Training Report on the Adolescent Sexual and Reproductive Health in Emergencies Training of Trainers' Workshop
October 21–24, 2019
Bogotá, Colombia

Summary

The Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis conducted a regional training on *Adolescent Sexual and Reproductive Health (ASRH) in Emergency Settings* in Bogotá, Colombia. The training was organized as a Training of Trainers' (TOT) workshop by the Adolescent Sexual and Reproductive Health (ASRH) sub-working group of the IAWG and led by IAWG and CARE. The two-fold objective of the training included building capacity of participants on ASRH in Emergency Settings core components, best practices, tools, and resources, as well as mentoring participants on how to teach the material to other humanitarian colleagues. The training curriculum used lessons learned from the pilot TOT workshop in Cox's Bazar, Bangladesh, and the first regional TOT workshop in Amman, Jordan.

Group photo from last day of training. Participants wrote one word/phrase to describe ASRH.

IAWG ASRH Grant

In a renewed effort to globally rollout the ASRH training and create a pool of trainers that can further disseminate the training in emergency settings and reinvigorate efforts to mainstream and prioritize ASRH in emergency responses, the IAWG ASRH sub-working group—in collaboration with Save the Children and the Women's Refugee Commission—sought funding from the Ministry of Foreign Affairs of Netherlands. With the secured funding, the IAWG ASRH

sub-working group has engaged a roving ASRH specialist from January 2018–September 2020. Over the course of nearly three years, the IAWG roving ASRH specialist will be hosted at Save the Children to advance and institutionalize ASRH programming in humanitarian settings through training, technical assistance, and monitoring and evaluation support.

Background of the ASRH Toolkit & Trainings

Adolescents aged 10-19 years old represent a large portion of the population affected by crises. In times of conflict or natural disaster, they are faced with chaos, violence, personal trauma, the loss of family and community support, and the disruption of school, friendships and social norms. Adolescents are often burdened with great responsibilities, becoming caregivers and wage earners at a time when they have lost the guidance of role models and community leaders. At the same time, adolescents are at heightened risk of sexual violence, exploitation, and risky sexual behavior—leaving them vulnerable to HIV, early pregnancy, and psychological trauma, among other consequences. Humanitarian program managers and healthcare providers find themselves confronted with the challenge of addressing these needs among other competing priorities, when they might have no prior experience or training in adolescent sexual and reproductive health.

In response to this gap, Save the Children and UNFPA developed a toolkit in 2009 to help humanitarian program managers and healthcare providers obtain the right resources to make programs acceptable, accessible, and appropriate for adolescents in emergency situations. They worked under the strategic and technical guidance of an inter-agency Technical Advisory Group—comprising of the Women's Refugee Commission, International Rescue Committee (IRC), RAISE, Pathfinder International, John Snow Inc., Centers for Disease Control and Prevention, Columbia University, UNICEF, and UNHCR.

Since 2009, guidance and best practices for ASRH in emergency settings have expanded; thus, the trainings on the ASRH toolkit have changed accordingly. Given that the original version of the Toolkit was published in 2009 and rolled out in 2010, the ASRH sub-working group of the IAWG decided the training content would require updating, including:

- Recent evidence on recommended best practices on ASRH as presented in the 2018 updated versions of the Minimum Initial Service Package (MISP) for Reproductive Health and Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings;
- Examples of ASRH programming in emergencies that applied the principles of the ASRH Toolkit and;
- More current language and innovations that are shaping ASRH within the global space.

Updating the training materials began in July 2018 with the intent to pilot-test the training package in Cox's Bazar in October 2018. The revision process included updating the training materials and the facilitator's guide, integrated with review and feedback from members of the IAWG ASRH sub-working group. In addition, the revised materials matched the updated versions of the MISP and IAFM, which together form a comprehensive technical guide to implement sexual and reproductive health assistance in emergency settings.

