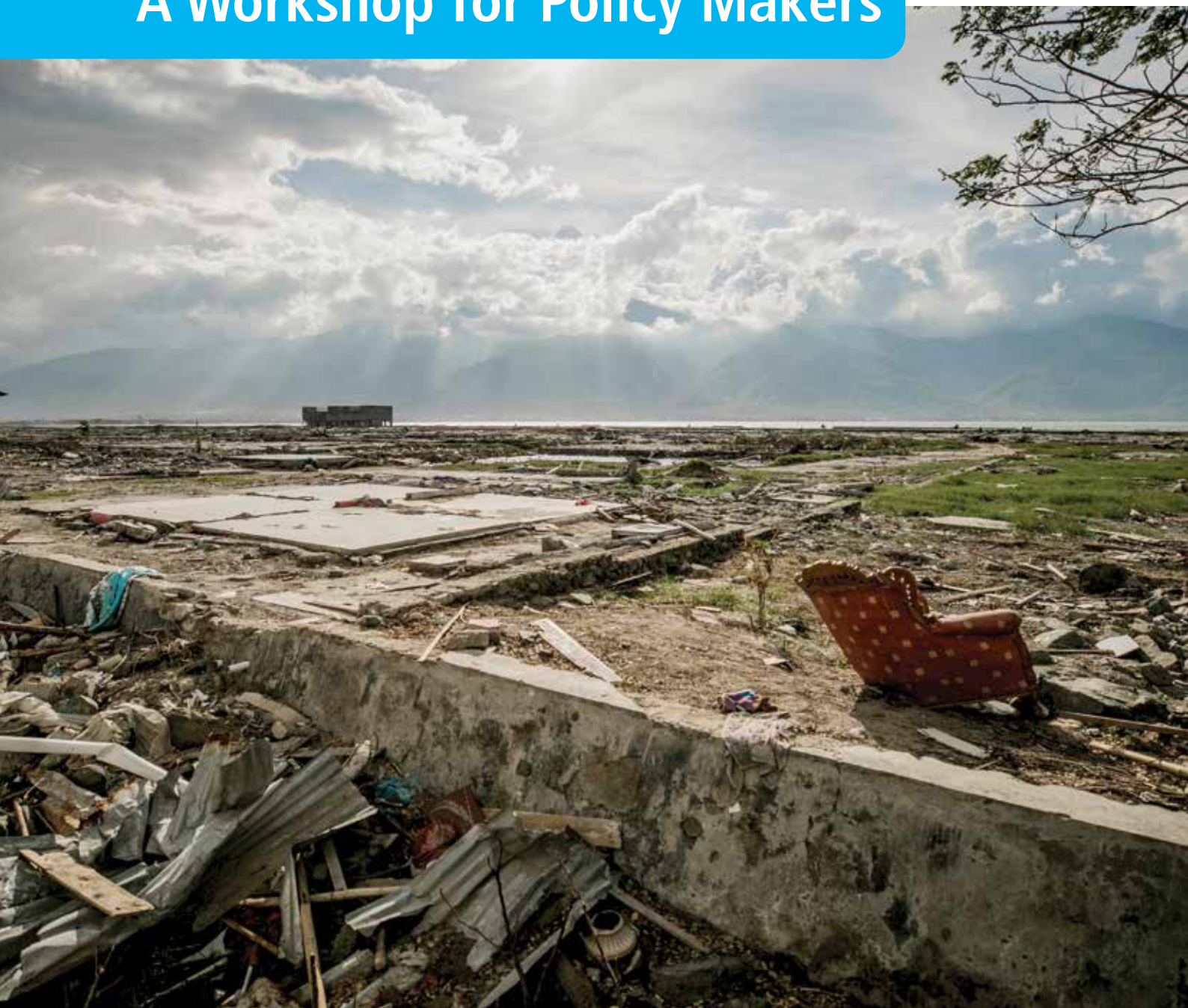
Inter-Agency Working Group on Reproductive Health in Crises

IPPF International Planned Parenthood Federation

Sexual and reproductive health in emergencies

An introduction to the Minimum Initial Service Package (MISP)

A Workshop for Policy Makers



Acknowledgements

This manual is inspired by the work of those around the world who fight every day to ensure Sexual and Reproductive Health (SRH) needs are met in humanitarian emergencies.

The International Planned Parenthood Federation (IPPF) led the development of the 2019 MISP for Policy Makers Manual. Specific coordination and development was overseen by Keya Saha-Chaudhury (IPPF) and Dr. Kristen Beek (UNSW).

The content and structure is derived from various tools and guidelines developed by members of the Inter-Agency Working Group on SRH in Crisis Situations (IAWG), namely *The 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* (IAFM).

Many thanks go to the people who provided invaluable advice and input into the manuals. These include but are not limited to Anushka Kalyanpur (CARE), Sandra Krause (WRC), Nadine Cornier (UNFPA), Jane Newnham (IPPF), Alison Greer (IAWG), Bill Powell (IPAS), Catrin Schulte-Hillen (UNHCR) and Dr. Sarah Chynoweth (WRC) in addition to colleagues from UNFPA APRO, CARE, WRC, IAWG Secretariat, IRC and IPPF humanitarian hub.

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These materials are built on previous versions of the *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crises-A Course for SRH Coordinators Facilitator's Manual*, which was a result of collaboration between IPPF, the Humanitarian Response Branch of the United Nations Population Fund (UNFPA) and the University of New South Wales.

Our sincere gratitude also extends to the Australian Government for their commitment in safeguarding the rights and dignity of persons living in crises. Their commitment and support has led to the creation of the SPRINT Initiative, without which this manual could not have been developed.

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Disclaimer: the views expressed in this publication are those of the authors and not necessarily those of the Australian Department for Foreign Affairs and Trade.

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List of Acronyms

AIDS / HIV	Acquired Immune Deficiency Syndrome / Human Immunodeficiency Virus
ALNAP	Active Learning Network for Accountability and Performance
AMDD	Averting Maternal Death and Disability
ANC	Antenatal Care
AoR	Area of Responsibility (formerly Sub-Cluster)
ASRH	Adolescent Sexual and Reproductive Heath
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BEmOC / BEmONC	Basic Emergency Obstetric Care / Basic Emergency Obstetric and Newborn Care
CAP	Consolidated Appeal Process
CBO	Community Based Organisation
CEmOC / CEmONC	Comprehensive Obstetric Care / Comprehensive Obstetric and Newborn Care
CERF	Central Emergency Response Fund
CHS	Core Humanitarian Standard
CoC	Code of Conduct
CSO	Civil Society Organisation
DFAT	Department of Foreign Affairs and Trade (Australian Government)
DFID	Department for International Development (UK Government)
DRR	Disaster Risk Reduction
EC	Emergency Contraception
EmOC / EmONC	Emergency Obstetric Care / Emergency Obstetric and Newborn Care
FP	Family Planning
GBV	Gender based violence
GBV AoR	Gender based violence Area of Responsibility
GPC	Global Protection Cluster
HIV / AIDs	Human immunodeficiency virus / Acquired immune deficiency syndrome
IAFM	Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings
IARHK	Inter-Agency Reproductive Health Kit
IASC	[UN] Inter-agency standing committee
IAWG	Inter-Agency Working Group (on reproductive health in crises)
ICPD	International conference on population and development -1994
ICRC / IFRC	International Committee / Federation of the Red Cross / Crescent Societies
IDP	Internally Displaced Person
IEC	Information, Education, and Communication
IP	Implementing partner
IPPF	International Planned Parenthood Federation

LGBTQIA	Lesbian, gay, bisexual, transgender, queer, intersex & asexual
M&E	Monitoring and Evaluation
MA	[IPPF] Member Association
MISP (for SRH)	Minimum Initial Service Package for Sexual and Reproductive Health in Crises
MNH	Maternal and neonatal / newborn health
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MVA	Manual Vacuum Aspiration
NGO	Non-governmental organisation
OCHA	[UN] Organisation for the coordination of humanitarian affairs
PEP	Post-exposure prophylaxis
PLW	Pregnant and lactating women
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPH	Postpartum haemorrhage
PSEA	Protection from sexual exploitation and abuse
RH	Reproductive health
RHRC	Reproductive Health Response in Conflict Consortium
RMC	Respectful Maternity Care
SC	Sub-Cluster
SGBV	Sexual and gender based violence
SHRiE	Sexual and reproductive health in emergencies
SPRINT	Sexual Reproductive Health Programme in Crisis and Post-Crisis Situations
SRH/R	Sexual and reproductive health / and rights
STI	Sexually transmitted infections
SV	Sexual violence
TBA	Traditional Birth Attendant
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations population fund
UNHCR	United Nations high commissioner for refugees
UNICEF	United Nations Children's Fund
UNISDR	United Nations International Strategy for Disaster Reduction
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VAW	Violence against Women
VAWC	Violence against Women and Children
VAWG	Violence against Women and Girls
WASH	Water, sanitation and hygiene
WG	Working Group
WHO	World Health Organization
WRA	Women of Reproductive Age
WRC	Women's Refugee Commission

A note on Terminology

There is ongoing debate regarding certain terminology in relation to both sexual and reproductive health and in relation to humanitarian affairs. Whilst clearly defined and universally understood and agreed terms are crucial, this training will not focus on the (often long-standing) debates around different terminologies. Here are outlined some of the interchangeable terminologies with a brief explanation of the debate and the language this training will use.

Disaster, Emergency or Crisis

A disaster is defined as a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts (UNDRR).

The term emergency is sometimes used interchangeably with the term disaster, as, for example, in the context of biological and technological hazards or health emergencies, which, however, can also relate to hazardous events that do not result in the serious disruption of the functioning of a community or society (UNGA A/71/644).

A crisis is an unstable or crucial time or state of affairs in which a decisive change is impending especially: one with the distinct possibility of a highly undesirable outcome (Meriam Webster).

There are many definitions of 'disaster', 'emergency' or 'crisis'. In the context of this training when 'disaster', 'emergency' or 'crisis' is mentioned, it is the definition given under disaster that is being referred to. In this training, 'emergency' and 'crisis' are used interchangeably.

SRH Sexual and Reproductive Health
SRHR Sexual and Reproductive Health and Rights
RH Reproductive Health

Sexual health and reproductive health are clearly interlinked and interdependent. This training favours the use of SRH to emphasise the equal importance of sexual health, as stated by the International Conference on Population and Development in Cairo in 1994. In humanitarian settings, sexual health can be overlooked by focusing on reproductive health and in particular on maternal health alone. This preference for SRH over RH is now reflected in the 2018 Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, the key guidance document for SRH programming in humanitarian settings.

IPPF prefers the term SRHR as it emphasizes the importance of SRH as a basic human right.

In this training we will reference SRH, SRHR, and RH interchangeably. We will have to reference RH at certain points as this is the terminology used within some RH in Crises tools and guidelines. Where there is no particular need to talk about RH we will default to SRHR **which is IPPF language**.

The Minimum Initial Service Package (MISP)

The Minimum Initial Service Package for sexual and reproductive health in emergencies *defines which SRH services are most important in preventing morbidity and mortality, while protecting the right to life with dignity in humanitarian settings*. The MISP was first articulated in the 1999 guidance document Reproductive Health in Refugee Situations: An Inter-Agency Field Manual. Since that time, the MISP has undergone a series of revisions which have included technical updates and re-prioritisation. The most current version of the MISP is found in the 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, referenced throughout this manual as IAFM 2018 (http://iawg.net/wp-content/uploads/2018/11/IAFM-web.pdf). This manual serves as the authoritative source for SRH programming in humanitarian settings and is based on guidelines issued by key international organisations including the World Health Organization (WHO). It will provide the technical contents of this training.

