



WORKSHOP REPORT

Implementation of the Minimum Initial Service Package for Sexual Reproductive Health in Emergency Situations (MISP)	
Implementing Partner	Trinidad and Tobago Red Cross Society
Workshop Location	Office of Disaster Preparedness and Management Alternate National Emergency Operations Centre Pineapple Drive, Mausica Trinidad
Collaborating Organizations	United Nations Population Fund (Project Donor) National AIDS Coordinating Committee (NACC) Pan American Health Organization (PAHO) Ministry of Health Ministry of Rural Development and Local Government Office of Disaster Preparedness and Management Tobago Emergency Management Agency Civil Society Organizations
Thematic Area	Sexual Reproductive Health
Workshop Objective	This three (3) day workshop aims to build the capacity of national emergency first responders in the implementation of the Minimum Initial Service Package (MISP) for addressing sexual and reproductive health (SRH) in emergencies.

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Introduction

The Trinidad and Tobago Red Cross Society was selected as an implementing partner of the United Nations Population Fund (UNFPA) for the execution of the “Integrating Sexual Reproductive Health Services into National and Local Disaster Management Plans” project. One of the main deliverables under the project was the facilitation of a stakeholder workshop which would specifically define the procedures for the inclusion of the Minimum Initial Service Package for Sexual Reproductive Health in Emergencies (MISP) into Trinidad and Tobago’s disaster plans, within the Ministry of Health (MoH), the Office of Disaster Preparedness and Management (ODPM), the Ministry of Rural Development and Local Government (MoRDLG) and the Tobago Emergency Management Agency.

During a three-day workshop held on the 14th to 16th December 2022, the TTRCS together with the National AIDS Coordinating Committee (NACC) and supported with technical guidance through UNFPA, facilitated a dialogue with State and Civil Society Partners on how to include the MISP elements into national and local disaster management plans. The workshop aimed to build capacity directly with each participating organization and served as a catalyst to proliferate the information widely throughout each organization as the participants were required to conduct sensitization sessions within their respective organizations in the months that follow. TTRCS commits to support with the development of education and sensitization materials that the participants will have access to in order to conduct additional sensitizations.

Objectives

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. In the context of Trinidad & Tobago, SRH is provided primarily as a service of the Ministry of Health (MoH), via primary health care through family planning units in the health centers. During times of emergency, while it is understood that SRH service provision will continue to fall within the purview of the MoH, there is no immediate mechanism to ensure the implementation of SRH services especially outside of a health care facility setting. During times of crisis, the demand for SRH services will most likely be overwhelmed by the priorities of health care facilities as the focus will be the immediate life-saving or continued treatment for chronic and non-communicable illnesses. It is also anticipated that SRH services will be needed outside of the physical health care facility such as at shelters, camps and other community-based settings that may be established to house the affected population. It is therefore critical that first responder agencies including all disaster-management related agencies, namely ODPM, Ministry of Rural Development and Local Government – Disaster Management Units (DMUs), Ministry of Social Development and Family Services, Ministry of Health, Police Service, Fire Service, and Emergency Medical Services (EMS) have the necessary training to ensure essential sexual reproductive health is provided to the affected population in order to prevent longer term, knock-on effects.

The workshop had a focus on first educating the participants on what exactly is the MISP and its objectives especially since the minority of participants would have had some knowledge on the MISP especially those who had previously worked on the MISP gap analysis which was coordinated by the NACC and UNFPA in 2021 with a wide range of stakeholders. During a simulation exercise, the TTRCS created opportunities for participants to identify gaps in the response phase where sexual reproductive health services may be overlooked. This was addressed on the last day of the workshop when participants created a roadmap to include the MISP into their disaster management plans.

The expected results were as follows:

- Identification of Gender Based Violence (GBV) and Reproductive Health focal points in the disaster response mechanisms at the national (ODPM and TEMA) and local (Municipal Corporation) levels; including civil society organizations.
- National disaster plans and policies updated to include the MISP protocols.
- Development of a package for ongoing sensitization, this will include tools to conduct MISP related risk assessments at the national and local levels.

Participants were asked to provide their expectations for the workshop which is summarized in the word cloud below:



The Three-Day Workshop Agenda

DAY 1: WEDNESDAY 14TH DECEMBER 2022 - Introduction to the MISP			
Time	Thematic Area	Outline	Speakers
9am to 9:15am	Arrival and Registration		
9:15am	Welcome	Greetings by the Chair and playing of the National Anthem	Chairperson, Kelly-Ann Phillips Health and Youth Coordinator, TTRCS
9:15am to 10am	Formal Opening Session Heads of First Responder Agencies and Participants / Key responders	Opening remarks by the State, represented by NACC Topic: MISP Action Plan Opening remarks by UNFPA Topic: The importance of MISP and addressing the MISP in an Emergency Opening remarks by the T&T Red Cross – Topic: Objectives of Meeting and Expected Results, to include the MISP in national emergency responses and implementation of the MISP Action Plan	Dr. Ayanna Sebro Technical Director, NACC Aurora Noguera-Ramkissoo Liaison Officer, UNFPA Stephan Kishore Crisis Management Coordinator, TTRCS
10am to 10:30am	Break	Break and Transition to Workshop Modality	
10:30am to 10:45am	Introductions, Expectations and Ice Breaker	Participant introductions through an Ice-Breaker activity	Kelly-Ann Phillips
10:45am to 11:15am	Introduction to the MISP	MISP Objectives and the importance of including SRH and GBV prevention and response actions in emergency plans.	Dr. Ayanna Sebro
11:15 am to 12:30pm	Overview of National Response - Local to National	Presentation by ODPM on the National Response Framework (20 minutes)	Jaishima Gowandan Regional Coordinator, ODPM

		<p>Presentation by the Ministry of Rural Development and Local Government on the responsibilities of the Disaster Management Units (20 minutes)</p> <p>Presentation by the Trinidad & Tobago Red Cross Society on the role of civil society in Disaster Management (20 minutes)</p>	<p>Speaker from MoRDLG DMU</p> <p>Stephan Kishore</p>
12:30pm to 1:30pm	LUNCH BREAK	LUNCH BREAK	
1:30pm to 2:20pm	Integrating MISP into national emergency response plans – What does the response entail for different levels of an emergency?	<p>Presentation of the MISP Action Plan - a review of the previous actions on the MISP, and where we are today. (30 minutes)</p> <p>Integrating MISP into emergency plans - a discussion on the lessons learned (successes, challenges, best-practices) from various agencies and civil society. (20 minutes)</p>	<p>Titian-Rose Whittle GBVIE Sub-Sector Coordinator, UNFPA. (via Zoom)</p> <p>Panel Discussion facilitated by Stephan Kishore:</p> <p>Panel: -Melaura Agbeko, TEMA -Shaina Khan, ODPM -Nicole Hendrickson, Fire Circle</p>
2:20pm to 2:30pm	Recap	Summary of Day's Proceeding	Kelly-Ann Phillips
Day 2: Thursday 15th December 2022 - Application of the MISP			
Time	Thematic Area	Outline	Speakers
9:00am to 9:15am	Welcome and Recap	Welcome remarks for Day 2 and Recap of Day 1	Kelly-Ann Phillips
9:15am to 10am	Menstrual Health and Hygiene in Emergencies	Minimum Standards on Menstrual Health and Hygiene to include in emergency planning.	Alejandra Mendez Community Liaison Officer, TTRCS
10am to 10:30am	Clinical Management of Rape	Guidelines for treating with GBV in the health sector	Caroline Allen, PhD, Consultant/Project Manager, PAHO (via Zoom)

10:45 to 12:30pm	<p>Application of the MISIP in Emergencies –</p> <p>Thematic Working Sessions</p>	<p>Simulation Exercise - Working session to gain an understanding of the chronological series of events in an emergency and identifying gaps to the provision of sexual reproductive health services at various levels of the emergency. Where is the MISIP applied - how are the following activities implemented during an emergency. How do we respond to the following scenarios at different levels of an emergency:</p> <ol style="list-style-type: none"> 1. Severe Flooding and other damage due to storms 2. Severe Earthquake 3. Tsunami 4. Breach of Chemical and Industrial Plants 5. Humanitarian response to migration <p>INSTRUCTIONS: Each group will be assigned one scenario, and define the response actions chronologically for each level of the emergency, (Level 1, 2, and 3), the group must determine if it is a Level 1, 2 or 3 event. Using the flipchart and response template, elaborate in the group discussions:</p> <ul style="list-style-type: none"> - Challenges in implementing the strategy - Possible solutions and opportunities <p>Each group must assign a rapporteur and spokesperson for presentation of their findings after lunch.</p>	Stephan Kishore
12:30pm to 1:30pm	LUNCH BREAK	LUNCH BREAK	

1:30pm to 3:10pm	Working Group Presentations & Feedback	Feedback / Review and assess planning assumptions, procedures, operational plans and guidelines and standard operating procedures; clarify roles and responsibilities; practice and clarify chain of command. Are any other evaluation mechanisms available?	Groups 1 to 5
3:10pm to 3:30pm	Discussion and key recommendations to be adopted nationally	Participants to share recommendations and decide on follow up	Stephan Kishore
DAY 3: Friday 16th December 2022 - Feedback and Closing Ceremony			
9:00am to 11am	Welcome and Overview of what took place	Defining the outcomes of the workshop. Activity – creating a roadmap for inclusion of the MISP into disaster management plans: <ul style="list-style-type: none"> • Min of Health • Disaster Offices • Civil Society Presentation of group work to follow	Stephan Kishore
10:00am to 11:00am	Closing Ceremony	Workshop Evaluation Presentation of certificates Closing Remarks	NACC, UNFPA, TTRCS

