

Coordination of SRH Working Groups Training Facilitation Guide



**HEALTH
CLUSTER**

GHC SRH Task Team



**INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES**

Day 1 Activity 1

Welcome and Introduction:

Safety, Training Context, and Training Norms

Logistics - Safety - Self Care

Safety Contacts

- TBD

Logistics & Support Contacts

- TBD

Psychosocial Support Contact

- TBD

Training Venue

- Bathrooms
- Lunch
- Break Rooms
- Tea/Coffee Breaks

IASC Cluster System

Timeline

- November 2022: Creation of the SRH Task Team
- 2023: SRH Coordination Baseline Assessment
- 2024: First SRH Coordinators Training
- 2025: Training Roll-Out

Global Level

Health
(lead by WHO)

SRH Task Team (lead by UNFPA and IRC)

To ensure that SRH priorities are systematically addressed in all phases of humanitarian response and that SRH coordination is consistently included in cluster coordination at both the global and country levels.

Country Level

Health
(lead by WHO)

SRH Working Group

SRH Task Team Progress

1. **Comprehensive baseline assessment of SRH Coordination in emergencies with an activated health cluster (Completed 2024).**
2. **Define the training strategy, create and pilot the SRH Coordination Training (Completed 2024).**

Next Steps Include:

3. Standardize minimum core indicators and systematize data collection and reporting for SRH in humanitarian settings;
4. Minimum Initial Service Package for SRH in crisis situation (MISP) process evaluations to identify bottlenecks, gaps, and needs related to implementation;
5. Establish training standards for SRH in emergencies for providers across all levels;
6. Family planning and contraception in emergencies IEC material consolidated;
7. Formalize a dialogue with the GBV AoR to increase both complementarity and coordination between SRH and GBV response, including and beyond the Clinical Management of Rape and Intimate Partner Violence (CMR-IPV).

Opening: Expectations

- Participation, observations, daily evaluations and validation of the tool kit
- Certificate of participation
- Follow-up and continuous SRH TT support

Icebreaker

SIT DOWN
STAND UP
game



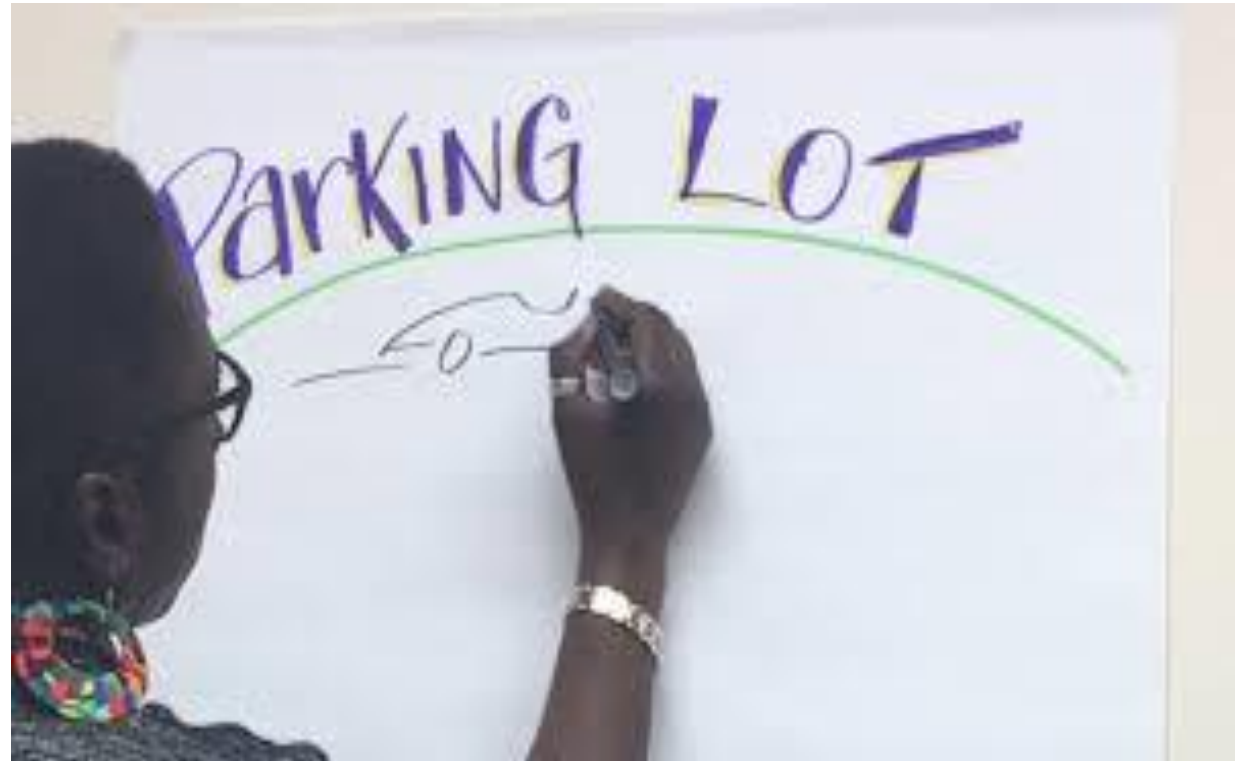
Training Norms

Community Agreements

- **Inclusion:** Leave no one behind (physically, emotionally, linguistically)
- **Courage:** To make mistakes, to be vulnerable, to give feedback
- **Respect:** show deep respect by being present and listening, create space for others to speak, start/end on time
- **Self- awareness:** each of us power and vulnerability
- **Bring whole self:** let facilitators know if you need a break, a special need
- **Safety:** Co-create this as a safe space
- **Self-Care:** Step away/take the necessary actions to care for yourself if any topics trigger stress or trauma

Parking Lot

- Post any questions or thoughts on the parking lot posted at the back of the training room.



Day 1 Activity 2

Schedule, Objectives, and Guiding Frameworks

Course Objectives

Knowledge

- Describe the **rationale and objectives** of the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP)
- Describe the **roles & responsibilities** of the SRH Coordinator
- Describe how the MISP and the SRH-C fit within the **humanitarian** mandate, **architecture** and **health cluster coordination** mechanisms

Tactical Practices

- Demonstrate the skills to implement **critical SRH coordinating actions** using an inclusion & accountability lens

Cross-cutting Capabilities

- Demonstrate **the 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)

Focused on skills based on the SRH Coordinator TOR

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. Compile basic demographic and SRH information of the affected populations to support MISP for SRH advocacy, implementation, and planning for comprehensive SRH services;
4. Identify, understand, and provide information about the elements of national and host-country policies, protocols, regulations, and customary laws that support or create barriers/restrict access to SRH services for the affected population;
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. 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 challenges 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 one:

- Norms/Expectations/Context
- Build your team
- Power and Values
- Rapid Needs Assessment
- Resource Mobilization-introduce

Day two:

- Actor Mapping
- PRSEA
- SRH WG TOR and draft workplan
- IARH Kits Estimation

Day 3

- Adolescent SRH problem solving and coordination
- Values clarification #1
- HIV & STI response coordination
- Values clarification #2

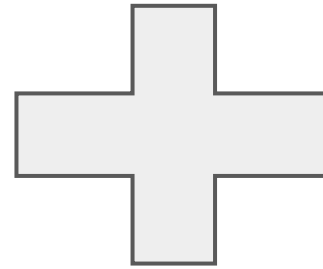
Day 4

- Ensuring access to expanded SRH services
- Tackling burn-out with self-care
- Rapid monitoring activity/optional QI
- Resource mobilization #2: independent work

Day 5

- Resource mobilization #3: pitch presentation
- Planning for the future: comprehensive SRH
- Workshop close
- Optional workshop validation activity

Daily Eyes and Ears & Volunteers: Participatory Monitoring & Evaluation



Daily Participant Recap Activity

Volunteers

- A group exercise where **a team of 2 participants** summarize key points from the day before
- Can be silly, fun, **active**—**feel free to be creative**
- You can summarize and synthesize based on **your experience** of the content--- it does not have to be "perfect"
- Ask for 2 volunteers each day and post on a flipchart



Optional Evening Activity: Casual Conversations



- Many experts are in the room!
- Optional time each evening to discuss a challenging, fun, or inspiring topic
- Please write topics on the flipchart OR checkmark the ones you like 
- At the end of today, we will schedule the convos and plan a venue for each day

Frameworks to Guide our Work



Framework 1:

Communication is an A.R.T.

Active awareness:

- Check your bias and your ego
- recognize style and culture differences
- process your perceptions

Respond respectfully:

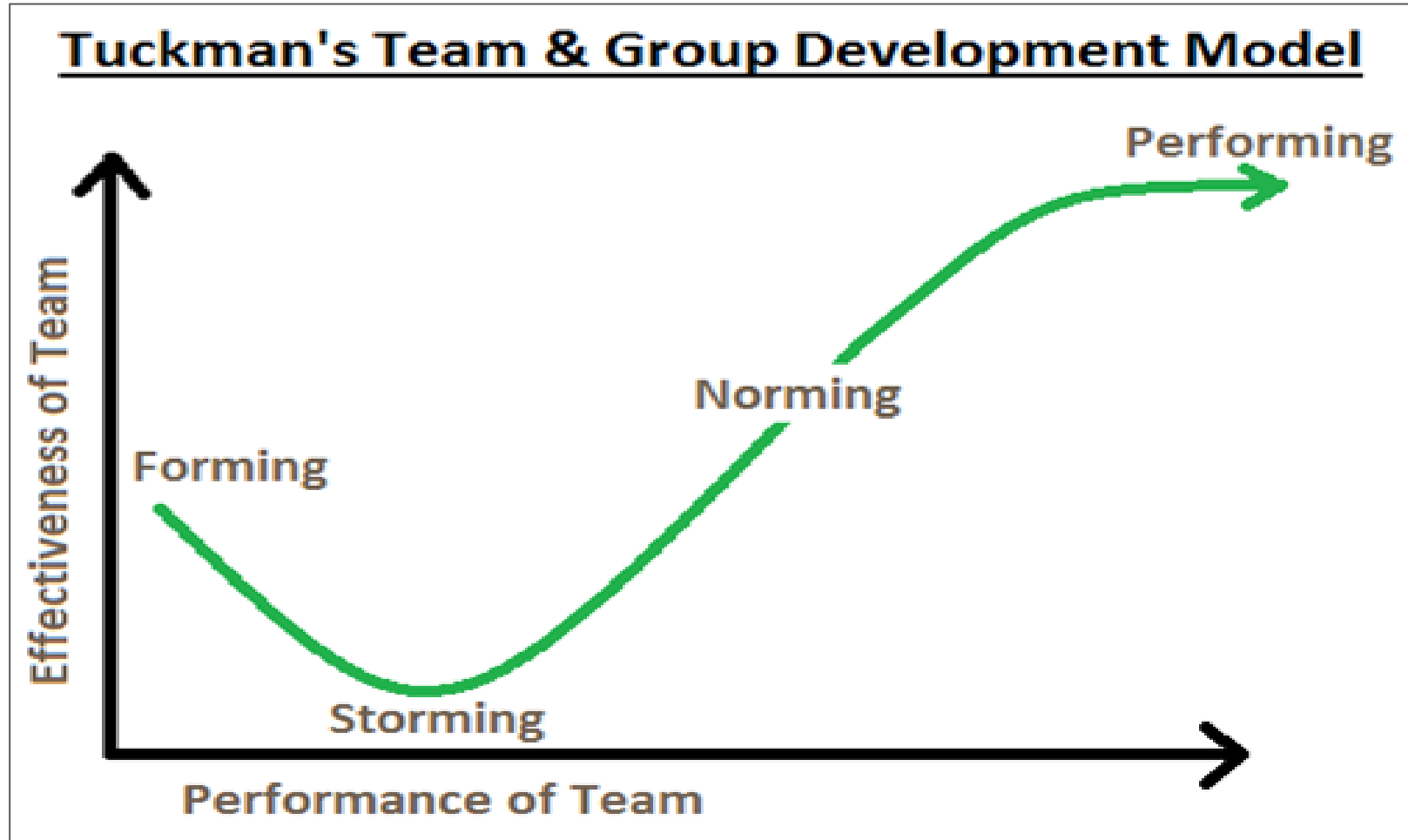
- active listening-listen with curiosity not with judgement
- ask open ended questions
- acknowledge without necessarily agreeing

Troubleshoot together:

- share your perspective in a non-confrontational type of way
- make sure everyone's needs are addressed
- end on a positive note

Framework 2: Team Development

Forming->Storming->Norming->Performing



Framework 3: Advocacy and Influencing

1. Know **your** objective
2. Know your **audience**- What's important to them?
3. Design **your** advocacy **strategy**:

Push (logic)	Pull (values)	Move Away (time)
Persuade using reason, logic, data, evidence • “Evidence suggests that the XYZ intervention saves lives, decreases inequity, reduces suffering”	Find and emphasize common values and agreement • “Our common values are to support and protect, to preserve and uplift affected people... how might we do that?” • “What solutions would be more acceptable to you?” • “You don’t seem comfortable with the proposed solutions... please tell me what you think” • Authenticity is key...PULL will not work if it is really an effort to “strong-arm” the other person/group. PULL takes time	Temporarily step back from a situation when it has become unproductive • Take more time to change the environment • Test the other person’s willingness to continue or to do more preparation • “I need some time to prepare alternatives. Can we follow up later with you on this issue?”

Day 1 Activity 3

Speed Networking

Example of the capacity existing amongst trainees below:
Training team to develop this based on the results of pre-survey
(Appendix ###)



Music as a way to "Synchronize our neuralresponses"

Example of the musical favorites from the trainees below:
Training team to develop this based on the results of pre-survey
(Appendix ####)



A word cloud featuring various musical artists and bands. The names are arranged in a dense, overlapping manner, with some names appearing larger and more prominent than others. The colors of the text are primarily purple, pink, and yellow. The artists included are: Nathaniel, Maher Cissoko, Celine Dion, Bassey, John Denver, Alexandre Langa, David, Rod Stewart, Robbie Williams, Bowie, Aucun, Nyashinski, Kool and the Gang, TD Afro, Dolly Parton, Nahawa, Doumbia, Ar Rahman, Mac, Depeche Mode, Alvaro Soler, Tilahun Gessese, Anthony, Scorpions, Sousou, Simon Diaz, Andrea Bocelli, Alain Moloto, and Carlos Vives.

NATHANIEL MAHER CISSOKO CELINE DION
BASSEY JOHN DENVER ALEXANDRE LANGA DAVID
ROD STEWART ROBBIE WILLIAM BOWIE
AUCUN NYASHINSKI KOOL AND THE GANG
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SIMON DIAZ ANDREA BOCELLI ALAIN MOLOTO
CARLOS VIVES

Pre-Assessment Results: Humanitarian Programme Cycle (N=XX)

What is the Humanitarian Programme Cycle?

The Humanitarian Programme Cycle (HPC) is a coordinated set of actions undertaken by humanitarian actors to improve the predictability, speed and effectiveness of their response to emergencies.

The HPC is based on a **six-step process that includes analysis, planning, resource mobilization, implementation, monitoring and evaluation and reporting.**

The HPC helps ensure that humanitarian response is needs-based, coordinated and accountable to affected populations. It promotes collaboration among humanitarian actors and facilitates the use of evidence-based data and analysis to inform decision-making.

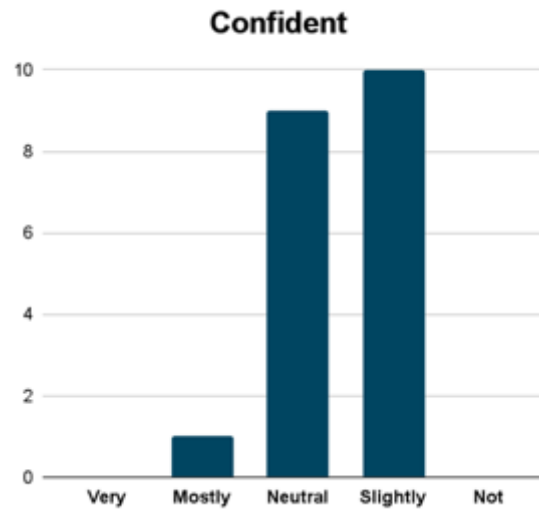
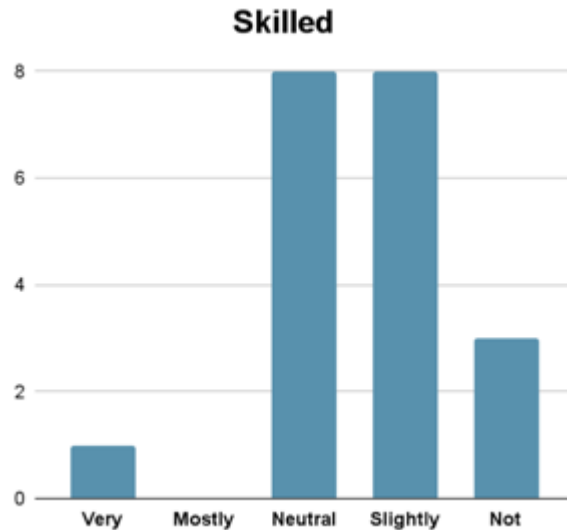
Available at:

<https://kmp.hpc.tools/#:~:text=Humanitarian%20Programme%20Cycle%3A%20Knowledge%20Management%20Platform,-What%20is%20the&text=The%20HPC%20is%20based%20on,monitoring%20and%20evaluation%20and%20reporting.>



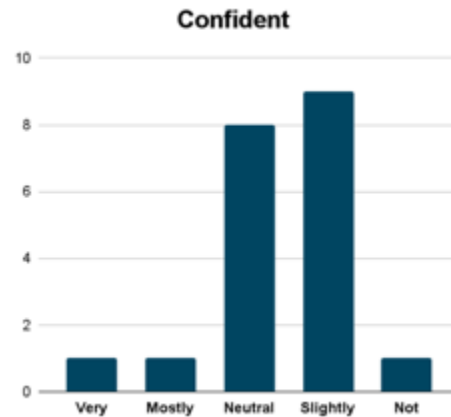
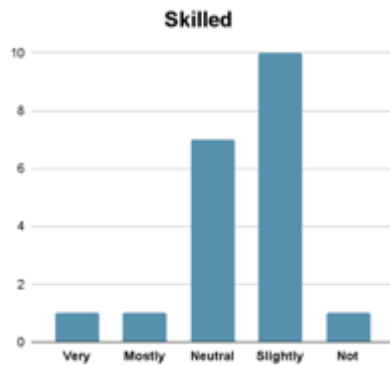
Needs assessment & analysis in a humanitarian response

Example: needs to be developed for each training based on the pre-survey



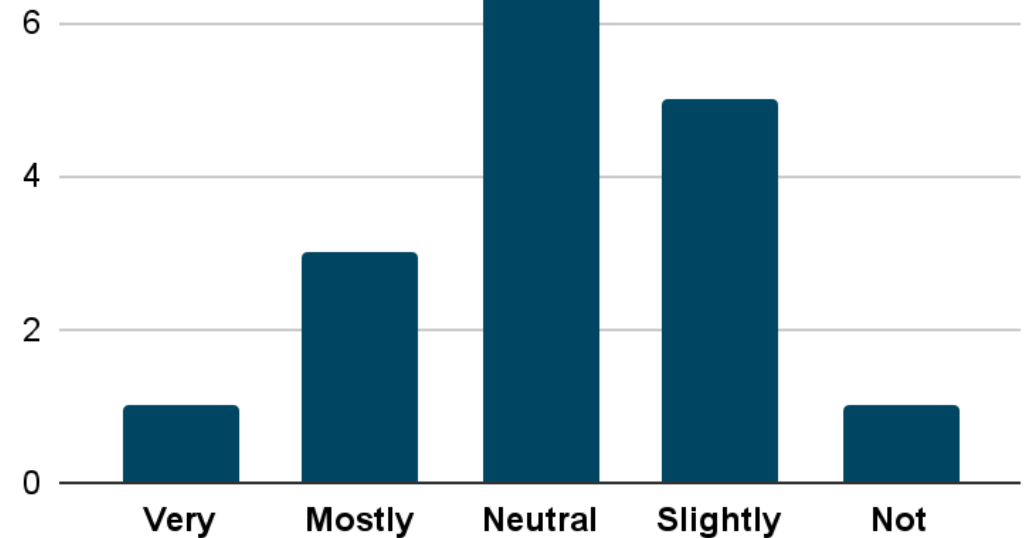
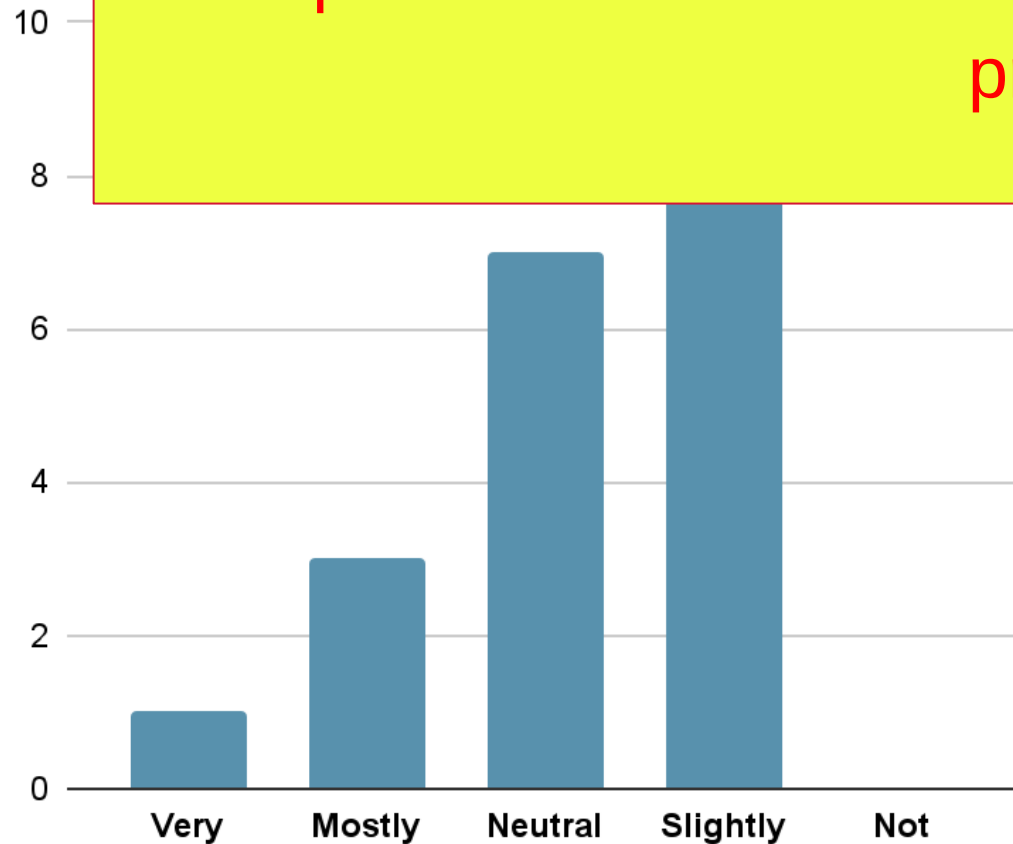
Strategic Response Planning in a humanitarian response?

