



MICRODIS Second Annual Meeting
February 25-27, 2009

**Thematic Working Group and Steering
Committee Meeting Reports**

25 February 2009

Deliverable 7.6

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LIST OF ABBREVIATIONS

APHES	Assessing Public Health in Emergency Situations
CDRC	Citizens' Disaster Response Center
CRED	Centre for Research on the Epidemiology of Disasters
EWG	Economic Working Group
FGD	Focus Group Discussion
HNI	HealthNet International
HSPH	Hanoi School of Public Health
HWG	Health Working Group
IDI	In Depth Interviews
KII	Key Informant Interview
UCL	Université Catholique de Louvain
UKL-HD	Heidelberg University Hospital
UoD	University of Delhi
UoG	University of Greenwich
UoI	University of Indonesia
UoN	University of Northumbria
VHAI	Voluntary Health Association of India
XU	Xavier University

1 Health Working Group Meeting Report

1.1 Agenda

1. Welcome address and introduction to the agenda;
2. Round of introduction of Health Working Group (HWG) members;
3. Update HWG members;
4. Deliverables and milestones as planned month 13-24;
5. Achievements and challenges;
6. Field work, data entry, and data processing (Household survey/health system survey
7. Annex/accompanied studies);
8. Integration of HWG findings with social and economic groups;
9. Scientific output;
10. Unresolved issues;
11. Next steps (deliverables and milestones planned for months 24-36).

1.2 Participants

1. Prof. Debarati Guha Sapis (Center for Research on the Epidemiology of Disasters (CRED));
2. Barbara Cichon Center for Research on the Epidemiology of Disasters (CRED);
3. Shishir Ranjan Dash, (Voluntary Health Association India (VHAI));
4. Dr. Mondastri Sudaryo (Maqo - University of Indonesia (UOI));
5. Mr. Besral (UOI);
6. Dr. La Ngoc Quang (Hanoi School of Public Health (HSPH));
7. Ms. Tran Thi Tuyet Hanh (HSPH);
8. Ms. Le Thi Thanh Huong (HSPH);
9. Prof. Michael Marx (University of Heidelberg (UKL-HD));
10. Ms. Revati Phalkey (UKL-HD).

1.3 Minutes

1.3.1 Agenda point 3: Updates

New members: Ms Ha from HSPH, Mr. Besral from UOI, Ms. Barbara from CRED, Anja from University of Heidelberg were amongst the new members joining the HWG.

Outgoing members: Eko (UOI), Valerie (UKL-HD) and Olivier (CRED).

Change of Administration: UKL-HD took charge of the *Integrated Health Social and Economic Impact of Extreme Events: Evidence, Methods and Tools* (MICRODIS) project, replacing evaplan since February 2008.

Change in study site: HSPH, Viet Nam changed the study site from Hue to Hanoi in view of the historic floods in Hanoi.

1.3.2 Agenda point 4: Key Deliverables and milestones as planned month 13-24

- Literature review: finalized in September 2008;
- Conceptual Model finalized in March 2008;
- Methodology, household, Guidelines for health systems survey and guidelines for secondary data collection finalized in July 2008;
- Health survey training workshop conducted in Hanoi May 2008.

1.3.3 Agenda points 5 & 6: Achievements, challenges, fieldwork, data entry, and data processing

HSPH: Hanoi Site historic flood occurred in late October, early November 2008. About 800 households have been interviewed (400 in urban district, 400 in rural district. In each district: 200 flooded households and 200 non-flooded households). A qualitative study was also implemented, with support from Dr. Terry Cannon to develop interview guideline.

UoI: has finished data collection and is currently in data analysis phase. Need time to integrate both qualitative and quantitative studies. A survey of 500 households was implemented (both flooded and non-flooded) and a qualitative study including In-Depth Interview (IDI) with local authorities.

VHAI: 1540 households surveyed. 758 affected and 816 non affected. The questionnaire was 67 pages long! Health system survey was done in 31 institutes. Both quantitative and qualitative studies conducted including community mapping done. Data entered into Epi-Info, but not analyzed yet. Used four computers to enter data, and data merging is a challenge.

Key challenges identified:

- Extension/In-depth/annex studies feasibility in terms of time, resources and topics to allow for improved understanding of findings. The need for in-depth studies was expressed by all partners to allow detailing of aspects not covered under main MICRODIS survey;
- Data Processing challenges:
 1. Information sharing: for example UoI and India has already completed data entry. It will be useful if they share data entry forms so that HSPH can use the same versions and this will allow data merging among sites;
 2. Issues related to sampling methods since different sites have adapted different sampling methods. There will be problems with merging data;
 3. Software compatibility inter-country and intra-country;
 4. Data merging and compilation without compromising inter- site and inter-country specificity;
 5. Recoding of data to improve data compatibility across sites and across countries;
 6. Analysis exclusively for health group and integrated assessment of the collected data.
- Report writing- standardization of report writing guidelines to ensure comparability;
- Health Systems questionnaires need adaptation to local needs and separate study is planned in Vietnam. Orissa, India and Indonesia have collected health systems information simultaneously alongside main survey. Debby suggested that HSPH, UoI, VHAI coordinate with Michael Marx (UKL-HD) to discuss about the interpretation of health systems survey results;
- Exchange of experts from social and economic groups for analysis of data collected for these thematic groups at site with a focus on health;
- No service component in MICRODIS, VHAI raised the question as to at what point in time are we permitted to disseminate survey findings to the community and the administrative authorities in study sites;
- HWG internal communication needs revival.

