Coordination of SRH Working Groups Training Facilitation Guide

January 2025

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Preparation before the workshop

Prerequisite learning:
To build a common base of knowledge across participants and to decrease the didactic presentations during this training, participants should complete the following e-learning courses before attending:

Required:
- The MISP distance learning module (total time required: approximately 5 hours.). The link is **here**.
- The following modules of the Health Cluster E-learning Course (total time required: approximately 3 hours). The link is **here**
  - Introduction
  - Global Commitments for Humanitarian and Public Health Emergencies
  - Health Cluster Coordination: Principles and Functions
  - Needs Assessment
- Interaction PRSEA 101 e-learning (total time required: approximately 20 minutes). The link is **here**.

Strongly recommended:
- E-learning: *Building a Better Response: Strengthening Non-Governmental Organization (NGO) Capacity and Engagement in the International Humanitarian Coordination System* (total time required: approximately 7-10 hours.). This e-learning is available in 6 languages: English, French, Spanish, Portuguese, Turkish, and Polish. The link is here:
- Managing Gender-based Violence Programmes in Emergencies. This e-learning is available in French, English, Spanish, and Arabic and can take about 2 hours to complete. The link is here.

Recommendations for people and materials:
The ideal number of participants is 20-25, with 2-4 facilitators. We recommend at least 2 facilitators from the region where the training is conducted.
We recommend that you provide the following **materials:**
- **Technology:**
  - A laptop or projector for presentations.
  - Recommended: participants bring their laptops, chargers and plug adaptors
  - Reliable internet connection and adapters for audiovisual equipment.
- **Brainstorming Tools:**
  - Flip charts for group brainstorming.
  - Markers in multiple colors to promote visual creativity.
- **Participant Materials:**
  - Sticky notes, index cards, and notepads for individual and group idea generation.
  - Handouts summarizing key topics or activities.
  - Printed workshop agendas to guide participants.
- **Supplementary Resources:**
  - 2018 Interagency Field Manual for Reproductive Health in Humanitarian Settings
- **Workspace Setup:**
  - We recommend “cabaret seating,” with participants clustered around large round tables.
  - Sufficient space for breakout sessions. For a small group, this can be different corners of the room.

Course Objectives

By the end of the workshop, participants should feel more competent and confident to perform the SRH Working Group coordination role. Participants should also feel more connected to their colleagues and be able to reach out and seek support from them. Finally, within the domains of knowledge, tactics and cross-cutting capabilities, participants should be able to:

- Describe the **rationale and objectives** of the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP)
- Describe the **roles & responsibilitie**s of the SRH Coordinator
- Describe how the MISP and the SRH-C fit within the **humanitarian mandate and architecture** and the **health cluster coordination** mechanisms
- Demonstrate the skills to implement **critical SRH coordinating actions** using an inclusion & accountability lens
- Demonstrate **leadership and coordination skills to create an enabling environment for MISP** actions that support the four service delivery objectives and early expansion to comprehensive SRH services.
- Demonstrate the skills to **negotiate** and **advocate** for SRH in politically **complex settings**
- Demonstrate the skills to **collaborate with** country & health cluster **leadership** and cross-cutting partners and other stakeholders working on cross-cutting themes (WASH, Protection, Gender, Education, etc) (i.e. GBV-Coordinator)

Acknowledgements

The SRH coordination training has been developed by the Sexual and reproductive health Task Team (SRH TT), as part of the Global Health Cluster (GHC), in collaboration with the Interagency Working Group for Reproductive health in Crisis (IAWG). The content of the training builds mainly on training approaches and tools from a variety of GHC and IAWG partners. The training approach primes the development of the competencies, that have been identified as the MOST relevant and VALUED when coordinating SRH as part of a humanitarian response.

We would like to thank all involved, SRH Task Team, GHC and IAWH members, consultants, organizations and donors for the support in developing this training and making it available to those tasked with coordinating SRH as part of humanitarian response.

SRH Terms of Reference

1. **Advocacy and Coordination with other sectors:** Coordinate, communicate, and collaborate with the health, GBV, HIV and logistics sector/ cluster/actors and actively participate in health and other intersectoral coordination meetings, providing information and raising strategic and technical issues and concerns; Advocate for SRH to be prioritized throughout all phases of a humanitarian crisis including during assessments, data collection and reporting, funding raising initiatives and supplies chain management. 2. **SRH actors and partners coordination:** Ensure the flow of information to enable adequate programming and appropriate and efficient use of resources (financial, human, material) to avoid gaps and overlaps in the SRH response. a. **Host regular SRH coordination meetings** at national and sub-national (when appropriate) levels with all relevant stakeholders, which could include the Ministry of Health, local and international humanitarian/development NGOs), United Nations agencies, civil society groups, intersectoral (protection, GBV, and HIV) representatives, and community representatives from often-marginalized populations, such as adolescents, persons with disabilities, and lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) individuals to facilitate implementation of the MISP for SRH b. **Support regular mapping and "Ws"***(Who, What, Where)* **exercises and situation and gaps analysis** of SRH services; identify SRH program needs, capacities, and gaps; and conduct planning exercises (initial and regular updates) in coordination with all relevant stakeholders for effective, efficient, and sustainable SRH services; c. **Support coordinated procurement and distribution supplies for SRH services,** including IARH Kits, and support partners in basic data collection on consumption of supplies and service utilization in order to plan for immediate, mid-term, and long-term sustainable SRH supply chain system. 3. 3. **Compile basic demographic and SRH information** of the affected populations to support MISP for SRH advocacy, implementation, and planning for comprehensive SRH services; 4. 4**. Identify, understand, and provide information about the elements of national and host-country policies, protocols, regulation**s, and customary laws that support or create barriers/restrict access to SRH services for the affected population; 5. 5. **Support health partners in seeking SRH funding through humanitarian planning processes** and appeals, including the flash appeals process (Central Emergency Relief Fund [CERF] and Country-based Pooled Funds) and the Humanitarian Response Plan, in coordination with the health sector/cluster; 6. 6. **Provide technical and operational guidance on MISP for SRH implementation**, as well as orientation for health partners on the MISP for SRH, Inter-Agency Emergency Reproductive Health (IARH) Kits, and other resources;	***The SRH Coordinator works within the context of the overall HCC to obtain and use information to:*** ***Ensure MISP for SRH services are monitored to facilitate quality and sustainability;*** *utilize the MISP for SRH Checklist to monitor services;* ***Ensure regular communication among all levels and report back on key conclusions and challenge****s requiring resolution to the overall* ***health coordination*** *mechanism;* ***Collect and apply service delivery data, analyze findings, identify solutions to service gaps, and plan*** *for the provision of comprehensive SRH service;* ***Facilitate planning with all stakeholders*** *to identify synergies, needs, gaps, and opportunities; and* ***Support the establishment of patient-centered comprehensive SRH*** *services as soon as possible and within three to six months of the onset of the emergencies*

High Level Agenda

Day 1				
Topic (approach)	**Description**	**SRH Coordination Skills Practiced**	**Duration**	**In-Person Timing** *(unique to each workshop*
Welcome and Norms and expectations **(plenary)**	**Activity 1:** Welcome & Safety & Context. Icebreaker Introductions, norms	TOR #1, #2	30 min	
Training Frame: Coordination & Communication **(lecturette, discussion)**	**Activity 2:** Course schedule, objectives, agreements, participatory evaluation (individual, eyes & ears, recap pairs and 3 training frameworks: Team building Communication & Conflict Resolution Advocacy	Review Training Agenda and align w SRH Coordinator TOR	30 minutes	
Icebreaker & Team Building **(pairs and large group)**	**Activity 3:** Speed Networking: Get to know your colleagues	TOR #1; #2, #10	45 minutes	
Tea Break				
SRH Values Alignment **(plenary discussion)**	**Activity 4:** Power Walk- Values Clarification	TOR #1; #2, #8, #10	60 mins	
Team building: Identify SRH Team Assets **(small group)**	**Activity 5:** Team Resume Building: Skill Mapping and Coordination Strengths	TOR #1; #2, #5, #10, #12	30 minutes	
Lunch				
Needs Assessment **(team task in breakouts, plenary discussion)**	**Activity 6: Rapid needs assessment** of secondary data, identify risks, gaps, priorities Introduce MISP check list.	TOR #1; #2, #3, #4, #6, #9, #11	90 minutes	
Tea Break				
Resource mobilization: Flash Appeal **(lecturette)**	**Activity 7:** Introduce team-based activity re: **resource mobilization (Part One)**	TOR #1, #3, #4, #5, #7, #9, #10, #11	30 minutes	
Technical Content Review **(small group game)** *You can play this game for energy throughout the workshop*	**Activity 8: SRH knowledge quiz/game**: MISP, Humanitarian Architecture, Cluster System, Humanitarian Principles, Commitment of Accountability to Affected People (CAAP), ETC	All-focus on SRH and Humanitarian Cluster knowledge	15 minutes	
Wrap up **(lecturette, individual & pairs participatory evaluation)**	**Recap, Accountability, and Preparation** Individual evaluation Recap volunteers for next day Eyes and Ears feedback to facilitators	Reinforcing skills and behaviors; daily evaluation	15 minutes	
OPTIONAL EVENING ACTIVITY @ ~1800: Casual conversations (topics to be decided by group)				

Day 2				
Topic (approach)	**Description**	**SRH Coordination Skills Practiced**	**Duration**	**In-Person Timing**
Icebreaker & Recap (large group & popcorn discussion)	**Activity 1:** Review, Reflect & Recap: Options: Use Postcard Pairing to review what we learned yesterday. Recap volunteers share out to group Review individual evaluations and changes made	Review skills and behavior and align w SRH Coordinator TOR	30 minutes	
SRH Actor Mapping (team tasks in breakouts & gallery walk, plenary discussion)	**Activity 2: SRH Actor Mapping** with teams developing a key **actor map** based on documents they have and present to facilitators and/or colleagues	TOR #1; #5, #9, #13	90 minutes	
Tea Break				
PRSEA (lecturette, small group & presenting)	**Activity 3:** Role of SRH Coordinator in **preventing and responding to sexual exploitation and abuse (PRSEA)**.	TOR #1; #2, #4, #8, #10	60 minutes	
SRH Working Group Scope of Work (team task in breakout)	**Activity 4:** Teams draft an SRH **Working Group TOR** for the Health Cluster/Health Cluster Coordinator, **PART 1**	TOR #1; #2, #7, #10	45 minutes	
Lunch				
Advocating for SRH Working Group (role play or fishbowl and group presentations)	**Activity 4 (continued):** Present elevator pitch selling the **SRH Working Group SOW** to Global Health Cluster: Role Play and then debrief, **PART 2**	TOR #1; #2, #3, #4, #5, #7, #8, #9, #10, #11	45 minutes	
Estimate kits and supply needs (team task)	**Activity 5:** **Overview of IARH Kits** Estimate and present need for **IARH kits**, and other supplies that may not be included in the kits. **PART 1**	TOR #1, #2, #3, #6, #7, #10, #11	45 minutes	
Tea Break				
Estimate kits and supply needs (team task and then role play or fishbowl)	**Activity 5: Overview of IARH Kits** Estimate and present need for **IARH kits**, and other supplies that may not be included in the kits. **PART 2**	TOR #1, #2, #3, #6, #7, #10, #11	45 minutes	
Wrap up (lecturette, discussion)	**Recap, Accountability, and Preparation** Individual evaluation Remind Recap volunteers Eyes and Ears feedback to facilitators	Reinforcing skills and behaviors; daily evaluation	15 minutes	
OPTIONAL EVENING ACTIVITY @ ~1800: Casual conversations (topics to be decided by group)				

Day 3				
Topic (approach)	**Description**	**SRH Coordination Skills Practiced**	**Duration**	**In-Person Timing**
Icebreaker & Recap (large group & popcorn discussion)	**Activity 1:** Review, Reflect & Recap. Bingo Icebreaker. Recap volunteers review Day 2. Review evaluations from day before. Introduce agenda for Day 3	Review skills and behavior and align w SRH Coordinator TOR	30 minutes	
Strategic Response Planning (Team task and plenary debrief)	**Activity 2: Challenges to adolescent access to contraception (LARC & Condoms)** among Moona people in Lyra camps.	TOR #1; #2, #3, #4, #8, #9, #10, #11	60 minutes	
Coordination with **GBV** (plenary exercise and plenary discussion)	**Activity 3: GBV Social Emotional Exercise**: *Blanketed by Shame Empowered by Support*	TOR #1; #2, #3, #4, #8, #9, #10 #11,	60 minutes	
Tea Break				
Coordination with **GBV** (small group and gallery walk)	**Activity 4: GBV Coordination scenario** and debrief **PART 1**	TOR #1; #2, #4, #5, #9, #10, #11, #12, #13	75 minutes	
Lunch				
Coordination with **GBV** (small group and gallery walk)	**Activity 4: GBV Coordination scenario** and debrief **PART 2 (wrap-up)**	TOR #1; #2, #4, #5, #9, #10, #11, #12, #13	15 minutes	
HIV/STI Night Market (plenary discussion)	**Activity 5: HIV & STI coordination strategy** Night Market	TOR #1, #2, #3, #4, #8, #9, #10, #11	45 minutes	
Tea Break				
Complex SRH issues (values clarification)	**Activity 6:** values clarification- *Crossing the Line*	TOR #1, #2, #3, #4, #8, #9, #10, #11	45 minutes	
Wrap up (lecturette, discussion)	**Recap, Accountability, and Preparation** Individual evaluation Remind Recap volunteers Eyes and Ears feedback to facilitators	Reinforcing skills and behaviors; daily evaluation	15 minutes	
OPTIONAL EVENING ACTIVITY @ ~1800: Casual conversations (topics to be decided by group)				

Day 4				
Topic (approach)	**Description**	**SRH Coordination Skills Practiced**	**Duration**	**In-Person Timing**
Icebreaker & Recap (large group & popcorn discussion)	**Activity 1:** Review, Reflect & Recap. Bingo or Jeopardy Icebreaker. 2. Review evaluations from day before Day3. Recap volunteers review Day 3. Introduce agenda for Day 3	Review skills and behavior and align w SRH Coordinator TOR	30 minutes	
Other SRH priorities. Create clarity about access to expanded SRH services and safe abortion to the full extent of the law (lecturette, plenary)	**Activity 2: Safe Abortion Care to the extent of the law** Presentation: Safe Abortion Facts in Humanitarian Settings	TOR #1, #2, #3, #4, #8, #9, #10, #11	30 minutes	
Tackling sensitive topics (team task)	**Activity 3: Access to safe abortion care and PAC** with the health cluster coordinator to raise the issue, suggest specific actions. **PART 1**	TOR #1, #2, #3, #4, #8, #9, #10, #11	60 minutes	
Tea Break				
Tackling sensitive topics (role play)	**Activity 3: Access to safe abortion care and PAC** with the health cluster coordinator to raise the issue, suggest specific actions. **PART 2**	TOR #1, #2, #3, #4, #8, #9, #10, #11	45 minutes	
Self-care (lecturette, plenary, pairs)	**Activity 4: Self-care and Well-being,** breathing, types of self-care, what is your self-care language?	SRH Cross-Cutting	60 minutes	
Lunch				
Monitoring and Evaluation (small group work, gallery walk)	**Activity 5: Brief Monitoring Activity:** Quickly "take stock" of the MISP using the MISP checklist	TOR #3, #6, #7, #9, #10, #11	60 minutes	
Wrap up (lecturette, discussion)	**Recap, Accountability, and Preparation** Individual evaluation Remind Recap volunteers Eyes and Ears feedback to facilitators	Reinforcing skills and behaviors; daily evaluation	15 minutes	
Resource Mobilization (team task in breakouts)	**Activity 6: Resource Mobilization (part two)** Teams have dedicated time to develop their Funding/Resource Pitch for Novaland for IARH and/or GBV and/or SAC and/or HIV/STI other SRH innovation	TOR #1, #3, #4, #5, #7, #9, #10, #11	15 minutes to check-in, then independent work for the rest of day 4	
OPTIONAL EVENING ACTIVITY @ ~1800: Casual conversations (topics to be decided by group)				

Day 5				
Topic (approach)	**Description**	**SRH Coordination Skills Practiced**	**Duration**	**In-Person Timing**
Icebreaker & Recap **(large group & popcorn discussion)**	**Activity 1: Recap, Reflect & Review:** Review evaluations. Optional icebreaker to review Day 1-4 or Recap volunteers review day 4. Introduce agenda for Day 5	Review skills and behavior and align w SRH Coordinator TOR	15 minutes	
Donor SRH Pitch **(team task in breakouts, role play)**	**Activity 2: Resource mobilization (part 3):** Teams present: Elevator pitch presenting a portfolio of project on behalf of the SRH working group to a panel of donors	TOR #1, #3, #4, #5, #7, #9, #10, #11	90 minutes	
Tea Break				
Planning for Comprehensive SRH **(Lecturette, team task, gallery walk)**	**Activity 3: Planning for the future:** Identifying, prioritizing, and planning comprehensive SRH activities	TOR #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11	105 minutes	
Lunch				
Wrap up **(lecturette, discussion)**	**Activity 4: Recap, Accountability, and WORKSHOP CLOSE:** Review Day 1-4 **Post-training self-assessment Certificates**/Thank yous and Awards and Group Picture Discuss How to keep the **community connected** *OPTIONAL: Introduce validation process*	Reinforcing skills and behaviors; daily evaluation	60 minutes	
Training Content Validation **(optional process for revising and revising the toolkit)**	**OPTIONAL Activity 5: Content validation activity**: process/methods and small group breakouts (assign one group per day) to provide detailed written feedback on each session Discuss and share **over-arching feedback** on each day	NA	90 minutes	

Day 1

The Morning of the Course:

- As participants arrive, welcome them and ask them to write their name on a name badge and on a sheet of stiff paper that is folded in half to make a "name tent." They should write their names with a marker on both sides of the name tent so that anyone sitting behind them can also see their name. The name tents should be placed on the table in front of their chair.
- Facilitators and co-facilitators should have name tags pinned for good visibility
- Ensure that breakout rooms have flipcharts, markers, post its and plug extension bars/cords
- Have participants sign the course registration sheet so that you will have a confirmed list of the people in the training.

Day 1, Activity 1: Welcome and Introduction	
Resources Required	Slide deck, Flip chart labeled "Parking Lot", and Masking tape
Space Required	Plenary
Group	Full group
Time	30 minutes
Methods	Lecturette and interactive large group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Familiarize themselves with fellow participants and the trainers; ● Define community agreements for the training; ● Understand the objectives of the training in the context of the Health Cluster SRH Task Team

Start:

- Welcome the group
- Review Slides introduce**:**
    - Safety/Self-Care: security/numbers to call/etc
    - Fit: How does this fit into the larger humanitarian architecture?
    - Expectations: What will you get from this training?
- Lead a round of introductions/do co-introductions using the interactive "Stand Up or Sit Down" questions format. Have the facilitator sit down and ask all other participants to sit down.

Facilitator reads the following statements with a pause after each statement to allow participants to see who is standing and/or sitting. *(Option 2 for Toolkit: this could be adapted to a bingo sheet requiring people to move about and find people for each bingo spot in the room).*

Quick icebreaker: Up/Down statements:
Stand up if:

- you are an only child.
- you have 4 or more siblings.
- you grew up in a town of<10 K.
- you speak more than 3 languages FLUENTLY
- you have ever written a song (or poem) for someone
- you have lived in over 4 continents
- you play an instrument
- you were born in Africa
- you were born in the Middle East

- you were born in Europe
- you were born in Asia
- you were born in Australia
- you were born in North America
- you were born in South America
- you were born in Antarctica
- *Participants can also join in and call out different "stand up if…" statements*

Share the **course norms** on the slide deck. Have the group review the community agreements and Code of Conduct. Ask if there are any objections to following these norms. Are there other norms or values we should practice as a group? State that we will have a parking lot to add norms as needed.

Proposed Community Agreements

Inclusion: Leave no one behind (physically, emotionally, linguistically -this training is NOT an English exam!)

- **Courage:** To make mistakes, to be vulnerable, to give feedback
- **Respect:** Show respect by being present and listening, create space for others to speak, phones on silent, start and end together on time
- **Awareness:** Of our individual power and vulnerability
- **Bring whole self:** Let facilitators know if you need a break, or other needs, (articulate needs related to unseen disability, JR share hearing loss)
- **Safety:** Co-create this as a safe space—respect, consent, and checking in on each other
- **Self-care:** Please feel free to step away without explanation ***if any topics trigger stress or trauma.***

Parking Lot: Take a regular sheet of flip chart paper and write "Parking Lot" across the top. Tell participants that this flip chart is called the "Parking Lot" because you "park" questions or items there when these questions are interesting or important, but they are not part of the session or the discussion. Check in and discuss this parking lot during morning or afternoon reflections and recaps.

