



सत्यमेव जयते

# Strengthening Competencies for Public Health Emergencies and Disaster Management in Gujarat

Public Health Emergency and Disaster Management  
Professional Development Programme (PHEDM-PDP)  
Tier-III Training

January 2025

Prepared by

National Institute of Disaster Management (NIDM),  
Ministry of Home Affairs (MHA), Government of India (GoI)

National Centre for Disease Control (NCDC),  
Directorate General of Health Services (Dte.GHS),  
Ministry of Health and Family Welfare (MoHFW), Government of India (GoI)

and

U.S. Centers for Disease Control and Prevention (CDC),  
Division of Global Health Protection, Country Office-India





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## **Strengthening Competencies for Public Health Emergencies and Disaster Management in Gujarat**

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### **Editors:**

Prof. Surya Parkash

Dr Himanshu Chauhan

Dr Rajat Garg

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### **Disclaimer:**

This report is based on Public Health Emergency and Disaster Management Professional Development Programme (PHEDM-PDP) Tier-III Training conducted in Gujarat in three batches. The knowledge and learning presented in this report encompass information acquired through training sessions, experience sharing and dialogues held during the training programs. This document may be freely reviewed, reproduced or translated, in part or whole, purely on a non-profit basis for humanitarian, social and environmental well-being with permission from the Institute and due credit to the authors.

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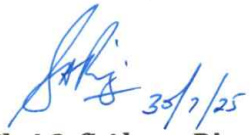
## Foreword

Public health emergencies and disasters represent escalating transboundary threats necessitating integrated, multi-sectoral, and systems-based responses. The imperative to institutionalize resilience through capacity augmentation is now central to contemporary disaster risk governance. Strengthening health emergency and disaster risk management (Health-EDRM) systems is not merely strategic—it is foundational to national security, sustainable development, and safeguarding vulnerable populations.

Mandated under the Disaster Management Act, 2005, the National Institute of Disaster Management (NIDM) functions as the apex institution for capacity building, knowledge management, research, policy advocacy, and human resource development in the domain of disaster risk reduction (DRR). Leveraging its technical expertise, NIDM has consistently contributed to operationalizing national frameworks through evidence-based training architecture, curriculum design, and inter-institutional collaborations.

The PHEDM Tier-III module is a significant stride toward mainstreaming public health risk management within India's disaster management continuum. The consolidated training report titled "*Strengthening Competencies for Public Health Emergencies and Disaster Management in Gujarat*" encapsulates the outcomes of a tri-phased training deployment in the state, serving as a replicable model for sub-national Health-EDRM integration. It distills critical operational learnings, good practices, and inter-sectoral synergies, providing a strategic roadmap for future interventions.

I extend my appreciation to Dr. Himanshu Chauhan, Dr. Runa H. Gokhale, Dr. Rajat Garg, Prof. Surya Parkash, and the entire technical team for their exemplary scholarship. I also acknowledge the proactive engagement of Gujarat State authorities and the collaborative support of NCDC and CDC-India in facilitating this initiative.

  
(Shri Safi Ahsan Rizvi, IPS)

**आपदा प्रबंधन महाविचार: पूरा भारत भागीदार**

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प्रो.(डॉ.) अतुल गोयल  
Prof. (Dr.) Atul Goel  
MD (Med.)  
स्वास्थ्य सेवा महानिदेशक  
DIRECTOR GENERAL OF HEALTH SERVICES



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय  
Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Services



### MESSAGE

Public health emergencies and disaster events present not only formidable challenges with significant socio-economic impacts but also valuable opportunities to strengthen and enhance Public Health Emergency and Disaster Management (PHEDM) systems. Addressing these challenges necessitates the creation of platforms that bring together practitioners, policymakers, and stakeholders from various sectors. Such platforms can collaboratively reduce health risks and mitigate the consequences of emergencies and disasters.

The Government of India remains deeply committed to ensuring the highest possible standards of health and well-being for all citizens, across all ages. This commitment is reflected in its preventive and promotive healthcare orientation embedded within developmental policies, as well as the provision of universal access to high-quality healthcare services without financial barriers. The Directorate General of Health Services (Dte.GHS), under the Ministry of Health and Family Welfare (MoHFW), continues to implement a range of schemes, programs, and national initiatives aimed at achieving these goals.

Preventive measures are vital for reducing the impact of public health emergencies and disasters by addressing risks before they escalate. Early detection, surveillance, and community awareness enhance preparedness, enabling timely interventions and minimizing disruptions. Prioritizing prevention strengthens resilience, reduces vulnerabilities, and ensures sustainable systems to manage emergencies effectively.

While not all emergencies can be predicted, they can certainly be prepared through proactive planning, capacity-building, and collaboration. The collaborative efforts between NCDC, NIDM, and CDC-India are instrumental in enhancing public health emergency and disaster preparedness and response capabilities, fostering a multisectoral approach to effectively address complex public health emergencies and disaster events. This document highlights the key learnings and insights gained from the implementation of the PHEDM Tier-III training program conducted in Gujarat across three batches. It underscores the importance of multi-sectoral coordination, robust mentorship frameworks, and training methodologies in building resilient systems. May these efforts continue to inspire and guide stakeholders in enhancing preparedness and response strategies, ultimately safeguarding public health and minimizing the impact of future emergencies and disasters.

  
(Atul Goel)

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## U.S. Centers for Disease Control and Prevention (CDC) India

U.S. Embassy, Shantipath, Chanakyapuri  
New Delhi - 110 021, India  
Tel: +91-11-2419- 8649 Fax: +91-11-2419-8770



### Message

Building resilience and preparedness for public health emergencies and disasters is critical in safeguarding lives and ensuring sustainable development. The Public Health Emergency and Disaster Management (PHEDM) framework emphasizes strengthening human capacity, institutional mechanisms, and collaborative approaches to effectively prevent, mitigate, and respond to emergencies. Capacity building plays a pivotal role in equipping stakeholders with the knowledge and tools needed to address evolving health challenges and disaster risks.

The Consolidated Training Report of PHEDM-PDP Tier-III held in Gujarat, titled “Strengthening Competencies for Public Health Emergencies and Disaster Management in Gujarat” highlights the concerted efforts made to enhance disaster preparedness and response capabilities. This training package, jointly developed by NIDM, NCDC, and CDC-India, is aimed at sensitizing, institutionalizing, and promoting information, knowledge, and innovation for disaster risk reduction and resilience. The training focused on prevention, mitigation, preparedness, response, and recovery efforts to build human capacity to manage the impacts of disasters on health and address emerging challenges such as climate change, urbanization, and developmental pressures.

CDC remains committed to working with Government of India to address some of the most pressing public health challenges of our time. From eradicating smallpox to responding to SARS-CoV-2, CDC’s collaborations with the Government of India have had far-reaching impacts globally. Through partnerships with the Government of India, CDC continues to strengthen core public health capabilities, focusing on real-time disease surveillance, laboratory systems, diagnostics, workforce development, and emergency management.

I would like to congratulate Shri Rajendra Ratnoo, IAS, Executive Director, NIDM, MHA, Gol and Dr (Prof.) Atul Goel, DGHS, MoHFW, Gol, for their vision and leadership in developing the PHEDM Tier-III training package and successfully implementing it in Gujarat and other priority states in India. I am confident that this document will serve as a valuable resource in guiding preparedness and response strategies for public health emergencies and disaster management, not only in Gujarat but across the country.

Dr Meghna Desai  
Country- Director  
U.S. Centers for Disease Control and Prevention (CDC)  
New Delhi, India  
Email: mud8@cdc.gov

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## PREFACE



The Public Health Emergency and Disaster Management Tier-III training program conducted in Gujarat in three batches marked a significant initiative toward enhancing the state's preparedness and response capabilities for public health emergencies and disaster management. This extensive training programme successfully trained 25 mentors and 86 mentees from key sectors, including health, animal husbandry, and disaster management. The participants represented all 33 Districts and 07 Municipal Corporations of Gujarat, ensuring comprehensive statewide coverage and inclusivity. The training, organized in three batches, covered critical aspects of public health emergency disaster management, emphasising inter-sectoral collaboration to build resilience and implement effective response strategies during emergencies.

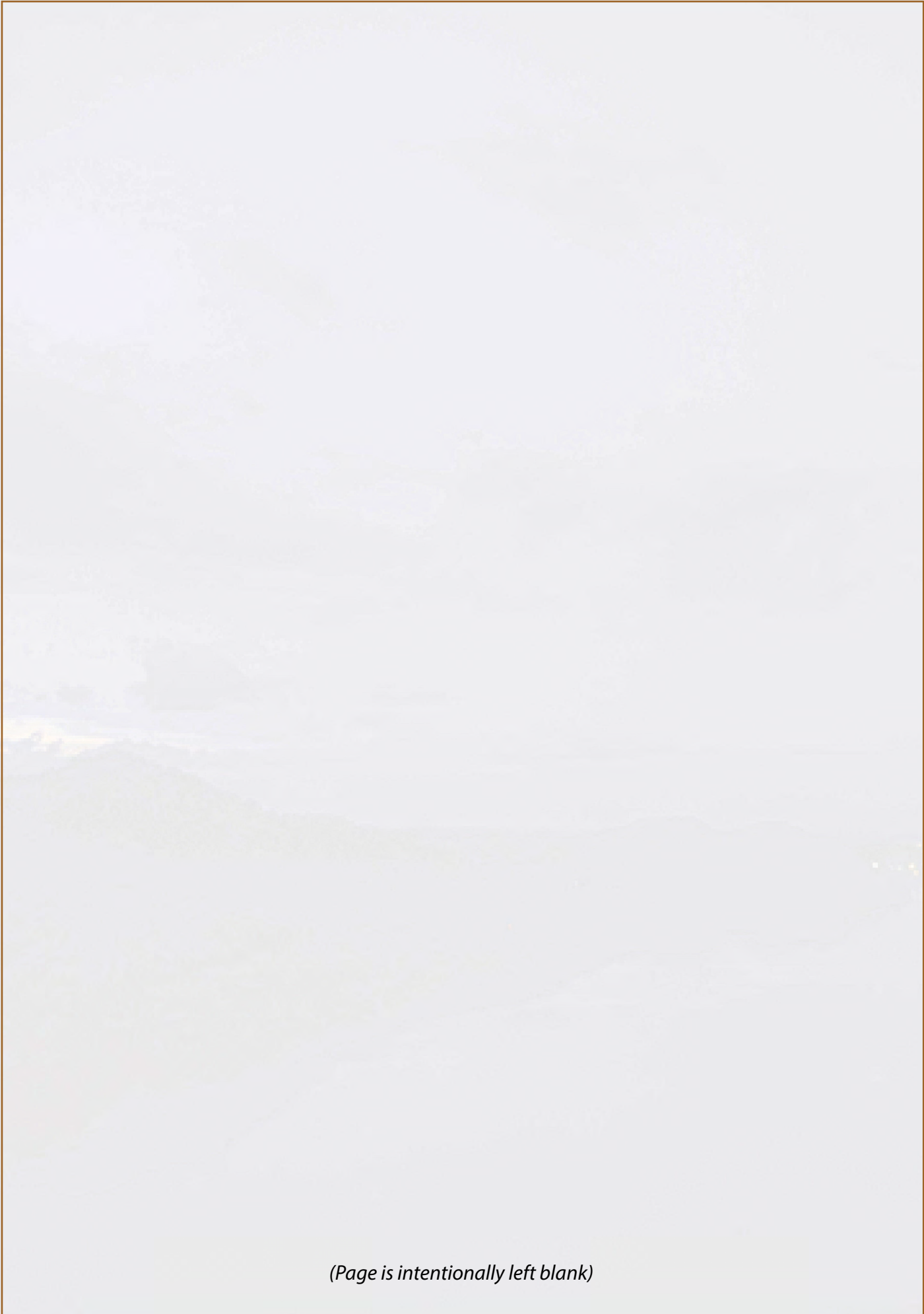
The Consolidated training report "Strengthening Competencies for Public Health Emergencies and Disaster Management in Gujarat" will serve as an essential reference for policymakers, practitioners, and stakeholders in enhancing preparedness and response strategies. This report documents key insights, best practices, and lessons learned, providing a roadmap for future capacity-building efforts and sustainable disaster management planning. The report underscores Gujarat's commitment to developing a robust network of trained professionals dedicated to safeguarding public health and managing emergencies effectively. This initiative reflects the state's vision of fostering inter-sectoral collaboration, addressing the challenges of public health emergencies, and ensuring a resilient and prepared system for disaster management.