In October 2018, IAWG, Save the Children, and CARE co-facilitated a pilot TOT workshop on the ASRH Toolkit for Humanitarian Settings in Cox's Bazar. The facilitators used learnings from the pilot to update the training package for future ASRH in Emergencies TOT workshops and any other capacity building opportunities for SRH sub-working groups or coordination efforts on ASRH in emergency settings. In April 2019, IAWG, Save the Children, and CARE utilized the revised training package to roll-out the first regional ASRH in Emergencies TOT workshop in Amman.

The objective of these regional trainings is to create a network of peers from each region who can become ASRH champions—both in leading ASRH activities in their response plans and in cascading the trainings to others—as well as collaborate with each other and engage with the larger IAWG ASRH network. A unique element of the ASRH TOT structure for this grant is the continuous mentorship from the IAWG roving ASRH specialist. Following the Cox's Bazar training, the specialist has followed each of the participants to support their action plans, including mapping ASRH services and planning a TOT workshop for their SRH sub-cluster.

LAC ASRH TOT Workshop

Two facilitators from CARE and IAWG conducted a regional TOT workshop on ASRH in emergency settings from October 21–24, 2019 in Bogotá, with significant support from an SRH advisor from the International Rescue Committee (IRC) for leading group exercises and feedback sessions. The workshop also employed a translation company to provide simultaneous translation of Spanish and English, as the two facilitators did not speak Spanish.

Translation agency staff providing simultaneous translation for participants and facilitators during training.

The workshop brought together SRH program managers and specialists from the Latin America and the Caribbean (LAC) region, representing staff from six countries—Bolivia, Colombia, Ecuador, El Salvador, Guatemala, and Venezuela. During the four-day training, participants learned ASRH material, including best practices, interventions, tools, and resources, and received mentorship on how to teach ASRH content to other humanitarian colleagues. The training was facilitated by Anushka Kalyanpur, Lead for SRHR in Emergencies with CARE and Katie Meyer, Senior Specialist for Adolescent Sexual & Reproductive Health with IAWG. A colleague from IRC, Lina Rojas, helped facilitate group exercises in Spanish and provide individualized feedback following teach-back sessions. Please find a complete agenda of the workshop in Annex 1.

Participant Selection

The facilitators used clear selection criteria for the LAC regional TOT workshop following learnings from the pilot and MENA regional TOTs and circulated the criteria to the IAWG ASRH sub-working group and Colombia SRH cluster to propose potential candidates. The selection criteria for the workshop included candidates who:

- Are managers or technical specialists on SRH programming;
- Have conducted an organized training of 2 or more people;
- Have implemented components of MISP;
- Are currently supporting emergency program;
- Have support from supervisor to actively participate in all sessions

The IAWG ASRH sub-working group co-leads shared the criteria with sub-working group members, as well as with the SRH cluster in Colombia, and requested agencies to submit potential candidates from the LAC region. The facilitator team received 42 applications from nearly 30 organizations, including UN agencies, international and local non-governmental organizations, foundations, hospital centers, and academic institutions, highlighting the significant demand for capacity building opportunities on ASRH in Emergencies. The facilitators chose 18 applicants to participate in the four-day workshop. Please find the attendance list in Annex 2.

Prior to the workshop, all participants were required to submit copies of their MISP certification and participate in a pre-training webinar. The 1.5-hour webinar provided an overview of the workshop and expectations of participants; briefly introduced ASRH in emergencies key concepts; and reviewed MISP objectives and relevance to ASRH. The webinar encouraged participants to ask questions throughout the pre-training session and answered additional logistical questions at the end. IAWG solicited the support from a CARE colleague who spoke Spanish to deliver the webinar in Spanish to selected participants. The webinar was recorded and is now available as a resource for IAWG members and TOT participants.

Objectives and Structure of Workshop

Following successes from Jordan, the LAC workshop closely aligned with the structure of the MENA workshop—dividing the training between teaching ASRH content and training content. The learning objectives of the training were the following:

- Describe how emergency situations affect the SRH needs of adolescents;
- Understand current best practices and appropriate tools and resources for ASRH programming in emergency settings;
- Develop tangible, practical action plans to improve health services for adolescents in humanitarian settings;
- Instruct others on the importance of ASRH in emergencies and the use of ASRH tools and resources.

