



MICRODIS



MICRODIS Multi Meeting Workshop Report

October 10-14, 2009

University of Indonesia, Depok, Indonesia

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List of Abbreviations

CDRC	Citizens' Disaster Response Center
EU	European Union
EWG	Economic Working Group
FP6	Sixth Framework Programme
HCE	Hue College of Economics
HNI	Health Net TPO
HSPH	Hanoi School of Public Health
HRCCD	Health Research Center for Crisis and Disaster
HWG	Health Working Group
MICRODIS	Integrated Health Social and Economic Impact of Extreme Events: Evidence, Methods and Tools
PPS	Probability Proportionate to Size
SWECO	Sweco Groner
SWG	Social Working Group
UCL	Université catholique de Louvain
UKL-HD	UniversitätsKlinikum Heidelberg
UOD	University of Delhi
UOI	University of Indonesia
UON	Northumbria University
VHAI	Voluntary Health Association of India
WG	Working Group
WHO	World Health Organization
XU	Xavier University



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List of Participants

	NAME	INSTITUTION
1	Tomasito Talledo	CDRC
2	Lourdes Louella E. Escandor	CDRC
3	Ivan H Komproe	HealthNet TPO
4	Tim Rogier Wind	HealthNet TPO
5	Prof. P.C. Joshi	UoD
6	Prashant Khattri	UoD
7	Supriya Akerkar	UoN
8	Maureen Fordham	UoN
9	Manuela Ursula Scharf	UoN
10	Debarati Guha-Sapir	UCL/CRED
11	Laura Irvine	UCL/CRED
12	Barbara Cichon	UCL/CRED
13	Bernadette Dubus	UCL/CRED
14	Jose Rodriguez	UCL/CRED
15	Revati Keshao Phalkey	UKL-HD
16	Michael Marx	UKL-HD
17	Tran Huu Tuan	Hue University
18	Bui Duc Tinh	Hue University
19	Bui Dung The	Hue University
20	Mondastri Korib Sudaryo	UoI
21	Meidy Farenti Prameswari	UoI
22	Besral	UoI
23	Shisir Ranjan Dash	VHAI
24	Anjali Gupta	VHAI
25	Sharon Linog	Xavier University
26	Ramon Gervacio	Xavier University
27	La Ngoc Quang	HSPH
28	Le Thi Than Ha	HSPH
29	Tran Thi Tuyet Han	HSPH
30	Orlando San Martin	SWECO



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1. Executive Summary

The MICRODIS partners met at the University of Indonesia, Depok Campus in Indonesia for the Multi - Meeting Workshop (MMW) of the “*Integrated Health Social and Economic Impact of Extreme Events: Evidence, Methods and Tools*” project (MICRODIS) which is funded through the Sixth Framework Programme (FP6). A list of the participants is mentioned in Table 1. The five day workshop was held from the 10th of October 2009 to the 14th of October 2009. The objective of the meeting workshop was to discuss the achievements and the challenges met over the last year as well as to plan for completion of the MICRODIS project and cooperation strategies for scientific outputs from the work done in the 2 years of the project.

The opening ceremony was graced by Dr. Mondastrri Sundaryo, and Prof. Dr. I. Made Jaya (Head of Unit for Research and Public Services, Faculty of Public Health and a full time professor at the Department of Environmental Health, University of Indonesia). Following the opening speeches, the three thematic groups met separately to discuss updates on the progress, experience with the assessment tools, tool adaptation, lessons learned, recommendations for tools, dissemination, etc. for the first day and presented the key findings at the end of the day. There were generic conclusions and lessons learned by the three thematic groups. The 2 main points that emerged were structural challenges in designing common questionnaires for developed and developing settings and the length of the questionnaires keeping the integrated impact assessment design. It was agreed that the common points raised by the groups should be used in formulating group recommendations for future researchers. Detailed descriptions of the three thematic group sessions are separate deliverables for identified partners (Hanoi School of Public Health (HSPH) for the Health Working Group (HWG), Health Net TPO (HNI) for the Social Working Group (SWG) and SWECO Groner for the Economic Working Group (EWG).) and will be attached in Annex- 1-3.

Day 2 Oct 11, 2009 the discussions focused more on the lessons learned and it was agreed that each thematic team provides information about their experience with the questionnaire development and challenges with data entry, cross checking and the choice of software. It is valuable to provide this information to future researchers.

Day 3 unveiled the detailed description of the study findings across sites and the preliminary findings of the annex studies. The common observations emerged and topics for inter-site analysis were proposed such as nutritional status and gender issues across countries and individual characteristics of those who acted upon early warnings during floods. Common patterns emerged and the teams identified the crosscutting issues across the three thematic areas as well as across the sites. This was the most pragmatic and conclusive session. The day concluded with the an expert consultation on disaster related course integration strategies in academic institutions. This was a closed session for the educational institutions in the MICRODIS consortium. Each of the partners described their disaster related training available at their respective academic institutions and discussed the advantages of combining distance learning e-

courses and classroom based education for cost effectiveness. This was followed by detailed discussion for strategies for partnerships and opportunities for developing closer academic partnerships within MICRODIS and beyond using the expertise developed within MICRODIS.

Day 4 started with presentations from each of the three thematic groups with respective guidelines for analysis of the MICRODIS core questionnaires. This is the main point of inter site and inter-thematic area analysis. The session provided practical tips and examples from collected data. Each group saw examples from the other thematic groups and received inputs on analysis. It was conclusive and the group collectively identified common points and challenges of inter site analysis. Later, tips and strategies for qualitative data analysis and mental health impacts data analysis were detailed out by Prof. Joshi from University of Delhi and Tim Wind from HealthNet TPO respectively. These sessions rounded off the overall analysis session and gave insights to partners into holistic review of their own data as well as brainstorm for cross country and cross thematic area analysis. The day concluded with a round table discussion on integration led by Ivan Komproe from HNI-TPO and Shisir Ranjan Dash from VHAI. The overall discussion revolved around ideas and suggestions for integration possibilities, dissemination and identifying integration analysis needs. A main strategy identified was to develop hypotheses emerging from the study findings so far and then try to test these across sites and across the three thematic areas. The review and modification of the conceptual models and the assessment protocols was discussed and the day concluded with bilateral meetings between the consortium members and also with the coordination cell.

Day 5 began with the session on data management including recoding and the standardized MICRODIS datashell and the common code book. This session enabled the partners to discuss in detail the challenges faced in first integrating the data collected into a standardized format and then proceeding with inter-site and inter theme analysis. The use of the MICRODIS codebook was demonstrated and the teams agreed to recode their individual datasets by December 1, 2009 (with reservation to Albay and Morpeth) and on the basis of which standard guidelines for statistical analysis to be run by each PI for site comparisons will be developed and circulated by CRED, HSPH and UOI in partnership by December 15, 2009. The next steps for the group- the publication of the work from the past 2.5 years was detailed out in the publications forum that followed. Each of the partners recommended relevant journals for consideration and the group also collectively identified interdisciplinary journals that will be considered for publishing cross country and inter-thematic analysis. It was general consensus that wide readership and open access should be the criteria rather than just impact factors. CRED, HSPH and UKL-HD agreed to approach journals for special MICRODIS Supplementary issues. This discussion of the way forward for the whole consortium brought us to a fruitful end of the final day of the Multi-Meeting Workshop. In the concluding session Ms Laura Irvine presented the MICRODIS Plan for 2009-10. Each work package was discussed one-by-one with the draft Implementation Plan for Months 33-48, with all expected outputs, changes in responsibilities and timelines for each deliverables detailed.

The main lessons learned in the past 2 years work include- the coordination efforts from coordination cell and more essentially the feedback from the partner's needs improvement. The use the website by partners should improve. Although partners have kept pace and performed satisfactorily a project of such large consortium should be at least 5 years! In conclusion the coordinator closed the meeting as positive and forward looking. Last 2 years of abstract and theories was difficult for partners however after field- work the dynamism has picked momentum. The results generated by the MICRODIS studies are concrete and patterns are emerging to draw useful lessons from this inter- disciplinary research. It was agreed that the consortium will meet again for the third annual meeting in Hue, Viet Nam in early August.