Example: needs to be developed for each training based on the pre-survey

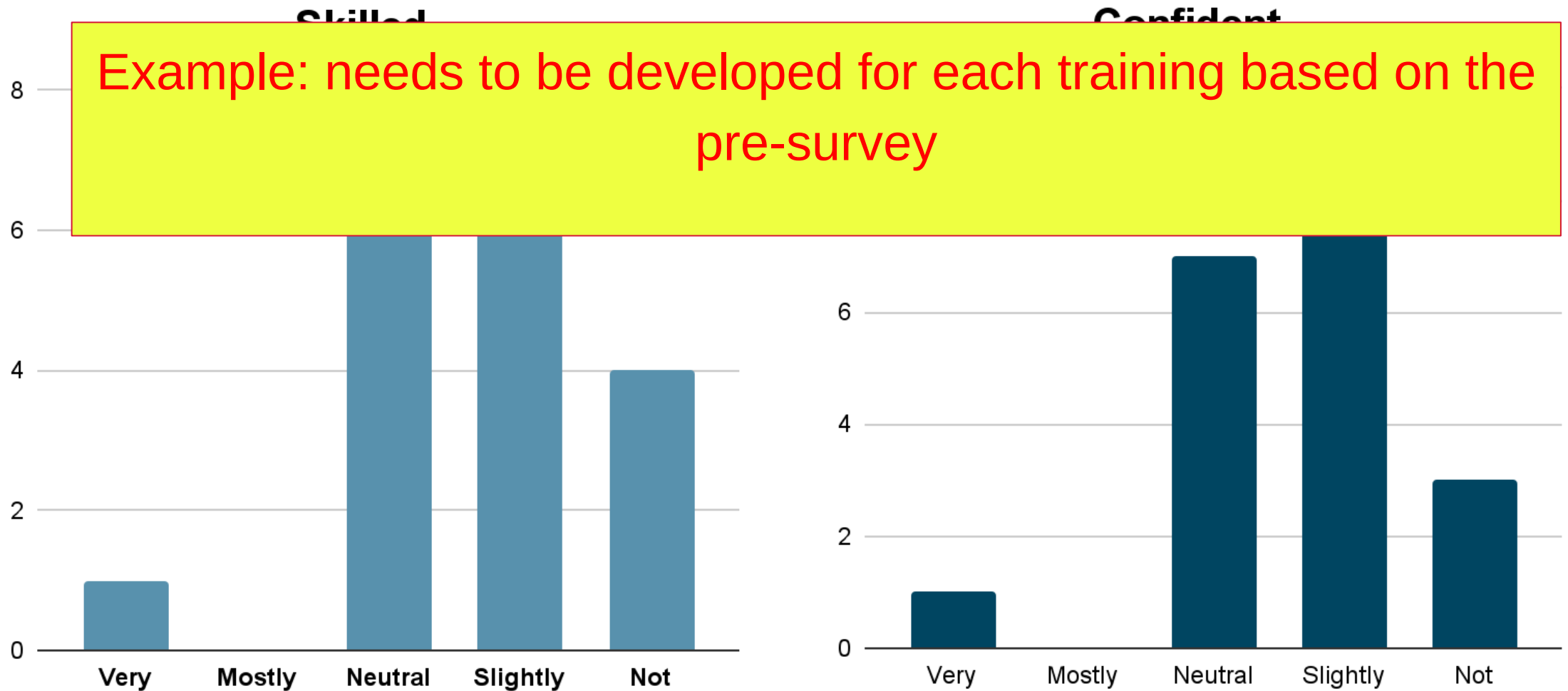


Resource Mobilization in a humanitarian response?

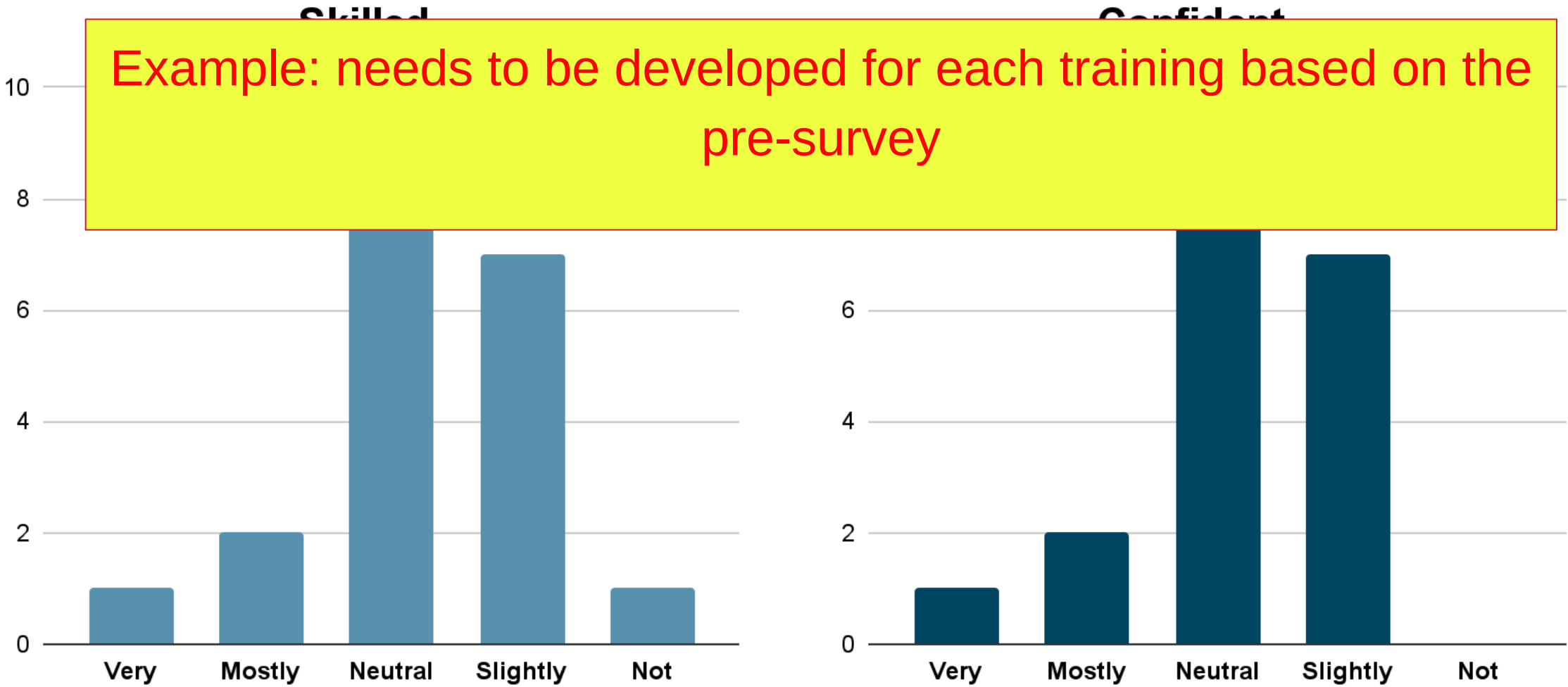
Example: needs to be developed for each training based on the pre-survey



Implementation & Monitoring in a humanitarian response?

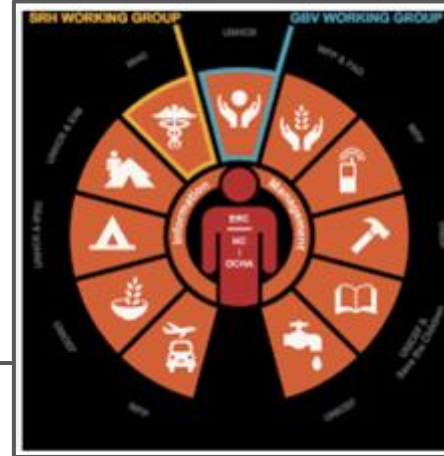


Operational Review & Evaluation in a humanitarian response?



Pre-Assessment Results (N=XX)

SRH Coordination TOR Roles & Responsibilities



Sexual and Reproductive Health Technical Working Group



SRH Coordinator TOR

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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. **Identify, understand, and provide information** about the elements of **national and host-country policies, protocols**, regulations, and customary laws that support or create barriers/restrict access to SRH services for the affected population;
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. **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:

7. Ensure MISP for SRH services are monitored to facilitate quality and sustainability; utilize the MISP for SRH Checklist to monitor services;

8. Ensure regular communication among all levels and report back on key conclusions and challenges requiring resolution to the overall health coordination mechanism;

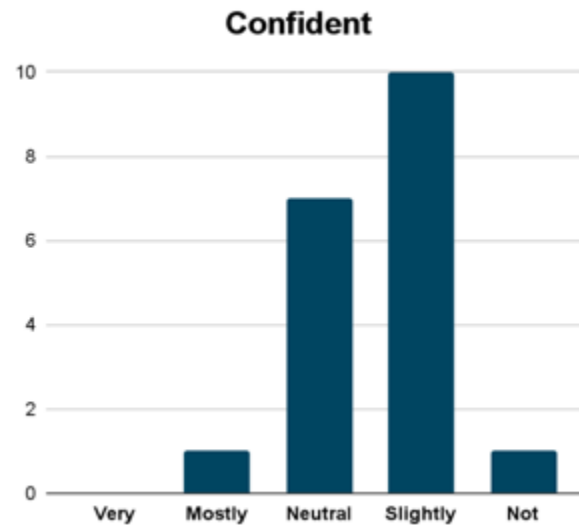
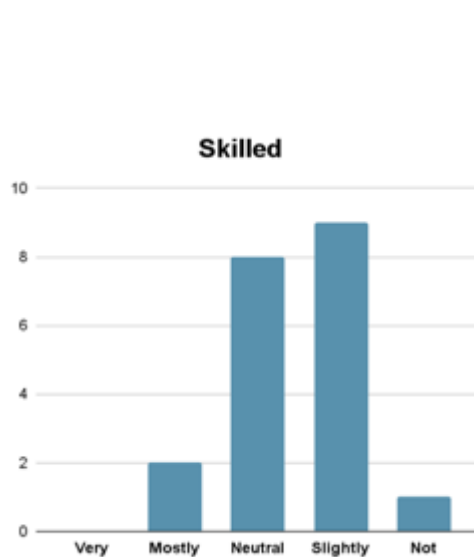
9. Collect and apply service delivery data, analyze findings, identify solutions to service gaps, and plan for the provision of comprehensive SRH service;

10. Facilitate planning with all stakeholders to identify synergies, needs, gaps, and opportunities; and

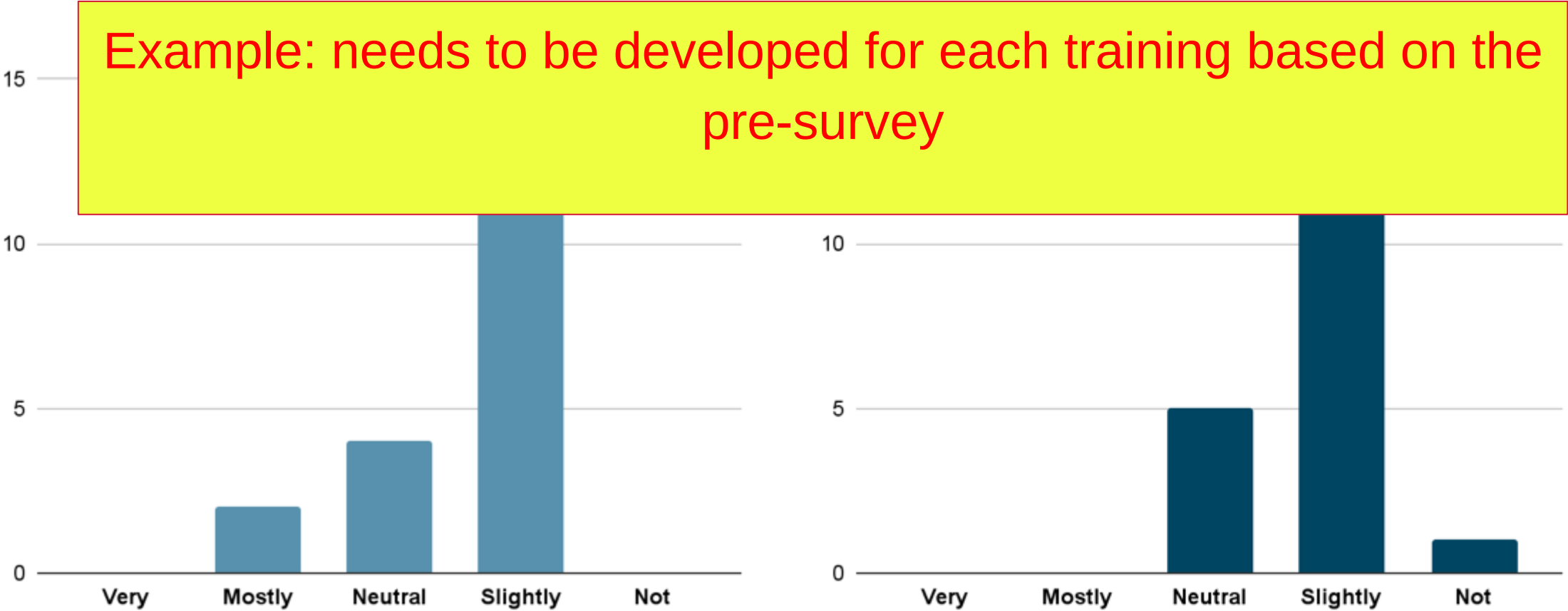
11. Support the establishment of patient-centered comprehensive SRH services as soon as possible and within three to six months of the onset of the emergencies

Coordination, communication, and collaboration with the health, GBV, and HIV sector/ cluster/actors and actively participate in health and other intersectoral coordination meetings, providing information and raising strategic and technical issues and concerns?

Example: needs to be developed for each training based on the pre-survey

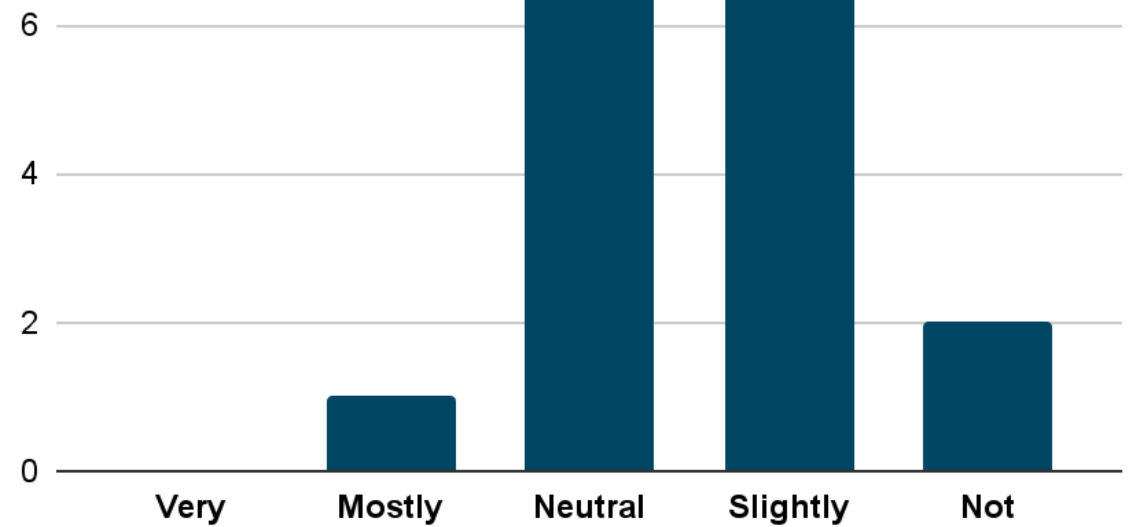
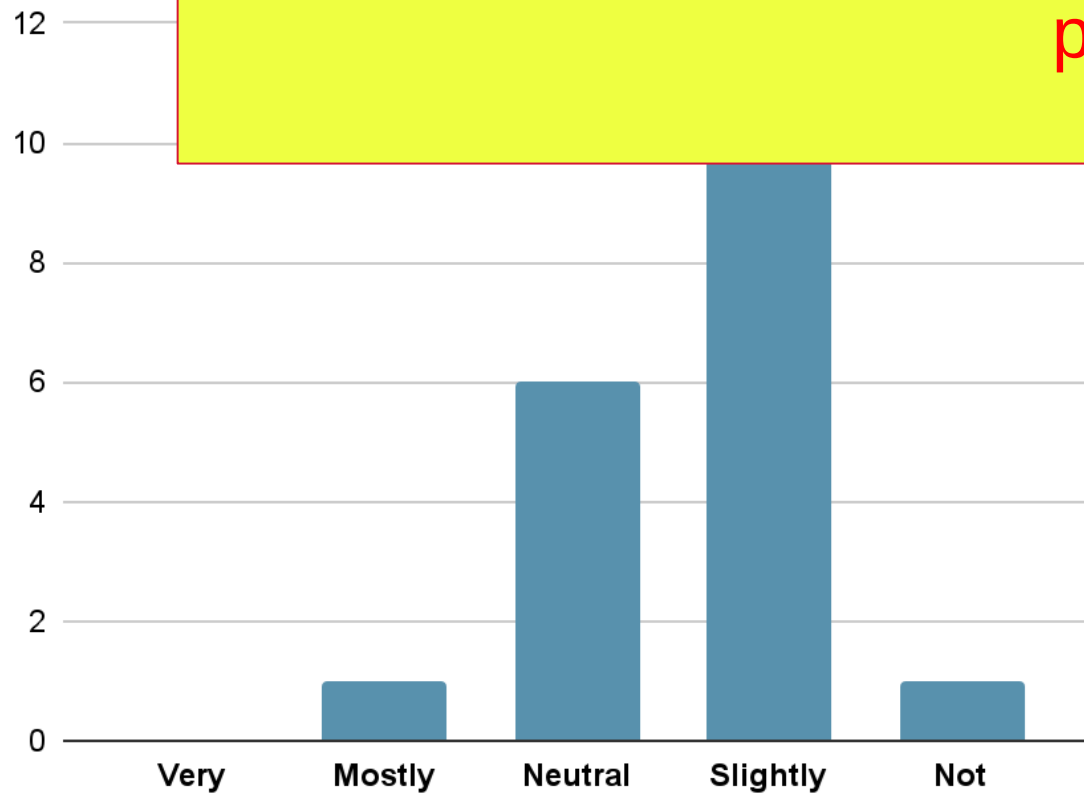


Hosting regular SRH coordination meetings at national and relevant sub-national/ regional and local levels with all key stakeholders, including the Ministry of Health, local and international NGOs (including development organizations working on SRH), relevant United Nations agencies, civil society groups, 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?



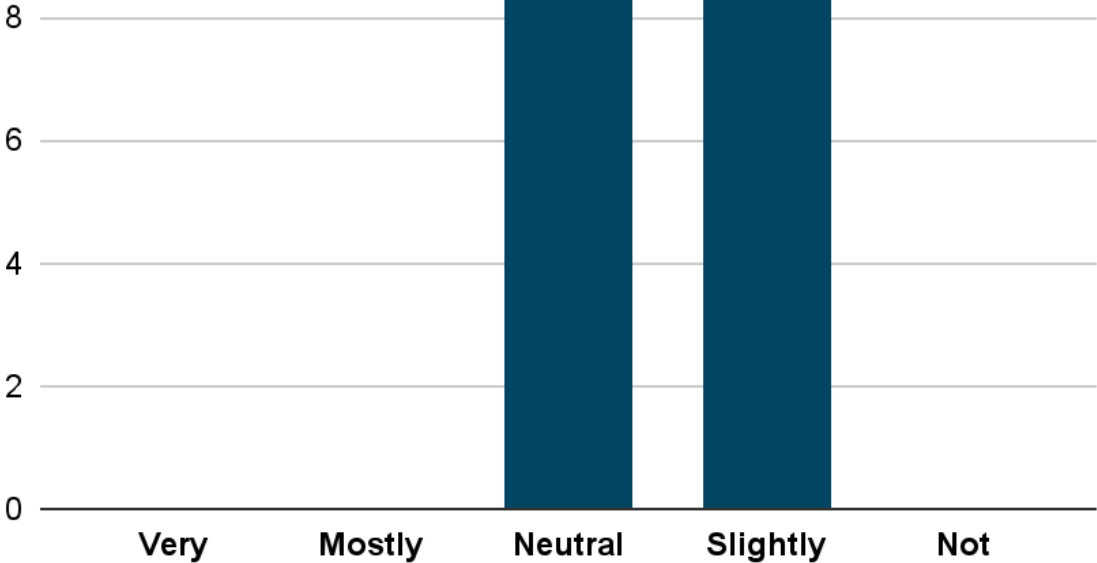
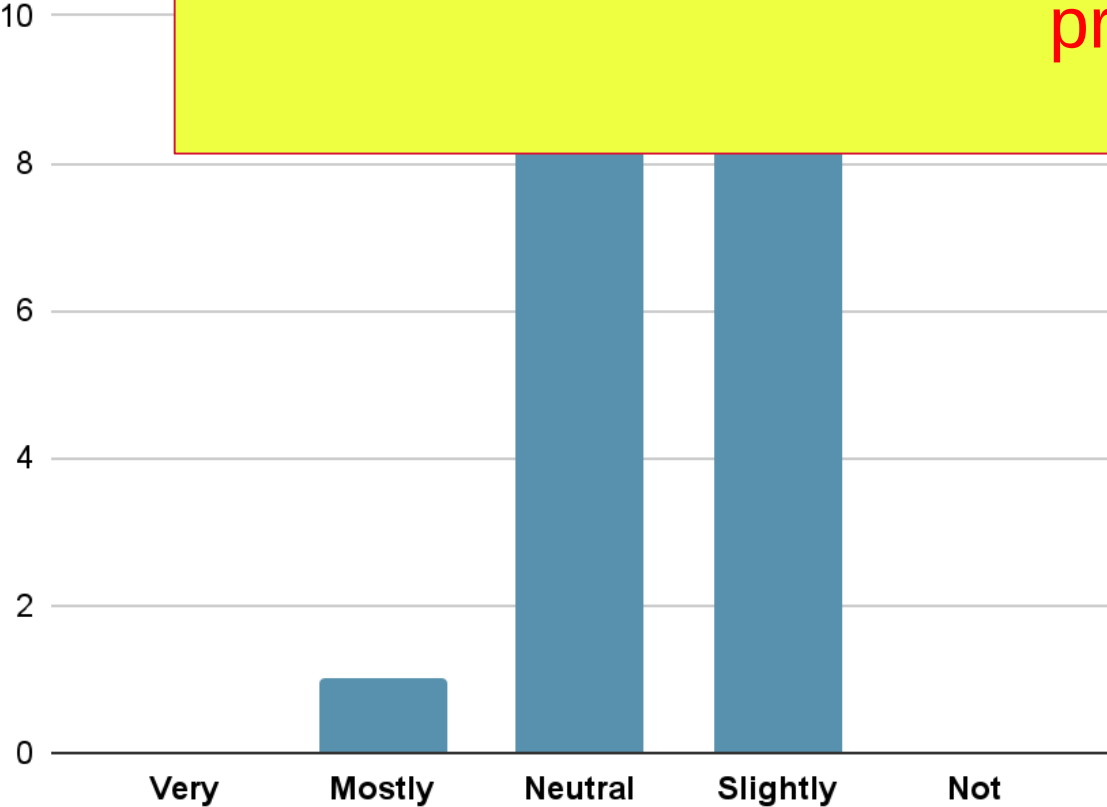
Compiling basic demographic and SRH information of the affected populations to support MISP for SRH advocacy, implementation, and planning for comprehensive SRH service delivery in a humanitarian response?

