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

Venue: Patliputra Exotica, Patna, Bihar, India

Dates: 2nd – 6th December 2013.
Dates: 2nd to 6th December 2013
Duration: 5 days (residential)
Venue: Patliputra Exotica, Patna, Bihar (India)
No. of Participants: 34
Facilitators: Ms. Shachi Grover, Programme Officer, UNFPA
Mr. Vikrant Mahajan, CEO, Sphere India
Dr. Anil Koparkar, Nagpur, Maharashtra
Dr. Henna Hejazi, Sphere India, New Delhi
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: Dr. Henna Hejazi
# Contents

1. Executive Summary .................................................................................................................. 1
2. Background .................................................................................................................................. 1
3. Training process .......................................................................................................................... 1
4. Session observations: ............................................................................................................... 1
   4.1 Day 1: ..................................................................................................................................... 1
   4.1.1 Course expectations/Welcome .......................................................................................... 1
   4.1.2 Introduction to the course(ground rules, logistic, training teams): ................................... 1
   4.1.3 Advocacy Films, Pre-test ................................................................................................. 1
   4.1.4 Overview of SRH interventions, Intro to MISP ............................................................... 1
   4.1.5 Intro to Institutional Mechanism & Coordination for SRH in disasters ......................... 1
   4.1.6 Adult Learning Principles: ............................................................................................... 1
   4.1.7 Training Methodologies .................................................................................................. 1
   4.1.8 Designing trainings ........................................................................................................... 1

   4.2 Day 2: ..................................................................................................................................... 1
   4.2.1 Recap of Day 1(Group 1) .................................................................................................. 1
   4.2.2 Introduction to Gender and SGBV, Sexual Violence- Barriers to Care and Support and Guiding Principles: ......................................................................................................................... 1
   4.2.3 Medical Services for Rape Survivor .................................................................................. 1
   4.2.4 SGBV Group Work Station: ............................................................................................ 1
   4.2.5 SRH Logistics .................................................................................................................... 1

   4.3 Day 3: ..................................................................................................................................... 1
   4.3.1 Recap of Day 2(Group 2) .................................................................................................. 1
   4.3.2 Maternal and Newborn Health in Disasters ..................................................................... 1
   4.3.3 Adolescent Reproductive & Sexual Health, Safe Abortion, Breastfeeding .......................... 1
   4.3.4 Family Planning in Disasters ............................................................................................ 1
   4.3.5 MNH Group Work Station ................................................................................................ 1
   4.3.6 Data Monitoring and Evaluation ....................................................................................... 1

   4.4 Day 4: ..................................................................................................................................... 1
   4.4.1 Recap of Day 3(Group 3) .................................................................................................. 1
   4.4.2 Preventing HIV/STI in Disasters ....................................................................................... 1
   4.4.3 Planning for Comprehensive HIV/STI Programming ....................................................... 1
   4.4.4 HIV/STI Group Work Station .......................................................................................... 1
   4.4.5 Action Plan Review and Highlights .................................................................................. 1
   4.4.6 Constructive feedback, Intro to Participant led session .................................................... 1

   4.5 Day 5: ..................................................................................................................................... 1
   4.5.1 Recap of Day 4(Group 4) .................................................................................................. 1
   4.5.2 Participant-led session(Group 1,2,3,4 & 5) ........................................................................ 1
5. Training evaluation ...........................................................................................................

5.1 Summary of participants’ feedbacks................................................................................
5.1.1 Daily feedback ............................................................................................................
5.1.2 Session feedback ........................................................................................................

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

5.3 Summary of participant’s evaluation at the end of the training....................................
5.3.1 Logistic/Admin............................................................................................................
5.3.2 Relevance of MISP training to their work.............................................................
5.3.3 Most beneficial sessions .........................................................................................
5.3.4 Least beneficial sessions .........................................................................................
5.3.5 Evaluating the trainers .........................................................................................
5.3.6 Comfort in delivering MISP training ......................................................................

6. Summary of observations/key recommendations for MISP implementation: ............
6.1.1 Observations/key recommendations for MISP implementation & future ToTs........
6.1.2 Follow up Actions ....................................................................................................

7. Annexes............................................................................................................................
   a. List of participants ........................................................................................................
   b. TOT schedule .............................................................................................................
   c. Expectations Index .....................................................................................................
   d. Pre and Post Test Evaluation: ..................................................................................
   e. Revised training schedule (Participants led sessions): .............................................
   f. Session Designs and learning objectives of participants’ led sessions ....................
   g. Submission status of Action Planning Matrix for MISP implementation .................
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 Hotel Patliputra Exotica, Patna, from 2nd to 6th December 2013.

The TOT was attended by 34 training participants, out of which 6 were Females and 28 Males. These participants were nominated by Government Health Department and Non-Government organizations/Institutions. 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 training and facilitation. 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. The two lead facilitators included Programme Officer, UNFPA, Ms. Shachi Grover and Chief Operating Officer, Sphere India, Mr. Vikrant Mahajan. Besides experienced and highly motivated Master Trainers working as Medical Officers and Public Health professionals facilitated the technical sessions through presentations and group activities.