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2. MICRODIS Multi Meeting Workshop Day 1- OCT 10, 2009

2.1 Plenary Session 1- Welcome, introduction, objectives, outline of the agenda & announcements

Chairpersons: Dr. Mondastri Sundaryo, UOI and Ms Irvine, UCL

- The opening ceremony addressed by Dr. Mondastri Sundaryo and Prof. Dr. I Made Jaya who is the Head of Unit for Research and Public Services, Faculty of Public Health and full time professor at the Department of Environmental Health at the University of Indonesia. MICRODIS technical officer Ms. Irvine also said a few opening words and briefly outlined the objectives and the agenda for the multi meeting workshop for the next 5 days.
- She also introduced the 2 participatory activities for the partners namely
 1. Suggestions for the analysis strategies towards integration of the three thematic groups
 2. The list of potential publication topics within the three thematic groups and inter-thematic joint publications.
- The three thematic groups met separately for the rest of the day to discuss updates on the progress, experience with the tools, tool adaptation, lessons learned, recommendations for tools, dissemination, etc. The teams were lead by
 1. Health Working Group- Dr. Mondastri Sundaryo
 2. Social Working Group- Dr. Maureen Fordham
 3. Economic Working Group- Dr. Tuan
- For summary of the thematic group sessions please see Annex- 1-3 and these are separate deliverables for Hanoi School of Public Health (HSPH) for the Health Working Group (HWG), Health Net TPO (HNI) for the Social Working Group (SWG) and SWECO Groner for the Economic Working Group (EWG).



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2.2 Plenary Session 2- Presentation from each thematic groups

Chairperson: Dr. Michael Marx, UKL-HD

- The three thematic groups presented the summary of the individual meetings in 15 minutes each.
- **The following points were discussed at the end of the three group presentations:**
 - Updates on the progress and lessons learned for group interactions and the steps ahead.
 - Issue with incentives was discussed. It is important not to use incentives in survey as this may give rise to in-equalities as only selected households will get incentives. Since this is done on a random basis this may jeopardize the study and hence is best avoided. Additionally the point was raised that if we have taken informed consent from the interviewees it is clear in the consent description that no incentives will be provided for participation in the survey.
 - The main lessons learned within the Social Working Group were the disparities in response rates in Europe and Asia. Due to survey fatigue it was a challenge to obtain interviews during the UK studies. This lead to the problem of representativeness. The response rate was as low as 26%.
 - The revision of the questionnaires to support European settings was another challenge. A thorough revision and reassessment for relevance was necessary.
 - The use of relevant terms such as rupees in India gave a better assessment of the response instead of grading scales for 1-5 as response options.
 - Answer cards were suggested as alternate option.
 - The questionnaires were judged unanimously as time consuming and rather long.
 - There were some set of questions that worked uniformly for the Asian and European settings but questions such as personal coping required complete reformulation when addressed in European settings.
 - There were methodological challenged faced by all three groups in administering the economic questions particularly the SWG struggled with



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- how to pose some of the economic questions as the respondents were rather reluctant in discussing detailed personal financial history.
- There are inherent issues with some questions as developing questionnaires to be administered simultaneously in developed and developing countries is a structural challenge. If we opt for voluntary respondents then we risk bias in the survey.
- Secondly the survey fatigue is essential to be taken into account. It is necessary that research teams take into account what surveys have been already undertaken the survey areas before.
- The use of proxy questions to get required information should be considered as a solution.
- It is useful not to quantify everything in money in the Asian context. This was highlighted in the Vietnam study where they used proxy measures such as rice etc and then back calculated approximate economic impacts.
- In summary- CRED proposed that HNI- TPO should take into account these generic issues raised by each of the three thematic groups and consider in the group recommendation on questionnaire integration. Most importantly the group agreed that teams should volunteer to propose integration strategies and these reflections should not be lost. Each of the teams should work closely with the integration team and provide feedback.



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3. MICRODIS Multi Meeting Workshop Day 2 October 11, 2009

3.1 Plenary Session 3- Welcome and Agenda Outline- Maureen Fordham

Chairperson for the day: Dr. Maureen Fordham

- Dr. Maureen Fordham chaired this session and later the site seeing options were announced for the participants. For the rest of the morning the three thematic groups split and were provided with individual rooms for internal consultation and continuing of sessions from the first day.

3.2 Plenary Session 4- Integration of Protocols

The Integration and disintegration of Protocols- A users guide presented by Ivan Komproe and Tim Wind

- Started by revisiting the MICRODIS methodology
 - Phase 1- The S-H-E model agreed on and core agreed on in Vietnam
 - Phase 2- selection of study focus and country specific surveys
- The Disc structure described with topics included in it.
- Country teams were requested to provide HNTPO contact details of one person per survey team and questionnaires in local languages for the disc
- Country teams may opt out of providing their data or questionnaire for the disc
- Report structure included the universal instrument, the local instrument and the poor and best practices
- Poor practices more about others and good practices more about how these were managed by the teams!
- Poor practices in instruments identified
 1. Economic questionnaire was too detailed and time consuming, with lot of missing variables in data especially in England.
 2. Technical validity across countries varying response formats
 3. Technical validity across-hypothetical questions/abstract questions
 4. Repetitive questions (especially in social questionnaire)



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- Good Practices identified
 1. Adequate training of enumerators
 2. Creating awareness/ rapport building with community and local Government
 3. Cross check questionnaires

The following points were made raised during the discussion:

- Why did the pilot studies not detect the poor practices as described by HNI-TPO
- Most groups unwilling to let go of questions and lack of coordination in the three thematic groups S-H-E was identified as a main challenge.
- Although a cross check of questionnaires was done everyday- between enumerators and then the supervisors it was challenging to understand the rational of other thematic group questions
- The following points should be added to Good Practices undertaken by the research teams:
 1. Rapport building with Government machinery should be added as Good practice!
 2. Questionnaire manuals from other groups received to allow meaningful administering of all questions
 3. Selection and background of enumerators was strategically agreed upon
 4. Linguistic capabilities of enumerators considered during selection process
 5. Cross checking with enumerators and supervisors at the end of the day.
 6. Data entered and double-check done randomly. This was done by every site.
 7. Use of qualitative and quantitative methods for triangulation of data by each team using multiple approaches
 8. Establishing community partnerships beyond MICRODIS
- The criteria for enumerator training is essential step. Training essential for good sense of questionnaires- etc as questionnaires were elaborated in country teams.
- Europe vs. Asia- Survey fatigue and response rates lower in Europe sites. The etic versus emic approaches- universal questionnaire and response formats had to be technically adjusted.

- Background of Thematic questionnaires- if future researchers need to refer to the MICRODIS information then we need to know origin of questionnaire and how they were formulated and if they have been used before. For example the Social group- identified the variables before describing questions.
- The background for health and economic questionnaires was discussed and the groups described if existing questionnaires were used or did the teams develop them themselves and if they have been used before?
- Clarification from health group provided by Micahel Marx and Revati Phalkey. UOI clarified that some questions were adapted from previous studies conducted by each teams. May be revisited and traced- but takes time. Some questions imported from national demographic questionnaires.
- The Economic group clarified that contingent evaluation questions used from economic literature. Standard questions and references can be provided by SWECO to TIM. Physical damage questions developed by Jadhavpur University and should be assessed for origin with collaboration with them. Tim to be informed about the possibility of having this information.
- Consensus- HNI- TPO needs feedback on the document describing the tool development for the three thematic groups.
- Data storage and confidentiality issues. What is the general position of MICRODIS? Each University applies individual ethical procedures. How long we keep the questionnaires. Protect confidentiality. Is this different in different countries. Important during data exchange.
- The MICRODIS contract document describes details of data storage and confidentiality. Final data names do not appear takes care of the confidentiality. As far as physical questionnaires it is responsibility of PI to take care of privacy.
- Data entering experiences should be mentioned in lessons learned.
- Choice of Software- Excel. Vs. EPI Info and SAS. Use of Public domain software to be preferred. Every software has advantages and disadvantages so it is more individual choices!
- Recommendations from HN-TPO:
 1. Read the document as it is.
 2. Comments in the document please add missing information as per each team.
 3. Contact person per team
 4. Data protection if not agreed- let Tim know.
 5. Questionnaires in local language to be sent.
- In summary CRED it will be best to give time to partners to provide feedback. Each thematic teams provides information about their experience with the tools within their groups and what challenges they faced. It is more valuable for people to have this information.