Example: needs to be developed for each training based on the pre-survey

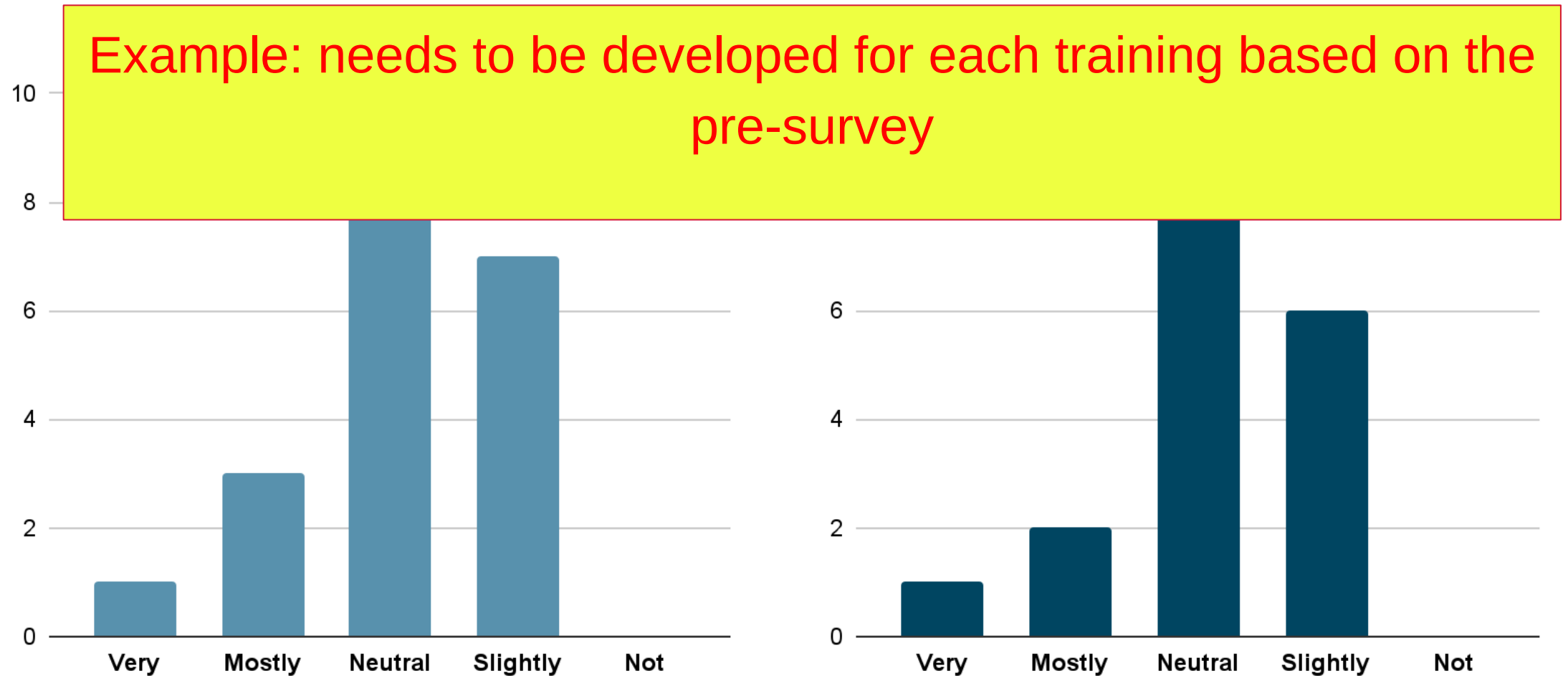


Supporting a mapping exercise/situation analysis of existing SRH services with health, GBV, and HIV coordination mechanisms (include specialized local service providers that are already working with sub-populations such as LGBTQIA individuals and those engaged in sex work); identify SRH program needs, capacities, and gaps; and conduct a planning exercise in coordination with all relevant stakeholders for effective, efficient, and sustainable SRH services in a humanitarian response?

Example: needs to be developed for each training based on the pre-survey

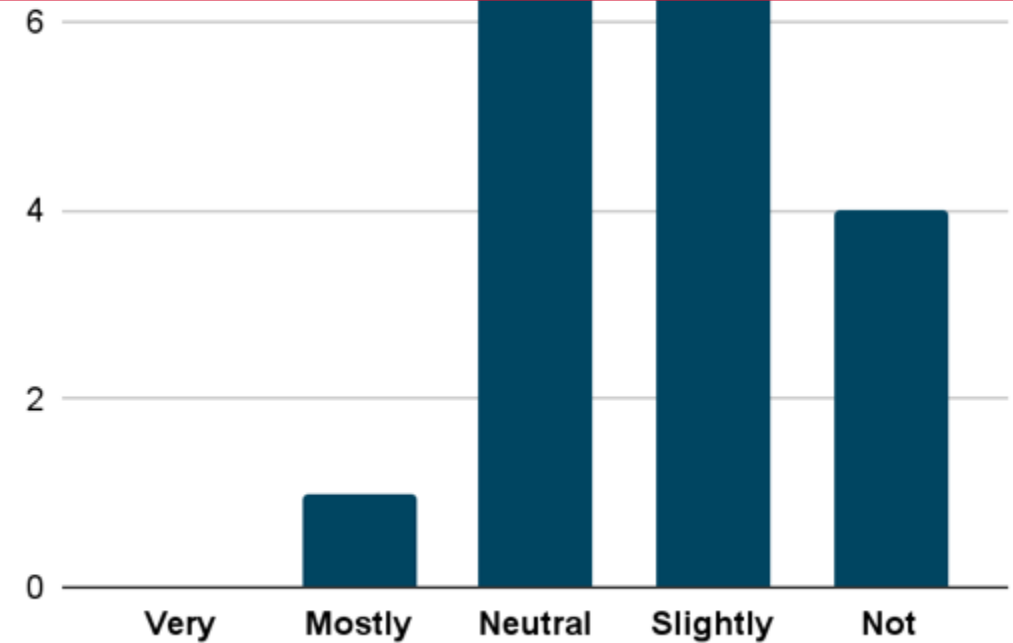
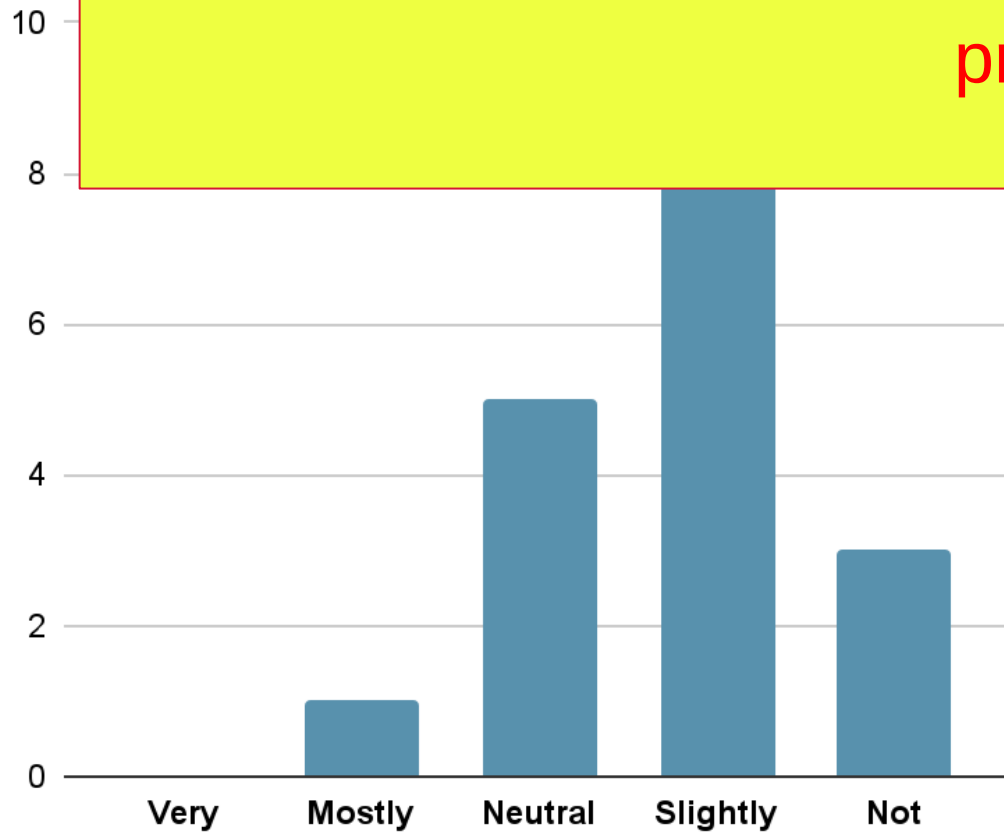


Supporting health partners in seeking SRH funding through humanitarian planning processes and appeals, including the flash appeals process (Central Emergency Relief Fund [CERF] and Country-based Pooled Funds) and the Humanitarian Response Plan, in coordination with the health sector/cluster in a humanitarian response?



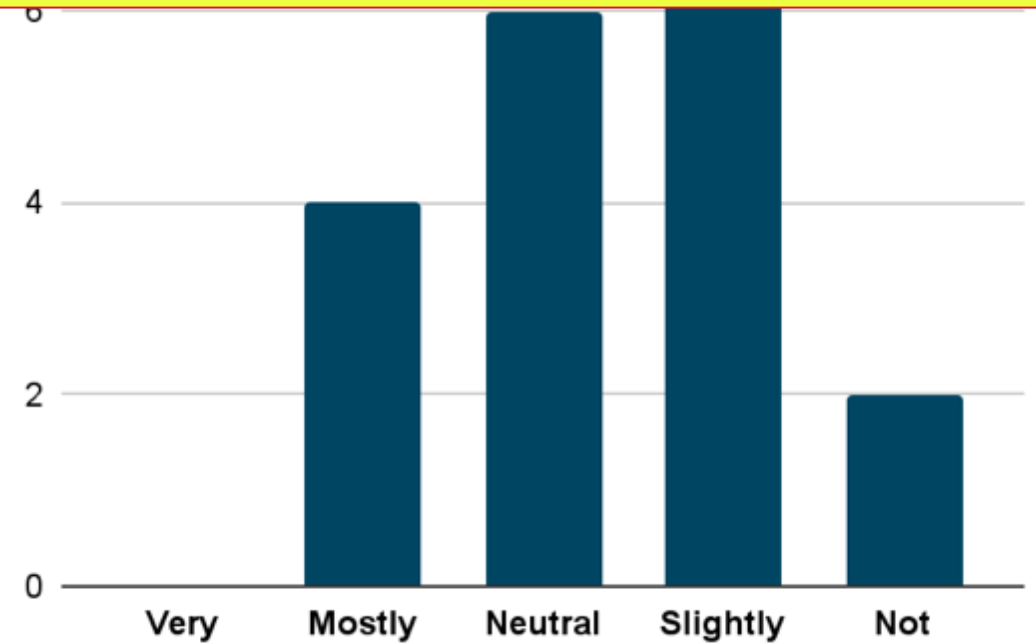
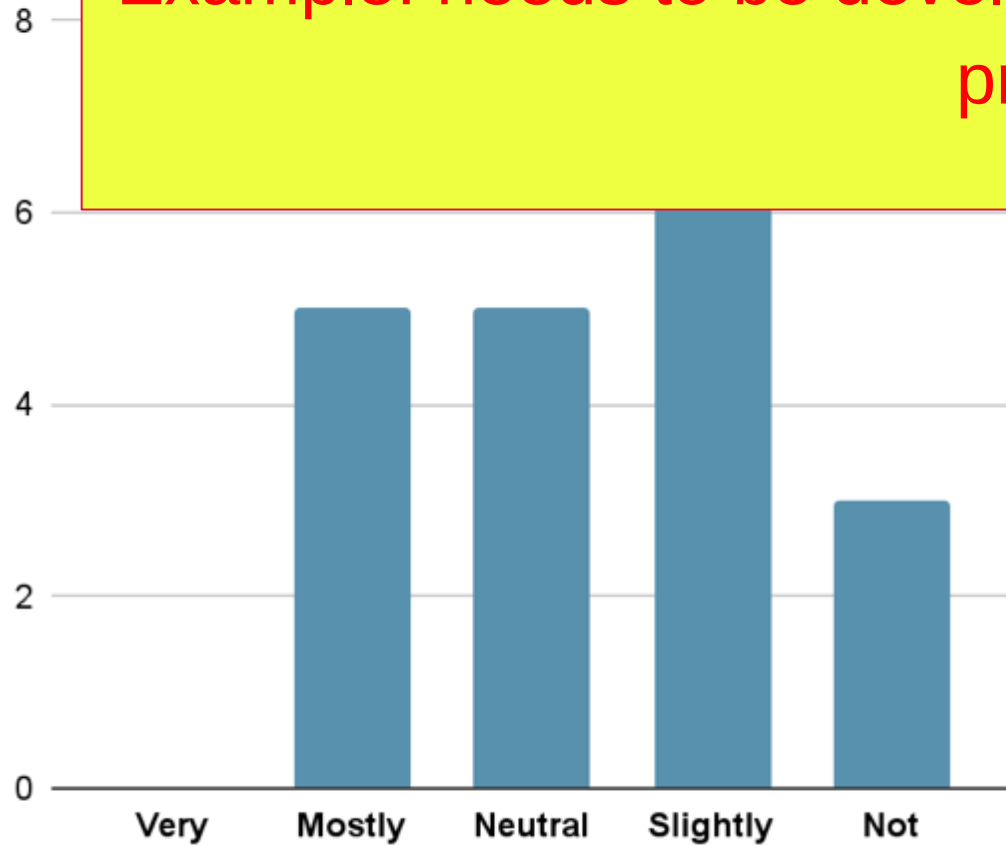
Providing technical and operational guidance on MISP for SRH implementation, as well as orientation for health partners on the MISP for SRH, Inter-Agency Emergency Reproductive Health (IARH) Kits, and other resources in a humanitarian response?

Example: needs to be developed for each training based on the pre-survey



Supporting coordinated procurement and distribution of IARH Kits and supplies, support partners in basic data collection on consumption of supplies and plan for long-term, stable SRH procurement and distribution systems in a humanitarian response?

Example: needs to be developed for each training based on the pre-survey



Example: needs to be developed for each training based on the pre-survey



Speed Networking VS Speed Dating

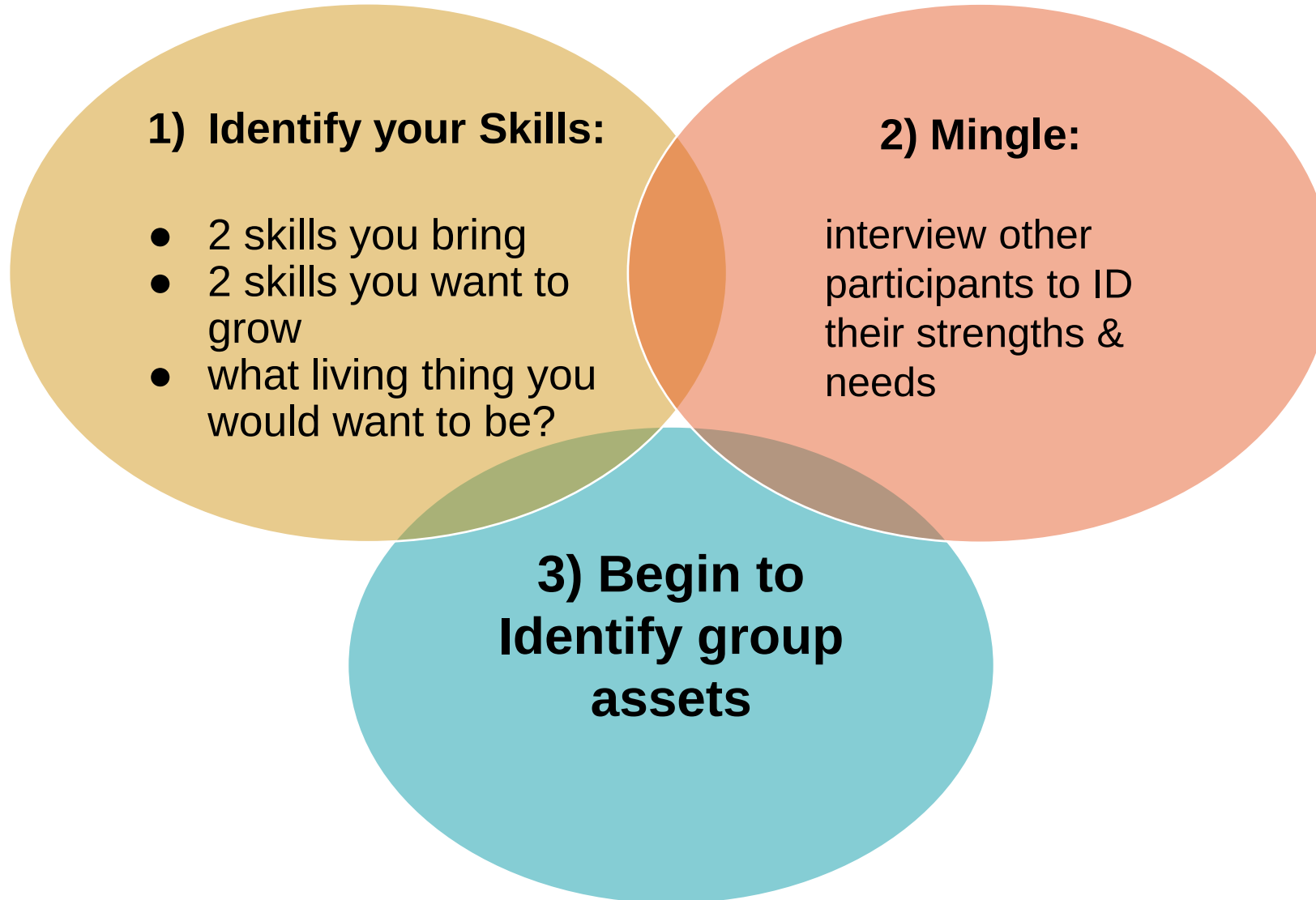
Speed Dating Goal:
Make one connection



Speed Networking Goal:
Make as many relevant connections as possible



Speed Networking!





3 Speed Networking Questions:

- *Strengths:* What skills do you bring to the SRH Coordinator role?
- *Areas to grow:* What skills do you want 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?

Summary:

Networking is an important skill to practice because MANY TIMES:

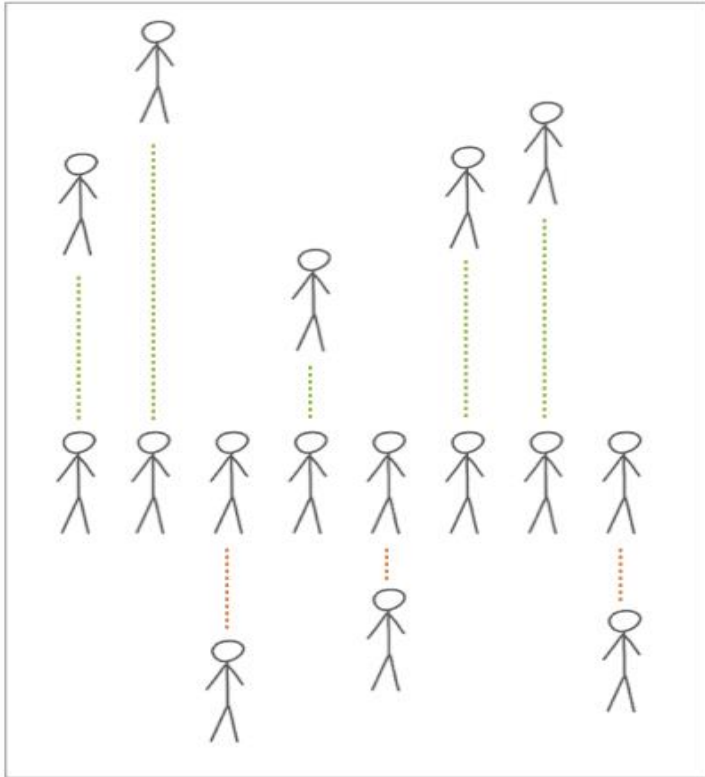
- You need to get to know people's skills and strengths **quickly**;
- You need to make rapid decisions related to implementing the MISP and coordinating SRH services;
- Making a personal connection (e.g. something as simple as sharing your favorite color) can build trust.
- Lots of practice throughout the training!



Day 1 Activity 4

Power Walk

Power Walk:



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



The power to do good is
also the power to do harm.

Milton Friedman

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.
- 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.

Statements (continued)

- 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.

Statements (continued)

- 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.