Sub-Clusters (SCs)
Working Groups (WGs)
Areas of Responsibility (AoRs)

In accordance with the 2009 Health Cluster Guide, SRH is defined as an 'area' under health. It is the role of the Health Cluster to assign a partner agency in the Health Cluster to lead on SRH and generally form a working group. Sometimes these can be referred as sub clusters. GBV sits under the Protection Cluster (PC) as opposed to the Health Cluster. GBV was previously designated a sub-cluster and is now designated an Area of Responsibility (AoR).

It is important for participants to understand the differences between global cluster guidance and the structures present within their context. Wherever possible, reference nationally led clusters or sectors relevant to the implementation of the MISP for SRH.

IPPF/Isabel Corthier

SRH / RH Coordinator ... Focal Point ... Officer

According to the 2009 Health Cluster Guide[1], the assignment of an 'RH area focal point agency', working under the Health Cluster Coordinator, should be discussed and agreed upon within the Health Cluster.

Experience has shown that SRHR coordination is crucial for the implementation of the MISP. Within this training manual we refer to the individual responsible for SRH coordination in humanitarian settings as the SRH Coordinator. This is in line with the 2018 Inter-agency Field Manual on Reproductive Health in Humanitarian Settings which states that the SRH Coordinator *is responsible for supporting health sector/ cluster partners to implement the MISP and plan for the provision of comprehensive SRH services*. This person may be from the government, UNFPA or another agency, and will function within the health sector/ cluster and coordinate, communicate and collaborate between the health sector/ cluster and the GBV and HIV sectors/ clusters/ actors to ensure the prioritisation of SRH and the implementation of the MISP.

GBV	**Gender-Based Violence**
SGBV	**Sexual and Gender-Based Violence**
SV	**Sexual Violence**
VAW	**Violence against Women**
VAWG	**Violence against Women and Girls**
VAWC	**Violence against Women and Children**

The different uses of terminology for GBV (often used interchangeably) are more than semantics, and represent a significant issue in relation to the scope of GBV, particularly in relation to how men and boys are included or not.

In 1993, the UN Declaration of the Elimination of Violence against Women offered the first official definition of the term "gender-based violence" (GBV) as "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life."

Gender-based violence has become an umbrella term for any harm that is perpetrated against a person's will and that results from power inequalities that are based on gender roles. Around the world, gender-based violence almost always affects women and girls. However, it is clear that sexual violence is also perpetrated against men and boys and so many organisations (notably, UNHCR) deliberately reference SGBV to include men and boys. Others (notably, DFID) clarify their programming position by specifically referencing VAWG – being very clear that particular funding streams, programmatic approaches, or policy commitments relate to violence perpetrated against women and girls. Some countries (for example, the Philippines), are keen to include boys and therefore reference Violence against Children (VAC).

Both IPPF generally and IAWG / MISP reference GBV, SGBV, or SV. The MISP explicitly references sexual violence in its second objective. As such, this training will use the term sexual violence (SV), except where broader reference is made to gender-based violence (GBV). The term 'survivor' of sexual violence is preferenced over other terms, including 'victim' of sexual violence.

1 This manual is currently being revised. Watch out for it at this link http://www.who.int/health-cluster/resources/publications/hc-guide/en/

EmOC	**Emergency Obstetric Care**
EmONC	**Emergency Obstetric and Newborn Care**
BEmOC	**Basic Emergency Obstetric Care**
BEmONC	**Basic Emergency Obstetric and Newborn Care**
CEmOC	**Comprehensive Emergency Obstetric Care**
CEmONC	**Comprehensive Emergency Obstetric and Newborn Care**

Signal functions[2] are used for monitoring emergency obstetric care (life-saving emergency interventions performed by skilled providers to manage the majority of maternal complications in pregnancy, childbirth and postpartum period).

The signal function of basic neonatal resuscitation using a bag and mask to treat asphyxia, constitutes the only intervention for newborns among all the signal functions, and so WHO, UNFPA, UNICEF and AMDD refer to the package as EmOC. Others feel that even though only one signal function is related to newborn care, it is critical enough to reference the care package as EmONC.

Revisions to the MISP and Inter-agency Field Manual on Reproductive Health in Humanitarian Settings have preferenced the terms EmONC (including BEmONC and CEmONC), and provided specific guidance on newborn care. This training will follow this guidance and the terms EmONC, BEmONC and CEmONC will be used throughout.

LGBTQIA **Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual**

The term LGBTQIA is used throughout this manual and its accompanying documents as per the IAFM and the *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations: A Distance Learning Module* (Draft 2019). For more information on individual term definitions see Human Rights Campaign (HRC) Glossary of Terms. Assessed at: https://www.hrc.org/resources/glossary-of-terms

Note: many organisations may use other terms such as SOGI, LGBTIQ+

2 Signal functions are a representative shortlist of key interventions and activities that address major causes of morbidity or mortality and that are indicative of a certain type and level of care. See *Guidelines for Monitoring the Availability and Use of Obstetric Services*, UNICEF, WHO, UNFPA 1997 (available at: https://www.unfpa.org/sites/default/files/pub-pdf/obstetric_monitoring.pdf); and *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors* WHO, 2nd Ed., Geneva, (available at: https://www.who.int/maternal_child_adolescent/documents/managing-complications-pregnancy-childbirth/en/)

Purpose and Structure of the Manual

This Facilitators Manual will take you through the various steps necessary to facilitate a workshop for policy makers on sexual and reproductive health in emergencies and the MISP for SRH.

This workshop for policy makers is one of three modules of the IPPF Training Package. The three components, which together form a comprehensive capacity development approach, are:

1. A workshop for policy makers on sexual and reproductive health in emergencies and the Minimum Initial Service Package for Sexual and Reproductive Health;

2. Training for program managers on the Minimum Initial Service Package for Sexual and Reproductive Health; and

3. Training for service providers on the Minimum Initial Service Package for Sexual and Reproductive Health.

This manual accompanies the **PowerPoint Slide Deck** titled *Sexual and Reproductive Health in Emergencies: Workshop for Policy Makers*. It provides an agenda and a description of the key messages to cover while facilitating the training. All group work and discussion activities and their instructions, and handouts for participants are also provided in this manual.

Note to facilitators boxes are included throughout the manual. These contain suggestions on how to make the session more interactive, links to additional information or resources, or strategies to contextualise information on that slide.

There are a number of **activities and group discussions** in this manual to make learning more interactive and progress preparedness. It may not be feasible to do all of these depending on your audience and time. Facilitators will need to select the activities for each session which are most relevant to their context.

Many of the resources used throughout this training were being updated at the time of writing this manual or may have been updated since. It is important for facilitators to refer to the latest versions of all resources online where possible to ensure that the latest information and guidance is provided to participants.

Objectives of the Workshop

At the close of the workshop, all participants should be able to:

1. Recognise the importance of addressing sexual and reproductive health in humanitarian settings.

2. Describe the objectives of the Minimum Initial service Package (MISP) for sexual and reproductive health in humanitarian settings.

3. Advocate for the inclusion of sexual and reproductive health in emergency preparedness and response policies and plans.

   Optional 4th Objective

4. Produce and commit to a plan for integration of the MISP into emergency preparedness and response policies and plans.

The 4th Objective represents an ideal outcome of the workshop for policy makers. If the presentation and activities included in this manual are to be used for 'awareness raising' only, it may be removed from the list of objectives.

IPPF/Brenda Islas

Planning and Conducting the Workshop

The intended audience for this workshop are senior decision makers from the SRH and/or humanitarian sector. They would be responsible for humanitarian response at the national or sub-national level but unlikely to be familiar with the MISP. These actors may be from government agencies involved in health, women's affairs and/or emergency management; United Nations agencies; Civil Society Organisations; international non-governmental organisations and local non-governmental organisations.

The resources included in this manual may also be used to facilitate stakeholder meetings or to conduct orientation for staff.

Inviting Participants

This workshop will require careful planning, particularly when it comes to making sure the right people attend.

What is important is that those invited to attend the workshop for policy makers are in a **position** to **influence** the policy and practice of the context in which they are working. The purpose of the workshop is to make clear to invitees that it is important to address SRH in emergencies, to encourage and support advocacy by decision makers for the inclusion of SRH in humanitarian preparedness and response plans and to build collaboration and networks between relevant actors.

It is therefore vital that **the right people are invited** to the workshop.

This may require inviting and reminding with sufficient time to ensure they can participate.

Appropriate participants may include representatives from the Ministry of Health and/or National Disaster Management authorities and/or other ministries such as those pertaining to social welfare; senior members of international and national NGOs; key representatives of UN Agencies; community leaders; and leaders of women's organisations and organisations representing specific population groups (such as people with disabilities, youth leaders and LGBTQIA representatives) .

Also ensure that delegates from a range of key ministries, agencies and organisations can attend. The MISP requires inter-sectoral action and it is important that the responsible sectors in your context are represented.

Participants may be identified by training organisers through a mapping of key stakeholders and/or in consultation with partners to identify who would be responsible for policy and practice to ensure MISP for SRH planning and implementation.

Encourage participants to complete the MISP Distance Online Learning Module (http://iawg.net/minimum-initial-service-package/) before attending.

Adaptation to local contexts

Note that as with any global training manual, this training must be adapted to local contexts. This means that if working days run to different hours, the training schedule as provided as a guide should be adapted. Any particular legal or policy, or cultural or religious sensitivities should be respected. The training very heavily relies on participants being able to link each session to their own particular context, and this is particularly important for the advocacy components of the workshop for policy makers. As facilitators, you need your participants to engage with the issue of SRH in emergencies so that they might meet the objectives of the workshop outlined above. For this to happen, it is important to remember that:

> *Each country, region or community has a different context… and they have different causes or symptoms of that issue. Being aware of this context is essential for effective communication, and it will help you make your case more relevant, legitimate and powerful* (UNAIDS, 2014)[3].

To ensure that the decision makers you invite to the workshop do recognise the importance of addressing sexual and reproductive health in humanitarian settings, and are willing to advocate for the inclusion of sexual and reproductive health in emergency preparedness and response policies and plans, the contents of the workshop must be relevant and relatable. **At every opportunity, make sure to integrate national or local examples, statistics, policies, laws, case studies, and even pictures**. In preparation for facilitating the workshop, you will need to source specific information for your context. These are indicated throughout the Guide for Facilitators and a number of slides have been left blank in the Slide Deck as indicators of when context-specific information should be added. Examples of this information could include:

- Information on regional, national or setting-specific humanitarian issues;
- Information on regional, national or setting-specific humanitarian aid;
- Context-specific human rights obligations;
- National and sub-national coordination mechanisms;
- Information on any action already taken for preparedness in your context;
- Any other context-specific information indicated throughout the manual or which you believe will strengthen the relevance of the training contents.

3 UNAIDS (2014) *ACT! 2015 Advocacy Strategy Toolkit*
http://www.unaids.org/sites/default/files/media_asset/advocacy_toolkit_en_0.pdf

Notes on Facilitators, Facilitation and Training Skills

Facilitators should be knowledgeable about SRH in emergencies and have expertise in one or more area covered by the MISP. Ideally, more than one facilitator should be engaged to conduct the workshop and they should together have knowledge and experience across all objectives, and other priority for the MISP for SRH. In addition, the facilitation team should be diverse and provide varying experience in preparedness and response. This includes considering gender diversity amongst the team.

When facilitating, remember that people learn in different ways and it is important to use different methods to engage these different learning styles. This manual includes a variety of interactive approaches to aid your facilitation. Training and facilitation can be daunting at first. Notes to help with facilitation and training skills can be found at the end of this manual. Remember that practice is important, and all trainers gain confidence and improve with time.

Inviting guest speakers is also important and will reinforce the messages of inclusion which run throughout the IAFM 2018 and this training.

A number of other people may also be invited to help strengthen the messages of your workshop:

- For the Stories of Accessing SRH in Emergencies activity it is suggested that you may invite one or two people who have lived experience of requiring or choosing to access sexual and reproductive health services in a humanitarian setting to speak. You could also ask those who have been involved in responding to SRH needs in emergencies to present to the group about their experiences and what they witnessed during those times. Other options are available if this is not possible.