Day 1, Activity 2: Course Schedule, Objectives, and Guiding Frameworks	
Resources Required	Handouts in Activity Folder, SRH WG Coordinator TOR, Objectives, High-Level Agenda Doc
Space Required	Plenary
Group	Full group
Time	30 minutes
Methods	Lecturette and interactive large group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Understand the course objectives and frameworks; ● Illustrate how the frameworks are linked to course objectives and to the SRH Coordinator Scope of Work ● Be familiar with the workshop participatory evaluation methods

Start:

Review the course objectives and schedule point out the following:

- Daily Schedule (emphasize beginning time)
- Breaks for tea/coffee and lunch
- Possible changes in the schedule depending on the needs of the group.
- OPTIONAL evening activity: "**Casual Conversations**". Have a flipchart ready titled "casual conversation". Ask participants to brainstorm ideas on the flipchart, and as the ideas are created, over the course of the day, put checkmarks next to the ones they are interested in. During the final Day 1 recap/prep activity, organize 4 most desired conversations into evening activities from day 1 to 4.

Ask participants to review **Handout/Files: High-Level Agenda**. Say to participants that training will:
- Be **team-based, experiential,** and activity-based, we will practice and hone skills using a Case-Study Scenario. This will include role-play, small group work and other participatory methods.
- Include the creation of **useful products that could be adapted for your context when you return to your site.**
- Build **specific competencies** (skills, attitudes, practices) for SRH coordination, communication, advocacy, negotiation, and mediation.

Introduce **daily evaluations** tell participants that we will do several levels of evaluation daily including:
1. **Brief Written Feedback:** Every day, at the end of the day, we will ask you to give light written feedback
2. **Eyes and Ears:** Every day 2 people will volunteer to be the "eyes and ears" for the day. They will be a neutral and confidential space, and they will check in with a few of your colleagues to hear about how the training is going with regards to content, timing and pacing, environment, and anything else people want to share.
3. **Daily Recap Participant Pairs:** A group exercise where each morning participant is paired up to summarize key points from the day before. Can be fun, active, or silly. Feel free to be creative. Ask for 2 volunteers to recap days 1-4 in the morning each day. Put the names up on flipchart.

Share: Handout/Files: Course Objectives and 3 Frameworks with participants. Ask them if they have any questions.
- Use the slides to provide a brief lecturette on the rationale behind the iinclusion of three frameworks. Review all frameworks with participants.
- **Introduce Framework 1: Communication is an ART.** Tell the participants we will practice the "ART framework" (from US-based National Conflict Resolution Center-NCRC) to strengthen communication skills. Read and link to slide:
  - **A**ctive **A**wareness: State how one of our first activities will be values clarification. We will explore our biases that come into play in our communication approach. Having active awareness, understanding and acknowledging our own bias is a critical first step to good communication.
  - **R**espond **R**espectfully: We will practice using open ended questions and active listening which are critical skills in good communication. We can listen with curiosity not with judgment. We can acknowledge what is said without necessarily agreeing.
  - **T**roubleshoot **T**ogether: We will practice sharing our perspectives in a non-confrontational way and focus on ending on a positive note.

Introduce Framework 2: Team Formation and Coordination. Tell the participants: We will use a commonly used team building framework (Tucker, 1960s) to show how teams develop with time.
  - State:
    - Each stage of team development has its own recognizable feelings and behaviors; understanding *why* things are happening in certain ways on your team can be an important part of the self-evaluation process.
    - The four stages are a helpful framework for recognizing a team's behavioral patterns; they are most useful as a basis for team conversation
    - Team development is ***not always a linear process,*** but if we have a way to identify and understand causes for changes in the team behaviors can help the team maximize its process and its productivity. Changes, such as members coming or going or large-scale changes in the external environment, can lead a team to cycle back to an earlier stage.

- Stage 1 Forming-is the stage where the team is defined.
- Stage 2 Storming-is the stage where the team refocuses on its goals, perhaps breaking larger goals down into smaller, achievable steps.
- Stage 3 Norming -team increases in productivity, in both individual and collective work.
- Stage 4 Performing- high-performing team still focus on both process and product and set new goals as appropriate.
- Reinforce team building is ***not always a linear process,*** as changes, such as members coming or going or large-scale changes in the external environment, can lead a team to cycle back to an earlier stage.

Introduce Framework 3: Advocacy and Influencing (w links to ART of Communication). Tell the participants: SRH services are often marginalized in humanitarian situations, and as you know, also very politically and culturally sensitive issues in many countries. (This is one of the reasons the SRH coordination role exists.) A key skill for SRH coordinators is advocating for MISP services.

- The 3rd framework we are sharing is to help us think about and design a plan to advocate for these sensitive services and influence powerholders (who are often our peers).
- The Push-Pull-Move Away model is from the book The Influencing Edge by Martin Vengel: 3-5 steps to designing your advocacy/influencing strategy: 1) know your advocacy objective (e.g. we want to reduce suffering from unsafe abortion or unwanted pregnancies); 2) Know your audience (e.g. the health cluster coordinator has many health issues to deal with but also wants to reduce unwanted suffering and death). 3) Design your strategy using 3 elements: PUSH ("the head", logic, reason), PULL ("the heart", shared values) and MOVE AWAY (narrow the discussion to a safer topic, end the conversation and regroup)

Final thought: If anybody wants to ask questions or find out more, tell them there will be lots of time for questions and discussion later. Remind them to place questions in the Parking Lot to add items throughout the training.

Day 1, Activity 3: Speed Networking	
Resources Required	Slide Deck
Space Required	Plenary – Tables should be long and in interview style, if tables are round adjust so chairs are in interview style
Group	Full group – Half will move, half will be stationary
Time	45 minutes
Methods	Pairs and interactive large groups
Debrief Options	The activity can end with a final summary by facilitator, or end with each final pair introducing their peer in one minute or less.
Objectives:	By the end of this session, participants will be able to: ● Recognize and describe the strengths of the peer group; ● Compare and contrast the diversity of skills in their peer group; ● Practice communication, networking, and coordination.

Start:

- Explain to participants that this exercise has two purposes: 1) to reinforce team building that is critical to master as an SRH Coordinator to increase their productivity in the field, 2) to showcase their strengths (and feel proud of what they

bring). Explain that this exercise is different from what they might expect and that it is based on adult learning theory. Follow these basic steps as you explain the icebreaker:

- Explain that this exercise should be fun! The purpose is to understand what skills people bring to the table quickly. Note that it is not as technical as other parts of the course. *(Note: Keep it light and lively. Get some humor into the start of the course!)*
- **Slide Deck: Present Expertise Infographic.** Ask participants to consider the Expertise Infographic on the slides. Focus on the strengths and expertise all participants bring to the table. Focus on collective how strong and skilled they are as a group.
- Ask the participants: Who are you as a group? What stands out?
- **Slide Deck: Present the Pre-Assessment results.** Show how each question is tied to either the skills outlined in the Humanitarian Program Cycle or the SRH Coordinator TOR.
- Note to participants that the Expertise Infographic and Pre-Assessment data will share the broad depth and breadth of content the participants are bringing to the training.
- Ask participants to take two minutes and review the infographic individually and highlight 2 skills that you bring to the group that are helpful in SRH coordination in humanitarian settings. Highlight 2 areas you want more skills in.
- **Facilitator to Arrange Speed Networking:** Break the group into four groups. Two groups will be sitting (~10-14) sitting in two rows (or at tables) and two groups (~10-14) rotating through a row/table for 7 cycles of 2 minutes each (~15 minutes total). Note: you can do more speed networking if time permits.
- Tell participants that they will have 2 minutes with each person, and they will interview each person and refer to the SRH TOR and the infographic using the questions below:
    - *Strengths:* What skills do you bring to the SRH Coordinator role?
    - *Opportunities to grow:* What skills do you wish you had more experience in related to the SRH Coordination role?
    - *Fun and Joy:* If you could be any other living thing in the world besides a human, what would you be and why? (OR What are you most proud of? OR What is the silliest thing you have ever done? OR What is something interesting that not many people know about you?)

After two minutes, the mobile participants should move to speak with the next person who is stationary. Do this as many times as the activity allows (e.g., 7 speed dates equal approximately 14 minutes). *Note: participants will not have time to meet all in the room. You must time this activity. Tell participants to LISTEN carefully to the answers of the person.*

Allow participants to meet at least 2 new people, after this you can stop the exercise if needed (it can go on much longer). Tell participants they will have to introduce the last person they networked with. Allow for each participant to share at least one thing from the 3 questions they asked (either from strengths, opportunities to learn, or fun and joy) they remember about the last person they interviewed. The more people they network with the harder it is to identify one thing, so the focus is on practicing active listening.

After the introductions are complete, process this part of the exercise quickly but with a good sense of humor. You can bring the group back together and make clear links between the chaos associated with Speed Networking Exercise and humanitarian response. Noting on slide deck:

- Many times, you need to get to know people's skills and strengths quickly;
- Many times, you need to make rapid decisions related to implementing the MISP and coordinating SRH services;
- Many times, making a personal connection (e.g. something as simple as your favorite color) can be all the difference in creating solutions to SRH challenges.

Final thought: Refer back to the infographic (on slide deck) and state again throughout the next four days we will work in groups to approach SRH Coordination tasks that align with the context (NOVALAND) in teams, relying on the strengths of others in your team and across teams. We will share predetermined teams before the tea break.

Day 1, Activity 4: Values Clarification through Power Walk	
Resources Required	Slide Deck; tape, string or sticky note to mark the floor; Character Cards (below) need to be cut into strips and used during the activity,
Space Required	Plenary, open space to walk
Group	Full group
Time	60 minutes
Methods	Lecturette and interactive large group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Understand and analyze how power can impact their personal values and beliefs associated with working in SRH; ● Illustrate a deeper understanding of one's own individual values/beliefs and others values/beliefs associated with SRH.

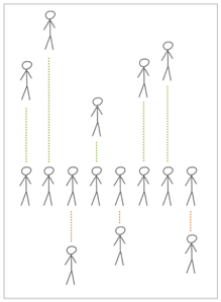
Start:

Introduce why we are doing this activity:

- As SRH Coordinators, it is crucial to recognize the power dynamics and biases that we all bring into our work, especially when setting priorities and advocating for specific issues. Social norms, gender roles, and personal experiences shape our perspectives, often unconsciously influencing the decisions we make and the causes we champion.
- In our work, understanding these dynamics is essential, particularly when dealing with sensitive topics like LGBTQ+ rights, SRH, access to safe abortion care, and gender-based violence. These issues often possess complex layers of societal norms and power imbalances, which can create significant barriers to implementation and access. For instance, the need for a husband to consent for his female partner to access contraceptives or the challenges adolescents face in accessing contraception are not just policy issues but reflections of deeper societal structures that perpetuate inequality.
- The Power Walk activity we are about to engage in is designed to help us reflect on these power structures and privileges, encouraging us to critically examine how various dimensions of identity—such as gender, age, income, and social status—intersect and influence access to resources and services. Through this exercise, we will explore the disparities that exist within our sector and consider how we can adopt more inclusive practices in our professional and personal lives.
- As we move through this activity, let's remain mindful of our own positions of power and the impact they have on our work. By doing so, we can better advocate for equity and inclusion, ensuring that the services we provide truly meet the needs of all individuals, particularly those who are most marginalized.

Activity setup and instructions

Ask participants to stand side-by-side in a row. Distribute one character card (27 below) randomly to each participant. Ask participants to keep their character identity a secret until the end of the activity.



Visual representation of 'Power Walk' activity. Participants line up at a starting line and will take steps forward or backward depending on their character.

Character cards:

- Rural small-holder farmer (man); married; 6 children - boy in school, girls not
- 22-year-old widow (woman), labors in people's fields, depends on kindness of neighbors
- NGO worker (man) with university education, married, 2 children
- 10-year-old girl, no schooling, sells candy on city street
- Divorced restaurant owner (woman), 3 children in secondary school
- Local government official (man), university education
- Male restaurant owner, married 4 children, primary school education
- Maize farmer (woman), widowed, 10 children, no schooling

- 25-year-old man (identifies as gay), secondary school teacher, single, no children
- Fishmonger (woman), pregnant, primary school education, married, 4 children, savings group member
- Primary school teacher (woman), married, 1 child, experiencing sexual violence in her household from her husband
- 16-year-old girl, primary school education, working as nanny in city
- Butcher (man), married, 2 children under age 5, HIV positive
- Smallholder farmer (woman), 5 children, husband left, eldest child is day laborer
- Transgender man, no schooling, single
- NGO worker (man) with university education, single
- Teenage single mother, aged 14, dropped out of school
- 14-year-old student (girl), parents struggling financially, may leave school to work
- 15-year-old girl given in marriage by her family
- 16-year-old girl from an ethnic minority forced into sex work
- Maize farmer (woman), her and husband HIV+, no children
- Woman (identifies as lesbian), single, no schooling, working as nanny
- Restaurant owner (woman), no schooling, illiterate, 5 children, abusive husband
- Widow (woman), 3 children, no schooling, sex worker
- Government official (woman), university education, married, 2 children in primary school
- 14 year old girl, deaf, helps mother sell vegetables at market
- Lawyer (man) with private firm, married with two children

Explain that a series of statements (below) will be read out loud. Participants will be instructed to take one step forward if the statement applies to their character in a positive way. If the statement does not apply to their character or they are unsure, they should remain in place. In some cases, participants will be instructed to take one step backward if the statement applies to them or if the statement affects their character in a negative way. Tell them that to determine if you step forward or backward you should think about the opportunities and challenges faced within the context of a low-resource, rural setting with limited access to quality SRH services and conservative views on women's roles.
Participants should:

- Take a step forward if your character's circumstances afford them opportunities and advantages.
- Take a step back if their circumstances impose barriers or challenges
- Participants should respond to the statements (below) as the character assigned to them and not as themselves. Encourage participants to really put themselves in the shoes of their assigned character and interpret how that character may feel or behave. *Note: You may not have time for all of the statements, so choose those that are most relevant/engaging for the group.*

Statements:

- Consider the education opportunities available to you. If you believe your circumstances allow you to complete your education, move accordingly.
- Reflect on your daily access to food. If you rarely worry about having enough to eat, adjust your position accordingly.
- Think about your daily schedule. If you regularly have time to rest, study and do your homework, adjust your position accordingly.
- Evaluate your financial prospects. If you believe you can earn enough money to create a good life for yourself and your children, move accordingly.
- Reflect on your autonomy in sexual relationships. If you feel you can decide whether or not to have sex, adjust your position accordingly.
- Consider your support system. If you feel you have a reliable network of support in times of need, move accordingly.
- Reflect on your social standing. If you feel valued by your peers and superiors, adjust your position accordingly.

- Think about your role in household decisions. If you can make decisions about major household purchases, move accordingly.
- Consider your daily responsibilities. If you are expected to do household work (cooking, cleaning, caring for children) every day, adjust your position accordingly.
- Reflect on access to contraception. If you or a woman dear to you could obtain contraception without parental or husband consent, move accordingly.
- Think about access to abortion services. If you or a woman dear to you could get an abortion, adjust your position accordingly.
- Recognize the global reality of gender-based violence. If you are female, move accordingly in recognition of the increased risk of violence.
- Reflect on your access to health information. If you have access to information about SRH, HIV, and other health services, move accordingly.
- Consider how you are treated when using public services. If you do not face discrimination or stigma, adjust your position accordingly.
- Think about your confidence in achieving your dreams. If you feel confident you can achieve your dreams and aspirations, move accordingly.

Debrief Plenary Facilitation:
During the activity consider asking different discussion questions between statements, using any of the following as a guide:

- What power dynamics are happening in this situation?
- What opportunities do they have? What opportunities are they missing?
- What kind of power exists in the relationships around them? (e.g., power over/power within/power to/power with)
- How does this situation affect their vulnerability or resilience?
- When a disaster happens in this community, who will be able to access SRH care? Who may not?

Once all the statements are read out, assess where each participant is standing. Ask participants to share who their character is.
Invite the participants to retake their seats. Conclude with a debrief and discussion.
To debrief the session focus on questions linked to LOOK, THINK, and PLAN

LOOK:

- How did it feel to step forward? Stay behind?
- What were the profiles of people who were the furthest behind?

THINK:

- What does this activity teach us, in general, about the impact of power dynamics?
- How have we experienced power or lack of power in our lives or the work that we do?
- What happens when we do not think about power, the power we have, the power others have?

PLAN:

- How does this activity relate to our work with communities and our roles as development practitioners? How do we use our power? How do we pay attention to power dynamics in the communities where we are working?
- What happens when people with power dominate discussions?
- What role do we and our programs play in maintaining and or challenging power differences?
- Is there anything we could do, as SRH Coordinators to create a more supportive, enabling environment?

Final Thoughts: Ask if participants have any other questions, comments, or concerns and reinforce the following:

- Power differences and dynamics are present in most situations. Individuals seeking SRH services can be impacted negatively by power dynamics, which can adversely impact information, access, risk, and health outcomes.
- Individuals that experience multiple and intersecting discriminatory factors, such as sexual orientation and gender identity, young age, HIV status, disability, and displacement- these factors often experience compounded and magnified challenges to seeking SRH services.
- It is important to recognize when there are power imbalances at play. Identifying power imbalances and addressing them can potentially help mitigate negative outcomes or the creation of additional barriers to critical SRH services.
- Overcoming power imbalances requires inclusive measures that proactively seek out individuals that are most marginalized and placing them in positions of power through ensuring they are systematically included within SRH coordination efforts including mapping, planning, service implementation including through paid employment, and monitoring and evaluation activities.
- In humanitarian settings, abuse of power imbalances can lead to: denial of food, healthcare, or protective services, transactional sexual relationships, sexual exploitation, etc.
- As SRH Coordinators, it is crucial to consider power dynamics and intersectional identities when planning interventions and supporting access to SRH services.

Day 1, Activity 5: Team Resume Building	
Resources Required	Slide deck, flip chart paper, markers
Space Required	Plenary and break out rooms
Group	Small groups, use the group teams that are presented in the Speed Networking activity (Day 1, Activity 3)
Time	30 minutes
Methods	Small group work
Debrief Options	Gallery walk to review the teams and final facilitated discussion
Objectives:	By the end of this session, participants will be able to: ● Articulate the teams strengths linked to the SRH Coordinator role and TOR; ● Identify any team gaps linked to the SRH Coordinator role and TOR; ● Understand the multiple skills, behaviors, and practices necessary to be an effective SRH Coordinator.

Start:

- Introduce the exercise by telling the group that they represent a different array of talent and experiences (share images and quotes on the slide deck). Discuss with the group the importance of having different personalities and characters in the group and how this can benefit everybody.
- Have participants reflect back on their **Speed Networking** interviews, specifically have them think about their own answers and think about their strengths as it relates to the SRH Coordinator TOR (share the TOR on the slide deck). Have them turn to the person next to them and spend two minutes and each share one strength and something you want to strengthen here at the training related to SRH coordination.
- After two minutes of pair sharing finish, show the slide with the **predetermined teams (**~4-6 people per group based on their participation in the self-assessment). Have all participants move to their team tables.
- Explain that as you move to your new team/group, we are going to create a **Team Resume/CV.** Tell participants a group resume is a fun way to help team members build better rapport and appreciate each other's qualities and experiences.
- Tell the small groups they will work in their team to create a combined resume and then present this back to the rest of the group linked to the SRH Coordination duties outlined in the TOR. At the end of the exercise we will take some time to look back and discuss these resumes.

- For each team provide a flipchart paper and some markers. Allocate approximately 10-15 minutes to discuss the exercise and for groups to create their resumes.
- Tell each Team their resume can be creative, use any format that is engaging. All resumes should include any information that promotes the group as a whole and their talents. Try to get the group to be creative in terms of information they present and the layout of the resume. They should try to include some of the following information:
- Create a team name!
    - Educational background
    - Professional experience
    - Professional skills and qualification
    - Major achievements
    - Hobbies, travel, family or anything else
    - Skills the group wants to practice and get good at.
- Once all groups have created a resume, have each group post the resume on the wall and do a gallery walk.

Debrief: Facilitation Bring the group back together for debrief asking the most relevant questions from the list below:

- What was the most common skill highlighted?
- What was the most unique skill highlighted?
- What was missing?
- What surprised you about your team?
- What surprises you about our collective training group?
- What did we learn from this exercise?
- Why was it important to identify the group's skill set?
- How can we use the skills and experiences we have on the project or back in the workplace?
- Are there any noticeable skill gaps? How can we develop these skills or how can we draw on an outside source?
- Is there anything that surprised you? If yes, what was it?
- Did you learn anything about yourself?
- Following on from the exercise are there any learning goals we can set to help us progress?

Final Thought: Acknowledge the combined resources for the entire group and encourage participants to start thinking about how they can best use these skills in their training Team and in SRH coordination.