The first two days of the training focused on key components of ASRH in emergency settings. The second two days of the workshop were dedicated to mentoring participants on how to teach others about ASRH in emergency settings.

ASRH Portion of Workshop

In response to feedback and recommendations from the facilitators from the prior two TOT workshops, the facilitators made slight adaptions to the training package used in the MENA

regional TOT workshop on ASRH in emergency settings. For example, the facilitators used the adolescent-friendly health clinic exercise that was introduced in the MENA workshop during the LAC workshop. In contrast to the other two TOT workshops, this workshop was the first to have translation services available, as the majority of participants did not speak English. While the PowerPoint slidedeck was in English, all materials handed out were translated into Spanish. Unfortunately, the translation of the PowerPoint slidedeck was not finalized until shortly after the workshop, but the slidedeck was shared with all of the LAC TOT participants the week following the workshop.

Collaboration with Colombia Ministry of Health

In following the example in Jordan with engaging the Ministry of Health early, the IAWG ASRH roving specialist reached out to Save the Children's Ministry of Health contacts prior to coming to Colombia. The specialist spoke with the Ministry of Health participant for the TOT workshop in the weeks leading up to the workshop and met with the participant the week before the workshop to gauge what level of involvement the Ministry of Health desired.

Photos of Dr. Pablo Andres Rodriguez Camargo (Ministry of Health) leading the first session on what are the sexual and reproductive health rights and needs of adolescents?

Fortunately, the Ministry of Health participant volunteered to provide the welcoming statement to participants, in addition to leading the entire first session of the training, including the energizer exercise. Several participants noted that having the Ministry of Health leadership visible throughout the training was a huge strength of the training and would help their agencies in advocating for ASRH after the workshop.

For the first two days of the training, the facilitators led participants through ASRH in Emergencies concepts using several group exercises and interactive methods, such as small group discussion, role-playing, simulations, and values clarification and actions transformation exercises.

Photo on left: IRC colleague leads participants through Values Clarification and Attitudes Transformation exercises on attitudes toward adolescent contraception. Photo on right: Role-playing exercise where two volunteers act out counseling session between adolescent client and service provider.

Similar to the MENA workshop, the LAC workshop utilized several different teaching mediums—PowerPoint, writing, reading, videos, and other media, including showing participants how to use an online polling website called MentiMeter. This allowed participants to see different teaching methods and the multitude of ways adults learn material.

The facilitators also introduced the newly adapted health responsiveness content, following feedback from the MENA workshop and work done within the IAWG ASRH sub-working group on revising the ASRH Toolkit for Humanitarian Settings. Adolescent responsiveness was taught in the Cox's Bazar TOT workshop, but had not been finalized into the slidedeck until the MENA workshop. During the MENA workshop, participants struggled to fully grasp the concept, which is why the facilitators further adapted the content for the LAC workshop.

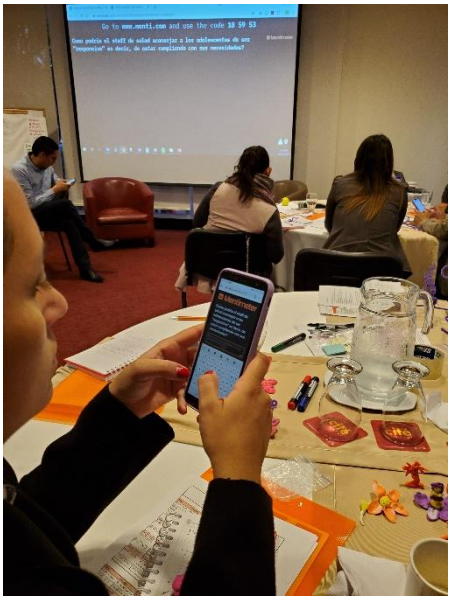

Photo of participant using MentiMeter to answer question about training in real-time.