- When discussing national and/or sub-national coordination mechanisms, it would be valuable to have someone from relevant government departments or ministries to briefly present. Again, other options are presented if this is not possible.

Contextualisation of the training materials and content is important to show that the MISP for SRH is a priority in any emergency setting. While this contextualisation is encouraged throughout this manual it must be stressed that the **MISP for SRH is an evidence-based life-saving package and as such, should be covered in full during the workshop**.

> *Remember: as a Facilitator, you are an SRH advocate. It is of critical importance that the delivery of this training supports and promotes sexual and reproductive rights, and clearly explains that the services identified within the MISP are necessary within humanitarian action and beyond. Women, girls, men and boys in all their diversity all have a right to these services regardless of any bias or personal beliefs of service providers, programme managers, or facilitators running this training. During the training facilitators should model the key messages in the manual.*

Key resources for all participants

In addition to the various documents listed throughout the manual, provide all participants with a copy of the IAFM 2018 or Chapter 3: The MISP **as a minimum**. Also provide the MISP for SRH Cheat Sheet and related advocacy documents (available at www.IAWG.net or on the accompanying USB). It would be helpful for participants to have access to the entire IAFM 2018 for reference.

Key resources are provided on the accompanying USB however it is good to check the websites regularly for updates or latest materials.

IPPF/Kathleen Prior

Agenda

Session 1
Welcome, Introduction and Sexual and Reproductive Health in Emergencies

Length 60 minutes

Overview

This session will welcome participants to the workshop for policy makers and provide an introduction to why it is important to address sexual and reproductive health needs in humanitarian settings.

Methodology

Interactive presentation

Materials

IAFM 2018 Chapter 3:
Minimum Initial Service Package (MISP)

Power`Point Presentation

Video: SRH in emergencies

Participant Handout #1

Break 15 minutes

Session 2
The Minimum Initial Service Package for SRH

Length 75 minutes

Overview

This session will provide an overview of the Minimum Initial Service Package for SRH in emergencies.

Methodology

Interactive presentation

Materials

IAFM 2018 Chapter 3:
Minimum Initial Service Package (MISP)

PowerPoint Presentation

Internet connection & laptops
OR flipcharts & markers

Participant Handout #2 and #4

Break 15 minutes

Optional
Session 3
Next Steps and Summary

Length 45 minutes

Overview

This session will allow participants to discuss what they can do after the workshop to integrate sexual and reproductive health into emergency preparedness and response policies and plans. It will also provide an opportunity for further collaboration between participants and address any gaps or overlaps.

Methodology

Interactive presentation

Materials

IAFM 2018 Chapter 3:
Minimum Initial Service Package (MISP)

PowerPoint Presentation

Participant Handout #3 & #4

Note to facilitators
Participant Handouts can be found at the end of this manual in Annex 1.

Agenda

Close

IPPF/Alana Holmberg

Guide for Facilitators

Session 1: Welcome, Introduction and Sexual and Reproductive Health in Emergencies

60 Minutes

Slide #1: Sexual and reproductive health in emergencies: an introduction to the Minimum Initial Service Package (MISP): A workshop for policy makers

- Welcome your participants to "Sexual and reproductive health in emergencies: an introduction to the Minimum Initial Service Package (MISP): A workshop for policy makers."
- Introduce yourself and any co-facilitators or administrative support personnel.

Key Messages

- This training is one of three developed by IPPF. As well as this workshop for policy makers, there is also a training for program managers, and a training package for service providers. These may be available to you if useful and relevant in your context.
- Sincere appreciation goes to the Australian government for its continuous support of IPPF's humanitarian work and the SPRINT Initiative.

Note to facilitators Introduce your organization as relevant. You are also welcome to include your institution's logo on the slidedeck.

Slide #2: Introductions

Now move to introductions. Have participants introduce themselves by name, position, organization, and involvement in the humanitarian sector and/or sexual and reproductive health. Consider having an icebreaker, depending on timing and audience.

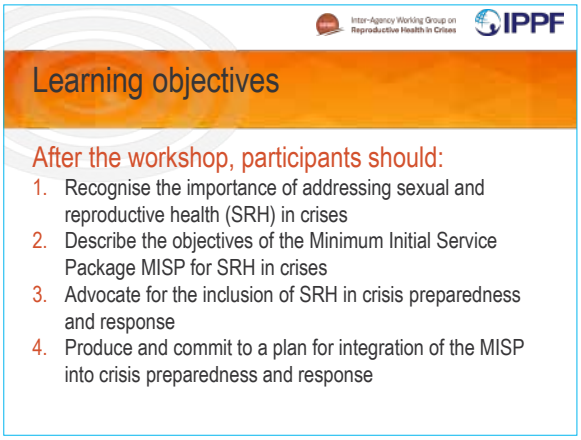
Possible icebreaker

Instead of asking participants to say their names, divide the group into pairs. Give each pair of participants a few minutes to interview each other and resume as a larger group. Each participant should then introduce her/his/their partner by name and share at least two unique characteristics about her/him/them. As is best practice for large group work, ask a woman participant to begin the partner introductions.

Note to facilitators This is a good chance to gauge the level of experience and knowledge of SRH in emergencies within the room. As part of your warm up for the workshop, ask participants what they know about SRH in emergencies, what they think might be involved in the coming sessions, and what experience they have in planning for and implementing components of the MISP for SRH. Facilitate a broad discussion and allow participants to comment and ask questions freely.

Slide #3: Learning objectives

Key Messages



- There are three primary learning objectives for this workshop and one additional learning objective, depending on your participants.

1. Recognise the importance of addressing sexual and reproductive health in humanitarian settings.

2. Be able to describe the objectives of the Minimum Initial service Package (MISP) for sexual and reproductive health in humanitarian settings.

3. Advocate for the inclusion of sexual and reproductive health in emergency preparedness and response policies and plans.

   Optional 4th Objective

4. Produce and commit to a plan for integration of the MISP into emergency preparedness and response policies and plans.

   The 4th Objective represents an ideal outcome of the workshop for policy makers.

Note to facilitators If the presentation and activities included in this manual are to be used for 'awareness raising' only, the 4th training objective may be removed from the list of objectives and from the slide.

Slide #4: Outline of the workshop

Over the next three or so hours, you will move through TWO or THREE interactive sessions, focusing on:

1. Sexual and reproductive health in emergencies

2. The Minimum Initial Service Package (MISP)

Optional

3. Next Steps

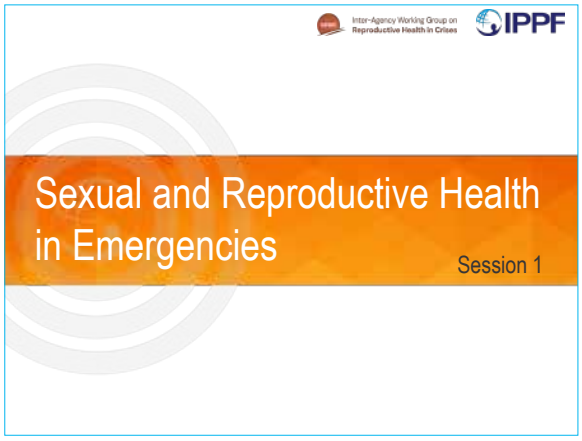
Note to facilitators Remove the 3rd activity from the slide if it is not relevant to your workshop.

Encourage your participants to ask questions at any point, especially if something is unclear.

IPPF/Hannah Maule-ffinch

Slide #5: Sexual and Reproductive Health in Emergencies: Session 1

Key Messages

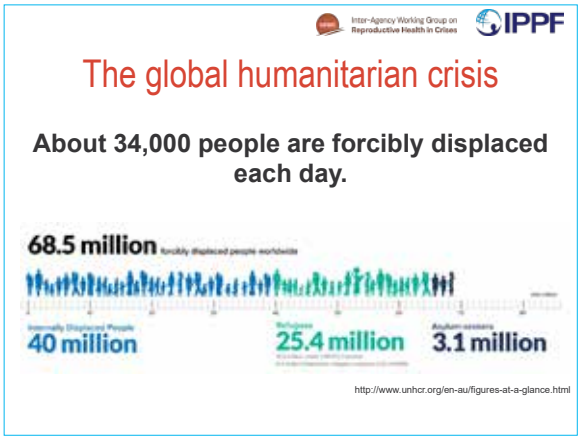


- Explain that you will start by looking at the key issue that has brought you together today- the importance of addressing sexual and reproductive health in emergencies.
- Ask your participants what 'emergencies' or humanitarian settings mean to them. Facilitate a brief discussion and guide participants through examples that are most relevant to your context (e.g. conflict, tsunami, typhoon, drought etc).
- Provide the following definition to your audience: A humanitarian setting is one in which an event or series of events has resulted in a critical threat to the health, safety, security, or well-being of a community or other large group of people. An emergency is an event that exceeds the coping abilities of the affected community. This can be the result of events such as armed conflicts, natural disasters, epidemics, or famine and often involves population displacement (IAFM 2018).
- Explain that you will use terms like emergency, crisis and disaster interchangeably in this workshop and can see the terminology section for more information.

Note to facilitators If the audience is not familiar with humanitarian work may want to consider including slide from the Program Managers Manual e.g. #7–#11 which provides more background.

Slide #6: The global humanitarian crisis

Key Messages



- In 2018, the United Nations High Commissioner for Refugees (UNHCR) estimated that the global forcibly displaced population exceeded 68 million for the first time in history.
- This included over 25 million refugees, more than 40 million internally displaced persons, and more than 3 million asylum seekers.
- Approximately 34,000 people become displaced every day.
- Natural hazards are increasing- the IFRC estimate that 3,751 natural hazards have been recorded over the last 10 years, equating to more than one a day.
- Given the magnitude and increasing impact of disasters, if we do not address SRH needs during humanitarian emergencies, we are unlikely to meet our commitments under the Sustainable Development Goals and the gains made to reduce maternal mortality.

Note to facilitators Consider including information about regional, national, or setting-specific humanitarian issues.

Link For further statistics or updates, visit
http://www.unhcr.org/en-au/figures-at-a-glance.html
https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/10/B-WDR-2018-EXECSUM-EN.pdf

Slide #7: What is humanitarian aid?

Key Messages

- The primary purpose of humanitarian aid is to save lives, reduce suffering, maintain human dignity and ultimately lead to increased resilience.
- The focus of humanitarian aid and its priorities is, therefore on life-saving interventions.
- Humanitarian aid is material or logistical assistance and services provided for humanitarian purposes, typically in response to humanitarian crises including both natural and human-made disasters.

Note to facilitators Consider including information about regional, national, or setting-specific humanitarian aid.

Slide #8: Why is SRH needed as part of humanitarian aid?

Note to facilitators Ask participants the question "Why is SRH needed as part of humanitarian aid?" and elicit broad responses from the group before revealing the remainder of the slide.

Key Messages

- The process of displacement results in changes to social structures and systems. For example:
  - Families and communities are separated
  - Mechanisms for protection and service delivery such as health, education, and police are disrupted
  - Community support systems and protection mechanisms break down
- Emphasise that these dynamics have a profound impact on SRH services and outcomes. For example:
  - Women and girls' risk of sexual violence may increase because of breakdown in societal structures, displacement overcrowding, and disruption of legal services
  - Persons with disabilities and groups already marginalized before a disaster are at particular risk of sexual violence
  - The lack of access to information, services and supplies, combined with high population density and increased risk of sexual violence can increase risk of unintended pregnancy, unsafe abortion, and STI/HIV transmission
  - The inability to reach health facilities or skilled workers, and increased risk of malnutrition and communicable diseases during crises can make delivery unsafe, and increase risk of pregnancy complications. Indeed, when health services are disrupted or impossible to access, complications in pregnancy/childbirth can quickly become deadly
  - Crisis situations can lead to an increase in risk-taking behaviour which increases risk of having unintended pregnancies and contracting STIs and HIV infection
  - Adolescent SRH needs and adolescents' access to SRH services can be particularly complicated in crisis
  - Addressing SRH in humanitarian emergencies SAVES LIVES and is an essential part of any humanitarian response

Slide #9: Why is SRH needed as part of humanitarian aid?