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3.3 Plenary session 5- Project Promotion

- Documentary screening of the short and long film developed by CCRD was followed by presentation of promotional materials created by VHAI, India. Ms. Irvine later presented the MICRODIS website and introduced the partners to the different sections and stressed the use of the MICRODIS website as the best collective promotional tool.

1. CCRD- Short and long Documentary film

The following points were discussed at the end of the screening:

- The CCRD team spent 3 weeks in the respective countries and during the APHES course in Brussels Prof. Sapir's contribution was recorded.
- Suggestion was made that the Audio may be enhanced and that it was indeed very good and encouraging work done by CCRD.
- The partners would like to request copies of it.
- As per MICRODIS budget- one copy per partner may be available free of cost.
- Regarding the copy rite issues CRED suggested that a Disclaimer of MICRODIS to be added. Copyright is not an issue. Great work, positive response for filming session at CRED as well.
- May be a good idea to have a graphic of the country and a indication of where the survey is taking place (MAPS).
- UOI requested that the colour of the logo should be white background and black script as per the new university regulations.

2. VHAI

VHAI presented the following promotional activities and materials that they are working on:

- MICRODIS brochure in 4 coloures containing basic project information, completion, future plans and partner information was presented and partners reminded that comments were due on the draft circulated in Sept 2009.

- A video film on MICRODIS activities of 10 mins duration with 2-5 mins for the media, organizations covered is due at the end of November 2009. VHAI will request footage from respective partners, as feasibility of travel was low



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- Photo documentation of MICRODIS activities- photographs requested from different partners in Indonesia, Viet Nam, United Kingdom, and India.
- Health for the millions a VHAI journal with over 34 years in printing, over 2000 subscribers. The MICRODIS supplement issue was due - end of Dec- Jan or alternatively Feb to March 2010. This was however open for discussion and mutual convenience. Format for articles will be discussed. Partners request for articles. It was agreed that these deadlines were too close and that more time should be allowed for the partners.
- Disaster mitigation manual for neo-literates- due by end of October and will be circulated for comments from partners.
- Other activities including the VHAI website and Health For Millions websites.

The following points were discussed:

- Review of the MICRODIS website thoroughly was necessary. Most of the partner information is already uploaded there.
- First review the information on the website and then ask partners for additional information. Including photographs. This will save duplication.
- No photo featured in the brochure from University of Indonesia despite sending several. This should be reviewed by VHAI.
- Health for Millions journal - VHAI kindly agreed to provide a format for articles by 22 Oct, 2009
- Legal issues with the use of pictures- usually a signed declaration from people in the photographs is necessary along with the ethics committee clearance etc.
- With this respect the internal deadlines for sending visual data should be revisited.
- The email address for VHAI and Ms. Anjali to be reconfirmed.
- All partners to provide word .doc files instead of PDF
- Materials from the past activities may be used from website.
- Most important is to provide feedback to each other with documents and promotional materials. All partners need to improve response rate when nodal person is away- emails confirming that away etc. Moving faster with quicker feedback!



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3. CRED

The MICRODIS website was presented in its completely revised form and partners are now able to add or edit information themselves! It is judged to be more user friendly and easier than before. The different sections were visited online.

The following points were discussed:

- The inter-site photographs may not be included in the public domain of the MICRODIS website due to copy rite issues as each country has separate regulations!
- New member logins for the MICRODIS website within the consortium may be requested from Ms. Laura Irvine.



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4. MICRODIS Multi MEETING Day 3- October 12, 2009

4.1 Plenary Session 6- Welcome, Recap and planning for the rest of the day.

Chairperson of the day Dr. Michael Marx, UKL-HD

4.2 Plenary Session 7- Presentation of Preliminary findings

1. The Bojonegro study, Indonesia was presented by Dr. Mondastri Korib Sundaryo. The point raised for discussion was that the study takes into account 2-point estimates for data and if the reasons were taken into account? Dr. Mondastri explained that yes the variations were observed and the team did try to estimate the differences. UOI will require a further in-depth study, which they plan next year in the extension period.
2. Bahraich, Uttar Pradesh study, India and the Annex study was presented by Prof. PC Joshi
3. Jagatsingpur, Orissa, India main study and nutritional component were presented by Mr. Shisir Ranjan Dash. The points of discussion raised were if the Jagatsingpur site was more a purposeful selection. VHAI clarified that it was partly purposeful since 93 of last 100 disasters have occurred in this district of Orissa state.
4. Tewkesbury (flood) and Morpeth study, The United Kingdom was presented by Dr. Maureen Fordham. The points of discussion raised were as to how do they plan to explain that the 'control' group has about half the sample size of the 'cases'? Secondly would it be better to rather call it a cross sectional study than a cohort study. UON clarified saying that this was mainly due to low response rates amongst 'non affected' and survey fatigue since the flood occurred in 2007 and MICRODIS survey was conducted in 2009.
5. Southern Leyte study, The Philippines findings were presented by Dr. Sharon Linog



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6. Albay study, The Philippines was presented by Dr. Tom Talledo
7. Quangnam study, Viet Nam was presented by Dr. Tuan Tran Huu
8. Hanoi study, Viet Nam was presented by Dr. Quang. The points of discussion raised were: that an early warning system was an essential component of response. The traditional Vietnamese water puppets may be a pragmatic idea for awareness and as an adaptation to flood impacts. It will be useful to assess characteristics of people who acted upon early warning. Across sites it will be useful for comparative analysis. The Viet Nam study found that people do not seem to take early warning seriously especially because Government warning asks them to relocate causing increased mortality. A point of clarification was that the comparative groups were flooded and less flooded in the study.

4.3 Plenary Session 8- Annex study representations

1. Uttar Pradesh nutritional annex study presented by Prof. PC Joshi
 - Study site and population different than the main MICRODIS study. Stark differences in AGM and SM between study population and WHO acceptable standards was noted in the results.
2. Jagatsingpur nutritional annex study presented by Shisir Ranjan Dash.
 - Same study population as the MICRODIS main study only sample size recalculated.
 - The unit of enumeration was children and the sample was drawn from list of children randomly.
3. Quang Nam province, Viet Nam study was presented by Dr. Tuan
4. Hanoi Annex study on Dengue Haemorrhagic Fever (DHF), Viet Nam was presented by Dr. Quang. The points of discussion included that DHF emerged as a significant health problem in MICRODIS health main study. Comparative study to compare the original study findings post 1-year period was judged useful and hence proposed as an annex study. A concern raised was if there was a Government agency for vector control and if indices were calculated by them regularly. Viet Nam does have a Public health department but they collect only



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cases and not indices for all places. It is collected by scattered methods only in few places. This may jeopardize the proposed study.

5. Morpeth study and annex studies presented by Dr. Maureen Fordham
 - The role of flood insurance in disasters in Tewkesbury
 - Church membership/ spirituality and mental health experiences, Tewkesbury
 - Educating children about disasters- the use of play Tewkesbury
 - Rights and impacts of disasters
 - Displacement and impact on health and social

Some common themes that emerged and may be assessed across study sites:

- Nutritional status and gender issues across countries.
- People who acted upon early warnings during floods

Expert Meeting on disaster related course integration strategy in academic institutions.

Chairperson: Ms Sharon Lenong

This was a closed session for the educational institutions in the MICRODIS consortium. Each of the partners described their disaster related training available at their respective academic institutions. This was followed by detailed discussion for strategies for partnerships and opportunities for developing closer academic partnerships within MICRODIS and beyond.