Participants understood the content better than during the MENA workshop based on the questions and responses received during the session; however, upon viewing the daily evaluations, the facilitators noted that the topic was still confusing to participants. Thus, based on discussions with participants, on the third day of the workshop, the facilitators revisited the responsiveness concept using different visuals and explanations, which received positive feedback from participants. The participants' increased comprehension was evident during teach-backs, as seen with an illustration created by one of the participants during their individual teach-back session.

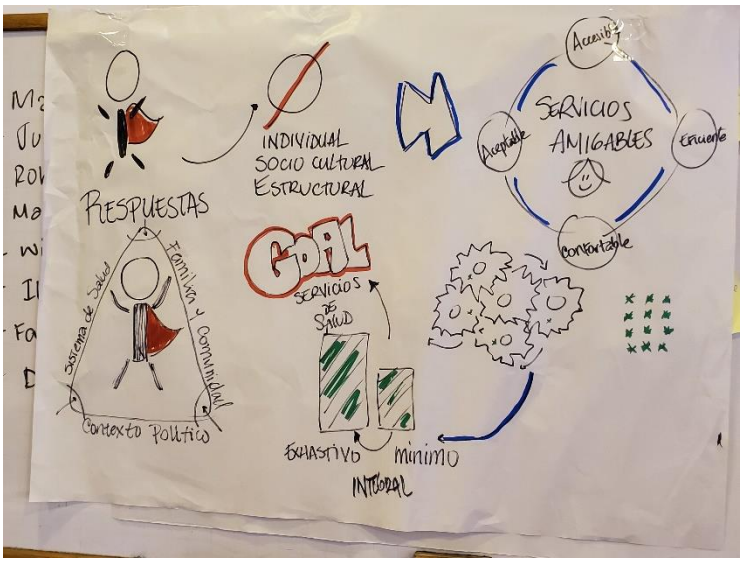

Photo of illustration drawn by TOT participant for teach-back session on adolescent responsiveness concept.

During the adolescent-friendly health clinic exercise, where participants work in groups to use all of the content they have learned to create a clinic/facility that is responsive the SRH needs of adolescents, participants used the Adolescent/Youth-Friendly Health Facility Checklist. The roving IAWG ASRH specialist incorporated feedback from the MENA workshop participants, as well as other feedback that IAWG ASRH sub-working group members have provided since introducing the revised checklist. The LAC participants also provided valuable feedback when using the checklist during the workshop, which will be merged into the checklist to further improve the tool for inclusion in the revised ASRH Toolkit.

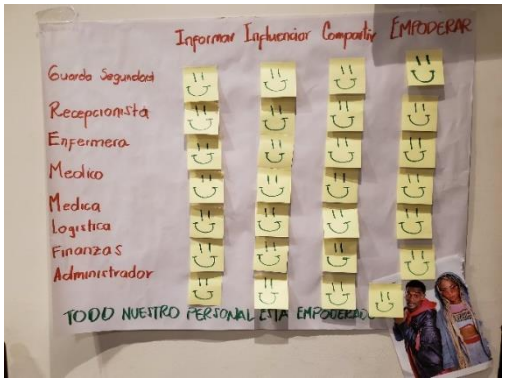

Photo on left: Display created by participants during group exercise on creating a clinic that is responsive to adolescents' SRH needs. This display is showing that all of the staff members at the clinic have been trained on meaningful participation of adolescents. Photo on right: Also photo from adolescent clinic group exercise. Participants used clay from table to create representations of different contraceptive methods for adolescents at their clinic.