1.4 Agenda point 7: Annex study/accompanied studies/in-depth studies

HSPH: annex study is needed to understand deeper issues. Historic flood occurred in Hanoi in late October, early November and this was the most severe on since last 35 years → many issues/impacts can be studied. HSPH can give potential topics, but need approval from CRED. The possible topics suggested by HSPH included Morbidity studies focusing on key diseases identified from the general study as priority concerns. Case control studies and cohort studies to assess changes in morbidity patterns, mental health issues, vulnerable groups, flooding and avian flu , and surveillance systems during disasters.

VHAI would like to focus on vector borne diseases and changing morbidity patterns particularly Chikengunya as this emerged as the most common concern during the MICRODIS study with over 50% of study population being affected.

UKL-HD expressed human resource management and health in disasters as a possible topic for discussion among HWG for a PhD scholarship.

UOI has collected baseline data on all cause morbidity issues. Later on, after finishing data analysis of baseline results would like to concentrate on some specific health issues, and propose case-control studies for specific diseases. **Maqo** suggested the possibility to maintain the same overall MICRODIS framework but conduct in-depth studies without changing the study population or study a different population or extend to related topics previously unexplored for the extension studies.

CRED, Debby suggested studies on drought and cholera outbreaks in Orissa and Hanoi and economic evaluation of increased malnutrition after floods in Hue, Vietnam. She also stressed that flexibility is an issue given that time extension of the project even on a cost neutral status is not expected.

The group reflected that as per the contract integrated tools were developed. After field tasks we will have evaluated the integrated tools and discovered which ones worked and which did not. Then in the final year, we can do more in-depth issues, to measure some specific impacts. These however need to be assessed for the feasibility, rational, time and resources.

It was agreed: By Friday, 27th Feb 09, each partner should propose topics to be covered in extension studies: rational, research questions, data sources, methodology of analysis, expected results, time and submit a research proposal (2 pages outline) for review by the steering committee for approval.

1.5 Agenda point 8: Integration of HWG findings with social and economic groups

- Integration group facing deeper challenges;
- Patrick is for now independently represents the integration group, and is currently busy with French survey;
- Integration is now essentially the function of the thematic groups themselves. In September-October a one week meeting is planned in Jakarta to discuss the results of all country surveys to discuss the integration and plan publication of the inter country results;
- An observation in most studies was that respondents do not separate social, health, and economic impacts in real life. It is therefore not a viable option to analyze the impacts separately;

- 2 components of integration is integration of the three thematic groups health, social, economic within a country and the other is integration of results between countries across disasters (inter-and intra country integration);
- Sampling methods among different partners are different which makes inter site data combining difficult.

It was agreed:

- The Asia survey heads should meet in Orissa India (no more than 6 people) for an intensive mini workshop to look at the data, sampling methods, recoding and merging of the data;
- Asian partners will identify what have to be done (i.e. reclassify variables) for integrated analysis and CRED can assign someone to actually do those tasks by early May 2009 in Orissa. The mini workshop will be lead by VHAI and VHAI will inform and coordinate with Pr. PC Joshi, the Asian coordinator;
- Between now and May we will ask social, and the economic groups to develop a set of guidelines for analysis of social, and economic data. We will also develop a similar guideline for dissemination to the other groups for analysis of health data. These guidelines should be available by early April to allow time for initial review before the mini workshop in Orissa, India;
 - Tuan develops guideline for analyzing economic data;
 - Supriya and PC Joshi will be approached to develop guidelines for analyzing the social data;
 - Revati and Barbara will develop guidelines for analysis of the health data. HSPH – Quang will translate and send initial material to Revati and Maqo will also provide inputs for developing the guidelines;

1.6 Agenda point 9: Scientific outputs

- The partners should closely monitor national, international and regional conferences between now and December 2009. Each partner should budget to attend 1 or more international and 1 or more regional conferences;
- One suggestion from HSPH was to compile experiences with research from the last 2 years on developing methods and tools, and field-work challenges and published as a Guideline for field surveys (can be both in English and local language);
- All scientific material should be edited for English and partners can budget for this;
- One possibility is to approach the WHO publication section for financing such a publication for example Mr. Rodger Doran, Head of disaster Management department in WHO in Vietnam;
- Another suggestion from CRED given the challenges with review time for publishing in international journals and also the level of data collected all of which may not be publishable, partners should consider a MICRODIS report series. This series will be internally peer reviewed. Once we have these report series, partners could plan papers that go beyond Microdis timeframe;
- CRED will share a report that has been done in India Tsunami as an example for the series;
- Authorships for papers published using multi ownership data will be based on internationally accepted principles;

9 and 10 unresolved issues and next steps were in a way discussed under each of the above sections.