Key Messages

- Women and girls are at particular risk in humanitarian settings.
- In any crisis-affected population, approximately 4% of the total population will be pregnant at any given time. Of these pregnant women and girls, approximately 15% will experience an obstetric complication such as obstructed or prolonged labour, pre-eclampsia/ eclampsia, infection or severe bleeding. The WHO estimates that 9% to 15% of newborns will require lifesaving emergency care (IAFM 2018). The first day of life is the highest risk for newborns.
- In humanitarian settings, it is essential to provide SRH services. Morbidity and mortality related to SRH is a significant global public health issue and those in humanitarian settings often face heightened risks and additional barriers to SRH services. Research from around the world has shown that conflict-affected and displaced women and girls are at increased risk of:
  - Rape and sexual violence
  - Early, child, and forced marriage
  - Human trafficking
  - Unintended pregnancy
  - Unsafe abortion
  - Complications during pregnancy and delivery

Note to facilitators Ask participants why they think women and girls are at particular risk in humanitarian settings and facilitate a brief discussion. For more information on this, visit:
https://www.unfpa.org/sites/default/files/sowp/downloads/State_of_World_Population_2015_EN.pdf

https://www.one.org/us/2015/03/16/why-we-must-invest-in-girls-and-women-in-humanitarian-crises/

It's important to acknowledge increased risks also applies to men, boys and members of LGBTIQ community.

Slide #10: Video: SRH in emergencies

There are a number of options with respect to the video. Ideally, choose a video that will resonate with the local context and explores SRH issues at the onset of the emergency.

Video Presentation

The video presentation will provide participants with important contextual information and allow an opportunity for engagement with the realities of sexual and reproductive health needs in humanitarian emergencies.

Time

Dependent on video chosen. Suggest no longer than 10 minutes for this activity.

Process

- Choose a video that is most relevant to your context. The following are suggestions only. They are provided on the USB but many other options are available online.
- Project the chosen video.

Video Discussion:

After showing the video, facilitate a large group discussion that addresses the following questions:

1. What does the video tell us about SRH in emergencies?
2. What do you see as the SRH priorities at the outset of a humanitarian emergency?
3. What do you see as the facilitators and barriers to implementing those priorities?

As is best practice for group work, call first on a woman to respond to the questions.

Materials

- Access to chosen video and projecting equipment.
- Suggested videos (included on the USB):
  - Women & War
  - MISP in India
  - Planning Sexual & Reproductive Health before Emergencies
  - IPPF Humanitarian Slideshow

Slide #11: Stories of accessing SRH in emergencies

Stories of Accessing SRH in Emergencies:

Following from the video on SRH in emergencies, this activity will provide participants with the opportunities to learn from people who have been directly affected by humanitarian crises.

Time

20 minutes

Process

- You have a number of options for presenting stories of affected populations:

1. Invite one or more individuals from your context who have lived experience of requiring or choosing to access sexual and reproductive information and services in humanitarian emergencies. You could also ask those who have been involved in responding to sexual and reproductive health needs in emergencies to present to the group about their experiences and what they witnessed during those times.
2. Provide real life written accounts of people from your context who have lived experience of requiring or choosing to access sexual and reproductive information and services in humanitarian emergencies.
3. Provide the more generic written accounts included in this training module to participants. Ideally, you will also have contextualized these for your particular workshop participants (Participant Handout #1).

- If you choose to use options 2 or 3, divide the written accounts of people accessing SRH services in emergencies between the group. Ask each small group or pair to read through and absorb the information provided.

- After 5 minutes or so, ask each small group or pair to discuss their story and how they feel their humanitarian response programming would (as it is), or could (with some changes) meet the individual's needs in this context.

Materials

Participant Handout #1 if using option 3 (above).

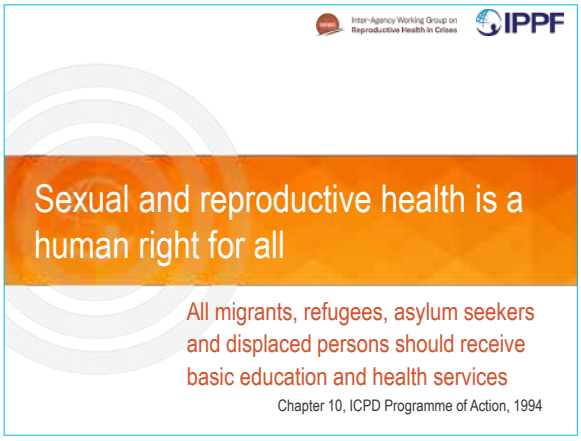
Finish by revealing the rest of the slide and emphasise that addressing sexual and reproductive health in emergencies

- Prevents disease
- Prevents disability
- SAVES LIVES

Slide #12: Sexual and reproductive health is a human right for all

Key Messages

- Sexual and reproductive health is a human right and, like all other human rights, it applies to refugees, internally displaced persons, and others living in humanitarian settings.
- To realize this right, affected populations must have access to comprehensive SRH information and services so they are free to make informed choices about their health and well-being.



- The global political community has made progress, especially in addressing the gravity of sexual violence in armed conflict. The United Nations Security Council Resolutions 1325, 1820, 1888, and 1889 on Women, Peace, and Security affirm the unique needs, perspectives, and contributions of women and girls in conflict settings. The Security Council has recognized sexual and reproductive health, with Resolution 1889 explicitly referencing the need to ensure women and girls' access to SRH services and reproductive rights to achieve better socioeconomic conditions in post-conflict situations.

Note to facilitators Provide participants with Participant Handout #2 which contains a summary of human rights commitments to date at a global level. This document can be used as reference to help highlight the link between SRH and emergencies. It would be even more impactful if human rights obligations from your context were added. You can use the next slide for this.

Slide #13: Human rights obligations

This slide has been left blank for you to provide information about human rights obligations and national agreements for your context.

Slide #14: Sexual and reproductive health is a human right for all

Key Messages

- Remind participants that all countries have signed up to various international protocols such as the Convention on the Rights of the Child, the Sustainable Development Goals (specifically SDGs 3 and 5), and the Sendai Framework of Action for Disaster Risk Reduction (specifically priority 3), and other legal instruments which require the provision of SRH services even in times of emergency in order to maintain the achievements and gains made during stable times.
- Within the humanitarian sector the Agenda for Humanity also highlights the importance of working across development and humanitarian sectors to ensure together we reduce risks and vulnerabilities

Note to facilitators For more information on the Agenda for Humanity see here https://www.agendaforhumanity.org/

Break

IPPF/Isabel Corthier

Session 2: The Minimum Initial Service Package for SRH

75 Minutes

Slide #15: The Minimum Initial Service Package for SRH: Session 2

Key Messages

- We have looked at why we need to address sexual and reproductive health needs in humanitarian settings. We are now going to move on to what can be done to meet these critical health needs.
- The international standard for providing SRH services at the onset (within 48 hours) of an emergencies is the Minimum Initial Services Package for SRH followed by comprehensive SRH services ideally within 3-6 months.
- In this session, we will look at the objectives of the MISP for SRH and what is needed to ensure that its life-saving objectives are implemented when disaster strikes.

Slide #16: What is the Minimum Initial Service Package (MISP) for SRH?

Key Messages

- The overall goal of the MISP is to prevent mortality, morbidity and disability in crisis-affected populations
- The MISP defines which SRH services are most life saving, while protecting the right to life with dignity, particularly among women and girls, in humanitarian settings. All services should be in place within 48 hours of the onset of an emergency and progress to comprehensive SRH services within 3-6 months.
- The services included in the MISP are based on well-documented evidence of SRH needs in humanitarian settings and WHO normative standards. Thus we do not need an in-depth need assessment to tell us which SRH services to implement. However some initial situational, demographic, and health information of the affected population is needed to optimize delivery of MISP activities.
- It is important to note that the components of the MISP form a minimum requirement and should be implemented in all circumstances. Even where other components of SRH care are available, we should ensure the MISP services are first implemented and available to all as they are most life-saving. As soon as possible, and certainly within 3 months, humanitarian stakeholders should transition to comprehensive SRH service delivery.
- It is considered a package as it involves elements of coordination, service delivery and supplies.
- The MISP for SRH is the standard within the humanitarian sector. The priority activities of the MISP are integrated to the SRH and HIV standards in the Sphere Minimum Standards in Humanitarian Response and part of the Global Health Cluster Guidance. (See slide #18)

Note to facilitators To accompany this slide, it may be useful to write the full acronym of the MISP on a flipchart so can link the key points which each of the descriptions

Slide #17: What is the Minimum Initial Service Package (MISP) for SRH?

Note to facilitators Provide participants with a copy of their MISP for SRH Cheat Sheet or ask them to consult it now if previously supplied.

Key Messages

- This slide shows the MISP for SRH 'Cheat Sheet'. This is a useful document to understand all objectives of the MISP for SRH and the priority activities that fall under each of the objectives, including the 'other priority'.
- The MISP for SRH Cheat Sheet also provides information on fundamental principles for SRH programming in humanitarian settings and supplies that can be ordered to support MISP for SRH implementation. These will all be explored in more detail during the coming session.

IPPF/Kathleen Prior

Slide #18: The Sphere Standards

Key Messages

- The MISP for SRH is the global standard within the humanitarian sector. SRH is included in the Sphere Minimum Standards in Humanitarian Response for Health, which outlines priority activities including MISP activities.
- MISP for SRH is also integrated into the global health cluster guidance.

Note to facilitators Make sure that participants are familiar with the Sphere Standards and Handbook.

The following description is taken from the Sphere website, at https://www.spherestandards.org/about/

"The Sphere movement was started in 1997 by a group of humanitarian professionals aiming to improve the quality of humanitarian work during disaster response. With this goal in mind, they framed a Humanitarian Charter and identified a set of humanitarian standards to be applied in humanitarian response.

"Initially developed by non-governmental organisations, along with the Red Cross and Red Crescent Movement, the Sphere standards have become a primary reference tool for national and international NGOs, volunteers, UN agencies, governments, donors, the private sector, and many others. Today, Sphere is a worldwide community which brings together and empowers practitioners to improve the quality and accountability of humanitarian assistance.

"Sphere's flagship publication, the Sphere Handbook, is one of the most widely known and internationally recognised sets of common principles and universal minimum standards in humanitarian response".

For more information on the Global Health Cluster Guide see:
https://www.who.int/health-cluster/resources/publications/hc-guide/en/

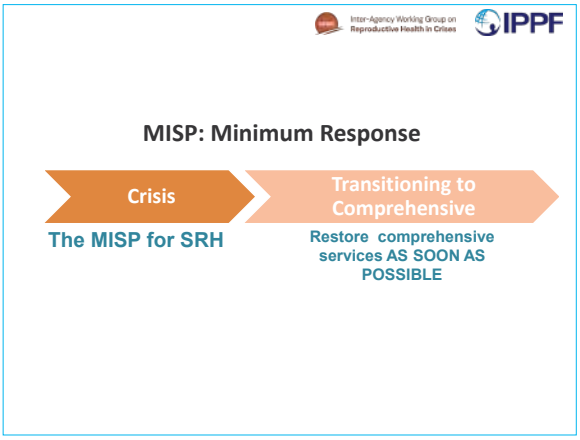
Slide #19: The continuum of an emergency

Key Messages

- This diagram depicts the continuum of an emergency.
- Emphasise to participants that it is in the acute phase of the crisis that the MISP should be implemented.
- The emergency continuum may run from emergency to post-emergency phase, but it is also possible that the post-acute and rehabilitation phases may become unstable and once again become acute.
- More comprehensive SRH services should then be built on the MISP and integrated into primary health care as we aim for durable solutions.
- Preparedness is a vital stage in this continuum and it is here that strengthening policies and systems is possible to optimise resilience and decrease vulnerability to future emergencies.