Day 1 Activity 5

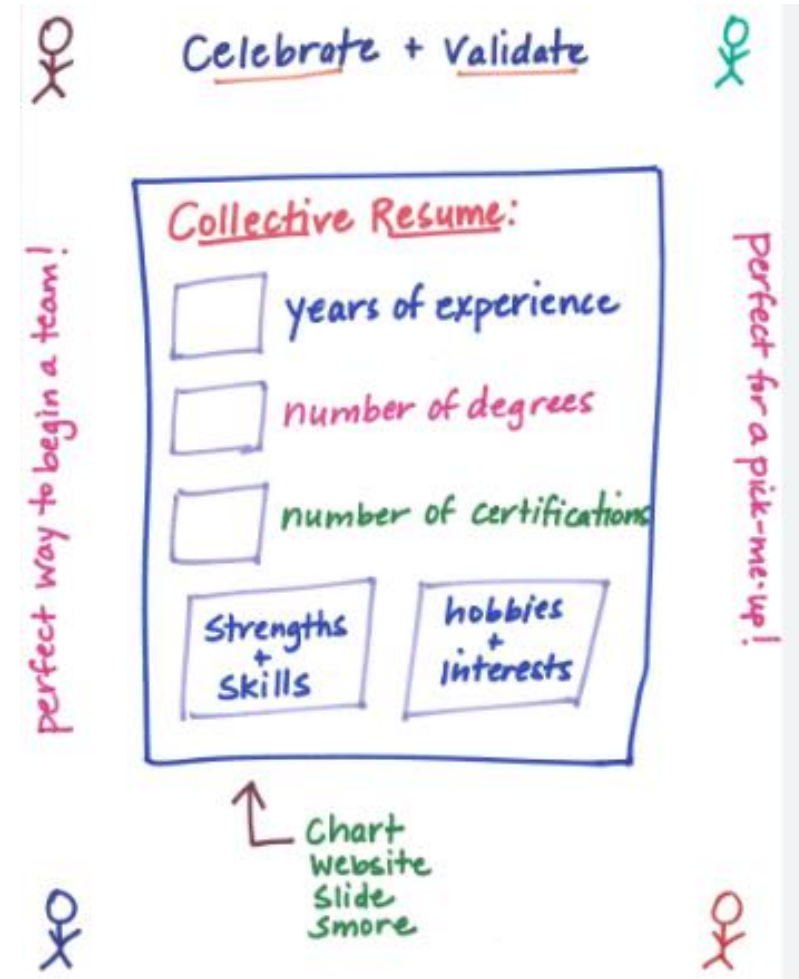
Team Resume



"If you want to go fast, go alone. If you want to go far, go together" -African Proverb

Team Resume/CV

- 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.



Final Teams (w/assigned moderators)

Name <i>Moderator:</i> X X X X	Name <i>Moderator:</i> X X X X
Name <i>Moderator:</i> X X X X	Name <i>Moderator:</i> X X X X

Day 1 Activity 6

Team Task: Rapid Needs Assessment

Scenario: Rapid Needs Assessment

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 Health Cluster Coordinator on SRH priorities.

The Health Cluster Coordinator will be joining you after about 40 minutes.

Rapid Needs Assessment

Team Task:

- **Review data and prepare presentation for Health Cluster Coordinator.**
- Review Novaland case study, other resource docs.
- 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)

Where are my Handout/Files for this Activity?

Facilitator(s) needs to either have a shared file drive with all handouts/files available there, or distribute handouts/files in paper copy for relevant activities

Teams and Health Cluster Coordinators (HCC)

Name <i>Moderator:</i> X X X X	Name <i>Moderator:</i> X X X X
Name <i>Moderator:</i> X X X X	Name <i>Moderator:</i> X X X X

Day 1 Activity 7: Resource Mobilization Introduce Flash Appeal (Part 1)

Flash Appeal



FLASH APPEAL OCCUPIED PALESTINIAN TERRITORY

HUMANITARIAN
PROGRAMME C
APRIL - DECEMBER
ISSUED APRIL 2023



Global Humanitarian Funding Mechanisms

- Flash Appeal is a planning instrument
- Central Emergency Response Fund (CERF) CERF is a funding instrument
- For rapid response & underfunded emergencies
- CERF is for interventions which meet life-saving criteria = MISPP

Global Humanitarian Funding Mechanisms

Tips on accessing global humanitarian funding mechanisms:

- Actively contribute to Flash Appeals
 - Find out which pooled fund mechanisms are available in context
 - Check eligibility process
 - Ensure consistent representation in coordination & cluster meetings

Global Humanitarian Funding Mechanisms

Country Based Pooled Funds

- Established at country level
- Managed locally under Humanitarian Coordinator
- Support highest-priority projects of best-placed responders
- Accountability to affected populations

Scenario: Resource Mobilization

The 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.



Team task: (over next few days)

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

WORK SMARTER NOT HARDER:

Your products will allow you to take **EXAMPLES** of your presentations back to your site in hopes they can be adapted and used in your current/future work as SRH Coordinators!!!



Day 1 Activity 8

Technical Knowledge Review (Jeopardy Game)

Jeopardy!

- Play:
 - 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:

Jeopardy

SEA

Humanitarian
Response

Humanitarian
Architecture

SRH Access

SRH Technical
Knowledge

What is the game?

Jeopardy

SEA	Humanitarian Response	Humanitarian Architecture	SRH Access	SRH Technical Knowledge
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>
<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>
<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>

What does the R stand for in PRSEA?



Jeopardy

SEA	Humanitarian Response	Humanitarian Architecture	SRH Access	SRH Technical Knowledge
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>
<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>
<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>

Day 1

Recap, Accountability and Daily Evaluation

Accountability & Safety* Buddy

1. Write one thing from today's activities that you may integrate into your work.
2. Pick a Buddy and tell them your one thing.
3. Ask your Buddy if s/he is safe and felt comfortable during the day?

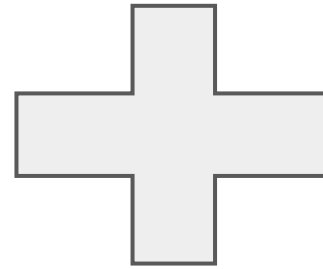
Option One: Evaluation questions

- Today I learned:
- Today I re-learned:
- Today I discovered:
- Today I realized:
- Today I was disappointed:
- Today I was surprised:

Option Two: Evaluation 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:

Daily Eyes and Ears Volunteers: Participatory Monitoring/Evaluation (10 min)



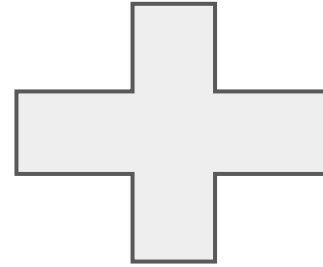
Day 2

Day 2 Activity 1

Review, Reflect, and Recap

What did we learn from Daily Eyes and Ears Volunteers?

Participatory Monitoring/Evaluation



Evaluation questions:

Today I learned

Today I re-learned

Facilitator(s) need to update to share evaluations from Day 1

Evaluation questions:

Today I discovered

Today I realized

New way of coordination

*The Tuckman's Team work needs
Team Group Model just to be guided*

SRH WG Similar expectations & motivation among

Different ways participants to attend this training

of appro

pro

Facilitator(s) need to update to share evaluations from Day 1

How lucky I was to be selected for this training

Not to ignore PRESENTATION IN THE PLENARY THE SUMMARY OF

MISP Calculator COORDINATION ON OUR GROUP (TEAM RESUME/CV)

USE OF DATA FOR

Struggling

DIFFERENT EXPERIENCES

Importance

Team work

The power

RESOURCE MOBILIZATION AS A MEANS OF EVIDENCE

*The team work is very important to
finish things within the time frame*

Importance to be
focused on the HR
thematic when
you are doing the

ME MISSED THE MISP CHECKLIST IN OUR IMPLEMENTATION

4W exercises

of SRH WG How we can achieve more with
support from this training

*I know more
than I think I do* COORDINATION CAN BE DONE IN A
BETTER WAY; EASIER WAY

The competencies and strengths that we have as a group

We can do more in reaching the vulnerable in SRH

Many new and great colleagues

High Level Agenda: Day 2

- Actor Mapping
- PRSEA
- SRH WG TOR and draft workplan
- IARH Kits Estimation

Icebreaker: Postcard Pairing



Day 2 Activity 2

Team Task SRH Actor Mapping

Scenario: Actor Mapping

You have recently met a smart MOH young professional (they made the maps!). They have also collected **information about 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 actor/partner list, the maps you have, and other resources about who is doing what and where.

Team Task: Two Outputs

1) 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.

Who	What	Where	for Whom

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



Day 2 Activity 3

PRSEA Accountability, Inclusion, Challenges

P(R)SEA: What, Who, Where

Watch: [6 min video](#)

(video in 40 languages)

- What are your thoughts about the video? What did you notice?
- What were the main themes you noticed in the video?

From:

https://interagencystandingcommittee.org/sites/default/files/migrated/2019-09/iasc_six_core_principles_relating_to_sexual_exploitation_and_abuse_sept_2019.pdf



Where do you report SEA in your context?



UNFPA Contact Info for Wrongdoing

Overview of Mechanisms for Reporting Wrongdoing

What to report allegation	Where to report	How to report wrongdoing
1. Proscribed practices (including fraudulent and corrupt practices)	- Director, OAIS - Or to Supervisor who then reports to Director, OAIS	Confidential helpline – only accessible by selected OAIS staff: - On www.unfpa.org, at the bottom of each page, click on “Report wrongdoing”; also available on each country office website - Click on the icon on the dedicated ‘audit and investigation’ page on the UNFPA website https://www.unfpa.org/audit-and-investigation); - Go directly http://web2.unfpa.org/help/hotline.cfm. <i>Note: the confidential helpline is available in the six official languages of the United Nations on unfpa.org and in the languages most widely spoken in the corresponding country office. Anonymous reporting is possible;</i> - Dedicated investigation hotline email address: investigationshotline@unfpa.org – only accessible by selected OAIS staff; In person at the OAIS office; By mail marked as “Confidential” to the Director, OAIS; - To the dedicated OAIS fax at +1 (212) 297 4938; or By telephone to the OAIS-dedicated voicemail at +1 (212) 297 5200.
2. Harassment, sexual harassment, abuse of authority, discrimination	Director, OAIS	Same as 1
3. Sexual exploitation and sexual abuse (SEA)	Director, OAIS	- Same as 1 - Allegations have to be reported to OAIS immediately!
4. Retaliation	Ethics Office	By email to Ethics.office@unfpa.org In person to the Ethics Office; By mail marked as “Confidential” to the Ethics Advisor.

Scenario: Who holds the Power?

The Scenario: A new Water/Sanitation (WASH) program manager from the local NGO Bellisma Acqua who works with people from the 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 sexual exploitation, but is not sure how, where, and to whom to report it to. They have asked for your help.



Inclusion & Exclusion

Included	Excluded
Normalised	Marginalised
Powerful	Vulnerable
Privileged	Left behind
Resourceful and Capable	

Team Task: PRSEA

The Task: The GBV manager knows this is sexual exploitation, but is not sure how, where, and to whom to report it to. They have asked for your help. In your Teams discuss the following questions:

- Is this part of our mandate?
- Is this important to achieve our SRH Coordination responsibilities?
- What is the role of the community in PSEA?
- Who is going to lead and take action if we don't?

Final Teams (w/assigned moderators)

Name Moderator: X X X X	Name Moderator: X X X X
Name Moderator: X X X X	Name Moderator: X X X X

Debrief Questions:

- 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 of dealing with PRSEA includes...
- Action steps I know I want to take within my SRH working group are...
- What I want to think about more...

Final Thoughts:

Power is about PERCEPTION linked to cultural context and norms such as:

- Age
- Gender
- Social status
- Economic status or wealth Job status
- Disability
- Race/nationality/ethnicity/tribal affiliation
- Religion

All of these factors connect to: **Perceived access** to control of resources.

Day 2 Activity 4

Developing & Presenting an SRH Terms of Reference

Creating and presenting a draft Terms of Reference for SRH coordination
working group

AKA responding to “Why do we need another meeting”

Where are my Resources for this Activity?

Folder Review

Facilitator(s) needs to either have a shared file drive with all handouts/files available there, or distribute handouts/files in paper copy for relevant activities

Scenario: Terms of Reference

The Scenario:

- Based on the SRH needs and assets you have identified, you recognize the urgent need to develop a OR and also a high level, rough draft workplan that you will share with a small group of partners for their inputs and feedback.
- However, you realize there is no standard TOR for this working group, nor is there a standing in-country working group scope of work that could be used as a foundation.

Team Task: Creating and Presenting the SRH Terms of Reference

- **The 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.

Role Play Options!

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 on the next slide and/or in the handout.
- Option 2: If there are 4 or more teams, separate into 2 groups of 2 teams each. 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.

Joint Role-Play Roles:

- **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 provincial hospital. They do 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.

This activity helps you practice:

Advocacy and Influencing (framework)

Push (logic)

Persuade using reason, logic, data, evidence

- “Evidence suggests that the XYZ intervention saves lives, decreases inequity, reduces suffering”

Pull (values)

Find and emphasize common values and agreement

- “Our common values are to support and protect, to preserve and uplift affected people... how might we do that?”
- “What solutions would be more acceptable to you?”
- “You don’t seem comfortable with the proposed solutions... please tell me what you think”
- Authenticity is key...PULL **will not work** if it is really an effort to “strong-arm” the other person/group.

PULL takes time

Move Away (time)

Temporarily step back from a situation when it has become unproductive

- Take more time to change the environment
- Test the other person’s willingness to continue or to do more preparation
- “I need some time to prepare alternatives. Can we follow up later with you on this issue?”

Final Teams

Name Moderator: X X X X	Name Moderator: X X X X
Name Moderator: X X X X	Name Moderator: X X X X

Day 2 Activity 5:

Estimating IARH Kits

90 minutes



Interagency Emergency Reproductive Health Kits

Revised 6th Edition (2019)

Note: the edition 7 of the Kit has been approved by the IAWG Steering Committee and will become available in 2025

Sexual and Reproductive Health in Acute Emergencies: MISP

The MISP (2018)

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP
1. **Prevent sexual violence and respond to the needs of survivors (Kit 3, 8, 9)**
2. **Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs (Kit 1,3,5,12)**
3. **Prevent excess maternal and newborn morbidity and mortality (Kit 2,6,8,9,10,11,12)**
4. **Prevent unintended pregnancies (Kit 3,4)**
1. Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector/cluster partners to address the six health system building blocks.

Note: It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

IARH Kits 6th Edition

Community Level/ Health Post Level - 10,000 people for 3 months		Color Code
Kit 0	Administration/training supplies	Orange
Kit 1	Male Condoms (B Female Condoms)	Red
Kit 2	Clean Delivery (A and B)	Dark Blue
Kit 3	Post-Rape Treatment	Pink
Kit 4	Oral and Injectable Contraceptives	White
Kit 5	Treatment of Sexually Transmitted Infections	Turquoise
Primary Health Care Facility (BEmONC) - 30,000 people for 3 months		
Kit 6	Clinical Delivery Assistance – Midwifery Supplies (A and B) ➤ 6A is equipment – calculate 1 kit 6A per BEmONC structure ➤ 6B is consumables – calculate 1 kit 6B/30,000 people/3 months	Brown
Kit 7	Intrauterine Device (IUD)	Black
Kit 8	Management of Complications of Miscarriage and Abortion	Yellow
Kit 9	Repair of Cervical and Vaginal Tears	Purple
Kit 10	Assisted Delivery with Vacuum Extraction	Grey
Referral Hospital Level (CEmONC) - 150,000 people for 3 months		
Kit 11	Obstetric Surgery and Severe Obstetric Complications (A and B) ➤ 11A is equipment – calculate 1 kit 6A per CEmONC structure ➤ 11B is consumables – calculate 1 kit 6B/150,000 people/3 months	Fluorescent Green
Kit 12	Blood Transfusion	Dark Green

Complementary Commodities

Level	Item	Format	To complement
Coordination	Kit 0: administration and training	Kit	All kits
Community/ health post	Kit 1B: female condoms	Bulk	Kit 1A
	Chlorhexidine gel	Bulk	Kit 2A
	Misoprostol ^a	Bulk	Kits 2A, 6B and 8
	Newborn Care Supply Kit (Community Newborn Kit) ^b	Kit	Kits 2A and 2B
	Depot medroxyprogesterone acetate (DMPA-SC)	Bulk	Kit 4
Primary health- care facility (BEmONC)	Kit 7A: intrauterine device	Kit	Kit 4
	Kit 7B: contraceptive implant	Kit	Kit 4
	Non-pneumatic anti-shock garment	Bulk	Kit 6A
	Newborn Care Supply Kit (Primary Health Facility Newborn Kit) ^b	Kit	Kits 6A and 6B
	Oxytocin	Bulk	Kits 6B and 11B
	Inter-Agency Emergency Health Kit (Basic and Supplementary Malaria Modules)	Kit	Kits 6B and 11B
	Mifepristone ^a	Bulk	Kit 8
	Hand-held vacuum-assisted delivery system	Bulk	Kit 10
Referral hospital (CEmONC)	Newborn Care Supply Kit (Hospital Kit) ^b	Kit	Kits 11A and 11B

Overview of Key Tools/Forms

IARH KIT Manual

- Details on the content of the Kits
- Guidance on Ordering
- Considerations for management
- Designed for use by UNFPA and external partners

IARH Kit Calculator (2019)

- Used at onset of emergency
- Calculator for determining an estimated IARH kit order for your target population
- Used for planning for and ordering supplies to implement the MISP services objectives
- Can support COs by disseminating, providing remote support on use and ensuring prompt use in an acute emergency

IEC Materials (2019)

- Materials developed to support use of supplies in the kits by practitioners and affected persons
- Used throughout a humanitarian response
- Used for clinical interventions
- Can support COs by disseminating translations and adaptations developed by other offices

Feedback Form

- Form to submit to PSB when there are quality issues with the kits
- Used when kits are received and inspected
- Can support COs by ensuring understanding of what should be received, and encouraging reporting of issues

Ordering Form

- Form to submit to PSB and HO with order and distribution plan
- Used when ordering IARH Kits
- Can support COs by ensuring orders are rational and complete

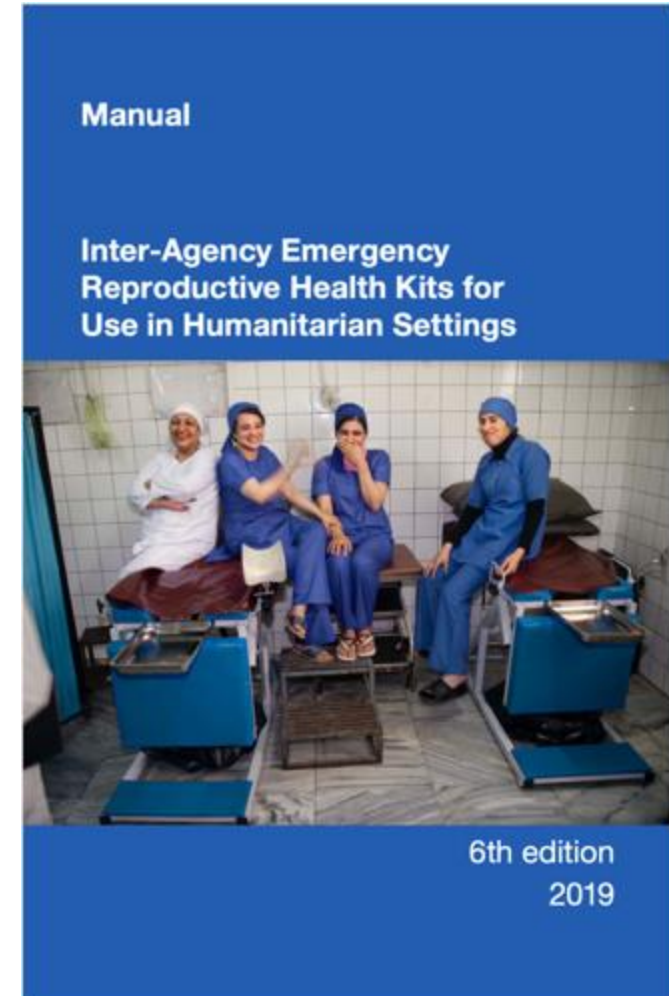
Not directly IARH kit related but often confused with IARH kit calculator

MISP Calculator (2019)

- Calculator for determining population data related to MISP service objectives for your target population
- Used at onset of emergency
- Used for programming, fundraising and planning
- Can Support COs by disseminating and providing remote support on use

IARH Kit Manual

- Provides overview of major changes
- Includes guidance on MISP supplies not included in the kits (e.g. ARVs)
- Increased references to quality assurance, cold chain and controlled substances
- Includes entire section on basic downstream management of the kits
 - Arrival
 - Storage, warehousing and transport
 - Last mile delivery
 - Monitoring and follow up
 - National prepositioning
- Includes all core kits and complementary commodities
 - Complementary commodities include guidance on forecasting for orders
- Provides three examples of sample orders with explanations
 - Example 1 is for an acute internal displacement as a result of conflict in a rural area.
 - Example 2 is for an acute displaced population who are migratory across a border(s).
 - Example 3 is for an acute displaced population in a refugee camp setting.



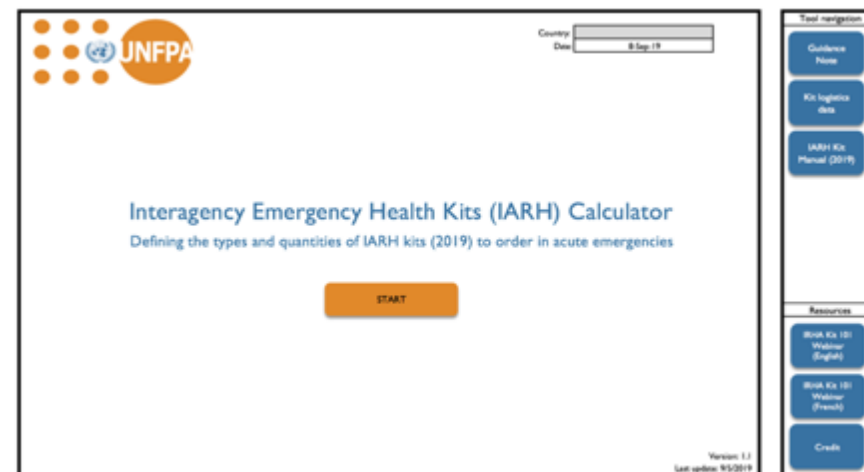
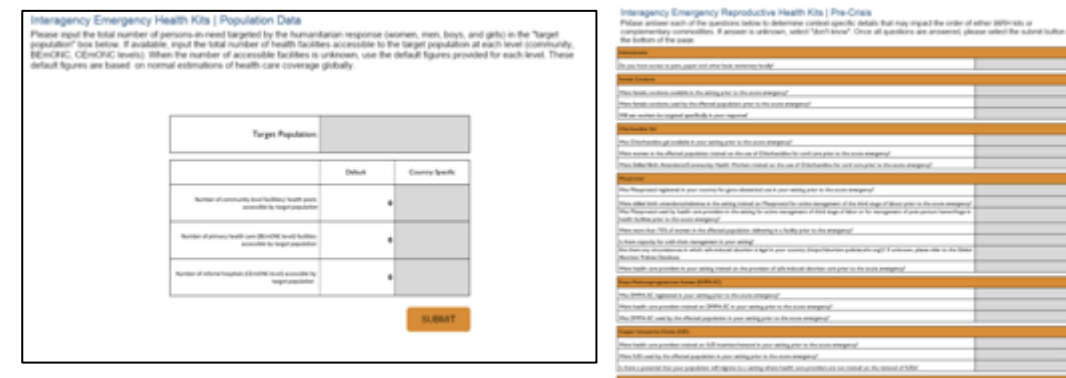
Ordering Kits - Determining Need

Information needed to order

- Target Population Coverage
- Number of Community, BEmONC and CEmONC facilities
- Any pre-crisis information
- Understanding what other SRH partners need/ are planning to procure

How to determine order

- Use the IARH kit Manual and calculator to support in determining supply needs
- Coordinate within SRH working group to determine who will fulfill what needs (and any gaps)
- Ensure funding for the IARH kits, downstream logistics and monitoring is included in funding proposals (inc. CERF and EF)
- Calculate order based on UNFPA IP needs and needs for others within SRH working group
- Orders should be submitted and approved by HO before PSB can process requests



No Product, No Programme

Team Task:

Supplies Estimates, Ordering, and Recommendations

The Task: The 4 groups will review the case study, the resources in their packets and make an assessment and recommendation about the kits needed.