1.7 Next Steps/ Conclusion

Plan of Action for the health working group with Key Tasks

<i>Tasks</i>	<i>Months</i>	<i>Key partners</i>
Master Template for health data entry along with guidelines for entering data into data shell	April 2009	Lead by UCL and UKL-HD with data entry into shell done by each of the partners.
Meeting for common dataset analysis and preliminary assessments	May 2009, Orissa	Organized in Orissa by VHAI attended by a representative of each health group
Detailed statistical analysis and planning for Paper and report writing. Preparation of final analysis At least one scientific paper per partner ready for presentation at third annual meeting.	June, July, August 2009	All HWG members
Jakarta multi-meeting conference.	September 2009, Jakarta	Organized jointly by UoI and UCL. Plenary sessions report prepared by UKL-HD.
Paper and MICRODIS technical report writing.	October, November, December	All HWG members and collaborations with social and economic groups

2 Social Working Group Meeting Report

2.1 Agenda

9:30-11:00 Informal MICRODIS Project Thematic Group Meeting: Social Impacts

1. Agree Agenda
2. Agree volunteer note taker
3. Deliverables and milestones; evaluate performance and contributions according to resources received (looking at balance of outputs and resources)
4. Progress made, update group members of current work and achievements
5. Unresolved issues
6. Joint publication plans, processes and protocols
7. Consolidate and prepare a collective vision for the group to allow for productive discussions with the entire consortium during the next two days.
8. Agree spokesperson for 15 minute feedback on Friday morning (9:30-10:30) to present the outcomes of the meeting.
9. A.O.B.

11:30-1:30 Open session – Continuation of thematic meeting

1. Over run from the earlier meeting – comparative discussions on field studies already undertaken (30 minutes if needed)
2. Tim Wind: presentation (30 minutes) From data entry to data analyses
3. UK team (including partners: CRED and HealthNet International (HNI)) meeting on the Morpeth Flood study (60-90 minutes)

2.2 Participants

- Supriya Akerkar
- Lou Escandor
- Maureen Fordham
- Suyin Jamoralin
- PC Joshi
- Soniya Kaushal
- Ivan Komproe
- Sharon Linog
- Manuela Scharf
- Tomasito Talledo
- Tim Wind

2.3 Minutes

2.3.1 Agree Agenda

- The body agreed on the agenda proposed by Maureen;
- The agenda was reshuffled a bit ;

2.3.2 Agree volunteer note taker

- Citizens' Disaster Response Center (CDRC) volunteered to do the note taking

2.3.3 Progress made, update group members of current work and achievements

- India – University of Delhi (UoD) (presented by Soniya)
 - A short video clip was presented of an interview with a disaster victim in Bahraich;
 - A PowerPoint presentation of the achievements done in India was presented by Soniya:
 - Exploratory field visit to cyclone affected Jagatsinghpur district of Orissa from April 16 to May 6, 2008;
 - Team leader Prof. P. C. Joshi visited Lucknow, the state capital of Uttar Pradesh, India (May 28-30, 2008) in order to meet the relevant officials and experts for seeking permission for the MICRODIS field survey;
 - Exploratory site visit to *Badaun* District, Uttar Pradesh, India (June 5-8, 2008);
 - After visiting Badaun site, UoD decided to change the site in view of the fact that Badaun did not have severe floods in year 2007 and conducive for MICRODIS study;
 - Site changed to Baharaich district;
 - **Exploratory field Visit Bahraich:** Exploratory field visit to *Baharaich* District of Uttar Pradesh (June 20-26, 2008). *Baharaich* is selected as the MICRODIS site in UP. Pre-testing of questionnaire. 173 villages were flood affected and out these,

- 20 were visited;
- After pre-testing, questionnaire was adapted into local context and translated into local dialect and back translated;
- The back translated questionnaire was again pre-tested in Baharaich for final modifications (31 August-12 September, 2008). University of Northumbria (UoN), UKL-HD;
- Sampling frame and random sample;
- Fakharpur block which comes under the Mahsi tehsil and lies at the confluence of three rivers namely- Ghaghra, Bhada and Sharda and hence it is the most flood affected block in the district;
- Four GP'S were selected for exposed group from this block namely *Naubasta, Baundi, Atodar* and *Silauta*;
- Most affected blocks in 2007 floods;
- The location of these villages also make them vulnerable for floods as they lie between the river and the dam;
- Control group consists of the GPs that lie beyond the dam or on the other side of the dam;
- For control four GPs were selected namely- Dharmapur, Kodahi, Biswan and Jaitapur;
- **Sample-** the technique of simple random sampling was used to draw the sample out of the total population of the people in eight villages-four affected and four non-affected villages. A list of all the houses in these eight villages was obtained according to the name of the head of the household and was sent to CRED for randomly selecting the households for the survey. A simple random list generated by CRED was used as the sample;
- UoD team leader and Asia co-coordinator Prof. P.C. Joshi visited MICRODIS survey site, Bhubaneshwar, Orrisa on November 4, 2008;
- Two days training programme conducted on October 1-2, 2008 for the enumerators in Bahraich;
- Final field study conducted in Bahraich between October 3-15, 2008.
- Data collection Method:
 - Covered 318 questionnaires among the flood affected and 304 among non-flood affected villages of the district;
 - 6 Focus Group Discussion. (FGD)
 - 18 Key Informant Interviews (KII) ;
 - Disaster Narratives;
 - Secondary information from district officials;
 - PRA tools;
- Data entered into Epi info and later transferred to SPSS;
- Analysis in progress;
- Preliminary tables made on the basis of data analysed;
- UoD outputs:
 - Minakshi, Joshi P.C. and Guha-Sapir D. 2009. *Women in disaster: A case study of Kosi flood in Bihar*;
 - The above study is made in the Saharsa and Supaul district of Bihar;
 - This paper is based on first level of analysis of qualitative data. Stakeholders perception on flood impacts: qualitative assessment;
 - Short film "Along the Banks of Ghaghra..."
- Questions and clarifications:
 - Problems/issues encountered:
 - Some data were not transferred to EPI Info. They instead had to use SPSS;

