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

Venue: Hotel Residency, Chennai

### Dates:  
24th to 29th Oct 2013

### Duration:  
6 days (residential)

### Venue:  
Hotel Residency, Chennai

### No. of Participants:  
26

### Facilitators:  
- Ms. Shachi Grover, Programme Officer, UNFPA
- Mr. Vikrant Mahajan, CEO, Sphere India.
- Dr. V. Jithesh, Govt. of Kerala
- Dr. Anurag Mishra, Doctors for You, New Delhi.
- Ms. Sangeeta Tikyani, PHFI, New Delhi.
- Mr. Kapildev Singh, PHFI, New Delhi.
- Dr. Henna Hejazi, Training & Capacity Building, Sphere India.
- Dr. Anil Koparkar, Medical Officer, Nagpur

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

### Report compilation:  
Dr. Henna Hejazi
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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 Regional Training of Trainers (ToT) organized in Chennai, from 24th to 29th October 2013.

The TOT was attended by 26 training participants, out of which 13 were Females and 13 Males. These participants were nominated by different Non Government organizations (IAG, INGOS, IRCS, NGOs) and Institutions working on Health and Disaster response (PHFI, TNAI, etc). The representation came from Departments, State & Districts. 7 participants had a technical background in health and nursing while the other 19 participants had prior experience of working in different disasters. The participants came from experiences of working at different level from grass roots to state policy level and majority of them have had prior experiences with training and facilitation. All the participants completed their online certificate course in MISP (which was one of the eligibility criteria for attending the ToT). The list of the participant is attached as Annex A.

The Training was facilitated by experienced trainers from UNFPA, Sphere India and MISP National Master Trainers. Regional TOT was conducted with the guidance from UNFPA, Ms. Shachi Grover and Chief Operating Officer, Sphere India, Mr. Vikrant Mahajan and Dr. Anurag Mishra, DFY, as the lead trainer. Besides experienced and highly motivated National Master Trainers working as Medical Officers with the State Health Department, facilitated the technical sessions through presentations and group activities.

This Regional TOT was the first one organized after the National TOT on 29th July-3rd Aug 2013 at Faridabad. 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 MISP training curriculum of 1-day giving the participants hands on knowledge of how to be an effective trainer and adopt various training techniques /methodologies while delivering training programs.

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

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

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.
1. Background

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

Understanding the gaps, NDMA, UNFPA and Sphere India collaborated with a common objective to build/enhance capacities in the provision of Reproductive Health services in disasters. Towards this a first National Training of Trainers was organized from 29th July to 3rd Aug 2013 at Hotel Atrium, Faridabad, Haryana, India. The Regional ToT in Chennai is the first initiative expecting to cover the South Indian States including Kerela, Andra Pradesh, Tamil Nadu, Maharashtra and Madhya Pradesh.

**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 non 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 & preparedness plans ;
- Demonstrate ability to effectively facilitate and conduct trainings on the MISP at the regional /state and district level.
2. Training process

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

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

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

The post training processes includes inventory stock taking, accounting, participant performance analysis, identification of future potential training teams, feedback and evaluation analysis, revisiting individual and group action plans.

Pre training processes:

a) Organizing Committee for the MISP TOT

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

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

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

b) Terms of reference

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

c) Eligibility Criteria for Participants

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

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

d) Training Design preparations

1) Sphere India coordinated the training announcement and invited nominations from its Inter Agencies Member, NGOs and their outreach networks on google groups, besides approaching other public and private health institutions individually, telephonically and through electronic media. 55 applications were received by Sphere India out of which 26 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.
4) The participants profile was studied and the content and modalities developed as per the profile. The relevant local data was incorporated in the slides for a more relevant and customised discussion. Data from South Indian states was used in this session. Also the materials like hand out and group work items were arranged and arranged.

e) Facilitation team

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

a. Ms. Shachi Grover, Programme Officer, UNFPA
b. Dr. V.Jithesh, Govt of Kerela.
c. Mr. Vikrant Mahajan, CEO, Sphere India
d. Dr. Anurag Mishra, Doctors for You, New Delhi
e. Mr. Anil Koparkar, Maharashtra
f. Ms. Sangeeta Tikyani, PHFI, New Delhi.
g. Mr. Kapildev Singh, PHFI, New Delhi.
h. Dr. Henna Hejazi, Training & Capacity Building, Sphere India.
During Training Processes:

f) Strategic Training Approach

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

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

Post training processes:

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

g) Training Methodology

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

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

h) **Learning aids used:**

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

i) **Training Materials**

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

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

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

j) **Participants’ evaluation and feedback**

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

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

4.1.1 Course Expectations, Inaugural Speech: (Vik)

The day started with the Registration of participants. Each participant was asked to write down his/her expectation from the Regional MISP ToT. Due to late joining of two participants, expectations were received from 24 participants. Please find attached Annex C for the details of participant expectations.

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

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

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

4.1.2 Introduction to the Course, Ground rules, logistics, training teams: (Dr.Anurag and Sangeeta)

The session started with an introductory ice breaking exercise wherein the participants were made to form a circle with one participant introducing his/her co-trainees (who had preceded giving their introductions) by their names followed by his/her own name. This exercise helped the entire team in remembering the name of each participant.
The Ground rules were set through brainstorming with the group. The agreed ground rules were noted on a flip chart and kept on display inside the training hall.

Following are the agreed ground rules for the training:

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

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

Sangeeta gave a broad introduction to the course and walked the participants through the Agenda of the 6 day training programme. She also emphasised the broad objective of the training in the Introductory session.

Participants were made to form 6 groups, (from Day 1-5). Each group would collect feedback from all participants at the end of each day and discuss with the facilitators. Besides this 5 groups would also be responsible for conducting a recap of the days learning on the next day morning. One group was specially marked to take a feedback on the action plans from each group and present it one the next day after the recapulation sessions. 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>Dinesh, Anusya, Lubna, Archana</td>
</tr>
<tr>
<td>Day 2</td>
<td>Group 2</td>
<td>Kokila, John, Umadevi</td>
</tr>
<tr>
<td>Day 3</td>
<td>Group 3</td>
<td>Leslie, Praveera, Saraswathy, Fibin, Nishith</td>
</tr>
<tr>
<td>Day 4</td>
<td>Group 4</td>
<td>Poornima, Sudeep, Mary, Jenisha, Karnan, Hari</td>
</tr>
<tr>
<td>Day 5</td>
<td>Group 5</td>
<td>Sashi, Sophia, Prestin, Rajendra, Nishith</td>
</tr>
<tr>
<td>Day 6</td>
<td>Group 6</td>
<td>Ranjana, Murlidharan, Benjamin</td>
</tr>
</tbody>
</table>
Day and group numbers were finalised for delivering their role of responsibility in training management. Besides a time manager was chosen to ensure the facilitators stick to their time schedule while another volunteer was chosen among the participants to give gentle reminders to participants for coming back to the training hall at the end of each break.