1. Propose a hypothesis for any information you find missing and need to calculate the kits.
2. Run the Kit calculator based on available data and you proposed assumptions (hypothesis) - Take a screenshot and share with your moderator
3. Propose up to three adjustment you consider making to the calculated kits and cc items and explain the rationale
4. Present on a flipchart (USE ONLY ONE FLIP CHART PAPER!!!!)

Solution and discussion: Kit calculation (1/2)

Interagency Emergency Reproductive Health Kits | IARH Kits and Complementary Commodities Estimated Order Quantities

For external orders, please download the external customer order form and fill in your final order to be sent to UNFPA PSB. For internal UNFPA orders, please download the order form from the UNFPA procurement portal. Use the kit estimates below to fill your order forms.

Total Kit Order			
Product ID	Product Description	Quantity	Message
Kit 1A	Male Condoms	15	
Kit 2A	Clean Delivery Kits (Individual)	15	
Kit 2B	Clean Delivery Kits (Attendant)	15	
Kit 3	Post-Rape Treatment	15	
Kit 4	Oral and Injectable Contraceptives	15	
Kit 5	Treatment of STIs	15	
Kit 6A	Clinical Delivery Assistance - Midwifery Supplies; Reusable	5	
Kit 6B	Clinical Delivery Assistance - Midwifery Supplies; Disposable	7	
Kit 8	Management of Complications of Miscarriage and Abortion	3	
Kit 9	Repair of Cervical and Vaginal Tears	3	
Kit 10	Assisted Delivery with Vacuum Extraction	3	
Kit 11A	Obstetric Surgery and Severe Obstetric Complications; Reusable	2	
Kit 11B	Obstetric Surgery and Severe Obstetric Complications; Disposable	2	
Kit 12	Blood Transfusion	2	

Complimentary Commodities			
Product ID	Product Description	Quantity	Message
Kit 0	Administration and Training	0	
Kit 1B	Female Condoms	0	
CHXIARH	Chlorhexidine gel	0	
MISOIARH	Misoprostol	0	
DMPA-SCIARH	Depot-Medroxyprogesterone Acetate Sub-Cutaneous	0	
Kit 7	Intrauterine Device (IUD)	0	
Kit 7B	Contraceptive Implant	0	
NPASGIARH	Non-Pneumatic Anti Shock Garment	0	
OXYIARH	Oxytocin	0	Due to lack of cold chain capacity, consider procuring misoprostol for
MIFEIARH	Mifepristone	0	
VADIARH	Hand Held Vacuum Assisted Delivery System	0	
IEHK Malaria B	Interagency Emergency Health Kit Malaria Module Basic	17	Before ordering, consider coordinating with other health partners to see if
IEHK Malaria S	Interagency Emergency Health Kit Malaria Module Supplementary	9	the commodities are already available.

Tool navigation
Main Menu
Back
Kit Logistics Data
Guidance Note
Order links & Save Options
Internal UNFPA Order Form
External Order Form
IARH Kits Distribution Plan
Save Order Sheet as PDF
Save Completed Form

Solution and discussion: Kit calculation (2/2)

1. Additional need for CEmONC - potential need for an upgrade of BEmONC to CEmONC, consider additional equipment and consumables for 1 second CEmONC
2. 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 is available of Mifepristone, thus we will not include it.

As a reminder--- you can use 3/4 Ws to plan: Who
What Where (and How) you will distribute the kits

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

Day 2

Recap, Accountability and Daily Evaluation

Accountability & Safety* Buddy

1. Write one thing from today's activities that you may integrate into your work.
2. Pick a Buddy and tell them your one thing.
3. Ask your Buddy if s/he is safe and felt comfortable during the day?

Option One: Evaluation questions

- Today I learned:
- Today I re-learned:
- Today I discovered:
- Today I realized:
- Today I was disappointed:
- Today I was surprised:

Option Two: Evaluation 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:

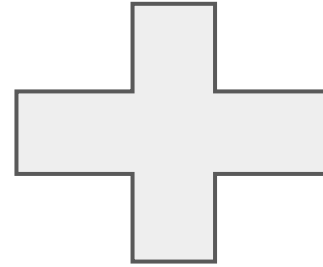
Day 3

Day 3 Activity 1

Review, Reflect, and Recap

What did we learn from Daily Eyes and Ears Volunteers?

Participatory Monitoring/Evaluation



Evaluation questions:

Today I learned

Today I re-learned

Facilitator(s) need to update to share evaluations from Day 1

Evaluation questions:

Today I discovered

Today I realized

New way of coordination

*The Tuckman's Team work needs
Team Group Model just to be guided*

SRH WG Similar expectations & motivation among

Different ways participants to attend this training

of appro

pro

Facilitator(s) need to update to share evaluations from Day 1

How lucky I was to be selected for this training

Not to ignore PRESENTATION IN THE PLENARY THE SUMMARY OF
MISP Calculator COORDINATION ON OUR GROUP (TEAM RESUME/CV)

USE OF DATA FOR

RESOURCE MOBILIZATION AS A MEANS OF EVIDENCE

**The team work is very important to
finish things within the time frame**

Importance to be
focused on the HR
thematic when
you are doing the
4W exercises

ME MISSED THE MISP CHECKLIST IN OUR IMPLEMENTATION

We can do more in reaching the vulnerable in SRH

Many new and great colleagues

Importance **Team Work** The power
of SRH WG How we can achieve more with
support from this training of team work

*I know more
than I think I do* COORDINATION CAN BE DONE IN A
BETTER WAY; EASIER WAY
The competencies and strengths that we have as a group

High Level Agenda: Day 3

- Adolescent SRH problem solving and coordination
- Values clarification #1
- HIV & STI response coordination
- Values clarification #2

Icebreaker: Human Bingo

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

Day 3 Activity 2

Adolescent SRH-Contraception

Scenario: Adolescent SRH

The 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:

The 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.

Plenary Discussion Questions:

- Shares some initial strategies to improve access for adolescents?
- Identifies the partners who should be involved including who will lead and support?
- What policies, standards, or protocols may hinder or support adolescent access to contraception?
- Anything else?

The power of 5 Why's

The 5 Whys method is a powerful and straightforward approach to root cause analysis used in Quality Improvement approaches.

**A toddler in their "why"
phase makes you realize how
little you know. 🤔😂😂😂**



Five Why's

Problem Statement	One Sentence Description of the Problem
Why?	
Why?	
Why?	
Why?	
Why?	
Root Cause(s) 1. 2. 3.	To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

3 Ws to plan: Who What Where

What (actions to take)	Where (to take those actions)	Whom (what partners)

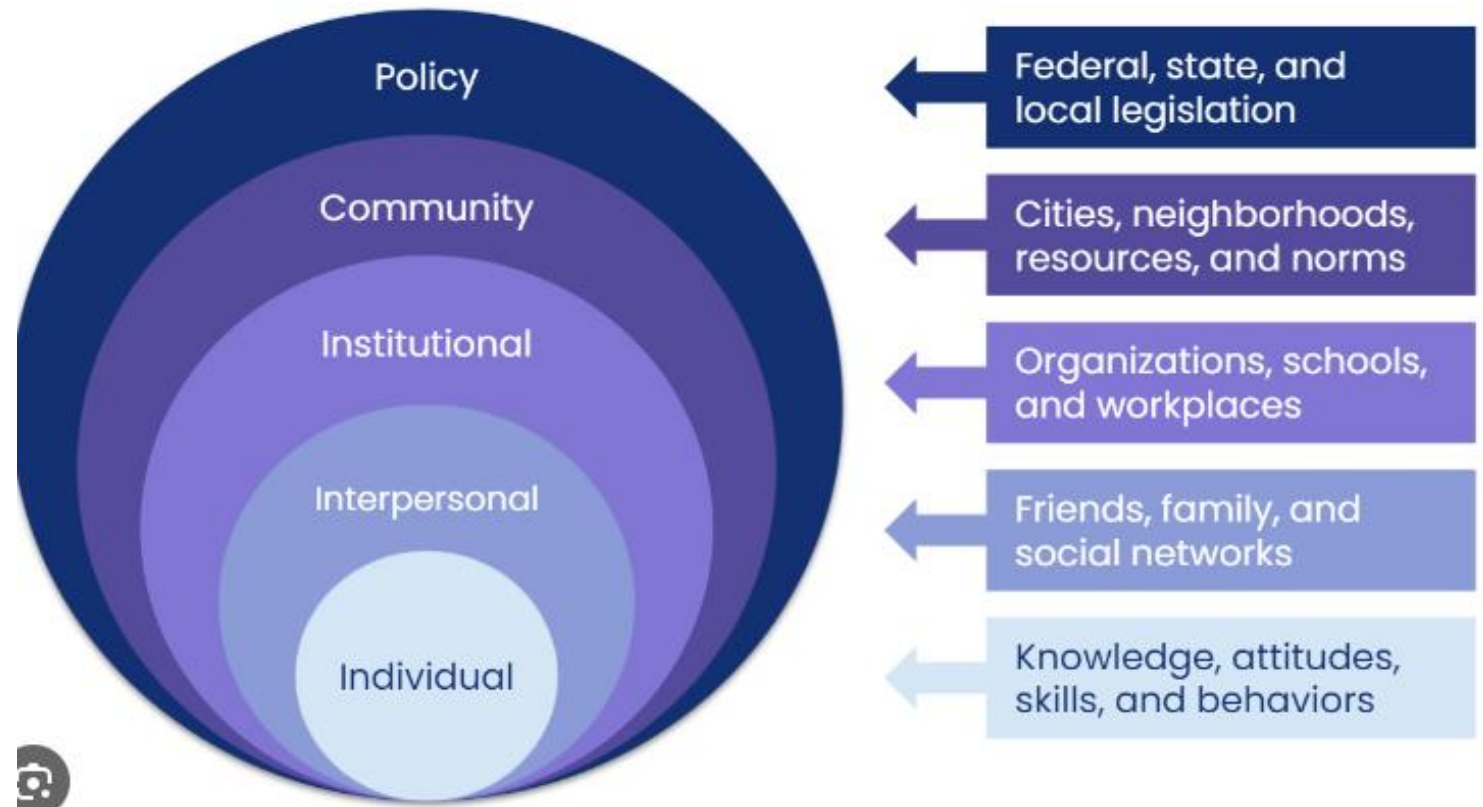
Day 3 Activity 3

**GBV Values Clarification:
Blanketed by Shame and
Empowered by Support**

Blanketed by Blame: Empowered by Support

Maya's Story:

(**Trigger Warning:** This exercise talks about violence, specifically violence within families and between partners)



Day 3 Activity 4:

GBV Coordination

Scenario: GBV Coordination

The 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, and 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: SRH-GBV Coordination

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 GBV AoR.

Final Teams

Name

Moderator:

X
X
X
X

Name

Moderator:

X
X
X
X

Name

Moderator:

X
X
X
X

Name

Moderator:

X
X
X
X

Day 3 Activity 5:

The Night Market

Scenario: The Night Market

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 put out makeshift tables, propane tanks, and grills. 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. There are reports of people engaging in transactional sex in/around the night market.

Team task: The Night Market

The Task: Break into your teams and 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.

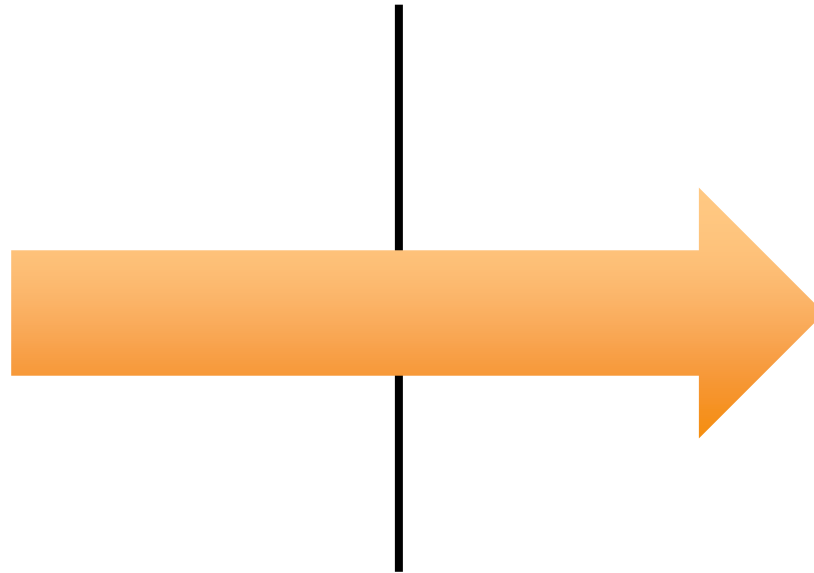
- What are the health risks that you are most concerned about in this scenario?
- Who are the most vulnerable people (match them with the risks identified in question 1)?
- What are some strategies to tackle the risks that you have noted?
- Who might be potential partners that could address this?
- How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

Day 3 Activity 6:

Crossing the Line

Trigger Warning: This exercise may raise strong emotions and feelings—please free to step away without an explanation

Cross the line



An example:
Cross the line if...

**You ate bread with breakfast
this morning.**

Cross the line if...

**You were raised to believe that
abortion should not be openly
discussed**

Cross the line if...

You have ever heard a friend or family member talking in a negative manner about people who have had abortions.

Cross the line if...

**You have been asked to keep
someone's abortion a secret.**

Cross the line if...

**You or someone close to you
has had an induced abortion.**

Cross the line if...

**You are committed to
addressing all the main causes
of maternal death, including
unsafe abortion.**

Cross the line if...

You believe we can discuss the topic of abortion respectfully, even if we have different experiences and beliefs.

Day 3

Recap, Accountability and Daily Evaluation

Accountability & Safety Buddy

1. Write down one thing from today's activities that you might integrate into your work. Tell your Buddy.
2. Ask your Buddy if s/he is safe and felt comfortable during the day?

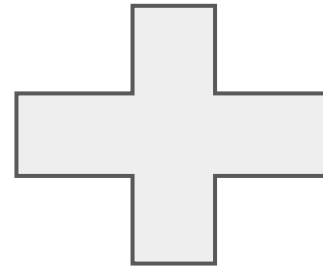
Option One: Evaluation questions

- Today I learned:
- Today I re-learned:
- Today I discovered:
- Today I realized:
- Today I was disappointed:
- Today I was surprised:

Option Two: Evaluation 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:

Daily Eyes and Ears Volunteers: Participatory Monitoring/Evaluation (10 min)



Day 4

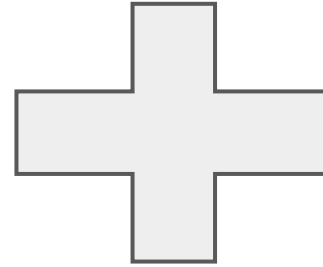
Day 4 Activity 1

Review, Reflect, and Recap

30 minutes

What did we learn from Daily Eyes and Ears Volunteers?

Participatory Monitoring/Evaluation



Day 3 Evaluation Questions

Today I Learned

Today I Relearned

Kits How to use the MISB calculator
procurement Fun recap How to calculate
planning for the day storage containment
POPULATION BASED PLANNING TOP LEVEL SRH USE

Using the IARH
Kit Calculator PSEA PRINCIPLES
PUBLIC

Facilitator(s) need to update to share evaluations from previous day

TO ADJUST THE QUANTITIES Kits calculator Health Cluster
Coordinator
Tools and strategies to send key messages that THE KITS CALCULATOR IS NOT
come across in the negotiation in the AN ABSOLUTE TOOL TO GIVE THE NUMBER
prioritization of establishing the SRH group OF KITS NEEDED AND SHOULD BE
IARH Kits calculator & flash appeal DISCUSSED WITH OTHERS
5 WHYS AND THE USE Need to prepare a pitch for SRH advocacy. Better to have a
OF ADVOCACY AND INFLUENCE prepared pitch in advance and adapt it as needed
FRAMEWORK The why to the root cause

IARH Kit Calculator MEETINGS PRSEAH IARH KITS
How to advocate It is important to ask the 5 Whys
for programming in order to get to the root cause of
ZERO TOLERANCE FOR SEA the problem
The IARH Kit Use of the RHL Kits
Calculator Tool IARH Kit Calculator

Day 3 Evaluation Questions

Today I Discovered

Today I Realized

Exercise about clarification of values on GBV
THE CHALLENGES OF
SRH PROGRAMMING IN
DIFFERENT CONTEXTS
Context specifics for the
acquisition of RH Kits
New update on IARH manual

Strategy of working with adolescents
Although we come from different
countries and cultures, we deal
How to
Brief precise points

Facilitator(s) need to update to share evaluations from previous day

ELICITING BUT CHALLENGING AS WELL
TO FUND WITH RESOURCES
Need for GBV remits
Collective approach to
make changes in life
saving SRH activities for
people in need
vulnerabilities
A NUMBER OF COUNTRIES ALSO HAVE
ISSUES OF UNUSED/WASTED KIT CONTENTS
The new IARH Kit
document is validated and
coming in 2025
There is a lot of commonalities in country contexts

WITH THE HEALTH CLUSTER TO
CONSIDER SRH AS VITAL / LIFE
SAVING ACTIVITIES UNDER HEALTH
I need to revisit my SRH
coordination work
Team work
It is important
to focus on
adolescents
ADOLESCENTS IN SRH IN
EMERGENCIES CONSIDERING
THE VULNERABILITIES OF THE
GROUP
Contribution to the work in the group
There is more need for MISP refresher for
coordinators tool

Day 3 Evaluation Questions

Today I was Disappointed

Today I was Surprised

Time flies
That some

SEVERAL OF THE
PEOPLE SPEAK SOME
SPANISH AND I WANT

**That there is a lot to
learn through the
plenary discussions**

Facilitator(s) need to update to share evaluations from previous day

really participating
**That I missed the
earlier sessions**

*Maya
Story*

living resource
**Delay in implementing
RH Kits - think of
innovative solutions**

Optional icebreaker

- Participant energizer or icebreaker here

Day 4 Agenda

- Ensuring access to expanded SRH services
- Tackling burn-out with self-care
- Rapid monitoring activity and optional additional QI tasks
- Resource mobilization #2: independent work

Day 4 Activity 2: Safe Abortion Care: Myths and Action



The case for abortion in humanitarian settings

Adapted from:

IPAS Toolkit

McGinn, T., & Casey, S.E. (2016). Why don't humanitarian organizations provide safe abortion services? *Conflict and Health*, 10(8).

<https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0075-8>

Safe abortion is usually unavailable
to women in humanitarian settings



4 myths prevent safe abortion provision in humanitarian settings

1. There is no need
2. Abortion is too complicated to provide in crises
3. Donors don't fund abortion services
4. Abortion is illegal in these settings

Myth #1: There is no need

Fact: There IS a need

In humanitarian settings:

- Collapse of health systems means reduced access to emergency obstetric care, family planning, and postabortion care (treatment for complications of unsafe abortion)
- Women are at greater risk of sexual violence, which can lead to more unintended pregnancies and unsafe abortions



Myth #2: Abortion is too complicated

Fact: Abortion care is simple

- Induced abortion is a very safe medical procedure, according to WHO
- Mid-level providers can safely provide manual vacuum aspiration (MVA) and medical abortion
- MVA and misoprostol are available in specific reproductive health kits

Myth #3: Donors don't fund abortion

Fact: Many donors **DO** fund abortion care

- Many Bilateral and foundation donors do fund safe abortion care (e.g. Norway, Sweden, Netherlands, others)
- The U.S. government **DOES** always fund **post**abortion care



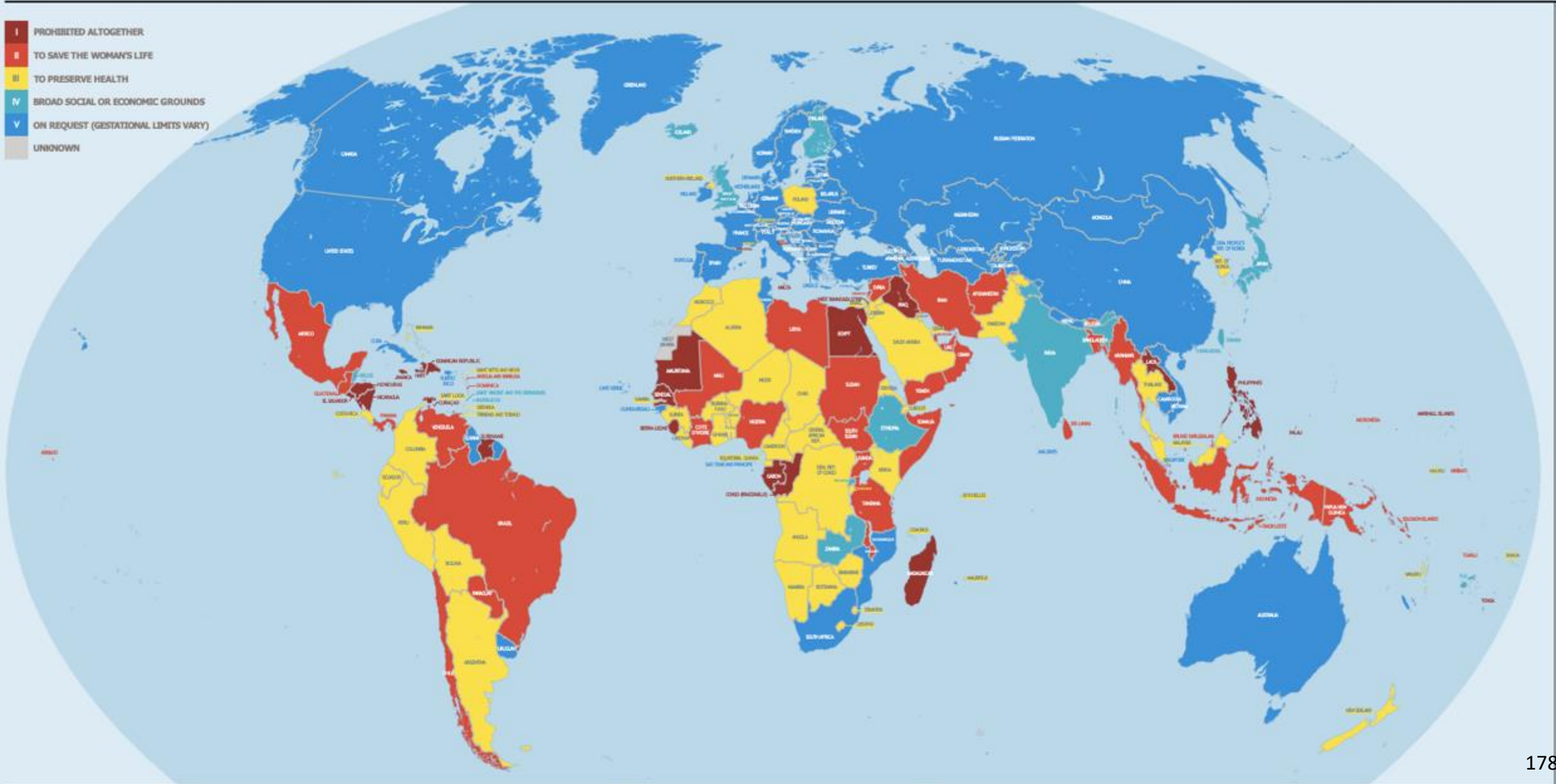
Myth #4: Abortion is illegal

Fact: Abortion is legal under some circumstances in most countries

Indications for legal abortion	To save a woman's life	To protect a woman's physical health	To protect a woman's mental health	Cases of rape or incest	Cases of fetal impairment	Economic or social factors	On request
Number of countries	190	132	126	99	91	69	58

International agreements support access to safe abortion for survivors of rape. Such agreements include: the Geneva Convention, Article 3; UN Security Resolutions 2106 and 2122; and the Maputo Protocol.