- No problem of refusal. Very few cases of people who left. But also very rare;
- People were asking: “why are you not covering us?” It was explained that those only chosen in the sampling were interviewed;
- Problems on illiteracy: to a great extent, this was weathered because the enumerators came from near the field site. Falls in the same linguistic area. They were able to communicate with the respondents;
- Plans of future study:
 - Will depend on the resources;
 - Prashant is doing anthropological study;
- Others:
 - Used the grounded theory. It might be circulated;
 - Involved school children in exercise. Essay writing competition on floods; Teachers were asked to select the best, and they were given a prize. Good way of generating data. It was successful for India;
- Philippines – CDRC and Xavier University (XU) (presented by Sharon)
 - In the process of producing marginal’s and tables;
 - Finished doing actual data gathering. Simultaneous deployed of field workers to two sites: Albay and Southern Leyte starting Dec. 1. Approximately 23 days on the field to finish both quantitative and qualitative data gathering for both sites. Actual data gathering completed;
 - Started coding and encoding data as well as producing matrix for qualitative data up to now. Still have to generate a lot of things;
 - Quantitative: 400 for each site. 800 for all. Most affected and least affected combined;
 - Two municipalities for each province;
 - The response rate is 100%. There were replacements after three call backs;
 - Qualitative methods:
 - FGDs and IDI for each area;
 - 4 FGDs, and 12 IDIs for each site;
 - Total of 8 FGDs and 24 IDIs; matrix produced;
 - There were criteria for choosing participants for IDIs and FGD;
 - For FGDs, 3 different sectors were represented: women, health and adolescents.
 - Problems encountered:
 - People were also asking why they were not selected, aside from the usual problems like weather and terrain. It was difficult explaining to them. They could not understand sampling.
 - Points stressed:
 - Maureen: We focused so much on scientific validity. Choice you make. But you sacrifice many simple rapport and humanity. If we want recommendations for future conduct of this study, we should say that there should have informal discussions with the people that are not part of the study.
 - Other points that came up:
 - PC: we always try to compensate with token. In India, money is never offered. In terms of time, recognition of time. Some kind of gifts given to them. Small things. We decided not to do that. You may call it unethical, we decided not do it. Instead we offered good food. Especially in FGDs. To that extent we compensated. Beyond that we did not do it.
- UK – UoN (presented by Maureen)
 - UK team went to one of the locations: Gloucestershire, flooded in 2007;
 - Took a sample of 500, with a team of 13 in the field: 8 students, UoN team, Tim and Laura;

- The survey team was there for 10 days. Others stayed for a bit longer;
- Problems encountered:
 - Huge refusal for various reasons. The site was chosen because not much study has been done there yet. But by the time they went there, some had already been there. We had almost 50% refusal rate. We had a no replacement policy in our research. So we ended with around 200 questionnaires. That's about 60% planned 2/3 flooded, and 1/3 non-flooded.
 - All effort went into getting as much questionnaires as possible. Planned other things, but could not do it because all efforts went into getting questionnaires. How much each questionnaire cost was a huge amount.
 - In other studies refusal happened because they were not flooded. In flooded areas, can be around 80% return rate. They never expected so many people will refuse.
 - They thought they were going to get a list of people who were flooded. But they did not have that. They couldn't do other things like send letters so they knew they were coming. So they went knocking on people's doors. People slammed the door on their faces. Many things went wrong.
 - The local paper promised to do a story, but the journalist got the flu. Little things together added up to a big effect.
 - They had to do the survey in such a small space of time. It was the only time for students to do it. Also very near the holiday season.
 - The next study may turn out differently because they already have the addresses of the people this time.
 - 98% of the population is white. The team was composed of people from Africa, Barbados, etc. It maybe the first time that people saw a black man in their street. But in other areas, it would be interesting to them. Interviewer effects should be taken into account.
 - People were upset with the Environment Agency and the local council.
 - In UK, it's common to have people knock on doors to sell something. Couched in surveys. So people are distrustful.
- Comparative observations between India and UK:
 - Supriya: In India no closed doors. Neighbors will be there. People are ready to help you out. Talking to a lot of people. Much more social. Everybody wants to know. Why they are not coming to my house. In Europe far more formal. Some of them think it's a good idea to be part of the survey. What are they going to get out of it?
- Recommendations/realizations:
 - Maureen: Aversion to extractive research. Take it out but not take it back. And they never hear from us again. So we made commitment to come back with results.
 - Sharon: After consultation with CRED, it was not thought of as formal task in the budget. Made verbal request to go back. Not only proper but ethical. People already saturated with all kinds of research. But never knowing what happened.
 - Maureen: As soon as we get data, we will do summary form. Some students want to come back. Various local people/groups would say we could facilitate this. But I had to say no because we cannot be aligned with any group. People in the sample can come in. We can have posters. Have sticky notes like comments.
 - Maureen: We did radio and local papers. Gave incentive for people to take part. Prizes.
 - Tim: Can our group adopt a consensus to give back result?
 - Maureen: That is my ethical position. Doesn't have to be everything, the whole report. Don't just take info and run away. We left them, those who really need