An essential highlight of the programme was the constructive feedback and suggestions provided by the participants. These insights will be instrumental in refining future training practices, ensuring continuous improvement, and sustaining the initiative for long-term benefits.

I extend our heartfelt thanks to the collaborators - NCDC, CDC India, State IDSP Gujarat, GSDMA, and GIDM for their invaluable support in making this training program a success across the state.

A handwritten signature in blue ink, consisting of the letters 'SP' followed by a horizontal line.

(Surya Parkash)  
Prof. & Head, GMRD, NIDM



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**Dr. Himanshu Chauhan**  
Joint Director & Head



सत्यमेव जयते  
भारत सरकार

एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी)  
राष्ट्रीय रोग नियंत्रण केन्द्र  
स्वास्थ्य सेवा महानिदेशालय  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार  
22, शाम नाथ मार्ग, दिल्ली-110054

**Integrated Disease Surveillance Programme (IDSP)**  
**NATIONAL CENTRE FOR DISEASE CONTROL**  
Directorate General of Health Services  
Ministry of Health & Family Welfare, Government of India  
22, Sham Nath Marg, Delhi-110054



Tel. No. +91-11-23935530  
Email: idsp-npo@nic.in  
himanshu.chauhan@nic.in

## Preface

Public Health Emergency and Disaster Management (PHEDM) is a critical domain that emphasizes building resilience and preparedness to tackle emergencies and disasters effectively. In today's interconnected world, the occurrence of emergencies ranging from natural calamities to pandemics, underscores the need for robust systems that can prevent, mitigate, and respond to such crises. PHEDM highlights the importance of capacity building, inter-sectoral collaboration, and community engagement to protect lives and minimize the impact of disasters.

NCDC is envisaged as a Centre-par-excellence to give further impetus to the advancement of knowledge in prevention and control of communicable/infectious diseases with a specific focus on Countrywide surveillance of epidemic-prone communicable diseases; epidemic/outbreak investigations and their containment; referral diagnostic support services; training & manpower development; technical advisory; and applied & operational research. The Institute takes the leading role in undertaking investigations of disease outbreaks all over the country employing epidemiological and diagnostic tools. The institute investigates and recommends control measures for the outbreak of various communicable diseases in the States/UTs all over the country as well as to some neighbouring countries in the South East Asia Region. The institute also undertakes monitoring of outbreaks throughout the country, especially during its early rising phase by collecting information from the states and districts. The institute conducts emergency preparedness training for officials in the state.

The Consolidated Training Report of PHEDM-PDP Tier III held in Gujarat, titled "Strengthening Competencies for Public Health Emergencies and Disaster Management in Gujarat" documents the comprehensive training efforts conducted across three batches. This joint initiative of NCDC, NIDM and CDC-India aimed to enhance the capacity of participants by providing practical knowledge and skill-building sessions focused on disaster preparedness, risk mitigation, and emergency response strategies. The report serves as a valuable resource, capturing insights, best practices, and lessons learned, which can guide future preparedness and response efforts in addressing public health emergencies and disasters.

Dr Himanshu Chauhan,  
JD, HoD, IDSP, NCDC



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## Acknowledgement

On behalf of the National Institute of Disaster Management (NIDM), the National Centre for Disease Control (NCDC), and the Centers for Disease Control and Prevention (CDC) - India, we extend our sincere and heartfelt gratitude to the Government of Gujarat for its invaluable contribution to the successful execution of the Public Health Emergency and Disaster Management (PHEDM) Tier-III Training.

The unwavering support and proactive involvement of the Government of Gujarat have been instrumental in fostering a collaborative and supportive environment, significantly enhancing the capacity-building efforts in the field of PHEDM. The active participation of departments such as health, disaster management, and animal husbandry, alongside key stakeholders from across districts, municipal corporations and medical colleges, has greatly enriched the training program. This collective effort has made the training a cornerstone for building preparedness, improving response mechanisms, and enhancing resilience in the region.

The Government of Gujarat's commitment to strengthening disaster preparedness and response frameworks stands as a testament to its unwavering dedication to safeguarding the health and well-being of its communities. We look forward to continued collaboration with your esteemed government in advancing PHEDM initiatives and ensuring a more resilient future for all.

Once again, we express our deepest appreciation for your invaluable contribution.



(Himanshu Chauhan)



(Surya Parkash)

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## Abbreviations

AIIMS	All India Institute of Medical Sciences
BPHU	Block Public Health Unit
CBRN	Chemical, Biological, Radiological and Nuclear
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communication
CHC	Community Health Centre
CIH	Central International Health
CMNND	Communicable, maternal, neonatal, and nutritional diseases
CONOPs	Concepts of Operations
CPR	Cardiopulmonary Resuscitation
DDMA	District Disaster Management Authority
DDMP	District Disaster Management Plan
DGHP	Division of Global Health Protection
DRR	Disaster Risk Reduction
Dte.GHS	Directorate General of Health Services
EM	Emergency Management
EMR	Emergency Medical Relief
EOC	Emergency Operations Centre
EOP	Emergency Operations Plan
GHSA	Global Health Security Agenda
GIDM	Gujarat Institute of Disaster Management
GMR	Geo-meteorological Risks Management
Goi	Government of India
GSDMA	Gujarat State Disaster Management Authority
ICS	Incident Command System
IDSP	Integrated Disease Surveillance Programme
IH	International Health
IHIP	Integrated Health Information Platform

IHR	International Health Regulations
IMS	Incident Management System
IRS	Incident Response System
IT	Information Technology
MC	Municipal Corporation
MHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
NAPHS	National Action Plan for Health Security
NCDC	National Centre for Disease Control
NDMA	National Disaster Management Authority
NDMP	National Disaster Management Plan
NDRF	National Disaster Response Force
NGO	Non Governmental Organization
NIDM	National Institute of Disaster Management
NIHFW	National Institute of Health and Family Welfare
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
PH	Public Health
PHE	Public Health Emergency
PHEDM	Public Health Emergency and Disaster Management
PHEDM-PDP	Public Health Emergency and Disaster Management- Professional Development Programme
PHEIC	Public Health Emergency of International Concern
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centre
PHS	Public Health Specialist
PM ABHIM	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission
PoE	Points of Entry
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
SDGs	Sustainable Development Goals

SDMP	State Disaster Management Plan
SDRF	State Disaster Response Force
SNO	State Nodal Officer
SOP	Standard Operating Procedures
SWOT	Strengths, Weaknesses, Opportunities and Threats
THIRA	Threat and Hazard Identification and Risk Assessment
U.S.	United States
UNESCO	United Nations Educational, Scientific and Cultural Organization
USDMA	Uttarakhand State Disaster Management Authority
VDMP	Village Disaster Management Plan
VMMC	Vardhman Mahavir Medical College
WHO	World Health Organization



## Patrons

- Shri Safi Ahsan Rizvi, IPS, Executive Director, NIDM, MHA, Gol
- Prof. (Dr) Atul Goel, DGHS & Director, NCDC, Dte.GHS, MoHFW, Gol
- Dr Meghna Desai, Country Director, CDC, Country Office, India

## List of Contributors

- Dr Surya Parkash, Prof. & Head, GMR Division & CBRN, Industrial and Cyber DRR Division, NIDM, MHA, Govt. of India
- Dr Himanshu Chauhan, Joint Director & Head, IDSP, NCDC, Govt. of India
- Dr Runa Hatti Gokhale, Associate Director for Science and Programs, DGHP, CDC-India
- Dr Rajat Garg, Public Health Specialist, CDC-India
- Dr Jayesh Katira, SSO, IDSP, Govt. of Gujarat
- Dr Harshad Prajapati State Epidemic Officer, Govt. of Gujarat
- Dr Akshay Dhariwal, Technical Director- EM, VHS-CDC Project 'NIRANTAR', and Former Director NCDC & NVBDCP, Dte.GHS, MoHFW, Govt. of India
- Dr Sujeet K Singh, Public Health Expert, Consultant FHI 360, and Former Director NCDC, Dte.GHS, MoHFW, Govt. of India
- Dr Ravinder Pal Singh, Public Health Specialist, CDC-India
- Dr Kamlesh Mandriya, Consultant Epidemiologist, IDSP, NCDC
- Dr Prabhakar Jha, Consultant Veterinary, IDSP, NCDC
- Dr Ravinder Singh, NIDM, Govt. of India
- Dr Joseph Williams, Project Director, VHS, India
- Mr Sharad Malhotra, Director, Enterprise Services (Finance & Admin), FHI360
- Dr Priyanka Singh, GHSA Liaison Coordinator Country Office India, FHI360
- Mr Baskar Kasiviswanathan, Senior Manager Admin, VHS, India
- Mr Ajay Dogra, Senior Technical Officer-EM, VHS, India
- Dr Raju Thapa, Senior Technical Officer-EM, VHS, India
- Mr Anil Kathait, Senior Technical Officer-EM, VHS, India
- Dr Harjeet Kaur, Technical Officer-EM, VHS, India
- Mr Sanjeev Karn, Technical Officer-IT, VHS, India
- Ms Renu, Admin Executive, VHS, India
- Mr Shubham Badola, Young Professional, GMR Division, NIDM, MHA, Govt. of India
- Ms Karishma Choudhary, Young Professional, GMR Division, NIDM, MHA, Govt. of India
- Ms. Stanzin Tsela, Young Professional, CBRN Division, NIDM, MHA, Govt. of India.
- Mr. Vimal Tiwari, Young Professional, CBRN Division, NIDM, MHA, Govt. of India.