World Abortion Laws 2019



REVIEW: Reasons why safe abortion is not provided in humanitarian settings

Reason	True	False
There is no need		✓
Abortion is too complicated		✓
Donors don't fund abortion		✓
Abortion is illegal		✓

What can humanitarian agencies do?

- Question the reasons safe abortion is not provided
- Promote accurate language and discussion about abortion
- Provide safe abortion care with non-U.S. government funds
- Promote health and human rights by providing safe abortion in the many places and circumstances in which it is permitted



10 steps to start or expand safe abortion programming

1. Have frank discussions
2. Develop and disseminate an internal policy
3. Create a plan
4. Develop standardized messages
5. Analyze relevant laws and identify entry points

Source: Inter-Agency Working Group (IAWG) on Reproductive Health in Crises
<http://iawg.net/resource/safe-abortion-care-10-steps-startingexpanding-programming/>

10 steps, continued

6. Discuss legal context
7. Conduct values clarification
8. Consider opportunities
9. Identify local safe abortion care champions
10. Build safe abortion care clinical and management capacity

Source: Inter-Agency Working Group (IAWG) on Reproductive Health in Crises

<http://iawg.net/resource/safe-abortion-care-10-steps-startingexpanding-programming/>

Practice: Inclusive and Effective Communication is an ART (framework)

Active awareness:

- Check your bias and your ego
- recognize style and culture differences
- process your perceptions

Respond respectfully:

- active listening-listen with curiosity not with judgement
- ask open ended questions
- acknowledge without necessarily agreeing

Troubleshoot together:

- share your perspective in a non-confrontational type of way
- make sure everyone's needs are addressed
- end on a positive note

Practice:

Advocacy and Influencing (framework)

Push (logic)

Persuade using reason, logic, data, evidence

- “Evidence suggests that the XYZ intervention saves lives, decreases inequity, reduces suffering”

Pull (values)

Find and emphasize common values and agreement

- “Our common values are to support and protect, to preserve and uplift affected people... how might we do that?”
- “What solutions would be more acceptable to you?”
- “You don’t seem comfortable with the proposed solutions... please tell me what you think”
- Authenticity is key...PULL **will not work** if it is really an effort to “strong-arm” the other person/group.

PULL takes time

Move Away (time)

Temporarily step back from a situation when it has become unproductive

- Take more time to change the environment
- Test the other person’s willingness to continue or to do more preparation
- “I need some time to prepare alternatives. Can we follow up later with you on this issue?”

A large group of women and children, many in traditional head coverings, looking towards the camera. The women are dressed in various styles of headscarves and veils, including black, white, yellow, and green. Some are holding infants. The children are of various ages, some looking directly at the camera while others look slightly away. The background is slightly blurred, showing more people and a wooden pole on the right side.

Thank you!

Day 4 Activity 3:

Safe Abortion Care to the Full Extent of the Law Scenario

Scenario: Safe Abortion Care

Scenario: After you have successfully developed a SOW 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 Bellissima 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.

Team task: Safe Abortion Care

The Task. Because you are familiar with the MISP guidance on “other priorities”, you recognize the responsibility the SRH Working Group has to 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:

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

Role Play Options!

Have each team present to the HCC via role play, there are different options for this Role Play depending on the number of facilitators and how the facilitator prefers to run it.

- ***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.

Practice: Inclusive and Effective Communication is an ART (framework)

Active awareness:

- Check your bias and your ego
- recognize style and culture differences
- process your perceptions

Respond respectfully:

- active listening-listen with curiosity not with judgement
- ask open ended questions
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Troubleshoot together:

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Practice:

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- Authenticity is key...PULL **will not work** if it is really an effort to “strong-arm” the other person/group.

PULL takes time

Move Away (time)

Temporarily step back from a situation when it has become unproductive

- Take more time to change the environment
- Test the other person’s willingness to continue or to do more preparation
- “I need some time to prepare alternatives. Can we follow up later with you on this issue?”

Day 4 Activity 4: Self Care

Tackling Burn-out Through SELF-CARE

- Putting on our oxygen mask first
- Taking a moment now to drop into our bodies after talking about and living through a traumatic scenario: Box breathing exercise



1 Minute Box Breathing Exercise

to acknowledge the work is a lot and the session was a lot

<https://www.youtube.com/watch?v=n6RbW2LtdFs>



Statistics on burnout

50% of providers who are dealing with traumatized people say they feel affected and 30% said that this even interferes with their life.

These effects are exacerbated in 30% of professionals who have already suffered trauma in childhood (Adverse Effects Trauma in Childhood).

(Brady et al. 1999; Figley 1995; Kohlenberg et al 2006)

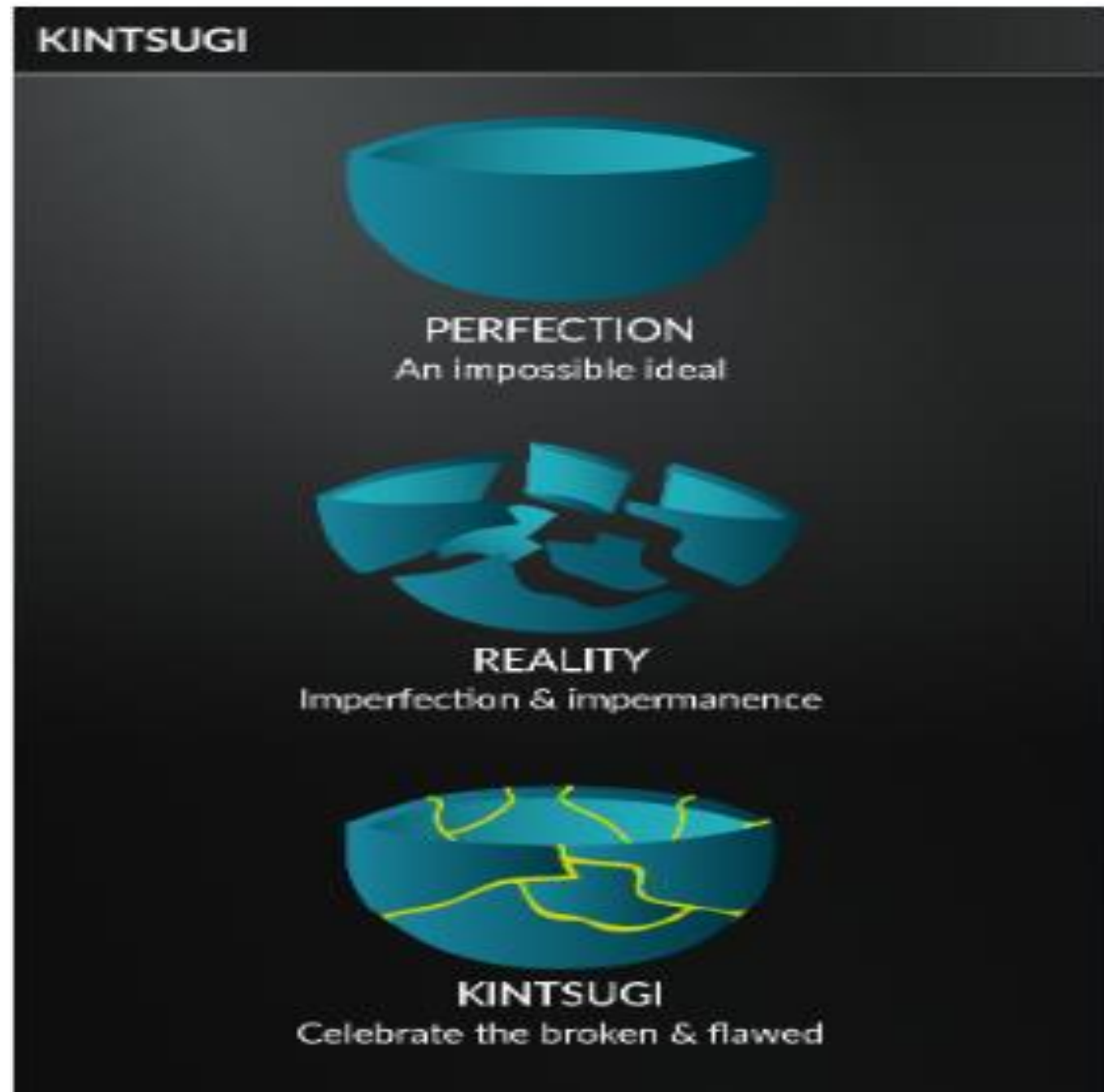
What is your language of self-care? Where are you?

8 types of Self Care: Share on WhatsApp!



Kintsugi (or Kintsukuroi)

The art of healing and resilience?

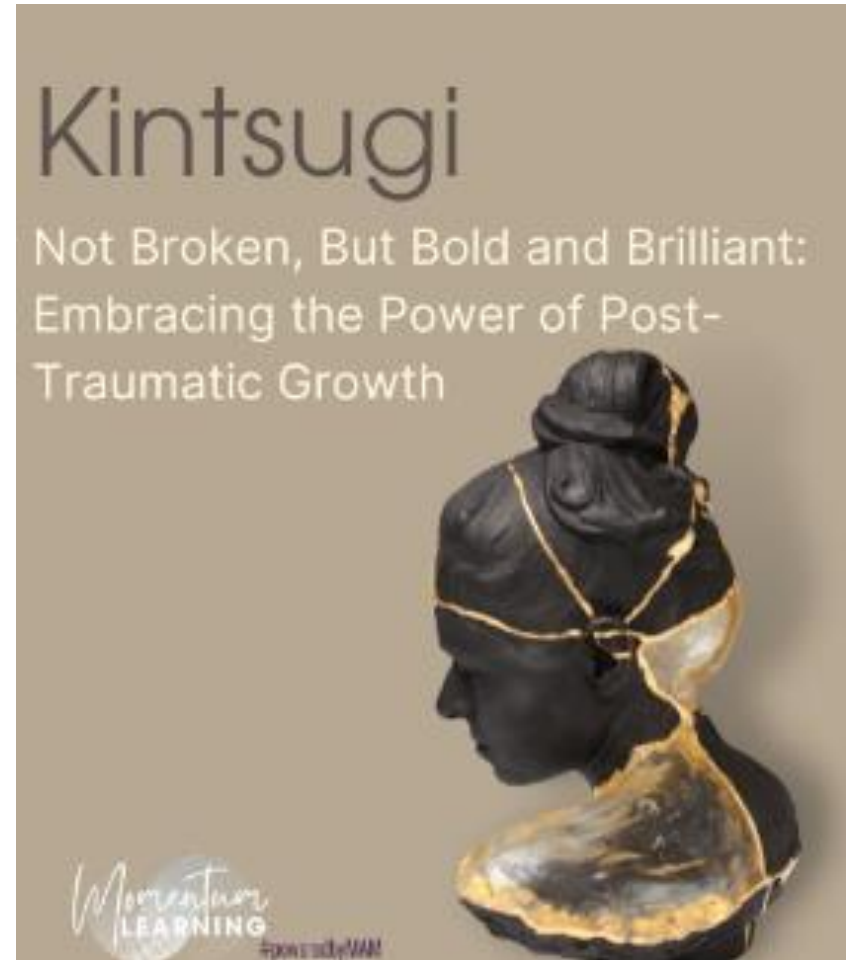


KINTSUKUROI



"to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken.

The Power of your Support for Each Other



Day 4 Activity 5: Rapid Monitoring of the MISRP

Scenario: How are we doing and what else is needed?

The Scenario : The crisis in Novaland has now been 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.

MISP Checklist as Quality Improvement

MISP CONSIDERATION CHECKLIST

PURPOSE

This document includes key considerations for adapting MISP activities during the preparedness and response phases of the COVID-19 pandemic. It is meant to serve as a companion document to the [IAWG programmatic guidance for SRH in humanitarian and fragile settings during COVID-19](#). Users of this document should carefully consider context, stage and progression of the pandemic. It is important to recognize that the COVID-19 situation will be a bi-directional process, moving in different directions between epidemic phases (rather than in one direction). Therefore, program implementers must be ready to constantly monitor, adjust, move forward, and quickly reverse processes depending on the disease transmission patterns, and how they change as a result of the shifts in Government implemented measures. However, it is important to remember that SRH services at the facility level should remain accessible to the greatest extent possible. This should be complemented by community-based and/or remote service delivery options including options for self-care, where feasible, particularly in situations where access to facilities will not be possible.

ACRONYMS

3Ws: Who does what and where
PPE: Personal Protective Equipment
MOH: Ministry of Health
WHO: World Health Organization
SOGIESC: Sexual Orientation, Gender Identity and Expression and Sex Characteristics
HRP: Humanitarian Response Plans
CMR: Clinical Management of Rape
CHW: Community Health Workers
EC: Emergency Contraception
PLHIV: People living with HIV
PEP: Post-exposure prophylaxis
ARV: Antiretrovirals

MISP OBJECTIVE	PREPAREDNESS CONSIDERATIONS	RESPONSE CONSIDERATIONS	ACTIONS/CHANGES NEEDED	STATUS
COORDINATION	Participate in SRH Sub-working Group (SWG)/Technical Working Group; health cluster and COVID-19 task teams. Determine remote meeting method/virtual platform capabilities. Include representation from community groups.	Shift ongoing coordination efforts to virtual platforms, where feasible and ensure continued participation.		
	Advocate and mainstream SRH into national/district/local COVID-19 action/contingency plans in line with the MBP as outlined here and in the IAWG programmatic guidance.	Activate MBP/SRH adaptation plans within the framework of pandemic (COVID-19) planning.		
	Calculate SRH supply needs, procure and pre-position RH supplies or kits using MISP calculator and develop distribution plans including for hardest to reach locations.	Support distribution of RH supplies or kits and ensure clear reporting on supplies to avoid stock outs. Participate in relevant coordination mechanisms (i.e. logistics cluster, health cluster, COVID-19 coordination body) to troubleshoot bottlenecks related to importation and distribution to ensure continued access to supplies.		
	Calculate Personal Protective Equipment (PPE) needs applying PPE conservation strategies; procure and pre-position PPE.	Work with MOH, UNFPA, WHO and SRH SWG to ensure SRH health providers have relevant PPE to support continuity of services (in line with rational use of PPE and the COVID-19 humanitarian response plan).		
	Determine with communities and partners about how to inform (radio, SMS, megaphones, whatsapp hotlines) communities including often marginalized populations (adolescents, people with disabilities, SOGIESC, sex workers) about the adaptation plans and specifically where and how to access services and supplies.	Work with CHWs, community leaders, youth groups and community groups to regularly update communities on where/when/how to access different SRH services and changes to services as they happen; utilize modified approaches for information sharing (megaphones, SMS, whatsapp, hotlines in addition to small group meetings that follow guidelines on physical distancing, hand and hygiene practices where feasible).		
		Maintain and circulate 3Ws (Who does what and where) every two weeks, given the likely changes to locations of service availability.		
	Establish links with COVID-19 isolation and treatment centers, if planned.	Maintain links with COVID-19 isolation and treatment centers where established.		
	Plan to ensure Humanitarian Response Plans (HRPs) and funding proposals are updated to include SRH needs.	Update funding proposals to include SRH needs.		

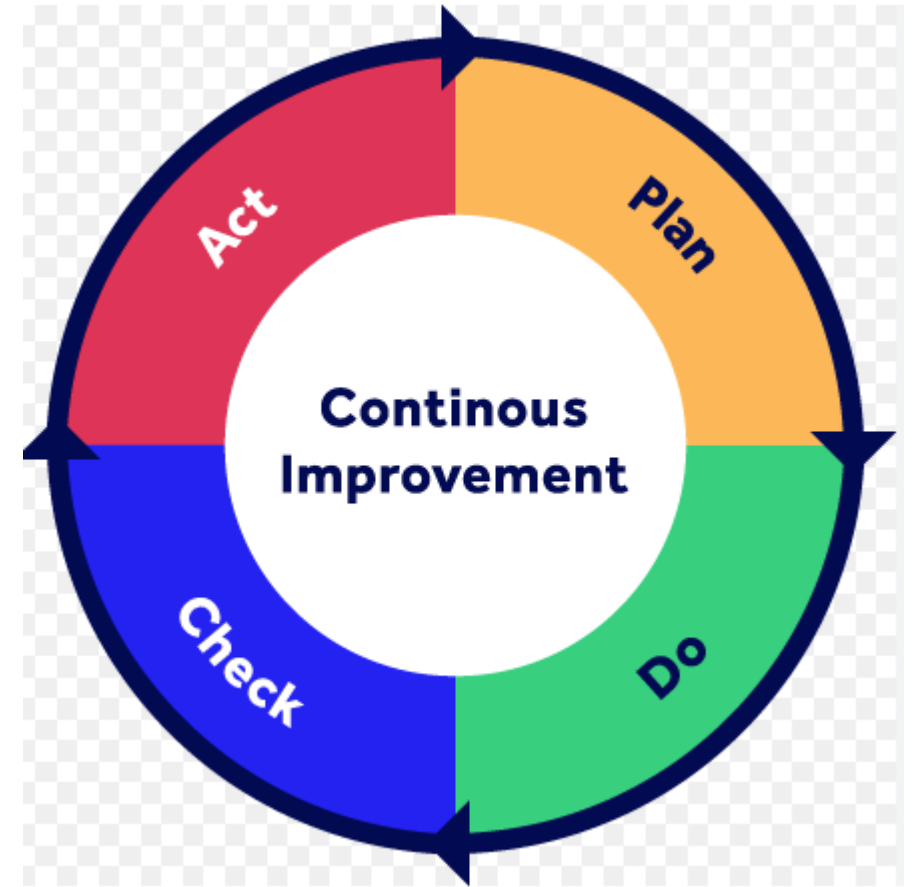
Trying out Changes

- Once we have identified a small number of interventions that we think would help us reach our target, we want to find out if this will indeed be the case.
- This is commonly done through the so-called PDSA (Plan-Do-Study-Act) Cycle.
- Consider the following example: *Increase access to LARC*
- Before initiating a PDSA cycle we want to have clear answers to the following questions:

- Key MISIP 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 MISIP 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?