- them
- PC: Yes. That is what our group feels.
 - Maureen: Yes, in some form, the results have to go back, depends on what is appropriate for each team. For example, we can gather people with food, like video and posters. You get more community engagements. Not very expensive.
 - PC: We can come up with the right message. Maybe give one meaningful contribution. Not very expensive. Something like a neutral thing. Given to whole community.
 - Maureen: About the consensus, it can be part of our collective vision. Taking something back to the community.
- HNI (presented by Tim)
- Guidelines uniform research MICRODIS
 - Development of Social Questionnaire incl. mental health (Brevity, by paraprofessionals, psychometric properties)
 - Visit Ha Noi, Vietnam
 - Presentation research guidelines
 - Presentation instrument adaptation (WP 2.4.1)
 - Integration of instruments (WP 2.4.1)
 - Investigation possible research research sites
 - MICRODIS Asia research sites, Pakistan, The Netherlands, England study January – planning for Morpeth
 - World Conference of Humanitarian Studies 2009
 - Organization of panel on mental health impact of natural disasters and armed conflicts of international key experts
 - Wind. T.R. & Komproue, I.H. (2009). *The impact of armed conflicts and disasters on mental health: Towards an explanatory model*. Groningen, the Netherlands: World Conference of Humanitarian Studies
 - Training Research Methods
 - Assessing Public Health in Emergency Situations (APHES) course
 - Feedback:
 - PC: Most of us have not done the mental health. You either take it or don't. Some of the questions referring to sexual parts we have removed. In most sites, the questions are the same. Good opportunity to have a good comparative study. In the remaining of MICRODIS Social Impact Assessment 2, I would like to in the coming days to be working on this. Some of the questions in mental health should be there. I will be working in collaboration with the entire social group.

2.4 Deliverables and milestones; evaluate performance and contributions according to resources received (looking at balance of outputs and resources)

- UoD
 - Completed most of the deliverables
 - Remaining deliverable to complete: conceptual part. Conceptual model.
 - Others:
- Enrolled 2 students. 1 is Menakshi who is working on domestic violence. Other is, Kalim (Kalindi), who is looking at gender and disaster. How gender is taken into the policy on floods, tsunami, and earthquakes. Different policies. These students are not supported by MICRODIS, getting funds elsewhere. In the Anthropology Department, we have MSC in Anthropology. Lots of papers. Disaster and anthropology will part of the Masters degree. (In Anthropology Department of Delhi University, an optional paper as part of

- final year in Masters has been introduced with a title disaster and anthropology).
- XU
 - Sharon: basing on periodic activity report, yes, more or less. On time. Able to deliver task.
 - CDRC
 - CDRC has also delivered.
 - Budget for the survey was delayed, and major deliverable was also delayed. Survey was also delayed. Because of budget release. Originally planned July or Aug. Delays in instruments, and towards the end, budget. Released only in November.
 - Deliverable on Contextual Report was delayed because the finalization of the sites have been delayed as well for several months. Three months extension was given by Laura.
 - Tim: Good that PC raised this. I am also related with the University. We are also planning in putting up a course on disaster.
 - Maureen: can we put that in our collective vision. Maybe have a smaller working group. Be part of education group.
 - Sharon: Xavier was tasked to write a report on disaster courses. Aside from that, we also submitted to CRED our plan to integrate in 2008-2009 disasters curriculum study on disaster. This has been integrated and approved by the Commission on Higher Education. Integration in Structural Engineering and in the School of Medicine. Need orientation seminar for the teachers concerned where they can integrate course on disaster.
 - HNI
 - Ivan: in trying to get site, we formulated different proposals. We don't have data but if we do, we can help in translation into analysis. Purpose of what we want to analyze and produce. We have clear ideas of what we want to use. We can use any data sets.
 - Maureen: in education inputs, I have MSC students doing dissertations. We have modules. Like in UK, insurance is a big issue. Somebody else doing disaster management issues, and another on retail sector. In UK, big supermarkets play a role in disaster. Sometimes part of plan, sometimes it just comes up. They are used as shelters because they have lots of food, toilets. In Tewksbury, the supermarket was receiving so much attention. They were worried people will use up all their food. There is difficulty in delivering and getting in food. People want to buy more. But supermarket is saying you cannot buy more.

2.5 Unresolved issues

- UoN
 - Length of questionnaires. Major problem for us. Once they get to know no one would want to take it anymore. We didn't get into the extended work. But still a long questionnaire. Sometimes 2 and ½ hours. Our feeling was, we are doing it as quickly as possible. Often around an hour. Economic we have to spend more on. Problem we had was, we did not want to disrupt it too much or we lose comparability with other countries.
 - PC: in India not most people are illiterate. Really have to have enumerator. In UK, maybe you can have people answer them themselves.
 - Maureen: but that would mean a fundamental change to the questionnaire. Doing it one way in one and another way with others. Sometimes I do/sometimes I don't. Can discuss more about doing different ways with questionnaires. Interesting what other European studies might be, but that is outside this meeting.
 - Sharon: length was a challenge for us as well. One option we did was, if the

enumerator feels that they had to cut it, they could. But no interviews were cut. Average of two hours. Max is 2.5. People are delaying the preparations of their meal because we are still there. Think of innovative means like accompany the mother while doing other household tasks.