Focus Group Discussion Simulation

For the final portion of the second day, the participants went through a simulation to practice using an assessment tool—focus group discussions. The facilitators divided the participants into three groups, provided them a focus group discussion guide, and had them choose three participants from their group who would pretend to be adolescents, while the other three participants led a focus group discussion. After 20 minutes, the participants switched roles so that everyone had a chance to lead the focus group discussions. This was a change from prior workshops, where we attempted to do a field exercise to have participants practice doing focus group discussions with adolescents themselves. While this was possible in Cox's Bazar (with significant logistics considerations), the focus group discussion simulation was not able to occur in Jordan due to security restraints. Thus, for the LAC workshop, the facilitators elected to recreate the focus group discussion simulation in the training venue, as was done in Jordan. Participants in Bogotá highly enjoyed the simulation and noted that they appreciated the opportunity to put themselves into the perspective of an adolescent.

Photos of two groups simulating/practicing conducting a focus group discussion during the second day.

TOT Portion of the Workshop

For the second-half of the workshop, the facilitators led sessions on training concepts—including adult learning methods, co-facilitation techniques, workshop design considerations, and overall training tips and recommendations—to build the training capacity of participants. Following these sessions, the participants began conducting teach-back sessions in groups and individually to practice training others on selected ASRH sessions from the workshop. The group teach-back time allowed participants to practice co-facilitation techniques and gain experience working on a team, while the individual teach-back time—only 10 minutes for each participant—provided an opportunity for participants to practice prioritizing their most important points in a short amount of time. See below photos of participants conducting their teach-back sessions.

All four photos above show participants during individual and group teach-back sessions.

After completing both of the teach-backs, the facilitators taught the final session on action planning. This was a time for participants to brainstorm activities to implement at their organizations upon completing the workshop. Developing action plans was an effort to guide participants to think of tangible, hands-on ways for them to begin planning cascade ASRH trainings, as well as to start addressing ASRH needs in their programs. The facilitators encouraged participants to work in groups to collaborate on planning trainings for their responses, where relevant. The IAWG ASRH roving specialist will work with each participant following the training to develop and complete their action plan activities to move forward in the next year.

While the participants worked on their action plans, the facilitators met with each participant to go over their individualized feedback from their peers, as well as feedback that the facilitators discussed together. For many participants, this may have been the first time they have received feedback on how they train others, so the facilitators wanted to allow sufficient time to provide thorough feedback to all participants. The facilitators utilized their IRC colleague to also provide feedback in Spanish, while the two facilitators enlisted the help of the translation team to provide their feedback.

The final session of the workshop was a time to explain any confusing topics; answer questions that participants raised during sessions but facilitators were unable to address at that time; and

clarify any misinformation provided during the teach-backs on the final day of the workshop. And lastly, the facilitators congratulated participants on completing the workshop and passed out certificates to participants, with the assistance of the Ministry of Health representative/participant.

Photo of facilitators (Anushka Kalyanpur & Katie Meyer) providing certificate of completion to Pablo Andres Rodriguez Camargo, Ministry of Health TOT participant.

Evaluation & Next Steps

Evaluation of Participants' Knowledge Gained

The facilitators administered pre-tests on the first day and post-tests on third day of the training. The pre- and post-tests were translated into Spanish, as with the other materials; however, upon scoring the tests, we noticed slight differences in the way the questions were worded from pre- to post-test, which may have impacted the results. This will be a key consideration for future trainings that use translated materials to ensure consistency across the pre- and post-test, as well as consistent terminology across other materials. Overall, the 18 participants had a high degree of ASRH knowledge and competency entering the training—answering 83.6% of questions on the pre-test correctly. This demonstrates the successful use of the selection criteria and resulting high caliber of participants this training attracted to the workshop. Even with the impressive pre-test results, the post-test results show a considerable improvement after the first two days of the training. On the post-test scores, the 18 participants answered 91.3% of questions correctly—an improvement of 8.4% from pre- to post-test scores.

Though notable, these scores do not accurately capture participants' understanding and skills gained versus their oral recollection of the training modules and ability to teach others during the TOT portion of the workshop. The knowledge and experience the participants brought into the training showed in their pre-test scores and in their ability to teach others during the TOT portion of the training, which was expected from a regional TOT workshop.