1. University of Heidelberg conducts 2 Masters courses - one residential track and second the trop-ed modules.
 - Trop-ed consortium formulated 15 years ago to set up modular course to end in a Masters degree in International Health.
 - Heidelberg coordinates a core-course and 14 short advanced modules for trop-ed.
 - Edulink collaboration to strengthen South- South collaborations in East Africa where trop-ed courses have been accredited.
 - 2 e-learning courses in social security systems and in HIV
 - Amongst others the Health of Unstable Populations course, Health and Human Rights, and the Climate Change and Health courses take into account disaster trainings.

2. University of Indonesia- Awareness about disaster management has been growing. Universities at different stages of developing Masters and PhD programs. Slowly Universities following trend. UOI tries to integrate and offer sector- based training. Like Epidemiology- disaster epidemiology disaster management, health promotion in disaster setting, emergency nutrition. Psychology Dept also offers departmental courses for the student. In our faculty we are now learning to apply problem based learning to help integrated assessment and learning. How to develop courses is a concern and how to develop a study program are some of the challenged UOI faces. Workshop of Universities recently conducted to develop strong study program in collaboration. In near future need help and assistance with development of courses and program syllabus.

3. University of Northumbria- Masters program in Disaster Management and Sustainable Development (since 2000). University has 25-30 years experience of teaching at undergraduate level in environmental issues. Quite unique to have disaster management and sustainability taught simultaneously. Although other universities cover the subjects they rarely put in development context. Distinctiveness is essential- to attract students. The structure of the course includes 3 core courses taught in Sept-Jan 4 week block. Students from all backgrounds- statistics, ecologist, environmental etc so start with basic background for 4 weeks and then 4 weeks disaster risk reduction and 4 weeks on project management. Log frame analysis. Second semester covers research methods. Later the students choose one of several modules like- GIS module, physical health, UK emergency planning module, etc. Also an empty module due to different background. Then student pursues a topic of their interest and is supervised. The dissertation consists of 20, 000 words. Technically one year is assigned but the students are allowed to hand in thesis in one year or can take 5 years to do so. Assist students with self funded internship opportunities to obtain much required initial work experience.

4. HSPH- The School conducts a Public Health and Disaster Management 2 credit course for Bachelor of Public Health course students containing- Basic concepts, Rapid Health Assessment for planning, Basic steps in disaster response in health sector. Additionally they also conduct health response in disaster for capacity building of leaders of provincial department of health, leaders of units in the provincial department of health for 3 days due to time constrains in leaders. 1 week 'training of trainers' for selected province, district, commune, etc. for managing all administrative levels of the country. Road traffic injuries are also considered as disasters. 7 modules are offered at the School in this area since 1999.

5. University of Delhi- From next year will start an optional module Anthropology and Disasters in MSc Part 2. Secondly will conduct on Nov 2-4 NIDM conference

with session on Disaster management and higher education where lessons from MICRODIS will be shared.

6. CRED/ UCL- APHES course organized and the Masters in Humanitarian Assistance. A similar course organized

The following points were discussed:

- Distance learning courses although a different experience, but if materials are similar then they can be put online as an e-learning course for the benefit of the people. Challenges with delivering distance learning courses is that Emails come in 24 /7. Student contact is very poor. It is not time bound and the hours are long. Academic program takes longer to take up rather than training courses. Min 2 years window period before the course gets going. Training courses done for UNDP on gender and disaster risk reduction. Maureen is developing these courses in all regions of UNDP. First phase is to change it to distance learning material. There is material already out there. So if you pull them together can serve as a wide range of choice for students.
- Residential course vs online- is there a way to combine the two? One week concise course in university and then rest at home! Much more economical if they went 3 times for intensive training to University. Lately the faculty and UOI with Ministry Of Health and WHO are developing a serial participatory course for disaster starting for basic level, masters level and then national level. Combination if possible would serve best students with low affordability. Training could be given credit and contribute to the e learning format.
- It was agreed that the partners should use this momentum and continue to strengthen MICRODIS partnerships beyond 2011.
- Partners should consider more of the continuing relationships and options of raising funds ourselves for other projects like DAAD and DFG.
- Should that there be an aspect to cover the duty bearers, governments managers to be trained in disaster management?
- Community – resilience building at community is the focus of recent activities of most academic institutions.
- Most students today are in a career- and take courses to develop their career. Academic institutions should then keep in mind what careers are available and that students can apply to after graduating? It is essential to consider ethical issues to produce graduates and have little jobs.
- May be useful to consult UN or Government recruiters to find out what kind of candidates they seek? For example UKL- Heidelberg covers private, public sector etc. and invite representatives from the UN to



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support job opportunities. Growing market and currently jobs are available.

- What should come next of this discussion is the need for a small task-force to work on these questions and roadmap in coordination with CRED. We should have something concrete emerging out of this.
- CRED was unsure who could lead this effort.
- Partners request if the European partners can share course outlines and structure to help them develop their curriculums.
- It was suggested that partners put course contents and modules on MICRODIS website. Let it be decentralized rather than one university centered. Focal point in countries and then collaborate within the consortium. A similar approach is undertaken by the UN by developing regional hubs with capacities who can then take the leads once they are setup. May be a 'BABY MICRODIS' to take this forward. Those interested should get together and work on this.
- Another example for India is the Tata Institute for Social Sciences offered course on DM since 3 years with placement services. Tribal in Andaman and Nicobar islands offered course on community based Disaster Management. The National Institute for Disaster Management, India is also offering courses. Management institutes are also offering disaster courses.
- The challenge remains- How to maintain this to be sustainability?
- No MICRODIS deliverable as such for this activity and no task for development of courses etc, but we have the exchange of visiting professors to be achieved.
- MICRODIS alumni to be used as experts



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5. MICRODIS Multi MEETING Day 4- October 13, 2009

5.1 Plenary Session 9 – Welcome, recap and agenda outline

Chairperson of the day- Prof Guha Sapir

This session was addressed by Prof. Guha Sapir who welcomed the participants and summarized the last 2 days followed by a brief overview of the agenda for the next 2 days.

5.2 Plenary Session 10- Analysis Workshops Part- 1

1. Social Core Analysis- UOD presented by Prashant Khatri

The analysis was Based on document *Guideline Obtaining Scores- Social Questionnaire circulated by HN-TPO* circulated by HN-TPO.

The Social core contains the following sections -

1. Individual coping (6 strategies, Questions B3-B8, grading scale 1-5),
2. Sense of community, (Questions D6-D17, (D6-D17 add to commute total and then divide by number of questions that is 12 and u get a mean value) Subscales like membership, needs fulfillment, influence and emotional connections can be computed similarly.
3. Received social support, (3 point scale)
4. Functioning and quality of life, (15 questions E1-E15, 2 subscales MH1-Sort Form 1-12)

UOD demonstrated tables calculated on the basis of the guidelines on their own data.

The following points were discussed:

- The scales have been adjusted to 1-100 to adjust for the comparability of sections with different number of items in it. This will standardize across the data.

- UON now has score for the whole site. They would now like to pull out the individual social group differences to see if the numbers change when we look at the subgroups.
- If the questionnaires are used for abstract concepts- example most of the mental health then one has to check if the items behave the way the researchers expect them. The researchers are obliged to give the reader the information.
- Usually mentioned in the annex documents to enable the reader to assess.
- An in-depth analysis is now mandated to assess where the inter-group differences are.
- HSPH requested basic guidelines to do this analysis on their dataset. Then we can do further analysis by choosing the group we want to analyse. Eg gender, affected non- affected etc. This is excellent as a template and each site can go to details and find different factors depending on the geographic differences.
- As an example VHAI has started preliminary data and tried to triangulate in qualitative data. We found differences in findings from individual data and group data. The main challenge remains how to triangulate the results. The issue if there are differences. In quantitative the researchers often put pressure to categorize therefore variances may occur in findings from survey and Focus Group Discussions. The problem is when u get stark differences in findings from the 2 approaches.
- Relevant for what tool we use in which situation- eg domestic violence-questionnaire is not the right thing. But in situation where social support is available people come up with a different finding. Sometime about cultural norm
- In qualitative situation with small number of people, if you look at quantitative data we look at mean. Not everyone responded with mean values- some 1 and some 5. It depends on who participates in the Focus Group Discussion. One should look at the range and the Standard Deviations of the responses rather than the mean values.
- If researchers use instruments in different contexts- like VHAI is referring to validity and changing values will lead to problems. No guarantee that it measures the same concept for what it is meant for. So one should check. When researchers check concepts at different sites then they should also check for concept validity.
- The background of the respondent- what group he is coming from? Religious, backward caste etc is important. Once we will analyse where the responses came from, what category then patterns may be observed.
- The purpose of qualitative research is to provide differences not in score but give differences in dimensions.