Slide #20: MISP: Minimum Response

Key Messages



- The MISP for SRH is the minimum response and should be implemented during the acute phase of any emergency.
- It is important that this minimum response is built upon as soon as possible in the transition to comprehensive SRH services.

Slide #21: Who developed the MISP?

Key Messages

- The Inter-Agency Working Group on Reproductive Health in Crises (IAWG) developed the MISP as part of the Inter-Agency Field Manual and Reproductive Health in Crises (IAFM). The most recent version was released in September 2018.

- The IAWG for RH in crisis is a broad-based, highly collaborative coalition representing United Nations, government, non-governmental, research, and donor organisations. Founded in 1995 and formerly known as the IAWG on Reproductive Health in Refugee Situations, the IAWG for RH in Crises works to expand and strengthen access to quality SRH services for people affected by conflicts, natural disasters and public health emergencies. The IAWG for RH in Crises is currently led by a 19-member Steering Committee comprising United Nations agencies and non-governmental humanitarian, development, research, and advocacy organisations.

- In 2018, it comprised more than 2,800 individual members from 450 agencies.

Note to facilitators Encourage your participants to look at IAWG and consider finding out if their organisations are members or if they are interested in joining. Participants can make a valuable contribution to IAWG by participating in sub-working groups. A link to the IAWG web page is provided on the slide. Make sure you allow enough time for your audience to write this down.

Slide #22: MISP for SRH implementation must 'leave no one behind'

Key Messages

- In every society, individuals and groups are accorded differential status and power, leading to the exclusion and marginalization of certain groups. The inclusion/ exclusion continuum is a dynamic, multi-dimensional process resulting from unequal power relationships at individual, household and community levels, and influencing an individual's access to resources, capabilities and rights.
- It is now well-recognised in humanitarian contexts that certain groups of individuals may be more at risk of protection concerns than others (e.g. adolescent girls, persons with disabilities, LGBTQIA persons).
- Certain attributes such as sex, age, gender identity, disability, race/ethnicity, religion, bodily diversity, and sexual orientation, and other factors including family structure and marital status, all intersect to impact the range of resources and opportunities these individuals can access, their vulnerability to risks, and their capacity to respond to protection concerns.
- Effective humanitarian programming must recognize and analyse the needs of all populations, including marginalized groups. It must also address the intersecting factors that can contribute to exclusion.
- Coordination mechanisms have a key role to play in ensuring that marginalized groups are included in a meaningful way at all stages of the emergency management cycle- from preparedness, to response and recovery.
- The IAFM 2018 sets out the fundamental principles for SRH programming in humanitarian settings. These include action to work in respectful partnership with all communities to ensure equality by meeting people's varied sexual and reproductive health needs; and effective and meaningful participation of concerned persons so that there is 'nothing for us without us'. Establishing these relationships at the onset of emergency can be very difficult so it is important to address this where possible in preparedness.
- Both the Agenda 2030 for Sustainable development and the Agenda for Humanity have an emphasis on 'leaving no on behind'.

Note to facilitators Ask participants to look at the reverse side of the MISP for SRH Cheat Sheet. A summary of the fundamental principles for SRH programming in humanitarian settings is included at the top of the page. Allow some time for participants to read through and facilitate a brief discussion on which principles are important to the 'leave no one behind agenda'.

Slide #23: Objectives of the MISP for SRH

Key Messages

- The MISP is a set of priority activities involving coordination, services and strengthening health care systems. It is also understood that no one agency can implement the MISP and that the delivery of activities of the MISP need to be implemented simultaneously through coordinated actions with all relevant partners.

- The 2018 MISP has six objectives:

  1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP

  2. Prevent sexual violence and respond to the needs of survivors

  3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other sexually transmitted infections (STIs)

  4. Prevent excess maternal and newborn morbidity and mortality

  5. Prevent unintended pregnancies

  6. 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

- In addition, the other SRH Priority Activity of the MISP for SRH states that it is important to ensure that safe abortion care is available to the full extent of the law, in health centres and hospital facilities at the onset of the crisis where there is existing capacity.

- Providing comprehensive sexual and reproductive health care to all members of a crisis-affected population is an overarching goal of the health sector and if financial, human, and material resources are available at the onset of an emergency, it should be the aim of the SRH response.

Note to facilitators Ask participants to take a few minutes to look through their copy of Chapter 3 of the 2018 IAFM and the MISP for SRH Cheat Sheet. Encourage them to review the objectives and to ask any questions they may have at this point.

The next section will go through each of the MISP objectives and other SRH priority. Where possible try to bring examples from your own context to highlight the impact and challenges of each.

Slide #24: Objective 1: Ensure the health sector/ cluster identifies an organisation to lead implementation of the MISP

Key Messages

- The first Objective of the MISP for SRH is to ensure that the health sector/ cluster identifies an organization to lead implementation of the MISP.

- "From the beginning of the response in each humanitarian setting, the health sector or health cluster must identify a lead SRH organization. This can be an international non-governmental organisation (NGO), the Ministry of Health (MOH), or a United Nations (UN) agency. The nominated organisation, which is the one identified as having the greatest capacity to fulfil this role, immediately dedicates a full-time SRH Coordinator for a minimum period of 3-6 months to provide operational and technical support to the health partners and facilitate coordinated planning to ensure the prioritization of SRH and effective provision of MISP services" (IAFM 2018 p20).

- As there are many competing priorities at the onset of an emergency, it is important to ensure that attention is always paid to SRH in health sector/ cluster coordination meetings.

Slide #25: Ensure the health sector/ cluster identifies an organisation to lead implementation of the MISP

Key Messages

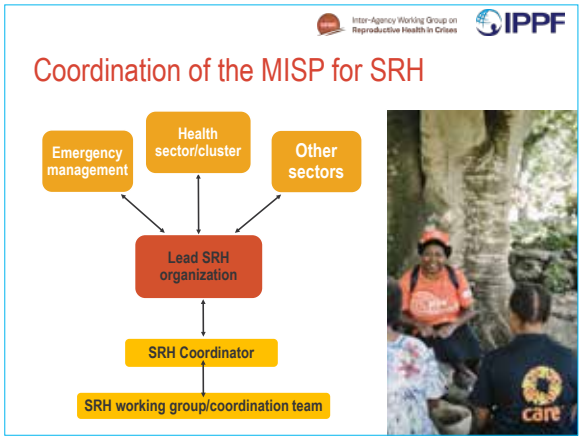
- In response to this, the MISP for SRH defines the priority activities listed on this slide.

- Explain coordination is included as a MISP objective as it is not possible for one agency to implement the MISP, it requires coordination between SRH, health and humanitarian actors to ensure effective implementation.

Note to facilitators Allow participants a few minutes to read through the priority activities that support MISP for SRH Objective 1. Remind participants that these are also listed on their MISP for SRH Cheat Sheet and that this will form a useful resource for them when they return to their workplaces. If time permits, can give an example from your own experience of implementing objective 1.

Slide #26: Coordination of the MISP for SRH

Key Messages

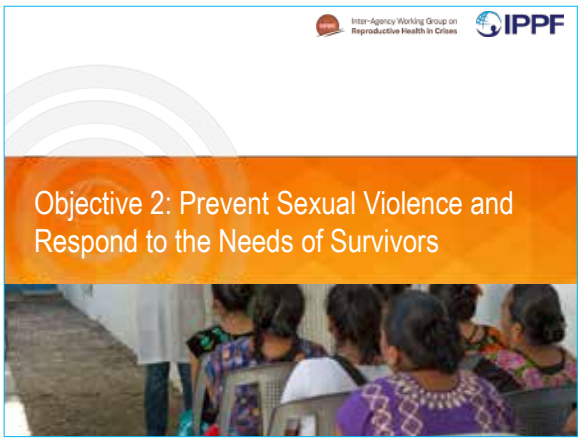


- This slide provides an overview of the levels of coordination needed for MISP implementation.
- The lead SRH organization must work in collaboration with the national or sub-national health sector and/or global health cluster (whichever is operational), emergency management agencies, and other relevant sectors (such as those agencies responsible for protection).
- The lead organization must also nominate an SRH Coordinator to provide technical and operational support to all agencies providing health services. The other roles of the SRH Coordinator will be discussed in detail in following slides.
- Finally, the SRH Coordinator will generally work with the SRH working group or coordination team to ensure MISP implementation.

IPPF/Isabel Corthier

Slide #27: Objective 2: Prevent Sexual Violence and Respond to the Needs of Survivors

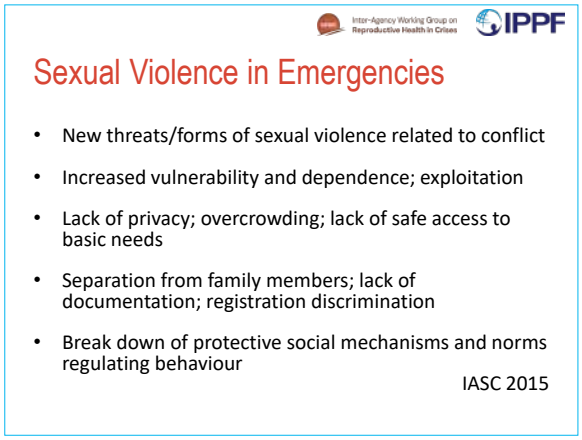
Key Messages



- The second Objective of the MISP for SRH is to prevent sexual violence and respond to the needs of survivors.
- "Sexual violence is often a frequent occurrence in all types of humanitarian settings and especially in conflict situations. Survivors of sexual violence can be of any sex, gender, or age. Survivors can be women, men, adolescents, people with disabilities, young children, LGBTQIA people, ethnic and religious minorities, and sex workers, among others. Women and girls are most affected. Perpetrators of sexual violence are often male intimate partners (including spouses) or others known to survivors (family, friends, or community members) or may be from among people in uniform, including security/ peacekeeping forces and combatants" (IAFM 2018 p23).
- "All actors in humanitarian settings must be aware of the risks of sexual violence and those related to sexual exploitation and abuse and coordinate multi-sectoral activities to prevent these and protect the affected population, particularly women, girls, and other at-risk populations" (IAFM 2018 p23).

Slide #28: Sexual Violence in Emergencies

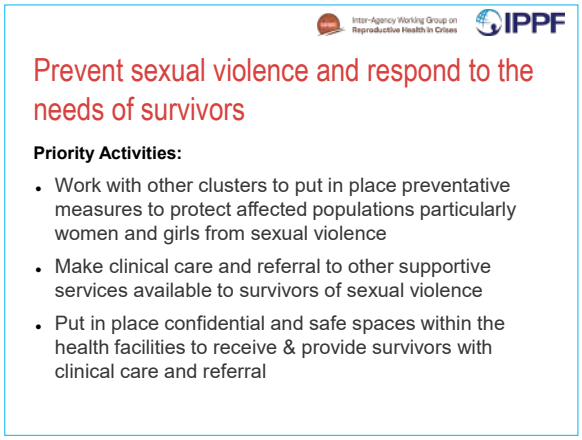
Key Messages



- Gender based violence (GBV) occurs in all societies and cultures and in both stable and emergency contexts.
- Natural disasters, conflict and emergencies which result from other hazards often exacerbate violence, diminish means of protection and increase risks of trafficking and early marriage (IASC 2015).
- New threats or forms of gender based violence may emerge, such as those associated with the presence of armed forces or aid workers, overcrowding, separation from family and the breakdown of protective social and legal mechanisms.
- GBV in all its forms is an issue in crisis settings. However, agencies agree that preventing sexual violence and responding to the needs of survivors of sexual violence is the minimum intervention that needs to take place in the early phase of an emergency because of the immediately life-threatening impact of this form of GBV.