Day 1, Activity 6: Team Task-Rapid Needs Assessment	
Resources Required	Flip chart paper with markers, Include the following handouts: Novaland Scenario, Novaland maps, Link to MISP Calculator, MISP Cheat Sheet with multiple languages, IAFM Chapter 3: The MISP PDF, and the MISP monitoring checklist
Space Required	Small Break Out Rooms
Group	Small Groups/Team Task
Time	90 minutes
Methods	Team task and role play
Debrief Options	Plenary facilitated discussion
Objectives:	By the end of this session, participants will be able to: ● Identify most vulnerable communities and populations, risks and gaps in limited secondary data specific to the MISP for SRH under time pressure and as a team. ● Interpret data and pre-crisis baseline health data to identify

Start:

Scenario: You have been designated as the SRH Working-Group Coordinator in an earlier Health Cluster Meeting, it is your role to review the data and to make recommendations to the HCC. *Remind teams to pick a leader/co-leader so that each person gets a chance to lead.*

- Remind participants of the data and documents in the google folders. Noting there are documents that provide information and data that are useful, and that they also have MISP resources as well. Finally, there may be documents that are not very useful or may be useful later. Your job is to dive into the google folder and try and make sense of the SRH situation and priorities. We are trying to mimic the complexity and urgency of a humanitarian emergency. If you choose to use the MISP calculator, please use the numbers for LIBERIA.
- Reinforce that they should use the strengths identified in their Team Resume. The task here is to use the team's collective mind to analyze, synthesize and prepare key talking points to present to the Health Cluster Coordination in their role as an SRH-Cs at a health cluster meeting.
- Move people into the breakout rooms in their teams. Moderators can also go to the rooms but this is not urgent, as the teams should be focusing on their task.
- **Task:** Have the team spend 40 minutes reviewing the documents and preparing talking points. Tell participants after 40 minutes have passed, each group will present their assessment to the health cluster coordinators (ROLE PLAYED BY Facilitator(s)). **Teams should prepare talking points on a flipchart (or in a slide deck) summarizing:**
  - Most vulnerable communities and populations
  - SRH needs
  - Gaps in services
  - Gaps in resources
  - Gaps in information and data (what more information do you need?)
  - Recommendations to health cluster related to ensuring the MISP-SRH listed in order of priority (based on this limited info)
  - Given what you know about the quality and placement of emergency obstetric care, please share a few specific recommendations about a referral system for maternal and newborn emergencies.
- Tell participants that during the next 40 minutes the team should discuss internally and display ideas to all points on flip charts (or in a slide deck). Teams should be prepared to elaborate with verbal explanation upon request. Teams should have assigned a lead SRH-C for this session.
- After about 40 minutes, the HC-C role players will join each breakout room

Facilitation:
- *Facilitators move from their breakout room to another room to play the HC-C.*
- Facilitators play the **health cluster coordinator(s) (HCC)**. They will arrive in the room after 40 minutes. Each small group will present their priorities to the HCC. Presentation and Q&A should take no more than 15 minutes.
- **HCC role-play guidance**: Start out by saying that you have limited time and that your priority areas of focus are trauma management and monitoring and prevention of acute watery diarrhea (cholera). If the team brings up GBV and sexual violence, state that the protection cluster is managing this. If the team brings up contraception or Clinical Mangement of Rape, state that you are not convinced that this should be a priority. Also voice your concern about the poor quality EmONC services in Orion province and frustration about what to do about it. Ask them to convince you this is a priority to encourage them to practice their advocacy skills (push, pull, move away). After 10 minutes, each small group should have presented the SRH context and priorities to the HCC Role Players bring all groups back to plenary to **debrief**.
- HCC can end the role player when they feel they have heard enough: "And Scene!". Affirm their efforts in the first team task!
- For this first activity, we will debrief in the large room. Ask participants to move to the large room.

Debrief in large room/plenary:
- Start with the first question to all:
- How did coordination within each team take place and what role did each member play? (Note it may be valuable for teams to hear how others approached the same task).
- Facilitate a discussion with the following **team building questions**:
  - What are some of the challenges when coming together for the first time?
  - Did you consider any ground rules for how you might work together as an SRH-C team?
  - How did you decide on roles and responsibilities?
  - Going forward: How will you communicate and pass information between each other?
- What approach to internal leadership and decision-making is the best fit?

- How will you deal with conflict or disagreement within the team?
- You were under time pressure. How did you agree to manage time as a group?
- Facilitate a discussion with the following **technical questions**. Note that many times in humanitarian crises one of the biggest challenges is making decisions without insufficient data and information:
- Reinforce the core insight of the MISP: The MISP covers necessary life-saving activities that do NOT demand detailed information to raise awareness of the needs or to begin implementation.
- To name the top SRH risks they identified. Compare and contrast what participant teams identified as the greatest SRH risks.
- Did they consider different populations, health needs and resources in the two affected provinces (Lyra and Orion) when making the priority needs and gaps list?
- How did they handle the challenge of figuring out an EmONC referral system in Orion, where quality was so poor?
- We gave you VERY limited information. What additional information would be useful when conducting this type of review, and from where might you obtain it?
- Ask participants if anyone used the MISP calculator to estimate different vulnerable groups. Discuss purpose of the MISP calculator/walk through using the MISP calculator if the group wants/needs to.

Day 1, Activity 7: Resource Mobilization (Part One): Introduction	
Resources Required	Slide Deck, Flip chart paper and markers. Day 2, Activity 7 Folder to include: Flash Appeal example from Gaza/OPT, IARH Kits, GBV, OPT Flash Appeal, 5 Slides on Flash Appeal and CERF, Delivery of sexual and reproductive health interventions in conflict settings: a systematic review Muyuzangabo et. al. (2020)., Dawson, A., Tappis, H. & Tran, N.T. Self-care interventions for sexual and reproductive health in humanitarian and fragile settings: a scoping review. *BMC Health Serv Res* **22**, 757 (2022). https://doi.org/10.1186/s12913-022-07916-4, Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies? Singh, Neha SBhutta, Zulfiqar et al. The Lancet, Volume 397, Issue 10273, 533 - 542
Space Required	Plenary
Group	Lecturette with Q and A introducing activity
Time	30 minutes
Methods	Lecturette
Debrief Options	Facilitated Q and A based on the task.
Objectives:	By the end of this session, participants will be able to: ● Review and select evidence based SRH interventions to improve SRH response in Novaland. ● Prepare a one-page proposal response to the Flash Appeal. ● Defend the SRH proposal in a presentation to the Health Cluster.

Start:

- Tell participants you will be working In your teams throughout the training to prepare a brief proposal/response to review the below scenario, the resources available in your packet and you should use your team's experience to plan your response to this scenario.
- **Lecturette:** Show the slides that outlines global funding mechanisms that include the CERF and Flash appeal processes as well as the Country Pooled Funds. After the lecturette introduce the Scenario below.

- **Scenario:** UN-OCHA has announced that they will issue a Flash Appeal for the current crisis to address the most urgent needs of more than 100,000 people directly affected in the Novaland, Lyra and Orion provinces covering a 9-month period from September 2024 through May 2025. The Flash Appeal needs to estimate resource requirements to reduce human suffering and prevent further loss of life in Novaland based on the best available information at this

time. The UN and partners estimate that 50K people are in need of services. Many of the current security concerns and access limitations will continue over the 9-month period. It also does not include the cost of fuel, which is no longer being provided through external funding. One of the priority areas is support for women and girls, including reproductive health, tackling gender-based violence (GBV), and women's empowerment. As a result, all Clusters now need to demonstrate how these priorities have been taken into consideration as part of the Flash Appeal.

- **The Task:** Over the next few days, you will be developing the SRH inputs to the health cluster section of the flash appeal. Additionally, a brief project proposal for selected SRH issues will be developed in line with the SRH priority needs and priority response activities developed for the Flash Appeal, to be submitted to the country based pooled fund. On Day 4 the SRH Coordinator will **present** a project proposal to the Advisory Board (group of donors + Humanitarian Coordinator) for consideration. You will have time throughout the training to develop this proposal, your final output will be to prepare and present a PowerPoint/presentation where you will have 5-10 minutes to pitch your proposal to a group of donors.

- You will work with your team to select one (or several) SRH issues to prioritize based on the context of Novaland. You will develop the following products:
- One sentence for priority SRH needs + priority SRH activities for the Health Cluster section of the Novaland crisis Flash Appeal September 2024 - May 2025
    - A 5 slide PowerPoint presentation for the Country Based Pooled Fund Advisory Board
    - that includes:
    - rationale;
    - specific objectives;
    - activities and associated indicators;
    - outcomes/results expected; and a
    - simple budget

- Tell participants that there will be time during the training to work on this presentation but they can also choose to meet in the evenings or during breaks/lunch hours if they want to, it's up to their team how best to approach this task. Reinforce that the facilitators are excited to see what creativity emerges throughout this process, as the process is applying their skills and talents to the context of Novaland.

- Allow time for questions and answers on the above information throughout presenting this information.

Final Thoughts: Ask if there are any questions, then reinforce the fact that as an SRH Coordinator you will be responsible for advocating for funds for gaps that emerge as you coordinate the SRH response. This activity will allow all participants to practice these skills and also allow all participants to develop presentations that advocate and ask for funds to support SRH programming. The vision is to practice the key SRH Coordination skills to identify needs, gaps, and response activities for SRH, cost the activities and contribute to planning instruments and resource mobilization with examples to return to your field post with, so you can use these examples in your current working environment.

Day 1, Activity 8: SRH Knowledge/Quiz Game	
Resources Required	Flip chart paper and markers. Slide Deck with game and answers. Prizes for all, and special prize for winning team. Jeopardy Quiz Game sheet
Space Required	Plenary
Group	Small Groups in Plenary
Time	15 minutes
Methods	Small Group Work-Teams
Debrief Options	There are at least two options to run this game. You can play the entire game over ~60 minutes, or you can break up each column/row and have these as 15-20 minute energizers throughout the training as needed, with the overall winning team receiving a prize at the end of the training.

Objectives:	By the end of this session, participants will be able to: ● Articulate their knowledge of the MISP, SRH, and humanitarian response. ● Value working as a team to share knowledge.

Start:

- Introduce this activity by explaining this will be a knowledge review session that will work to continue to build your team, and introduce a fun way to refresh our SRH and humanitarian skill sets.
- Break them into their teams and either share the slide ppt **Activity** Quiz game based on Jeopardy (link to questions/answers). Either use slides and create a table on flip charts that looks like:

Points:

Sexual Exploitation and Abuse	Humanitarian Response	Humanitarian Architecture	SRH Access	SRH Technical Knowledge
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400

Questions:

Sexual Exploitation and Abuse	Humanitarian Response	Humanitarian Architecture	SRH Access	SRH Technical Knowledge
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400

Answers:

Sexual Exploitation and Abuse	Humanitarian Response	Humanitarian Architecture	SRH Access	SRH Technical Knowledge
100	100	100	100	100
200	200	200	200	200
300	300	300	300	300
400	400	400	400	400

Facilitation:

- Explain the game, there will be a Question under each category. The first group to get the first questions correct gets to pick the first question.
- The facilitator reads the question. That person/group says the answer, and points are awarded. If they are wrong, other groups can raise a hand to be selected to answer. Then questions get picked round robin so each group gets a chance. . This can be played for 10 minutes (or longer if a break is needed).

Final thoughts: End the session by thanking the teams and giving the prizes out, they can be fun, with the winners getting the best prize and losers getting a funny/silly prize. Note, this is a skills based workshop, not a knowledge based workshop but as everyone is an SRH specialist, there is value in understanding the technical content associated with SRH/the MISP, PRSEA, and humanitarian response. Also note how different members of your team have different strengths, the key is to coordinate within your team (and humanitarian setting) to be able to answer any questions or challenges that emerge through collaboration, coordination, and communication.

Day 1, Recap and Accountability Presentation	
Resources Required	Slide Deck. Daily evaluation handouts (need to print out enough for each day
Space Required	Plenary
Group	Pairs and Plenary
Time	15 minutes
Methods	Lecturette and Pairs
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Articulate one action they will take when they return to their site; ● Articulate the strengths and weaknesses of Day 1 of training; ● Review Day 2 Agenda.

Start:

- Have participants pair up with their "accountability buddy". Have them check-in on each other's safety and comfort, and each share ONE thing they will do when they return to their work site/position**.** Note that participants will add to this handout throughout the training and be able to take it home with them, ideally as a source of inspiration!
- Remind participant pairs who volunteered to do a recap activity next day.
- After this pair work is over (~5 minutes) introduce the agenda for Day 3 and distribute the daily evaluation for them to complete. After they complete the evaluation, have them leave it on their table before they leave the room for the day.
- Ask Eyes/Ears to stay for 10 minutes post training.
- There are two options for Daily Evaluation:
  Option One: These are based on documenting the trainee's Reaction to the training. This is a guide from Kirkpatrick's methodology to measuring the effectiveness of training). Ask participants to answer the following questions:
  - Today I learned:
  - Today I re-learned:
  - Today I discovered:
  - Today I realized:
  - Today I was disappointed:
  - Today I was surprised:

  Option Two: Ask participants to answer the following questions:
  - How relevant were the subjects covered today?
  - How useful were the learning methodologies used today?
  - Did you have enough time to cover the subject(s) presented today?
  - Anything else

DAY 2

Day 2, Activity 1: Review, Reflect, & Recap	
Resources Required	Slide Deck, Postcards (cut in half) with the number to reflect participant number (e.g. if there are 24 participants have 12 postcards cut in half)
Space Required	Plenary
Group	Full group
Time	30 minutes
Methods	Interactive Large Group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Review Day 1 and introduce Day 2 ● Introduce any new participants.

Start:

- **Review eye/ears and written evaluation on Day 1:** Welcome group and provide a brief recap of the evaluation (eyes and ears and written participation) from yesterday any changes facilitators are making due to the evaluation).
- **Review the Agenda for Day 2 on the slide.**
- **Icebreaker-Postcard Pairing:** Welcome group, and as they enter the room, have them pick a card (half a card) from the postcard pile. Tell them they need to find the person who has their postcard match.
- When they find their postcard match, tell them to share their name, their favorite musician and the one thing they wrote yesterday about their accountability commitment.
- Ask for a few (or have all) people to introduce their person, state their name, favorite musician and their one accountability action.
- Have Recap Volunteers do a short recap (10 minutes)

- Be sure to review the "Parking Lot" and let participants know how/when any outstanding issues will be addressed.

Day 2, Activity 2: Team Task – SRH Actor Mapping	
Resources Required	Flip chart paper and markers for matric and map, Slide Deck, Sticky Notes, Handouts are here and include: Actor and partner list Novaland scenario Maps MISP Cheat Sheet in multiple languages IAFM Chapter 3: The MISP MISP monitoring checklist
Space Required	Plenary and Break Out Rooms
Group	Small Groups/Teams
Time	90 minutes
Methods	Small group work-teams and facilitated plenary discussion
Debrief Options	Gallery walk or group presentations with plenary discussion
Objectives:	By the end of this session, participants will be able to: Define actors potential capacity to respond to the crisis Map out the main actors on the ground Create compelling visual communication in order to advocate that response that includes SRH is doable.

Start:

- In your teams, review the below scenario, the resources available in the handout
- **Scenario:** You have recently met a smart MOH young professional (they made the maps!). They have also collected information about SRH and other partners and actors who could support SRH services in a document. *But they have not had time to put these into the map*. As the SRH coordinator, you need to review the existing actor/partner list, maps, and other resources to who is doing what and where.

- **Your task is to develop 2 Outputs: 4 W Matrix and Hand-Drawn Map**

- **4 W Matrix:** As a team, you must organize these actors in a simple "4 W matrix" on what different actors are doing related to health and SRH: Who, What, Where, and For Whom. This can be on flipchart, paper, or on the computer. For more information and to prepare you can review the Health Cluster 3/4/5W Manual.

Who	What	Where	for Whom

- **Hand Drawn SRH Stakeholder Map:** Building on the information have been given create a **hand-drawn map**: plot the actors and partners and create your own key/legend using arrows, colors and shapes.

- Tell participants that as they build the actor map together they will be able to crystallize what they know and what they don't know about the response capacity in a given geographical area. It will also highlight any significant gaps in SRH services and activities..
- Tell participants to use a systematic approach to plotting the actor relationships - there is no right or wrong method, hand out sticky notes and tell participants they can use these or draw directly on the paper since this allows elements to be moved around.
- The actor map can be updated as the situation changes and then used as a visual aid for briefing newly arrived staff or visitors (senior staff, VIPs etc).
- Maps should include (at a minimum):
    - All potential SRH partners that are key to the SRH response;
    - Relevant Ministry of Health entities;
    - Affected people

Debrief: Gallery Walk: Teams should hang their maps and 4W matrixes in the main training room so all the teams can see each other's work. They can review their maps, highlight key partners and potential partners and how they might support different MISP objectives. They should walk through the gallery of maps and think about the differences and similarities in the maps and the thinking. After everyone has had a chance to do the gallery walk ask the larger group the most relevant questions from the list below:

Facilitated Plenary Discussion Questions (and potential facilitator points to reinforce):

- Did any maps or matrixes categorize the actors into broad groups?
- Facilitator to note if any one group is missing from all or most maps (e.g. including affected communities; MOH leadership, community based NGOs, national NGOs, international NGOs, organizations with a non-health focus
- Which **MISP objectives** could various actors address?
    - Team Facilitators should lead a discussion on the options for how to go about encouraging partners to expand
- Which partners might **change or expand their roles**, especially within the vulnerable provinces, to address escalating health needs, and how?
    - Depends on mandate and resources available within the partners
    - Important to identify new potential partners (e.g. development organizations
    - May necessitate an induction on the Health Cluster for some new partners and the need for coordination
- Team Facilitators can brainstorm options for how to go about encouraging partners to expand
- Health Cluster Coordination Team cannot not make decisions unilaterally, must talk it through with others and adopt a partner-centric approach
- What international actors are likely to scale-up, and how might they be incorporated into the health response/health cluster?
    - Team Facilitators should lead a discussion on the options for how to go about encouraging partners to expand
- What might be **some other actors** that we did not list that could be partners? *Encourage people to share real-life experiences of working with non-health actors on SRH/MISP.*
- **Compare how different participant teams prioritized** the relationships, and explore whether there were significant differences in interpretation of direct versus indirect relations
- Remember that SRH actors and partners have different strengths and capabilities – the role of the SRH-C is to **respect and harness** this

Final Thoughts: The actor mapping tool is not a formal information product of the health cluster, but rather a method for structuring group discussions regarding the operational context. Its value lies in *simplifying complexity in a rapidly changing environment* and is often most useful to coordination teams in the early phases of an emergency.

Day 2, Activity 3: Preventing & Responding to Sexual Exploitation and Abuse	
Resources Required	Flip chart paper and markers, Slide Deck, 6 min video, Handouts to Include: IASC SEA 6 Core principles
Space Required	Plenary and breakout rooms

Group	Small Groups in Plenary
Time	60 minutes
Methods	Lecturette and small group work-teams
Debrief Options	Gallery walk or group presentations
Objectives:	By the end of this session, participants will be able to: ● Illustrate key barriers and enablers within the community and humanitarian response to respond to and to prevent PSEA.

Start:

- Tell participants we are going to spend this session discussing and doing a team task related Preventing and Responding to Sexual Exploitation and Abuse (PSEA). Orient people to their resource documents in Activity folder**: IASC SEA 6 Core principles.**
- First, we will watch a short video, as you watch this short video please pay attention to key themes and write down any questions you may have.
- **Show:** 6 min video
- After showing the video ask some general questions:
  - What are your thoughts about the video?
  - What did you notice?
  - What were the main themes you noticed in the video?
- **Where do you report SEA in your site?** Ask participants to raise their hands if they know how to report SEA at their field site. Note to the large group that those people with their hands raised should be used as assets in this exercise. If no one raises their hand, share the global SEA hotline for UNFPA/WHO, tell the group this is something to explore and know when they get back to their field site.
- Break groups into their teams to review the below scenario, the resources available in your packet and your team's experience. Describe the team task, which is to discuss barriers and enablers to prevent and respond to SEA
- **The Scenario:** A new WASH program manager from the local NGO Bellisma Acqua who works with people from the Lyra IDP camp and surrounding communities and links to Ostuni Health Center has called you. They want to discuss the fact that many women have complained to them that they are only offered employment with international agencies if they provide sex to those workers in certain UN and international NGO offices. The WASH manager knows this is SEA, but is not sure how, where, and to whom to report it too.
- **Team Task:** They have asked for your help, in your small groups discuss the following questions in relation to barriers and enablers to prevent and respond to PRSEA:
  - Is this part of our mandate?
  - Is this important to achieve our SRH Coordination responsibilities?
  - Why is this our purview?
  - What is the role of the community in PRSEA?
  - What is the role of the community in SRH?
  - Where do partners or community members report SEA?
  - Who is going to lead/take action if we don't?

Debrief:

- Reconvene the group and share a slide that states the following questions that are posted on four flip charts and put on the wall:
- One of the most important or useful things I have learned about PRSEA
- What I need to look into, or change, in my organization's way dealing with PRSEA
- Action steps I know I want to take within the SRH working group
- What I want to think about more.
- Have participants spend five minutes and write their answers on the sticky notes and then post their answers on each flip chart paper. Encourage them to do a gallery walk and read what others say.
- After the gallery walk is finished, participants return to their seats.
- **OPTIONAL:** If there is time, the group can consider the additional difficult situations and discuss the best course of action including the process of reporting in a humanitarian setting:

- You discovered that a 42 year old administrator (man) is having a consensual sexual relationship with a 17 year old female patient at the health facility where he works.
- It was reported to you that a driver frequently uses a route that is an area that is widely regarded as a commercial place of sex work. There have been complaints that he is late for work.
- A new/young humanitarian worker (woman) has asked to not be assigned to work with a male colleague and visibly appears uncomfortable and tearful, but declines to share a reason why.