Workshop Outcomes and Key Findings per Session

Thematic Session – Introduction to the MISP, facilitated by Dr. Ayanna Sebro

The session provided participants with a general overview of the MISP, its contents and the importance of including the MISP into response plans. A few participants were intimately aware of the MISP namely the representatives from ODPM, TEMA, and the Ministry of Health, Chief Technical Coordinator, Disaster Preparedness. One important discussion point out of this session was the issue of data protection and confidentiality especially when sharing information within the state mechanism. Participants raised concern about medical information being collected in the field such as from a Shelter Manager which may be shared with other non-medical persons for processing before it reaches the medical professionals at the CMOH or RHA for actioning and the limited procedures that exist for ensuring confidentiality. The MISP

also advocates for essential services such as the distribution of condoms after the emergency which is currently not allowed by the current Shelter Management system under Ministry of Rural Development and Local Government. It was agreed that these gaps can be addressed by holistically looking at SRH services as an integral part of disaster management, not only at a national crisis (Level 3) but for smaller localized incidents (Level 1).



Figure 1: Dr. Ayanna Sebro, Technical Director of NACC leading the session on "What is the MISP" 14th December 2022, Photo Credit: TTRCS

Thematic Session – Overview of the National Response, Local to National:

Presentation by ODPM on the NRF, facilitated by Jaishima Gowandan

Presentation by MoRDLG, facilitated by Katty Christopher

Presentation by TTRCS, facilitated by Stephan Kishore

These sessions allowed participants to have an understanding of the various response levels and who are the disaster management actors at various levels. As the National Response Framework (NRF) is currently being updated, it was a good opportunity for new participants and those with previous disaster management experience to get a preview of the changes. One of the most notable changes is the separation in scale of from the local to the national level. In the 2010 iteration of the NRF, the three Levels (1, 2 and 3) were the same for local response and national response. Now a local level incident in one municipality is considered a Level 1 at a Municipal Corporation Level,

but it only triggers monitoring at ODPM. A Level 2 at the Municipal Corporation Level would be considered a Level 1 for ODPM.

The Three-Level Mechanism for Local, National and Regional Response

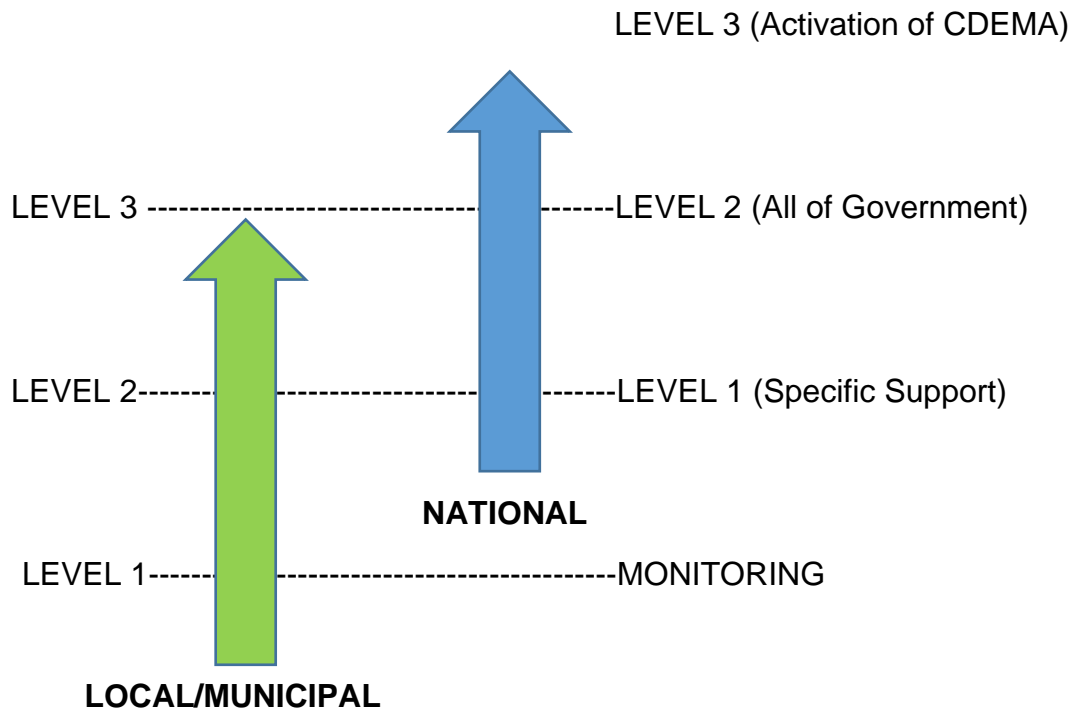


Figure 2: Mr. Jaishima Gowandan, Regional Coordinator, ODPM presents on the new National Response Framework. 14th December 2022. Photo Credit: TTRCS