4.1.3 Advocacy Films, Pre Test, Overview of SRH interventions in Disasters and Introduction to MISP: (Dr. Henna)

The first session was facilitated by Dr. Henna, Sphere India, who shared the video presentations, developed by UNFPA, which were shown in the MISP launch event on 21st May & National TOT, illustrating how MISP interventions will address key concerns and gaps in current response programs. They included Testimonies from Bihar (Men/Women speaking about the plight of women in the State during floods and challenges they faced), Short Animated movie showing what MISP is all about and Message from Hindi movie actor - Priyanka Chopra. All the three films, as per the facilitator form a compact powerful advocacy tool for MISP implementation.

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

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

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

The pre test was followed by the first technical session which was taken by Dr. Henna Hejazi, Training Focal Point, Sphere India, New Delhi

Session Title

Overview of SRH interventions in disasters and Introduction to MISP.

Content covered

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

Key Proceedings

- Defining Disaster and impacts to various sectors.
- Impact of disaster on reproductive health needs of the affected community
- International mandates & policies addressing Reproductive Health rights and services
- SRH services for population affected in disasters
- Key challenges for SRH in emergencies
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Chennai, India

- Defining MISP, objectives, challenges and various components within continuum of the emergency
- Comprehensive SRH Care
- Challenges in implementing the MISP and lesson learnt

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

Key discussion points/questions/issues/comments raised by participants
- SRH/Gender needs are not seen as important and gender discrimination becomes many fold in disasters
- Lack of data or analysis 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

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

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

Session Title
Introduction to Institutional Mechanisms and Coordination for SRH in Disasters.

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

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

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

Key discussion points/questions/ issues/ comments raised by participants:
- What are the coordination mechanisms for GO-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

### 4.1.5 SRH Logistics: (Kapildev Singh)

Mr. Kapildev Singh, PHFI, 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
- Discussion on all three blocks and their distribution platforms
- Discussion on key components in each block available for Sub center, Primary health care center and District hospital level.
- Calculation of the required logistics in each kit under each block based on the standard statistics.
- Need and formation of Hygiene and Dignity kits at local level.
- Supply and distribution channel of RH kits during disaster.
- Emphasizing the need to incorporate the supply of RH kits in the regular channel of the government planning.
- 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?

The session was led with the help of power point presentation, group work and participants’ discussion. The session was focused to give understanding to the participants about the Inter-Agency RH Kits for disaster situations.

The session was thoroughly discussed and participants’ showed interest to know the details of the each component and its need, kept in each kit. They came to know the importance of the logistics required during disaster and shown commitment to advocate for RH kits. Participants also communicate that they will advocate with the government and other developing agencies to assemble the standard kits based on the local needs.

**4.1.6 Data Monitoring and Evaluation: (Kapildev Singh)**

Mr. Kapildev Singh, PHFI, New Delhi delivered the session on Monitoring and Evaluation.

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

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

**Key messages of the session**
- Data is very important for preparedness of disaster
- Human rights approach in data collection
- Data required for preparedness should be population, age and sex desegregated
- No need for NEEDS ASSESSMENT for MISP

**Key discussion points/questions/issues/comments raised by participants**
- How to collect data during different phases of disaster
- Request from participants for including standardised formats which can be readily used during disasters.
- No need for NEEDS ASSESSMENT for MISP
- Exercises on indicators conducted
Key Outcomes

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

4.1.7 Adult Learning Principles (Vik, Kapil)

This session was facilitated by Vikrant Mahajan, CEO, Sphere India. It 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 Disasters) 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 different ways of learning. The facilitator also shared about different styles of learning. He shared about the principles of adult learning.

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

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

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

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

**4.1.8 Action Plan Matrix (Shachi, Vik)**

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

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

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

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

**4.2 Session observations: Day 2**

**4.2.1 Recap of Day 1: (Group 1)**

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

**4.2.2 Introduction to Gender and SGBV, Sexual Violence- Barriers to Care and Support and Guiding Principles: (Dr.Jithesh)**

The session was facilitated by Dr.Jithesh, Govt.of Kerela. He has been a National MISP Master Trainer, who facilitated the SGBV Session in the National ToT in Faridabad.

*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. Jithesh)

**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 : (Jithesh, Shachi, Anurag)

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 Training Methods (Sangeeta)

Learning Objectives/Outcomes:
- By the end of the session, participants will be able to:
- Enlist the ten commandments of training of trainers
- Explain the different methods of training
- Enlist the merits and demerits of different training methods

Methodology adopted:
- PowerPoint Presentation
- Video on “not prepared for the presentation”
- Group discussion
- Participants Interaction
- Flip Chart
- VIPP cards

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

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.

### 4.3 Session observations: Day 3

#### 4.3.1 Recap of Day 2: (Group 2)

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

#### 4.3.2 Maternal & Newborn Health: (Dr. Anurag Mishra)

The session was taken over by Dr Anurag Mishra, Doctors for You, New Delhi. Anurag was also the lead trainer for this training.

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

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

**Key messages of the session**
- Establish referral system
- Supply at referral level (CEmONC)
- Supplies for delivery at health facilities (BEmONC)
- Plan for Ante natal care and post natal care and integrated into PHC as soon as possible
Regional Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive Health during disasters - Chennai

24th to 29th October, 2013
Chennai, India

- Provide Clean delivery kits to visibly pregnant women (for home based deliveries in case access to health facility not possible)
- Plan for comprehensive MNH program services

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

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

4.3.3 Adolescents Health, Safe Abortions and Family Planning in Disaster Situations: (Dr. Anurag)

The session was delivered by Dr Anurag Mishra.

**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: (Dr. Anurag)

Dr. Anurag delivered an important session on Family Planning in Disasters.

**Contents covered:**
- Discuss the role of FP in disaster and post-disaster situations
- Understand benefits of FP
- Understand the importance of integrating STI management and FP
- To explain the elements of service delivery, supplies and logistics
Regional Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive Health during disasters - Chennai

24th to 29th October, 2013
Chennai, India

➢ 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: (Anurag, Anil, Kapil)**

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 Designing trainings: (Vik)

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

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

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

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

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

The facilitator also shared that the key learning messages in a particular training could be divided into three sections. One of this is the “must know” part which the participants must know during the course of the session itself. The other is “should know” which the participants may pick up during the session as the facilitator shares about the topic and the discussions proceeds. The third one is “could know” which a participant may know by referring to the documents provided of the links, reference sources etc. This was perceived well by most of the participants.
4.4 Session observations: Day 4

4.4.1 Recap of Day 3: (Group 3)

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

4.4.2 Preventing HIV and STI in disasters: (Dr. Anil Koparkar)

Dr. Anil Koparkar, Govt. Hospital, Maharashtra delivered the Day 3 session on the HIV/STI prevention and Planning for comprehensive STI/HIV programming.