Final thoughts: State to the group that both prevention and response are critical to addressing SEA, and as humanitarian workers focused on SRH you are often on the front line of both preventing and responding to SEA. Accountability to your host community and reinforcing their agency is critical to the overall health and wellbeing of the community. Remember, **power is often about perception:** a community member may have more choices than she or he thinks (such as reporting an inappropriate demand) and that community member may overestimate how much power a staff member has (such as thinking that they may not qualify for a job without that staff person's 'special help').

Day 2, Activity 4: SRH Working Group Terms of Reference (TOR) and Draft Workplan	
Resources Required	Slide Deck, Flip chart paper and marker in the activity folder to include: Novaland Case Study, MISP SRH-Coordinator TOR, Generic SRH Working Group TOR Template, Generic SRH Work Plan Template, Ukraine TOR for SRH-WG for acute crisis, Gaza TOR for SRH-WG for acute crisis, MISP advocacy cheat sheet
Space Required	Break Out Rooms and Plenary
Group	Small Groups/Teams
Time	90 minutes (combined Part 1 and Part 2)
Methods	Small group work-teams and facilitated plenary discussion
Debrief Options	Gallery walk or group presentations
Objectives:	By the end of this session, participants will be able to: ● Collaborate as a team to develop an SRH Working Group (TOR) for the Novaland crisis; ● Draft and share a "rough draft" work plan in a collaborative style, using the principles of partnership; ● Communicate the effectiveness of the TOR.

Start:

- In your teams, review the below scenario, the resources available in your Day 2 Activity 3 Folder

- **Scenario:** Based on the SRH needs and assets you have identified, you recognize that you need to create an SRH working group TOR and also a high-level, rough draft work plan that you will share with a small group of partners for their inpus and feedback.

- **Part One**
- **Team Task:** You are meeting a group of representatives from some of the partners (from the actor list) today. Your team can use the resources you have available (generic TOR, generic work plan) to develop an SRH Working Group TOR and work plan. For the work plan, you can suggest different partners for different activities. You can add or modify the work plan template. You will not have enough time to finish a complete work plan—do the best you can. You will create a more detailed work plan with the partners at a later date. You are free to decide how you will present to the partners, either flipchart or presentation (PowerPoint or Google Slides). Remember that each partner will come to this meeting with their own organization's agenda and concerns. Be ready to facilitate the conversation in a constructive and collaborative way.

- Tell teams to go to their breakout rooms to review and develop their TOR and draft work plan

- **Part Two**
- **The Role Play:** Have each team present the SRH WG TOR and rough-draft work plan to a group of partners. See suggested partner representatives below. There are different options for this Role Play depending on the number of facilitators and how the facilitator prefers to run it.
    - Option 1: facilitators can play the roles below.
    - Option 2: If there are 4 or more teams, separate into 2 groups of 2 teams each. Describe the role play. For the first round, give the role playing group a handout with the roles below. Tell the role playing group they should read the roles and then choose people to play the roles. Team 2 will present to these role players (Team 1) for about 10 minutes. For the second round, use the roles below OR encourage Team 2 to review the Community Partner and Actor list and choose different partners for the second round.

- **Role Player Roles:** Have 3-6 role players depending on availability. Each role player should introduce themselves during the role play before commenting. Each role player is free to ask questions about the TOR and the work plan. . Each role player can ask about why they are named in the work plan for a particular activity or why their name is absent. You can also ask other questions. Roles include:

- **MOH rep:** The MOH is being represented by the Lyra Provincial Director of Health. You are open to the idea that SRH is important. You want to create a sub-national working group for SRH. You are keen to have an SRH working group at sub-national level because they hope it will bring funds and equipment to refurbish their clinics and hospitals. You want to ensure that any information releases from the national HC or sub-national Cluster are authorized by the regional health authority prior to dissemination. This is especially true for sensitivity SRH-related information.

- **Health Officer- National Red Cross/Crescent Society:** You are supporting basic primary health care services in one health clinic supporting IDP camp in Lyra. You have seen some cases of sexual violence. You have been managing trauma cases and also coordinating their evacuation so they are very focused on getting emergency medical teams and other direct services organization in your province to help with this issue. Your organization is small and little known and you must repeatedly explain who they are. They bring up coordination related to trauma, not SRH. You are unsure if they will be invited to participate in the SRH WG

- **Health Officer- Doctors Around the Globe (DAG): DAG** has supported the district hospital in Lika City, Lyra Province for the last several years. DAG support the MOH/provincial hospital to provide a suite of services including primary health care, infectious disease management, general surgery and obstetrics and gynecology. DAG has sent, you, a health officer who is relatively junior because they are not officially a member of the health cluster (per their policy) but they will unofficially coordinate.

- **Maternal-child Health/maternity care programme coordinator Catholic Mission Primary health care (run from their hospital):** This organization has a long running program and is deeply embedded and trusted by communities in Lyra. Offers primary health care, vaccination, and provides referrals to the provinciall hospital. They do not not provide modern contraception and is silent on safe abortion. You are interested in participating in the SRH WG but uncomfortable with discussing SRH services other than MCH/MNH/maternity.

- **Coordinator from national NGO (Bellisma Acqua) focused on WASH**: Mira, who is from the Moona community, has been working with communities in and around the Lyra refugee camp for the last 5 years. She has a long running relationship with women-led community based WASH committees that include people of the Moona and Astra ethnicities. She has a deep understanding of the dynamics and culture of different groups and has worked well with and across these communities.

Debrief: Facilitated Plenary Discussion Questions:
- Share the slide deck and tell the participant we are using these frameworks to debrief the exercise.:
- Forming, norming, storming, performing
- The Advocacy and Influencing Framework (also in the Activity folder) (push, pull, move away),

- Questions for the debrief include:
- Team process: It is Day 2: Where do you feel? Where were you in the cycle of Forming, Storming, Norming, Performing? How did you work together as a group? Were you able to allow time for different group members to contribute? Were there any challenges to working as a group and how did you deal with them. Share insights from inside or outside of the workshop. ?
- Compare and contrast the differences in the different teams' TORs. What were common themes? . How did they differ? How did the different groups manage the time crunch?
- How did the role play with the partners go? What went well? What were the challenges? Did you "push (evidence), pull (values), or move away (regroup)? Share what went well, what were challenges? Explore what experiences participants have had in the "real world".
- Summarize the different insights and other learning or suggestions on a flip chart or o a slide.

Final Thoughts: This was your third team-based activity but with the added challenge of communicating and collaborating with new Working Group partners outside your team for the first time. Consider how the entire SRH Working Group will likely also go through the process of forming-norming-storming-performing. There may be ways to develop norms as a working group that can speed up this process. For example, even with a larger group, you can get to know each other using the Team CV process. Finally, as the SRH WG coordinator, you can acknowledge that it is natural for some "storming" to occur, as the working group members get to know each other.

Day 2, Activity 5: IARH Kits Activity: Estimating Interagency Reproductive Health Kits on behalf of the SRH WG	
Resources Required	Slide Deck, Flip chart paper and markers. Folder to include: Novaland scenario, Maps, Actor List, Teams will have their self-designed Actor map/matrix, IARH Kits 6th Edition, IARH Kits price sheet, Procurement Calculators, Link to RH Kits Calculator
Space Required	Plenary
Group	Lecturette and small groups/teams
Time	90 minutes (Part 1 and Part 2)
Methods	Small group work-teams and facilitated plenary discussion
Debrief Options	Gallery walk or small group presentation to review the teams outputs and final facilitated discussion
Objectives:	By the end of this session, participants will be able to: ● Identify and practice the processes required to estimate, procure, and distribute IARH Kits. ● Interpret data to be able to articulate the type and number of IARH kits needed in a particular context.

Notes for Facilitators: The Novaland Case Study that includes RH indicators is aimed to confuse participants. Clue: there is no need to calculate the Kits based on these DHS indicators, but they can be used to compare the affected population with the "standard" population assumptions used to calculate the supplies in the Kits. They also give an indication of what not to order (low use of IUDs, and no exposure to female condoms). The RH Kits are already pre-calculated based on population assumptions. These assumptions can be found on the last page of the Inter-Agency RH Kits Manual.

Start:

- **Lecturette:** Use the accompanying slides to give an overview of the IARH Kits.
- **Team Task:** After the lecture, tell the participants they will review the case study, the resources in their folder and make an assessment and recommendation about the kits needed. Specifically teams should:
- Propose a hypothesis for any information you find missing and need to calculate the kits;

- Run the Kit calculator based on available data and you proposed assumptions (hypothesis) - Take a screenshot and share with your moderator;
- Propose up to three adjustment you consider making to the calculated kits and cc items and explain the rationale;
- Present on a flipchart. Please only use ONE flipchart!
- As a reminder: you can use the 3 or 4 Ws matrix to play who, what, where and how to distribute the kits

What (kits)	Where (delivered/stored)	Whom (what partner)	How (transport/storage needed)

- After 40 minutes, groups return to the plenary for debrief.

- **Debrief: Gallery Walk or Small Group Presentations:** Teams either present their distribution plan OR they can post their IARH Kit Distribution Plan in the main training room. Facilitators debrief the correct estimates (see slide deck) and discuss additional potential adjustments:
- Additional need for CEmONC - potential need for an upgrade of BEmONC to CEmONC, consider additional equipment and consumables for 1-second CEmONC
- Your programmatic plans can include training for medication abortion and MVA; consider adding related complementary items (1 MVA per BEmONC and Misoprostol x9). We have no information availability of Mifepristone; thus we will not include it

Facilitated Plenary Discussion Questions:
- Questions for the debrief include:
- What did every plan include?
- Was anything omitted? What and Why?
- What assumptions did you make in doing the final calculations?
- What resources (if any) helped you do the final calculations and orders?
- Compare how different teams prioritized IARH kits and what arguments were made.
- Note. as a reminder, that after kit calculation, they will need to create a distribution plan

Final Thoughts: A**s** an SRH Coordinator, your role is to coordinate the procurement of SRH supplies; this means understanding how you calculate what supplies partners need to provide SRH services. You will work with partners to collect basic data on consumption of supplies and service utilization to plan for immediate, mid-term and long-term sustainable SRH supply chain systems. This includes understanding need, cost, space, and storage. A distribution plan using the 4 Ws can help you prioritize actions and stakeholders in your setting.

Day 2, Recap and Accountability and Preparation:

Refer to page 24-24

Day 1, Recap and Accountability Presentation	
Resources Required	Slide Deck. Daily evaluation handouts (need to print out enough for each day
Space Required	Plenary
Group	Pairs and Plenary
Time	15 minutes
Methods	Lecturette and Pairs
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Articulate one action they will take when they return to their site; ● Articulate the strengths and weaknesses of Day 1 of training; ● Review Day 2 Agenda.

Start:

- Have participants pair up with their "accountability buddy". Have them check-in on each other's safety and comfort, and each share ONE thing they will do when they return to their work site/position. Note that participants will add to this handout throughout the training and be able to take it home with them, ideally as a source of inspiration!
- Remind participant pairs who volunteered to do a recap activity next day.
- After this pair work is over (~5 minutes) introduce the agenda for Day 3 and distribute the daily evaluation for them to complete. After they complete the evaluation, have them leave it on their table before they leave the room for the day.
- Ask Eyes/Ears to stay for 10 minutes post training.
- There are two options for Daily Evaluation:
  Option One: These are based on documenting the trainee's Reaction to the training. This is a guide from Kirkpatrick's methodology to measuring the effectiveness of training). Ask participants to answer the following questions:
  - Today I learned:
  - Today I re-learned:
  - Today I discovered:
  - Today I realized:
  - Today I was disappointed:
  - Today I was surprised:

  Option Two: Ask participants to answer the following questions:
  - How relevant were the subjects covered today?
  - How useful were the learning methodologies used today?
  - Did you have enough time to cover the subject(s) presented today?
  - Anything else

DAY 3

Day 3, Activity 1: Review, reflect, recap and icebreaker	
Resources Required	Slide Deck, Bingo Sheets
Space Required	Plenary
Group	Full Group
Time	30 minutes
Methods	Interactive large group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Review Day 2 and introduce Day 3 ● Introduce other participants.

Start:

- **Review eye/ears and written evaluation on Day 2:** Welcome group and provide a brief recap of the evaluation (eyes and ears and written participation) from yesterday and announce any changes facilitators are making due to the evaluation).
- If time, have the volunteer pairs do their recap
- **Review Agenda** for Day 3 on slide.

- **Icebreaker-Bingo:** Welcome group, and as they enter the room tell them that they are going to get to know each other a little better. Hand out the bingo sheet and tell them that they are going to quickly circulate among themselves to identify people who have achieved something in the squares. When they identify a person for a square, the person should write their name in the square. A person can sign more than one square.
- When the first person fills in ***all the blanks*** have the participant say "BINGO" and give them a prize from the prize bank.

BINGO-Find someone who:			
Plays Guitar	Has lived in Bangkok	Has lived in five continents	Can juggle
Has run a marathon	Has lived in Nairobi	Has lived in New York City	Can crochet or knit
Has more than 10 siblings	Has been in the guinness book of world records	Has more than 5 children	Can do a handstand
Has read more than 15 books last year	Has run a marathon	Plays Goalie	Can Iceskate

- After a winner says BINGO check their answers with the group. The winner should provide the name under each category and have that person stand up and confirm it is true and have them share their one accountability action from Day 2.
- Facilitators provide a brief recap of the evaluation from yesterday (likes, dislikes and any changes facilitators are mankind due to the evaluation) and introduce the agenda for Day 3.
- Be sure to review the "Parking Lot" and let participants know how/when any outstanding issues will be addressed.

Day 3, Activity 2: Tackling Challenges to Adolescent SRH/Contraception	
Resources Required	● Slide Deck, Flip chart paper and markers. Day 2 Activity 5 Folder to include: Maps, SRH Actor and Partner List, MISP Cheatsheet, Adolescent SRH Toolkit in Humanitarian Settings Chapter 4: Priority ASRH in Emergencies Activities, Quality Improvement (QI) BMJ article: The Problem with the 5 Whys, Humanitarian Health Quality of Care Toolkit: fhi360 for health cluster, and Health Cluster Quality of Care in Humanitarian Settings, June 2020
Space Required	Plenary and Break Out Rooms
Group	Lecturette and Team Task
Time	60 minutes
Methods	Lecturette, team task in breakout rooms and then facilitated plenary discussion
Debrief Options	Gallery walk to review the teams outputs and final facilitated discussion
Objectives:	By the end of this session, participants will be able to: ● Complete the 5 "Why"s analysis activity to understand the root causes linked to adolescent SRH. ● Apply the 3W matrix to identify and understand adolescent SRH barriers and enablers. ● Coordinate and communicate as a coordinator (or SRH Working Group) about a sensitive topic (adolescent SRH) in this context.

Start:

- **Scenario:** A health program manager from the National Red Cross team managing the Ostuni Health Center that serves Lyra residents and people from the IDP camps has called you. They want to discuss the influx of recently arrived adolescents from Bari City. These young people are going to the HC to request contraception, including

injectables and condoms. Some have even asked for contraceptive implants. This is creating tension with the healthcare providers, who are not accustomed to providing services to adolescents and very uncomfortable providing contraception without parental consent. Elders and leaders who have resided in the camps since the last crisis are also unhappy. These elders are complaining that these new young people should not be allowed to receive contraception as it sends a bad message to other young people in the camps. They also feel that this behavior gives the Moona people a "bad reputation" in Lyra province, further marginalizing the Moona IDP community in the eyes of the host community.

- **Team Task:** As the SRH Coordinator, you realize you must help the Working Group to think through what to do and make recommendations to address this issue. Tell the group you will now describe 2 tools they can use to help think through this sticky issue. The 5 "Whys" and the 3/4/5 Ws matrix.
- **Lecturette: Introduce the 5 Why root cause analysis method:**
- Do a short lecturette using the slides to share the 5 Why's Template and have them break out into their teams to complete the template. Re-introduce the 3 Ws matrix and tell the participants to first complete the 5 Why's and note participants can also use/complete the 3 W's table if it helps them get to the root cause of the problem.
- **Give a simple example of the 5 Whys:** Facilitators can role play with each other using an everyday example of using the Five Whys to determine a root cause.
- **Problem Statement:** Your car gets a flat tire on your way to work.
  1. Why did you get a flat tire? • You ran over nails in your garage
  2. Why were there nails on the garage floor? • The box of nails on the shelf was wet; the box fell apart, and nails fell from the box onto the floor.*
  3. Why was the box of nails wet? • There was a leak in the roof, and it rained hard last night. (Root cause=leak in the roof)
- *Note to participants: if you didn't ask the 3rd why (*), you would have STOPPED HERE AND "SOLVED" THE PROBLEM BY SWEEPING UP THE NAILS.* ***YOU WOULD HAVE MISSED THE ROOT CAUSE OF THE PROBLEM****.*

- An alternative **Problem Statement** could be: You recently conducted a camp-wide campaign to raise awareness regarding the availability of emergency contraception (EC). You now have a number of individuals who are requesting emergency contraception, several of the same individuals have returned multiple times in a month for additional EC.
- The first "Why" question 1. Why is there a high need for emergency contraception? • Lack of uptake of modern contraceptive methods and a misunderstanding of what EC is used for the
- second "Why" question 2. Why is there a lack of uptake of modern contraception methods? • Male partners are often not in favor of its use and there are several misconceptions about potential side effects causing sterility.
- Ask participants what is the third "Why" question? to get to the root cause.
- For this scenario in your small groups continue to ask why until you get to the ROOT CAUSE OF THE PROBLEM.
- Allow for up to 30 minutes of team work to complete both tables.

Problem Statement	**One Sentence Description of the Problem**
Why?	
Why?	
Why?	
Why?	
Why?	
Root Cause(s)	To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

1. **2.** **3.**	

3W Matrix: Describe some initial steps you could take to respond to the situation using the root cause analysis you created using the 5 Why's methodology. Identify potential partners (Who) you could collaborate with, and initial steps (what) you might take to stabilize the situation. If you wish, you can use the "3 W matrix" to organize the initial steps/partners that the SRH working group would suggest. This can be on flipchart or in PowerPoint on the computer.

Who	What	Where

- Tell teams that they will be returning to their breakout rooms (30 min) to develop initial actions the WG can take to address this issue.
- Identify the steps the SRH WG should take to address this
- Share some initial strategies to improve access for adolescents.
- Identify the partners who should be involved including who will lead and support?
- Identify possible policies, standards, or protocols that hinder or support adolescent access to contraception

- If participants like, they can use the 3W Matrix and the Root Cause Analysis tools to help frame the discussions.
- **Debrief:** This can be debriefed 1) individually in each team with facilitators in the room; 2) As a gallery walk, where teams walk through the rooms together; 3) in the large room as a plenary.
- Facilitators can probe with questions such as:

- Have participants had this experience with resistance to adolescents receiving contraception? Why is this resistance common? What has worked to overcome/address it?
- If quality of services is an issue, how might some rapid training be done and with whom? If supplies are an issue, how might that be remedied?
- Allow for solutions to come from the team but share p*ossible solutions from below that could include:*
  - *As an SRH-Coordinator, develop a task team that begins to rapidly assess and address this situation. Probably should include the Lyra MOH folks and a member of the Red Cross who is managing the HC.*
  - *Leverage the SAL groups that include youth, and invite youth members/leaders to collaborate on an Initial Rapid Assessment*
  - *Communicate with HELP-J in Monopoli City to understand the scope of their work, lessons learned and background resources you might use with the youth groups*
  - *Discuss and gain consensus from the health providers /Red Cross/MOH in Lyra any relevant national policies related to ASRH such as no parental consent required.*
  - *Future work could be developing an awareness-raising intervention with the SAL/Youth groups and including newly arrived adolescents*
  - *Do a review of the HC with community members and the review strategies to make the services more adolescent-friendly (in IAFM).*

Final Thoughts: It is rare that adolescent SRH issues don't emerge. Your role is to coordinate the discussion related to access and also acknowledge that in crisis roles change and traditional systems can be challenged. Your collaboration with the community, with national organizations, and with SRH service providers will be very important in collaboration to make solutions that work within your context.

Day 3, Activity 3: Values Clarification Activity Related to Gender Based Violence (GBV) - Blanketed by Blame, Empowered by Support: Maya's Story (Asian Pacific Institute on Gender-Based Violence)	
Resources Required	Eleven blankets (scarves/shawls can also work, but blankets produce more dramatic effect), Eleven individuals (mostly women, some men), one person willing to play Maya, and one person willing to be the narrator
Space Required	Plenary
Group	Large group activity, with non-participants surrounding the 11 individuals
Time	60 minutes
Methods	Plenary role plays and facilitated plenary discussion
Debrief Options	Moderated large group discussion.
Objectives:	By the end of this session, participants will be able to: ● Observe the trauma and socio-emotional pain a person experiencing IPV is facing. ● Articulate the structures that can cause harm and modify how they can be different – contributing to survivor centered perspectives. ● Understand the levels of support that surrounds survivors that can help or harm.

Facilitator Notes: Facilitator should identify someone to play Maya by asking if a participant would feel comfortable with role-playing Maya in this setting. Facilitator should identify someone to play the Narrator by asking if a participant would feel comfortable with role-playing the Narrator in this setting. Note to each individual playing Maya that this session will touch on sensitive and traumatic issues, and there will be a Person who will be available to debrief you after the activity. Alternatively, the facilitator could play Maya or the Narrator, with participants role-playing the 11 characters.

