



NATIONAL WORKSHOP MEET

CHENNAI
5TH-6TH OCTOBER

20
19



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The Organising Committee

Supervisory Committee:

Geetanshu Singla

President

Dr. Yukti Bhandari

Vice President Capacity Building

Chaitanya Kalra

Vice President Finances

Organising Chair

Deena Mariyam

Organising Secretary

Prashanth S

Head of Accommodation

Gokulavardhan Ravichandran

Head of Registrations

Darshan Sai A G

Registrations Team

Advaitha Ashwath

Event Coordinator

Srividhya K

Head of Sponsorships

Dr. Reuben Toi

Logistics team

Swathi Balasubramanian

Accommodations team

P M Shanmathy

A Note from the Vice-President Of Capacity Building

We at MSAI are continuously striving to give our members multiple opportunities to develop the skills and information which would enable them to carry out complex tasks like identifying problems and formulating solutions for the same as the upcoming generation of healthcare providers. Going through the rigorous course of becoming healthcare professionals, it is important for us to develop holistically as an individual and leaders to keep us and our societies healthy. MSAI workshops focus on enabling the young minds to think out of the books and apply them to real life with competent soft skills and creative impactful ideas. Let's make a difference together!

Dr. Yukti Bhandari

Vice-President for Capacity Building

About National Workshop Meet

The **2nd** edition of National Workshop Meet, 2019 [NWM'19] was held at The Checkers Hotel, **Chennai on the 5th and 6th October.**

It was an initiative to provide our members with an opportunity to train under internationally trained trainers, in one of the workshops of their choice. These workshops would help build their foundation for the extremely intensive trainings which take place globally. The NWM comprised of 4 Standing Committee workshops and a very exciting Social Gala.

The workshops conducted were:

1. Healthcare Workforce Crisis Simulation (HWCS) by *SCOME*

Conducted by Simran Garg(NOME), Katya Saksena(VPA) and Chaitanya Kalra(VPF)

2.Public Health Workshop on Participatory Hygiene and Sanitation Transformation (PHAST) by *SCOPH*

Conducted by Ashwath Vasudevan(NPO), Arpita Pawa (NPO-assist) and Hazique Jameel (NPO-Assist)

3. Human Rights for Medical Practitioners: Current Affairs and Mental Health(HRMP) by *SCORP*

Conducted by Henna Bhandari(NORP-assist) and Ishika Kaul(NORP-Assist)

4.Swipe Right: Raising Informed Gender and Health Trainers by *SCORA*

Conducted by Shweta Poduval (NORA) ,Urmi Jindal(NORA -assist) and Ritika Parekh

The Early registration fee for the NWM was as follows:

Early registration fees with accommodation: INR 2000

Early registration fees without accommodation: INR 1000

The Late registration fee for the NWM was as follows:

Late registration fees with accommodation: INR 2,500

Late registration fees without accommodation: INR 1500

On-spot registrations were available at the venue on 5th October

Conference Impact Overview

General Assessment

The evaluation of this conference was assessed through a post-conference feedback form circulated amongst the delegates. Each criteria was rated on a scale of 1-5.

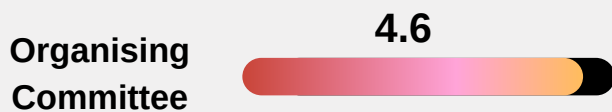
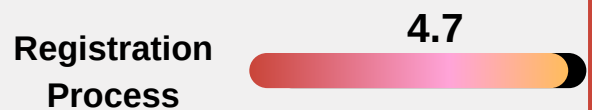
(Response rate: **65.1%**)

Success indicators:

Average rating of 4-5 - Positive

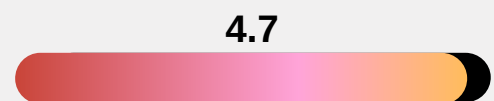
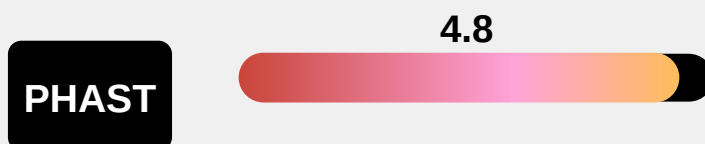
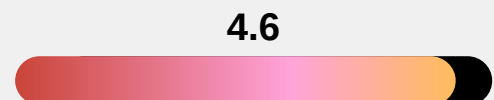
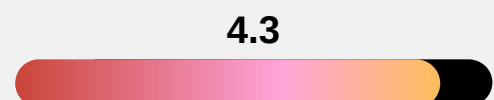
Average rating of 2-3.9- Positive progress

Average rating of 0-1.9- negative



Workshop Trainers

Workshop Content



Overall NWM Satisfaction- 4.5

Swipe RIGHT: Raising Informed Gender and Health Trainers

GOAL:

This workshop aims to create a cohort of young people who are trained in knowledge about sexual and reproductive health and rights as well as trained in skills to deliver this information to other young people via interactive tools and methodologies.