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

Key Proceedings of the session
- Interactive discussion on:
  a. What are STIs? What are the common STIs?
  b. What is HIV? How is it transmitted?
  c. Prevalence and consequences of HIV and STIs
  d. Methods for risk reduction during crisis
  e. Standard precautions
  f. Safe blood
  g. Use of condoms

Key messages of the session
- SGBV and the transmission of HIV and STIs are linked
- MISP objectives are part of both the IASC HIV- and the IASC GBV guidelines
- All health care settings should apply the full range of universal precautions from the onset of the humanitarian response
- Safe working practice protocols, first aid information for occupational exposure, and PEP should be available to staff working in health care settings
- Condom distribution strategies need to be adapted to the situation in order to make them accessible
- All blood for transfusion must be tested for TTIs
Key Outcomes
By end of the session, participants were able to
- Describe the link between HIV transmission, STIs and SV
- Explain the importance of ensuring that universal precautions are implemented in all health care settings
- Apply the measures to be taken after an occupational incident
- Identify strategies to ensure access to free condoms in emergency
- Reinforce the rational use of blood and strategies to ensure safe blood transfusion
- Explain the use of the IASC HIV matrix as a coordination tool

4.4.3 Planning for Comprehensive STI and HIV Programming: (Dr. 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
- Consequences of STIs
- How can we best diagnose STI?
- Examples of STI syndromes
- How to carry out comprehensive STI case management.

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

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

4.4.4 HIV/STI Group Work Station: (Dr.Anil, Dr. Anurag, Sangeeta)
The participants were divided into three groups and each group was assigned to a station on the following three thematic topics:

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

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

**Learning Outcomes:**

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

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

### 4.4.5 Constructive feedback and evaluation: (Vik)

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

### 4.4.6 Introduction to participants led sessions: (Vik)

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

Two lead facilitators were identified by participant consensus who were given the task of leading the training team in designing a District level sensitization Training program. 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:

- Sexual and Gender-based Violence.
- Maternal and Newborn Health during disaster
- Prevention of STI & HIV
- SRH Supply & logistics management in MISP
- Data management, Monitoring and Evaluation.

The participants were divided into five groups based on their formed in groups of 5 people each and every group had 60 minutes time for their topic. They had to make presentations (5-10 minutes each
person) and then a slot of discussion and feedbacks by peer group and facilitators was kept for 15 minutes for each group.

The evaluation was based on:

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

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

**4.4.7. Action Plan Review (SG, Vik):**

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

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

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

**Action Plan Highlights:**

- Capacity building of field level workers and volunteers on MISP.
- Community disaster preparedness
- Ensuring prevention and response is in place to protect affected persons from sexual violence.
- Developing SOPs for different stakeholders including health care providers, police, local bodies, civil society, public, community, adolescents, pregnant women etc. within six months by conducting awareness workshops.
- Advocacy at different levels with policy makers, PRI members.
- Water and Sanitation.
- Provision of emergency care to the victims of GBV during disasters.
- Counselling and providing support to rape survivors.
- Sensitising programme for adolescent women to prevent sexual violence.
- Selection of SRH cadres and imparting training programmes to them at the community-level.
- Rational distribution of food, RH Kits and other minimum needs at the time of disaster.
- Training of NGOs, task force members on MISP/SRH at district-level.
- Orientation to district health administration, WCD, PRI, RD, HCD, Revenue dept, schools etc.
- Capacity building of SDMA/DDMA and other stakeholders for MISP.
- Build capacity of the grassroots level health personnel on safe delivery in disaster situation.
- Making situation analysis and Rapid assessment during disasters.
- Preparation of distribution plan.
4.5 Session observations: Day 5

4.5.1 Recap of Day 4: (Group 4)

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

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

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

5 Training Evaluations

5.1 Training evaluation

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

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

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

5.1.1 Summary of participants’ daily feedbacks

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

- Logistic details were clearly explained on Day 1. 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 day’s session to interested participants.
- Time Managers did a good job in keeping to the time limit of sessions.
Participants suggested the usage of general terms rather than technical terms. The glossary of terms helped many participants in understanding the meaning of technical terms.

- Participants suggested the administration of Case Studies (State or disaster-specific) so that it becomes easier for them to understand.
- The seating arrangement was also changed from time to time to relieve tedium of classroom and suit the participants.
- Suggestions for including more energizers was duly noted and incorporated in the training.
- Participants suggested that the materials which are not in CD should be given in hard copy.
- Lunch time was extended from half an hour to 45 minutes as per the participant suggestion.
- Participants welcomed and appreciated the regrouping and change in seating arrangement on a daily basis.
- The participants expressed the need for adequate waterbottles and sweets which was ensured.
- Including rotis in lunch was also addressed by organizers.
- Powerpoint presentations should have minimal bullet points and should not be text-heavy.
- 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.
- 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.

5.1.2 Summary of participants’ Session Feedback

1. MISP Overview and Coordination:
   - SRH Overview was very clear and MISP detailing was very compact.
   - The DM Act and entire composition of the Central and State Government on Disaster Preparedness helped in gaining insight into the subject.
   - Movie highlighted the impact of disaster on women and newborn.
   - Promotion of human rights and best practices are the central components to preparedness and planning.
   - Helped in understanding of organisational structure in central, state and district-level.
   - Informative session giving highlights of the entire programme.
   - Questions were answered clearly and patiently.

2. Sexual and Gender-based Violence:
   - Lots of group activity gave clear interpretation on Gender and Sex.
   - Group work on violence at different age groups was very enlightening.
   - Gave a very insightful picture of the root causes of gender based violence.
   - Many participants were of the opinion that this session has dealt with the sexual violence issues during disaster situation which has been a learning.
   - More time should be allotted to this session.
   - Resource illustrations used during this session have benefitted the participants.
   - Case studies of disasters should be used to explain some key concepts.

3. Maternal and Newborn Health:
   - Adolescent, Reproductive and Sexual Health provided a detailed insight and was very well moderated.
   - Family planning was a good session and its importance was emphasised during the session.
   - Participants from the Nursing background found this session very beneficial.
   - Informative session. Excellent content to address basic needs of MNH.
The medical terminologies, medical equipments used and some names of the medicine required more rendition and explaining.

Its always good to introduce personal experiences in technical sessions to make them easier to understand.

Technical sessions were made easy by the facilitator for the non-technical participants. This was done by breaking down the topic into smaller chunks.

Group work station activity was well planned and highly appreciated.

Introduction of the linkages with the Government run schemes like NRHM can help the participants contextualise MNH in their settings.