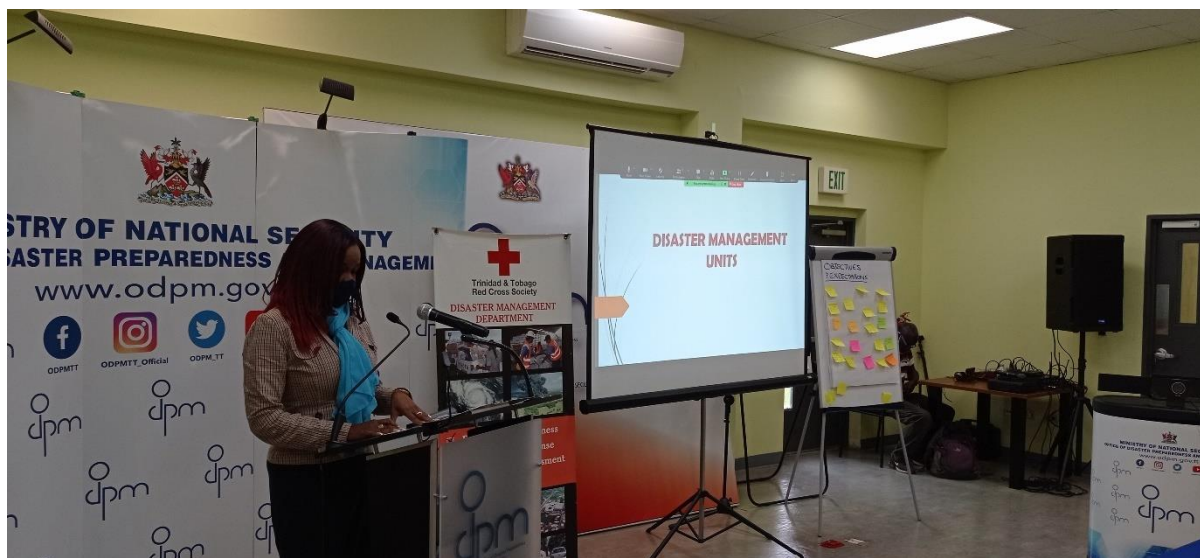


Figure 3: Ms. Katty Christopher, Disaster Management Coordinator, Diego Martin Regional Corporation provided insights on the roles and functions of the DMUs. 14th December 2022. Photo Credit: TTRCS

Thematic Session – The MISP Action Plan, facilitated by Titian-Rose Whittle

In 2021 a comprehensive Action Plan was developed after a nationwide assessment highlighted gaps in SRH service provision as well as issues with activation of the relevant agencies, lack of coordination and not having a central SRH Coordinator. The session was important to clearly identify the many gaps which exists and raise concerns about the timeline as outlined for action and the fact that many elements have not been addressed since the assessment.



Figure 4: Ms. Titian-Rose Whittle, GBVIE Sub-Sector Coordinator, UNFPA, presents on the MISP Action Plan. 14th December 2022. Photo Credit: TTRCS

Thematic Session – Integrating MISIP into emergency plans – a panel discussion on lessons learned from various agencies and civil society.

panellists included:

- ***Melaura Agbeko – TEMA***
- ***Shaina Khan – ODPM***
- ***Nicole Hendrickson – Fire Circle***

For the purpose of providing practical examples to participants, this panel discussion was envisioned to talk about successes, challenges and solutions to ensuring that the MISIP is including into disaster management planning. Both representatives from TEMA and ODPM have been engaged in the revision of national level disaster plans, ensuring plans are more gender sensitive and the civil society representative has confirmed that consultation has been ongoing with the civil society groups to obtain their feedback on the proposed changes. TEMA would have highlighted their recent success of having a disaster relief policy approved by the THA, however it did not include any MISIP elements. This led to conversations by participants about the bureaucratic processes involved in the revision and approval of plans and the stark differences between having policies and plans approved from a Tobago context versus Trinidad. While TEMA can map an approval process in months, it may take years for a document to reach approval stages in Trinidad.

Thematic Session – Minimum Standards on Menstrual Health and Hygiene in Emergencies, facilitated by Alejandra Mendez

The TTRCS took the opportunity to include information on menstrual health and hygiene in emergencies (MHH) as it is also an important area of focus that is often overlooked and the specific requirements are not always known by first responder agencies. The TTRCS is currently piloting a national programme called “Know Your Flow” which aims to generate data to influence a national MHH policy. During the presentation it was clear that many “first responders” did not understand the complexities women face during an emergency to address MHH.

Thematic Session – Clinical Management of Rape and Guidelines for Treating with GBV in the Health Sector, facilitated by Dr. Caroline Allen

This session was very pragmatic and provided good guidance particularly to the health care professionals in the session who really benefitted from the information. The latter part of the presentation was more useful to all the participants as it addressed the minimum gender-based violence response in emergencies and what services are required with the referral pathways.