## 1. Executive Summary

The coastal, industrialized, and tribal socio-demographic architecture of Gujarat state has made the state population vulnerable to various disasters and emergencies. Under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), the Ministry of Health and Family Welfare, Government of India, is spearheading an ambitious initiative to establish Health Emergency Operation Centres (HEOCs) nationwide. Gujarat is among the states selected for developing an HEOC, emphasizing the vital need for extensive human resource capacity building to ensure its efficient operation. This requires preparedness and a coordinated multi-sectoral approach through competent core capacities. The “Public Health Emergency and Disaster Management-Professional Development Programme (PHEDM-PDP) Tier-III Training” jointly structured, designed and implemented by the National Institute of Disaster Management (NIDM), Ministry of Home Affairs (MHA), National Centre for Disease Control (NCDC), Directorate General of Health Services (Dte.GHS), Ministry of Health and Family Welfare (MoHFW), and the U.S. Centers for Disease Control and Prevention (CDC) India Office, is a key initiative to enhance coordination and collaboration among stakeholders in emergency response. This training programme is a component of a comprehensive five-tier capacity-building model designed to engage a diverse range of public officials, spanning from grassroot workers to policymakers. PHEDM Tier-III specifically focuses on equipping operational-level functionaries with the necessary knowledge and skills to serve as vital links between communities and higher levels of authority during emergencies.

A total of 111 individuals participated in the three training batches conducted in Gujarat, including 25 mentors and 86 mentees. The participants came from diverse sectors, with 57 from the Health Department, 29 from Animal Husbandry, 18 from Disaster Management, and 07 from other departments. This multidisciplinary composition fostered a comprehensive and collaborative approach to the training sessions. The training was conducted in three batches, covering 33 districts and 7 municipal corporations across various zones within Gujarat State.

The training emphasized the importance of collaboration with other key stakeholders and allowed participants to interact with experts from both national and state levels. This platform allowed them to share their experiences, exchange best practices, and discuss challenges, promoting mutual learning and growth.

The training encompasses seven modules, establishing a foundational understanding of PHEDM. Covered topics focused on public health aspects of disasters, public health emergencies, and their management, along with the One Health Approach. The course delved into international and national frameworks about PHEDM, encompassing the International Health Regulations (IHR) 2005, World Health Organization (WHO) obligations, Sendai Framework, Sustainable Development Goals, and the Disaster Management Act 2005, among others. Essential concepts such as Public Health Emergency of International Concern (PHEIC), Emergency Operations Plan (EOP), Public Health Emergency Operations Centre (PHEOC), Incident Management System (IMS), Incident Response System (IRS), and Public Health Emergency Preparedness and Response at Points of Entry (PoE) were comprehensively addressed. Additionally, one day was dedicated to the Mentor’s workshop. This mentor-mentee concept is an important element in sustaining the program. This program significantly strengthened the capacity of key stakeholders’ to respond to public health emergencies and manage disaster scenarios. Participants expressed that the training was highly relevant and valuable to their roles.

## 2. Background: PHEDM Tier-III Training

Instances of Public Health Emergencies (PHEs) and disasters present considerable risks to public health, community infrastructure, and society. Nonetheless, these unexpected events present valuable learning opportunities, prompting us to assess our workforce (staff), infrastructure (stuff), and policies, plans, and procedures (systems). Through these experiences, we are prompted to strengthen our capacity in Staff, Stuff, and Systems, leading to greater resilience and preparedness for future challenges.

Recognizing that public health emergencies and disasters are two sides of the same coin. Often one leads to the other. There was a felt need to train the two systems as a single entity. PHEDM Five-Tiered Capacity-Building Approach is an innovative initiative designed, developed, and implemented through a collaborative partnership involving the National Institute of Disaster Management (NIDM), Ministry of Home Affairs (MHA), Government of India (GoI); National Centre for Disease Control (NCDC), Directorate General of Health Services (Dte.GHS), Ministry of Health and Family Welfare (MoHFW), GoI and U.S. Centers for Disease Control and Prevention (CDC), Country office India. It aims to strengthen capabilities at all levels, from local communities to the tactical level (Tier-I and II) to the District and State for the operational components (Tier-III) to the strategic level for policy and decision-makers (Tier-V) (Figure 1). To enhance the capacity at operational level Public Health Emergency and Disaster Management - Professional Development Programme (PHEDM-PDP) Tier III training package was developed.

This training package was initially piloted in Tamil Nadu, validated in Uttarakhand, and was launched in Rajasthan. With plans to expand Tier-III training, efforts are focused on priority states identified by NCDC and NIDM. The Ministry of Health and Family Welfare, Government of India, under the visionary Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), is driving an initiative to establish Health Emergency Operation Centres (HEOCs) across the country. Gujarat has been identified as one of the states where an HEOC is being developed, highlighting the critical need for comprehensive human resource capacity building to ensure its optimal functioning. The PHEDM Tier-III training aims to enhance the state's preparedness and response capabilities for public health emergencies, aligning with the broader national objective of strengthening the health infrastructure. As part of this expansion, training was successfully completed in Gujarat. The training was conducted in three batches to cover all 33 districts and 07 municipal corporations across different zones in the Gujarat State.

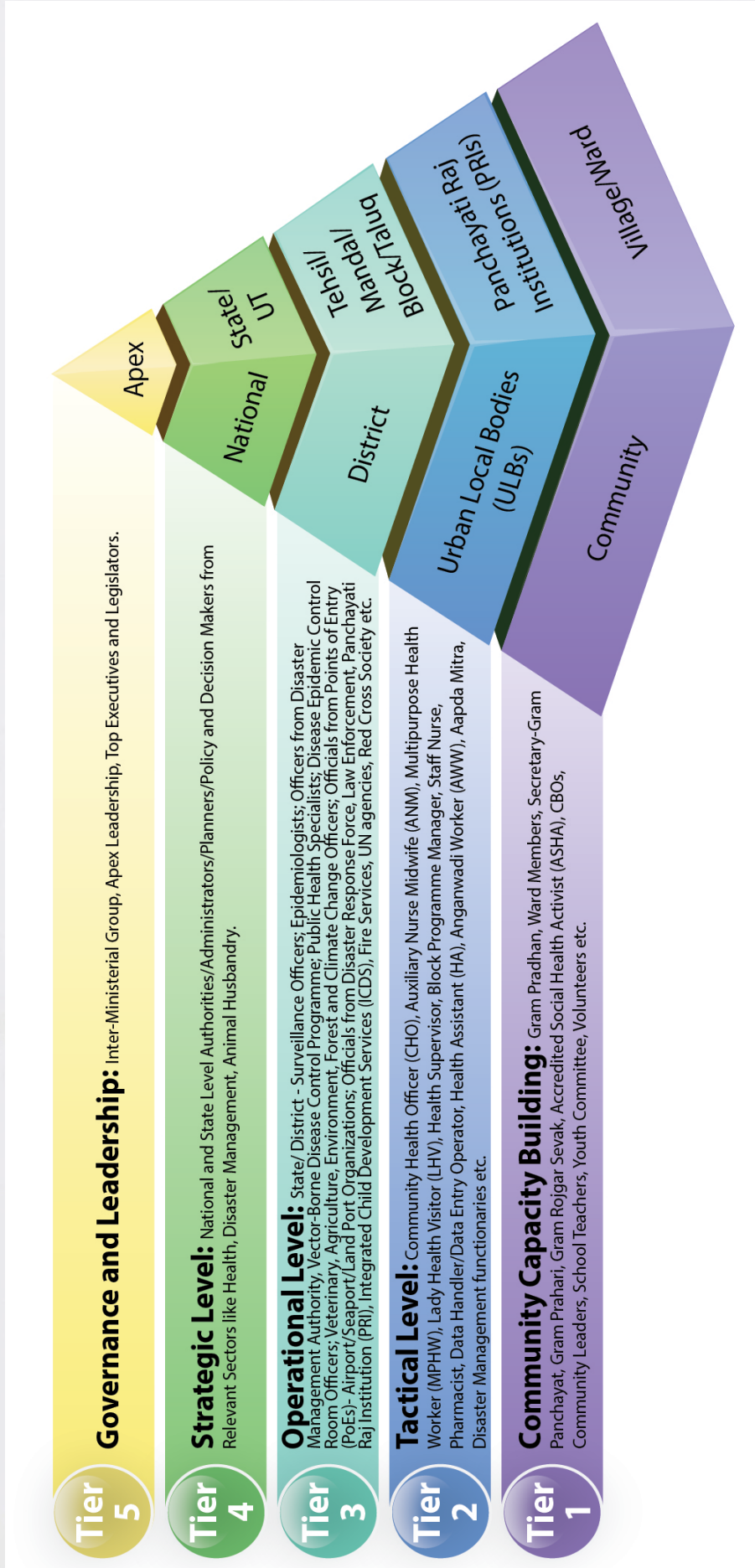


Figure 1: PHEDM Tiered Approach

### 3. Objectives

The objectives of this 4-day PHEDM-PDP Tier-III training were:

- Strengthen multi-sectoral, multidisciplinary, and multi-layered coordination to manage public health emergencies and disasters.
- Enhance the capacity of the state for risk mapping, prevention, preparedness, mitigation, response to, and recovery from public health emergencies and disasters using IMS/IRS applications, strengthening the 3S's, i.e., Staff (human resource), Systems (plans, policies, and procedures) and Stuff (infrastructure) in their local context (Figure 2).



**Staffing** (Human Resource): Trained staff to fill IMS functional positions. This includes both permanent SHOC/PHEOC positions and surge staff.