4. **HIV and STI:**
   - Information delivered in simple manner.
   - Preventive strategies were discussed threadbare.
   - Female condom demonstration was especially helpful in generating awareness. Film with tamil subtitles was especially appreciated.
   - Informative session
   - Content was heavy. Can make the sessions brief.
   - Syndromic approach was very helpful.

5. **SRH Supplies and Logistics:**
   - A very informative and interesting session.
   - Primary, secondary and tertiary distribution was very interesting.
   - Important information on the distribution plan at various levels during disasters.
   - Practical difficulties in carrying the plan. Requires to be more detailed along with case studies.
   - Participatory approach adopted in this session was very helpful.
   - Meticulous explanation of planning, procurement, distribution and documentation.

6. **Data, Monitoring and Evaluation:**
   - A good session highlighting the importance of Data and need for mainstreaming Data.
   - Helpful in understanding the relevance of data in field work.
   - This session was a bit fast. Practical examples and scenarios can be introduced in this session to make it more effective and easy to understand.
   - Require more detailed account in this session.
   - Simple and good.

7. **Action Planning:**
   - A useful tool giving an outline of the structural application of programme.
   - Good exercise but needs to be discussed and dealt with in greater detail.
   - This session gave clarity to the participants on their role after the training.

8. **Training Design/Methodology:**
   - Adult Learning was an excellent session with extreme participation from all.
   - Training methods by Sangeeta was very interesting.
   - Constructive form of delivery and presence of mind were the key highlights.
   - An interactive and participative session giving details of adult learning styles.

9. **Participant-led Sessions:**
   - Excellent learning exercise.
Good experience and opportunity to learn from practical experience.
Boost to self confidence of each participant.
Excellent and Awesome to see our team members confidence and coordination.
Mentors were encouraging and helpful in preparing of topics and choosing multiple methodologies.
Excellent learning exercise.
Participants felt that this session has helped them in developing as effective MISP trainers.
A good opportunity to learn lessons in coordination, commitment and team effort.
The team leaders did a good job.
This session does not require any changes.

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 State level 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:

- The participant selection criteria for the State TOT were appropriate and strictly adhered to.
- A good team work and coordinated efforts were reflected during the entire training period and the result for the same is reflected in the evaluations as well.
- The participants were interested and participated throughout the training programme which shows the interest in the subject and training as a whole.
- The quality of the training material vis a vis Xerox needs improvement.
- The names of the facilitators not to be included in the presentations.
- The workstation items need to be replenished from time to time.
- Posters for STI syndromic management need to be introduced during the group exercises of HIV/STI prevention.
- MISP Labelling to be done on the flashdrives for subsequent trainings.
- Videography to be done on the 1st and last day of the training.
- Checklist against each session needs to be devised.
- Pre-training meeting of trainers to be organized for better session planning and preparedness.
- 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.
- Good facilitation kept energy levels high and reduced need for energizers.
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 organizing committee based on certain logistic and administrative parameters is given below.

![Graph showing feedback ratings](image1)

5.3.2 Relevance of MISP training:

82.5% participants said that the training was relevant to their work and were optimistic in advocating and Integrating MISP into Disaster Preparedness and Contingency Planning.

![Pie chart showing relevance](image2)

5.3.3 Most Beneficial Sessions:

On being asked which three sessions were the most beneficial, preference for SGBV, MNH & HIV/STI in disasters.
5.3.4 Least Beneficial Sessions:

On being asked which three sessions were the least beneficial, 4 participants named Monitoring & Evaluation, 4 named SGBV and 3 participants named HIV/STI Prevention.

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). Almost all the trainers received the highest scores with very less difference.
5.3.6 Comfort in delivering MISP Training:
A very important feedback was taken to evaluate participants interest, knowledge, aptitude and comfort in delivering trainings as a Master Trainer in future trainings in specific MISP Topics. It was observed that most of the participants were interested in taking up all topics while others were more comfortable delivering sessions on Adult Learning and Training methods and Overview of SRH. The detailed findings are as follows.
6.1 Summary of observations/key recommendations for MISP implementation and future ToTs:

6.1.1. Summary of observations/key recommendations:

- A good team work and coordinated efforts were reflected during the entire training period and the result for the same is reflected in the evaluations as well.
- It would be great to have pre-training meeting of trainers for the better coordination and clarity of training objectives. Also the agenda for the same should be worked in consultation with the trainer team.
- Distribution of sessions should be done beforehand so that everybody gets enough time for the session preparation.
- Venue of the training should be visited before the training for the better management of the training arrangements. Food quality needs to be improved.
- All the logistics arrangement should be done beforehand so that the trainers can concentrate on the technical content of the training.
- Agenda for the training should be worked in consultation with the trainer team in pre training meeting.
- The other member of the training team should not interrupt the other trainer during the session as it breaks the rhythm and flow of the session.
- The pre-test and post-test questionnaire should be the same and the marking of the questionnaire should be standardized.
- The session on data printed in the booklet may be revisited with an expert group to make it more robust.
- Many participants suggested inclusion of psychosocial support session in the SGBV session.
- The structure of the presentations needs some simplification. The standard slides of the MISP Manual should not be overloaded with information. This becomes difficult for non-technical humanitarian workers, to understand and keep pace with the technical jargons and acronyms which are used. Instead trainers should come out with their own illustrous and creative training techniques to deliver maximum information for future trainings.
- According to the inputs received by some participants during the course of the training, it was felt that some information largely pertaining to the data management (which is the backbone of any operation) needs to be more systematic and exhaustive.

6.1.2 Follow-up actions:

- Advocacy at all levels for MISP in disasters.
- Inbuilt of MISP as a component into the training schedule of the Trained nurses institutes.
- Creating of cadre of trained advocates at State and District level to implement MISP during disasters.
- MISP sensitization training programmes will be taken up by NGOs.
- Joint meeting of Health & Disaster Management to place MISP in disaster.
- District level MISP sensitization workshops.
- Integration of SRH and MISP into state and district disaster management and health plans.
7. Annexes