Slide #29: Prevent sexual violence and respond to the needs of survivors

Key Messages

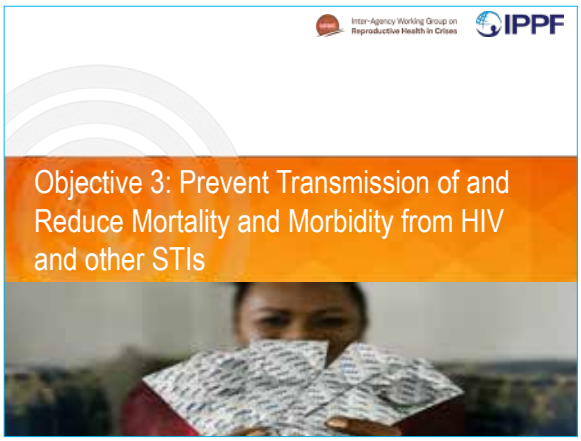


- In response to the threats of sexual violence in humanitarian settings, the priority activities listed on this slide are included under the second Objective of the MISP for SRH.
- Activities under Objective 2 highlight the importance of working with actors from different sectors to prevent and respond to the needs of survivors, and putting survivors at the center of care.

Note to facilitators Allow participants a few minutes to read through the priority activities that support MISP for SRH Objective 2. Remind participants that these are also listed on their MISP for SRH Cheat Sheet and that this will form a useful resource for them when they return to their workplaces. If time permits, give an example from your own experience of implementing objective 2.

Slide #30: Objective 3: Prevent Transmission of and Reduce Mortality and Morbidity from HIV and other STIs

Key Messages

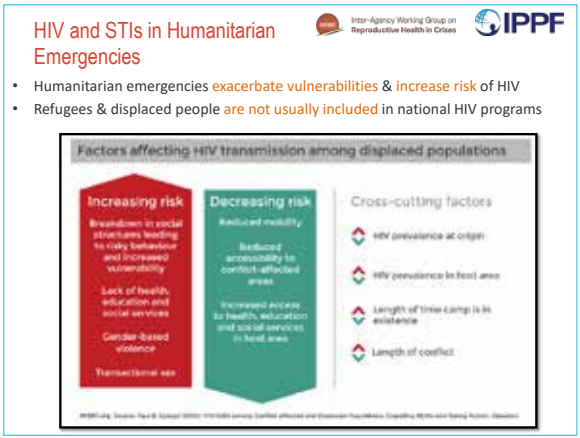


- The third Objective of the MISP for SRH is to prevent transmission of and reduce mortality and morbidity due to HIV and other STIs.
- "Significant progress has been made over the last 3 decades in response to the human immunodeficiency virus (HIV) epidemic globally. However, addressing HIV remains an ongoing challenge, particularly in humanitarian contexts. Although a significant proportion of people affected by humanitarian emergencies are people at risk of or living with HIV, access to HIV prevention, treatment, and care is often not prioritized during emergencies" (IAFM 2018 p211).

IPPF/Hannah Maule-ffinch

Slide #31: HIV and STIs in Humanitarian Emergencies

Key Messages

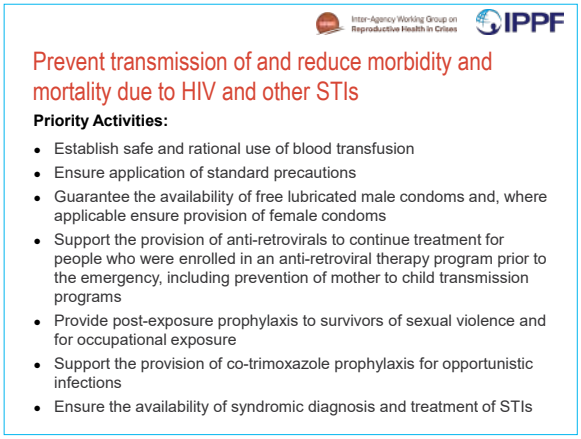


- HIV transmission in humanitarian settings is complex and is dependent on the dynamic interaction of a variety of factors. This includes HIV prevalence and vulnerability of some groups within the population in the region of origin and that of the host population, the level of interaction between displaced and surrounding populations, the duration of displacement, and the location and extent of isolation of the displaced population (e.g., urban versus camp-based refugees) (IAFM 2018).
- The characteristics that define a complex emergency, such as conflict, mass displacement, loss of livelihood, food insecurity, social instability, lack of employment, infrastructural stress, and environmental destruction and powerlessness, can increase affected populations' vulnerability and risk to HIV (IAFM 2018).
- As indicated on the slide, this increased vulnerability occurs through the breakdown of social structures; reduced access to HIV prevention, treatment and care services; exacerbated inequalities and stigmatization of PLHIV; and an increase in GBV.
- Factors which may lead to decreased risk include reduced mobility, and the possibility of increased access to health and education services in host areas.
- In addition to this, refugees and internally displaced people are not usually included in national HIV programs, meaning that prevention and treatment services may not reach them.

Slide #32: Prevent transmission of and reduce morbidity and mortality due to HIV and other STIs

Key Messages

- In response to this, the MISP for SRH defines the priority activities listed on this slide.
- Activities under Objective 3 of the MISP for SRH highlight basic interventions that can be put in place to prevent transmission, and ensure people with HIV and or risk of STI are able to continue to receive care during emergencies.

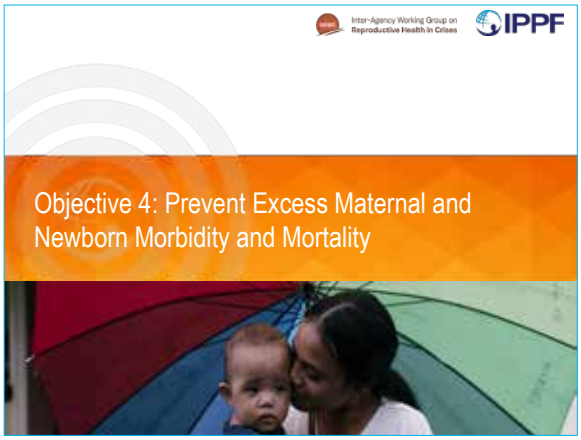


Note to facilitators Allow participants a few minutes to read through the priority activities that support MISP for SRH Objective 3. Remind participants that these are also listed on their MISP for SRH Cheat Sheet and that this will form a useful resource for them when they return to their workplaces. If time permits, can give an example from your own experience of implementing objective 3.

Slide #33: Objective 4: Prevent Excess Maternal and Newborn Morbidity and Mortality

Key Messages

- The fourth Objective of the MISP for SRH is to prevent excess maternal and newborn morbidity and mortality.
- "During labour and the immediate postnatal period is when many maternal and newborn deaths occur. The first day of life is the highest risk period for newborns. This objective addresses the main causes of maternal and newborn mortality and morbidity" (IAFM 2018 p42), and its life-saving interventions must be available in any humanitarian crisis.



Slide #34: Maternal and Newborn Health in Emergencies

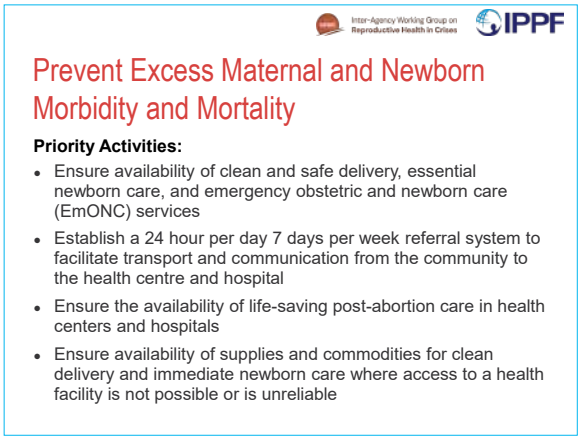
Key Messages

- Humanitarian emergencies disrupt and sometimes destroy health services, increasing vulnerability for pregnant women, newborns and children.
- Unsafe deliveries often increase in these settings as skilled maternal and newborn care providers become unavailable.
- Emergencies also expose women and girls to greater risk of unintended pregnancies and unsafe abortion practices.
- Growing evidence shows that child, early and forced marriage rates increase in crisis settings, including after natural disasters or during conflict (https://www.girlsnotbrides.org/resource-centre/child-marriage-in-humanitarian-crises/). Child marriage is often accompanied by early and frequent pregnancy which results in higher maternal morbidity and mortality rates (https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/ChildMarriage.aspx).
- Humanitarian emergencies affect early pregnancy loss, birth defects, low birth weight and pre-term birth (https://reliefweb.int/report/world/maternal-newborn-and-child-health-emergency-settings).
- Under 5 mortality is becoming geographically concentrated in fragile contexts and demographically concentrated in the newborn period (https://reliefweb.int/report/world/maternal-newborn-and-child-health-emergency-settings).

Slide #35: Prevent Excess Maternal and Newborn Morbidity and Mortality

Key Messages

- In response to this, the MISP for SRH has defined the priority activities listed on this slide.
- The activities prescribed by Objective 4 of the MISP for SRH explain the need to establish referral systems, from community to health facilities, to ensure women and newborns can receive the care they need at time of delivery; and provide basic supplies where this is no possible.



Note to facilitators Allow participants a few minutes to read through the priority activities that support MISP for SRH Objective 4. Remind participants that these are also listed on their MISP for SRH Cheat Sheet and that this will form a useful resource for them when they return to their workplaces. If time permits, give an example from your own experience of implementing objective 4.

Slide #36: Objective 5: Prevent unintended pregnancies

Key Messages

- The fifth Objective of the MISP for SRH is to prevent unintended pregnancies.
- "Over 220 million women, most of whom are in the poorest countries in the world and most of whom wish to use contraception, still do not have access to modern contraceptive methods. Access to contraception decreases during natural or human-created crises, as health systems are compromised. New barriers to access come at a time when many people's desire and need for birth spacing and pregnancy prevention increase" (IAFM 2018 p127).

Slide #37: Preventing Unintended Pregnancies in Humanitarian Emergencies

Key Messages

- At the onset of an emergency it is important to ensure contraceptives are available to prevent unintended pregnancies.

- Contraception is one of the most effective ways to prevent maternal death. "It is estimated that if unmet need for contraception were fulfilled, an additional 104, 000 maternal deaths could be prevented- a 29% reduction in global maternal mortality" (https://www.rescue.org/sites/default/files/document/1728/familyplanningwhitepapercompletespreadina4web.pdf).

- Making a range of long-acting reversible and short-acting methods of contraception available is a life-saving intervention in humanitarian settings. It is also empowering and cost-effective but a gap in the provision of contraception during emergency response remains due to a lack or prioritization and funding.

- "Strong evidence demonstrates that family planning services can and should be integrated into each stage of humanitarian interventions, from preparedness, to response and recovery" (https://www.rescue.org/sites/default/files/document/1728/familyplanningwhitepapercompletespreadina4web.pdf).

- The need for family planning services and supplies becomes more acute in emergency settings. Women and girls affected by armed conflict and natural disasters are at increased risk of unintended pregnancy, maternal morbidity and mortality, including unsafe abortion (see http://iawg.net/wp-content/uploads/2017/07/FP-in-humanitarian-contexts-IAWG-.pdf).