OBJECTIVES:

Objective 1: To explore the rationale for peer education, including its benefits and barriers.

Objective 2: To capacitate students in the building and development of comprehensive sexuality education strategies in the programme's content taking into account demographic needs.

Objective 3: To explore personal values around the health issues being addressed, including attitudes towards gender-based norms and biases.

Objective 4: To train in methodologies for skill building, communication skills and group-work skills

Objective 5: To convey basic guidelines for planning and implementing peer education programmes

Objective 6: To address advocacy skills specific to the comprehensive sexuality education and equip students with skills to tackle future problems that might require them to be advocates for CSE

EVALUATION METHODOLOGY:

Pre workshop evaluation form

Post workshop evaluation form

Expectations tree

Daily feedback form

TECHNICAL INDICATORS:

Target audience: Healthcare students from all regions
Largely met except that we did not have any representation from the East Region

Number of participants: 18

Number of facilitators: 3 facilitators

Quality of interaction: A balance between group discussions and interactive sessions with each participant.

Participant satisfaction: 9.3/10

Facilitator satisfaction: 8.7/10

OBJ 1

85% of participants should have basic and accurate knowledge about peer education, including its limitations and barriers, as well as its benefits

66.7%

86.1%

Achieved

75% of participants should have basic and accurate knowledge about topics relating to CSE

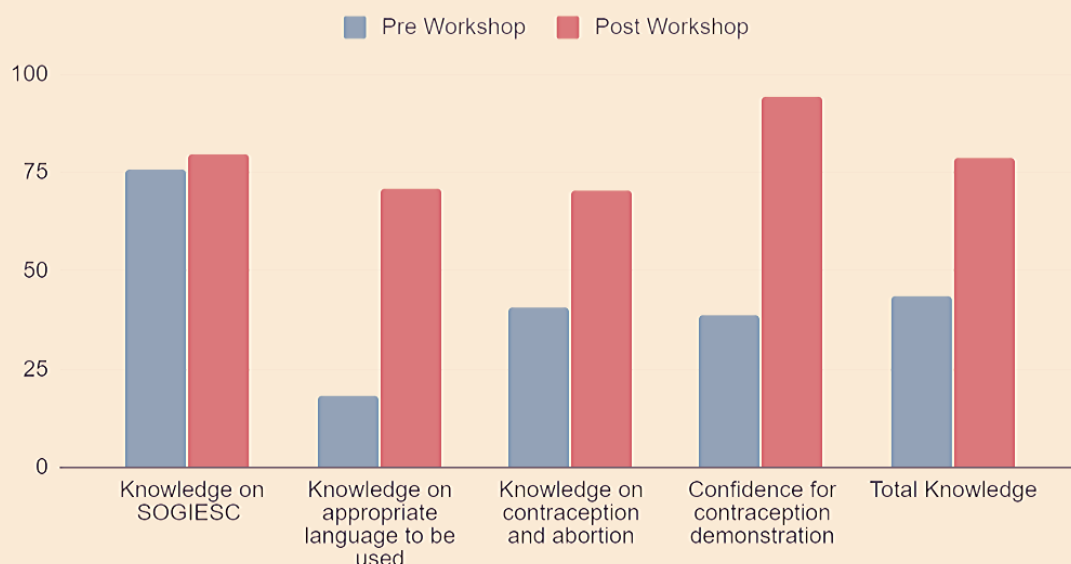
OBJ 2

Achieved

43.5%

78.8%

Success Indicator: 75% of participants should have basic and accurate knowledge about topics relating to CSE



OBJ 3

75% of participants realise the importance of delivering CSE without imposing value judgments

48.6%

72.2%

Positive Progress

50% of participants feel confident and comfortable that they possess the required soft skills to facilitate peer education by themselves (Advocacy skills, public speaking skills, teamwork skills and networking skills)

OBJ 4

Achieved

47.2%

84.7%

We had 3 success indicators in relation to Objective 5

**OBJ
5**

75% of participants can build realistic CSE modules for CSE Peer Education in their localities