Start:

- Facilitator explains that this session will explore sensitive issues, and this activity may be upsetting to some. Especially those with lived experience related to GBV. If you would like to discuss any of the topics raised after this session A person will be available during the tea break to support you.
- Facilitator sets up the scene and introduces Maya (either pre-arranged participant or facilitator). Maya is a person who is experiencing physical and sexual violence from her intimate partner. Maya should sit in a chair in front of the room and face the audience.
- Ask for 11 volunteers to play different characters. Hand each a character card (1 Friend; 2 Her mother; 3 Neighbor; 4 His mother; 5 Religious leader (female); 6 Community leader (male); 7 Child; 8 Police; 9 Advocate; 10 Immigration attorney; 11 Doctor) to those who are willing/able to help role-play this activity.
- Have the 11 stand in a circle around Maya but facing outward (backs to Maya). Each should hold a blanket.
- Facilitator (or participant) can act as The Narrator, s/he should stand outside the circle, to the side and read Maya's story. *The entire script is read by the Narrator only.* **Script:** Maya is thirty-five years old. She has been married for 16 years. She has two children ages seven and fifteen. Her husband Lee has been raping her, beating her, berating her even before they married. *(Pause)* Maya has taken many steps, surrounded by her friends, family and community.
- **Introduce the Blame Cycle:** Narrator reads each character statement, that character then places a blanket over Maya. Narrator to pause after each statement is read to allow for Maya to be covered.
- Narrator reads for:
    - Maya's Friend. State "Maya has finally told her closest friend, Anita about the abuse. "Are you telling me that wonderful husband of yours loses his temper, hits you even? That you are powerless? Ah, I can't believe that! Besides you're a control freak yourself" *(Pause, wait for Character 1 (Friend) to step forward and cover Maya with a blanket. This is repeated each time after the narrator reads the part of a character.)*

- Her mother. State “Maya calls her mother, even though it’s so expensive to call home. Her mother says “Try harder Maya. You were always the most stubborn one of all your sisters, their marriages are all fine, they listen to their husbands.” *(Pause, wait for Character 2 (Mother) to step forward and cover Maya with a blanket.)*
- Neighbor. State “The neighbors have heard her screams and sobs, the police sirens. They say, “The walls are pretty thin, Maya. People in the building are talking. These late shifts at work – it must be so frustrating for your husband. The poor guy was telling me that he has to now cook dinner on Wednesdays and Thursdays.” *(Pause, wait for Character 3 (Neighbor) to step forward and cover Maya with a blanket.)*
- His mother (Maya’s mother-in-law). State “Maya’s mother-in-law lives close-by, but she travels a lot. She says, “Don’t whine Maya, you are the one abusing my son. Do you know how many times a day I have to text him and make sure he’s ok? Besides who’ll believe you now – remember those times you told about my husband? That he tried to rape you.” *(Pause, wait for Character 4 (Mother-in-Law) to step forward and cover Maya with a blanket.)*
- Religious leader (female). State “Because her pastor is a woman, Maya thinks she’ll understand and confides in her. She says “Marriage is not a contract you can walk away from because you don’t like the terms, it’s a lifelong promise taken in front of God. If you pray harder, things will work out.” *(Pause, wait for Character 5 (religious leader) to step forward and cover Maya with a blanket.)*
- Community leader. State “The community leader knows Maya’s story. They state “Lee is an important member of the community; he was a big hero in the war. You got him arrested, Maya, you have no shame, spoiling our name like that.” *(Pause, wait for Character 6 (community leader) to step forward and cover Maya with a blanket.)*
- Child. State “Maya’s 7-year-old daughter tends to hide under blankets when the violence begins. She says “Mama, why don’t you cook better so Papa won’t get angry at you? Why can’t we leave here?” *(Pause, wait for Character 7 (child) to step forward and cover Maya with a blanket.)*
- Police. State “When the police come, Lee generally does all the talking, but this time because of a restraining order, he’s not there. They say, “Hey lady, now you say your husband is stalking you, that he’s been parked outside your house for hours. But he says you asked him to come and take the kids to school, that he just drove up and parked when you called us. I don’t care if your son confirms your story. “ *(Pause, wait for Character 8 to step forward and cover Maya with a blanket.)*
- Advocate. State “Maya’s son brought home a brochure from school; when Maya called, the advocate was very professional. They say, “We have many programs for women like you, but if you won’t decide to leave your husband, I cannot do anything.” *(Pause, wait for Character 9 to step forward and cover Maya with a blanket.)*
- Immigration attorney. State “The immigration attorney was also very professional. They say “You’re scared of your husband because he was in the army, and you think he did some scary things in the civil war. That doesn’t mean anything for your case” *(Pause, wait for Character 10 to step forward and cover Maya with a blanket.)*
- Doctor. State “The doctor, also very professional, was just as difficult to understand. They say, “It’s not my job to decide if you or your husband caused this big cut on your child’s head, I’ll let social services figure that out.”

- The narrator asks Maya: “Maya, why do you put up with all this? Why don’t you just leave?” (*The actor playing Maya under the blankets replies non-verbally by attempting to move but cannot get up because of the weight of the blankets*.)
- Tell the entire group we will now **Introduce the Empowerment/Support Cycle:** Then begin the reversal. The narrator reads each statement, and that character removes a blanket from Maya and then turns to face into the circle towards Maya. *(The Narrator pauses after reading each of the next statements. Then each character steps forward and removes a blanket and faces into the circle.)*
- Doctor states “Maya, I’m your doctor. I looked at your chart and see there are many injuries consistent with domestic violence” and removes a blanket.
- (10) Immigration attorney states, “As your immigration attorney, I can help you get immigration relief without asking your husband.” and removes a blanket.
- (9) Advocate states “I’m your advocate Maya. It’s best not to make a big decision when you are in a crisis. Tell me, what would be helpful to you?” and removes a blanket.
- (8) Police state, “I have arrested your husband ma’am; his car windows were all fogged up with condensation which means he’s been sitting in there for hours, just as you said.” and removes a blanket.
- (7) Child states “Mama, Papa’s so mean to you, he’s scaring me. Why doesn’t he stop?” and removes a blanket.
- (6) Community leader states “Because I’m a leader in our community; I used my authority to tell Lee he does not have our permission to treat you like this, even if our culture says it’s OK. If he wants our respect, he has to earn it back. You did not get him arrested, his behavior did” and removes a blanket.

- (5) Religious leader states “As your pastor I’m here to support you, Maya. I talked to Lee to remind him it is also his duty to be a caring spouse and father instead of terrifying you and the children. Being traumatized in the war is no excuse for battering you” and removes a blanket.
- (4) His mother, Maya’s mother-in-law states “I have worried for the longest time that Lee learnt his abusive ways from his dad. And I just pretended not to notice that my husband was sexually harassing you” and removes a blanket.
- (3) Neighbor states “We can help out by watching the children when you have to work late. Let them come over to our apartment and we’ll cook their favorite noodles. When you come home, there will be some for you too” and removes a blanket.
- (2) Her mother states “Maya, you did try, he didn’t. Your stubbornness is your strength. If I was in your shoes, I don’t know if I would have struggled for so long” and removes a blanket.
- Her Friend states “All those times I saw your wounds – physical and emotional – I didn’t do anything. But you did. You are such a powerful woman, Maya” and removes a blanket.
- *Maya then gets up and stands encircled by her supporters.*

Debrief: Moderated Plenary Discussion. Show the slide with the socio-ecological model. Tell participants to share their comments on their reactions to the activity. Ask the actors, especially Maya, how they felt. Questions may include:

- Which character produced the largest barrier that Maya faced? Why?
- Which character was most empowering for Maya? Why?
- What are some norms that we can challenge in humanitarian settings?
- How can we work to start to change some of the harmful norms Maya experiences?
- Who are the partners in your setting that could help you as the SRH coordinator? What are their roles and what actions can you support them to take?

Final Thoughts: Tell participants that this activity is way to explore the socio-emotional learning and development around key issues such as:

- Intimate Partner Violence (IPV)
- Victim-blaming by family and community members
- What a difference support can make
- Women’s experiences of oppression and liberation
- Harms that everyone suffers
- Empowerment that strengthens everyone

Socio-emotional learning requires us to clarify our values and develop skills related to our own self-awareness, social awareness, relationship skills, and it promotes responsible and person-centered decision making. This is a key role for all SRH coordinators to not only practice and but to also recognize their own growth and sense of empathy in your context.

Day 3, Activity 4: Working with the GBV Coordinator to coordinate prevention and response to GBV	
Resources Required	Slide Deck, Resources and injects from earlier scenarios (see above), notably: Actor Map, IAFM Chapter 3- The MISP, MISP monitoring checklist, IASC GBV Guidelines for Health, UNHCR Referral Pathway Template, IARH Kits information
Space Required	Break Out Rooms and Plenary
Group	Small Groups/Teams
Time	100 minutes (Part 1 and Part 2)
Methods	Small group teamwork and plenary debrief
Debrief Options	This can be debriefed individually in each breakout room, as a gallery walk through the 4 breakout areas or in plenary, or teams can debrief in plenary together.

Objectives:	By the end of this session, participants will be able to: ● Collaborate with the GBV Coordinator ● Create talking points that advocate for preventing and responding to GBV ● Develop recommendations for the interagency coordinating group/health cluster for: cross-cutting prevention, safe and confidential health facilities, and SGBV responsive clinical care and referral

Start:

- Tell participants you will be working in your teams to review the below scenario, the resources available in your packet and you should use your team's experience to plan your response to this scenario. Introduce the Scenario below.
- **Scenario: You** have received a call from the GBV Coordinator who has recently arrived in Novaland. She has heard anecdotal reports of sexual violence in and around the Lyra refugee camp during her briefing. She must prepare talking points for an inter-cluster coordination group meeting (ICCG) and she would like to advocate for collaboration across clusters, but particularly between the Health and Protection sectors to prevent and respond to SV. She is asking if the SRHWG would be willing to collaborate with the GBV AoR on this and would like to know what suggestions you have for areas of collaboration. You agree that it is important for the SRH Working Group and GBV AoR to collaborate. Assure her that this is an important part of your role as SRH Coordinator. You offer to develop some draft talking points, since you have been in Novaland much longer than she has, and you plan to discuss them together the next day.

- **Team Task:** In small groups, discuss the following:
  - Identify 5-6 possible areas of collaboration between the SRHWG and GBV AoR
  - Suggest 3-4 talking points for the ICCG advocating for cross-cluster collaboration, specifically highlighting areas of collaboration between the SRHWG and GBVAoR.
- **Debrief:** Moderate a discussion which highlights potential areas of coordination between Health Cluster/SRH working group and GBV working group:
  - Preparedness and access to comprehensive care for survivors of sexual violence, including pregnancy testing, HIV and STI testing, emergency contraception, post-exposure prophylaxis (PeP) for HIV, treatment of sexually transmitted infections, and psychosocial support and mental health care. Linkages between GBV and SRH are not just about CMR/IPV, examples: adolescents, etc.
  - Identification and health care for survivors of GBV including intimate partner violence (IPV).
  - Types of data to be collected, how data will be reported and to whom, and how data will be used for decision making.
  - Do not miss opportunities (e.g.: adolescent girl giving birth, why? denial of access to FP? Child marriage? Sexual abuse?..... Pregnant woman coming to Women and Girls Safe Spaces complaining of lower abdominal pain, having more children than she wants to….)
  - Capacity building on inter-agency SOPs or referral pathways and survivor-centered care.
  - Ensuring survivors have access to gender-sensitive medical information in a language that they understand and in line with the guiding principles.
  - Mapping available services for GBV survivors and service readiness to respond to GBV, as well as establishing referral pathways
  - In preparing submissions for the Flash Appeal (and in the future the Humanitarian Response Plan/Humanitarian Needs Overview): Ensuring GBV prevention/response is included, including indicators; Working together to evaluate project proposals to the Health Cluster that come from GBV partners; Costing the GBV response to ensure adequate funding and non-duplication.

Final Thoughts: The key message should be that SRH-GBV coordination should begin as early as possible in the response. Once the response starts, if there is no collaboration then there is a risk of continuing in siloes. A particular challenge is ensuring that the SRH-WG is leading on procurement and distribution of IARH kits and coordinating the SRH-related training, including CMR-IPV training.

Day 3, Activity 5: HIV and STI Coordination	
Resources Required	Slide Deck, Flip chart paper and markers. Day 3 Activity 3 Folder to include: Novaland scenario, Actor map/matrix, MISP cheat sheet, IAFM Chapter 3: The MISP
Space Required	Break Out Rooms and Plenary
Group	Small Groups/Teams
Time	45 minutes
Methods	Plenary (or small group teamwork)
Debrief Options	Gallery Walk, or Round Robin, or Large Group Moderated Discussion
Objectives:	By the end of this session, participants will be able to: ● Identify and plan to collaborate with the HIV and STI stakeholders and organizations ● Assess and revise IARH kits estimation to include ensuring HIV supplies are available and accessible ● Identify the barriers and enablers that may increase risks of HIV and STI transmission in humanitarian response.

Start:

- Tell participants you will be working In your teams to review the below scenario, the resources available in your packet and you should use your team's experience to plan your response to this scenario. Introduce the Scenario below.
- **The Scenario:** In Lyra in a town about 5k away from the IDP camp, there is a bustling night market that includes restaurants, bars and music venues. At dusk, since the start of the conflict, this small town comes alive. People bring makeshift tables, propane tanks, and grills and small live music venues pop up. The night market has quickly become a popular spot for members of the military, the private security firms, UN and NGO staff who are stationed away from their homes, especially on their days off, to relax and spend money. Adolescents also find their way to the night market whenever possible as it's a place they like to socialize at. There are reports of people engaging in transactional sex in/around the night market.
- **Team Task:** Break into your teams, review this scenario, and consider and discuss the implications. Using the resources available and your own experience and expertise, prepare a flipchart of key information that can help you understand and coordinate a response to this emerging issue.

    - What health risks are you most concerned about in this scenario? (While GBV is a health risk here, focus the conversation on HIV and STIs.)
    - Who are the most vulnerable people (match them with the risks identified in question 1)?
    - What are some strategies to tackle the risks that you have noted?
    - Who might be potential partners that could address this?
    - How might you, as SRH WG Coordinator, coordinate a response to this emerging issue and ensure supplies and services are prepared?
    - What more information do you need?

- **Debrief:** Have groups come back to the plenary and hang up their flip charts for either Gallery Walk or facilitate a Round-Robin discussion with each group to provide the details for one of the questions above. Ensure participants

stay focused on HIV/STIs rather than GBV. The facilitator should listen and highlight some of these answers that will likely emerge in the debrief. Answers may include:

- Share reference guidelines regarding sex work and update on status of HIV and STI guidelines.
- Ensure supplies/medicines are ordered: condoms, PEP, EC, test kits, STI medicines
- Confirm that health service providers have safe blood supply
- This situation not only increases the risk of HIV and other STIs-, it also increases risks of GBV– need to collaborate with GBV coordinator and possibly UN leadership to ensure PSEA actions are taken
- Potential collaborators: MOH, Novaluv for condom distribution and awareness raising, Youth in the SALs in and around the Lyra IDP camps for awareness raising

Final Thoughts: Ask if there are any questions, then reinforce the fact that as an SRH Coordinator you will be responsible for coordinating with all sectors that link/touch SRH, this will include HIV and other sectors. Coordination will require an understanding of how SRH coordinates between Health Cluster/SRH working group and HIV working group. This activity allows all participants to practice these skills and to think about how best to coordinate, communicate, and collaborate.

Day 3, Activity 6: Values Clarification- Crossing the Line	
Resources Required	Masking tape or string, approximately two to three meters long, to make a line on the floor
Space Required	Plenary
Group	Large Group
Time	45 minutes
Methods	Large group discussion, show presentation slides with questions while reading them out
Debrief Options	Plenary facilitated Q and A
Objectives:	By the end of this session, participants will be able to: ● Articulate some of their feelings and views on abortion care and how they were formed. ● Identify diverse views among participants.

Facilitator Note: Introduce the activity as a way to start exploring the diversity of beliefs about abortion that are present in the room. In your own words, use the following as a guide to explain the purpose of this activity to the participants: *"In this activity, we will start to explore the diversity of beliefs about abortion. During this activity, we will reflect on our own attitudes, beliefs, and feelings about abortion, and how these views were formed. We will also have the opportunity to see the range of beliefs represented in this room. Please know that there are no "right" or "wrong" answers during this activity – you should feel free to express your beliefs. For some participants, this activity may raise strong emotions or potentially painful memories. Before we start this activity, I want to remind you of the Group Agreements we made at the start of the workshop. Please remember that you can take the time to take care of your own needs, including stepping away from this activity as needed. I also want to remind you of the Duty of Care contacts that have been provided. These contacts are available to provide support and referrals as needed. Before we start, does anyone have any questions or concerns?"*

Start: Ask all participants to gather on one side of the line.

- Explain that you will read a series of statements, one at a time. If the statement applies to their beliefs or experiences, they should move all the way across the line.
- Clarify that there is no "in between" in this activity – participants must stand on one side of the line or the other. Encourage participants to stand on the side of the line that best reflects their own beliefs and not feel pressured to move with the rest of the group, even if they are uncomfortable.
- Give participants an easy practice statement to start, such as: "Cross the line if you had fruit for breakfast this morning."
- After you read the statement, ask participants to step across the line if the statement applies to them. Ask the participants to cross silently. If necessary, remind participants that they must choose one side or the other - there is no "straddling" the line.

- Once participants have crossed the line, invite everyone to silently observe how many people crossed the line, and how many did not. Ask participants to reflect, silently, how it feels to be where they are standing.
- Ask participants to move back to their starting position on the initial side of the line, both mental and physical movement is important in this activity.
- Ask participants to move back to their starting position on the initial side of the line, both mental and physical movement is important in this activity.
- Read each **"CROSS THE LINE" STATEMENTS** (below) and give participants a chance to cross the line for each statement. After each statement:
    - Invite participants to silently reflect on how they feel about what side of the line they are on.
    - Ask one volunteer that crossed the line to briefly share a little about why they crossed the line. Next, ask for a volunteer who did not cross the line to share a little about why they did not cross. Explain to participants that this is an opportunity to listen and learn from their peers, and that we will not be responding to or debating what is shared during this time. As you go through the statements, vary whether you start with the volunteer who crossed the line or the one who did not.
    - If at any point someone is alone on one side of the line, share your appreciation that they were brave enough to stand alone and ask if they would be willing to share how it feels to be the only person who did or did not cross the line. As a facilitator, you can provide any additional perspectives on what it might mean to be the only person in the room to hold a certain belief, and link this to any of the key messages for this activity.
    - Repeat this for each of the statements that you have prepared.
    - Close this activity with the final statement: "Cross the line if you believe we can discuss the topic of abortion respectfully, even if we have different experiences and beliefs". Note if most people agree or disagree with this statement and acknowledge this to the participants.

- **"CROSS THE LINE" STATEMENTS** (Facilitator Note: Select or adapt the statements as needed to ensure they are appropriate for the cultural context. Choose four to six statements for a 45-minute activity. You could expand this activity to fill more time by using more statements, adding at least an additional 5 minutes per statement. If you have limited time to prepare, you can use the recommended statements in bold to form a quick set for this activity.) Note r*ecommended warm-up statement*: **Cross the line if you ate bread with breakfast this morning.**

Begin each statement with "Cross the line if" …

- You ate bread with breakfast this morning
- You were raised to believe that abortion should not be openly discussed.
- You have ever heard a friend or family member talking in a negative manner about people who have had an abortion
- You have been asked to keep someone's abortion a secret
- You or someone close to you has had an induced abortion.
- You are committed to addressing all the main causes of maternal death, including unsafe abortion.
- [Recommended closing statement] You believe we can discuss the topic of abortion respectfully, even if we have different experiences and beliefs.
- Additional statements to choose from in case there is more time during training
- At some point in your life, you believed that abortion is wrong.
- You have ever felt uncomfortable talking about abortion.
- You have ever avoided the topic of abortion in order to avoid conflict.
- You have heard the term "baby killers" applied to people who have abortions or health-care providers who provide abortions.
- You believe there is a medical need for safe abortion care to be available, in general.
- You know of adolescent girls in your community who have accessed safe abortion services without parental consent.
- You would be willing to accompany an adolescent girl to a safe abortion provider.
- You believe women have the right to accurate information on how to manage abortion with pills on their own.

- You believe women should be able to access abortion pills for self-use during humanitarian crises such as an epidemic, pandemic, or natural disaster.
- You have heard someone talking in a negative way about people with a disability accessing sexual and reproductive health services, carrying a pregnancy, or raising children.
- You find it difficult to talk about issues of sexual and gender diversity.
- You believe people of any sexual orientation and identity should have the same access to abortion services if they need them.
- You would help to provide information on safe abortion to people of any sexual orientation and identity, including trans-people.
- You believe all women deserve access to safe, high-quality second-trimester abortion services if they need them.

Debrief: (in plenary) Begin the debrief discussion in place or invite participants to retake their seats. Discuss the activity using the following prompts. Remind participants of the group agreements, particularly to use "I" statements and to speak from their own experience.