This TOT was the first one organized after the launch of the MISP Manual by NDMA and UNFPA on 21st May, 2013, which had met a good response from the State representatives (Health and Disaster management) who were present during the launch event. 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.

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 first National MISP Training of Trainers was organized from 29th July to 3rd August 2013 at Faridabad. This was followed by two Regional MISP ToTs in Chennai and Kolkata dated 24th to 29th October and 25-30th November 2013 respectively. Master trainers from the National ToT were identified and selected as the facilitators in these trainings.

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 organizing 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. 40-50 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

a. Ms. Shachi Grover, Programme Officer, UNFPA
b. Mr. Vikrant Mahajan, CEO, Sphere India
c. Dr. Anil Koparkar, Nagpur, Maharashtra
d. Dr. Henna Hejazi, Sphere India, New Delhi
e. Mr. Hari Balaji V R, Chennai, Tamil Nadu
f. 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. Developing an Inventory of work station supplies, equipment for future use in State ToTs
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 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
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 33 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.

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

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 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 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 to the participants including timing and venue for Tea, Lunch 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 1-5). 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>Group 1</td>
<td>Rajesh, Anita, Nazneen, Sanjeev, Haider, Deepak</td>
</tr>
<tr>
<td>Day 2</td>
<td>Group 2</td>
<td>Asutosh, Pankaj, Arvind, Palak, Avinash, Anshuman</td>
</tr>
<tr>
<td>Day 3</td>
<td>Group 3</td>
<td>Bidhan, Prabhat, Rajkumar, Bivek, Monica, Saket, Shabir</td>
</tr>
<tr>
<td>Day 4</td>
<td>Group 4</td>
<td>Poonam, Kundan, Mukesh, Sajjad, Kamal, Amitesh, Lal Babu</td>
</tr>
<tr>
<td>Day 5</td>
<td>Group 5</td>
<td>Sangeeta, Rahul, Lakshman, Bhaskar, Satish, Manoj, Chandra</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 PreTest, Advocacy on MISP- Films (Hari Balaji):

This session included distribution of pre test questionare 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 showing the Advocacy Films to the participants. These included Testimonies from Bihar, Animation Film on MISP and Priyanka Chopras message. The participants related to the Bihar testimonies particularly which gave them an insight into the SRH issues during Disasters.

### 4.1.4 Overview of SRH interventions in Disasters and Intro to MISP(Vik):

**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 lessons 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 Bemoc and Cemoc 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 Institutionalization 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: (Vik)

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

4.1.6 Adult Learning Principles: (Vikrant/Dr. Raju)

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 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.
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.

### 4.1.7 Training methodologies (Vikrant)

The facilitator 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.

### 4.1.8 Designing trainings : (Vikrant)

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 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 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.

4.2 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, Adult Learning principles and training methods. 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: (Dr. Henna)

**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: (Dr. Anil)

**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: (Dr. Henna, Shachi, Anil, Hari)

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: (Hari Balaji)

Hari Balaji, Chennai 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)
- 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 into 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 used role plays of disseminating the information on SGBV and the group work station role plays and SRH supplies and
Logistic. 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: (Dr. Raju)

The post lunch session was taken over by Dr Raju. He has been facilitating previous MISP ToTs as a Master Trainer.

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 Antenatal care and postnatal 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 newborn 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: (Raju)

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)

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, Dr.Henna, Anil)

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: (Hari Balaji)

**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.

4.4 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 and 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: (Anil)

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

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 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

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

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
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.

4.4.5 HIV/STI Group Work Station:

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 Action Plan Review:

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.
Action Plan Highlights:

- Liaisoning with relevant Stakeholders (SDMAs/Health)
- 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.
- 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.
- Training of NGOs and Govt. Health Officers on MISP/SRH at district-level.
- MISP Orientation to district health administration, women and child development, rural development, 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.
- Carrying situation analysis and Rapid assessment during disasters.
- Preparation of distribution plan.
- Health Managers came out with a plan of advocating for Contingency Planning and need for Pre positioning of supplies and kits.

4.4.7 Constructive feedback and Intro to participant led 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 information on how to lead sessions and practice the learning from the TOT. The participants designed a 1 day training on MISP and they delivered on the sessions. The 1 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. 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
- Maternal and Newborn Health
- Sexual and Gender based Violence
- STI and HIV prevention
The participants were divided into five groups based on their formed in groups of 3 people each and every group had 50 minutes time for their topic. They had to make presentations (10 minutes each person) and then a slot of discussion and feedbacks by peer group and facilitators was kept for 10 minutes for each group.

The evaluation was based on:
- Individual performance in the presentation
- Team performance (of session)
- Performance of entire group (in the 1 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 HIV/STI prevention. 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.