Principles of QI

- Internal team approach (with external support)
- Focus on processes
- Data Driven
- Customer focus
- Continual improvement

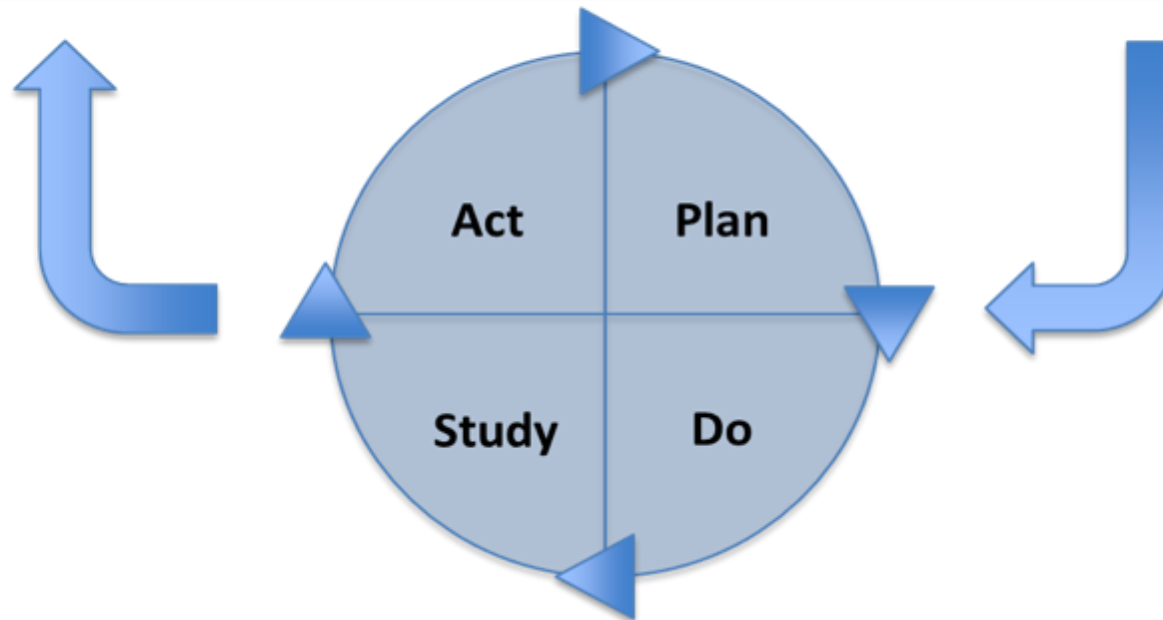


PDSA Cycle

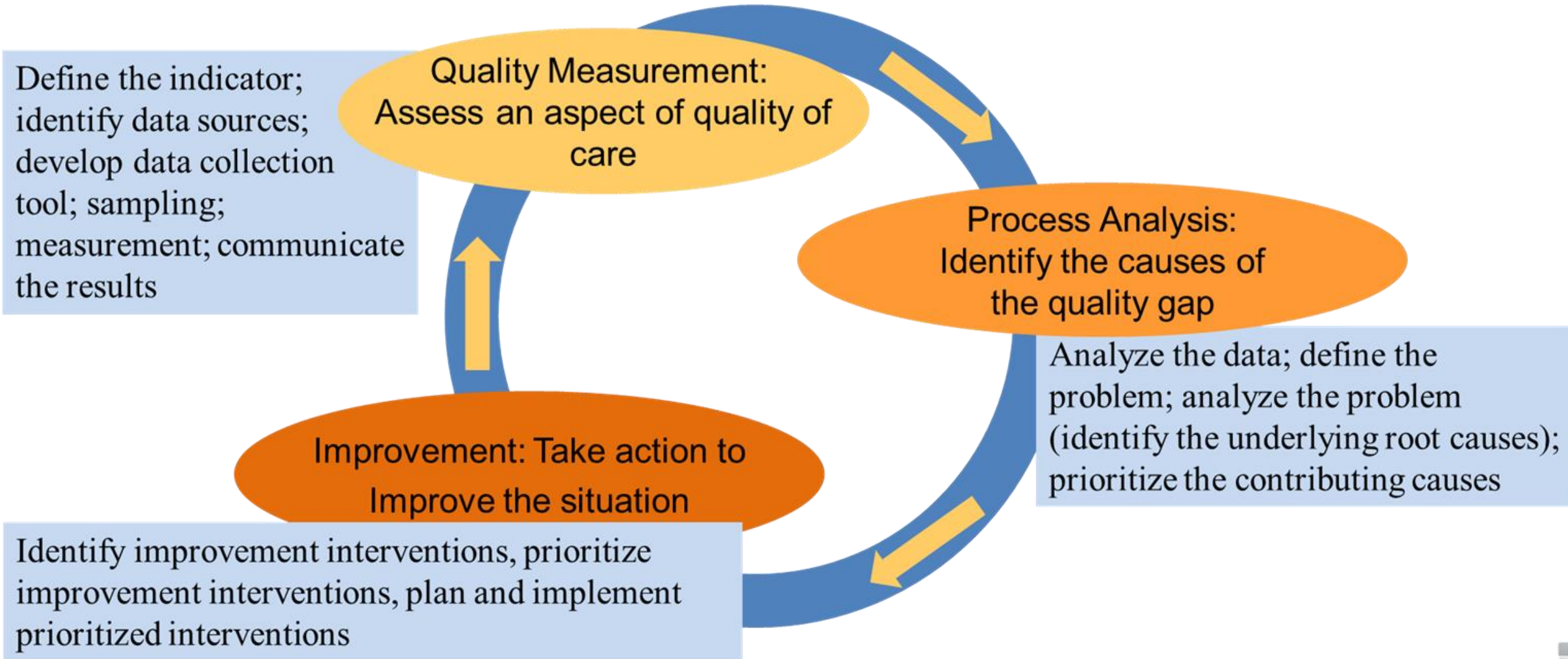
What do we want to achieve?

What changes could we make that would result in an improvement?

How will we know that the change resulted in an improvement?



Steps in the Improvement Cycle



Day 4 Activity 6: Resource Mobilization (Part 2)

A large, faint watermark of the Flash logo is visible on the left side of the slide, featuring concentric circles and a central figure.

Flash Appeal Proposals

Global Humanitarian Funding Mechanisms

2. Central Emergency Response Fund (CERF)

- Developed **simultaneously** with **Flash Appeal** as part of the same process
- Flash is a planning instrument
- **CERF is a funding** instrument
- For **rapid response** & **underfunded** emergencies
- **CERF is for interventions which meet life-saving criteria**

= MISP

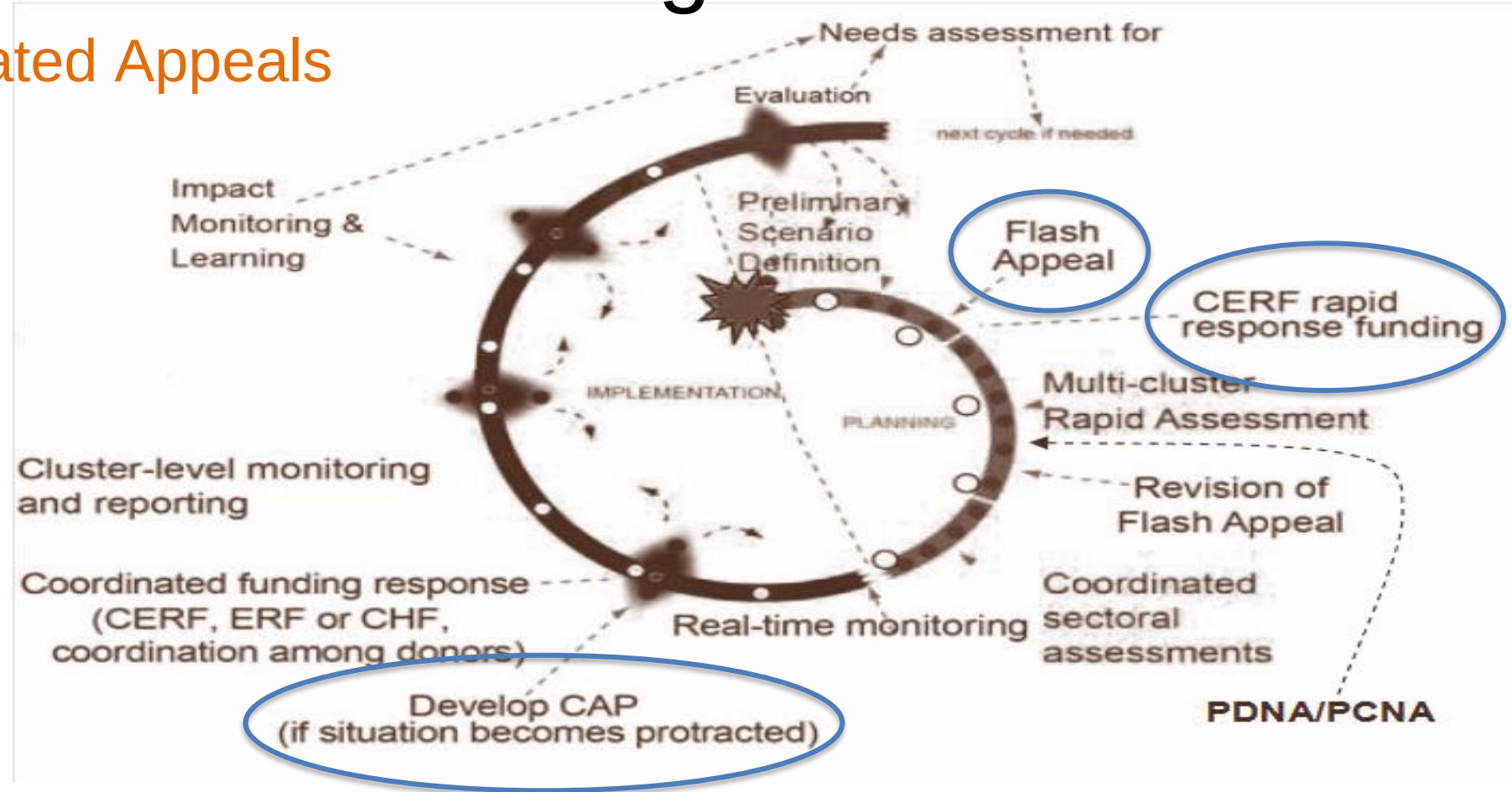
**Ensure SRH Coordinator Includes
MISP Project Proposals**

Global Humanitarian Funding Mechanisms

3. IASC Consolidated Appeals Process (CAP)

CAP

If an emergency continues for more than 6 months



https://www.unocha.org/sites/unocha/files/CAP_2011.pdf

Ensure SRH Coordinator Includes
MISP Project Proposals

Global Humanitarian Funding Mechanisms

4. Country Based Pooled Funds

- Established at country level
- Managed locally under Humanitarian Coordinator
- Support highest-priority projects of best-placed responders

Global Humanitarian Funding Mechanisms

Tips on accessing global humanitarian funding mechanisms:

- Find out which pooled fund mechanisms are available in context
- Check eligibility process
- Actively contribute to Flash Appeals
- Ensure consistent representation in coordination & cluster meetings

Scenario: Resource Mobilization

The 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.

BREAKING NEWS!! SCENARIO UPDATE

NOVALAND FLASH APPEAL 2024 released by OCHA Health Cluster
funding requirements 20 million USD for 9 months.

Scenario Update: Novaland Flash Appeal **September 2024 – May 2025**

Health Cluster section

Funding requirement: US\$ 20 million

People affected: 100,000 people

People targeted: 50,000 people

Priority Needs:

- High burden of trauma and injury cases, including those in need of surgical care, limb reconstruction, and postoperative rehabilitation

- Increased bed capacity, health workforce availability, and medical supplies, equipment, electricity and/or fuel and other logistics needs for health facilities

- Increased access to primary and secondary healthcare services including prevention and treatment of childhood illnesses, curative care for adults, management of non-communicable and communicable diseases, Sexual and Reproductive Health (SRH), maternal and newborn care, and clinical management of GBV survivors.

- Disease surveillance, as well as health promotion and infectious disease prevention needs

- Mental health and psychosocial support to the population, including frontline health workers, and psychotropic medicines for those suffering from mental health disorders

Priority Activities:

- Support to existing pre-hospital (ambulance), primary health care centres, and hospitals with personnel, medications, medical disposables, laboratory supplies, medical kits, equipment, electricity/fuel, water, and other logistics requirements

- Increase access to primary and secondary healthcare services including prevention and treatment of childhood illnesses, curative care for adults, management of non-communicable (NCD) and communicable diseases, Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH). Establish or support health facilities to enhance primary health service delivery, emergency obstetric and newborn care (EmONC), and disease surveillance

- Scale-up early warning alert and response, surveillance, diagnostic and response capacity for outbreak-prone, communicable diseases

- Provide mental health and psychosocial support to the general population, including healthcare workers and GBV survivors.

Team task: (for final day)

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 the final day of the training 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

WORK SMARTER NOT HARDER:

Your products will allow you to take **EXAMPLES** of your presentations back to your site in hopes they can be adapted and used in your current/future work as SRH Coordinators!!!



Day 4

Recap, Accountability and Daily Evaluation

Today we do our daily evaluations etc BEFORE breaking to do independent work on our RESOURCE MOBILIZATION pitches for the remainder of the day

Accountability & Safety Buddy

1. Write down one thing from today's activities that you might integrate into your work. Tell your Buddy.
2. Ask your Buddy if s/he is safe and felt comfortable during the day?

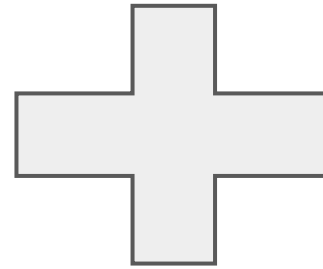
Option One: Evaluation questions

- Today I learned:
- Today I re-learned:
- Today I discovered:
- Today I realized:
- Today I was disappointed:
- Today I was surprised:

Option Two: Evaluation 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:

Daily Eyes and Ears Volunteers: Participatory Monitoring/Evaluation (10 min)



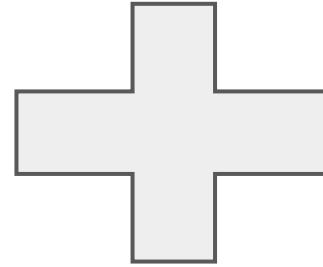
Day 5

Day 5 Activity 1:

Recap, reflect, review

What did we learn from Daily Eyes and Ears Volunteers?

Participatory Monitoring/Evaluation



Day 4 Evaluation Questions

Today I Learned

Today I Relearned

HIV and STI prevention in humanitarian settings
SELF-CARE IS VERY IMPORTANT FOR FRONTLINE PROVIDERS
Cross the line VCAT; "You can keep your values but at least
TRENDS OF COUNTRIES ON

PRIORITIZATION OF SRHIE SERVICES
STIs Importance of comprehensive approach and intersection with GBV

Facilitator(s) need to update to share evaluations from previous day

to the HCC on topic of access to SAC and PAC for people in need of support
SRH/SAFE ABORTION
SAC Advocacy
How to advocate for SAC to the full extent of the law
DETAILS OF SAC 10 Steps to start or expand safe abortion programming
Post-abortion services
-> evidence X empathy

THERE IS A LOT OF ROOM FOR THE LINKAGE BETWEEN GBV AND SRH
How important is the agenda of SRH
How to give a pitch
GBV Coordination strategies
HIV IN HUMANITARIAN SETTINGS
GBV coordination

Day 4 Evaluation Questions

Today I Discovered

Today I Realized

THE POWER OF ANOTHER
CHANCE IN ROLE PLAY WITH HCC
The HCC is not always fully

GBV cross-cutting inter cluster
Different strategies to
tackle HIV/STI transmission
IMPORTANCE OF TEAM WORK
IN DEVELOPING CONCISE,
COMPREHENSIVE AND STRATEGIC
I can still discuss the issue of
SAC even if the law is not

Facilitator(s) need to update to share evaluations from previous day

ABORTION IS A
GAME CHANGER
FOR SAC
ADVOCACY &
WILL USE IT MORE
important
The myths are the
same everywhere
despite geography
and culture
Different
approach in
dealing with
HCC for SRH
Coordination
Health Cluster
Coordinators are very
critical people

FOR SAFE ABORTION CARE EVEN
IF IT IS "ILLEGAL IN YOUR
COUNTY"
colleagues
I have
of cultural
context in SAC
management
Contribution to working group
NEED FOR BEING A
VOICE FOR ABORTION CARE
SRH Coordination & GBV Clusters
have common objectives
There are a lot of opportunities
for continuous advocacy

Day 4 Evaluation Questions

Today I was Disappointed

The discussion on the SAC activity! The response plan

I HAVE NOT BEEN DOING ENOUGH ON THE TOPIC OF SAC YET

For our country's

Facilitator(s) need to update to share evaluations from previous day

ENTRY POINTS That I was feeling tired

That we do not look more into more non-standard situations. Also not contextualize more on the ways to engage and identify local actors. We say "community" but what shape it can have and how do you go about using them as an important asset.

Today I was Surprised

On the personal experience of participants relating to abortion topic (crossing the line)

To see that

who support SAC

OF MISSED OPPORTUNITIES WHEN GBV AND SRH PARTNERS DO NOT COORDINATE
To learn from my colleagues about sexuality under the Taliban and Russia

Day 5 High Level Agenda

- Resource mobilization #3: pitch presentation
- Planning for the future: comprehensive SRH
- Workshop close
- Optional workshop validation activity

Day 5 Activity 2: Resource Mobilization Presentations (Part 3)

Scenario: Resource Mobilization

The Scenario: You have been requested to join the HCC in their office to share a brief overview presentation of your concept note.



Team task: (NOW!)

- **Resource Mobilization Presentations:** Share your presentation with the Health Cluster!



Role Play Options!

There are different options for this Role Play depending on the number of facilitators and how the facilitator prefers to run it.

- **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.
- **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.
- **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.
- **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.

Final Teams

Name Moderator: X X X X	Name Moderator: X X X X
Name Moderator: X X X X	Name Moderator: X X X X

Day 5 Activity 3: Planning for Comprehensive SRH

Scenario: Novaland 3 Months Later

Task: Identify 3-5 comprehensive SRH priorities

- It has been 3 months. The fighting in Orion is intermittent
- Activities are only somewhat normalized (read more in your scenario and instruction sheet)
- Novaland National Disaster Management Office (**NDMO**) **requests recommendations** from the MOH & the Health Cluster what the priorities should be for the next 6-9 months

Task:

- The SRH Working Group must work together with other SRH stakeholders to plan the transitioning from the MISP to comprehensive SRH. The group needs to identify priority areas in which to expand SRH services: 1) reaching all people in need (**leave no one behind**), 2) **offering additional services** beyond the MISP and 3) **improving quality of services**
- You can use the methodology described in this workbook: Step 2 and 3

Quick Reminder: What is Comprehensive SRH?

- **Broadening (scaling) and strengthening MISP Services**
 - Adolescent SRH
 - Prevention, detection and treatment of **STIs**, including **HIV** and **Reproductive Tract infections**
 - Prevention, detection & management of **gender-based violence** and **coercion**
 - Full range of contraceptive methods (short-acting, long-acting, permanent methods)
- SRH Services that fall outside of the MISP, e.g.
 - Ante and postnatal consultations
 - Safe abortion care to the full extent of the law
 - HIV testing and starting persons on ARVs, full PMTCT
 - Prevention, detection and treatment of **reproductive cancer**
 - Prevention, management and treatment of infertility
 - Comprehensive **sexuality education** information, counseling and care r/t sexual function & satisfaction

A Tool for Comprehensive SRH

Using the WHO Health System Building Blocks

HEALTH SYSTEMS BUILDING BLOCK	WHEN WORKING FOR COMPREHENSIVE SRH SERVICES, COLLABORATE WITH ALL STAKEHOLDERS TO
Service delivery	• Identify SRH needs in the community • Identify suitable sites for SRH service delivery
Health Workforce	• Assess staff capacity • Identify staffing needs and levels • Design and plan staff training
Health information system	• Include SRH information in the health information system
Medical commodities	• Identify SRH commodity needs • Strengthen SRH commodity supply lines
Financing	• Include SRH financing possibilities
Governance and leadership	• Review SRH-related laws, policies, protocols • Coordinate with MOH • Engage communities in accountability

MISP to Comprehensive Workshop tool

HEALTH SYSTEM BUILDING BLOCK	CURRENT NEEDS	OPPORTUNITIES
Service delivery • Adolescent SRH • Contraceptive services • Maternal and newborn health, including safe abortion care and fistula care • Gender-based violence • Prevention and treatment of STIs/HIV • Gynecology/urology services • Reproductive cancers • Management of infertility • Others:		

Available: IAWG website [Planning for Comprehensive Sexual and Reproductive Health \(SRH\) in Crisis-Affected Settings](#)

APPENDIX B: MISP FOR SRH MONITORING CHECKLIST

The SRH Coordinator implements the MISP for SRH Monitoring Checklist to monitor service provision in each humanitarian setting as part of overall health sector/cluster monitoring and evaluation. In some cases, this might be done by verbal report from SRH managers and/or through observation visits. At the onset of the humanitarian response, monitoring is done weekly and reports should be shared and discussed with the overall health sector/cluster. Once services are fully established, monthly monitoring is sufficient. Discuss gaps and overlaps in service coverage during SRH stakeholder meetings and at the health sector/cluster coordination mechanism to find and implement solutions.

1. SRH Lead Agency and SRH Coordinator			
		Yes	No
1.1	Lead SRH agency identified and SRH Coordinator functioning within the health sector/cluster		
	Lead agency		
	SRH Coordinator		
1.2	SRH stakeholder meetings established and meeting regularly	Yes	No
	National (MONTHLY)		
	Sub-national/district (BIWEEKLY)		
1.3	Local (WEEKLY)		
	Relevant stakeholders lead/participate in SRH working group meetings	Yes	No
	Ministry of Health		
	UNFPA and other relevant United Nations agencies		
	International NGOs		
	Local NGOs		
	Protection/GBV		
	HIV		
	Civil society organizations, including marginalized (adolescents, persons with disabilities, LGBTQIA people)		
1.4	With health/protection/GBV/sectors/cluster and national HIV program inputs, ensure mapping and vetting of existing SRH services		
2. Demographics			
2.1	Total population		
2.2	Number of women of reproductive age (ages 15–49, estimated at 25% of population)		

MISP Monitoring Checklist

Read/Review Scenario

Comprehensive SRH Brainstorming Matrix

(make a BIG version on the workshop wall using A4 paper for headings and masking tape for lines)

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

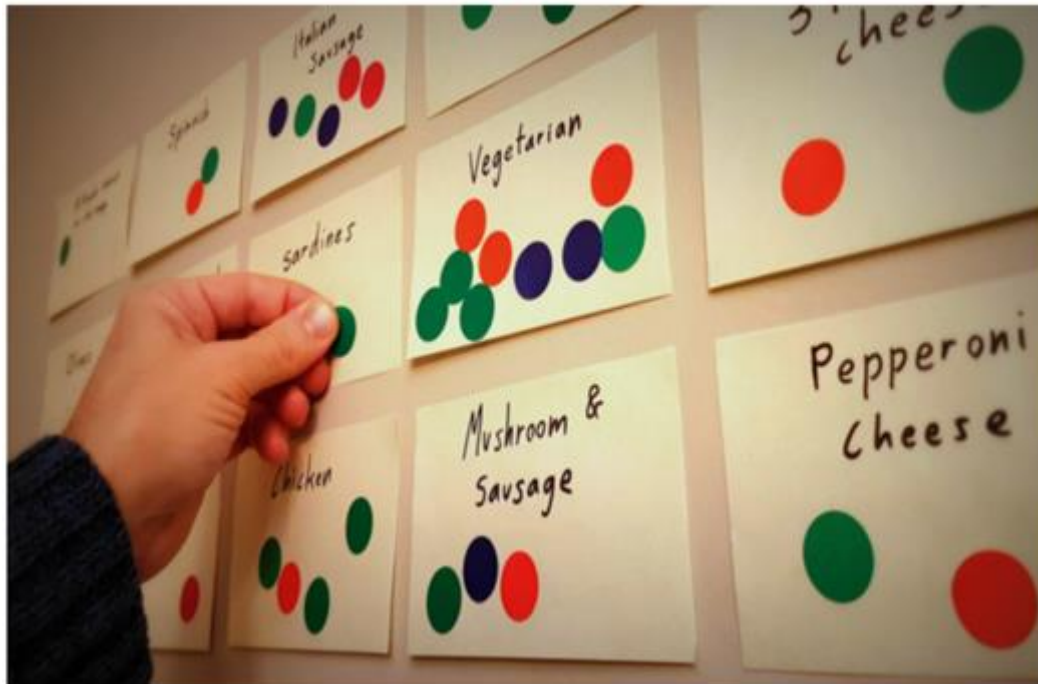
Step 1:

- a) Brainstorm Comp SRH activities in the matrix using sticky notes (*respond to needs & gaps, and build upon opportunities & assets*). Stick them under the related health system area
- b) Cluster the same (duplicates) and similar activities together. Rename the clusters, if needed.