- *How did it feel to participate in this activity?*
- *What did you learn about your own and others' experiences with abortion?*
- *Were there times when you felt tempted to move with the majority of the group? Did it impact your decision to move?*
- *What does this activity teach us, in general, about stigma and cultural norms related to abortion?*
- *How might stigma and cultural norms influence decisions about abortion?*
- *How might stigma and cultural norms influence the comfort of your colleagues at UNFPA when working on projects related to abortion?*

Final thoughts: Ask if participants have any other questions, comments, or concerns. Close by summarizing the Key Messages and connecting them to comments that came up during the activity and discussion. Use the text below along with the Key Messages as a guide to reinforce why this activity is a helpful exercise in understanding one's values and attitudes with regard to abortion and how these influence others' ability to access care. Key Messages:

During this activity, we explored the diversity of beliefs about abortion. As we learned, there are many different experiences with and views on abortion in this room. For many people, abortion is not a one-dimensional or easy topic to consider or talk about. At some point, nearly everyone has a "line" that causes them some discomfort. Through this activity, we can see how that line shows up differently for different people.

By being more aware of these differences and understanding how our attitudes and beliefs on abortion developed, we can start to break through stigmatizing messages and learn how to more consciously align our actions and attitudes with our values. While some of us may not feel comfortable discussing abortion in the context of our work, as UNFPA staff we are committed to achieving the Three Transformative Goals, including zero preventable maternal mortality. Unsafe abortion is a leading cause of preventable maternal death, and reducing unsafe abortion also entails improving access to safe abortion care to the full extent of the law, so we must learn and talk about abortion.

Thank participants for their contributions and insights.

Day 3, Recap and Accountability and Preparation:

Refer to page 24-24

Day 1, Recap and Accountability Presentation	
Resources Required	Slide Deck. Daily evaluation handouts (need to print out enough for each day
Space Required	Plenary
Group	Pairs and Plenary
Time	15 minutes
Methods	Lecturette and Pairs
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Articulate one action they will take when they return to their site; ● Articulate the strengths and weaknesses of Day 1 of training; ● Review Day 2 Agenda.

Start:

- Have participants pair up with their "accountability buddy". Have them check-in on each other's safety and comfort, and each share ONE thing they will do when they return to their work site/position. Note that participants will add to this handout throughout the training and be able to take it home with them, ideally as a source of inspiration!
- Remind participant pairs who volunteered to do a recap activity next day.
- After this pair work is over (~5 minutes) introduce the agenda for Day 3 and distribute the daily evaluation for them to complete. After they complete the evaluation, have them leave it on their table before they leave the room for the day.
- Ask Eyes/Ears to stay for 10 minutes post training.
- There are two options for Daily Evaluation:
  Option One: These are based on documenting the trainee's Reaction to the training. This is a guide from Kirkpatrick's methodology to measuring the effectiveness of training). Ask participants to answer the following questions:
  - Today I learned:
  - Today I re-learned:
  - Today I discovered:
  - Today I realized:
  - Today I was disappointed:
  - Today I was surprised:

  Option Two: Ask participants to answer the following questions:
  - How relevant were the subjects covered today?
  - How useful were the learning methodologies used today?
  - Did you have enough time to cover the subject(s) presented today?
  - Anything else

DAY 4

Day 4, Activity 1: Recap, Reflect and Review	
Resources Required	Slide Deck
Space Required	Plenary
Group	Full Group
Time	30 minutes
Methods	Interactive large group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Review Day 1-3 ● Introduce content validation exercise.

Start:

- **Review eye/ears and written evaluation on Day 3:** Welcome group and provide a brief recap of the evaluation (eyes and ears and written participation) from yesterday any changes facilitators are making due to the evaluation).
- Facilitators provide a brief recap of the evaluation from yesterday (likes, dislikes and any changes facilitators are making due to the evaluation)
- **Review the Agenda for Day 4 on the slide.**
- Have Recap Volunteers do a short recap (10 minutes)
- Icebreaker if needed (Jeopardy Quiz Game, Bingo, Participant suggestion)
- Be sure to review the "Parking Lot" and let participants know how/when any outstanding issues will be addressed.

Day 4, Activity 2: Presentation on Safe Abortion Care to the Full Extent of the Law	
Resources Required	Slide Deck. Day 3 Activity 4 Folder to include:
Space Required	Plenary
Group	Large Group
Time	20 minutes
Methods	Lecturette
Debrief Options	Facilitated Q and A in plenary during and after presentation
Objectives:	By the end of this session, participants will be able to: ● Understand the common myths on providing safe abortion care; ● Summarize the ten steps to start and/or expand safe abortion care in their setting; ● Review frameworks (ART of communication and Advocacy) as it links to this presentation.

Start:

- Tell participants you will be sharing a brief presentation that allows for review of common myths linked to safe abortion care in humanitarian settings and explores actions that can be taken.
- Facilitator presents using the slide deck, allowing for questions throughout and noting there will be more time for questions/discussion in the next activity.

Final Thoughts: Tell the group the next activity will refer back to this presentation to help us understand the barriers and possible enablers for safe abortion care. Ultimately understanding this can SAVE LIVES. Coordination will require being able to advocate (using push, pull, or move away framework) in different settings with different individuals/groups. There will be more activities around SAC that will allow all participants to practice these advocacy and communication skills and to practice how best to coordinate, and collaborate to save lives.

Day 4, Activity 3: Access to Safe Abortion Care to the Full Extent of the Law Team Task	
Resources Required	Slide Deck (including PUSH/PULL/MOVE AWAY slide), Flip chart paper and markers. Day 3 Activity 6 Folder to include: Scenario, Actor map and matrix, MISP Cheat Sheet, and SAC scenario and instructions
Space Required	Break Out Rooms and Plenary
Group	Small Groups/Teams
Time	105 minutes
Methods	Small Group/Team Task Work and Plenary Debrief
Debrief Options	Facilitated Q and A in plenary
Objectives:	By the end of this session, participants will be able to: ● Create talking points that advocate for SAC within the context of the law ● Explain the tragic outcomes that can result from restricting access to safe abortion care ● Articulate their professional responsibility to promote health and prevent deaths from unsafe abortion

Start:

Tell participants you will be working In your teams to review the below scenario, building on the last two activities. Note there are resources available in your folder and as always, you can use your team's experience to plan your response to this scenario. Introduce the Scenario below.

Scenario: After you have successfully developed a ToR for the SRH Working Group, you call an initial SRH-WG meeting. During this first meeting, an NGO worker, Mira, speaks up. Mira works for Bellisima Acqua, the NGO that has been working on WASH activities in the Lyra refugee camp and surrounding communities for the last 5 years. She has conducted a recent participatory assessment with host and IDP communities and notes that women and girls new to the IDP camp are going to bathe, go to the toilet or dispose of menstrual pads/materials after dark in areas surrounding the camp. Mira recounts harrowing stories described by the women-led community committees. They describe an increase in sexual violence particularly perpetrated by the army, but also off-duty security firm staff resulting in unwanted pregnancies especially among adolescent girls, who are traumatized. One girl reportedly almost died taking large quantities of a local wild medicinal herb to stop the pregnancy. The community members are asking for Mira's help to address this issue. Mira is quite distraught during the meeting and asks for the support of the SRH-WG to plan and respond to these urgent SRH issues, including unwanted pregnancy and unsafe abortion. After the meeting, the MOH representative shares with you confidentially the following information: While access to safe abortion is restricted, Novaland policies (founded on the Novaland Penal Code) allow for safe abortion in cases of rape, incest and serious fetal anomalies. The community believes that safe abortion care (SAC) is strictly against the law and a sin. Guidelines and standards related to safe abortion, the use of medicine abortion, and postabortion care exist, but are relatively unknown. Most providers have not received updated training. However, the Doctors Around the Globe (DAG)-supported provincial hospital in Lika City, Lyra Province provides safe abortion and post-abortion care, with misoprostol and manual vacuum aspiration (MVA) according to the law. HELP-J is providing training to providers in Monopoli City hospital on clinical post-abortion care using MVA in Orion province, but not in Lyra.

Part One: The Team Task. Because you are familiar with the MISP guidance on "other priorities", you recognize the responsibility the SRH Working Group must raise this difficult issue. Rather than raising the issue in a health cluster meeting, you decide to request a private meeting with the health cluster coordinator to raise the issue and suggest specific actions. In your group prepare talking points for the meeting with the HCC. The group will **have 30 minutes** to prepare talking points and then will present these talking points to the HCC (role play).

As you think of your **talking points,** consider Push/Pull/Move /Away and the following questions:

- What Information (quantitative, qualitative, anecdotal) will you share from global, humanitarian and national/province level?
- Are there supportive documents that describe the legal framework relevant to abortion
- What are the potential supporters and opposition groups that may influence access to SAC
- Are there key service delivery and community mobilization strategies you will recommend?
- Are there potential government and NGO partners to work with?
- Who among the SRH Working Group might join the meeting?
- Outside of service delivery and community mobilization, what other strategies would you suggest to prevent and mitigate further sexual violence?
- What risks do you anticipate in advocating for SAC in this context and what is your plan to mitigate the risks?
- What would you do if the HCC is hesitant/reluctant to support your advocacy goal?

After 45 minutes, have the groups start the Health Cluster Coordinator Role Play (options outlined below).

Part Two: The Role Play. There are many ways to facilitate the role play depending on your training group's composition and/or on the preferences of the facilitator(s). One (or more) facilitator(s) can play the HCC. A few options to facilitate the role play are outlined below.

- ***Role Play Option 1:*** Breakout Rooms with teams presenting their talking points in 5 minutes with 10 minutes Q/A/discussion with a HC-C role player. After teams present, have them return to Plenary for final thoughts.
- ***Role Play Option 2:*** Teams return to plenary with one team presenting their talking points in 5 minutes with 10 minutes Q/A/discussion with HCC and have the teams who are not presenting also engage in Q/A/discussion.
- ***Role Play Option 3:*** Teams return to plenary with all teams presenting their talking points in 5 minutes, each sharing only new material after the first team presents. Then allow for 10 minutes Q/A/discussion with all teams.
- ***Role Play Option 4***: The group breaks out into participant pairs. In the pairs, one participant plays the role of the HCC, based on the scenario and on the objections described in the presentation and the other participant, as the SRHWG coordinators, makes recommendations for how to proceed. Each participant has approximately 5-10 minutes to play each role.

***Instructions for role player who will play the Health Cluster Coordinator*:** As the HCC you are the WHO representative for Novaland and have a background in infectious disease. As such you are very uncomfortable discussing abortion and skeptical that the laws protect access, and also you are only familiar with D&C (not medicine abortion or manual vacuum aspiration) so you feel it would be hard to put in place safe abortion services. You are worried about the political sensitivity of this issue. You are worried about a cholera outbreak and also that children from Orion are under-immunized for Measles and there is high risk for an outbreak.

Debrief: Best to debrief this in a large group/plenary. This debrief can also be a broader debrief/discussion of how to support and advocate for services/programs related to other complex and sensitive SRH topics– contraception including permanent methods, GBV prevention and response. The debrief can also be a discussion of the application of the PUSH/PULL/MOVE AWAY framework for safe abortion and/or other sensitive topics. Questions can include:

- Ask participants how they can apply the Push/Pull/Move-away framework? What are key strategies for this conversation?
- What strategies could help you PUSH for SAC? Examples include:
- Describing data from national or local levels, including anecdotal accounts from the community (but ensuring confidentiality and safety of the survivors)
- If there is little data from Novaland, sharing data from similar settings. Consider participatory focus groups with BA, community midwives, and the SAL groups about maternal deaths, adolescent deaths to provide case stories. Could you reach out to HELP-J in Monopoli for the case stories also?
- What strategies could help you PULL for SAC? Examples include:
- What are the common values across UN agencies (including WHO), MOH and clinical staff at different levels, community leaders/individuals to mitigate harm, especially among this adolescent population?
- Could PAC services/training be a starting point? Could developing referral pathways for EmONC (including PAC) and raising awareness about the laws that protect SAC in the community be a starting point?
- What strategies should you consider to MOVE AWAY from the SAC discussions? Examples include:
- What is the point at which it may be necessary to step back in a conversation?
- Who might be the organizations to build relationships with to develop a strategy for a longer conversation?
- Can creating a plan to strengthen PAC services and awareness be a way to “move away” from SAC if you are getting no traction with the HC-C?
- Ask participants to share their experiences related to SAC and PAC in their settings.

Final thoughts: Acknowledge to the group that there is no single way to ensure SAC. Strategies include knowing the laws that exist in the country, working from a common set of values (reducing harm, ensuring access to healthcare), understanding the power of engaging leaders and power holders on those values, and knowing the stories from women who have experienced death or near-death. Coordination will require being able to advocate (using push, pull, or move away framework) in different settings with different individuals/groups.

Day 4, Activity 4: Tackling Burn-Out through Self-Care	
Resources Required	Slide Deck
Space Required	Plenary
Group	Full Group and Pairs
Time	30 minutes
Methods	Plenary and Pairs
Debrief Options	Facilitated Q and A in plenary
Objectives:	By the end of this session, participants will be able to: ● Practice sympathetic nervous system calming through breathing ● Identify their languages of self-care ● Practice self-care techniques

	● Identify one or two persons in our group who could act as self-care accountability buddies and/or check ins

Start:

- Tell participants that we recognize how hard their working environment is on a daily and hourly basis, as such we are going to spend some time talking about self-care.
- Show slide and state, as when flying an airplane, you must put on your own face mask before you can help others. We are going to share a number of self-care activities to explore ways to provide care for yourself throughout your stressful work environment, which is also many times your own living environment as well.
- Facilitator can run through all or just selected a few activities from the list below to do with the participants:
- **First activity:** Practice-Box Breathing. Taking a moment now to drop into our bodies after talking about and living through a traumatic scenario. Show slide and practice 1-2 minutes Box Breathing.
- **Second activity:** Know-what is burnout? Review the presentation: Read through the slide deck defining burnout and providing statistics on burnout.
- **Third exercise:** Practice-share the self-care language slide, have participants rank their top three types of self-care, then introduce the Practice-Listening pair exercise. Have participants pair up with a partner and practice sharing/listening. Allow for a large group popcorn share out.
- **Fourth exercise:** Share the slides that describe the practice of Kintsukuroi, the art of healing and resilience.

Final thoughts: Acknowledge to the group that self-care is critical to ensure they can effectively perform their roles as SRH Coordinators. We encourage you to figure out what strategies work best for you and employ them as needed at your site. Remember you can only be effective in your position if you take care of yourself first and foremost.

Day 4, Activity 5: Rapid Monitoring Using the MISP Checklist	
Resources Required	Slide deck and key resources: Case study, Actor Map, Partner list, Maps, IAFM Chapter 3- the MISP, MISP Monitoring Checklist, and Good Enough Guide (already in folder)
Space Required	Break Out Rooms
Group	Small Groups/Teams
Time	30 minutes
Methods	Team task, with lecturette and debrief
Debrief Options	Gallery walk or as large group in plenary
Objectives:	By the end of this session, participants will be able to: ● Use the MISP checklist to quickly create a rapid snapshot of activities supporting MISP services and gaps, and partners ● Review and practice the Quality Improvement Cycle (PDSA)

Facilitator Notes: Throughout this training participants should have used the MISP monitoring checklist to lightly monitor their work. This can be a quick look at what has been covered and what are the remaining gaps. This activity can also help set up the teams to finalize their resource mobilization plans/pitches and plan for comprehensive SRH services. This activity's output can be in draft form. [NOTE: if there is time you can share the slides that outline the Quality Improvement process, the Plan, Do, Study (or Check), Act cycle.]

Start:

- Remind participants that they have been consulting the MISP checklist throughout the training. Ask them once again to look once again at their copy of the MISP checklist and briefly review the indicators included under each MISP for SRH objective. Inform participants that more details on SRH indicators and tools for monitoring are available in the individual IAFM chapters 2018.

- **Scenario:** The crisis in Novaland is ongoing, and you have been there for 3 days assessing, mapping, and planning. It is now time to review the MISP Checklist and identify remaining gaps and perform an audit of what has (and what has not) been addressed.
- **Lecturette:** Share the slides that outline the Quality Improvement process, the Plan, Do, Study (or Check), Act cycle.

The Task: Tell participants they will have 15 minutes to work in their small groups to create a "Snapshot" of where they are now (3 days into the crisis) to audit what has been (and what has not) been addressed. [NOTE: Tell them this is the "Plan" step in in the QI Cycle and it can help them start to make a work plan that will guide you in the coming weeks.] In their small groups they should review the MISP Checklist and record on a flipchart:

- Key MISP information and activities that are in place
- Gaps: What do we not know or not have in place?
- Overlaps: Where are the potential overlaps?
- Priority collaborations: Based on the MISP objectives, what are the priority collaborations and partnerships the WG should focus on?
- Further qualitative and quantitative information that could/should be gathered? What are some participatory methods to collect more information and who might be partners to do this?

Debrief: Convene as a large group. Teams share briefly their snapshot, with each successive team noting only what is new or different about their snapshot.

Other questions for the debrief can include:

- We are on Day 4. How does the team feel? Were quieter/shyer people able to step into leadership roles? (Think about FSNP)
- Is the MISP checklist useful to highlight what has been done/not done?
- Are there ways to strengthen this tool? Or other strategies you have used to stay "on top" of MISP services?

Final Thoughts: This was a quick monitoring of the implementation of the MISP rather than a more comprehensive review of humanitarian/health cluster information management systems which will be tackled in the next session on comprehensive SRH planning. The MISP checklist can act as a tool to communicate, and to bring people together, such as the SRH Working Group, as it can help to quickly identify strengths and gaps and to mobilize partners and activities such as quality improvement (using PDSA).

Day 4, Activity 6: Recap and Accountability

Refer to page 24-24

Day 1, Recap and Accountability Presentation	
Resources Required	Slide Deck. Daily evaluation handouts (need to print out enough for each day
Space Required	Plenary
Group	Pairs and Plenary
Time	15 minutes
Methods	Lecturette and Pairs
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Articulate one action they will take when they return to their site; ● Articulate the strengths and weaknesses of Day 1 of training; ● Review Day 2 Agenda.

Start:

- Have participants pair up with their "accountability buddy". Have them check-in on each other's safety and comfort, and each share ONE thing they will do when they return to their work site/position. Note that participants will add to this handout throughout the training and be able to take it home with them, ideally as a source of inspiration!
- Remind participant pairs who volunteered to do a recap activity next day.
- After this pair work is over (~5 minutes) introduce the agenda for Day 3 and distribute the daily evaluation for them to complete. After they complete the evaluation, have them leave it on their table before they leave the room for the day.
- Ask Eyes/Ears to stay for 10 minutes post training.
- There are two options for Daily Evaluation:
  Option One: These are based on documenting the trainee's Reaction to the training. This is a guide from Kirkpatrick's methodology to measuring the effectiveness of training). Ask participants to answer the following questions:
  - Today I learned:
  - Today I re-learned:
  - Today I discovered:
  - Today I realized:
  - Today I was disappointed:
  - Today I was surprised:

  Option Two: Ask participants to answer the following questions:
  - How relevant were the subjects covered today?
  - How useful were the learning methodologies used today?
  - Did you have enough time to cover the subject(s) presented today?
  - Anything else

Day 4, Activity 7: Resource Mobilization (Part Two): Work on Proposal and Presentation	
Resources Required	Slide Deck, Flip chart paper and markers. Day 3 Activity 8 Folder to include: Flash Appeal example from Gaza/OPTl, IARH Kits, GBV, OPT Flash Appeal, 5 Slides on Flash Appeal, Delivery of sexual and reproductive health interventions in conflict settings: a systematic review Muyuzangabo et. al. (2020)., Dawson, A., Tappis, H. & Tran, N.T. Self-care interventions for sexual and reproductive health in humanitarian and fragile settings: a scoping review. *BMC Health Serv Res* **22**, 757 (2022). https://doi.org/10.1186/s12913-022-07916-4, Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies? Singh, Neha SBhutta, Zulfiqar et al. The Lancet, Volume 397, Issue 10273, 533 - 542
Space Required	Break Out Rooms and Plenary
Group	Small Teams
Time	*Teams can work independently and wherever and however they wish for the rest of the day/evening*
Methods	Small Team Work – Break Out
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Review and select evidence based SRH interventions to improve SRH response in Novaland. ● Prepare a one-page proposal response to the Flash Appeal. ● Defend the SRH proposal in a presentation to the Health Cluster.

Start:

- **The Task:** Tell participants they will now have time to work in their small groups to plan your response to this scenario. Note they will have to produce a written one pager (to share with teams as a resource for all when you return to your site) and prepare a 5-10-minute pitch requesting funding from the Health Cluster on Day 4. Remind them of the scenario and post it on the PowerPoint.
- **Scenario UPDATE:** UN-OCHA has issued a Flash Appeal calling for US$20 million for UN Agencies, INGO, and NGO partners to address the most urgent needs of more than 100,000 people directly affected in the Novaland–Lyra and Orion provinces covering a **9-month period** from September through May 2025.
- The Flash Appeal outlines the estimated resource requirements to reduce human suffering and prevent further loss of life in Novaland based on the best available information at this time. The 20 million requested 50 million that the UN and partners estimate is required to meet the needs of the 50K in need of services. It reflects what the Humanitarian Country Team foresees as most likely to be implementable over the coming nine months, assuming for the short term, namely the next quarter, many of the current security concerns and access limitations will continue. One of the priority areas is support for women and girls, including reproductive health, tackling gender-based violence (GBV), and women's empowerment. As a result, all Resident Coordinator/Humanitarian Coordinators (RC/HCs) now need to demonstrate how these priorities have been considered as part of receiving funding.