**Systems** (Plans, Policies and Procedures): Pre-established plans and procedures describing how the SHOC/PHEOC will operate.



**Stuff** (Infrastructure): The facility which will serve as the SHOC/PHEOC and the necessary equipment to operate, such as displays, computers, and communications equipment.

Figure 2: Three elements of PHEDM

- Acquaint with the Threat and Hazard Identification and Risk Assessment (THIRA)/ Risk communication concept and details.
- Provide a further understanding of key Public Health Emergency Operations Centre (PHEOC) infrastructure and information technology concepts.
- Provide the basic concepts of preparedness and response at Points of Entry (PoE) concerning PHEDM.
- Develop a mechanism between the mentor and mentee that appraises the mentors about Public Health Emergency and Disaster Management and discusses the roles and responsibilities of a mentor and strategies for effective mentoring.

## 4. A Step Toward Enhanced Emergency Preparedness and Response

Gujarat is a state in western India known for its rich cultural heritage, vibrant economy, and diverse geography. It is the sixth-largest state in India by area and the 5<sup>th</sup> largest by population, with a history that dates back to ancient civilizations like the Indus Valley and the Harappan culture. Gujarat has made significant strides in various sectors, including industry, agriculture, and infrastructure. However, like many regions worldwide, Gujarat is not immune to natural and human-made hazard. The state is susceptible to various disasters due to its geographical features and climate patterns. Gujarat's long coastline makes it prone to cyclones originating in the Arabian Sea. It is situated in a seismically active zone. Parts of Jamnagar, Rajkot, Patan and Banaskantha are situated in High-Risk Zone – IV. Most other parts of the State lie in Moderate Zone - III and a very small part in Low Damage Zone – II. Heavy monsoon rains can lead to river flooding in Gujarat, affecting urban and rural areas. Flash floods are also a concern, particularly in regions with poor drainage systems. Certain parts of Gujarat, especially the Kutch region, are susceptible to prolonged droughts due to erratic rainfall patterns. Additionally, the state is home to many industries. The industrial infrastructure poses a risk of chemical accidents, leading to chemical spills, fires, and explosions, endangering lives and the environment.

Gujarat is home to 33 districts, each housing functional IDSP units. Communicable, maternal, neonatal, and nutritional diseases (CMNND) collectively contribute to 28.29% of the overall disease burden, with drug susceptible Tuberculosis (TB), lower respiratory infections, and diarrheal diseases being the leading causes of CMNND-related deaths in the state (NHSRC, 2021). In FY 2019-20, Gujarat recorded 17 Dengue-related deaths, one Malaria-related death (IHIP, 2025). Premature deaths account for 66.2% of the total disease burden, while disability or morbidity contributes to 33.8%, with Ischaemic heart diseases, COPD, and Diabetes Mellitus Type 2 as major causes of Disability-Adjusted Life Years (DALYs). Non-communicable diseases (NCDs) constitute 59.77% of DALYs, and injuries contribute to 11.94%. Due to the region's vulnerability to various hazards like droughts, floods, earthquakes, and epidemics, Public Health Emergency and Disaster Management (PHEDM) training courses are crucial (UNDP, 2007; GSDMA, 2017). These courses are necessary to prepare a skilled workforce capable of effectively responding to and managing such emergencies. By providing training on public health emergency and disaster preparedness, response coordination, risk assessment, and public health interventions, these courses equip officials with the necessary skills to protect public health and minimize the impact of emergencies and disasters.

## 5. Strengthening Emergency Preparedness Across Gujarat

The aim of conducting three batches of PHEDM-Tier III training across different zones of Gujarat, covering all districts and municipal corporations includes:

- To address region-specific challenges by tailoring the training to the unique needs and circumstances of each district or zone in Gujarat.
- To effectively enhance the skills and knowledge of district-level officers in managing public health and disaster situations in smaller groups, so that enough time can be provided to each participant.

## 6. Participants (Target Audience)

- Officials from Health and Public Health Departments and Institutions
  - Integrated Disease Surveillance Programme (IDSP) Units
  - Medical Colleges
  - District Health Officers
- Officials from Disaster Management
  - National Disaster Response Force (NDRF)
  - Gujarat State Disaster Management Authority (GSDMA)
  - State Disaster Response Force (SDRF)
  - Ahmedabad Fire and Emergency Services
  - Gujarat Institute of Disaster Management (GIDM)
- Municipal Corporation
- Revenue Department
- Police Department
- Officials from the Department of Animal Husbandry and Veterinary Services

## 7. Training Agenda

The 4-day agenda includes a dedicated preliminary day for mentors and resource faculty to align on the objectives, roles, and responsibilities for the subsequent three days of training. The agenda is continuously refined to ensure maximum effectiveness and relevance for participants.

The mentor's workshop is a critical part of the training, where the stress is placed on the establishment of mentor-mentee relationship to sustain the skills gained through this training program. The objectives of this one-day session are to apprise the mentors to be able to:

- Comprehend the concept and principles underlying PHEDM
- Demonstrate the knowledge and skills essential for fostering effective mentoring relationships.
- Elucidate the significance of mentorship within the context of PHEDM
- Encourage self-reflection among mentors to facilitate their personal development as leaders.
- Examine the expectations placed upon mentors in relation to PHEDM.

A comprehensive 3-day training program encompasses seven well-structured modules designed to provide participants with a foundational understanding of key principles and concepts in Public Health Emergency and Disaster Management (PHEDM), with an emphasis on strengthening human capacity to effectively respond to and mitigate the impacts of public health emergencies and disasters.

Learning Objectives:

- Understand the concept of Public Health Emergency and Disaster Management (PHEDM), the One-Health Approach, and the five-tiered Institutional PHEDM Capacity-Building Model.
- Describe the Threat and Hazard Identification and Risk (THIRA) Assessment.
- Describe the purpose of WHO Framework for Public Health Emergency Operations Centre,

- Emergency Operations Plan (EOP) and Concept of Operations (CONOPs).
- Understand different organizational models used in emergency response.
- Illustrate the International Health Regulations (IHR) and the concept of Points of Entry (PoE).
- Outline the development of Risk Communication and Community Engagement (RCCE).
- Explain the importance of Mental Health and Psychosocial Support during and after public health emergencies and disasters.

## 8. Manuals

Three manuals have been developed: Mentor's Guide, Facilitator Guide (Parkash et al., 2022a), and Participant Guide (Parkash et al., 2022b) (Figure 3-5 respectively). The PHEDM tier-III training package has also been published and is available on the public domain on (Participants Guide: [https://nidm.gov.in/PDF/Modules/Book\\_Participating.pdf](https://nidm.gov.in/PDF/Modules/Book_Participating.pdf) ; Facilitator Guide: [https://nidm.gov.in/PDF/Modules/Book\\_Facilitator%20Guide.pdf](https://nidm.gov.in/PDF/Modules/Book_Facilitator%20Guide.pdf)).

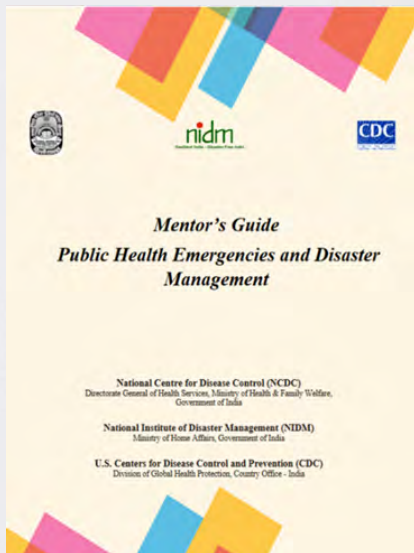


Figure 3: Mentor's Guide



Figure 4: Facilitator Guide

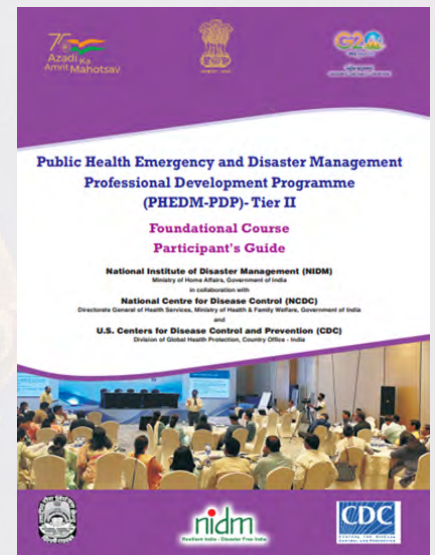


Figure 5: Participant Guide

### Sessions/Modules Covered:

- Group exercises on the District Disaster Management Plan
- Module I: Overview of Public Health Emergency Preparedness and Response
- Module II: Principles of PHEDM and Its Applications
- Module III: Public Health Emergency Operations Centre (PHEOC)
- Module IV: Organizational Model for Managing Response
- Module V: International Health Regulations (IHR) and Roles at Points of Entry (PoE)
- Module VI: Risk Communication and Community Engagement (RCCE)
- Module VII: Psychosocial Aspects of PHEDM
- N/SDRF Demonstration
- SWOT Analysis
- Case Studies related to participating districts
- IRS Tabletop Exercise
- Team Building Group Exercise
- Special session by Emergency Relief Division (EMR), MoHFW on Coordinating medical response during emergencies.

## 9. Methodology

The methodology for the training program is structured into three key phases: Pre-Training, During Training, and Post-Training, ensuring a comprehensive approach to capacity building. The Pre-Training phase involves preparatory meetings, situational analysis, and prerequisite online courses to establish a strong foundation for participants. The During Training phase emphasizes interactive learning through case studies, role-playing, group discussions, and hands-on exercises, fostering mentor-mentee relationships and enhancing engagement. Finally, the Post-Training phase focuses on feedback collection, evaluation through hotwash meetings, and continuous improvement of training modules.

### 9.1 Pre-Training

#### • Preparatory Meetings

- A series of meetings were organised with identified states, NCDC, NIDM, CDC India, and implementing partners to address technical aspects, such as preparing an overview of disease and disaster scenarios in the selected states.
- This process helps create relevant case studies, offering participants practical experience and a deeper connection to real-world situations.
- Administrative and logistic aspects were also discussed for smooth conduction of the training.

#### • Preparatory Visit

A preparatory visit was conducted to the identified districts for the training with the following objectives:

- To meet state and district authorities and brief them about the training program, request for their participation and to address the participants and share valuable feedback.
- To ask the State to nominate mentors and mentees (participants) from the relevant districts .
- To discuss administrative arrangements, including lodging, IT requirements at the venue, and other logistics.