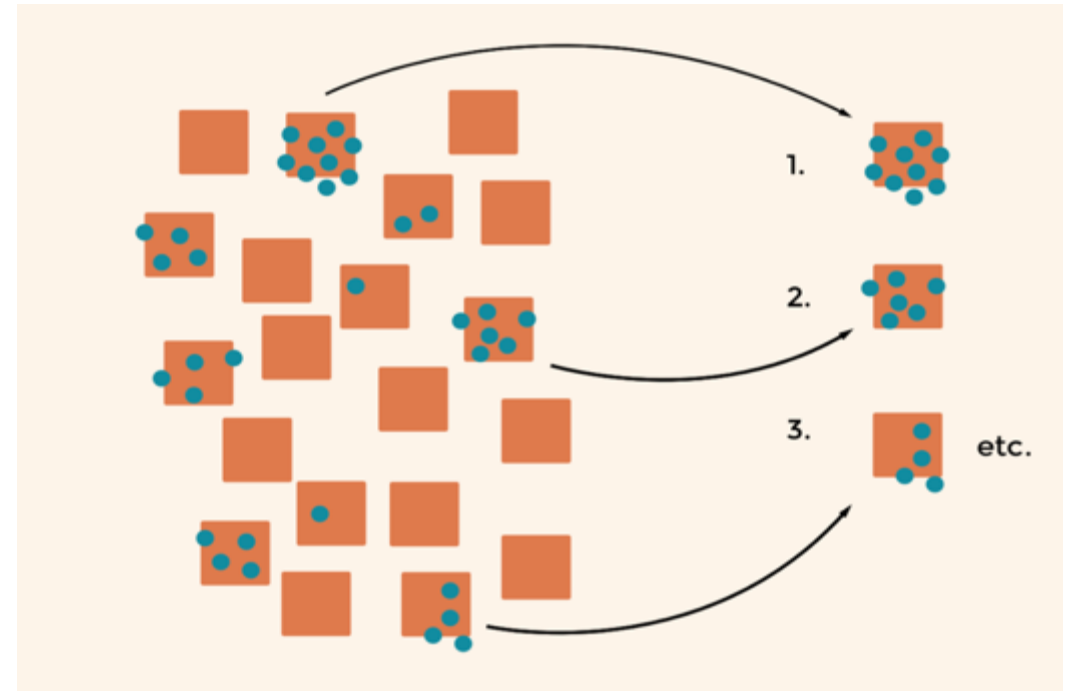
	Services*	Health Workforce	Medical Commodities	Health Information System	Financing	Leadership
Needs & Gaps						
Opportunities & Assets						

Step 2: Rank activities in the Matrix through “dot voting”. Each person will have 5 dots.

1) Individuals put their dots on the activities they think are most important



2) When everyone is finished, the group organizes the activities according to the number of votes, 1, 2, 3, etc



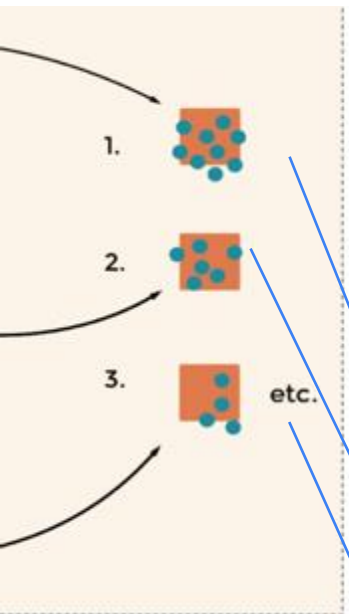
Step 3:

a) Take your highly ranked activities/interventions and organize as a list on the wall

b) Do a second ranking based on 3 criteria: importance, impact, ease*

**Below is one example of a ranked intervention*

Intervention Prioritization Matrix	Importance of the health issue (e.g. urgency, burden of morbidity/mortality) 1- low; 2- medium; 3- high	Intervention Impact (e.g. efficacy of the intervention) 1- low; 2- medium; 3- high	Ease: Opportunities and resources already available, few requirements for the activity, lower cost, high health system capacity) 1- low; 2- medium; 3- high	Total Score
Interventions (list) Example: BEmONC training for all health centers in Orion	3	3	1	7
1) Strengthen Referral SRH	?	?	?	?
2) Strengthen Data HMIS	?	?	?	?
3) Secure Funding for Moh				



Comprehensive SRH Planning: DEBRIEF & TAKE-AWAYS

Day 5 Activity 5: Accountability, Daily Evaluation and Workshop Close

Accountability & Safety Buddy

1. Write down one thing from today's activities that you might integrate into your work. Tell your Buddy.
2. Ask your Buddy if s/he is safe and felt comfortable during the day?

Option One: Evaluation questions

- Today I learned:
- Today I re-learned:
- Today I discovered:
- Today I realized:
- Today I was disappointed:
- Today I was surprised:

Option Two: Evaluation 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:

Final Post Training Assessment

- Please take the final Post Assessment Questionnaire

Certificates and Pictures



OPTIONAL Day 5 Activity 6: Content Validation and overall Toolkit Strengthening

This is an optional session

Evaluation throughout used Kirkpatrick's 4 levels

REACTION

Did the learners enjoy the training?

LEARNING

Did training transfer occur?

IMPACT

Did the training change behavior?

RESULTS

Did the training influence performance?



Going Deeper



150

**COMBINED YEARS
OF HUMANITARIAN
RESPONSE WORK**

22

**SEPARATE
LANGUAGES
SPOKEN**

Facilitator(s) need to update slide using the pre-assessment results

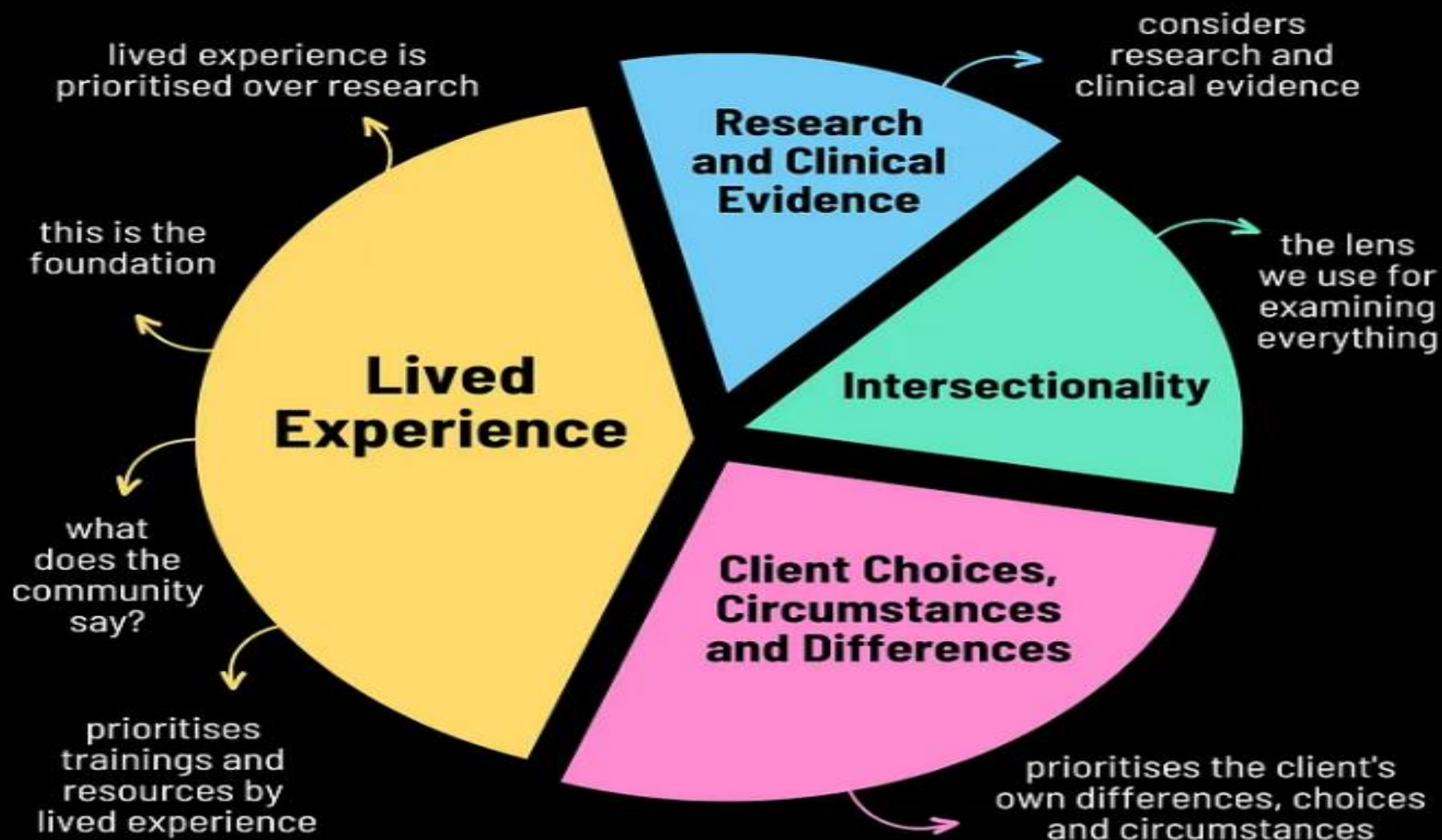
16

**DIFFERENT
COUNTRIES**

135

**YEARS IN SRH RELATED
HUMANITARIAN WORK**

Lived Experience Informed Practice



Face and Content Validation

Face validity is based on how a measure [or in this case a toolkit] appears to respondents, administrators, and other observers. For example, an SRH coordination training that reflects strengthening the skills and knowledge of the duties required of the position would have strong face validity because it looks relevant to the work required. Face validity is considered "weak evidence" supporting validity.

Content validity is when experts evaluate whether the items in a measure [or in this case a toolkit] are accurate, relevant, and comprehensive in measuring the construct [in this case SRH coordination skills]. For example, an SRH coordination training would have high content validity if it covers all the skills required in that position.

Evaluation Domains

- **Effectiveness:** How well the training activity achieves its goals, and if it can identify areas for improvement
- **Efficiency:** How well the training activity uses time, resources, and effort, and if it's streamlined
- **Accuracy:** How reliable and accurate are the activities (notably the case study and scenarios) are in the training
- **Completeness:** How well the training covers all relevant aspects of the SRH Terms of Reference





Thank you!!!



< **UBUNTU** = "I am
because
you are.">



END OF WORKSHOP

Additional Slides

Framework 1: Inclusive and Effective Communication is an ART

Active awareness:

- Check your bias and your ego
- recognize style and culture differences
- process your perceptions

Respond respectfully:

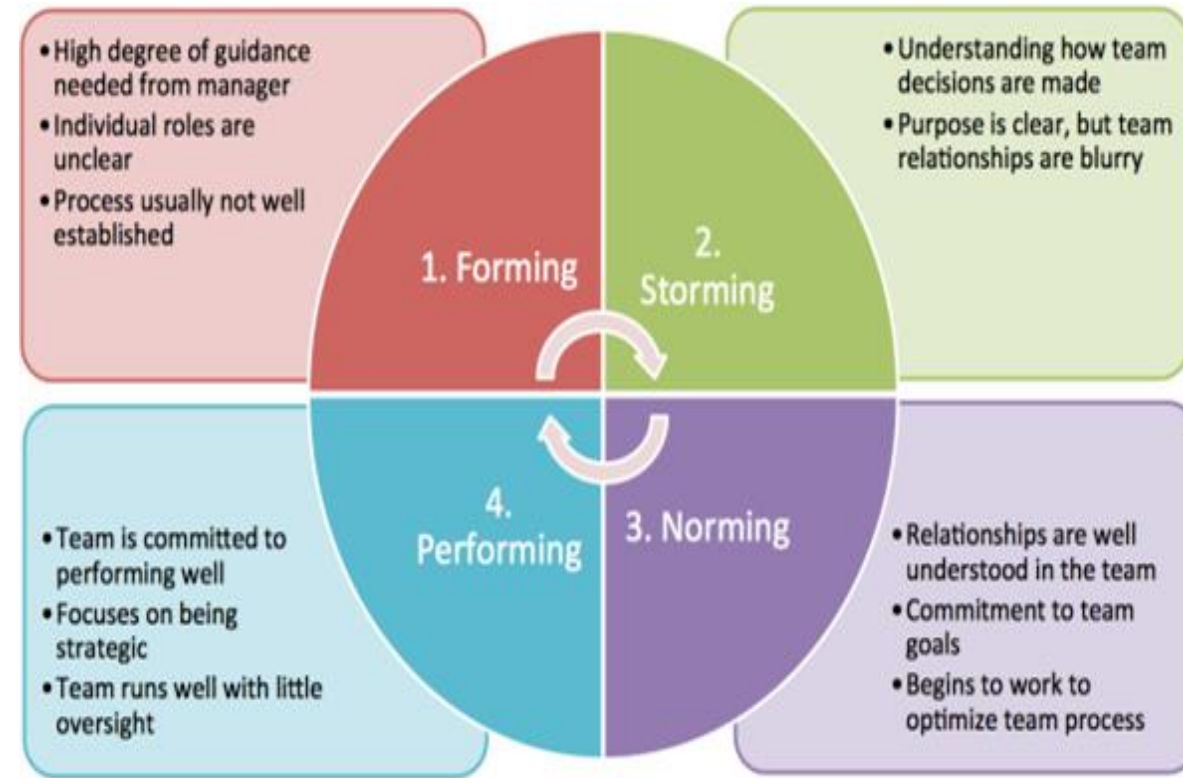
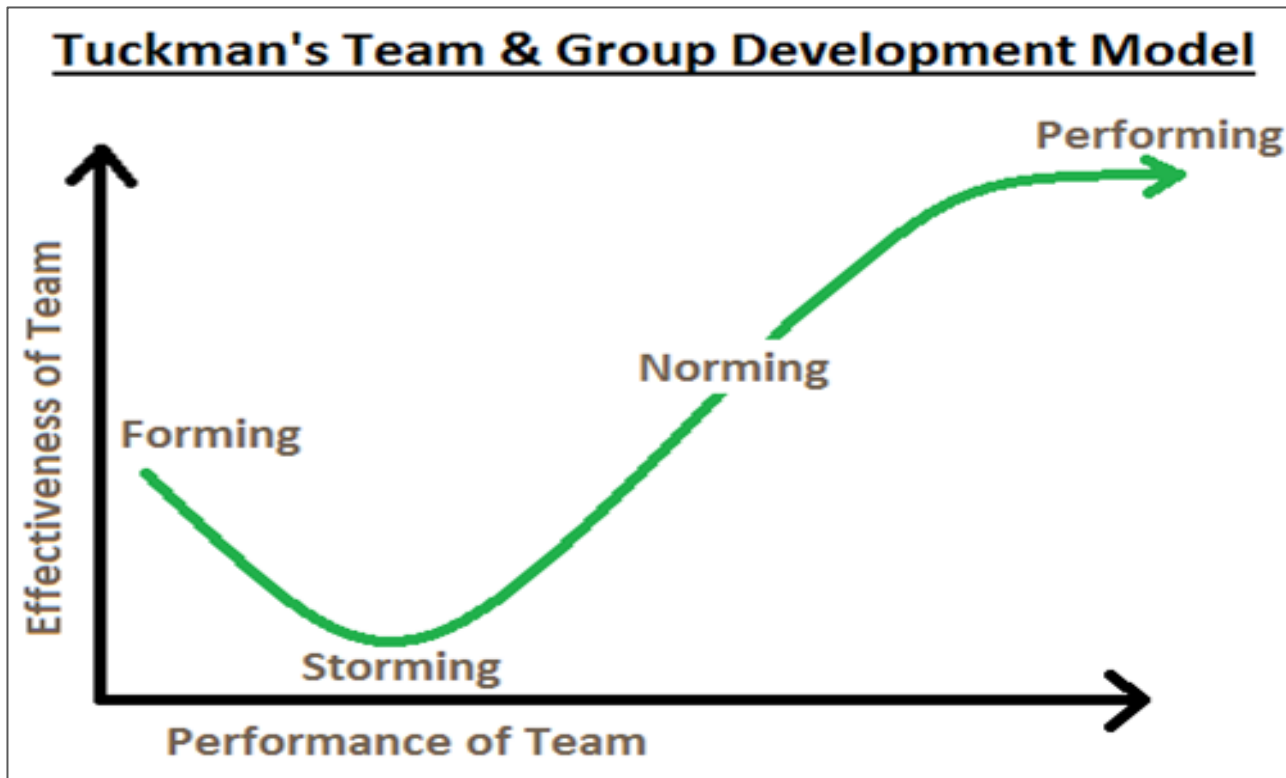
- active listening-listen with curiosity not with judgement
- ask open ended questions
- acknowledge without necessarily agreeing

Troubleshoot together:

- share your perspective in a non-confrontational type of way
- make sure everyone's needs are addressed
- end on a positive note

Framework 2: Team Development

Forming->Storming->Norming->Performing



<https://hr.mit.edu/learning-topics/teams/articles/stages-development>

<https://www.thecoachingtoolscompany.com/get-your-team-performing-beautifully-with-this-powerful-group-development-model/>

<https://teambuildingactivity.com/tuckmans-model/>

Framework 3: The Influencing Edge Negotiation, Advocacy

Push (logic)

Persuade using reason, logic, data, evidence

- “Evidence suggests that the XYZ intervention saves lives, decreases inequity, reduces suffering”

Pull (values)

Find and emphasize common values and agreement

- “Our common values are to support and protect, to preserve and uplift affected people... how might we do that?”
- “What solutions would be more acceptable to you?”
- “You don’t seem comfortable with the proposed solutions... please tell me what you think”
- Authenticity is key...**PULL will not work** if it is really an effort to “strong-arm” the other person/group.

PULL takes time

Move Away (time)

Temporarily step back from a situation when it has become unproductive

- Take more time to change the environment
- Test the other person’s willingness to continue or to do more preparation
- “I need some time to prepare alternatives. Can we follow up later with you on this issue?”

Jeopardy Questions to follow

SEA - 100 Points

When does SEA occur?

[Answer](#)

SEA - 100 Points

SEA occurs when a position of power is used for sexual purposes against a beneficiary or vulnerable member of the community.



SEA - 200 Points

Any person can experience sexual violence, but who is most at risk?

[Answer](#)

SEA - 200 Points

Women, adolescent girls, people with disabilities, and
LGBTQIA individuals



SEA - 300 Points

Why are any sexual relationships between humanitarian aid workers and beneficiaries strongly discouraged?

[Answer](#)

SEA - 300 Points

The relationships are based on unequal power dynamics and the relationships undermine the credibility and integrity of the work.



SEA - 400 Points

What is the difference between sexual abuse and sexual exploitation?

[Answer](#)

SEA - 400 Points

Sexual abuse is the threat of physical act of sexual nature by force whereas sexual exploitation is the abuse of vulnerability and power to profit monetarily, socially, or politically from the sexual exploitation of another individual.



Humanitarian Response - 100 Points

As of 2018, how many people were targeted to receive UN-led humanitarian aid?

[Answer](#)

Humanitarian Response - 100 Points

101 million people



Humanitarian Response - 200 Points

What does the Health Cluster aim to do?

[Answer](#)

Humanitarian Response - 200 Points

The Health Cluster aims to save lives and provide dignity in humanitarian and public health emergencies.



Humanitarian Response - 300 Points

What sets out guidelines on how organizations and individual humanitarian workers can improve humanitarian services?

[Answer](#)

Humanitarian Response - 300 Points

The Core Humanitarian Standards



Humanitarian Response - 400 Points

What are the four Humanitarian Principles?

[Answer](#)

Humanitarian Response - 400 Points

Humanity, Impartiality, Independence and Neutrality



Humanitarian Architecture

- 100 Points

True or False: The MISF is only applicable to acute crises.

[Answer](#)

Humanitarian Architecture

- 100 Points

FALSE



Humanitarian Architecture

- 200 Points

What are Clusters?

[Answer](#)

Humanitarian Architecture

- 200 Points

A group of agencies that gather to work together towards common objectives within a particular sector of emergency response.



Humanitarian Architecture

- 300 Points

Define the difference between a sector and a cluster.

[Answer](#)

Humanitarian Architecture

- 300 Points

A sector is a distinct technical area of humanitarian action while a cluster is groups of humanitarian organizations in each of the main sectors.



Humanitarian Architecture

- 400 Points

What six factors should be assessed and planned for under the WHO health system building blocks?

[Answer](#)

Humanitarian Architecture

- 400 Points

Service Delivery, Health Workforce, Health Information System,
Medical Commodities, Financing, and Governing and Leadership



SRH Access - 100 Points

True or False: Access to safe abortion care is critical in humanitarian crises.

[Answer](#)

SRH Access - 100 Points

TRUE



SRH Access - 200 Points

True or False: If the MISP for SRH is ignored, health facilities may not have services available to provide clinical management for survivors of sexual violence.

[Answer](#)

SRH Access - 200 Points

TRUE



SRH Access - 300 Points

What are comprehensive SRH services?

[Answer](#)

SRH Access - 300 Points

Comprehensive sexual and reproductive health services include:

- IEC SRH including sexual education, counseling, and care
- ANC/PNC, childbirth
- Contraception
- STI/HIV/RTI prevention and tx
- Fertility tx
- Cancer screening and tx



SRH Access - 400 Points

Name three ways to increase access to healthcare in humanitarian settings?

[Answer](#)

SRH Access - 400 Points

Coordinate services, advocate for services, leverage health services



SRH Technical Knowledge

- 100 Points

When deciding which **contraceptive methods** are **appropriate** in an acute response, what is ONE factor to consider?

[Answer](#)

SRH Technical Knowledge

- 100 Points

- what methods were available to, and used by, the affected communities prior to the emergency and
- what methods are registered in the country of operation.



SRH Technical Knowledge

- 200 Points

How many Comprehensive EmONC facilities are needed for a population of 500,000 people

[Answer](#)

SRH Technical Knowledge

- 300 Points

When responding to GBV, what is a survivor-centered approach?

[Answer](#)

SRH Technical Knowledge

- 300 Points

Self Determination: The GBV survivor's rights, needs and wishes are prioritized



SRH Technical Knowledge

- 400 Points

What is syndromic management of STIs, **why** is it important in humanitarian response, and **how/where** can an SRH Coordinator get medicines and supplies for syndromic management of STIs in a humanitarian response?

[Answer](#)

SRH Technical Knowledge

- 400 Points

What: The syndromic management of STIs uses decision trees based on signs/symptoms to identify treatment in one visit.

Why: The transmission of HIV and STIs are closely linked.

How/Where: IARH kits and locally



Word Cloud 1

Word Cloud 2