2.6 Joint publication plans, processes and protocols

- Tim's presentation on: From data entry to data analyses
 - The conceptual model – a flashback: The conceptual model. What we presented in Delhi. The process of mental health and social functioning work.
 - As found in the questionnaire:
 - Life events
 - Primary appraisal, Secondary appraisal, Individual coping, Communal coping
 - Received social support, perceived social support
 - Social capital, sense of community
 - Psychiatric symptoms: anxiety, depression, and PTSD.
 - Functioning and disability, general mental health
 - Making sense of the data (social questionnaire): And you can see all the variables. Variables are grouped. We tried to model mental health problems. These are the variables included in the social extended and social core. Life events, etc... now we are in the process of data entry. We have all these variables. First we have to look at missing variables. Are there systematically missing. For example condom use, which is more what men use. Random missing values versus systematic missing values. We need to record questions.
 - Random missing values versus systematic missing values.
 - Methods to address random missing variables, e.g.:
 1. Substitution by variable mean
 2. Regression on the basis of other variables
 3. Imputation techniques
 - Recoding of scores incl. inverse coding
 - **Sum variables:** in most cases several items/questions constitute and refer to one variable. These items have to be aggregated in order to conduct analyses.
 - Reliability and validity: If we have done all these, cleaned data, etc.. we have variables, and there is question of reliability and validity. We need to take these into account as well. If you have ten questions for depression, if it varies a lot, maybe not part of one variable. Should compare literature with instruments. Five different measure to analyze the concept. The higher the score, the more the surfaces covered. If we have 10 questions to measure it, way to measure it is through Cronbachs alpha. We look for validity. Two forms, correlation is saying similar should have natural correlations. Other variables do not relate to each other. If variable not related, you can see that in correlation table. So now coming to the data analysis, we check for all these. We take example from data set from India. Flood affected people. Very interesting to look at the data. Three research questions and ask what is the prevalence. What are the predictors? At individual level and contextual level. And cross cutting issue on gender. We made some scores. Cut- off scores are debatable. But these are some ways of explaining it. We are not calling all these people mad, but suffering from forms of depression. This is first month after the floods.
 - Reliability
 - Cronbachs alpha
 - Compare with literature (e.g. .80).
 - Below .60 --> go back to items and check factor structure (factor analysis).
 - Validity

- Concurrent validity
- Discriminant validity
- Check by triangulation in a correlation table.
- An example from India: risk factors for mental health and social functioning
 - PC: one advocacy point we want to bring to policy in India, is that psychological effects are neglected. So we have to be very careful with evidences.
 - Tim: I'm saying this is preliminary. This is rough bar charts.
 - Tim: women reporting higher scores. Looking at triangulation, we also use MH15. Consider data in range of a hundred. In India, people scored 20. People said most of the time. 20 translated to most of the time. With normal pop, have of 50. India is in the far extreme compared to normal population. Significant difference with normal pop. Can describe it as mental health sit as compared to normal.
 - Ivan: always problem with social indicators. People that are healthy don't need support. Need all analysis to define.
- How to proceed: We have fixed ideas how to answer these and do analysis. What is effect of natural disasters in mental health? Interesting to look at in between countries. Etiology of mental health. Interesting to be able to predict in the context of Microdis. Interesting to look at cross-cutting issues. Ideal to have common data sets to be used by all. See how it relates by countries. Explain mechanisms. Look at meanings and concepts. After cleaning and validity, we can do all kinds of analysis. And come up with analyses and common publications.
 - A tip of the iceberg, e.g.:
 - What is the impact of natural disasters on mental health?
 - What are risk factors for the etiology of mental health (social mechanisms)?
 - Cross-cutting: comparison between countries (mental health and explanatory mechanisms, meaning of concepts [conference Lisbon])
 - After cleaning and reliability and validity check...
 - T-test, ANOVA, ANCOVA, MANOVA, Structural Equation Modeling, HLM
 - HNI clear vision on analyses and publication
 - Combining datasets --> Towards analyses & Joint publications
 - HNI clear vision on analyses and publication
 - Maureen: in terms of where we go from here, the data sets we have and still collecting. Maybe you did not get my email PC. I was asking for your code book. We want comparability. We can code them in different ways.. We need to come together with our data sets. Very important we have common definition of variables. We can start by sharing the code books we already have. Maybe if Soniya, team and Manuela look at the code books. We should perhaps do recommendations.
 - Tim: we can agree here to use SPSS.
 - Maureen: and we agreed to share code books. I just feel a little uncertain about if we have comparability. Put all these questions in the Microdis core. Not sure if we have because of adaptations in the country level
 - PC: we integrated them in some sense. We tried to accommodate everything as we could. We retained the questions.
- Agreements:
 - Share code books electronically
 - Combine data sets at some point
- European sociological proposal e-mailed by Maureen
 - PC: this will be primarily cross disciplinary. Good idea to discuss Midsiat. Thinking quantitative aspects. Also going to bring own deliberations with various questions. Idea is, can we have realistic social impact. There are various social dimensions of

social domain. What are the difficulties and challenges faced. What I have in mind. This is part of Microdis. Output I have to think and maybe discuss with all of you. A dream. Idea is to have a kind of quality of life. As different domains. Can we convert these into different... social impact as a whole. With experience we have gained, gives us an idea. This will be quantitative. One other aim of Microdis... looking at something specific. Something culture-free. Could we apply to all types of disasters and all cultures?

- Maureen on behalf of Laura: she wants to look at the role and identity of researchers and possible impact on data collection; role of training in reducing interviewer effect. 2 different papers. Also in the context of cross-cultural research.
 - Tim: more general. Interested in mental health and how to explain it as seen in the model.
 - Maureen: we three have to come up with abstract tonight. Standardizing cross-cultural. Experiences of MICRODIS. And issues. We haven't sat down and discuss it yet. We will email coordinator and say some abstracts are coming.
1. Consolidate and prepare a collective vision for the group to allow for productive discussions with the entire consortium during the next two days.
 2. Agree spokesperson for 15 minute feedback on Friday morning (9:30-10:30) to present the outcomes of the meeting. PC suggests Maureen.
 3. A.O.B.