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2. Health Core Analysis- UOI/HSPH presented by Mr. Besral

- The study objectives, sampling procedures adopted by the three health teams, the Sample sizes of the three teams, the 2 categories flooded vs. non- flooded and the questionnaire structure at each site were presented by Mr. Besral. He further elaborated that the health component of the MICRODIS core has mortality, injury and infectious disease especially in children under 5 as the main question categories. Extended questionnaire contains additionally- acute and chronic disease
- Then the data analysis plan starting with descriptive analysis to get point variance and statistical analysis including crude and adjusted analysis was discussed. Then the data analysis protocol was detailed out.
 1. Weighting – eg in every stage- stratum and cluster
 2. Complex sampling design- consider cluster sampling in analysis stage and compute the effect of cluster to outcome variable
 3. Contextual variables- consider the variables at the village level that influence health effect of the flooded (multi- level analysis / mixed effects models)
- Descriptive Analysis- Recoding is essential to reduce size of tables for presentation purposes. Eg. Recoding based on septic tank- yes or no
- Mortality and Injury- small numbers compared to mortality and injury. The HWG therefore suggests a separate sample for mortality and injury. Not much information about disability was obtained from the three health study sites.
- The HWG will focus the analysis to look at important disease- dermatitis, cough fever, headache and GI enteritis in the acute diseases section in the extended questionnaire.
- **Determinant factors of health problems-** Independent variables such as DEMO, flood exposure, water and sanitation, displacement against disease outcome eg- GI, cough etc. will be analysed. The HWG will also build

possible statistical models (examples demonstrated on basis of UOI data) and use Logistical regression to compute odds ratios only for rare diseases and



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- Cox regression to compute prevalence ratios. Additionally generalized linear mixed model (GLMM) will be used to control for effect of cluster.
- **Effect of Flood on health problems-** Divided health data in to 2 timelines during flood and 1 year after flood (current situation) to obtain 2 point estimates. Gastrointestinal diseases during flood was 2 times higher than in the current situation which could be due to flood or other confounders.
- The possible statistical models used will be GEE generalized estimating equation (demonstrated with GI example) and Generalized linear mixed model (GLMM)
- **Recommendations for the HWG for analysis of health data:**
 1. Weighting samples
 2. Complex sampling design to be considered in analysis
 3. Contextual variables to be controlled
 4. Repeated measurements- before and after should be carefully considered

The following points were discussed:

- Some of the diseases will be combined into a group to get better estimates of health conditions. For example- diarrhea, vomiting and dysentery grouped to Gastrointestinal problems to get better estimates of prevalence.
- To calculate the difference in observation due to sampling strategies between simple random sampling and complex sampling design resulting in some findings being the same and some depicting large variance
- Since the design is not simple random sampling we assume that the sampling method is complex design with 2 strata (flooding, non flooded) with cluster as the sampling unit and the different number of respondent in each cluster even when we select sample across the cluster due to the different response rate. Therefore weighting is required at every stage thus we also adjust for population size differences.
- The increased incidence of health conditions may be seasonal variations. However, the 2 point data- one year after would mean the same time (season) of the year and this may take into account the seasonal variations.

In that case it will be useful to study what the normal epidemiological curve for the country is. May be that can be used as standard and extract



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seasonal correction factor from there. Since the infectious diseases most of these symptoms are more prevalent in this 6-59 months age group and so surveillance data should be used to see what is the prevalence after this age group is passed to see actual findings.

- The statistical methods suggested by HWG it may not be adequate to use only 2 methods. We need at least 3 measurements. It is possible in GLMM to define contrast and then compares expected and observed trajectories, which will give better estimates.
- All 3 countries have surveillance systems for common diseases, which will help.
- When we analyse the diseases is at individual levels and not household.

3. Economic Core Analysis- HCE

- The economic core analysis strategy was presented by Mr. Orlando from SWECO. A general framework was proposed to address key economic issues. Since the data was not available for analysis from Hue which is in early stage of cleaning data. The main challenges lay with missing data and partners need to see what are options for solutions
- The main themes in the Economic questionnaire include
 1. Valuation physical damages (frequency tables to be computed, largely depends on quality of data)
 2. Temporary displacement and migration (comparison of costs and income impacts by migration, cost of displacement by household, location of displacement.)
 3. Income and exp pattern (Expenditure pattern for before and after event data)
 4. Willing to contribute and compensation claims (real '0' due to constraints vs. '0' value for unwillingness/refusal- This has to be corrected throughout based on the supporting questions asked)

The following points were discussed:

- It will be interesting to see through descriptive and multivariate analysis to see how the themes overlap.



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- Real '0' and protest '0' relevant to social group as well and it will be important to have a strategy to differentiate in the 2.
- For example if we ask yes or no- then we may not detect the real reasons to actual inability. Willing ness to pay question- they may be willing but not able to
- This is essentially where the qualitative approach will help. FGD will help to investigate the reasons.
- In order to standardize the currency in which we evaluate the economic questions Countries should compare by purchase parity power - and not standardize by converting by exchange rates!
- The EWG should prepare a single page guideline for teams regarding PPP
- The cost of displacement can be a very complex idea. It is a challenge for rural population to evaluate their cost of displacement. Secondly the time frame for displacement was not specified and so UON is unable to analyse this information.
- The group agrees that the economic questionnaire had flaws that could have been captured through piloting but it is rather unfortunate at this stage of the project.
- First survey often serves as pre test and this is useful in refining the study tools.
- Researchers have to be careful as what reactions questions can provoke. It is not fair to the respondent to ask irrelevant questions and collect data, which the study is unable to do anything with. By asking such questions one is putting the reputation of the study at risk in the population. This is so especially with hypothetical questions because even if we say this is hypothetical question 10 times it is seldom enough. As an example- in the UK study with questions which said hypothetically Government did this - the people got suspicious and so even if the researchers stressed it was a hypothetical question they saw reactions

5.3 Plenary Session 10- Analysis Workshops Part- 2

1. Qualitative Data Analysis- UOD presented by Prof. PC Joshi.

- Qualitative data is more than just inserting quotations to support author's views!

- More about analysis and interpretation.



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- More a continuous process compared to quantitative analysis.
- Look for relationships in analytical categories.
- Skillful analysis in view of volume to bring order and transforming textual data into patterns, categories and descriptive units.
- Intensive repeated reading is mandated
- Analysis of qualitative data involves 5 steps
 1. Organizing (clean up, identify points of margin, enter data in softwares Ethnograph, max QDA, NUDIST etc),
 2. Generating themes, patterns, testing emergent hypothesis and noting regularities in text, identification of salient, grounded categories of meaning held by participants, construct typologies.
 3. Once categories and patterns become apparent- evaluate plausibility of developing hypothesis, test the hypothesis
 4. Searching for alternatives for alternative explanations- challenge the hypothesis, come up with explanations.
 5. Writing report- done continuously. This is central to choice of words to summarize.
- The 5 traditions of Qualitative Data Analysis are:
 1. Constant comparative analysis (most common, inspired by grounded theory, involves comparing of data to others that are similar or different)
 2. Narrative and discourse (emphasis on language to communicate experience, linguistic representation, unstructured life experience into meaning and order, socially and culturally constructive devices, more of lived experiences)
 3. Historic analysis (focus on past even been described, insight into the context, establishing a baseline prior to study, could be based on primary or secondary sources, previously unexamined in the past)
 4. Content analysis (examination of data if it supports the hypothesis, objectively and systematically identify specified messages, fixed questions that can be quantitatively analysed, data source is- any form of communication)

5. Interpretation presentation- (attaching meaning to data, check interpretations, developing critical attitude, seeking alternate explanations, keeping methods and data in context as interpretations tied to methods)



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Location of settings, power relation between researcher and participants, play an essential role in the analysis.