Thematic Session – Tabletop Exercise – Using disaster scenarios to identify gaps in the provision of SRH services and highlight opportunities to include the MISP Objectives in the different phases of the disaster management cycle, facilitated by Stephan Kishore

The previous sessions to this point involved training participants and knowledge enhancement on the MISP objectives and providing practical guidance. The tabletop exercise was designed to give participants the opportunity to explore their agency's existing SOPs for disaster preparedness, disaster response and recovery phases of the disaster cycle and in attempting to simulate the response to the scenario would identify the areas of SRH and the MISP that are critically lacking; this would include the activation mechanisms, resources, deployment issues, logistics and much more. Three scenarios were presented which included a script with details about the overall disaster and the specific impacts that affected the country. Participants were broken up into multi-sectoral groups which included three disaster management personnel (two local and one national), two health representatives and two civil society representatives supported by one TTRCS representative. The instructions were to focus on three phases of the disaster management cycle, preparedness, response and recovery and outline to the best of their knowledge the official SOP for each phase and while outlining the actions highlight areas where the MISP can be included as well as potential challenges and possible solutions and opportunities.

Feedback on the Storm Response Scenario:

This scenario was set in Tobago to focus on identifying the gaps that may exist in the TEMA SOPs for response. Tobago highlighted the national SRH Policy 2020, Pg. 56 which specifically addresses the MISP as the foundation guideline to justify funding in the preparatory phase of the disaster. This was especially critical when resources are scarce and budgetary allocation are stringent, that the policy does give credibility to investing in SRH resources before the incident. Some additional highlights from the Tobago operations include the pre-positioning of stocks in shelters and regular checks of stocks before the start of the hurricane season, unified command structures ensure the health sector is well integrated in the response. Activation of SRH services will happen at the Tobago Disaster Management Committee (TDMC) in line with their EOC activation.

Feedback on the Earthquake Response Scenario:

During the preparedness phase this group highlighted gaps which will restrict the MISP objectives could be included for the response:

- Limited stakeholder engagement
- Lack of baseline data in potentially high-risk communities
- Challenges to access the data that exists (data protection regulations)
- Policy shortcomings
- International best practices not followed

- Current supply chain challenges
- Budget challenges, funding
- Shelters not built for purpose

Further compounding the challenges posed in the preparedness phase, the group highlighted several challenges and potential solutions for the response phase.

Challenge	Potential Solution
Many first responders not trained	Comprehensive training offered during “peace time.”
First responders also affected, which can limit the response	Building a volunteer base who is also trained in SRH specialties. These can be the CERT Teams.
Shelters are ill-equipped and under resources	Funding and following international standards such as SPHERE
Relief items do not factor in SRH	Awareness to leadership to convince them of the importance of directing resources to SRH services.

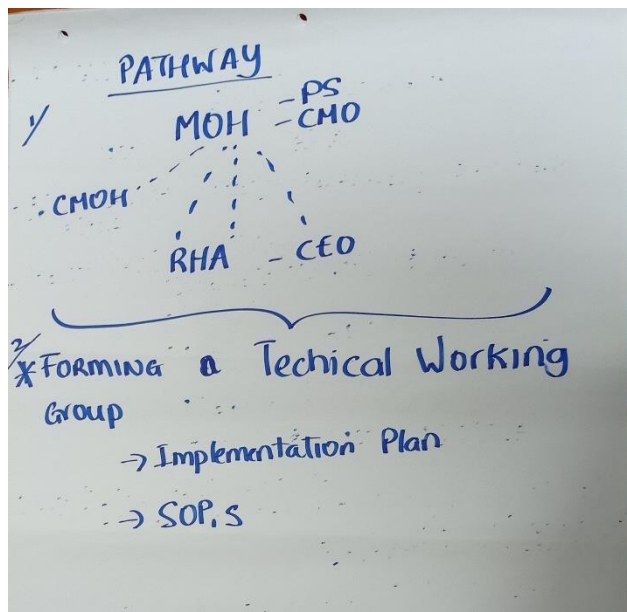
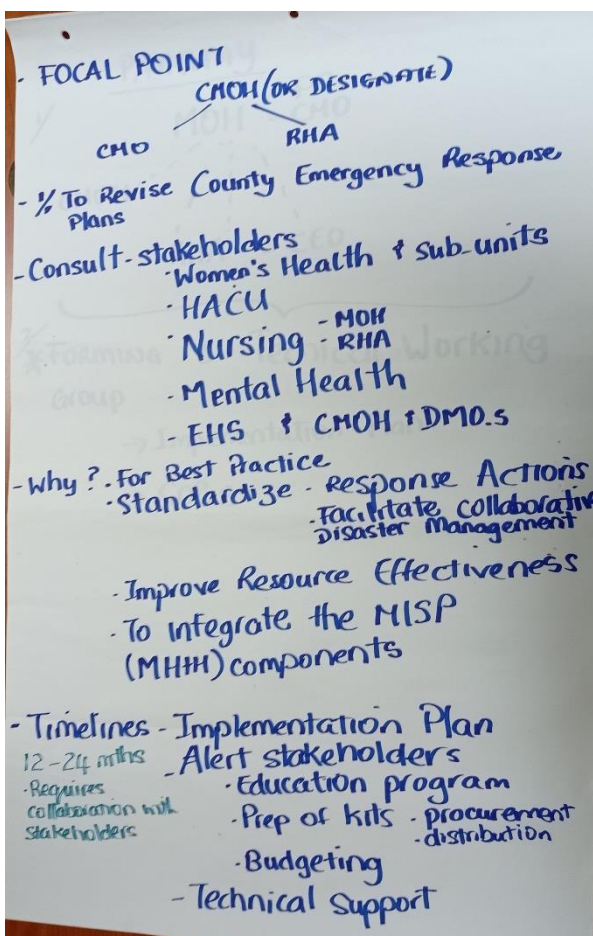
Feedback on the Chemical Release Response Scenario:

The Chemical Release team was very enthusiastic and presented an ideal world response which the other participants flagged as unrealistic and impossible to achieve with the current resources and systems in the Trinidad and Tobago context. However the key takeaways from this group presentation was that once coordination is effectively implemented at the start of the response, and more importantly once stakeholders who have a role to play in the response is well aware of their roles and functions, there will be a successful response. The chemical release scenario was designed to highlight this very point, since it required an immediate response, and if that could not be achieved the possible death toll would be exponential. The group did an excellent job putting together all the possible moving parts from the community alerting phase, evacuation and shelter activation which they forecasted could happen in under 40 minutes. In an ideal world it is possible to have this done in less time, but seeing the mobilization that is required would certainly need a strong coordinating entity to get it done.

Thematic Session – Road-mapping next steps to editing disaster plans, facilitated by Stephan Kishore

In preparation for closing the workshop the last steps involved ensuring three major groups, 1. Health Sector, 2. Local Government Disaster Management Units and 3. National Disaster Offices, ODPM and TEMA were clear on the pathway for engaging in meaningful review of their disaster management plans to include SRH and the MISP. The Ministry of Health team was able to flesh out a very concrete plan over the next two years and the disaster management team had similar results. The Civil Society Groups also voiced their support as well as concerns on how much time is needed to get these documents revised, but committed to participating in any consultations in support.

Ministry of Health Revision Plan and approval Pathway



Disaster Management Units Revision Plan and approval Pathway

FOCAL POINT — ODPM &
MORDLG/ (JERRY DAVID)
DMU

PLANS TO BE REVISED —

- ① DISASTER MEASURES ACT (1978) — archaic, not comprehensive
- ② NATIONAL EARTHQUAKE, FLOOD, HAZARD PLAN — not comprehensive
- ③ NATIONAL SHELTER MAT PLAN — not comprehensive

RECOMMENDATIONS

- ① Training for all those involved for there to be one plan moving forward (eg all 14 Corp)
- ② Include Heads so that policy making is all inclusive
- ③ Public awareness (PA systems, billboards) to inspire change in a phased process
- ④ Showing gaps so that the culture can be accommodating
- ⑤ Include information on GBU and SH in schools from a young age
- ⑥ DMUs and other responders to include in relief supplies, items relating to MISP (care kits)

TIMELINE FOR COMPLETION

By the end of the financial year

Workshop Successes

The workshop was extremely relevant to the participants and the intended objectives were met. Everyone at the end of the three-days were more informed about MISP and the importance of providing sexual reproductive health services at all levels of emergency response.

88% of participants Strongly Agree and the remaining 12% Agree that the workshop improved their understanding of the MISP for SRH.

64% of participants Strongly Agree and the remaining 36% Agree on the importance of integrating the MISP into the national and local response plans.

An online workshop evaluation using the Kahoot Platform was conducted at the end to test participants knowledge on key topics discussed during Day 1 and Day 2 of the workshop with a sample of the scores presented below.

Ale	13	 60%	4	4 269
Brownskinn	12	 60%	3	4 574
Debs Real	14	 60%	3	4 240
GTt	10	 60%	3	4 649
Czerina	19	 50%	3	3 446
Katty	11	 60%	2	4 609
Mo	8	 60%	2	4 818
Roma	17	 50%	2	3 884
J	18	 50%	2	3 639
JERRY	1	 80%	2	6 242
ARB	21	 30%	2	2 378
MB	3	 70%	2	5 907
Ceo	9	 60%	1	4 769
Sharmila	7	 60%	1	4 884
Tareeq	5	 70%	1	5 203
Patti	2	 80%	1	6 047
Me	6	 60%	1	5 105
Nicky	16	 50%	1	4 097
Rishard	4	 60%	—	5 356
LostTransaction	15	 50%	—	4 192

Out of ten questions, over 70% of participants scored 60% and above.

