromic approach.
- Outline the importance of partner management.

#### Materials
Markers, Flip Charts, Handouts, white board

#### Methodology
Group activity and interaction, Handouts, whiteboards, Games

#### Session Distribution with time

<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anjali</td>
<td>Enlist the importance of link factor of prevention of transmission of HIV in Disasters.</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Ananya</td>
<td>Enumerate the Standard Precautions.</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Naushina</td>
<td>State the practice of blood transfusion and use of condoms.</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Barnabas</td>
<td>Explain STI and its management through syndromic approach.</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Chandra</td>
<td>Outline the importance of partner management.</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Sudakshina</td>
<td>Group Exercise</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Bishnupada</td>
<td>Group Exercise</td>
<td>5 minutes</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

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.

<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>Isita Roy Chakraborty</td>
<td>WWF India</td>
<td>Submitted</td>
</tr>
<tr>
<td>2</td>
<td>Biplab Chakrabarty</td>
<td>ADRA India</td>
<td>Submitted</td>
</tr>
<tr>
<td>3</td>
<td>Basab Sarkar</td>
<td>Adra India</td>
<td>Submitted</td>
</tr>
<tr>
<td>4</td>
<td>Alexander Pandian</td>
<td>World Vision</td>
<td>Submitted</td>
</tr>
<tr>
<td>5</td>
<td>Anjali Hazarika</td>
<td>Regional College of Nursing, Indrapur(Trained Nurses Association)</td>
<td>Submitted</td>
</tr>
<tr>
<td>6</td>
<td>Nandita Bhattacharjee</td>
<td>Government Medical College, Agartala.</td>
<td>Submitted</td>
</tr>
<tr>
<td>7</td>
<td>Neha Agarwal</td>
<td>Doctors for you</td>
<td>Submitted</td>
</tr>
<tr>
<td>8</td>
<td>Bubu Basu</td>
<td>All India Womens Conference, Kolkatta</td>
<td>Submitted</td>
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<td>9</td>
<td>Chandra Sarkar</td>
<td>All India Womens Conference, Kolkatta</td>
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<td>10</td>
<td>Indrani Sengupta</td>
<td>All India Womens Conference, Kolkatta</td>
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<tr>
<td>11</td>
<td>Kathika Das</td>
<td>All India Womens Conference, North East Kolkatta</td>
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<td>12</td>
<td>Monica Mukherjee</td>
<td>All India Womens Conference, East Kolkatta</td>
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<tr>
<td>13</td>
<td>Shikha Mitra</td>
<td>All India Womens Conference, East Kolkatta</td>
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<tr>
<td>14</td>
<td>Aparajita Phukan Baruah</td>
<td>Asian Institute of Nursing Education, Guwahati</td>
<td>Submitted</td>
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<tr>
<td></td>
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<td>15</td>
<td>Shri Basudev Bhattacharyya</td>
<td>Indian Red Cross Society</td>
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<td>16</td>
<td>Shri Bishnupada Parua</td>
<td>Indian Red Cross Society</td>
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<td>17</td>
<td>Sanghamitra Dasgupta</td>
<td>CASA, Kolkatta</td>
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<td>18</td>
<td>Paramita Mohapatra</td>
<td>Yoth Welfare and Cultural Society, Kolkata</td>
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<td>19</td>
<td>Ananya Kar</td>
<td>CASA, Guwahati</td>
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<td>20</td>
<td>Sudakshina Ghosh</td>
<td>Raiganj Mahila Samillani</td>
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<tr>
<td>21</td>
<td>Dr. Ankur Gautam</td>
<td>Doctors for You</td>
<td>Submitted</td>
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<tr>
<td>22</td>
<td>Basudha Ganguly</td>
<td>AIWC Garia Mahamayatala Constituency</td>
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<tr>
<td>23</td>
<td>Arundhati Das</td>
<td>AIWC, East Calcutta</td>
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<tr>
<td>24</td>
<td>Mr. Barnabas Kindo</td>
<td>Pajhra, Assam</td>
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<tr>
<td>25</td>
<td>Pramod Singh</td>
<td>Modicare Foundation</td>
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<tr>
<td>26</td>
<td>Naushina Azad</td>
<td>Modicare Foundation</td>
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<tr>
<td>27</td>
<td>Sutapa Ghosh</td>
<td>Prism</td>
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