3 Economic Working Group Meeting Report

3.1 Agenda

1. Review of the year two activities
2. Status of the field surveys
 - a. India
 - b. Vietnam
 - c. France
 - d. Other countries
3. Next steps
4. Update about the project of the book on the economic impacts of natural disasters

3.2 Participants

1. Hue University: 1. Dr. Mai Van Xuan, 2. Dr. Tran Huu Tuan
2. SWECO Grøner: Dr. Stale Navrud
3. Université Paris Sorbonne (UPS): 1. Dr. Alexandre Borde, 2. Prof. Patrick Pigeon

3.3 Minutes

- Information on progress made in the year two, especially questionnaire development, pre-tests, and survey implementation conducted by HSPH and Indonesian partners was shared by Tuan as far as he known.
- No information about activities done/ progress made by Jadapur University provided.
- As Hue University involved in the Consortium in year three, Hue team presented their study proposal for comments and suggestions on how to make Hue's proposal feasible. After Hue team's presentation, participants from other partners raised clarifying questions for more understanding, as well as provided comments/ suggestions on project timing, added benefits

from the study, and whether the study should focus on Economic in-depth case studies only or to include Microdis Integrated Questionnaire as conducted by other Asian partners.

- Patrick Pigeon from UPS presented his team research proposal that will be conducted in Aramon, France. Other participants asked clarifying questions, gave comments and suggestions on Aramon study.

3.4 Conclusion

In conclusion, the EWG meeting enabled to summarize the activities of the year two of related partners in the Microdis project and to discuss priority research issues addressed by the two studies that will be conducted in year three.

4 MICRODIS Steering Committee Meeting Report

4.1 Time and Date: Friday February 27, 2009 from 3:30 to 5:00

4.2 List of Participant

#	Name	Institution
1	Prof. Debarati Guha-Sapir	UCL
2	Ms. Laura Irvine	UCL
3	Mrs. Bernadette Dubus	UCL
4	Dr. Ivan Komproe	HNI
5	Dr. Maureen Fordham	UoN
6	Mr. Shishir Rajan Dash	VHAI
7	Dr. Michael Marx	UKL-HD
8	Prof. PC Joshi	UoD
9	Ms. Louella Escandor	CDRC
10	Dr. Mondastri Korib Sudaryo	UoI
11	Dr. Sharon Linog	XU
12	Dr. Tuan Tran Huu	HCE
13	Dr. Quang La Ngoc	HSPH
14	Prof. Patrick Pigeon	Ferurbat

4.3 Steering Committee Meeting Agenda

- A. Changes from year two (HCE, UoG, etc.)
- B. Reporting issues for year two (PAR and PMR)
- C. MICRODIS Website
- D. European Coordinator
- E. Meetings for year three
- F. COP 15 in Copenhagen
- G. European Field Work
- H. Extension
- I. Legal Issues
- J. Other issues

4.4 Steering Committee Meeting Minutes

4.4.1 Changes from year two

Changes for year two can be found in the PAR in the section on consortium management. The main changes to the consortium include the exclusion of University of Greenwich (UoG) and the inclusion of HCE during the second year. Also, the transfer from EVAPLAN to University Hospital Heidelberg from the start of year one has also been a modification to the consortium make-up, although the team, tasks and Principle Investigator have remained the same.

4.4.2 Reporting issues for year two (PAR and PMR)

An update from partner reporting was given, emphasizing the need for corrected and final financial reporting immediately (Deadlines: e-copies on March 6 and paper copies received by March 10). Also a reminder to respect reporting deadlines was emphasized, stating that the templates for reporting will be the same for the third year so to be prepared. The slides in Figure 1 and 2 were presented based on financial reporting and questions were taken by Mrs. Dubus, Administrative Officer for the MICRODIS Project. It was reminded that the costs claimed in the PMR must match the activities reported in the PAR. If not, partners cannot justify costs to the European Commission. For accountability reasons all reported activities must be supported by documentation. And finally, for the financial reporting, it was strongly recommended that all documents be sent to Mrs. Dubus in e-copy first and approved before sending official documents by post.

Figure 1 – PMR explanation slide



  

Periodic Management Report = 3 distinct documents

- Justification of Major Costs
 - Short description of the work done by workpackage
 - Major costs
 - Budget of 18 months
 - Actual expenses during the period
 - Explanation
 - Person/months
 - AC : what's the contribution of the institution
- Form C
- Audit Certificate – please use the template provide by the European Commission

DEADLINE : Thursday March 6 – electronic version
Tuesday March 10 – paper version

Figure 2 – PMR documents slide



Justification of Major Cost – Table B

Participant N° ..	TYPE OF EXPENDITURE (AS DEFINED BY PARTICIPANT)	BUDGET 18 MONTHS 01/02/08–31/07/09	ACTUAL COSTS – 12 MONTHS 01/02/08–31/01/09	
			All Contractors (PC, FCF, AC) Eligible costs	Contractors AC Cost Model <i>non Eligible</i> Costs
Cost Model:	Personnel costs	118.000	84.178	
AC	Major Cost Travel	8.000	4.218	
	Other Costs (the rest)	25.200	1.906	
	Total Costs	151.200	106.302	

Form C – Section 2

31	Type of Activity												Total (C1-C12)*0,9	
	Research and Development of Innovation (A)		Demonstration (B)		Training (C)		Management of the Consortium (D)		Other Specific Activities (E)		Total (C1-C12)*0,9			
32	Contract	Other	Contract	Other	Contract	Other	Contract	Other	Contract	Other	Contract	Other	33	
34	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
35	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
36	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
37	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
38	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
39	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
40	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00

Reminder: VAT and exchange losses are not eligible costs

Audit Certificate

4.4.3 MICRODIS Website (www.microdis-eu.be)

The MICRODIS website’s newest features were presented by Ms. Irvine, MICRODIS Technical Officer.