#### • Pre-Training Technical Activities

- Situational Analysis along with Status of District Disaster Management Plans (DDMPs) and processes for management of Public Health Emergencies.
- An overview of the disease and disaster situations in the identified districts is being prepared for each batch using data from the IDSP-IHIP portal. This analysis enables meaningful discussions with resource faculty, mentors, and participants, ensuring that the training sessions are tailored to address imminent public health emergencies and disaster events in the participating districts.
- Observation and comments of Resource persons, mentors and Participants on DDMP and its relevance to diseases and disasters in their districts.
- Inputs on public health sections of their District Disaster Management Plans (DDMPs) to understand current strengths and gaps.
- Steps to suggest improvement of plans by making them align with other initiatives focusing on management of health disasters.

#### • Prerequisites for the Training

- Before attending the PHEDM-PDP Tier-III Training, participants are required to complete

- specific online courses provided by the World Health Organization (WHO)- OpenWHO:
- a. The Public Health Emergency Operations Centre (PHEOC) (Link: <https://openwho.org/courses/PHEOC-EN> )
  - b. Incident Management System (Tier 1) (Link: <https://openwho.org/courses/incident-management-system> )

Completion of these online courses ensures that participants have the foundational knowledge needed to actively engage in the training and apply what they learn effectively.

## 9.2 During the Training

- **Preparatory Meetings for fine-tuning administrative and technical areas of the training**
  - As part of the PHEDM Tier III training, a half-day preparatory meeting is scheduled with resource faculty, mentors, and state representatives to discuss and finalize the logistics and technical sessions as per the agenda to maintain uniformity.
  - The resource persons are oriented to the state/district specific. emergencies, core capacity competencies which need to be focused in their training module during the session.
  - Assignment of mentors to respective districts by the state officials.
  - This session focuses on defining roles, time management, competencies that can be adopted for skill enhancement, and providing last-minute updates.
  - Discussion with hotel or venue management on accommodation, catering and logistics required in the training venue.
- **Strengthen Mentor-Mentee relationships**
  - The participants were being divided into groups to encourage more interaction, and the seating arrangement were being rotated throughout the training to ensure that everyone has the opportunity to engage with each other.
  - Mentors were associated with District level mentees for providing technical guidance and ensuring proactive mentor mentee relationship during emergencies and disasters.
  - Mentors assign as session coordinators and are assigned to participant groups to foster engagement and build strong relationships with their mentees.

### Innovations and Inclusions to make sessions more interactive:

- **Experience sharing**
  - Participants specifically the identified mentors from other states where training has been completed are being invited to share their experiences and changes, they have made in their response to dealing with an emergency. For instance, multistakeholder coordination and collaboration were shared by Resource Faculty during “Operation Zindagi”. Experience shared by Resource Faculty of cascading training to grassroots levels through implementing Tier-I and Tier-II training by involving mentors.
- **Inject Group Discussions and Tabletop Exercises**
  - Participants join guided discussions to share ideas and improve their understanding.
  - They learn from each other and discuss how to address public health challenges during disasters.
  - Participants work on simulated emergency scenarios to practice solving problems and making decisions.
  - These exercises help them learn how to act quickly and effectively during emergencies.

## Team Building Group Exercise

### Activity objective:

Stress the importance of communication, collaboration, process, and procedures.

### Activity Instructions:

All groups are provided with a stack of 10 papers and a stapler containing one set of pins each.

The objective of this activity is to build the largest free-standing tower.

Participants have five minutes to plan and 10 minutes to build (Figure 6). After the planning period, any construction built during planning must be removed from the work area.



Figure 6: Tower Building Activity

### Summary of the exercise

This exercise is designed to highlight the critical role of communication, collaboration, structured processes, and adherence to procedures. By challenging participants to construct the largest free-standing tower within a limited timeframe, the activity encourages teams to:

**Coordinate Effectively:** Team members must communicate clearly and distribute roles during both the planning and execution phases.

**Plan Strategically:** Allocating dedicated time for planning emphasizes the importance of preparation and brainstorming before action.

**Follow Guidelines:** Adhering to the rules, such as clearing constructions made during the planning phase, teaches discipline in following set procedures.

**Collaborate Under Pressure:** The exercise simulates a high-stakes environment, fostering teamwork and collective problem-solving.

This activity is impactful for fostering essential soft skills, particularly in professional or disaster-response settings, where collaboration and procedural compliance are critical.

## Lectures, Relevant Case Scenarios and Role-Playing Activities

- Experts give easy-to-follow lectures on key topics.
- Case scenarios being adopted based on real events and examples from past public health emergencies and disasters focusing on how public health was managed during and after the event.
- Resource faculties inject on-the-spot role play in which participants act out different roles, such as health officers or disaster managers, to understand their responsibilities.
- An example of a Mock Exercise is mentioned below.

### Summary of the In-House Mock Exercise on IRS: Vadodara Flood

The exercise simulated a real-life disaster scenario focusing on the **Incident Response System (IRS)** framework during the **Vadodara Flood** on **24-25 August 2024**. It aimed to enhance participants' disaster management skills through planning, coordination, and execution in a multi-agency setup (Figure 7).



Figure 7: In-House Mock Exercise on IRS

#### Scenario Overview:

**Weather Alert:** On 24 August 2024, IMD issued a RED Alert for extremely heavy rainfall in Vadodara and nearby regions.

#### Flood Development:

**Day 1:** Continuous torrential rain caused waterlogging in low-lying areas such as Fatehgunj, Raopura, and Alkapuri. The Vishwamitri River breached its banks, leading to severe flooding.

**Day 2:** The flood disrupted major infrastructure, transport services, and utilities, affecting roadways, airports, communication networks, and water/power supply. Reports indicated casualties, livestock loss, and structural damage.

**Key Exercise Objectives:**

Evaluate emergency planning and preparedness.  
Strategize resource utilization and effective communication.  
Plan rescue operations and stakeholder coordination.  
Develop a comprehensive response strategy using the IRS framework.

**Key Discussion Points:****1. Immediate Concerns:**

- Ensuring the safety of residents in affected areas.
- Addressing infrastructure and utility disruptions.
- Assessing casualties and damage.

**2. Response Strategy:**

- Maximizing available resources.
- Developing route plans for movement of personnel, materials, and livestock.
- Prioritizing rescue actions and establishing key operational sites, such as command posts, staging areas, and medical camps.

**3. Stakeholder Coordination:**

- Collaboration among state/district administration, police, fire services, NDRF/SDRF, Armed Forces, and municipal departments.
- Leveraging technical experts, NGOs, and community resources.

**4. Team Responsibilities:**

- Clear delineation of roles (Incident Commander, Liaison Officer, etc.).
- Prioritizing rescue locations and coordinating on-site activities.

**5. Key Takeaways from Hotwash:**

- Evaluate the effectiveness of the Emergency Response Plan and identify improvement areas.
- Assess the IRS framework's efficiency and inter-agency coordination.
- Analyze the communication plan's functionality and refine strategies for better disaster management in future scenarios.

This exercise served as a critical learning platform to strengthen real-world application of IRS concepts in disaster management.

**Relevant videos:**

Selected relevant videos were played during the training to increase the engagement of the participant.

**Demonstration by N/SDRF:**

A collaboration has been established with the N/SDRF team to demonstrate basic skills in evacuation and first aid.



Figure 8: Training on CPR by NDRF

This exercise is crucial for participants to familiarize themselves with key stakeholders and first responders during emergencies, which they should consider when making plans.

Participants were given Hands-on training on cardiopulmonary resuscitation (CPR) (Figure 8) and the use of fire extinguishers.

**Pre- post test/ Kahoot Quiz:**

Pre- and post-course assessments were conducted using Google Forms to evaluate the quality of the training sessions and assess participants' learning. These evaluations aimed to inform continuous improvement and enhance the overall effectiveness of the training program.

The Q&A sessions using Kahoot platform were held after each module to engage participants actively and enhance their understanding of the topics (Figure 9). The results of this test are attached below separately with each batch.

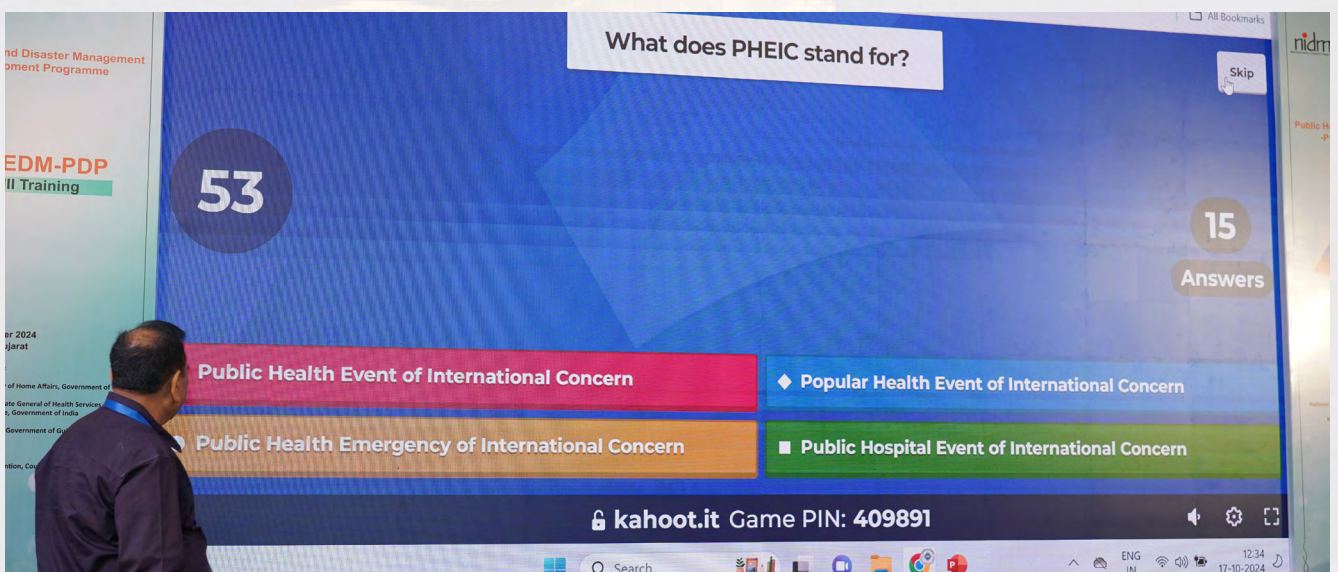


Figure 9: Conducting Kahoot Quiz during training

### **Briefing and debriefing:**

Briefing and debriefing meetings are conducted at the start and end of each day to ensure effective planning for the day's activities and preparation for the next day.