    - You will develop a presentation (5-10 minutes) and a ONE page concept note that includes:
    - rationale;
    - specific objectives and aims;
    - activities;
    - outcomes/results expected
    - simple budget
    - Tell participants that this is their final time to work on the presentation, one page concept note, and budget. Note they can also meet this evening to prepare and finalize for the presentation if they desire. It's up to their team how best to approach this task. Reinforce that all facilitators are very excited to see what creativity emerges throughout this process, as the process is applying their skills and talents to the context of Novaland.

Final Thoughts: As an SRH Coordinator you will be responsible for requesting funds for gaps that emerge as you

coordinate the SRH response. This activity will allow all participants to practice these skills and develop brief proposals and presentations that advocate and ask for funds to support SRH programming. The vision is to practice the key SRH Coordination skills to create these resources AND to have examples to return to your field post with, so you can use these examples in your current working environment.

Day 5

Day 5, Activity 1: Review, Reflect, & Recap	
Resources Required	Slide Deck
Space Required	Plenary
Group	Full group
Time	15 minutes
Methods	Interactive Large Group
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Review Day 4 and introduce Day 5 ● Conduct daily evaluations ● Introduce content validation (optional)

Start:

- Welcome group and provide a brief recap of the evaluation (eyes and ears and written participation) from yesterday note any changes facilitators are making due to the evaluation)
- Ask Recap volunteers for recap of Day 4
- Introduce the agenda for Day 5.
- Review the optional content validation exercise that will take place after the training in the afternoon. Note the benefits of participating which include:
  - Evaluating the effectiveness of each activity,
  - Contributing to the final revisions of the training toolkit,
  - Strengthening the final training tool kit,
  - Receiving acknowledgement of your contribution in the final training tool kit.
- Be sure to review the "Parking Lot" and let participants know how/when any outstanding issues will be addressed.

Day 5, Activity 2: Resource Mobilization (Part Three) - Present Request for Funding	
Resources Required	Slide Deck and Flip chart paper with markers
Space Required	Break Out Rooms
Group	Small Teams
Time	90 minutes
Methods	Small Team Presentation
Debrief Options	Multiple options depending on group size and time including: 1) plenary with all small groups and one HCC/role player questioning all; 2) cluster small groups with one HCC/role player questioning a few groups; 3) paired small groups that flip role play duties; 4) each group presents to one role player individually then regroup to debrief in plenary.
Objectives:	By the end of this session, participants will be able to: ● Present evidence based SRH interventions to improve SRH response in Novaland to HCC.

	● Justify evidence based SRH interventions to improve SRH response in Novaland to HCC.

Facilitator Notes: This activity features a Role Play that can be organized in many ways depending on group size and time allowed. Multiple options are outlined below. It is best to decide how to organize the role play before you start the activity.

Start:

- **The Scenario:** You have been requested to join the Health Cluster Coordinator in their office to share a brief overview presentation of their concept note.
- **The Task:** Throughout the training you have been working in small teams to prepare a presentation and a proposal to the HCC for SRH funding to be part of the flash appeal for Novaland. Now is the time! Each group will have 5-10 minutes to present their proposal. Presentations. Your presentations should include:
  - rationale;
  - specific objectives and aims;
  - activities;
  - outcomes/results expected
  - simple budget

Role Play: There are multiple ways to facilitate the role play depending on your training group's composition, time available, and/or on the preferences of the facilitator(s). One (or more) facilitator(s) can play the HCC.

***Instructions for the Health Cluster Coordinator Role Player(as)*:** As the HCC you are the WHO representative for Novaland and have a background in infectious disease. You don't see SRH interventions as a priority, especially because, although you do agree the MISP is important, it is a simple checklist to mark, not something that needs all this work and resources dedicated to it. You do not feel comfortable talking about abortion, gender-based violence, or adolescent contraception. You don't feel it is your place to question or shift the cultural norms of Novanese communities. You are worried about the political sensitivity of this issue. You are mostly worried about a cholera outbreak and also that children from Orion are under-immunized for Measles and there is high risk for an outbreak.

A few options to facilitate the role play are outlined below.

- ***Role Play Option One:*** Breakout Rooms with each team presenting their proposal in 5-10 with 5 minutes Q/A/discussion with at least one HCC/role player per room. After teams present, have them return to Plenary for final thoughts.
- ***Role Play Option Two:*** Teams return to plenary with all teams presenting their talking points in 5-10 minutes, one after another. After all teams have presented, the HCC/Role Player(s) engage in targeted Q/A/discussion with each group. If this option is selected it is recommended that the HCC/role player(s) take detailed questions to follow up directly with each small group after all have presented.
- ***Role Play Option Three:*** Small teams cluster (2-3 teams per cluster) to present their talking points in 5-10 minutes, one after another. After all teams have presented, the HCC/Role Player(s) engage in targeted Q/A/discussion with each group. If this one is selected it is recommended that the HCC/role player(s) take detailed questions to follow up directly with each small group after all have presented.
- ***Role Play Option Four:*** Small teams pair to present their talking points in 5-10 minutes, one after another. Teams flip roles, those who aren't presenting play the role of the HCC and they engage in targeted Q/A/discussion after each group presents.

Debrief: Convene as a large group and ask the groups to share the feedback from their request/role play. Note all presentations and final one page proposals will be shared with the groups. Write all answers on flipchart, move from group to group and ask them:

- What was the justification you gave to requesting funds for SRH?
- What were the SRH interventions they prioritized? What was the total amounts of funds they requested?
- What type of pushback/barriers did you experience? How did you handle that? What did you do?
- What type of support did you experience? Did it surprise you?
- Ask the HCC/Role Player if there was anything in particular that surprised them in the presentations?

- What was the most creative ask?
- What was the most challenging ask?

Final Thoughts: As an SRH Coordinator may be asked to provide input into the Health Cluster's submission to the Flash Appeal. As such you will need to absorb data quickly and understand the most pressing SRH needs of the population to SAVE LIVES and also to strengthen the health of the population affected. During the training, you learned a lot about Novaland and also practiced skills to help you prioritize, coordinate, and communicate with others to advocate for SRH services for the affected population. These are skills you can continue to practice when you return to your work site. Additionally, all the materials you produced will be available for you all as resources to take back to your site.

Day 5, Activity 3: Planning for Comprehensive RH-3 months later scenario	
Resources Required	Slide deck, flip chart paper and markers, sticky notes, A4 paper *(team room moderators should ensure they prepare or help participants create a matrix – see below– on the wall of the breakout room),* Novaland 3-month update (already in the Activity folder), Resources and injects from earlier scenarios (see above), Case study, Actor Map, Partner list, Maps, Example List of Comprehensive services and picture of the wall matrix, MISP monitoring checklist:, IARH Kits estimation your team created in the earlier kits exercise, Optional: This activity is based on this toolkit
Space Required	Break Out Rooms
Group	Option 1: small teams; Option 2: large group in plenary
Time	105 minutes
Methods	Small team or one large group, brainstorming, prioritizing, communicating
Debrief Options	This can be debriefed as a team-by-team, gallery walk or in plenary
Objectives:	By the end of this session, participants will be able to: ● Use participatory processes to brainstorm, identify and prioritize comprehensive SRH activities for Novaland ● Be able to see the benefits of participatory processes and have ideas about how to use these methods in there respective SRH Working Groups

Facilitator Notes: For Option 1, moderators in the team break-out rooms should facilitate this activity. This is the final day, and the large group may be working very well together. A fun and effective way to do this is as one large group, with all participants and facilitator standing up and working on one wall matrix.

This is a multiple step activity to get to 3-5 comprehensive SRH priorities that you can put on flipchart or put in a presentation. When the teams are brainstorming, facilitators can move around with participants during the discussion. You can share the following points when generating the initial ideas.

- When you build on existing activities and with existing partners, the costs may be less.
- Cross-cutting interventions have great impacts on SRH. For example: skills-based midwifery training, integration of health services (e.g., STI screening and management in antenatal care, STIs and contraception in adolescent SRH services, mental health and psychosocial support services in SRH programs, GBV and water, sanitation, and hygiene services).
- Broad interventions to address gender inequalities, and investments in effective delivery channels that could positively influence different levels of services.

Start:

- Tell the participants we are now 3 months into the response, and time to begin planning for comprehensive SRH.
- **Review Scenario: Have** the teams break out into their small groups and share the "Novaland 3 months later scenario" (below) with all participants.

- **The Scenario: Novaland Three Months Later.** It has been three months since the conflict in Orion, Novaland erupted. Fighting is more sporadic in Orion, but the risk remains, and people fear they will not be able to go back to their old lives. The Government and humanitarian community estimate that 100,000 people remain in need. The IDP camps in Lyra province remain the largest displacement sites of this response. Many NGOs are focusing their efforts on Lyra due to the lack of safety measures in Orion. The hospitals are mostly functional in Lyra and Orion, but they often face stockouts of basic supplies due to disruption in the local supply chains and a shortage of in-country vendors. Most of the commodities from the initial Interagency Reproductive Health Kits have run out. MOH health service providers are reporting feeling overwhelmed by the number of GBV cases they are seeing. National NGOs such as Bellisma Acqua have conducted focus group discussions with women across ethnic groups to better understand the low demand for contraceptives. A common theme continues to be the need for permission from parents for adolescents. Some focus groups also report that male partner consent is necessary for adult women to access contraception. CEMONC services are available in the Lyra Provincial Hospital in Lika City. The emergency referral system from BEMONC to CEMONC services operates mostly during daylight hours due to worries about safety at night.
- Health cluster members have been feeding into the Health Information Management system, but health facilities in Orion are inconsistently reporting. Cluster members are also complaining as there is no place for some of the RH data they collect.
- **The Task:** Novaland Disaster Management Office (NDMO) want to ensure that national entities and the government are leading the work moving forward. NDMO has asked all clusters to prepare a plan for the next three to six months. The health cluster is transitioning leadership to fully sit with the MOH. As one last output, they are requesting the SRH working group to prepare recommendations. These recommendations will feed into the health cluster recommendations for the next six months. Think about the updated case study, the needs of the affected and host country people, and the MISP services you recommended throughout this week. In your teams, brainstorm needs & gaps and assets & opportunities for strengthening OR expanding current MISP activities OR expanding to comprehensive services using the matrix below (Step 1). After the matrix is complete rank/prioritize the interventions (Step 2 and 3).

Step 1: Each team (or the one BIG team) should have a large matrix on the wall (see example below). You can use an entire wall and use one A4 paper per heading (rows and columns). For example, A4 headings should be on the top row and in the left-hand column. Each heading should be taped to the wall. *Team moderators can help put the A4 paper and tape if necessary to make the matrix on the wall.*

Table: Matrix for Comprehensive SRH Planning

	Services*	Health Workforce	Medical Commodities	Health Information System	Financing	Leadership
Needs & Gaps						
Opportunities & Assets						

- Tell participants to consider each health system building block and **outstanding needs and gaps**. For needs/gaps, think what are persistent problems? Are there communities whose needs are unmet? Is there potential to expand to comprehensive services (for example, cervical cancer screening)? Put **programs, activities or interventions that could address these needs and gaps** on sticky notes under each building block. Refer to the expanded list of comprehensive services. Don't hold back. You will have time later to prioritize.
- For each health system building block consider what the **opportunities and assets are related to that building block.** What are existing services or programs that could be scaled? Are there additional services that could be integrated

into existing programs/services easily? What partners exist that could support? Put those ideas on sticky notes (one idea per sticky note) under each building block. Refer to the expanded list of comprehensive services. Don't hold back. You will have time later to prioritize.

- Tell everyone to post their sticky notes on the matrix on the wall. Everyone should post their ideas individually.
- Once everyone is finished, the team can discuss, clarify, add or take away. If you have time the team can, together, cluster ideas that are the same, or organize them into themes. You may need to rename them for clarity.

Step 2: Rank priorities through "dot voting" (first round):

- Distribute five sticky dots to each participant, or, make sure that **everyone has access to a marker to make 5 dots**. These will be used to cast individual votes.
- Invite participants to stick/make their five dots on what they think are the most important activities or interventions. Explain that the dots can be divided between different choices within each of the categories or all added to one activity or intervention. They are free to be used as each person prefers.
- After the process concludes, each team should count the votes and identify the top 6-10 prioritized activities or interventions.
- **Step 3: Rank priorities (second round) using a scoring system.** Using flipchart paper, list those top 6-10 interventions with the top votes and rank each one, using the criteria and scoring system below. Then, circle the top 3-5 priorities with the highest scores.
- **Importance** of the health issue (e.g. urgency, burden of morbidity/mortality)
- Expected **impact** of intervention (e.g. efficacy of the intervention)
- **Ease of implementation** (e.g. opportunities and resources already available, requirements or inputs to do the activity, cost, health system capacity)
- **Other criteria:** Any other criteria your team thinks is important

Intervention Prioritization Matrix	**Importance** 1- low 2- medium 3- high	**Intervention Impact** 1- low 2- medium 3- high	**Ease** 1- low 2- medium 3- high
Interventions (list) *Example: BEmONC training for all health centers in Orion*	*3*	*3*	*1*

- We will review these together in debrief. Please be ready to justify your priorities.
- Using these criteria and any other criteria you can think of, compare and contrast the top options. Keep discussing until you feel as a team that you have reached agreement on 3-5 top priorities
- Write up on flipchart your 3-5 priorities with bullet-points of justification for why you chose each priority.
- We will review these together in debrief. Please be ready to justify your priorities.

Debrief: If you are facilitating using small groups. Have groups return to the plenary and post their flipcharts around the rooms so teams can do a gallery walk to read the priorities. OR in plenary, the teams should present the 3-5 options to the

large group. Each team ONLY shares what is new compared to the group who just presented. Questions to deepen the learning can include:

- What were the differences? Similarities?
- How did you justify the top priorities for moving forward?
- How did you weigh the different criteria above? And did you generate other criteria?
- How did you manage the challenges of lack of information (as the case study has limited information) when making the decisions?
- How did you balance or justify extending/scaling MISP health services versus integrating or expanding to newer comprehensive services?
- How did you come to an agreement? Were quiet voices heard?
- Could you envision using DOT VOTING and/or the quantitative prioritization activity to make collaborative decisions with your SRH Working Group?
- SHARE SLIDE: Using "ART" how did the team feel in terms of their own ability to communicate priorities within the team and to the Novaland leadership?
- SHARE SLIDE: Using "Forming, Storming, Norming Performing" model, how did the team feel about their work together– on this LAST team activity?
- SHARE SLIDE: Thinking about push/pull/move away: What tactics might you use to advocate these priorities to the Novaland leadership?

Final Thoughts: As an SRHWG Coordinator you will likely be asked to plan for comprehensive SRH services. The challenge is to collaboratively plan with SRH Working Group partners while also managing emerging and urgent problems. We hope you will use these tools and frameworks when you return to your site as you perform your SRH coordination role.

Day 5, Activity 4: Recap, Accountability and Workshop Close	
Resources Required	Slide Deck and Daily evaluations handouts
Space Required	Plenary
Group	Full Group and Pairs
Time	60 minutes
Methods	Lecturette and Pairs
Debrief Options	N/A
Objectives:	By the end of this session, participants will be able to: ● Articulate one action they will take when they return to their site; ● Articulate the strengths and weaknesses of Day 5 of training; ● Conduct a final daily evaluation and post-training assessment survey ● Describe optional validation session *(If you are revising or modifying this toolkit, you can use this process to gain feedback from the participants)*

Start:

- Ask participants to share ONE thing they will do when they return to their work site/position.
- Briefly conduct written Daily Evaluation for Day 5
- Close the workshop:
  - Conduct final post-training assessment survey
  - Offer the opportunity to join the validation exercise (See Annex 1)
  - Participatorily synthesize key takeaways on a flipchart if appropriate and if timing permits
  - Thank everyone
  - Organize a group photo

- Hand-out certificates

ANNEXES

ANNEX 1 Post Training: Content Validation and Evaluation of the Training Toolkit	
Resources Required	Copy of the Draft Training Toolkit (one per group), Content Validation Form/Survey (one per person)
Space Required	Plenary (with Break Outs if available)
Group	Small Groups/Teams and Plenary
Time	90 minutes
Methods	Small Group Team
Debrief Options	Teamwork with final debrief (moderated Q and A) in the last 30 minutes
Objectives:	By the end of this session, participants will be able to: ● Describe the effectiveness of each activity, ● Propose revisions of the training toolkit, ● Strengthen the final training tool kit.

Start:

- Welcome people to the content validation process. Tell participants that the purpose of this session is to get their feedback and inputs to strengthen the SRH Coordination Toolkit. The information you provide will help improve the training.
- Show slide deck presentation that describes face validity, content validity, and evaluation.
- Show the slide with their years/etc experience.Tell the group they are all experts as evidenced in their initial pre-training assessment. So we are going to spend this time to integrate your (unique, diverse) expertise and experiences into the final toolkit.
- This means your brains will inform the final product, and everyone here will be included in the contributions section of the toolkit, if you consent to inclusion.
- Show slide for Face Validation defined as:
- Face validity is based on how a measure [or in this case a toolkit] appears to respondents. For example, an SRH coordination training that reflects the skills, knowledge and duties required of the role would have strong face validity because it looks relevant to the work required. However, face validity is considered "weak evidence" supporting validity.
- Show slide for Content validation defined as:
    - Experts evaluate whether the items in a measure [or in this case a toolkit] are accurate, relevant, and comprehensive in measuring the construct. For example, an SRH coordination training would have high content validity if it covers all the skills (items) required in that position.
    - Show slide for Evaluation (process improvement) defined as:
    - Effectiveness: How well the process achieves its goals, and if it can identify areas for improvement
    - Efficiency: How well the process uses time, resources, and effort, and if it's streamlined
    - Accuracy: How reliable and accurate the review process's data and findings are
    - Timeliness: How promptly the review process is conducted after implementation
    - Completeness: How well the review process covers all relevant aspects of the implementation.
- Break the participants into the same or different teams (this can be done beforehand if desired). Share the Validation Worksheet (below) with each individual (digitally or paper depending on the participants preference).
- Allow for ~60-90 minutes for participants to complete the worksheet.

- **Debrief:** After the time to review has ended, call back the small teams to plenary and ask a few of the questions from the worksheet to facilitate a question-and-answer session. Questions can include:
- Does the Toolkit contain what you consider to be the essential components of SRH Coordination?
- If not, what is missing or should be taken out?
- What lectures and activities did you find most useful and why?
- What scenarios did you find most useful and why?
- Which were least useful and why?

- Do you think that the Toolkit will be useful in practice?

Final thoughts: Thank the participants for sharing their knowledge and expertise during the week and today via this validation and evaluation session. Explain next steps which include using these comments to finalize and strengthen the training. Reinforce that together we are stronger, and together we can continue to work as a unified team committed to saving lives and improving the health of populations in crisis settings. Thank you.

Validation and Evaluation Worksheet
Group Number:
Content:
1. Which specific Days and Activities did you review?
2. Does the Toolkit provide guidance SRH Coordinators working in Crisis Settings as aligned with the SRH coordinator Terms of Reference? (effectiveness and accuracy and completeness)
3. Does the Toolkit contain what you consider to be the essential components of SRH Coordination? If not, what is missing or should be taken out? (effectiveness and efficiency and completeness)
4. Are there any inaccuracies in the text that need to be corrected? Please give session Day and Activity number and suggest revisions. (accuracy)
5. Were any activities or materials confusing? Or hard to follow? If so please give the session Day and Activity number and suggest revisions. (effectiveness and efficiency and accuracy)
6. What lectures and activities did you find most useful and why? Please give session Day and Activity number. (effectiveness and completeness)
7. Which were least useful and why? Please give session Day and Activity number. (effectiveness and efficiency and completeness)
8. Do you think that the Toolkit will be useful in practice? If no, why not, and what needs to be changed to ensure that it is? (effectiveness and efficiency)
9. Is the format clear and easy to follow? Do you have any suggestions to make it more clear? (effectiveness and efficiency)
10. Does the Toolkit acknowledge cultural differences? What suggestions do you have to acknowledge cultural differences? (effectiveness and efficiency and completeness)
Materials:
1. Was the case study and scenarios accurate? If no, why not, and what needs to be changed to ensure that it is? (effectiveness and efficiency)
2. Were the tools presented useful? If no, why not, and what needs to be changed to ensure that it is? (effectiveness and efficiency)

3. Were the maps presented useful/? If no, why not, and what needs to be changed to ensure that it is? (effectiveness and efficiency)
4. Were the actors and partners accurate and complete for the scope of this training? If no, why not, and what needs to be changed to ensure this?
Format:
1. Do you think this toolkit could work as an online training format? Why or why not? What would have to change to make this online?
2. If this training was offered online, would you be able to participate in it for ~3 hours a week asynchronously? Why or why not?
3. If this training was offered online, would you be able to participate in it for ~3 hours a week using hybrid methods (both synchronous and asynchronous)? Why or why not?
4. Any general suggestions or recommendations that you think would improve the Toolkit? (effectiveness and efficiency and completeness)

Rate your satisfaction level with this training from 0–5. (5=extremely satisfied, 1=not at all satisfied).