**Annex A:**

**List of participants**

<table>
<thead>
<tr>
<th>S.no</th>
<th>Participants</th>
<th>Name</th>
<th>Profile / Organization</th>
<th>Contact Number/ E-mail Id</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>D.Leslie Martin</td>
<td>State Coordinator Dalit Watch, AP</td>
<td>9573604458 <a href="mailto:leslie.martind@gmail.com">leslie.martind@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dr. Archana Thombare</td>
<td>Medical Officer, Lead trainer in Disaster Management Yashwant Rao Chavan Academy of Development Administration</td>
<td>9049822274 <a href="mailto:dr.a.thombare@gmail.com">dr.a.thombare@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lubna Abdullah</td>
<td>State Coordinator, MP Sphere India</td>
<td>9893518745 <a href="mailto:lubna03abdullah@gmail.com">lubna03abdullah@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dr. Nishith Dash</td>
<td>Regional Coordinator PHFI-UNICEF Project, Bhubaneswar</td>
<td>8280179234 <a href="mailto:nishitha@iiph.org">nishitha@iiph.org</a></td>
<td></td>
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<tr>
<td></td>
<td>Name</td>
<td>Title/Role</td>
<td>Contact Information</td>
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<tr>
<td>5</td>
<td>Sudeep Kesh</td>
<td>Regional Coordinator IIPH,Bhubaneshwar</td>
<td>8763352050 <a href="mailto:sudeep@iiph.org">sudeep@iiph.org</a></td>
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</tr>
<tr>
<td>6</td>
<td>Poornima P.S</td>
<td>PhD Scholar Pondicherry Central University</td>
<td>9444544167 <a href="mailto:poornima_balakrishnan@yahoo.com">poornima_balakrishnan@yahoo.com</a></td>
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<tr>
<td>7</td>
<td>Umadevi K</td>
<td>PhD Scholar Pondicherry Central University</td>
<td>9486390339 <a href="mailto:umadeviragavan@gmail.com">umadeviragavan@gmail.com</a></td>
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<tr>
<td>8</td>
<td>Hari Balaji V.R</td>
<td>Consultant Srishti, Chennai</td>
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<tr>
<td>9</td>
<td>Prestin George Thomas</td>
<td>Student Hindustan University, Chennai</td>
<td>9941374051 <a href="mailto:georgeprestin@gmail.com">georgeprestin@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Fibin K Balan</td>
<td>Student Hindustan University, Chennai</td>
<td>9025866938 <a href="mailto:fibzfff@gmail.com">fibzfff@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Dr. Praveera Kumari</td>
<td>Medical Director DPIHS</td>
<td>9600122306 <a href="mailto:drpavi_25@yahoo.co.in">drpavi_25@yahoo.co.in</a></td>
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<tr>
<td>No.</td>
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<td>Designation</td>
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<tr>
<td>12</td>
<td>S. Dinesh</td>
<td>Nurse, Global Hospital, Chennai</td>
<td>9094958218 <a href="mailto:dinodinesh.s1991@gmail.com">dinodinesh.s1991@gmail.com</a></td>
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<tr>
<td>13</td>
<td>Kokila N</td>
<td>Lecturer, Hindu Mission School of Nursing</td>
<td>9840479859</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Ms. Saraswathi K</td>
<td>Lecturer, Apollo College of Nursing</td>
<td>99994123070 <a href="mailto:contactsaras@gmail.com">contactsaras@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Rajendra Gaikwad</td>
<td>Programme Secretary, Raju Kakdey Hep Academy, Ratnagiri</td>
<td>9420153171 <a href="mailto:rajagaikawad@yahoo.com">rajagaikawad@yahoo.com</a></td>
<td></td>
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<tr>
<td>16</td>
<td>Ranjana Kadam</td>
<td>ANM, Raju Kakdey Hep Academy, Ratnagiri</td>
<td>9421141673</td>
<td></td>
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<tr>
<td>17</td>
<td>Muralidharan</td>
<td>Chief Executive Director, Satya Trust, Chennai</td>
<td>4422655300/08678924643 <a href="mailto:wfoundation123@gmail.com">wfoundation123@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Sophia R</td>
<td>Principal, Vijaya Health Centre</td>
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<tr>
<td>19</td>
<td>Anusya</td>
<td>Nursing Tutor, Indira College of Nursing</td>
<td>9786733003 <a href="mailto:sarathyarumugam167@gmail.com">sarathyarumugam167@gmail.com</a></td>
<td></td>
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<tr>
<td>No.</td>
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<tr>
<td>20</td>
<td>Benjamin Simon</td>
<td>Student Hindustan University, Chennai</td>
<td>7305397535 <a href="mailto:benjist@gmail.com">benjist@gmail.com</a></td>
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<tr>
<td>21</td>
<td>Sashi Kumar</td>
<td>Microfinance Coordinator Care India</td>
<td>9600339071 <a href="mailto:sashik@careindia.org">sashik@careindia.org</a></td>
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<tr>
<td>22</td>
<td>Sognani Rani B</td>
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<tr>
<td>23</td>
<td>John Asir Dayalan</td>
<td>RC Incharge CASA</td>
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<tr>
<td>24</td>
<td>M. Karnan</td>
<td>Programme Officer-ICPD IRCS, Chennai</td>
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<tr>
<td>25</td>
<td>Mary</td>
<td>Managing Trustee Anbalayan, Pondicherry</td>
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<tr>
<td>26</td>
<td>N. Jenisha</td>
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<td></td>
</tr>
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**Annex B:**  
**MISP TOT schedule**

**AGENDA MISP TOT CHENNAI**

**24th Oct-Day 1 Morning-MISP Overview and Coordination**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>9:00-9:30</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>9:30-10:15</td>
<td>Welcoming Remarks and opening, Inaugural Address, Introduction of Participants/ Master Trainers, Logistics /Ground Rules Participants’ Expectations</td>
<td>Shachi Grover/Anurag Mishra/ Vikrant Mahajan</td>
</tr>
<tr>
<td>10:15-10:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>MISP Pre-test</td>
<td>Dr. Henna Hejazi</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Advocacy on MISP – Films</td>
<td>Dr. Henna Hejazi</td>
</tr>
<tr>
<td>11:00-12:30</td>
<td>Overview of SRH interventions in Disasters and Introduction to MISP</td>
<td>Dr. Henna Hejazi</td>
</tr>
<tr>
<td>12:30-13:00</td>
<td>Introduction to Institutional Mechanisms and Coordination for SRH in Disasters</td>
<td>Sangeeta Tikyani</td>
</tr>
<tr>
<td>13:00-13:45</td>
<td>Lunch Break</td>
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</table>

**24th Oct-Day 1 Afternoon- Logistic Supplies, Data and Monitoring**

<table>
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<tr>
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<th>Session</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>13:45-15:15</td>
<td>SRH Supplies and Logistics</td>
<td>Kapildev Singh</td>
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<td>15:15-15:30</td>
<td>Tea Break</td>
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<tr>
<td>15:30-17:00</td>
<td>Data, Monitoring and Evaluation</td>
<td>Kapildev Singh</td>
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<tr>
<td>17:00-17:45</td>
<td>Adult learning principles</td>
<td>Vikrant Mahajan/Kapildev Singh</td>
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<tr>
<td>17:45-18:00</td>
<td>Action Plan Review</td>
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<tr>
<td>18:00-18:30</td>
<td>Briefing meeting of Trainers</td>
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**25th Oct-Day 2 Morning- Sexual and Gender-based Violence (SGBV)**