5.1 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 National 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 should include more group exercises and the trainers should try to keep pace with the trainees and not rush through the slides.
- 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.
- Slides of presentations (which were very text-heavy containing acronyms) should be simplified. Besides sessions on certain topics were very clinical making it difficult for the non-clinical participants to understand.
- Lunch time should be for 45 minutes, as requested by the participants.
- Action Plan Matrix according to few participants should have been explained more. Efforts were made to clarify doubts and enhance understanding of participants on the various columns and how to fill the requisite information against each parameter.
- Joint dinner helped participants to form a team. The facilitators’ friendly and open behavior made it easy and the environment became more conducive and friendly.
- Lead trainers tried to accommodate all (or most) of the suggestions given by the participants in his sessions and PPTs. It was good and important.
- Lot of emphasis was given on learning process.
- Participants were happy because all participants got chance to lead sessions.

5.1.2 Summary of participants’ Session Feedback

1. MISP Overview and Coordination:
   - Advocacy films impactful, thought provoking.
   - Knowledge was satisfactory but implementation part could have been explained more.
   - Well structured, listing all components of MISP.
   - Coordination gave an NDMA led mechanism and theory when it should have been field-specific.

2. Sexual and Gender-based Violence:
   - A very useful advocacy tool for medical fraternity (as they are the first point of contact for a victim)
   - Participative session focussing on key issues during disaster.
   - Needs more innovative methods of delivery.
   - Group works and discussions helpful.
   - Role plays could have been introduced into the group activities.
   - This session teaches you empathy, respect and treating people with dignity.
   - The session could have been more pictoral.
   - The session could have included suggestive activities to understand sex and gender stereotypes.

3. Maternal and Newborn Health:
   - Informative session. Excellent content to address basic needs of MNH.
   - For non-clinical participants, MISP Manual needs modification.
   - Educative session but content was extensive.
- Content on each slide of presentation to be reduced.

4. **HIV and STI:**
   - Information delivered in simple manner.
   - Good session but technical terms did not help non-technical participants.
   - A detailed vulnerability assessment and risk profiling can be added.

5. **SRH Supplies and Logistics:**
   - The Kits were explained but focus ought to have been on the distribution at grassroots level.
   - Practical component missing. Needs to be contextualised.
   - National and State-level procurement to be included in this session.
   - Challenges need to be descriptive.

6. **Data, Monitoring and Evaluation:**
   - Generic in nature.
   - Poor in data segregation and data handling.
   - Add references/sources for definitions.
   - Too technical. Confused a lot of participants.
   - Needs to be more MISP-specific.
   - Introduce How data can be used for decision making and mid-course correction.
   - Content needs improvement and revisiting as it contains technical mistakes.
   - Needs to have disaster-focus.
   - Terminologies require glossary.
   - Compilation, Analysis and Implementation of data is very important and was well-explained.
   - Include standardised formats used in disasters.

7. **Action Planning:**
   - A sample sheet, specifying the details, would have been helpful.
   - Good exercise but needs more clarity.
   - Good activity but not given appropriate attention.
   - Requires few additional columns like Indicators and means of verification.
   - Needs to be SMART.
   - Futuristic- giving insight into what we can do.

8. **Training Design/Methodology:**
   - Manual to include separate chapter on Adult learning and teaching and team dynamics.
   - Session gave an insight into training aids and methodologies.
   - Practical session. Problem-solving techniques could also have been added.

9. **Participant-led Sessions:**
   - Excellent learning exercise.
   - Opportunity to build link between people and agencies.
   - Gave orientation to social perspective in disaster situations.
   - Helped in achieving training objectives.
   - Well coordinated, but instructions could have been more clear.
   - Groups should have been formed on Day 1 and tasks allocated accordingly.
   - Helped in building confidence, leadership skills and capacity as a trainer.
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.
- 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, 12 participants showed preference for SGBV, 9 for Intro to MISP, 11 voted for overview of SRH in disasters.

5.3.4 Least Beneficial Sessions:
On being asked which three sessions were the least beneficial, 5 participants named Monitoring & Evaluation and Data and 5 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:

6.1 Summary of observations/key recommendations for MISP implementation and future ToTs:

1.1.1 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

- 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 a 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 recommendation 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.
- State health disaster document hosted in the departmental web portal, will be updated with MISP information.
- Inclusion of MISP introduction in state health Joint review meeting.
- Incorporating 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 BSDMA.
- 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 15th Dec 2013 in Soft copy. (For details on the submission status of the Action Plan, please find attached Annex G).
# 4. Annexes