50% of participants follow up after the workshop with the CSE Strategy stating they are interested in working more for this cause

25% of participants are able to establish partnerships and implement CSE peer education programmes as well as peer education trainings over the next 1 year

91.7%

Achieved

94.4%

Achieved

To be assessed in the coming year



80% of participants understand what advocacy is and feel confident and comfortable with advocating for CSE and the different challenges they might face along the way

OBJ 6

Achieved

50%



88.9%



Feedback Highlights:

Overall participant satisfaction: **9.3/10**

Satisfaction with knowledge-based sessions: **8.8/10**

Facilitation methods: **9.3/10**

Expectations met: **9.5/10**

Expectations tree: Largely all expectations were met except for two which were unrelated to the workshop content

Applicability of workshop in future work: **9.1/10**

Areas for improvement:

- Longer workshops
- More time spent in training approaches for implementation
- Time management
- Interactiveness



Healthcare Workforce Crisis Simulation (HWCS)

GOAL:

To create a Simulation where participants adopt the roles of the various stakeholders involved within the workforce crisis and work to come up with possible sustainable solutions for the same.

OBJECTIVES:

Objective 1 : To encourage delegates to understand the fundamentals of Universal Health Coverage and its importance with the help of the presentation delivered by the facilitators in a 30-minute session

Objective 2: To ensure students understand the magnitude and factors playing a role in the health workforce crisis in India.

Objective 3: To introduce the various stakeholders involved in healthcare policies and help them understand the role of each in the health workforce crisis using stakeholder analysis.

Objective 4: To assist delegates in formulating action plans to bridge the workforce shortage by making sure all delegates are involved in making rough drafts of at least 2 policies and to encourage medical students to advocate for a health workforce accessible to all

Objective 5: To help delegates develop and hone skills such as analysis, negotiation, leadership and public speaking skills required for advocacy.

EVALUATION METHODOLOGY:

Pre Event Questionnaire

Pre Event Self Evaluation of skills

Post Event Questionnaire

Post Event Self Evaluation

Team feedback

Facilitators inputs

TECHNICAL INDICATORS:

Target audience: Healthcare students

Number of participants: 14

Number of trainers: 1

Number of Facilitators: 2

Group interaction, one on one interaction, interactions with teams

Facilitator satisfaction: 8.7/10



SUCCESS INDICATORS: ALL ACHIEVED

UNIVERSAL HEALTH
COVERAGE AND ITS
IMPORTANCE

14%

93%

MAGNITUDE OF AND
FACTORS PLAYING A
ROLE IN THE HEALTH
WORKFORCE CRISIS

21%

86%

THE VARIOUS
STAKEHOLDERS AND
THE ROLE THEY PLAY
IN THE CRISIS

21%

93%

UNDERSTAND POLICY
MAKING AND
ADVOCACY IN
HEALTHCARE

7%

100%

0

25

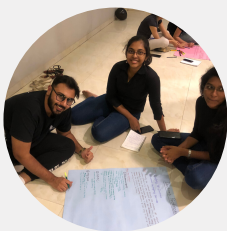
50

75

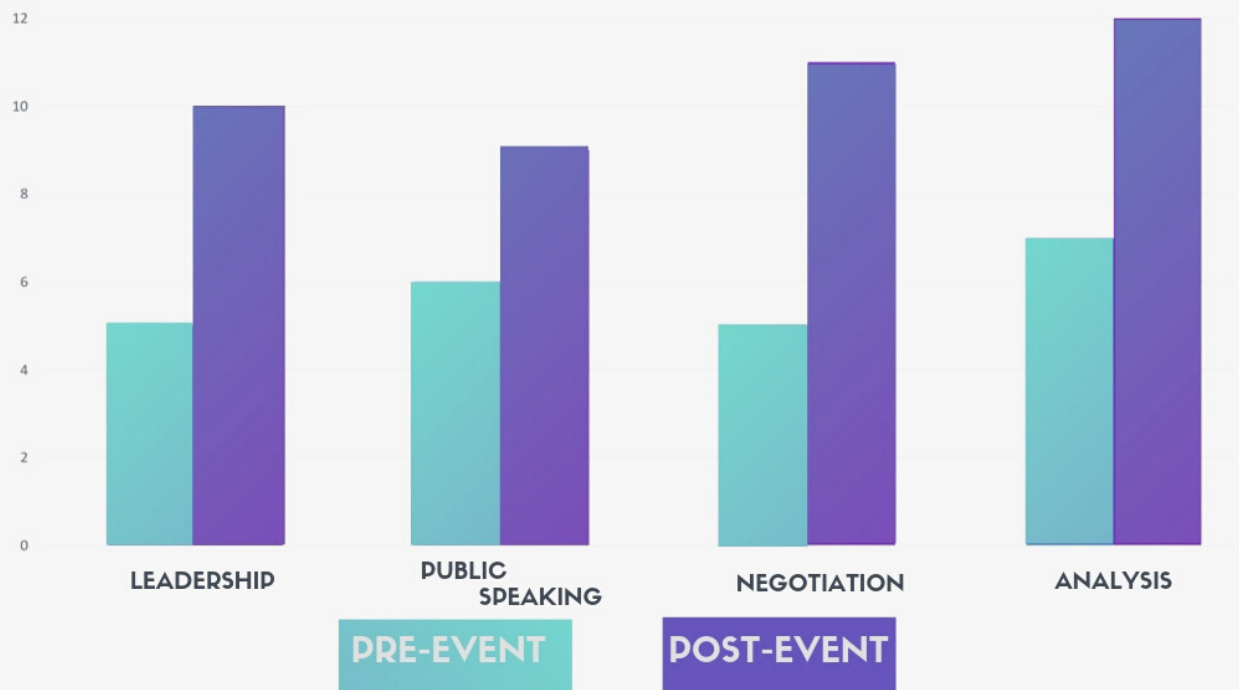
100

PRE-EVENT

POST-EVENT



SELF EVALUATION



NUMBER OF PEOPLE SCORING THEMSELVES 4 OR ABOVE (IN A SCALE OF 1-5) FOR THE FOLLOWING SKILLS

PERFORMANCE

**7 POLICY DRAFTS PREPARED,
6 POLICY DRAFTS PASSED**

**POLICY SCORED BASED ON
UNDERSTANDING, FEASIBILITY AND
SUPPORT FROM KEY STAKEHOLDERS,**

**AVERAGE SCORE 7,
WITH HIGHEST SCORE AT 9.**

**DELEGATES UNDERSTOOD KEY CONCEPTS
REQUIRED FOR HEALTH ADVOCACY SUCH AS
LOBBYING, STAKEHOLDER ANALYSIS, ETC.**

Public Health Workshop on Participatory Hygiene and Sanitation Transformation (PHAST)

GOAL:

To make medical students public health leaders and devise strategies to tackle Hygiene and sanitation by a workshop using informative and interactive sessions

OBJECTIVES:

Objective 1: To help medical students gain profound knowledge on our healthcare system, decentralisation of health and advocacy in Public health by using PowerPoint presentation.

Objective 2: To empower medical students about the public health scenario of India using power point presentation.

Objective 3: To train medical students with leadership skills specific to public health using informative PowerPoints or flip charts along with activity sessions.

Objective 4: To teach medical students the steps in project design using PowerPoint presentation.

Objective 5: To explain medical students the prevalence of ill sanitation and hygiene in India and the diseases bred along with it to the target population using PPT.

Objective 6: To teach medical students the importance of evaluation in public health and various methods of impact assessment using PPT and activity sessions.

Objective 7: To help medical students identify focus areas for Hygiene and Sanitation using activity session.

Objective 8: To engage medical students in creating Project Design for Sanitation and Hygiene by activity session.

Objective 9: To help medical students come up with innovative intervention strategies for tackling Hygiene and sanitation in a community by using activity session.

Objective 10: To help medical students identify specific stakeholders for sanitation and hygiene and their importance and contribution towards the same.

EVALUATION METHODOLOGY:

Personal reflection and
satisfaction form Post workshop
form Written feedback immediately
after workshop

TECHNICAL INDICATORS:

Target audience: Healthcare students

Number of participants: 13

Number of trainers: 3

Group interaction, one on one interaction,
interactions with teams

OBJ
1&2

More than **70%** of participants know the basics of Public Health Leadership Training

40% Not Achieved

More than **70%** of participants know leadership skills and how to engage them in public health

OBJ 3

85% Achieved

OBJ
4&8

More than **78%** of participants know how to create project design for public health topics

78% Achieved



OBJ 6

More than **50%** of participants know the basics of evaluation and impact assessment

78.5%

Achieved

More than **70%** of participants know the importance of Hygiene and sanitation

OBJ 5

85%

Achieved

OBJ
7&10

More than **70%** of participants know the focus areas and stakeholders for Hygiene and sanitation

93%

Achieved