Challenges

The workshop was originally set for the 30th November and 1st December 2022; however, Trinidad was impacted by heavy rainfall on the 26th November 2022, which triggered a nationwide flood response. As the majority of participants were first responders a decision was taken to postpone the workshop until 14th December 2022. Unfortunately, this was also not the best time as persons from the public sector were taking annual leave for the upcoming holiday period. While attendance of the key agencies was still good, only 60% of invited participants were available to attend. Key agencies who were not present include the Gender-based Violence Unit of the Trinidad and Tobago Police Service, Gender Affairs Unit of the Office of the Prime Minister, and several civil sector organizations such as Family Planning Association. Nonetheless the participation of those who attended helped achieve the workshop objectives.

Lessons Learnt

- Workshop timing is important as it will determine the participation of the public and private sector.
- The cross section of participants created a good balance in the room. Originally the workshop participants were more disaster management heavy as the objectives were to ensure the plans were updated to include the MISP, but having a balanced environment ensured that one sector's views and discussions did not outweigh the others especially in the areas of health.
- A MISP training specifically for the purpose of sensitization on the technical elements of the MISP is needed either as a pre-requisite or an additional day, especially for the disaster management personnel who needed to understand the requirements of the MISP from a logistics and resource point of view. The workshop aimed specifically on ensuring MISP was considered into the plans, however the budgetary side needs to also be addressed and it would not have come out strongly in this workshop on how to plan for the expenditure for provision of items during a response and this is a key function of the Local Government DMUs to ensure they are able to procure the necessary items.
- There is still a major gap that exists nationally as there is no single SRH focal point and the trigger for the activation of the MISP needs to be more clearly defined. Additional training and sensitization in coordination at the local level needs to be provided to the DMUs so they are aware of the health resources that can be activated at the CMOH and RHA levels and how this activation is facilitated i.e. who is the focal points in health that have to be alerted.

Way Forward

The TTRCS as an auxiliary to the State is committed to continuing the process of ensuring that our partners in Disaster Management at the ODPM, Local Government, TEMA and Ministry of Health continue to work on the MISP Action Plan and have systematic reviews of the national and local disaster management plans to ensure sexual reproductive health and the MISP Objectives are included. In 2023, SRH remains one of TTRCS's Strategic Thematic Areas under our Health Programme and it would be important for TTRCS to be included in the discussions on the planning for comprehensive SRH services as well as from a provider's perspective as we offer SRH services through our primary health care clinics. TTRCS has had several successes bringing new and innovative changes to the disaster management landscape and has been a pioneer and champion for change most notably by being the founding organization of the National Flood Early Warning System and the conduit by which key State entities were able to come together and formulate the technical early warning system. TTRCS was also the driving force behind the revision of the Comprehensive Disaster Management Policy. With these major successes in the last four years, TTRCS is confident that our support for the inclusion of the MISP in our national and local disaster management plan will succeed.

Annexes, Links and Resources

1. Link to workshop photos

<https://drive.google.com/drive/folders/1v0kIF7QDMv8ZNHOAXQPhs3sWSRs7JpOn?usp=sharing>

2. Final Participant List and Contact Information

https://docs.google.com/spreadsheets/d/1LgUon5VpZyO0wXfL_Tm7sM1TuDaO-dtp/edit?usp=sharing&oid=105249740786505128852&rtpof=true&sd=true

3. Workshop Presentations

https://drive.google.com/drive/folders/1lg4VjwCjp_tovNbou4yDrpPh7maGe0m-?usp=sharing

4. Annex 4 – 3 Disaster Scenarios for Day 2

Storm Scenario

The 2019 Atlantic Hurricane Season is the worst ever recorded. Numerical prediction models all indicated approximately 14 named storms with 7 of them to become hurricanes and 3 of those to be Category 3 and above. However, it is only August and the region has experienced four hurricanes to date. Last month Tropical Storm Isaac came very close to impacting Trinidad causing moderate damage to communities in the north eastern part of Trinidad and significant flooding in the south western part of Tobago. It is late September and the MetOffice issues our fourth Tropical Storm Watch for the Season, as Tropical Storm Leslie forms about 1200 km south east of Trinidad.

EXERCISE * EXERCISE * EXERCISE

From US National Hurricane Center



Earthquake Scenario

Trinidad and Tobago has been experiencing significant drought conditions for the past 18 months. Rainfall has been significantly lower in the past two wet seasons with average rainfall for last year being just 45% of what was recorded in the previous year. The Government of T&T through WASA and the ODPM with support of its stakeholders has been on a national drive to promote water conservation in light of this ongoing water crisis which has led to very lean water rationing protocols. The public has not adapted well to these conditions; water has become a costly commodity where the illegal trucking of water has become a lucrative business. Prices of bottled water has increased by 50% in the last two years and the general prices of local produce and livestock has also gone up as farmers struggle to meet the demands to irrigate fields. There was an outbreak of E. coli from June to September last year; investigation tracked the source back to six farmers who were irrigating with improperly treated wastewater.