### Annex A: List of participants

**LIST OF PARTICIPANTS FOR STATE MISP TOT, PATNA**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of the Participant</th>
<th>Organization</th>
<th>Designation</th>
<th>Address</th>
<th>E-Mail</th>
<th>Contact No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amitesh Kumar</td>
<td>Yatharth</td>
<td>Project Manager</td>
<td>West of Circuit House, Pakri, Ara, Bhojpur-802301, Bihar</td>
<td><a href="mailto:singh.amitesh5@gmail.com">singh.amitesh5@gmail.com</a></td>
<td>8271564037</td>
</tr>
<tr>
<td>2</td>
<td>Sangeeta Kumari</td>
<td>Primary Health Centre</td>
<td>Nurse</td>
<td>Ram Nagar Colony, Danapur Cantt, Patna-801503, Bihar</td>
<td><a href="mailto:sangeeta.kumari1122@gmail.com">sangeeta.kumari1122@gmail.com</a></td>
<td>9334288649</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Lakshman Prasad</td>
<td>Primary Health Centre</td>
<td>Medical Officer</td>
<td>Gaur, PO: Baliya, PS: Maharajganj Distt-Siwang, Bihar</td>
<td>9199178345</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Satish Kumar Singh</td>
<td>Churches Auxillary for Social Action</td>
<td>State Coordinator</td>
<td>Sewa Kendra, P.O-Sadaquat Ahsram, Patna-800010, Bihar</td>
<td><a href="mailto:satishksing06@gmail.com">satishksing06@gmail.com</a></td>
<td>9430744160</td>
</tr>
<tr>
<td>5</td>
<td>Manoj Paswan</td>
<td>Samajik Shodh Evam Vikas Kendra(SSE VK)</td>
<td>Catalyst, Mobilization &amp; Disaster</td>
<td>At+PO- Mehsi, West Champaran- 845426, Bihar</td>
<td><a href="mailto:ssevkmehsi3@gmail.com">ssevkmehsi3@gmail.com</a></td>
<td>9576358622</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Chandr a Prakash Kumar</td>
<td>Primary Health Centre</td>
<td>Medical Officer</td>
<td>Maur, Muqama, Patna</td>
<td>7870672101</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Bhaskar Mishra</td>
<td>Yatharth</td>
<td>Secretary</td>
<td>Danpur, Patna</td>
<td><a href="mailto:yatharth_ara11@sify.com">yatharth_ara11@sify.com</a></td>
<td>8521662721</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Rahul Kumar</td>
<td>Primary Health Centre</td>
<td>Medical Officer</td>
<td>Maneir, Patna</td>
<td>9386518991</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Dr. Lal Babu Prasad</td>
<td>Primary Health Centre</td>
<td>Medical Officer</td>
<td>404 CSD Apartments, Behind Bihar Sanskrit Shiksha Board, Buddha Colony, Patna-800001</td>
<td><a href="mailto:drlal03@gmail.com">drlal03@gmail.com</a></td>
<td>9308560581</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position / Organization</td>
<td>Address</td>
<td>Contact Information</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Kamal Kishore Prasad</td>
<td>Centre for All Round Development Filed Mobilizer</td>
<td>At+PO-Waini, Via-Waini, Dist.-Samastipur, Pincode-848131</td>
<td><a href="mailto:parassingh2008@gmail.com">parassingh2008@gmail.com</a></td>
<td>9006593798</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Rajkumar</td>
<td>Bal Mahila Kalyan Training Assistant</td>
<td>Vikas Ashram, Officers Colony, Mirchaibari, Katihar</td>
<td><a href="mailto:bmk_katihar@rediffmail.com">bmk_katihar@rediffmail.com</a></td>
<td>9631772401</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Monica</td>
<td>Yuganter Intern</td>
<td>MIG-296, Kankarbagh Colony, Patna-800 020</td>
<td><a href="mailto:monicapandeyindia@gmail.com">monicapandeyindia@gmail.com</a></td>
<td>9334198264</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Shabir Khan</td>
<td>Primary Health Centre health manager</td>
<td>Flat 103, Bulistan Apartment, Garauha. PS-Sultan Gunj, PO: Mehndru, patna 6</td>
<td><a href="mailto:shabir786khan@yahoo.com">shabir786khan@yahoo.com</a></td>
<td>9334249289</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Kundan Kumar</td>
<td>Primary Health Centre health manager</td>
<td>bazar samiyyti road</td>
<td></td>
<td>9308428581</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Mukesh Kumar</td>
<td>Primary Health Centre health manager</td>
<td>C/o Nokh Lal, Mohalla Gol Ghar Park Road, Patna, PO: GPO, 800001, Bihar</td>
<td></td>
<td>9934966233</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Sajjad Alam</td>
<td>Samajik Shodh Evam Vikas Kendra(SSE VK) Chairperson</td>
<td>At+PO- Mehsi, West Champaran- 845426</td>
<td><a href="mailto:ssevkmehsi3@gmail.com">ssevkmehsi3@gmail.com</a></td>
<td>9430852362</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Poonam Kumari</td>