### **Participant feedback:**

Feedback on sessions and resource persons was essential to improve the training and make the program more relevant to participants' needs (Figure 10).



Figure 10: Participants giving feedback during training

### **Certificates for course completion:**

Certificates are being distributed to all participants who attended more than 90% of the training, recognizing their commitment and active participation in enhancing their emergency management skills.

### **Green certificate:**

During the training program, distinguished guests and resource persons were honored with E-Tree Certificates, symbolizing their commitment to environmental sustainability and a healthier, safer future. Each E-Tree Certificate represents a thicket of five trees planted in the recipient's name at Trees for Ecotourism, Mussoorie, Uttarakhand, India. These trees are geotagged, allowing recipients to track their contribution and visualize their planted trees remotely through Google Maps. This initiative not only offsets carbon footprints but also reinforces the importance of sustainable practices and environmental conservation.

During the training, kits were distributed to participants, which were procured from WOBAN-based NGOs working with women affected by HIV/AIDS. This initiative served as a meaningful step towards community engagement and support for women-led livelihood initiatives.

## **9.3 Post Training**

### **Hotwash:**

A hotwash meeting organized with NCDC, NIDM, the state, CDC-India, and implementing partners to discuss what went well and what could be improved, identifying challenges encountered during the training and strategies for their mitigation. Revisions of the modules carried out based on feedback, in consultation with NCDC, NIDM, and CDC-India.

The aim of adopting this training method is to make learning easy and practical. By combining review, discussion, real-world examples, and hands-on activities, participants develop the skills they need to improve disaster preparedness and protect public health. And After-Action Review through

post training meeting with state, NCDC, NIDM, Resource Faculty and implementing partners gives a chance to improve further and integrate learning in future training.

## 10. Locations and Dates

The PHEDM-PDP Tier-III Training has been conducted in Gujarat in three batches based on ecological zonation (Figure 11) and the details are as follow:

Batch No.	Dates of the Training	Location of the Training	Names of the District	Name of the Municipal Corporations (MC)
1	12 -15 September 2023	Ahmedabad, Gujarat	Ahmedabad, Anand, Arvalli, Banaskantha, Botad, Gandhinagar, Kheda, Mahisagar, Mehsana, Patan, Sabarkantha, and Surendranagar	Ahmedabad MC and Gandhinagar MC
2	15 -18 October 2024	Vadodara, Gujarat	Bharuch, Chhotaudepur, Dahod, Dang, Narmada, Navsari, Panchmahal, Surat, Tapi, Vadodara, and Valsad	Vadodara MC
3	19 -22 November 2024	Rajkot, Gujarat	Amreli, Bhavnagar, Devbhumi Dwarka, Gir Somnath, Jamnagar, Junagadh, Kutch, Morbi, Porbandar, and Rajkot	Bhavnagar MC, Jamnagar MC, Junagadh MC, and Rajkot MC

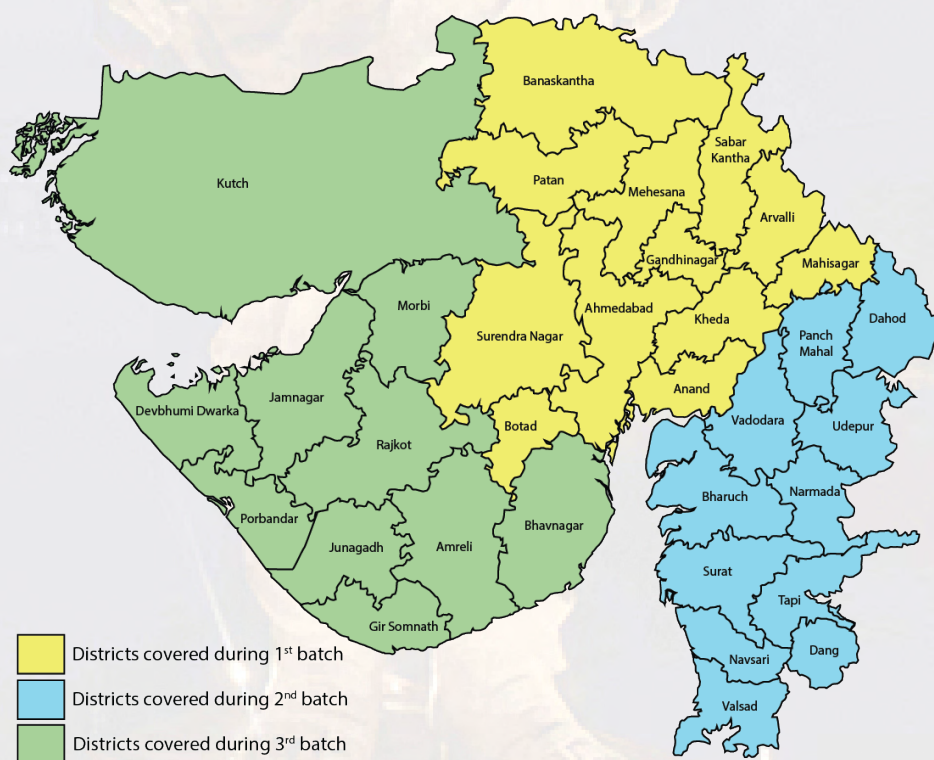


Figure 11: Map of Gujarat State

## 11. Batch 1: Ahmedabad (12<sup>th</sup>–15<sup>th</sup> September 2023)

The first batch training was conducted in Ahmedabad, covering 13 districts and 2 Municipal Corporations in Gujarat namely Ahmedabad, Anand, Arvali, Banaskantha, Botad, Gandhinagar, Kheda, Mahisagar, Mehsana, Nadiad, Patan, Sabarkantha, Surendranagar, Ahmedabad MC and Gandhinagar MC.

A total of 48 participants including 7 mentors from departments of health, medical colleges, disaster, and animal husbandry participated in the training (Figure 12). The list is attached in **Annexure I and II**.

Key resource persons and dignitaries were present for key discussions, sessions and motivating the participants from national and subnational levels (**Annexure III and IV** are attached respectively). The training was conducted as per the agenda attached at **Annexure Va**.



Figure 12: Group Photo of Batch-1

### 11.1 Key Highlights

- **State and National level presence and support:** Prof. Surya Parkash, NIDM (virtual), Dr Jayesh Katira, SSO IDSP & Deputy Director (Epidemic), Govt. of Gujarat, Dr Jayesh Solanki, Asst. Director Epidemic, Govt. of Gujarat, Dr Nisarg Dave, Director (DM), GIDM, Dr R.B. Patel, Joint Director, Child Health, Govt. of Gujarat, Dr Amit Kanani, Deputy Director, Animal Husbandry, Dept. of Animal Husbandry, Govt. of Gujarat, Dr Navin Verma, Deputy Director, Emergency Medical Relief (EMR) Division, Directorate General of Health Services (Dte.GHS), MoHFW, Dr Adhiraj Mishra, Assistant Commissioner, Department of Animal Husbandry and Dairying, Dr Runa Hatti Gokhale, Associate Director for Science and Programs, Division of Global Health Protection (DGHP), CDC-India were participated and supported the training and showed how important to collaborate to respond during the emergencies effectively.
- **Multistakeholder coordination:** Strengthen multisectoral, multidisciplinary, and multi-layered coordination to manage public health emergencies and disasters.
- **Effective system:** Enhance the capacity of the state for risk mapping, prevention, preparedness, mitigation, response to, and recovery from public health emergencies and disasters using IMS/IRS applications, strengthening the 3S, i.e., Staff (human resource), Systems (plans, policies, and procedures) and Stuff (infrastructure) in their local context.
- **THIRA:** Acquainted with the Threat and Hazard Identification and Risk Assessment (THIRA)/ Risk communication concept and details.

- **Structure building:** Provide a further understanding of key Public Health Emergency Operations Centre (PHEOC) infrastructure and information technology concepts.
- **Inclusion of Points of Entry aspect:** Provide the basic concepts of preparedness and response at Points of Entry (PoE) concerning PHEDM.

### Insights of Operation Kaveri

Operation Kaveri, undertaken during the Sudan crisis, emphasized the critical role of meticulous planning and coordinated teamwork in managing international health emergencies at Points of Entry (PoE). The mission demonstrated how effective inter-agency collaboration, rapid situational assessment, and efficient resource mobilization ensure the safe evacuation of individuals while safeguarding public health.

Key takeaways included the necessity of pre-established guidelines and contingency plans to address unforeseen scenarios. Leveraging up-to-date information, maintaining clear communication, and fostering partnerships with international stakeholders proved indispensable for managing the crisis effectively.

Furthermore, the experience highlighted the value of regular emergency drills and training at PoE. Such preparedness ensures that teams are equipped to handle diverse emergencies, from health screenings and quarantines to logistical support for evacuees, without compromising public health measures.

- **Establishment of mentor-mentee relationship:** Mechanism has been developed between the mentor-mentees that appraised about Public Health Emergency and Disaster Management and discussed the roles and responsibilities of a mentor and strategies for effective mentoring.
- **SWOT analysis:** Each group was assigned an essential element of Public Health Emergency and Disaster Management. The exercise required them to conduct a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the element assigned in the context of the state of Gujarat. Groups Metro and Spartan were required to conduct a SWOT analysis of the Staff (Workforce/ Manpower) for PHEDM in Gujarat.

### Yoga Session

The yoga session during the training reinforced holistic well-being for participants' physical and mental revitalization throughout the programme (Figure 13).



Figure 13: Yoga Session

Special sessions were conducted during the training programme to supplement the knowledge disseminated during the training programme.

The special sessions were:

- Coordinating Medical Response During Emergencies by Dr Navin Verma, Deputy Director, EMR Cell, Dte.GHS, MoHFW, GOI, New Delhi. He discussed India’s proactive approach, where the Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) proposes a fundamental shift from reactive, response-driven operations to the development of sustainable and resilient public health infrastructure through the establishment of Health Emergency Operations Centres (HEOCs).
- One Health Approach to the Management of Health Emergencies by Dr Adhiraj Mishra, Assistant Commissioner (AH), DAHD, MFAHD, GoI.
- Risk Communication and Community Engagement (RCCE) by Prof. Manish Chaturvedi, Planning and Evaluation, NIHFW, GoI. He discussed the phases of crisis communication rhythm, emphasizing the importance of both traditional and social communication channels.