- The presentation of qualitative data should essentially addresses 3 issues:
 1. What to include
 2. How to write
 3. What status the author claims to have?
- While presenting qualitative data the context is important- history, settings, number of part, schedule, temporal relation, traditional division of labour, routines and variations, significant events, members. Perspectives, social rules and basic order patterns, social rules, limits of methods, and data should be adequately addressed.

The following points were discussed:

- NVIVO license available is not available to the partners.
- No recommendation for common data software for teams as this cannot be standardized
- University of Delhi has already worked on 3 papers – one on stakeholder perception which analyses qualitative data and 2 others.
- The key to effective qualitative data collection is to write correctly what people say, as the say, body language, tone, gestures, important what you write!
- Not every piece of finding will find place in the final presentation.
- Often creativity will determine how the report looks.

2. Mental Health Analysis- HNI presented by Tim Wind

- **The conceptual model**
 1. The challenges with mental health research include first, mental health outcomes are determined by multiple factors, screeners not diagnostics and there is often an overlap of diagnosis on the symptom level.
 2. The effect relationships examined include cause effect (direct and indirect relations); special case: differences in groups; non-linear

relations: analysis of variances; and linear relations: univariate or multivariate.

3. Path analysis includes analysis of confounders and relationships with outcomes.



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4. Communities and household may differ from each other in their intercept and slope since variables were not measured at the same scale.
5. Risk and protective factors at individual and community levels and so you need multi level pathway analysis!
6. Variables – those investigated in the questionnaires
7. Now you have the model!

- **Making sense of data**

Random missing values vs. systematic missing values
Recoding of scores include. Inverse coding
Sum of variables

- **Reliability and validity**

Reliability check using Cronbach's alpha
You can work with sum of scores in our questionnaires
Validity checks- construct validity, concurrent validity or discriminant validity

- **Example India (Mental Health and Social functioning)**

- Levels of mental health problems analysed
- Measure by screener and so see mean values
- Majority of the people had anxiety or depression in this case
- Significant diff in flooded and non- flooded groups mean scores
- Impact of functioning using SF 12- evaluation in flooded and non- flooded groups showed on average an impact on all scales of MH evaluation and a significant one.
- Sense of community- no difference observed in the 2 groups quantitatively but shown in qualitative data. This can be explained by that may be community has not changed! You can look for explanation in explanatory factor analyses
- Look more at conceptual differences and not mean differences! India (nesting data)- 3 level analysis for nested data

The following points were discussed:

- HN-TPO and partners in process of writing 3 papers!

- Gender differences explained by fact that men or women are likely to report a certain thing more or less can be worked in the model. Models tell u more about complexities and there are gender models which can be used to compare your model and gender model findings.



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- In some findings SD is very large- 27 etc and p value less than 0.015. This is due to the scale differences and so cannot be compared. This only gives the variances in data.

5.4 Plenary Session 11- Integration Round Table Discussion

Ivan Komproe from HNI-TPO and Shisir Ranjan Dash from VHAI lead the overall discussion regarding ideas and suggestions for integration possibilities, dissemination and identifying integration analysis needs. The points drawn from participatory task given at 1st day was also discussed.

The following points were discussed:

- HNI-TPO had presented how to compare means of the scores amongst groups- by stating central tendency. However one may also proceed with categorical analysis- eg quality of life used for comparing incidence of morbidity.
- For numerical variables and continuous variable comparisons where should the cut offs be and are there references that could be used. For example When evaluation of dose- response relationships. How does one convert from numerical scale to categorical scale. In this case it is not advisable to downscale the numerical variables to continuous variables? In general the norm is at 50, SD is 10. So, 1xSD or 2xSD is good and then classify accordingly. But this is relevant in developed western settings.
- Considering error 'C' curves is also an option. In which issue is to compare score of group (case) with other (control).
- In addition there are no standard indexes that can be used eg. for certain social parameters. Then you need qualitative analysis to define the categories.
- In conclusion it is best to define categories in an ordinal variable.
- The problem of nested data- collecting data on individual level within the household

- The use of GEE- generalized estimating equations- main purpose is to weight the estimates. This was demonstrated using the following example: Depression score in students. Came from 14 classes. Mean score of depression in the sample is 21.67. Define case as score above 26, so 31.5% are cases in this example of the 403 students. Mean column represents the proportion and hence prevalence. Large range of percentages in this study. Similarly in our study we expect a large variance in the household. Therefore the solution is GEE- generalized estimating equations. In this estimate u see the same estimation of the prevalence that is 31.5% but u see the difference in confidence interval. GEE is focused on the definition of CI. Prevalence case neglecting nested data- 31.5 Prevalence of cases case using correction for nested data- 31.5. Thus we arrive at similar observations. If you neglect nesting, age is the only significant confounder in the above example.
- GEE also corrects for variances within the groups.
- The main points identified at the end of the discussion are-
 1. Identify cross cutting themes
 2. Multidisciplinary predictors of mental health and functioning
 3. Revision of the core protocols
 4. Sharing work, papers etc to cross disciplinary methods and idea
 5. Building theoretical bridges- Respecting disciplinary backgrounds/approaches
 6. Refinement of framework for integration in light of data and findings
 - 3 and 6 activity related and to be done anyways.
- Revisiting and updating the conceptual models- as per the observations from field studies will mean that they are no more theoretical models but more practical models
- The HWG has already revised the conceptual model. They also analysed data with socio-economic variables to consider cross cutting issues in each variable identified. Within the HWG each team has been delegated a theme- nutrition, morbidity, mortality, health systems etc. and they will be responsible for the respective publications and analysis for inter- country and inter site variation.
- Integration has come more naturally and last 2.5 years work has impacted the thinking of the three groups naturally.
- Other hand- one area we need more work is the economic group- How does it link up to health or social processes. More thought demanded from EWG for seveloping this further.
- The teams have to be cautious about How the data has been collected? What was the meaning of income? Dimension of the data should be common.
- One important finding at the Up, India site is that floods affected the capacity of people- so directly affecting livelihoods- overshadowing all other impacts. This has potential for cross cutting theme for inter-country anaylsis.

- The teams should look at qualitative data to identify problems that exist and possible explanations that are possible from quantitative data. For example, willingness to pay can be a function of their experience of disaster- depending on how bad the experience was- may decide the willingness to pay. Similarly the perception of disease and disaster will be determined by the experience of diseases after disasters.



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- Problem in reality may be that since this is post factor analysis the quantitative and qualitative are already done. So may be we find qualitative themes that do not correlate to quantitative data and so it was better if we did this before designing the questionnaires.
- For integration one strategy would be to identify 3-5 hypotheses based on the data we have already across datasets and the test this across the countries and across themes. It might be good to exercise that each group make cross- thematic specific conceptual framework and use this to formulate the hypotheses.



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6. MICRODIS Multi Meeting Workshop Day 5- October 14, 2009

6.1 Plenary Session 13 – Data Management

Session Chairperson- Dr. Sharon Linog from XU.

The data management issues were presented by Ms. Barbara Chichon from CRED and Ms. Revati Phalkey from UKL-HD who have jointly developed the common data shell and the MICRODIS standardized code-book.