Note to facilitators If participants are interested in learning more about family planning in emergencies, encourage them to explore:

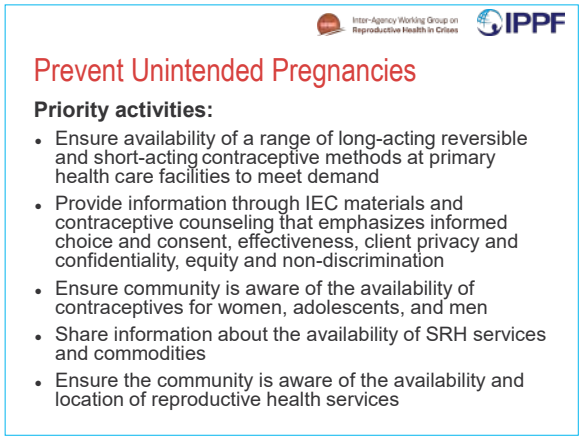
http://iawg.net/wp-content/uploads/2017/07/Family-planning-white-paper-complete-spread-in-US-LETTER-WEB.pdf

http://iawg.net/wp-content/uploads/2017/07/FP-in-humanitarian-contexts-IAWG-.pdf

Slide #38: Prevent Unintended Pregnancies

Key Messages

- In response to this, the MISP for SRH defines the priority activities listed on this slide.
- The activities under the fifth Objective of the MISP for SRH emphasise the provision of a range of contraceptive methods including long term methods, to enable informed choice, and to ensure the community is aware of services.



Note to facilitators Allow participants a few minutes to read through the priority activities that support MISP for SRH Objective 5. Remind participants that these are also listed on their MISP for SRH Cheat Sheet and that this will form a useful resource for them when they return to their workplaces. If time permits, give an example from your own experience of implementing objective 5.

IPPF/Ellena Ashley Williams

Slide #39: Objective 6: Plan for comprehensive services, integrated into primary health care as soon as possible

Key Messages

- The sixth Objective of the MISP for SRH is to plan for comprehensive SRH services, integrated into primary health care as soon as possible. To work with the health sector/ cluster partners to address the six health system building blocks (service delivery, health workforce, health information system, medical commodities, financing, and governance and leadership).
- "the MISP is designed to form the starting point for SRH programming. It was developed based on well-documented evidence of SRH needs in humanitarian settings, and therefore, the four 'clinical service delivery' components of the MISP (prevent and manage the consequences of sexual violence, prevent and respond to HIV, prevent excess maternal and newborn morbidity and mortality, and prevent unintended pregnancy) can be put in place without an in-depth SRH needs assessment among the affected population. Even in settings where other service components of SRH are provided, such as an antenatal care or safe abortion care, it is important to ensure that the MISP objectives are also implemented, as they are high priority actions" (IAFM 2018 p52).
- "When planning for the delivery of comprehensive SRH, the clinical services put in place as part of the MISP should be sustained, improved in quality, and expanded upon with other comprehensive SRH services and programming throughout protracted crises, recovery and reconstruction" (IAFM 2018 p52).

Note to facilitators Refer to the diagram on slide #19 to help emphasise the transition from MISP to comprehensive

Slide #40: Plan for Comprehensive SRH Services

Key Messages

- The health systems building blocks are a useful tool for understanding and comprehensively considering the different components that interact to form a health system. All elements are needed to deliver health services effectively.
- When planning for the transition to comprehensive SRH services, each of the building blocks needs to be considered to ensure activities help sustain, improve and expand SRH services within the primary health care system.

Note to facilitators

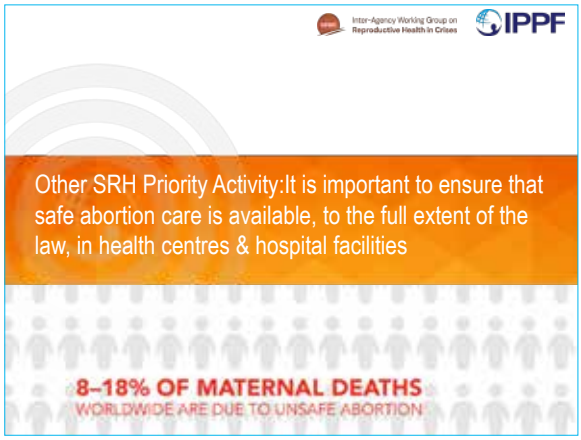
Health Systems Building Blocks:

Allow participants time to read through the table on the slide and ask for any questions or discussion points.

- Ask participants to reflect on how the health system building blocks could help them to address the transition from MISP towards comprehensive SRH services in an emergency setting? Ask them to also highlight any challenges and potential strategies to overcome them?
- After about 10 minutes ask them to feed back on the key points of the discussion, including any challenges and strategies raised. Ask different tables about different building blocks.
- Make sure that participants mention the importance of working with all stakeholders, including the community, when planning for comprehensive services. Highlight the roles different actors may play planning for comprehensive SRH services.
- For further information on these components for either yourself or your participants, and to facilitate the above discussion refer to IAFM 2018 pages 54-55.

Slide #41: Other SRH Priority Activity

Key Messages



- Access to safe abortion care, to the full extent of the law, in health centers and hospital facilities is defined as an 'other priority activity' in the IAFM 2018.

- "Access to safe abortion care (SAC) to the full extent of the law should be facilitated from the onset of an emergency by direct service provision or referral to trained providers. In most countries, induced abortion is legally permitted in at least some circumstances, particularly for early abortion. In many countries abortion is allowed if the pregnancy threatens the physical and mental health of the woman and when the pregnancy results from rape or incest. Programs should identify the conditions under which national policies, signed international agreements and international humanitarian and human rights law permit the provision of SAC" (IAFM 2018 p60).

IPPF/Tom Pilston

Slide #42: Safe Abortion Care in Humanitarian Emergencies

Key Messages

- Evidence demonstrates that access to safe abortion for all women and girls is critical to saving their lives, given that unintended pregnancies and unsafe abortions are major causes of maternal mortality.
- Medical care for abortion is not a difficult procedure.
- Global data indicate that unsafe abortion is present in countries where safe abortion care is not accessible to all women and girls and that the need for safe abortion services likely increases in humanitarian settings. As sexual violence is associated with war and acute crises, the trauma resulting from sexual violence may be exacerbated if the incident results in a pregnancy. Because of this, many international agreements and human rights expert bodies support the provision of SAC for women who are raped in crises; international human rights law supports access to SAC across all settings" (IAFM 2018 p60).
- While abortion is restricted in many places, it is only illegal in 5 countries: Dominican Republic, El Salvador, Nicaragua, Vatican City and Malta.
- Abortions still occur in places where it is illegal, often in unsafe conditions.

Slide #43: Exploring the MISP Objectives

Exploring the MISP Objectives

This activity will allow your audience to engage with the MISP and develop a deeper understanding of its important objectives. This activity should be considered optional depending on time.

Time

25 minutes

Process

- The activity may be done in one of two ways, depending on how many participants are in attendance at the workshop:

1. If you have a small number of attendees (fewer than 12), divide participants into pairs and ask them to consider the six objectives of the MISP and other SRH priority activity. Their task is to create an infographic/diagram linking the need for SRH information, services and supplies in humanitarian settings to the MISP for SRH that would be useful in their context. If there is internet connectivity and participants have laptops, this may be done through online tools such as Piktochart, Canva or other. If computer technology is not available, participants can use flipcharts and markers. If using flipcharts, take photos of their work and share in follow-up to the workshop.
2. If you have more than 12 attendees, divide participants into small groups or pairs and assign them different objectives.
3. Advise participants to refer to Chapter 3 of the 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings and MISP Cheat Sheet to help put their picture together.
4. When participants have spent approximately 20-30 minutes on this task, ask them to reconvene and present their infographic/diagram. This is particularly important when you have more than 12 attendees so that participants have a broad understanding of all six MISP objectives.
5. After presentations are complete, 'quiz' your participants in an informal manner on the components of the MISP for SRH. This can be done by asking rapid-fire questions to the group as a whole, or in any other way that will re-inforce these important concepts for the group.

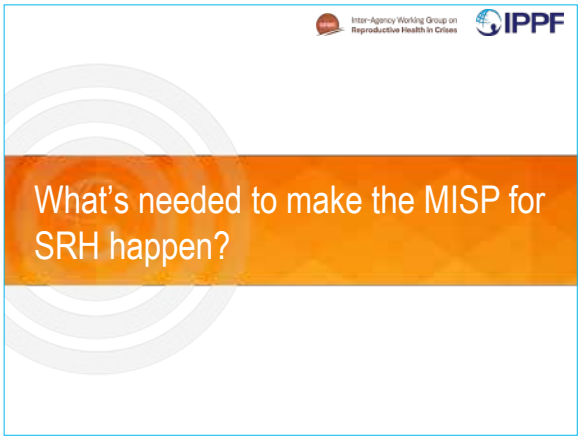
Materials

- IAFM 2018 Chapter 3: The Minimum Initial Service Package/MISP Cheat Sheet
- Flip charts or Laptops
- Colour pens or pencils

Slide #44: What's needed to make the MISP for SRH happen?

Key Messages

- Now that we know what is needed to save lives and prevent disability from SRH related causes in humanitarian settings, it is important to explore what is needed to make the MISP for SRH happen, and the role all of those in attendance at the workshop can play in ensuring its implementation.



Slide #45: What's needed to make the MISP happen?

Key Messages

- Providing life-saving high-quality rights-based SRH services in humanitarian settings requires a multi-sectoral, integrated approach.
- This slide shows the 'Cluster System' which is a global mechanism (developed by the InterAgency Standing Committee- primary body for humanitarian assistance coordination) to ensure coordination per sector-area (i.e. there is a health cluster, a shelter cluster, an education cluster, GBV as a cross-cluster, etc.).
- Protection, health, nutrition, education as well as water, sanitation, and hygiene and community service personnel all have a part to play in planning and delivering SRH services.
- Clusters are generally led by agencies having the greatest capacity to fulfil this role. Can be from government, UN or INGO agencies and may exist at a national or sub national level depending on crisis.
- The best way to ensure that SRH services meet the needs of the affected population is to involve the community in every phase of the development of those services; only then will people benefit from services specifically tailored to their needs and demands and only then will they have a stake in the future of those services.

Note to facilitators It is very important for you to present context-specific information on the particular agencies or organisations involved with planning for and delivering each of the services provided in the MISP. You should have representatives of these organisations and agencies in your audience and it is important that they are recognised for their role (or potential role) in providing these life-saving services. If possible, invite an appropriate government representative to talk about preparedness and response mechanisms in your context. It is better to discuss this with them in advance so they are prepared to share key information with participants. If you are planning on doing the mapping exercise, explain there will also be an opportunity to go more in depth through mapping at the end of the day.

Slide #46: National Coordination mechanisms

This slide has been left blank so that important information about context-specific coordination mechanisms may be added. This is important for policy makers to understand the role they might play in ensuring the implementation of the MISP for SRH.

IPPF/Isabel Corthier

Slide #47: What's needed to make the MISP happen?

Key Messages

- To ensure that the MISP is implemented during a humanitarian emergency, action is needed before a crisis hits.
- As part of long-term preparedness planning, it is important to:
  - Make sure SRH is included in disaster risk reduction/mitigation, emergency preparedness and response plans
  - Address laws, policies and practices that affect whether people in crises can access SRH services
  - Assess and prepare human resources, infrastructure, policy, funding, supply, health information system and logistics systems
  - Ensure linkages with all relevant partners, including community-based organisations, people living with disability, LGBTQIA groups and other marginalised populations.
  - Include the MISP in national training curriculums for doctors, nurses, midwives, disaster risk management personnel and others
- These actions create an enabling environment which makes addressing SRH needs in crisis easier and more likely to be adequate, accessible and appropriate.

Note to facilitators Highlight any work in preparedness that has been done in your context. Thank and congratulate representatives from any involved organisations or encourage future involvement where necessary. Be as specific as possible in mentioning responsible agencies and organisations. For more examples of preparedness activities can see Handout #20 in Program Managers Manual

Slide #48: What's needed to make the MISP happen?

Key Messages

- Coordination is critical for implementation of the MISP during a humanitarian crisis.
- During an emergency, it is important to:
  - Make sure SRH is prioritised in coordination mechanisms and funding proposals
  - Ensure all 6 objectives of the MISP and the other priority activity (to the full extent of the law) are implemented in collaboration with SRH actors and other actors such as those involved in protection and logistics.
  - Ensure interventions use a gender responsive and inclusion lens
  - Consider the inclusion of marginalised groups across all stages of the response in coordination and implementation to ensure improved reach of response.