<td>Primary Health Centre staff nurse</td>
<td>Poonam Kumari, W/o Arun Kumar, Village Post: Prasadi English, PS + Distt: Arwal, Bihar</td>
<td></td>
<td>9097427892</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Saket Raj</td>
<td>Bal Mahila Kalyan Training Executive</td>
<td>Vikas Ashram, Officers Colony, Mirchaibari, Katihar</td>
<td><a href="mailto:bmk_katihar@rediffmail.com">bmk_katihar@rediffmail.com</a></td>
<td>9430562173</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Bivek K Sah</td>
<td>Centre for All Round Development Project Coordinat or, Health, Sanitation &amp; Disaster</td>
<td>At+PO-Waini, Via-Waini, Dist.-Samastipur, Pincode-848131</td>
<td><a href="mailto:parassingh2008@gmail.com">parassingh2008@gmail.com</a></td>
<td>8540088041</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Prabhat Kumar</td>
<td>Nav Jagriti Coordinat or, DRR &amp; Livelihood</td>
<td>At-Sikati, PO-Anjani, via-Parsa, Dist- Siwan, Pincode-841219</td>
<td><a href="mailto:krprabhat@hotmail.com">krprabhat@hotmail.com</a></td>
<td>8987069508</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Position</td>
<td>Address</td>
<td>Contact Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------</td>
<td>---------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Dr. Ashutosh</td>
<td>Primary Health Centre</td>
<td>Lahsuna, Masodi, Patna</td>
<td>9431493063</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Bidhan Srikrisna</td>
<td>Primary Health Centre</td>
<td>Srikrisna Sadan, Chandmari Road, Mubarkarpur, Danapur Cantt, Patna</td>
<td>9334201724</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Anshuman Raza</td>
<td>Coordinators, DRR</td>
<td>At-Sikati, PO-Anjani, via-Parsa, Dist- Siwan, Pincode-841219</td>
<td><a href="mailto:ansu.nav@gmail.com">ansu.nav@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Arvind Kumar</td>
<td>Primary Health Centre</td>
<td>A 172, P.C. Colony, Kankarwal, Patna-20, Bihar</td>
<td>8877281281</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Pankaj Kumar Patel</td>
<td>Health and Family Welfare</td>
<td>Om Digonstic Center, C/O Sanjay Kumar, Pushp Vihar, Bhadra Ghat, PO: Gulzar Bagh, Patna -800007, Bihar</td>
<td><a href="mailto:patelredcross@gmail.com">patelredcross@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Palak</td>
<td>Intern</td>
<td>Yuganter, BIAG Sect., MIG-296, Kankarbagh colony, Patna-800 020</td>
<td><a href="mailto:palakpandetindia@gmail.com">palakpandetindia@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Avinash Kumar</td>
<td>Health and Family Welfare</td>
<td>Virat Nagar, Buxer</td>
<td><a href="mailto:avil620@gmail.com">avil620@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Rajesh Kumar Mishra</td>
<td>Field coordinators</td>
<td>Barabazar, Purulia, West Bengal</td>
<td><a href="mailto:rajesh@igsss.net">rajesh@igsss.net</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Deepak Kumar</td>
<td>Bhartiya jan parishad</td>
<td>C/O Bhartiya Jan Utthan Parishad, Quamruddinganj, Biharsharif, Nalanda-803101, Bihar</td>
<td><a href="mailto:dkdohiya@gmail.com">dkdohiya@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Haider Ali</td>
<td>Panchayat Coordinators</td>
<td>Jai Prabha Smiritibhawan, R.K. Ashram, Bela, Muzaffarpur</td>
<td><a href="mailto:mdaramesh@yahoo.co.in">mdaramesh@yahoo.co.in</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Sanjeev Kumar Alok</td>
<td>Primary Health Centre</td>
<td>Sadawah, dulihan bazar, Patna</td>
<td><a href="mailto:sanjivalok@gmail.com">sanjivalok@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Position</td>
<td>Organization/Location</td>
<td>Email/Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>---------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Nazneen Ejaz</td>
<td>Red Cross Volunteer</td>
<td>Idri Naiima Manzil, Dariyapur Koiry Tola, Patna-800 004</td>
<td><a href="mailto:nazneenejaz@gmail.com">nazneenejaz@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7549430169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Anita Sinha</td>
<td>Primary Health Centre Nurse</td>
<td>Mocoma Raferrel Hospital, Mocoma, Patna, Bihar</td>
<td>7677213049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Dr. Rajesh Kumar Sinha</td>
<td>Sub District Hospital Medical Officer</td>
<td>Anusasp, Baad, Patna</td>
<td>980113473</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Annex B:**