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<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00-9:30</td>
<td>Recap of Day 1</td>
<td>Dr. Jithesh</td>
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<tr>
<td>9:30-10:30</td>
<td>Introduction to Gender and SGBV:</td>
<td>Dr. Jithesh</td>
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<tr>
<td>10:30-10:45</td>
<td>Tea Break</td>
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<tr>
<td>10:45-12:00</td>
<td>Sexual Violence: Barriers to Care and Support and Guiding Principles</td>
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<tr>
<td>12:00-13:15</td>
<td>Medical Services for Rape Survivors</td>
<td>Dr. Jithesh</td>
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<tr>
<td>13:15-14:00</td>
<td>Lunch Break</td>
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**25th Oct-Day 2 Afternoon- Sexual and Gender-based Violence (SGBV)**
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<tr>
<td>14:00-15:30</td>
<td>Group Work:</td>
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<tr>
<td></td>
<td>1: Referral Mechanism for Rape Survivors</td>
<td>Dr. Jithesh</td>
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<td></td>
<td>2: Inter-Agency Coordination for SGBV</td>
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<tr>
<td>15:30-16:30</td>
<td>Designing Trainings</td>
<td>Vikrant Mahajan/Sangeeta</td>
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<tr>
<td>16:30-16:45</td>
<td>Tea Break</td>
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<tr>
<td>16:45-17:00</td>
<td>Action Plan Review</td>
<td>Shachi Grover</td>
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<tr>
<td>17:00-18:30</td>
<td>Briefing meeting of Trainers</td>
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<tr>
<td>26th Oct-Day 3 Morning - Maternal and Newborn Health (MNH)</td>
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</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Facilitators</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Recap of Day 2</td>
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<tr>
<td>9:30-10:45</td>
<td>Maternal and Newborn Health in Disasters and Post-Disaster Situations</td>
<td>Dr. Anurag Mishra</td>
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<tr>
<td>10:45-11:00</td>
<td>Tea Break</td>
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<tr>
<td>11:00-12:15</td>
<td>Adolescence Reproductive and Sexual Health, Safe Abortion Care, Breastfeeding and Comprehensive Care</td>
<td>Dr. Anurag Mishra</td>
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<tr>
<td>12:15-13:15</td>
<td>Family Planning in Disasters</td>
<td>Dr. Anurag Mishra</td>
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<tr>
<td>13:15-14:00</td>
<td>Lunch Break</td>
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<tr>
<td>26th Oct-Day 3 Afternoon - Maternal and Newborn Health (MNH)</td>
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<tr>
<td>14:00-15:30</td>
<td>Group Work:</td>
<td>Dr. Anurag Mishra</td>
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<td>1: Clean Delivery and Immediate Newborn Care</td>
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<td>2: Post Abortion Care</td>
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<td>3: Quality of Care in MNH</td>
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<td>15:30-16:15</td>
<td>Training Methods</td>
<td>Vikrant Mahajan</td>
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<td>16:15-16:30</td>
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<td>16:30-16:45</td>
<td>Action Plan Review</td>
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<td>16:45-17:30</td>
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<td>27th Oct-Day 4 Morning - HIV/STI</td>
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<td>9:00-9:30</td>
<td>Recap of Day 3</td>
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<tr>
<td>9:30-10:45</td>
<td>Preventing HIV/STIs in Disasters</td>
<td>Dr. Anil Koparkar</td>
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<td>10:45-11:00</td>
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<tr>
<td>11:00-12:00</td>
<td>Planning for Comprehensive STI and HIV Programming</td>
<td>Dr. Anil Koparkar</td>
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<tr>
<td>12:00-13:00</td>
<td>Constructive feedback</td>
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<td>13:00-13:45</td>
<td>Lunch Break</td>
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<tr>
<td>27th Oct-Day 4 Afternoon - HIV/STI</td>
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<tr>
<td>13:45-15:15</td>
<td>Group Work:</td>
<td>Dr. Anil Koparkar</td>
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<tr>
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<td>1: Standard Precautions</td>
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<td>2: Condoms</td>
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<td></td>
<td>3: STI Syndromic Approach</td>
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<tr>
<td>15:15-15:30</td>
<td>Tea Break</td>
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Regional Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive Health during disasters - Chennai

24th to 29th October, 2013

Chennai, India

28th Oct-Day 5 Morning-Participant-led sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30-16:30</td>
<td>Completion of Action Plan and review</td>
<td>Shachi Grover</td>
</tr>
<tr>
<td>16:30-17:45</td>
<td>Intro to participant led sessions</td>
<td>Vikrant Mahajan/Sangeeta</td>
</tr>
<tr>
<td>17:45-18:30</td>
<td>Briefing meeting of Trainers</td>
<td></td>
</tr>
</tbody>
</table>

28th Oct-Day 5 Afternoon-Participant-led sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30-15:00</td>
<td>Participant led Group 1</td>
<td></td>
</tr>
<tr>
<td>15:00 – 15:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>15:15-16:45</td>
<td>Participant led Group 2</td>
<td></td>
</tr>
<tr>
<td>17:15-17:30</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>17:30-19:30</td>
<td>Briefing meeting of Trainers</td>
<td></td>
</tr>
</tbody>
</table>

29th Oct-Day 6 Morning Review and Evaluation

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-10:30</td>
<td>Participant-led Group 5</td>
<td></td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of Participants Expectations</td>
<td></td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
</tbody>
</table>

29th Oct-Day 6 Afternoon-Review of Expectations and Valedictory

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-15:00</td>
<td>Closing Distribution of certificates</td>
<td></td>
</tr>
<tr>
<td>15:00</td>
<td>Tea</td>
<td></td>
</tr>
</tbody>
</table>

Annex C:

Expectation Index:

- Total no. of participants: 24
- No. of participants submitted expectations card: 24

Major areas of expectations

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Area of expectation</th>
<th>No. of expectations</th>
</tr>
</thead>
</table>

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### Percentage of participants expectations

| 1. | MISP overview and coordination | 3 |
| 2. | Maternal and Newborn Health | 8 |
| 3. | Sexual and Gender based Violence | 5 |
| 4. | Logistic supplies and data and monitoring | 2 |
| 5. | Action Plan and designing trainings | 3 |
| 6. | Others | 3 |

### Detailed expectations from MISP State TOT

1. Better understanding and knowledge of disasters and management
2. Know the trends
3. Good awareness
4. Good contacts in field of disasters
5. Knowledge about MISP
6. Networking strategies
7. Community and facility preparedness
8. Strengthening health system specially SRH and HIV/AIDS after disaster
9. New knowledge about reproductive health in disasters situation
10. Overcome the knowledge and skills regarding SRH in disasters
11. Response for women in disaster
12. Practice to promote reproductive health
13. Addressing adolescents for reproductive health in disasters
14. Clean delivery and newborn care
15. Management of MCH intervention post disaster
16. Promoting humanitarian aspect
17. Application of SRH in constraint zones  
18. Demand generation of SRH services  
19. Planning and implementation of SRH services  
20. How to deal with SRH before, during and after disasters  
21. Addressing sexual violence against women and children during disaster  
22. Utilization of information  
23. Training tech to train others  
24. Acquiring training skills and application.  
25. Action planning  
26. Target population for training  
27. To assist UNFPA in their assignments  
28. Adult learning principles  
29. Preventive strategies in disasters  
30. I want to cover Genetic counseling  
31. Competency on policy analysis and system approach on RMNCHA in disaster