## 11.2 Overall: Pre- and Post-Course Assessment of Batch-1

The overall scores of participants in the pre-test and post-test are illustrated in the figure below (Figure 14). The results indicate a significant improvement, with the average score increasing from 64% in the pre-test to 78% in the post-test. Notably, the lowest individual score rose from 25% to 32%, reflecting progress among participants with lower initial scores. Similarly, the highest score improved from 92% to a perfect 100%, demonstrating enhanced comprehension and performance after the training.



Figure 14: Pre- and Post-Course Assessment of Batch-1

## 12. Batch 2: Vadodara (15<sup>th</sup>–18<sup>th</sup> October 2024)

The second batch of the PHEDM-PDP Tier-III Training was held in Vadodara, Gujarat, from 15–18 October 2024. A collaborative effort among NIDM, MHA; NCDC, MoHFW, and CDC-India, this session included 11 districts and 1 Municipal Corporations (MC)—Bharuch, Chhotaudepur, Dahod, Dang, Narmada, Navsari, Panchmahal, Surat, Tapi, Vadodara, Valsad, and Vadodara MC. 30 participants including 10 mentors participated in the training program from departments of health, medical colleges, disaster management, and animal husbandry (Figure 15) (**Annexure I and II respectively**). The training was conducted as per the agenda attached at **Annexure Vb**.



Figure 15: Group Photo of Batch -2

### 12.1 Key Highlights

- **State Support and Presence:** During this training Program Dr Nilam Patel, Additional Director, Public Health, Gujarat graced this important initiative. His address focused on emergencies and response and motivated the participants with his critical remark.
- **Integration of Previous Learnings:** Lessons from past training, particularly from Ahmedabad, were integrated to enhance the mentor-mentee relationship, improve knowledge transfer, and provide practical guidance for public health emergency management preparation.
- **Mentor's participation from veterinary college:** Following support from national and state levels, participants from veterinary colleges, along with medical colleges, took part in the training. The focus was on implementing effective mentoring strategies to help participants enhance their emergency management skills and foster a supportive environment for mutual learning. Collaboration with mentors ensured that the content was both relevant and actionable.
- **Multi-Stakeholder Coordination:** Highlighted the importance of coordination and proactive leadership in effectively mobilizing resources and managing emergencies. This concept is continuously evolving in each training, with key stakeholders increasingly recognizing the need for collaboration.
- **Discussion on DDMP among Technical Working Group at District Level:** Focused discussion

of DDMP with resource persons, mentors and participants followed by group exercises on District Disaster Management Plans (DDMP), tabletop exercises, and modules on topics like Public Health Emergency Operations Centres (PHEOC) and International Health Regulations (IHR) reinforced the learning process based on the information collected on disease and disaster situation in the identified districts.

- An inject-based **case scenario on Chandipura** was discussed during the group activity in the context of the four phases of the emergency management cycle: preparedness, response, recovery, and mitigation.
- **Sustainability and Follow-Up:** A key outcome was the recommendation for states to develop a follow-up mechanism for PHEDM Tier III training, fostering ongoing collaboration between mentors and participants to strengthen DDMPs and sustain public health emergency disaster management (PHEDM) systems.
- **Action:** Highlighted the urgency of immediate action, emphasizing that every second counts. Delays can lead to tragic increases in mortality, underscoring the need for leaders and stakeholders to respond decisively and without hesitation.
- State stressed that the goal in emergencies is to achieve zero mortality. This can only be accomplished through strong coordination and collaboration among all stakeholders. He called for proactive leadership, stressing that quick, unified action from all involved is key to successful emergency management.

### Silkyara Tunnel Operation “Operation Zindagi (LIFE)”

A PHEDM-trained mentor from Uttarakhand effectively applied the Incident Response System (IRS) model to support the establishment of a field camp during the incident. Utilizing skills gained through the PHEDM training program, the mentor facilitated a systematic approach to organizing the camp, ensuring operational efficiency and coordination (Figure 16).



Figure 16: Silkyara Tunnel Operation

#### Key contributions included:

Assessing on-ground needs and prioritizing resources.

Supporting the allocation of roles and responsibilities to streamline operations.

Coordinating with multiple stakeholders to ensure smooth functioning.

Upholding public health and safety measures throughout the response.

This effort underscores the practical utility of PHEDM training in enhancing field readiness and strengthening emergency response capabilities, contributing to effective disaster management practices.

## 12.2 Overall: Pre and Post-Course Assessment of Batch-2

The figure below presents the overall scores of participants in the pre-test and post-test. The data highlights a notable improvement, with the average score rising from 56% in the pre-test to 73% in the post-test. The lowest score showed an increase from 20% to 36%, indicating progress among participants who started with lower scores. Additionally, the highest score improved from 80% to 89%, showcasing enhanced understanding and performance following the training (Figure 17).

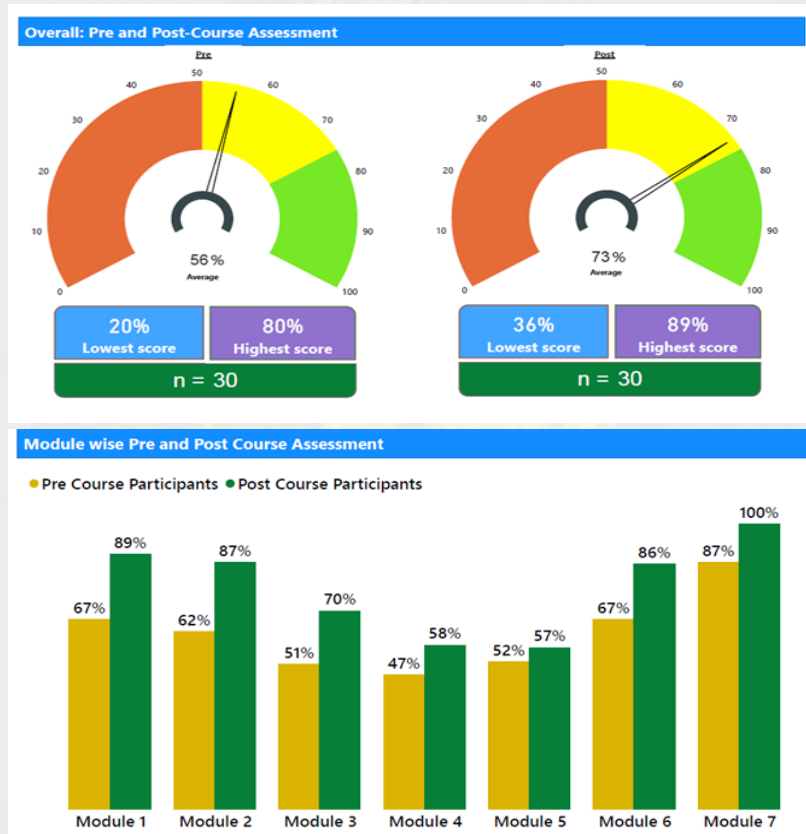


Figure 17: Pre and Post-Course Assessment of Batch-2

## 13. Batch 3: Rajkot (19<sup>th</sup>–22<sup>th</sup> November 2024)

The third and final batch training was conducted in Rajkot, Gujarat, from 19–22 November 2024, covering participants from 10 districts and 4 municipal corporations and these are Amreli, Bhavnagar, Devbhumi Dwarka, Jamnagar, Gir Somnath, Junagadh, Kutch, Morbi, Porbandar, Rajkot; and 4 Municipal Corporations (MC): Bhavnagar MC, Jamnagar MC, Rajkot MC, Junagadh MC. A total of 33 participants, including 08 mentors, attended this session as well as key dignitaries from national and sub-national levels were present (Figure 18). Details are provided in **Annexure I and II respectively**.

The training was conducted as per the agenda attached at **Annexure Vc**.



Figure 18: Group Photo of Batch -3

### 13.1 Key Highlights:

#### Special Technical Session:

During the training, on 20<sup>th</sup> November 2024, a special technical session was held. The session was honoured by the presence and guidance of distinguished dignitaries. These include Prof (Dr) Atul Goel, DGHS, Dte. GHS, MoHFW, GoI; Dr Navnath Gavhane, IAS, DDO, Rajkot, Gujarat; Dr Meghna Desai, Country Director, CDC-India; Prof (Dr) Sanjay Gupta, Dean (Academics), AIIMS Rajkot; Dr Himanshu Chauhan, HoD, IDSP, NCDC, MoHFW, GoI and Dr Harshad Prajapati, SEO, Govt. of Gujarat (Figure 19).

Some of the key points and way forwards highlighted during the special technical sessions were as follows:

- During the Special Technical Session, resource faculty delivered an informative PowerPoint presentation that addressed both disease and disaster scenarios, with a specific focus on Gujarat's Disaster District Management Plans (DDMPs). In addition to comprehensive presentation, the Head of Department (HoD) of the Integrated Disease Surveillance Programme (IDSP) provided an insightful overview of the PHEDM framework. Further, an exercise similar to Vishanu Yudh Abhyas recently conducted in Rajasthan can also be taken up Gujarat State. This session aimed to highlight the core objectives, strategies, and key components of PHEDM, emphasizing its critical role in strengthening the capacity to manage public health emergencies and disasters across various levels of Government and health systems.