**MISP TOT schedule**

<table>
<thead>
<tr>
<th>AGENDA MISP TOT PATNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 Morning-MISP Overview, Coordination</td>
</tr>
<tr>
<td><strong>Time</strong></td>
</tr>
<tr>
<td>9:00-9:30</td>
</tr>
<tr>
<td>9:30-10:15</td>
</tr>
<tr>
<td>10:15-10:30</td>
</tr>
<tr>
<td>10:30-10:45</td>
</tr>
<tr>
<td>10:45-11:00</td>
</tr>
<tr>
<td>11:00-12:30</td>
</tr>
<tr>
<td>12:30-13:00</td>
</tr>
<tr>
<td>13:00-14:00</td>
</tr>
</tbody>
</table>

**Day 1 Afternoon- Adult Learning and 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>15:15-15:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:30-16:30</td>
<td>Training Methods</td>
<td>Dr. Raju</td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Designing Trainings</td>
<td>Hari/Vikrant</td>
</tr>
<tr>
<td>17:00-17:30</td>
<td>Action Plan Review</td>
<td>Dr. Anil</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Facilitators</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------</td>
<td>----------------------</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>Dr. Henna</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>Dr. Henna</td>
</tr>
<tr>
<td>12:00-13:15</td>
<td>Medical Services for Rape Survivors</td>
<td>Dr. Anil</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) and SRH Logistics**

<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. Henna 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>Hari Balaji</td>
</tr>
<tr>
<td>15:45-17:15</td>
<td>SRH Supplies and Logistics</td>
<td>Hari Balaji</td>
</tr>
<tr>
<td>17:15-17:30</td>
<td>Action Plan Review</td>
<td></td>
</tr>
<tr>
<td>17:00-18:30</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. Raju</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</td>
</tr>
<tr>
<td>12:15-13:15</td>
<td>Family Planning in Disasters</td>
<td></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. Raju 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>Hari Balaji</td>
</tr>
<tr>
<td>15:45-17:00</td>
<td>Data Monitoring and Evaluation</td>
<td>Hari Balaji</td>
</tr>
<tr>
<td>17:00-17:30</td>
<td>Action Plan Review</td>
<td></td>
</tr>
</tbody>
</table>

**Day 4 Morning - HIV/STI Prevention**
<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.Anil</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.Anil</td>
</tr>
<tr>
<td>12:00-13:30</td>
<td>Group Work:</td>
<td>Dr.Anil</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>13:30-14:15</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>

**Day 4 Afternoon – HIV/STI Prevention**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:15-14:45</td>
<td>Intro to participant led sessions/Constructive Feedback</td>
<td>Vikrant</td>
</tr>
<tr>
<td>14:45-15:00</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>15:00-16:30</td>
<td>Preparation time</td>
<td></td>
</tr>
<tr>
<td>16:30-18:00</td>
<td>Participant led Group 1</td>
<td></td>
</tr>
</tbody>
</table>

**Day 5 Morning – Participant-led sessions**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-10:15</td>
<td>Participant led Group 2</td>
<td></td>
</tr>
<tr>
<td>10:15-11:30</td>
<td>Participant led Group 3</td>
<td></td>
</tr>
<tr>
<td>11:30-11:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>11:45-13:00</td>
<td>Participant led Group 4</td>
<td></td>
</tr>
<tr>
<td>13:00-13:45</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>13:45-15:00</td>
<td>Participant led Group 5</td>
<td>Vikrant/ Shachi</td>
</tr>
<tr>
<td>15:00 – 15:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>15:15-16:45</td>
<td>Panel: BSDMA, Health Department Govt. of Bihar, BIAG</td>
<td>Vikrant/ Shachi</td>
</tr>
<tr>
<td></td>
<td>Action Plan Review and Valedictory</td>
<td></td>
</tr>
<tr>
<td>16:45-17:15</td>
<td>Training Evaluation</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>3</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>2</td>
</tr>
<tr>
<td>4</td>
<td>Skills as trainer</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>To handle women and child issues</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Improve communication skills</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Better handling of Disasters</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

Detailed expectations from MISP TOT

- To learn about the basic services of MCH/SRH issues during emergency situation.
- To understand MISP for sexual and reproductive health in context of its linkage with human right issues particularly during disasters.
- To become more proficient and gain knowledge so as to become more efficient in acquiring training skills.
- How can we engage local stakeholders in the MISP Programmes.
- How to address MCH services during disasters.
- Preparedness at individual and community level to ensure basic health care specially maternal and child healthcare.
- Through this training we hope to train maximum people in the community vis a vis maternal and child health care services.
- Role of clinicians, non-clinicians during disasters.
- Planning and Implementation of MISP at State and District-level.
- 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.
- Developing skills to become an effective trainer.
- Knowledge to improve capacity to deal with disasters.
- Knowledge to handle emergencies for women.

**Annex D**

**Pre and Post Test Evaluation**

**Pre Test Evaluation**

![Pre-Test Results](image)
Post test Evaluation
Pre and Post Test Average
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.