Evaluation of Participants' Attitude Shifts

The test added two attitudinal questions, in addition to the 10 questions measuring knowledge. The attitudinal questions were not included as part of each participant's total score, but do provide insight into participants' attitudes prior to and following the workshop. The two attitudinal questions asked participants to rate how strongly they agreed with the following phrases:

- Service providers should provide all options of contraceptive methods to all adolescents seeking services (regardless of age or marital status).
- Under no circumstances should healthcare staff provide long-acting contraceptive methods to a 14 year old adolescent girl.

High agreement with the first phrase and high disagreement with the second phrase is associated with positive attitudes or beliefs toward ASRH and was scored higher than disagreement with the first phrase and agreement with the second phrase. Thus, higher scores indicate more positive attitudes or beliefs toward these two aspects of ASRH. The highest points possible for the two questions is 8 points.

Over the course of the first two days of the workshop, participants' positive attitudes toward ASRH increased by 3.9% from the pre-test average score of 7.6 to the post-test score of 7.9. While modest in improvement, attitude and belief shifts require substantial time and are harder to change with age. The 3.9% improvement in just two days is quite powerful. Additionally, the pre-test scores were already quite with an average attitudinal score of 7.6—indicating a high level of positive attitudes and beliefs toward ASRH. These attitudinal questions will be measured again at the six- and one-year marks, along with the knowledge questions to assess how the workshop impacted the participants over time.

Feedback from Participants & Next Steps

Participants provided feedback through end-of-the-day evaluation forms, as well as during one-on-one feedback sessions during the workshop. Participants emphasized their appreciation for the number of group exercises and creative approaches to teaching the content. For many of the participants, they have never participated in a training with a practical component that included practicing the content they learned during a TOT and/or had never received feedback on their performance. Participants noted that the TOT portion of the training was extremely helpful in preparing them to teach others about ASRH content, but also more broadly to improve their training skills. They also highlighted that the teach-back methodology helped them learn the content, as well as clarify questions and gain more expertise through the support of the facilitators.

Observations & Recommendations from the Facilitator Team

Observations from Workshop:

1) The excellence of the translation company allowed for smooth logistics and delivery of the content. Having two translators available for the two facilitators, as well as the

additional assistance from an IRC colleague ensured that language barriers were not an issue during the workshop.

2) The leadership and participation of the Ministry of Health was a key asset of the training and, as noted in the MENA training report, should be ensured for all TOT workshops. Participants did note that the Ministry of Health could have been involved in other days of the workshop, beyond the opening day and closing certificate ceremony, which is something to consider for future trainings. Additionally, having a Colombia UNFPA representation and Profamilia representative—both co-leads of the SRH cluster with the Ministry of Health—also ensured adequate leadership and ownership of the ASRH concepts from the SRH cluster following the workshop.
3) The pre-training webinar was useful and necessary, as many participants were not familiar with MISP prior to the workshop. Having a Spanish speaker conduct the webinar session was also critical. This recording will be a resource for other Spanish trainers and will be available for all IAWG members.
4) Participants noted their appreciation for the number of participatory and interactive methodologies used and encouraged facilitators to continue using these exercises for further workshops. Participants did note that videos and other non-PowerPoint methods for lecture would have been nice to incorporate.
5) Using the same selection criteria from the MENA workshop for the LAC workshop proved beneficial, as evidenced by the high level of knowledge, expertise, and attitudes/beliefs toward ASRH. The high caliber of participants also allowed for fruitful discussions, brainstorming, and critical thinking.
6) This training featured a team event on the third night of the workshop to bring the participants and facilitators together outside of the workshop. This was very positively received and, when possible, should be encouraged for future workshops.
7) For the focus group discussion simulation/exercise, the amount of logistics required was substantially reduced using a simulation format in the training venue. As well, the participants noted the simulation provided them an opportunity to learn and practice the concepts they learned during lecture. When field exercises are not feasible, this is an excellent solution, particularly for regional trainings with many countries represented.
    a. Participants noted that there were too many questions included on the focus group discussion guide that was distributed for the focus group discussion simulation activity. Facilitators need to discuss if this guide should be reduced for future workshops. Though part of the simulation for participants is to practice prioritizing and planning for focus group discussions, including which questions to use/not to use, it might be better for the sake of time to condense the number of questions and to help participants focus more on facilitation techniques.