- Purpose

1. Create standard datashell with one standardized codebook
2. Facilitate comparison between site

- Process

1. Reviewed questions identified all comparable questions or different across sites
2. Compared answer codes and options for each question
3. Went through questionnaires, gave common codes to questions and answers
4. Agreed on common answer codes (96, 97, 98, 99)
5. Circulated and asked for comments

- Challenges faced

1. Differences in disaster occurrence and survey timing – recall bias
2. Questions were rephrased – needed to look for the meaning, found that cores had changed, more than one response possible
3. Timelines in questionnaires were adapted (definitions unclear for “before”, “slightly more”)
 - o Example of splitting up answers
 - o Comments about the need to define flooded and non-flooded, exposed and non exposed, etc. before making country comparisons

- There is a need to define sampling process and calculations
- 4. Many different answer options were added (95 option for questions) and it was
- 5. unclear which were comparable across site
- 6. Question about 95, some confusion for when it is used – means it was not asked at all from the questionnaire
- 7. Answer categories adapted – split, merged, added, orders changed, core and extended were merged, very detailed information collected (relevant to country but not comparable across sites)
- 8. Data was already collected

- Lessons Learned

1. The use of language and the meaning behind words for translation and back translation
2. Should define timeframes beforehand as well as codes, with answer codes
3. Keep country datasets and don't throw away any data

- How to use the Codebook

1. All questions are included – if you didn't record the questions then use 95
2. Datashell provided
3. Can delete a row or use 95 if you didn't record this question
4. If errors are found, call Revati or Barbara and they can be sorted on a case to case basis

- Deadlines

December 1: recoding of variables as per integrated codebook and hypotheses you would like to test across sites (for health team, open to other working teams as well – statisticians will look at it and come up with different tests – Jose, Besral and Ivan)

December 15: standard guidelines for statistical analysis to be run by each PI for site comparisons (excluding individual analysis strategy)

The following points were discussed:

- The partners are at different stages of data entering, coding and analysis:

Sites	Collected	Cleaned	Re-coded	Deadline for recoded dataset
Albay	X	X	No	Dec 1
Southern Leyte	X	X	No	Dec 1
Quangnam	X	In process	Started	Dec 1
Hanoi	X	X	In process	Dec 1

Tewkesbury	X	X	No	Dec 1
Morpeth	In process	No	Done	TBD
Orissa	X	X	In process	Dec 1
Bahraich	X	X	In process	Dec 1
Bojonegoro	X	X	No	Dec 1



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- Answer options for the String variables need to be increased to 25 characters
- If the teams face problems they should call Barbara or Revati so that this can be solved immediately
- DEADLINE APPROVED – Dec 1 (reservation from Dr. Sharon who agreed to mid-December and Dr. Maureen who will provide another estimate for Morpeth)
- This is a short-term job, so partners need to put somebody on it and get it done in time to meet the agreed deadlines.
- Jose from CRED agreed to provide advice for changing and recoding in excel.

European Disaster Impacts Symposium (WP 6.2)

- Proposal to host the symposium in Newcastle September 2010 alongside the Dealing with Disasters International Conference
- 2 day conference about MICRODIS where consortium can present papers and organize sessions
- Invited, active workshop with outputs
- Themes organized through the DWD conference, and could have MICRODIS participation in these themes
- Journals offered as outputs for a special issue (Disasters, or another?). If unsuccessful, proceedings and papers will be produced
- Good to plan it now, we can contact journals and refocus the sessions and outputs to these themes
- Smaller group for the symposium with quality output
- Request agreement to hold this symposium alongside DWD – no objection
- Then next steps will be to discuss themes (January 2010 at latest), contact journals, prepare proposal for Economic and Social Research Council for funding, compile lists and contacts of possible participants

Asian Disaster Impacts Symposium

- Active participation for Asian partners

- Highlight our work and share it with others in Asia
- Involve many different stakeholders
- June 2010, in Goa, India (Delhi will be too hot)
- Not a lot of funding
- Suggestions are requested



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The following points were discussed:

- Special issue is a good idea, which could be applied for this (Asia Pacific Journal for Disasters – Nanjing University) and can start discussing themes with them.
- Sponsor from ASEAN and others.
- Global Health Action (UKL-HD) has climate change and health journal could be also applicable.
- Look to focus on Asian regional journals and open global journals for other times.
- VHAI works with NDMI, and UNDP will work together for a conference and it can be possible to talk to them about sponsorship from the Asian meeting.
- Create strategies from each countries' national authorities to see if there can be any plans, sponsorships and conferences together based on MICRODIS results and outputs.
- Inform the European Union Delegation for all events.
- Philippines has worked with Regional Disaster authorities, will share the results with them from MICRODIS.
- Welcome someone from CRED to write to the NDCC to push for action with Sharon, but Sharon must inform.
- Hue – can promote findings to other organizations and policy-makers in Asia and Europe.
- Economic and Environment program for Asia (IDRC funded), can work together to have a joint conference or papers.
- Teams need to let us know the strategies for dissemination and partnerships for events and meetings with local authorities and regional authorities, and CRED can help with recommendations and regional exposure (can amplify the vision).

6.2 Plenary Session 14: Publications Forum

During this session the three thematic areas presented relevant journals for publications followed by identification of interdisciplinary journals and general publication strategies the partners would like to follow. In summary more input is needed from the groups on journals!



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1. Economic Working Group recommended the following journals:

- a. Ecological Economics; Environment and Development Economics
- b. Environment, Development and Sustainability
- c. Asian Economic Bulletin
- d. Journal of Asian Earth Sciences
- e. Global Environmental Change

2. Health Working Group recommended the following journals:

- a. Journal of Public Health Management and Practice Public Health
- b. Health Policy and Planning
- c. Perspectives in Public Health
- d. Journal of Environmental Health
- e. Journal of Environmental Science and Health
- f. Global Health Action Journal - can propose cross-cutting issues

3. Social Working Group recommended the following journals:

- a. Transactions of the Institute of British Geographers
- b. Progress in Human Geography
- c. World Development (World Bank journal, has an influence on the WBs policies)
- d. Disasters
- e. Journal of Environmental Psychology
- f. Economic and Political Weekly in India is also another option, good for the international context

4. Interdisciplinary Journals presented by XU

- a. Philippine Journal of Development
- b. American Journal of Disaster Medicine
- c. American Journal of Public Health

- d. Disasters (wide readership, for policy makers, high quality research projects, complex emergencies and natural disasters)
- e. International Journal of Risk Assessment and Disasters
6. The Lancet
7. Progress in Human Geography
8. World Development



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The following points were discussed:

- All partners feel personal and institutional pressures to publish.
- Impact factors can go up and down, will constantly change but not by a very large amount.
- Important to look at target audience.
- It may be useful to concentrate on main articles, then use a supplementary issue for papers for which standardized format may be a good idea.
- It may help to prepare a progress report for the journals and submission tracking for the partners so that all can see deadlines and activities (website is a possibility).
- Do we go for high impact or wide readership journals?- This will impact how analysis will be done.
- Identifying one journal and go for a special issue.
- Need to know how to package our articles for each journal.
- However, coordination cell needs to convince the board for a supplementary issue.
- Prof. Sapir can connect with, Journal of tropical medicine; PLOS public health and The American Journal of Disaster Medicine for example.
- She will need to have someone incharge to coordinate the papers for the supplementary issue, chasing after groups for deadlines and making sure papers are done.
- HSPH and UKL-HD can work together on this for the Global Health Action Journal. There are funds available for Global Health Action journal of the Umea University and Revati and Quang will follow up on this.
- In general open access is seen as recommended, with wide readership.
- Another suggestion would be the Health Promotion and Education journal of where Alok Mukhopadhyay is on the editing board.
- Problem of different levels in our data set, and missing data.
- Need to apply quite advanced statistics.
- Some groups will need much more statistical consulting.

- Methods need time and programs are different, results can vary.
- It may be premature to discuss journals when the data hasn't been fully analyzed yet – perhaps wait until next year to make these decisions
- First authors decision in the end.
- Can have a policy to include all the authors in these high impact journals (at least 10 normally).
- Respectable person on a concrete subject only few authors.



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- Lancet and BMG: comments, opinion may be considered.
- Once we have materials we will know where to publish.
- List of articles, type of direction, according to specific interests and also look to adapt story according to their requirements.
- Also mention reference from their own journals, be careful on the copy rites.
- Need to know the journal and speak to the editors for what they want
- Better to submit the paper to the editor and ask if it's of interest to them.
- For good journals, the choice will be based on the originality of the article.
- See if the original conclusion is to be done by the stats person or the expertise person, then chose the journal and kind of article you can write.
- All should look at the journals and see what kind of issues you can write about, then look carefully at the style and read the journals and then copy this format for their articles.
- Ethical considerations of the research should always be addressed in the article, so we should maybe define a standard paragraph which can be adapted to each journal.
 - Ivan will draft a text for this and send it to partners.
 - Text in the submission need to describe the procedure for getting the ethical clearance and what were the procedures followed during the field work.
 - Helsinki agreement - data not used for commercial purposes, obligation to report to the respondents.
- Some articles ask for the extent of your contribution to the article.
- UoD has ethical clearance, all studies have informed consent.
- These principles can be applied to film and photos.
- Need to be careful of the moral responsibility – example of the man who said we could use his photo but had no idea of the implications of this.