5	4	3	2	1
Extremely satisfied	Very good	Good	Fair	Not satisfied

How likely would you be to recommend this training to a colleague? (5=very likely, 1=not at all likely).

5	4	3	2	1
Extremely satisfied	Very good	Good	Fair	Not satisfied

ANNEX 2: BONUS MATERIAL

Alternative Day 1, Activity 4: Four Corners Values Clarification	
Resources Required	Slide Deck (Activity 4), 5 signs posted around the room (sign can be made using paper and masking tape or flip charts and should state: 1. Strongly Agree, 2. Agree, 3. Disagree, 4. Strongly Disagree, 5. Opt Out)
Space Required	Plenary
Group	Full Group
Time	60 minutes
Methods	Lecturette and interactive large group
Debrief Options	Large group discussion and final summary by facilitator
Objectives:	By the end of this session, participants will be able to: ● Understand and analyze personal values and beliefs associated with working in SRH; ● Illustrate a deeper understanding of one's own individual values/beliefs and others values/beliefs associated with SRH.

Start:

- Introduce this activity by explaining that because participants will be working closely together for the next few days, it is important to follow our Norms and also use our Frameworks to practice respectful communication. State:
- SRH is unique, as in our field Values Clarification has been employed to improve SRH outcomes. This Values clarification (VC) exercise can help SRH Coordinators examine their beliefs, values, and attitudes about sexual practices and reproductive health. By working to identify our own biases we are practicing the ART of Communication (framework 1) and Advocacy/Push-Pull-Move Away (framework 2) and it can lead to more inclusive, person-centered, and thorough coordination.
- This session will touch on sensitive issues that we may bring our own beliefs and values to, please note if you feel uncomfortable feel free to opt out to certain questions. If you would like to discuss any of the topics raised after this session PersonXX will be available during the tea break to support you. Have all participants stand, point out the four corners of the room that have signs stating:
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree.
    - Include an Opt Out sign in the center of the room.
- Explain that you will read off a number of statements (below) and then you should move to the corner of the room that most aligns with your beliefs, knowledge, and attitudes. Where you choose to stand indicates their position on the statement.

Statements:

- An unmarried woman should have access to contraception.
- A girl under 18 years should be allowed to access contraception without her family knowing.
- A married woman should only be able to access contraception with her husband's consent.
- An unmarried woman should have access to safe abortion care.
- A girl under 18 years should be allowed to access safe abortion care without her family or partner knowing.
- A married woman should only be able to access safe abortion care with her husband's consent.

Facilitation:

- Read the first statement, have people move and then let participants discuss their position with others who chose the same corner (~5 min).
- Ask for one person from each corner to state the most important thing the other group members should understand from their perspective.
- Do this a number of times, reinforce the ART of Communication (Framework 1) throughout, and end with reinforcing the Advocacy Push/Pull/Move Away (Framework 2) approach.

Final Thoughts: Close out this session by thanking the participants for sharing their values and beliefs, reinforce this is a safe space and state that if you want to talk more about any issues raised, during tea break someone (XXXX) will be available to talk to you and provide support, listening, and counsel.

Alternative: Values Clarification for Building Empathy for GBV Survivors: The Red String Activity

Session length: 30 minutes
Resources: Ball of red string
Facilitate the Red String Activity page 121:
https://drive.google.com/file/d/1Wo1X6vMMb9zRpjk69zTRkjPAfwZTpf3Y/vie or **Preparation:** This activity requires a Large space where participants can move around.

Prepare 11 name tags with job titles. The name tags should be easy to read from a distanc**e.**
Materials: Flipchart paper, name tags, markers, and a ball of red yarn or string (or other bright colour) at least 40 m (or 100 ft) long.

Time: 1 hour.

Alternative Day 1, Activity 4: Values Clarification for building empathy for GBV Survivors: The Red String Activity	
Resources Required	Ball of red string (40 m or 100 ft long), name tags with job titles that are easy to read from a distance, flipchart paper, and markers
Space Required	Plenary
Group	Full group
Time	60 minutes
Methods	
Debrief Options	
Objectives:	By the end of this session, participants will be able to: ●

Facilitator Notes
Process
Option 1

- Ask for a volunteer to play the part of a 17 year old survivor of SV. Put them in the middle of the circle.
- Distribute name tags for the other roles to volunteers. Tell them that they will be in the role of the person noted on their name tag.
- Ask the volunteers to stand in a circle, fairly close together around the survivor. Ask the remaining participants to stand outside the circle so that they can easily see the activity.
- Explain that the ball of yarn represents the journey of a 17 year old girl who was raped.
- Once everyone is in place start reading the story. Ask the survivor to hold on to a piece of the string and pass the rest to the next person mentioned in the story and so on. EachActor who receives the ball of string will wrap it around a finger and then pass the ball to the next Actor as instructed.
- Let the activity speak for itself, unfolding before participants' eyes. Do not describe it or explain its purposes before completing the activity.
- Story
- A 17 year old girl was raped and tells her mother;
- Mother takes girl to Community Leader
- Community Leader refers the girl to the TBA
- TBA helps, but the girl needs more health intervention and TBA refers girl to the Midwife
- Midwife calls in the Doctor
- Doctor administers treatment and sends girl back to Midwife
- Midwife refers the girl to the Community Services Worker
- Community Services Worker provides emotional support and contacts the UNHCR
- Community Services Officer for assistance
- UNHCR Community Services Officer talks with the girl and discovers the girl wants to
- involve the police—refers the girl to the UNHCR Protection Officer

- UNHCR Protection Officer meets the girl, takes her back to the Doctor for a few more
- questions
- Doctor sends the girl back to the UNHCR Protection Officer
- UNHCR Protection Officer refers the girl to the Police
- Police contact the Doctor
- Doctor contacts Mother
- Mother takes girl to UNHCR Protection Officer
- UNHCR Protection Officer refers the girl to a Lawyer
- Lawyer contacts Police
- Police contact Prosecutor to have him speak with the survivor
- Prosecutor discusses with Lawyer
- Lawyer discusses with Prosecutor
- Prosecutor calls the Doctor about the survivor to get information about the medical exam. Doctor asks to see the survivor again because she forgot to examine something
- The Doctor refers the survivor to a Social Worker
- The Social Worker then contacts the Police to give them some new information
- The Police contact the UNHCR Protection Officer to report the incident
- The Protection Officer contacts the mother to ask questions
- The Mother asks the survivor additional questions
- The survivor goes to talk with the Community Leader because she is confused about the process
- The Community Leader contacts the Prosecutor and the Judge to find out the status of the case
- They refer the Community Leader to the Police
- The Police refer the Leader to the UNHCR Protection Officer
- Stop the activity when every Actor has taken part in at least two communication exchanges regarding the case. There will be a large web in the center of the circle, with each Actor holding parts of the string.

Pause to look at the web. Ask some questions to generate discussion:
- What do you see in the middle of this circle?
- Was all of this helpful for the survivor? Traumatic?
- Might a situation like this happen in your setting?
- What could have been done to avoid making this web of string?
- Observers: How many times did the girl have to repeat her story?
- Actors: How many times did you talk with this survivor—or with others about her? Do you remember the details?

Actors should let go of the string and let it drop to the floor. Leave the red stringy chaotic mess sitting on the floor for all to see. Explain that SOPS are an important instrument to ensure that this scenario doesn't happen.

Option 2 (variation of Option 1)
Alternatively, you can help participants develop a scenario and story that would be more representative of their context. It is advised to keep the central character as a 17-year-old who has been raped at the centre of the story.

Key Messages
- SOPs are important to stop this scenario from happening.
- In most refugee/IDP contexts, the SV survivor has to interact with a vast number of resources and contacts that are often not well-trained and not well coordinated. This can be very daunting and confusing to the survivor and may discourage incident reporting or negatively impact the survivor. It is important to set up a clear response system and to have someone act as a case manager for the survivor, helping her to navigate the system.
- Explain that roles and responsibilities can be divided into the nature/scope of the services provided by each organization. Referrals should be clearly defined to prevent unnecessary"back and forth" of the survivor, which only delays medical attention and worsens his/her situation (as shown in the thread game). A reporting mechanism should be in place in order to monitor the incidence of sexual violence and its trend for more targeted programs.
- Displaced communities should be a part of the SOPs and be aware of the response mechanisms in place for them. The community can be involved in peer-to-peer awareness of human rights, especially women's rights, establishing

women's committees, facilitating women's support groups for survivors, engaging the women groups in the identification of survivors, etc. Women and girls who are survivors of sexual violence should know where they can go to receive the necessary attention, assistance, support, and care.

Alternative Day 3, Activity 4: Social/Emotional/Values - Why did she die?	
Resources Required	Ball of String, Participant Handout Day 3 Activity 5 Folder to include: Copies of "Why did she die? Participant handout: Beatrice's Story
Space Required	Plenary
Group	Full Group
Time	30 minutes
Methods	Large group discussion
Debrief Options	Facilitated Q and A in plenary
Objectives:	By the end of this session, participants will be able to: ● Compare and contrast the cultural context surrounding sexual violence, unintended pregnancy and abortion ● Explain the tragic outcomes that can result from restricting access to safe abortion care ● Articulate their personal beliefs and professional responsibility to promote health and prevent deaths from unsafe abortion

Facilitator Notes: This activity features a case study that highlights the cultural context around sexual violence against women, unintended pregnancy and lack of access to safe abortion care in humanitarian settings. Participants are confronted with the tragic consequences that can result when access to safe abortion care is restricted. Participants discuss one woman's story and are asked to articulate their personal beliefs and professional responsibility to provide necessary medical care and avoid preventable deaths. **Facilitator may want to select a volunteer before this activity and brief the volunteer so she knows the story.**

It may be necessary to change the names and certain elements of Beatrice's story (below) to be more culturally, geographically or organizationally appropriate for the audience and setting. You may want to adapt an actual story from your experience at your agency or from the media, making sure to change any potentially identifying information to protect people's privacy. It may be helpful to provide participants with more local data on abortion rates and morbidity and mortality related to unsafe abortion to illustrate that women's deaths from unsafe abortion are common and preventable.

Start:

- Introduce the activity, and tell the participants that this activity features a case study that highlights the cultural context around sexual violence against women, unintended pregnancy and lack of access to safe abortion care in humanitarian settings. Participants are confronted with the tragic consequences that can result when access to safe abortion care is restricted. Participants discuss one woman's story and are asked to articulate their personal beliefs and professional responsibility to provide necessary medical care and avoid preventable deaths. Feel free to leave the session at any time if it becomes emotionally difficult for you to continue with the activity. Someone will be available after the session if you want to talk about this activity in more depth.
- Ask for a volunteer (a participant that could be identified before the activity starts) who will play Beatrice, the woman who died. She should recount her story to other participants as realistically as possible. Ask participants to stand and form a half circle around the volunteer participant who is playing the role of the woman.
- Have the volunteer who is playing the role of the woman read Beatrice's story below. Have her read the story as realistically as possible.

Beatrice's Story

My name is Beatrice. I am intelligent and hard working. I am the eldest daughter in my family, and I support my family financially by assisting my mother with selling items to travelers on the road next to

our village. I love school, though, and have always been one of the top girls in my class. I dream of attending university one day.

My dreams were dashed the day one of the rebel groups stormed into our village. Men with guns came into our home. My parents told my siblings and me to run while they distracted the men, and we all lost sight of each other. Our village was in chaos, and I do not know what happened to my family.

I was able to escape, and I eventually arrived at a camp that was set up for people forced to leave their homes like me. Although I am thankful for the people here who are helping me and the food and shelter they provide, our shelters do not offer much privacy, and I do not feel safe at night.

One night when I was sick and alone in the shelter, I heard footsteps, and soon after, a man entered. I recognized him as the man who had been staring at me for weeks. He said I had been tempting him for too long. He forced himself upon me and continued to rape me for what seemed like forever. When I tried to call for help, he slapped me hard many times and said he would hurt me more if I did not stop talking. After a long time, I felt weak and went unconscious. When I finally came to, I hurt all over but was too ashamed of what happened to tell anyone. I thought I must have done something to make him think that he could do that to me.

Although I tried to push that horrendous night out of my mind, I felt more distraught with each passing day. I finally noticed that I was feeling sick. My parents and teachers had never talked to us about pregnancy, but because I had missed two periods, I was afraid that I was carryIng a child. I felt so ashamed to tell someone, but I was sure I did not want to have that man's baby. I still hoped that one day I could go home and continue my studies.

I went to the camp clinic and told the nurse that I might be pregnant. When she confirmed my pregnancy, I cried and said I did not want to carry the baby of this man. I begged for her help. Even though she was from my tribe, the nurse told me she could not help because she did not have the equipment, and anyway, abortion was against the law. A few days later, I gathered my courage and asked a midwife in the camp for help. She told me the same thing. I had heard that there are pills that could help bring my period back, but I didn't know where to find them. When I told my secret to another girl, she said a friend had had the same problem, and she took care of it by drinking a mixture of medicine and cleaning supplies.

Over the next few days, the girl and her friend helped me collect the medicine and supplies. I waited until I was alone, and I drank the mixture. I began to feel sick with a terrible burning in my belly. The last thing I remember, I was lying face down on the floor in my vomit, in agony and moaning for help. I was too young to die.

- After her story is completely told, ask participants the question, **"Why did Beatrice die?"** Have the volunteer hold the end of the ball of string. As each participant answers the question "Why did she die?" take the ball of string to the person answering the question. Ask the person to wind the string around their waist and give the ball of string back to you. Bring the ball of string back to the volunteer. Once each participant has responded (if you are facilitating for a small group; if it is a larger group, solicit 8-10 responses), the string will have formed a "web" that is a tangible connection among participants, representing their responsibility to the woman and all women in her situation. Ask participants to reflect on these connections and responsibilities.

Debrief: (in plenary) Ask participants to return to their seats and facilitate a large group discussion. Suggested discussion questions to choose from are listed below. Be prepared to offer a couple of example answers to each question you pose, to get the discussion started if no one talks initially.

- Questions may include:
  - How does this story make you feel?
  - What choices did Beatrice have?

- What could have been done to prevent her death? Who could have helped prevent her death?
- What could have made this situation better for Beatrice?
- What information, resources and health-care services could have helped her avoid this situation? Why did she die?
- In addition to the woman, who else was directly affected by her death?
- What does this story tell us about our responsibility to ensure women have access to comprehensive medical care, including safe abortion care?
- What could you do, personally and professionally, to prevent deaths such as this one from occurring?
- Who has experienced or heard about a story like this woman's through their work that they would be willing to share? What happened, and was the woman able to access safe abortion care? If yes, how? If not, why not? (This could be an emotional question for some participants and should be asked with careful consideration.)

- With the participants discuss this woman's story in the context of the previous presentation about Safe Abortion Care in Humanitarian Settings (the brief presentation in the previous activity provided global, regional, national and local data on abortion and morbidity and mortality related to unsafe abortion). Use data on maternal deaths and disability caused by unsafe abortion, or other data directly relevant to your work, if available. Suggested questions include:
  - How do these data relate to women's lack of access to safe abortion care?
  - How does restricting access to safe abortion care not decrease the number of abortions, but instead can increase the number of women who are injured or die from unsafe abortion?
  - In your setting, who do they think could help a woman if she came to a clinic supported by your agency seeking safe abortion care?
- Example answers include: medical staff trained in safe abortion care provision, other medical staff not trained in safe abortion care but knowledgeable on the topic (to refer the woman to safe care), other non-medical staff who are knowledgeable on safe abortion care and could provide factual information to the woman, or help her seek the service.
  - What could you do as an SRH Coordinators to help a woman seeking safe abortion care?

- Ask participants if they have any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Final thoughts: Acknowledge to the group this is an emotionally challenging activity, but if we combine personal stories/experiences with data and information on the barriers and possible enablers for safe abortion care ultimately we can help SAVE LIVES. Coordination will require being able to advocate (using push, pull, or move away framework) in different settings with different individuals/groups. Key points to help you advocate and communicate the urgency include:

- Restricted access to abortion care means that women will seek unsafe abortions.
- It is important to remember that if a woman wants an abortion, she will get one—whether it is safe or unsafe.
- Women can die or have permanent injuries from unsafe abortions.

Alternative Activity: Quality Improvement, Rapid monitoring using the MISP Checklist	
Resources Required	Slide deck and resources and injects from earlier scenarios (see above): Case study, Actor Map, Partner list, Maps, IAFM Chapter 3- the MISP, MISP Monitoring Checklist, Good Enough Guide (already in folder), PDSA Cycle
Space Required	Break Out Rooms
Group	Small Groups/Teams
Time	30 minutes
Methods	Team Task with Debrief
Debrief Options	Gallery walk or large group in plenary
Objectives:	By the end of this session, participants will be able to:

	● Use the MISP checklist to quickly create a rapid snapshot of activities supporting MISP services and gaps

Facilitator Notes:
Start:

- Remind participants that they have been consulting the MISP checklist throughout the training. Ask them once again to look once again at their copy of the MISP checklist and briefly review the indicators included under each MISP for SRH objective. Inform participants that more details on SRH indicators and tools for monitoring are available in the individual IAFM chapters 2018.
- Tell participants that in this session we will review the Quality Improvement cycle, inclusive of the 5 Why's (root cause analysis) and the Plan-Do-Study-Act cycle. As these are two tools that can help you as you plan, monitor, and evaluate MISP and other SRH services in crisis.
- Show brief lecturette/slide deck (5 minutes). After the slides are over share Scenario (part one) that is below.
- **Scenario (part one):** In your small groups you need to create a "snapshot" of where they are now (3 days in the crisis) to audit what has (and what has not) been addressed. This will allow you to make a workplan that will guide your coming weeks and months.
- **The Task:** Tell participants they will have 15 minutes to work in their small groups to record on a flipchart:
- Key MISP information and activities that are in place
- Gaps: What do we not know or not have in place?
- Overlaps: Where are the potential overlaps?
- Priority collaborations: Based on the MISP objectives, what are the priority collaborations and partnerships the WG should focus on?
- Further qualitative and quantitative information that could/should be gathered?
- What are some participatory methods to collect more information and who might be partners to do this?

Scenario (part two): After the teams have been in the room for 5 min, enter each room and share the Scenario (part two).
Scenario: You have just been informed of an emerging issue in Orion Province where there has been a cluster of newborn deaths. Through your contacts at the MOH in Orion and a staff member of HELP-J from Monopoli City, you are told that there have been a cluster of newborn deaths in the last week at Bari Health Center in the Southeast of the province. What you have been told:

- The CHWs in the area have reported that newborn babies have died at Bari Health Center and the communities around Bari HC are angry and upset. They are blaming the HC providers for poor quality care.
- However, the CHWs are unsure if the providers are at fault. Many people in this area give birth at home, assisted by TBAs.
- Ask each group to drop all they are doing and formulate a set of recommendations (use the 5 Why's and PDSA workplan tool if useful) to address this scenario. Have the small teams spend 15-20 minutes to formulate recommended steps to manage the situation: investigation methods, partners, possible problems, possible solutions.
- After about 20 minutes, call all the small groups back to plenary for debrief with the large group.

Debrief: Convene as a large group and ask the groups how they proposed responding to the situation? Write all answers on flipchart, move from group to group and ask them for the first step, second step, etc.

- Other questions to drive the debrief include:
- How did you investigate the situation?
- Who would you coordinate/work with to investigate further?
- What might be strategies or methods to learn more?
- What questions do you need to ask to understand what is happening?
- What are the possible or probable problems that have led to newborn deaths?
- What recommendations would you make about what to do?
- How would you manage the implementation of those recommendations (e.g. PDSA) to make sure it is working and/or if you have to adapt your actions?

Final Thoughts: As an SRH Coordinator you will be asked to respond quickly to SRH issues that arise and are unanticipated. In addition to the technical knowledge you have, you can use tools like the 5 Why's and the PDSA cycle to understand, plan and act. This activity introduces and reinforces a few skills and tools that may be useful in your current working environment.

Additional Scenario Related to Newborn Health

This scenario can be used to build a team-based activity to develop a rapid assessment with recommended partners to better understand and make recommendations related to this sensitive and urgent situation.

In the last week, there is also a developing problem in Orion Province: A cluster of newborn deaths. Through your contacts at the MOH in Orion and a staff member of HELP-J from Monopoli City, you hear that there have been a cluster of newborn deaths in the last week at Bari Health Center in the Southeast of the province. What you have been told: The CHWs in the area have reported that newborn babies have died at Bari Health Center and the communities around Bari health center are angry and upset. They are blaming the health center providers for poor quality care. However, the CHWs are unsure if the providers are at fault. Many people in this area give birth at home, assisted by TBAs.

The Health Cluster Coordinator is also aware of the situation in Bari and requests your recommendation on what immediate steps you recommend to manage this problem.