Recommendations for Future Workshops:

1) The IAWG ASRH roving specialist should continue to update and improve components of the training based on feedback from participants, including a suggestion from the Ministry of Health participant to add an additional gender slide to the first session of the training. This was an excellent addition to the training slidedeck, which will be incorporated in the training package. Additionally, the different phrasing and visuals utilized for the second explanation of adolescent responsiveness will be incorporated into the slidedeck, as well as discussed with the ASRH Toolkit revision team to better address confusion with the concept. Lastly, the facilitators need to discuss the order of the slides as some participants raised that meaningful participation should be discussed before responsiveness for a more logical flow of concepts.
2) Unfortunately, this workshop was also unable to secure participation from youth representatives. Ensuring participation of young people should continue to be prioritized for future workshops, such as bringing in adolescents/young people for role-playing exercises or during action planning steps to brainstorm activities for participants to propose to their organizations. We should keep exploring strategies to actively engage youth and adolescents in this training and share successful case studies.
3) Some participants raised the question of if both teach-backs methods are necessary and whether more time could be spent on other more technical concepts, such as specific interventions for reducing child marriage. This is something for the IAWG ASRH sub-working group members to discuss. Both teach-back methods have a purpose—one to teach participants how to facilitate with other people and the other to help participants learn how to condense/prioritize content.
4) A key consideration for using translated materials is to do some pre-testing, if possible, to ensure that language and terminology are consistent, particularly for pre- and post-tests. The pre-test slightly different from the post-test, which may have impacted scoring and comparing results for the LAC participants.
5) When possible, TOT workshops should have a minimum of three facilitators for workshops that exceed 12 participants to ensure smooth logistics of group exercises and allow for sufficient time to provide individualized feedback to participants.

ANNEX 1: LAC Regional ASRH Workshop Agenda

Adolescent Sexual & Reproductive Health Training
Bogota, Colombia
October 21 -24, 2019

Day One

Time	Activity
08:30 - 08.40	Welcome
08:40 - 09:00	Introductions
09:00 - 09:10	Training Agenda & Training Objectives
09:10 - 09:30	Pre-Test
09:30 - 10:45	Session One: What are the sexual and reproductive health rights and needs of adolescents?
10:45 - 11:00	Break
11:00 - 11:30	Session Two: How are ASRH needs different in development settings compared to emergency contexts?
11:30 - 12:15	Session Three: What are the current ASRH guidance, tools, and resources for humanitarian settings?
12:15 - 13:15	Lunch Break
13:15 - 14:15	Session Three: What are the current ASRH guidance, tools, and resources for humanitarian settings?
14:15 - 15:00	Session Four: How do I ensure our program is being responsive to the SRH needs of adolescents?
15:00 - 15:15	Break
15:15 - 17:15	Session Five: How do I ensure meaningful participation of adolescents in my response activities?
17:15 - 17:30	Recap & daily evaluations

Day Two

Time	Activity
08:30 - 08:45	Recap of Day One
08:45 - 10:15	Session Six: How do I provide services that are responsive to adolescents needs?
10:15 - 10:30	Break
10:30 - 12:00	Session Six: How do I provide services that are responsive to adolescents needs?
12:00 - 13:00	Lunch Break
13:00 - 14:00	Session Six: How do I provide services that are responsive to adolescents needs?