6.3 Plenary Session 15: Upcoming Activities and Closing ceremonies

Session chaired by Prof Guha Sapid and Dr. Mondastri Sundaryo

Implementation Plan 24-36 discussion lead by CRED. Ms Laura Irvine presented the MICRODIS Plan for 2009-10. Each work package was discussed with the draft Implementation Plan for Months 33-48, with all expected outputs, change in responsibilities and timelines for each deliverables detailed.



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- **Changes to the project implementation plan month 25-48 includes:**
 1. Deliverables related to R and M meetings have been merged from Asia and Europe (D4.1.3, D4.2.3 and D.4.3.3)
 2. Name of D4.4.2 has changed
 3. Asian and European Impacts symposium has been pushed to year 4 (D6.2.8)
 4. GIS deliverables have been pushed to year 4
 5. Annual meeting and periodic report added for year 3 (WP7)

- **The following meetings to be expected:**
 1. Annual meeting Asian Disaster Impacts Symposium- June 2010, Goa
 2. European Disaster Impacts Symposium (Sept 2010, New Castle)
 3. Final Steering committee meeting

The following points were discussed:

- There is an option to combine the Annual meeting and the final steering committee meetings one year from now so that we reduce international travel for partners.
- The partners to agree to postpone the annual meeting to Oct 2010?
- Hue team has to agree as they will be hosting the meeting and should give input on convenience.
- Since August- November is rainy and storm season in Hue- so not realistic to have this period.
- August or beginning of September is more suitable.
- Since the European symposium is also a large meeting and then this will be back to back and we should consider this.

- For the final steering committee meeting that also needs to be organized during this period Video or telephone meetings may be considered as an option. But since the annual steering committee meetings are final and obligatory so we should stick to the idea of doing it in Hue. Another option would be to hold it in New Castle together with the European Symposium in September.
- Asian partners could additionally attend the European symposium.
- We should consider the fourth annual meeting to be conducted in 2011. The annual meeting will be 4-5 days min and difficult idea to combine with the symposium.



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- **It was agreed that:**
 - **Annual meeting and steering meeting in Hue early August, the Asian and European symposium will be decided by Prof. PC Joshi and Maureen.**
- **The following activities have been added in year 4:**
 - 1. D4.4.4- Report on lessons learned in common coding and standardized templates for multi-datasets (UKL-HD and CRED).**
 - 2. D.4.4.5- combined literature review from SHE lit reviews- with standard formatting based on common themes (Xavier University, UoN, Hue and UKL-HD).**
 - 3. D5.1.3 Summary of statistic brief from the PI of each country team based on their dataset analysis.** Weather this is for public use- we have to agree on! (UKL-HD). Standard template will be circulated with instruction for maps etc.
 - 4. D6.1.1.3 visiting lecturers organized within Microdis (HSPH)**
This will be lead by HSPH but inputs from all teams. European partners can invite somebody from Asian partners. HSPH collects ideas for this and if they don't get enough ideas then HSPH delegates tasks to partners. People can volunteer to do a lecture in a partner institution and they should mutually agree. If you don't have enough requests then HSPH request partners to do it.

5. **D6.1.14 Participation in 1-2 technical trainings / workshop on MICRODIS related topics by graduate students (academic institution) or staff (NGO) (UOD in charge to monitor if each partner has at least 1 participants):** Capacity building of staff in your institution. It could also be a seminar organized by the partners. It can be technical training for staff as well for data analysis etc. APHES has a separate deliverable and this can not be reported in this deliverable. This can be done in their own institutions. If partners were invited to Government training then – that also counts if it is technical training.



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6. **D6.1.15 Participation in conferences to share scientific paper on MICRODIS results (HN-TPO monitors this- make sure that every partners sent participants to at least 1 conference and has put on website the paper).** Each partner should do this at least and more if you have the budget. No specification about national- international etc.
7. **D6.2.12 attractive one page brief on each MICRODIS survey site (including annex).** Summary site- more like promotion, contextual feel (lead by CDRC). Attractive, creative and so can ask media persons for help and then use these materials by channeling to other large conferences. CRED could put together- a collection of the whole set and make a pocket with the A4 sheets. Each partner can use a colour and CDRC can assign colours and circulate the template as they have the graphic specialists. CRED can take the responsibility of printing- budget permitting.
8. **D6.2.13 professional report on the MICRODIS project**
A private consulting company will be hired to prepare a final report on the whole MICRODIS project that will be the final output. They will be in touch with the teams and they will come up with the template for feedback from the partners. UNDP format will be consulted for design clues.
9. **D7.10 Final steering committee meeting and report organized**
10. **D7.11 Year 4 periodic report organized**

The following points were discussed:

- Budget- it would be nice to invite people- but who funds? Every team has travel budgets- if this has been already spent then pull it from other budget line.
- Ms. Bernadette should be contacted to see budget issues which travel can fit to what budget line.
- Small meeting together within groups- after merging data- to develop analysis was proposed. A meeting for 3-4 days. This will help us work on the articles and finalize inter- country analysis. Partners can have first draft ready by this.



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- For inviting lecturers- the partners can do so and simultaneously work together on publications. This has already been done this in this meeting and similarly this can be done in Hue.
- Training budget and travel in research should be clearly reported. These are separate categories and we have to be careful. RTD vs. training. Within RTD partners can move around money. But this amount can not be interchanged with training budget.
- Activities done this year should be reported at the end of this year. Activities in year 4 require new contribution. Activities from year 3 cannot be reported in year 4 again.
- WP 3.1 and 3.2 open until last month of the project. If teams have budget and if there are clear context and relation within MICRODIS main study then annex studies can be conducted. It is an option for those teams with survey budget.
- Partners to keep in mind if they are in annex study- they are expected to make training brief, tools and survey report and other reports similar to the main MICRODIS study.
- **Irrespective of the annual meeting time for year 3 in Feb 2010, the technical and financial report is still due for the 15th March.**
- New research in Italy. The call is still open and the coordinator has received interest from institutes in Italy for the earthquake study.
- Data analysis to be within own institutions and with other partners
- Scientific publications editing rounds for papers- professional support may be sought.
- Sharing and comparing results- within the consort and in regional and international conferences and workshops is essential.

- Looking to our future- encouraging capacity building for young researchers scientist and community members involved in MIOCRODIS project is mandatory.
- **No official confirmation of the project extension has been received yet!**
- Credit for the successful project run so fare is due to Ms. Laura and Ms. Bernadette.
- All partners to maintain close email contact with laura and Bernadette and cooperate with them regularly.
- The coordination cell thanks all partners for support and cooperation within the consortium.
- This meeting has been positive and forward looking.
- Next time coordinator of such a project should begin as soon as possible the field work. This enables people to come together in a concrete way as seen from the MICRODIS experience.
- Last 1 year of abstract and theories was difficult. After field work-dynamism improved.
- Next time a large consortium like this one with over 15 partners should consider a project span of minimum 5 years!
- The consortium has achieved the required pace and the momentum- we are discussing concrete ideas and plans. Only 14 more months to go!
- Meeting has been uplifting for all of us.
- Points for improvements include: Coordination from coordination cell and more essentially feedback from the partners!
- Partners are urged to use the website more often and propagate it to - students, researchers and suggest ideas for things to be put on the website for making it more interactive and useful for NGO partners.
- CRED has disaster literature and all partners are urged to make requests as needed.
- All the partners thank the University of Indonesia and particular efforts of Mr. Mondastri, Mr. Besral and Mrs. Meidy for hosting them. It was indeed a very well organized and fruitful meeting. The meeting concluded with closing speeches from Dr. Mondastri and Prof. Guha-Sapir and Belgian Chocolates to thank the organizers!