Some questions and suggestions were presented and noted (including enabling right clicking, a ‘forgot password’ procedure, etc.). Partners were encouraged to use the website to share documents and start discussions on the soon-to-be operational Forum option in the network zone. Partners were also recommended to give any documents or links to Ms. Irvine if they are to be put on the public zone.

4.4.4 European Coordinator

Due to the tasks assigned to the regional coordinators in year three, it was suggested that institutions with academic backgrounds and experience in MICRODIS field work take the lead. Prof. PC Joshi will continue his role as Asian Coordinator. Dr. Maureen Fordham, UoN, was nominated as the European Coordinator for the third year. This nomination was seconded by two partners. Thus, Dr. Fordham will officially take over the responsibility and title of European Coordinator in year three of the MICRODIS Project. One main task for the European Coordinator in year three includes the organization of a European Workshop for Disaster Impacts (as outlined in WP6.1).

4.4.5 Meetings for year three

Members of the Steering Committee discussed the main meetings for year three. The “Global Workshop” (name to be changed) in WP4.4 will tentatively take place in September 2009 in Jakarta, Indonesia. The Asian and European Coordinators will discuss timing of the Workshops on Disaster Impacts and get back to the coordinator with dates. The Third Annual Meeting will take place in January, suggested location to be Hue, Vietnam. It was unclear if the meeting could take place in

February, since this would be after the third year is finished and issues of reimbursement are unclear. We will also look to use a Doodle application to check availability of partners for these meetings.

- Global Workshop (Sept)
- Asian and European Workshop on Disaster Impacts (TBA)
- Third Annual Meeting (end of January)

4.4.6 UNFCCC - COP 15 in Copenhagen

The United Nations Climate Change Conference (COP15) will take place in Copenhagen, Denmark in December 2009. This meeting will be a very high publicity event, and an excellent global platform to present MICRODIS scientific work. Prof. Guha-Sapir suggest planning a side event related around MICRODIS with the European Commission, and looks to accept the propositions from partners about their ideas and what they would be willing/interested to prepare.

4.4.7 European Field Work

The balance between Asian and European field sites is not ideal, and the floor was open for suggestions into what was possible and realistic (time, resources, etc) for increasing the field work in Europe. It was suggested by Prof. Guha-Sapir to have small side studies on specific topics in Europe, led by teams who had survey budgets. This includes HealthNet TPO, who will have discussions with SWECO about some possibilities and University Hospital Heidelberg, who will continue discussions with UCL and other partners.

4.4.8 Extension

Prof. Guha-Sapir is not keen on asking for a no-cost extension, and this is supported by the opinion of the MICRODIS Scientific Officer Mr. Tomas Turecki. On top of this, the task and burden of being the coordinator must be considered by UCL before agreeing to continue. Some partners expressed a need for this extension (UoN and UKL-HD) and gave their justifications. It was seen as a possibility with appropriate justification, but not a definite option. If an extension is requested, it should be on the basis of ensuring scientific quality and justifying appropriately the reasons why we could not finish our tasks in a timely manner. As Mr. Turecki has stated, the European Commission would like to tie up all the FP6 projects, as FP7 has begun. However, with adequate justification it is still a possibility. It is strongly suggested that all partners continue to work as if no extension will be given and we will revisit this again in three months time.

4.4.9 Legal Issues

The legal action threatened by Dr. Borde of Ferurbat was explained to the Steering Committee by Prof. Guha-Sapir. The general consensus of the Steering Committee recommended that Prof. Sapir leave the lawyers to deal with the situation, as it was a legal document requesting the response from the lawyers of UCL. In the meantime, to prevent other activities in the project from becoming blocked or delayed, the Steering Committee suggested separating this issue with Dr. Borde from the MICRODIS work plan progress. Thus, until the legal issue is satisfactorily resolved, the involvement



Working Group meeting minutes, Second Annual Meeting, 25-27 February Brussels, Belgium

of Dr. Borde in the work and activity of MICRODIS will be suspended. The Steering Committee and its parts do not wish that any further communication and activity with Dr. Borde be interpreted in any way that perpetuates or contributes to this legal dispute. Members of the Steering Committee wish to continue their work in the project without disruption; this includes work done by the rest of the Ferurbat team. This dispute does not implicate the Ferurbat team and its work. Dr. Borde will be welcome to continue in the project once the legal issues are settled satisfactorily. In conclusion, Prof. Guha-Sapir will relay this decision from the Steering Committee to the lawyers at UCL who are handling the case, as well as to Dr. Borde.

4.4.10 Other issues

Some partners brought up their interest in doing smaller scale studies with remaining survey budgets (VHAI, UoD, XU, HSPH and UoI). Prof. Guha-Sapir has asked that proposals for each suggested initiative to be sent to the coordination team for approval before any work is done. However, these studies, if feasible, are very encouraged. Publications and joint-initiatives were also greatly encouraged to each partner, reinforced by the deliverables to produce scientific papers in the third year. This includes going to conferences and making presentations and lecture using MICRODIS field study experiences and results.