1. **MISP Overview and Coordination**  
   - Better understanding and knowledge of disasters and management  
   - Know the trends  
   - Good awareness  
   - Good contacts in field of disasters  
   - Knowledge about MISP  
   - Networking strategies  
   - Community and facility preparedness  
   - Strengthening health system specially SRH and HIV/AIDS after disaster

2. **Maternal and Newborn Health (MNH)**  
   - New knowledge about reproductive health in disasters situation  
   - Overcome the knowledge and skills regarding SRH in disasters  
   - Response for women in disaster  
   - Practice to promote reproductive health  
   - Addressing adolescents for reproductive health in disasters  
   - Clean delivery and newborn care  
   - Management of MCH intervention post disaster  
   - Competency on policy analysis and system approach on RMNCHA in disaster

3. **Sexual and Gender-based Violence (SGBV)**  
   - Promoting humanitarian aspect  
   - Application of SRH in constraint zones  
   - Demand generation of SRH services  
   - Planning and implementation of SRH services  
   - How to deal with SRH before, during and after disasters  
   - Addressing sexual violence against women and children during disaster

4. **Logistic Supplies, Data and Monitoring**
o Utilization of information

5. **Action Planning and Designing Trainings**
   - Training technique to train others
   - Apply the learning
   - Acquiring training skills
   - Action planning
   - Target population for training
   - Training venues for future training
   - Training package
   - Innovative teaching
   - Adult learning principles
   - Follow up plans
   - To assist UNFPA in their assignments
   - Preventive strategies in disasters

6. **Others**
   - I want to cover Genetic counseling

**Annex D**

**Pre and Post Test Evaluation**

**Pre Test Evaluation**

![Pre-Test vs Post-Test Evaluation Chart]

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Pre-Test</th>
<th>Post-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-25%</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>26-50%</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>51-75%</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>76-100%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Pre and post test average:

**Average %score**

![Bar chart showing average %score before and after training sessions](image)

**Annex E:**
Revised training schedule (Participants led sessions):
Day 5 was kept exclusively for the participant led sessions in the State TOT. The following steps were taken for planning these sessions.

Two individuals (amongst the participants) were identified and advised to act as lead trainers to deliver a district level training of various district officers on MISP.

Nishith and Lubna were identified as lead trainers after an evolved 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.

**Annex F: Participant Led Sessions**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>28th October 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.15-9.30 am</td>
<td>Recap</td>
<td>Old Group III</td>
</tr>
<tr>
<td>9.30-11:00 am</td>
<td>Sexual and Gender based Violence</td>
<td>Group-I</td>
</tr>
<tr>
<td>11:00-11.15 am</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>11.15-12:45 am</td>
<td>Maternal and Newborn Care</td>
<td>Group-II</td>
</tr>
<tr>
<td>12.45-13:30 am</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>13.30-15.00 pm</td>
<td>Prevention of HIV/STI during disasters</td>
<td>Group-III</td>
</tr>
<tr>
<td>15.00-16:45 pm</td>
<td>SRH Logistics during disaster</td>
<td>Group-IV</td>
</tr>
<tr>
<td>29th October 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00-10:30 am</td>
<td>Data Management, Monitoring, and Evaluation in Disasters</td>
<td>Group-V</td>
</tr>
</tbody>
</table>

**Session Designs of participants’ led sessions**

**Training Team:**

1) Total 5 groups and each group lead by National MISP Trainer as mentors, will deliver one day sensitization programme.

2) Each group will get 60 minutes for the session and 30 minutes for the feedback from the participants, mentors and the trainers..
After the introduction on MISP by lead trainers, a pre-test comprising of 10 questions was distributed among the participants to assess the understanding of the participants about Sexual and Reproductive Health and MISP.

This was followed by the first Session

**Group 1:**

### 1. 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: Enumerate Strategies in Prevention of Sexual Gender Based Violence</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>LCD, Markers, Flip Charts</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Ice breaker, PowerPoint Presentation, Group activity and interaction, video ppt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session Distribution with time</th>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leslie Martin</td>
<td>Connect with the program Broad SGBV objectives</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Shashi Kumar</td>
<td>To differentiate Gender and Sex</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>All Team Members</td>
<td>Explain disaster situation and forms of SGBV</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Dr. Praveera</td>
<td>To differentiate different agents of SGBV during disaster situations</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Poornima</td>
<td>To list SGBV prevention during disaster</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Prestin George</td>
<td>To brief about the topics (key messages)</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Rajendra</td>
<td>Life Saving methods – during disasters (Video ppt)</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

The session was participatory and each team member took their roles and topics they are strong and comfortable with. This was reflected in the session where each member kept to the task and time. The session was quite interactive where the participants could identify the difference between Gender and Sex. The power and gender imbalance between man and women in society leading to violence against Human Rights to individuals. Role play was done to bring out type of gender based violence which included domestic, sexual and rape. The vulnerable situation women become pray in playing their gender role constructed by the society. The forms of violence like sexual exploitation, domestic work by children, domestic violence, Depression and the SGBV on that can happen in disaster situations from the presentation and role plays.
The participants could enlist the different strategies adopted during disasters for preventing SGVB in relief camps from the role plays. They could identify the sectors where prevention strategies can be adopted which were elaborated further through presentation. The participants could connect to the learning objective of the session and the key messages that were involved.

Feedback from Mentors and participants:
- Team coordination and team work was good.
- Gave good beginning session to the training.
- Everyone in the team was involved – expect Rajender who was given later an opportunity to present his experiences.
- Participants were involved through interaction and getting their observations
- Scope for improvement.
- Time management of the topics
- Usage of flip chart
- Logistics could have been better
- Giving an opportunity for everyone to present.