Slide #49: What's needed to make the MISP happen?

Key Messages

- After the acute phase of a crisis has passed, it is important that lessons learnt are recorded and applied to future planning and response.
- After an emergency, it is important to:
  - Make sure evidence of SRH impact is documented and lessons learnt are shared
  - Work to rebuild stronger health systems

Slide #50: What's needed to make the MISP happen?

Key Messages

- Funding is necessary to make the MISP happen across all stages. There are a number of avenues available for funding to support MISP planning and response.
- The MISP saves lives. As life-saving activities, implementation of the MISP and individual MISP activities qualify for Central Emergency Response Funding (CERF)
- There are many other donors that would be willing to support a Ministry of Health or other lead organisation's plan of action to ensure the MISP is implemented
- At a national and sub-national level, budget including advocacy and integration of MISP activities into budget lines might be necessary
- Policy makers should realize that the MISP is life-saving but it is also critical to quickly secure funding to plan for the transition from the MISP to comprehensive SRH

Note to facilitators It is very important for you to contextualise this information and present context-specific information on funding national and sub-national mechanisms.

Slide #51: What's needed to make the MISP happen?

Key Messages

- Getting supplies to a humanitarian setting can be a challenge. When possible, it is important to use supplies and commodities that are available in-country or that have been pre-positioned in the region.

- However, to implement the service delivery components of the MISP, the Inter-Agency Working Group on Reproductive Health in Crises designed a set of kits containing medicines and other commodities aimed at facilitating the implementation of these priority SRH services: the Inter-Agency Emergency Reproductive Health Kits (IARH Kits) supplied by UNFPA.

- The IARH Kits are designed for use at the onset of the humanitarian response, even in the most conflict-affected and resource-poor settings. Specifically, none of the equipment in the IARH Kits depends on electricity. The supplies contained in the IARH Kits are calculated to be sufficient for a three-month period for the population size covered by the health facility level targeted by each IARH Kit. These are not intended to sustain the response but to enable supplies to be available during the initial chaos.

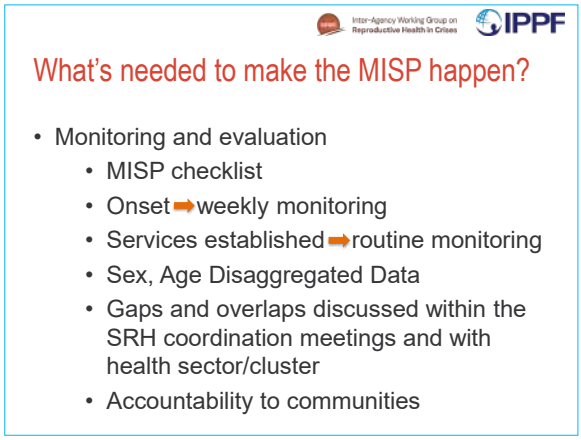
- Through 2018, the 13 IARH Kits are divided into 3 sets; each set is based on the health facility level most likely to deliver those services. In 2019, the composition and structure of the IARH Kits will change, which has implications for forecasting.

- Finally, although menstrual hygiene is not a part of the MISP, UNFPA also has "dignity" kits that can be obtained at the outset of an emergency. These are often locally made with input from the community as to what is culturally appropriate.

Slide #52: What's needed to make the MISP happen?

Key Messages

- Monitoring and evaluation is a critical part of MISP implementation.
- The SRH Coordinator implements the MISP checklist to monitor service provision in each humanitarian setting
- In some cases, this may be done by verbal reporting from SRH managers and/or through observation visits



- At the onset of the humanitarian response, weekly monitoring should be implemented. Once services are fully established an agreed upon, routine monitoring and evaluation should be put in place to determine progress towards quality MISP and comprehensive SRH services
- It is important to collect sex, age, disaggregated data in a response to help improve quality of activities. As soon as possible disaggregation of things such as disability should also be collected
- Gaps and overlaps in service coverage should be discussed within the SRH coordination meetings and at health sector/cluster coordination mechanisms to find and implement solutions

Note to facilitators If time permits, allow participants to look through the MISP checklist (included in their copy of the IAFM 2018 Chapter 3).

Slide #53: The importance of the MISP

Note to facilitators As a way of reviewing the workshop so far, ask participants why they think the MISP is important. Facilitate a brief discussion before revealing the contents of the slide.

Slide #54: The importance of the MISP

Advocacy exercise

This exercise is included to encourage participants to engage with, reiterate and practice the advocacy messages which are woven throughout the workshop.

Time

30 minutes

Process

- Divide participants into pairs.
- One person will adopt the role of humanitarian agency stakeholder and the other of policy maker. The pairs should determine the specific positions and agencies of each of the actors in the role pay. The facilitator though, may suggest relevant agencies depending on context.
- The role of the humanitarian stakeholder is to ask for MISP related preparatory and planning support from the policy maker, using the key messages from the content of the workshop. Initially, the policy maker should be skeptical about the need for SRH interventions in emergencies and it is the job of the humanitarian stakeholder to make a convincing argument. The stakeholder only has a minute to convince the policy maker before they need to leave.
- Pairs will have 10 minutes for this exercise after which they will reassemble as a large group to share reflection on what messages worked, any challenges faced.
- After discussion can share handouts #4 and #2 with participants to see similarities in advocacy points used and suggestions for future advocacy work.

Materials

Participant Handout #2 and #4

Note to facilitators Time permitting, pairs can do the exercise, switch roles, and do the exercise again before reassembling.

If you are not continuing on to session 3 insert slide #56 here and refer to closing notes on page 65.

Break or close

Session 3: Next Steps and Summary

45 Minutes

Slide #55: Next steps

Note to facilitators Session 3 meets the fourth (optional) learning objective and as such, this exercise should only be facilitated if this works for the audience composition. Introduce the activity by reiterating the importance of planning and preparedness.

Next Steps Activity

This activity will allow participants to consolidate their learning and advocacy messages from the workshop and discuss concrete next steps to support the provision of SRH information and services in emergencies.

Time

45 minutes

Process

- Divide participants into small groups, likely around tables or by organization. Distribute copies of the handout.
- Ask the groups to consider the following: If an emergency was to happen tomorrow, would their current response system be able to address the objectives of the MISP and the other SRH priority? Ask them to note any likely gaps in the first column.
- In the remaining two columns, ask participants to consider what activities they could do in preparedness and during the response to address these gaps, and better support MISP implementation. If you have many policy makers in the room ask them to identify any specific policies/plans/and processes that could be used to support MISP implementation.
- After the handouts have been completed, ask tables to report back on one to two key activities identified.

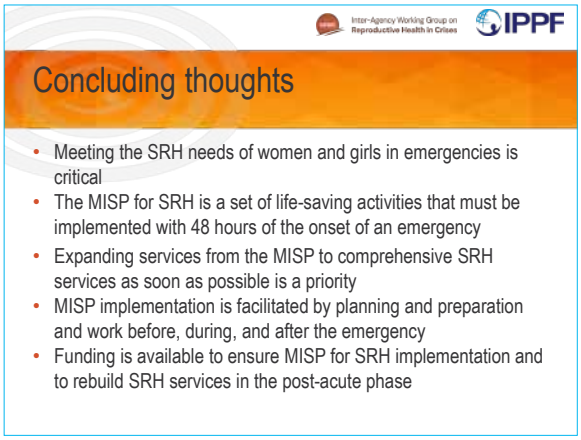
Note to facilitators Highlight that more in depth MISP readiness assessments tools are available if participants would like to pursue planning after the workshop to identify key preparedness actions.

Materials

Participant Handout #3

Slide #56: Concluding thoughts

Key Messages



- To recap the most essential points covered into today's workshop:
- Meeting the SRH needs of women and girls in emergencies is critical and an essential part of any humanitarian response
- The MISP for SRH is a set of life-saving activities that must be implemented with 48 hours of the onset of an emergency
- Expanding services from the MISP to comprehensive SRH services as soon as possible is a priority
- MISP implementation is facilitated by planning and preparation and work before, during, and after the emergency
- Funding is available to ensure MISP for SRH implementation and can be leveraged to rebuild SRH services in the post-conflict/ emergency period
- Ask participants for any questions or comments.

Note to facilitators Provide all participants with a copy of Participant Handout #4, if you have not done so already, which contains important take-home advocacy messages.

Close

Thank all participants and their organisations for attending before officially drawing the workshop to a close.

You might like to invite a participant to perform the closing ceremony for your workshop.

This is an opportunity to celebrate the achievements of your participants. Plan for a closing ceremony and/or presentation of certificates in line with cultural preferences.

Annex: Facilitation & Training Skills

For your session to be successful

- Be prepared, and have extensively reviewed all of the training materials, notes, exercises and links before the training starts.
- Know what the learning outcomes are that you want the learners to achieve for every exercise, session and period of learning.
- Constantly focus on the learners, and adapt the pace to the needs of the group, whilst recognising that time keeping is critical. Training should always start and finish on time.
- Remember that your role is to facilitate discussion and learning. You are not expected to be the font of all knowledge. Participants also have a wealth of knowledge and experience to share and it is important that they also accept responsibility for their own learning. Ensuring that you have a team of facilitators with different backgrounds, skills and experience will also bring different perspectives and knowledge to the training.
- Enable the learners to generate self-motivation for the learning and provide clear input explaining the subject being covered and how to apply it.
- Reflect on your own performance, tracking the responses from the learners and then assessing these responses in order to generate improvements to future sessions. Collect informal feedback from participants at the end of the day to assess how future sessions can be adapted or improved.

Adult Learning Principles

There are six generally understood characteristics of adult learning[1] which are important for trainers to understand. Adult learners are:

1. Autonomous and self-directed
2. Experienced and knowledgeable which they want to draw on
3. Goal orientated
4. Relevance orientated
5. Practical
6. Need to be shown respect

1 Identified by Malcolm Knowles, a pioneer in the field of adult learning, in 1970

Common concerns for New Trainers

Public Speaking

Tips

- Everyone gets nervous about public speaking, the only difference is that some people are more experienced, or can hide their nervousness more. But it is very normal to be nervous!
- Be prepared: make sure you have read through the materials and facilitator notes a few times and are very familiar with the content; this will help reduce nervousness.
- Take a deep breath before starting. Normally, the first few minutes are the most difficult and then it becomes easier.
- Enjoy! If participants can see that you are passionate and engaged in the course, they will be too.

Having participant ask difficult questions that you don't know the answer to

Tips

- Sincerity shows. If you don't know the answer, admit it and work together with the participants to decide where, collectively, you might find the answer to this.
- Remember: being a facilitator does not make you the font of all knowledge.

Controlling the room

Tips

- Occasionally there will be a participant that is deliberately disruptive and undermining. If this happens, always remain calm. Try to adopt an open listening style and try not to get too defensive. If questions and interruptions are hostile, deflect them back to the group to answer which will often help calm the situation.
- Sometimes people read emails, don't engage, are late back from lunch or breaks etc. It is important to remember that this is adult learning, and adults generally do not respond well to being treated like children. Assertive is always better than aggressive. Try to keep calm, and explain to participants that not engaging or being late is detrimental to the whole group. Ask the group to come up with ideas for how this behaviour should be addresses.

Remember: the more times you facilitate training or orientation, the better it will get. After each training, reflect on what went well and what could have gone better, and document this to ensure continual learning and improvement. Share your reflections with others. Consider engaging with the IAWG Community of Practice (CoP) for this. Advocate internally for a facilitator CoP forum to share experiences.

STEEL

IPPF/Kathleen Prior

Our sincere appreciation extends to the Australian Government for their commitment in safeguarding the rights and dignity of persons living in crises, particularly of women and girls.