14:00 - 15:00	Session Seven: What should our staff measure & monitor for our ASRH projects?
15:00 - 15:15	Break
15:15 - 16:45	Focus Group Discussion Simulation
16:45 - 17:00	Summarizing ASRH portion of training & teach-back group assignments
17:00 - 17:30	Post-test & daily evaluations

Day Three

Time	Activity
08:30 - 08:45	Recap of Day 2
08:45 - 09:45	Session Eight: How do adults learn best and what does that mean for me as a facilitator/trainer?
09:45 - 10:15	Session Nine: How do I design a training and what are the best practices?
10:15 - 10:30	Break
10:30 - 13:00	Teach-back planning time
13:00 -14:00	Lunch
14:00 - 16:00	Group teach-backs
16:00 - 16:15	Break
16:15 - 17:15	Group teach-backs
17:15 - 17:30	Recap, individual teach-back assignments, and daily evaluations

Day Four

Time	Activity
08:30 - 08:45	Recap of Day Three & Photo
08:45 - 10:15	Individual teach backs
10:15 - 10:30	Break
10:30 - 13:00	Individual teach backs
13:00 - 14:00	Lunch
14:00 - 14:15	Session Ten: How do we apply this training to our organization?
14:15 - 16:00	Action planning time
16:00 - 16:15	Break
16:15 - 17:00	Reviewing key concepts (and if time, sharing resources)
17:00 - 17:30	Closing ceremony, certificates, and daily evaluations

ANNEX 2: LAC Regional ASRH in Emergencies Workshop Attendance List

Name	Organization	Email	Role
Katie Meyer	IAWG/Save the Children	kmeyer@savechildren.org	Facilitator
Anushka Kalyanpur	CARE	Anushka.Kalyanpur@care.org	Facilitator
Lina Rojas	IRC	Lina.Rojas@rescue.org	Facilitator
Pablo Andres Rodriguez Camargo	Ministry of Health/Colombia	prodriguez@minsalud.gov.co	Facilitator/participant
Daniel Tobon-Garcia	IPPF/LAC Region	dtobongarcia@colombia-ippfwhr.org	Participant (TOT recipient)
Willam Michel Chavez	UNFPA/Bolivia	michel@unfpa.org	Participant (TOT recipient)
Diana Pulido	Save the Children	diana.pulido@savethechildren.org	Participant (TOT recipient)
Juan Carlos Pardo Lugo	Plan International/Colombia	jpardo@plan.org.co	Participant (TOT recipient)
Fabian Pacheco	UNFPA/Colombia	fpacheco@unfpa.org	Participant (TOT recipient)
German Antonio Lopez Suarez	Profamilia/Colombia	galopez@profamilia.org.co	Participant (TOT recipient)
Elvia Ladis (Lady) Alba Bermudez	Orientame Foundation/Colombia	lalba@orientame.org.co	Participant (TOT recipient)
Minerva Marquez	IRC/Colombia	minerva.marquez@rescue.org	Participant (TOT recipient)
Nelmary Diaz	PLAFAM/Venezuela	ndiaz@plafam.org.ve	Participant (ASRH in emergencies training recipient)
Maria Ilaria Porta	Norwegian Church Aid	Maria.Ilaria.Porta@nca.no	Participant (ASRH in emergencies training recipient)
María Manuela Farina Tuveri	CARE	Manuela.Farina@care.org	Participant (TOT recipient)
Margarita Yamir Valencia Betancur	Fundacion de Atencion a la Ninez/Colombia	margaritayamir@gmail.com; y.valencia@fan.org.co	Participant (TOT recipient)
Wendy Requeno	Fundación Maquilishuat/El Salvador	wendyreq6990@gmail.com	Participant (TOT recipient)
Martha Liceht Toloza Diaz	Doctors of the World/MDM (Colombia)	tamarceli@hotmail.com	Participant (TOT recipient)
Roberto Morales	Asociación Defend/Guatemala	anawal.acceso@gmail.com	Participant (TOT recipient)
Maria Claudia Caballero	Industrial University of Santander (UIS) in University Welfare/FMF (Colombia)	macaba09@gmail.com; macaba@uis.edu.co	Participant (TOT recipient)
Mario Ernesto Soriano Lima	Ministry of Health/El Salvador	msoriano@salud.gob.sv	Participant (TOT recipient)