Group 2:

2. Maternal and Newborn Health in Disasters:

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Maternal and Newborn Health in Disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Objectives</td>
<td>At the end of the session participants will be able to: Identify key components of MNH services Identify strategies for setting up natural mechanisms Plan comprehensive MNH services Identify the need of Adolescent girls Role of Family Planning</td>
</tr>
<tr>
<td>Materials</td>
<td>Panel Discussion</td>
</tr>
<tr>
<td>Methodology</td>
<td>Power point presentation, discussion, group work and open session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs. Kokila</td>
<td>Identify key components of MNH services</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Mrs. Anusya</td>
<td>Role of Family Planning</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Benjamin Simon</td>
<td>Identify the need of Adolescent girls</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Fibin</td>
<td>Identify strategies for setting up natural mechanisms</td>
<td></td>
</tr>
<tr>
<td>Dr. R. Muralidaran</td>
<td>Plan comprehensive MNH services</td>
<td></td>
</tr>
</tbody>
</table>

**Key learning messages:**
- Establish assured referral and transport system.
Regional Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive Health during disasters - Chennai

Chennai, India

Regional Training of Trainers on The Minimum Initial service Package for Sexual & Reproductive Health during disasters - Chennai

Chennai, India

24th to 29th October, 2013

- Identify and supply referral level facilities.
- Ensure supply in adequate quantities.
- Clean delivery kits/Home deliveries.
- Plan for ANC/PNC/Integrated primary health care.
- The importance of MNH in disaster
- Adolescent health, methods for safe abortion & preventive measures to maternal health.

Feedback of Participants and Mentors:
- A fresh and unique training methodology used.
- Coordination was lacking. Team work absent.
- Subject knowledge was not adequate.
- Team introduction was missing.
- No additional supporting learning aids, tools utilized.

Group 3:

3. Prevention of HIV/STI during Disasters:

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Prevention of HIV/STI during Disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Objectives</td>
<td>At the end of the session participants will be able to: Enlist the importance of link factor of prevention of transmission of HIV in Disasters. Enumerate the Standard Precautions. State the practice of blood transfusion and use of condoms. Explain STI and its management through syndromic approach. Outline the importance of partner management.</td>
</tr>
<tr>
<td>Materials</td>
<td>Lecture, demonstration, role plays, group activity</td>
</tr>
<tr>
<td>Methodology</td>
<td>Lecture method, Power Point, Role Play and Demonstration</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>Mr. Karnan</td>
<td>Enlist the importance of link factor of prevention of transmission of HIV in Disasters.</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Ms. Mary</td>
<td>Enumerate the Standard Precautions.</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Ms. Jenisha</td>
<td>State the practice of blood transfusion and use of condoms.</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Ms. Sugnani Rani</td>
<td>Explain STI and its management through syndromic approach.</td>
<td>15 minutes</td>
<td></td>
</tr>
</tbody>
</table>
The group started the session with energizers and introduction of the team members with topics. They used various training methodologies including lecture method, demonstration, group activity and role plays.

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

**Group 4:**

4. **SRH Logistic and management during Disasters:**

**Session Plan and Design:**

<table>
<thead>
<tr>
<th>Session Name</th>
<th>SRH Logistic and management during Disasters</th>
</tr>
</thead>
</table>
| **Session Objectives** | At the end of the session participants will be able to:  
What is RH kit & its need in disasters.  
Identifying the process of coordination among all the stakeholders during disasters.  
Describe the different RH kits & its components.  
Differentiate RH kits according to the level of need.  
How to frame the road map for supplying RH kits in disasters |
| **Materials** | Markers, Flip Charts, Handouts, white board, Game, video |
| **Methodology** | Power Point, Group activity and interaction, Handouts, whiteboard |

<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>Ms.Lubna</td>
<td>What is RH kit &amp; its need in disasters.</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Nishith</td>
<td>Identifying the process of coordination among all the stakeholders during disasters.</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Dr.Archana</td>
<td>Describe the different RH kits &amp; its components.</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Ms.Ranjana</td>
<td>Differentiate RH kits according to the level of</td>
<td>5 minutes</td>
<td></td>
</tr>
</tbody>
</table>
Dinesh: How to frame the road map for supplying RH kits in disasters

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

Group 5:

5. Data Management, Monitoring, and Evaluation in Disaster:

Session Plan and Design:

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Data Management, Monitoring, and Evaluation in Disaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Objectives</td>
<td>At the end of the session participants will be able to: State the importance of Data Management State the significance of M&amp;E in Disasters</td>
</tr>
<tr>
<td>Materials</td>
<td>LCD, power points, Markers, Flip Charts</td>
</tr>
<tr>
<td>Methodology</td>
<td>PowerPoint Presentation, Group activity and interaction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session Name</th>
<th>Name of Facilitator</th>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sudeep kesh</td>
<td>Objectives of data management</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Uma devi</td>
<td>Types of data</td>
<td>10 minutes</td>
</tr>
<tr>
<td></td>
<td>Hari Balaji</td>
<td>Data management &amp; it's importance in disaster</td>
<td>15 minutes</td>
</tr>
<tr>
<td></td>
<td>Sophia</td>
<td>Experience sharing on M&amp;E</td>
<td>15 minutes</td>
</tr>
<tr>
<td></td>
<td>John Asir</td>
<td>Case Study</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>

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

- 5 participants have shared their individual/collective MISP Action Plan for Disaster Preparedness and Contingency Planning.
<table>
<thead>
<tr>
<th>S.no</th>
<th>Name of Participants</th>
<th>Organisation</th>
<th>Status of Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>D. Leslie Martin</td>
<td>Dalit Watch, AP</td>
<td>Submitted</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Archana Thombre</td>
<td>Yashwantrao Chavan Academy of Development Administration</td>
<td>Submitted</td>
</tr>
<tr>
<td>3</td>
<td>Lubna Abdullah</td>
<td>Sphere India</td>
<td>Submitted</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Nishith Dash</td>
<td>PHFI-UNICEF Project, Bhubhaneshwar</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sudeep Kesh</td>
<td>IIPH, Bhubhaneshwar</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Poornima.P.S</td>
<td>Pondicherry Central University of</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Umadevi.K</td>
<td>Pondicherry Central University</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Hari Balaji V.R</td>
<td>Srishti, Chennai</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prestin George Thomas</td>
<td>Hindustan University, Chennai</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Fibin K Balan</td>
<td>Hindustan University, Chennai</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Dr. Praveera Kumari</td>
<td>DPIHS</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>S. Dinesh</td>
<td>Global Hospital, Chennai</td>
<td>Submitted</td>
</tr>
<tr>
<td>13</td>
<td>Kokila.N</td>
<td>Hindu Mission School of Nursing</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Ms. Saraswathi.K</td>
<td>Apollo College of Nursing</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Rajendra Gaikwad</td>
<td>Raju Kakdey Hep Academy, Ratnagiri</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Ranjana Kadam</td>
<td>Raju Kakdey Hep Academy, Ratnagiri</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Muralidharan</td>
<td>Satya Trust, Chennai</td>
<td>Submitted</td>
</tr>
<tr>
<td>18</td>
<td>Sophia.R</td>
<td>Vijaya Health Centre</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Anusya</td>
<td>Indira College of Nursing</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Benjamin Simon</td>
<td>Hindustan University, Chennai</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Sashi Kumar</td>
<td>Care India</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Sugnani Rani B</td>
<td>SEEDS</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>John Asir Dayalan</td>
<td>CASA</td>
<td></td>
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