It is Wednesday 21st April at 9:35am. The ground shakes violently for 90 seconds as the country is rocked by a magnitude 7.6 earthquake. As citizens are startled by the destruction that unfolds around them, the nation's communications and systems are crippled as power outages blackout entire regions at a time. The quake causes several ruptures along the Uriah Butler Highway, numerous bridges are destroyed and a section of the overpass at Barataria and the flyover at Grand Bazaar has collapsed. Several water mains have been damaged, especially those that run along bridge crossings causing localized flooding. The strong shaking also sends landslides across many roadways in the north. Several residents report serious injuries mainly crush and puncture wounds from falling debris.

From UWI Seismic on social media 3 minutes after



UWI, SRC - Automatic Earthquake Location

DATE AND TIME:

2021-04-21 09:35 am (Local Time)

2021-04-21 14:35 (UTC)

MAGNITUDE:

7.6

LOCATION:

Latitude: 10.44N

Longitude: 61.54W

Depth: 10 km

NEARBY CITIES:

22 km NW of San Fernando, Trinidad and Tobago

24 km S of Port of Spain, Trinidad and Tobago

36 km SW of Arima, Trinidad and Tobago

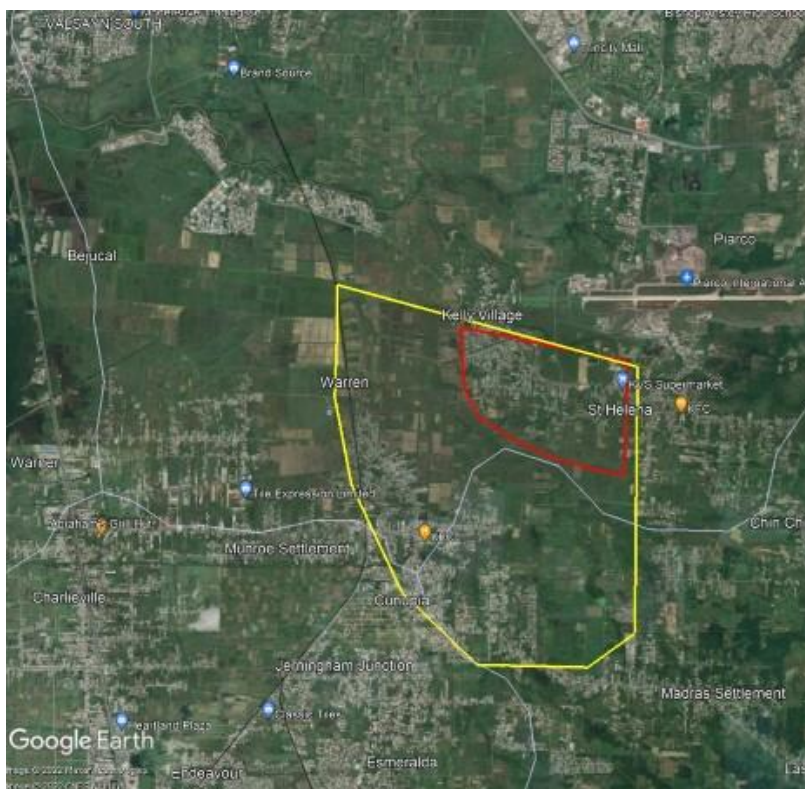
Exercise * Exercise * Exercise

If you felt this earthquake, please tell us

<http://uwiseismic.com/EarthquakeFeedback.aspx>

Earthquake Scenario with Chemical Release

It is Wednesday 21st April at 9:35am. The ground shakes violently for 90 seconds as the country is rocked by a magnitude 7.6 earthquake. As citizens are startled by the destruction that unfolds around them, the nation's communications and systems are crippled as power outages blackout entire regions at a time. The quake causes several ruptures along the Uriah Butler Highway, numerous bridges are destroyed and a section of the overpass at Barataria and the flyover at Grand Bazaar has collapsed. Several water mains have been damaged, especially those that run along bridge crossings causing localized flooding. The strong shaking also sends landslides across many roadways in the north. Several residents report serious injuries mainly crush and puncture wounds from falling debris. Over twenty tonnes of chlorine are stored at the Caroni Water Treatment Plant. During the earthquake the concrete storage building housing the cylinders has collapsed and a majority of the cylinders have ruptured, venting harmful chlorine gas into the atmosphere. According to the risk assessment, all homes 2.5km downwind are in immediate danger and 5km downwind are in moderate danger and if possible, evacuate or shelter in place and sealing any ventilation until the all clear is given.



Red Area – 2.5km

Yellow Area – 5km

PRIORITIES:

Public Alert

Evacuate

Safe Shelter

Population in Red – 2500

Population in Yellow -
8500

Exercise * Exercise * Exercise