Rajesh Mishra and (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.

| District Level Training on "Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Disasters" Patna  |
| Day 1 (6th December 2013) |

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-09:30</td>
<td>Recap of Day 4</td>
</tr>
<tr>
<td>09:30-10:30</td>
<td>Introduction to MISP in disasters-Group 1</td>
</tr>
<tr>
<td>10:30-11:30</td>
<td>Maternal and Newborn Health-Group 2</td>
</tr>
<tr>
<td>11:30 - 11:45</td>
<td>Tea break</td>
</tr>
<tr>
<td>11:45-12:45</td>
<td>Sexual and Gender based Violence-Group 3</td>
</tr>
<tr>
<td>12:45-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-15:00</td>
<td>Prevention of HIV/STI-Group 4</td>
</tr>
<tr>
<td>15:00-16:00</td>
<td>SRH Logistics-Group 5</td>
</tr>
</tbody>
</table>

Annex F: Session Designs and reports of participants’ led sessions

Training Team:
1) Total 5 groups and each group lead by National MISP Trainer and other State trainers will conduct the training

2) Each group will get 60 minutes for the session i.e. 50 minutes for session and 10 minutes for the feedback. Each group member was allotted 10 minutes to present his/her session.

**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>Video, 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>Satish Kumar</td>
<td>Introduction to MISP</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Dr.Lakshman Prasad</td>
<td>What is RH Kit</td>
<td>5 minutes</td>
<td></td>
</tr>
<tr>
<td>Sangeeta Kumari</td>
<td>Role of RH Officer</td>
<td>5 minutes</td>
<td></td>
</tr>
<tr>
<td>Amitesh</td>
<td>Defining Disasters and MISP</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Manoj Paswan</td>
<td>Defining Disasters and MISP</td>
<td>5 minutes</td>
<td></td>
</tr>
<tr>
<td>Dr.Chandra Prakash</td>
<td>SRH intervention</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Bhaskar Mishra</td>
<td>Defining MISP</td>
<td>10 minutes</td>
<td></td>
</tr>
</tbody>
</table>

**Key learning messages:**

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

2. **Maternal and Newborn Health:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Maternal and Newborn Health</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>MNH services during disasters.</td>
</tr>
<tr>
<td></td>
<td>Family planning, Breastfeeding, safe delivery</td>
</tr>
<tr>
<td></td>
<td>Referral mechanism during disasters.</td>
</tr>
<tr>
<td>Materials</td>
<td>LCD, Markers, Flip Charts</td>
</tr>
<tr>
<td>Methodology</td>
<td>Role Play, Power point presentation, discussion, group work and open session</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>Dr.Rahul</td>
<td>Demonstration of safe delivery</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Dr.Lal Babu</td>
<td>Intro to MNH</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>RajKumar</td>
<td>Safe Abortion, Family planning, Breastfeeding</td>
<td>10 minutes</td>
<td></td>
</tr>
</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.

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>
<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>Define Gender and Sex</td>
</tr>
<tr>
<td></td>
<td>Develop an understanding of the Sexual and Gender based issues</td>
</tr>
<tr>
<td></td>
<td>Learn about types of Violence</td>
</tr>
<tr>
<td></td>
<td>Insight into the forms of violence</td>
</tr>
<tr>
<td></td>
<td>Understand Barriers for rape survivors.</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>LCD, Markers, Flip Charts, Metaclips</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Role Play, Lecture method, Role Play and Demonstration</td>
</tr>
<tr>
<td><strong>Session Distribution with time</strong></td>
<td>Name of Facilitator</td>
</tr>
<tr>
<td>Kundan</td>
<td>SOPs</td>
</tr>
<tr>
<td>Mukesh</td>
<td>Forms of Violence(Adolescent/Elderly)</td>
</tr>
<tr>
<td>Sajjad</td>
<td>Principles of SGBV</td>
</tr>
<tr>
<td>Poonam</td>
<td>Forms of Violence(Infancy and Childhood)</td>
</tr>
<tr>
<td>Saket</td>
<td>Sex and Gender</td>
</tr>
<tr>
<td>Bivek</td>
<td>Definitions and types of Violence</td>
</tr>
<tr>
<td>Prabhat</td>
<td>Barriers for rape survivors</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:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>HIV/STI Prevention</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>Understand the link between HIV and STI in disasters.</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>Markers, Flip Charts, Handouts, white board</td>
</tr>
</tbody>
</table>
Methodology

<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>Ashutosh</td>
<td>Intro to HIV/STI.Syndromic approach</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Bidhan</td>
<td>Link between HIV and STI in Disasters</td>
<td>5 minutes</td>
<td></td>
</tr>
<tr>
<td>Anshuman</td>
<td>Film on disaster impact</td>
<td>5 minutes</td>
<td></td>
</tr>
<tr>
<td>Arvind</td>
<td>HIV/STI in Disasters</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Pankaj</td>
<td>Blood transfusion</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Palak</td>
<td>Handwashing</td>
<td>5 minutes</td>
<td></td>
</tr>
</tbody>
</table>

Key learning messages:
- Understanding the link between HIV and STI in disasters.
- Syndromic Approach
- Blood transfusion techniques.
- Importance of Handwashing.

5. **SRH Logistics and Data M&E**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>SRH Logistics and Data Monitoring and Evaluation</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>Aware of monitoring and evaluation in disasters and post disaster situations</td>
</tr>
<tr>
<td>Materials</td>
<td>LCD, Markers, Flip Charts, White Board</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>Rajesh</td>
<td>Intro of SRH</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Avinash</td>
<td>Group work</td>
<td>20 minutes</td>
<td></td>
</tr>
<tr>
<td>Deepak</td>
<td>Types of data</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Haider</td>
<td>Define Data</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Sanjeev</td>
<td>Group work</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Nazneen</td>
<td>Logistic Management</td>
<td>10 minutes</td>
<td></td>
</tr>
</tbody>
</table>

Key learning messages:
- How to Monitor Programmes
- Monitoring tools during disasters.
- How to develop Logistic Plan and importance of Logistic Management

**Annex G:**

*Submission details of Action Planning Matrix for implementing and Integrating MISP in State and District Disaster Preparedness and Health Plans.*
34 participants have shared their individual/collective MISP Action Plan for Disaster Preparedness and Contingency Planning.

### National ToT on Minimum Initial Service Package Dated 2nd to 6th December 2013 Venue Hotel Patliputra, Patna

#### Status of Submission of Action Plan for MISP implementation

<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>Amitesh Kumar</td>
<td>Yatharth</td>
<td>Submitted</td>
</tr>
<tr>
<td>2</td>
<td>Sangeeta Kumari</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Lakshman Prasad</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>4</td>
<td>Satish Kumar Singh</td>
<td>Churches Auxiliary for Social Action</td>
<td>Submitted</td>
</tr>
<tr>
<td>5</td>
<td>Manoj Paswan</td>
<td>Samajik Shodh Evam Vikas Kendra(SSEVK)</td>
<td>Submitted</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Chandra Prakash Kumar</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>7</td>
<td>Bhaskar Mishra</td>
<td>Yatharth</td>
<td>Submitted</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Rahul Kumar</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>9</td>
<td>Dr. Lal Babu Prasad</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>10</td>
<td>Kamal Kishore Prasad</td>
<td>Centre for All Round Development</td>
<td>Submitted</td>
</tr>
<tr>
<td>11</td>
<td>Rajkumar</td>
<td>Bal Mahila Kalyan</td>
<td>Submitted</td>
</tr>
<tr>
<td>12</td>
<td>Monica</td>
<td>Yuganter</td>
<td>Submitted</td>
</tr>
<tr>
<td>13</td>
<td>Shabir Khan</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>14</td>
<td>Kundan Kumar</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>15</td>
<td>Mukesh Kumar</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>16</td>
<td>Sajjad Alam</td>
<td>Samajik Shodh Evam Vikas Kendra(SSEVK)</td>
<td>Submitted</td>
</tr>
<tr>
<td>17</td>
<td>Poonam Kumari</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>18</td>
<td>Saket Raj</td>
<td>Bal Mahila Kalyan</td>
<td>Submitted</td>
</tr>
<tr>
<td>19</td>
<td>Bivek K Sah</td>
<td>Centre for All Round Development</td>
<td>Submitted</td>
</tr>
<tr>
<td>20</td>
<td>Prabhat Kumar</td>
<td>Nav Jagriti</td>
<td>Submitted</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Organization</td>
<td>Status</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
<td>---------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>21</td>
<td>Dr. Ashutosh</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>22</td>
<td>Bidhan Srikrishna</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>23</td>
<td>Anshuman Raza</td>
<td>Nav Jagriti</td>
<td>Submitted</td>
</tr>
<tr>
<td>24</td>
<td>Arvind Kumar</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>25</td>
<td>Pankaj Kumar Patel</td>
<td>Health and Family Welfare</td>
<td>Submitted</td>
</tr>
<tr>
<td>26</td>
<td>Palak</td>
<td>Inter Agency Group Bihar</td>
<td>Submitted</td>
</tr>
<tr>
<td>27</td>
<td>Avinash Kumar</td>
<td>Health and Family Welfare</td>
<td>Submitted</td>
</tr>
<tr>
<td>28</td>
<td>Rajesh Kumar Mishra</td>
<td>Indo Global Social Service Society</td>
<td>Submitted</td>
</tr>
<tr>
<td>29</td>
<td>Deepak Kumar</td>
<td>Bhartiya jan parishad</td>
<td>Submitted</td>
</tr>
<tr>
<td>30</td>
<td>Haider Ali</td>
<td>Muzaffarpur Development Association</td>
<td>Submitted</td>
</tr>
<tr>
<td>31</td>
<td>Sanjeev Kumar Alok</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>32</td>
<td>Nazneen Ejaz</td>
<td>Red Cross</td>
<td>Submitted</td>
</tr>
<tr>
<td>33</td>
<td>Anita Sinha</td>
<td>Primary Health Centre</td>
<td>Submitted</td>
</tr>
<tr>
<td>34</td>
<td>Dr. Rajesh Kumar Sinha</td>
<td>Sub District Hospital</td>
<td>Submitted</td>
</tr>
</tbody>
</table>