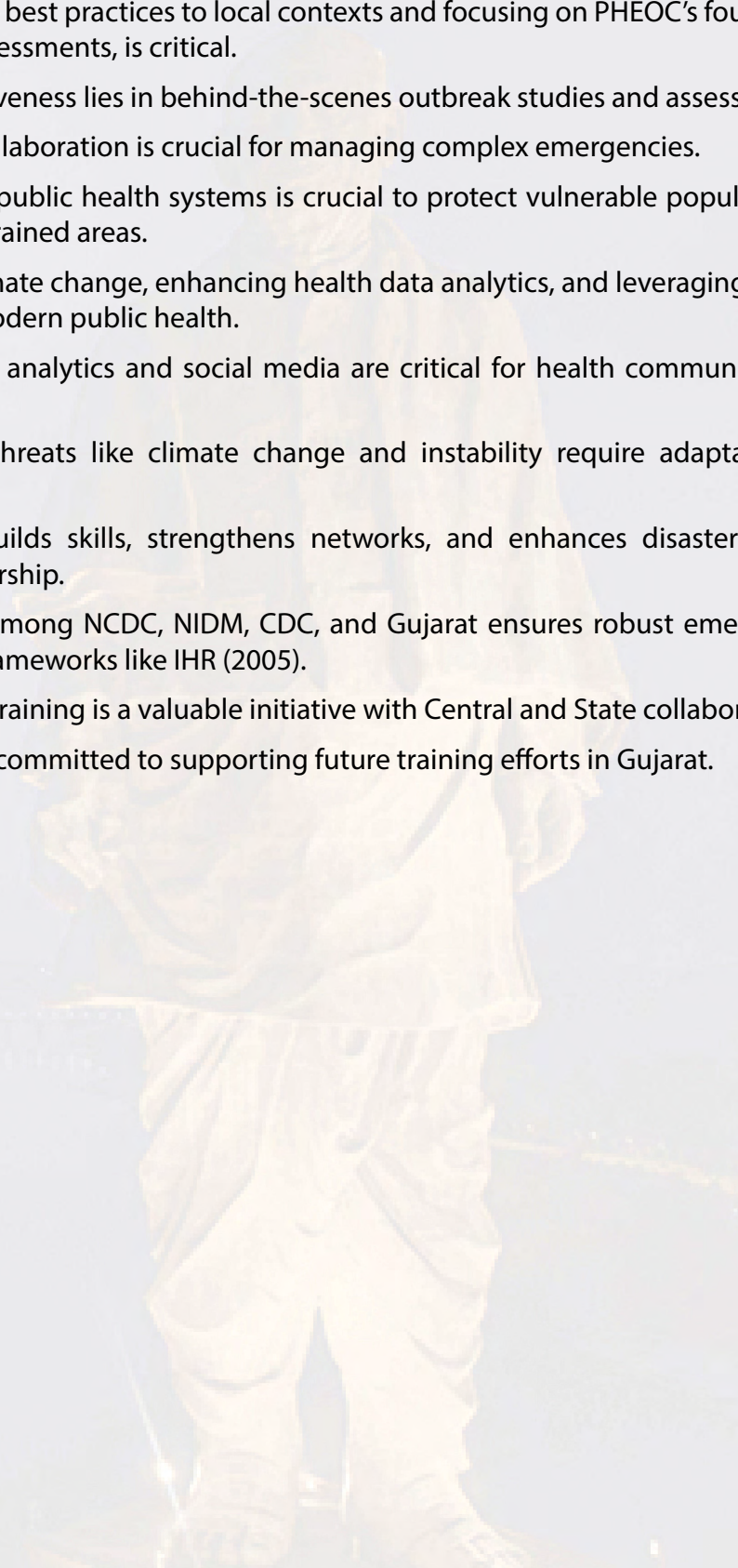
- 
- Individual responsibility is essential in addressing environmental issues like air quality.
  - Effective, two-way communication with local stakeholders ensures policies reflect community needs.
  - Tailoring global best practices to local contexts and focusing on PHEOC's foundational work, such as outbreak assessments, is critical.
  - PHEOCs' effectiveness lies in behind-the-scenes outbreak studies and assessments.
  - Cross-sector collaboration is crucial for managing complex emergencies.
  - Strengthening public health systems is crucial to protect vulnerable populations, particularly in resource-constrained areas.
  - Addressing climate change, enhancing health data analytics, and leveraging social media are key priorities for modern public health.
  - Advanced data analytics and social media are critical for health communication and decision-making.
  - Public health threats like climate change and instability require adaptable, evidence-based approaches.
  - PHEDM-PDP builds skills, strengthens networks, and enhances disaster management plans through mentorship.
  - Collaboration among NCDC, NIDM, CDC, and Gujarat ensures robust emergency preparedness under global frameworks like IHR (2005).
  - PHEDM Tier-III training is a valuable initiative with Central and State collaboration.
  - AIIMS Rajkot is committed to supporting future training efforts in Gujarat.



Figure 19: Glimpse of Inaugural and Special Technical Session

### Exercise on development of Kit for Public Health Team

As part of preparedness training, an exercise was conducted to design a comprehensive kit for public health teams. This activity aimed to identify essential tools and resources required for field operations during public health emergencies. It encouraged participants to think critically about operational needs, ensuring the kit's relevance to diverse scenarios. The objectives of the Exercise:

**Standardization:** Define a consistent and uniform structure for public health kits across teams.

**Field Readiness:** Equip teams with pre-assembled kits for immediate deployment during emergencies.

**Contextual Relevance:** Customize kits based on specific local vulnerabilities and types of emergencies likely to occur.

Based on exercise, the list of kits suggested by participant are mentioned below:

#### Personal Protective Equipment (PPE)

- Disposable gloves (nitrile or latex)
- Face masks (surgical and N95)
- Goggles or face shields
- Gowns or coveralls (disposable)
- Shoecovers, Headcovers
- Sleeping bag, Blanket
- Food packages, water/hydration drink, energy drink

### **Diagnostic and Medical Supplies**

- First aid kit and Mamta kit
- Thermometers (digital, infrared, or mercury-free), Stethoscope, Sphygmomanometer (B.P. Apparatus), Pulse oximeter, Measuring tapes
- CPR mask, Artificial Manual Breathing Unit (AMBU) bag/Bag valve Mask (BVM), Artificial External Defibrillator (AED)
- Hand sanitizers (alcohol-based)
- Disinfectants (e.g., sodium hypochlorite, alcohol wipes)
- Antibiotics, antivirals, or other essential medicines (disease-specific)
- Intravenous fluids (e.g., normal saline, Ringer's lactate)
- Rapid diagnostic test kits (as per specific disease specific)
- Blood collection tubes and needles
- Swabs (nasal, throat, rectal, etc.)
- Water chloride test
- Triage tags (colored)
- Stretcher
- Bins/plastic bags (colored) for bio-medical waste management (BMW)

### **Logistics and Operational Supplies**

- Torchlights with extra batteries
- Multi-tools, Lighter, Knife
- Adhesive tapes and zip ties
- Waterproof bags or containers
- Ice packs, hot bags
- Portable table and chair
- Life-saving jackets
- Oxygen Cylinder
- Fire extinguisher

### **Role Play**

During the "Psychosocial First Aid" session, an engaging and impactful role-play exercise was conducted (Figure 20). Spontaneously designed, this activity highlighted the facilitators' adaptability and creativity in delivering an immersive learning experience. Participants highly valued this innovative approach, as it allowed them to engage with realistic, real-time scenarios. By simulating practical situations, the exercise not only deepened participants' understanding of key concepts but also fostered a stronger connection with the subject matter, reinforcing its relevance in real-world emergency contexts. This method effectively bridged theoretical knowledge with practical application, resulting in a more meaningful and memorable learning experience.

Similarly, the "Risk Communication and Community Engagement" session featured an interactive and insightful role-play exercise, which simulated real-life crisis scenarios and enabled them to explore the challenges of effective communication in such contexts. The exercise provided a valuable opportunity to practice essential skills like clear messaging, empathy, and active listening, thereby enhancing participants' understanding of the complexities involved in risk communication. This hands-on activity bridged theoretical frameworks with practical application, leaving a lasting impact on participants and significantly enriching the session's overall learning outcomes.



Figure 20: Role plays during Session

### Case studies

An inject-based case scenario on Anthrax was discussed during the group activity in the context of the four phases of the emergency management cycle: preparedness, response, recovery, and mitigation.

#### Title: “Investigating Disease X: A Zoonotic Outbreak After a famous Animal Mela”

**Content:** A brief introduction to the Animal Mela, emphasizing its scale (thousands of livestock and visitors)

**Demographics** of District A and District B:

**District A:** Rural, population 150,000, majority involved in livestock farming

**District B:** Semi-urban, population 500,000, small businesses and animal product traders

**Weather Conditions:** Dry and windy, high dust levels

**Public Health Concerns:** four individuals, two from each district, present with severe but different symptoms after attending the mela

**Objective:** Participants will work to identify the unknown disease (Disease X) and coordinate a multi-sectoral public health emergency response

The case scenario included several injects that required critical thinking, providing valuable insights into the outcomes of the exercise.

This case scenario was part of a **Public Health Emergency and Disaster Management (PHEDM) Tier-III training program in Gujarat**, designed to train participants on investigating zoonotic outbreaks and coordinating a multi-sectoral response.

#### Background:

The outbreak of Disease X followed a large-scale Animal Mela involving thousands of livestock and visitors.

District A (rural, livestock farming focus) and District B (semi-urban, business focus) were affected, with differing symptoms observed in patients from each district.

### **Key Details:**

**First Case (District A):** A livestock farmer and family developed skin lesions and fever, raising concerns about direct zoonotic transmission from animal handling.

**Second Case (District B):** A couple experienced severe respiratory symptoms, suspected to stem from exposure to contaminated wool purchased at the mela.

### **Challenges Identified:**

Misinformation spread via media and social platforms.

Limited coordination and conflicting investigations between districts.

Lack of resources and specialized healthcare for rare zoonotic conditions.

### **Investigation Highlights:**

Lab findings ruled out bacterial contamination in livestock products and farms.

Environmental clues, like windy conditions at the mela, led to suspicions of airborne transmission.

### **Key breakthrough:**

Disease X was linked to asymptomatic cattle handled by a single vendor, with transmission via direct contact and inhalation of spores.

### **Multi-Sectoral Coordination:**

A joint task force of public health officials, veterinarians, and disaster management experts was formed to investigate and respond to the outbreak.

Coordination challenges arose due to differing sectoral priorities and community resistance to containment measures.

### **Lessons Learned:**

**Critical Need for Multi-Sectoral Collaboration:** Effective communication between human health, animal health, and disaster management sectors is vital.

**Surveillance Systems:** Enhanced animal health monitoring and early warning systems for zoonotic outbreaks are essential.

**Community Engagement:** Education and involvement are key to addressing misconceptions and gaining cooperation during outbreaks.

**Environmental Factors:** Weather conditions can provide critical insights into zoonotic disease transmission.

### **Summary:**

Participants were encouraged to apply these lessons to real-world settings and integrate them into District Disaster Management Plans, focusing on cross-sector coordination, containment measures, and public health responses for future zoonotic threats.

Additionally, Case studies, and tabletop exercises focusing on the application of an Incident Response System (IRS)/Incident Management System (IMS) were also carried out to prepare participants for potential emergencies.

## 13.2 Overall: Pre and Post-Course Assessment of Batch-3

The figure below depicts the participants' overall performance in the pre-test and post-test, showing a clear improvement. The average score increased from 61% in the pre-test to 80% in the post-test. The lowest score rose from 37% to 47%, reflecting progress among those with initially lower scores, while the highest score advanced from 80% to 97%, demonstrating significant learning outcomes after the training (Figure 21).

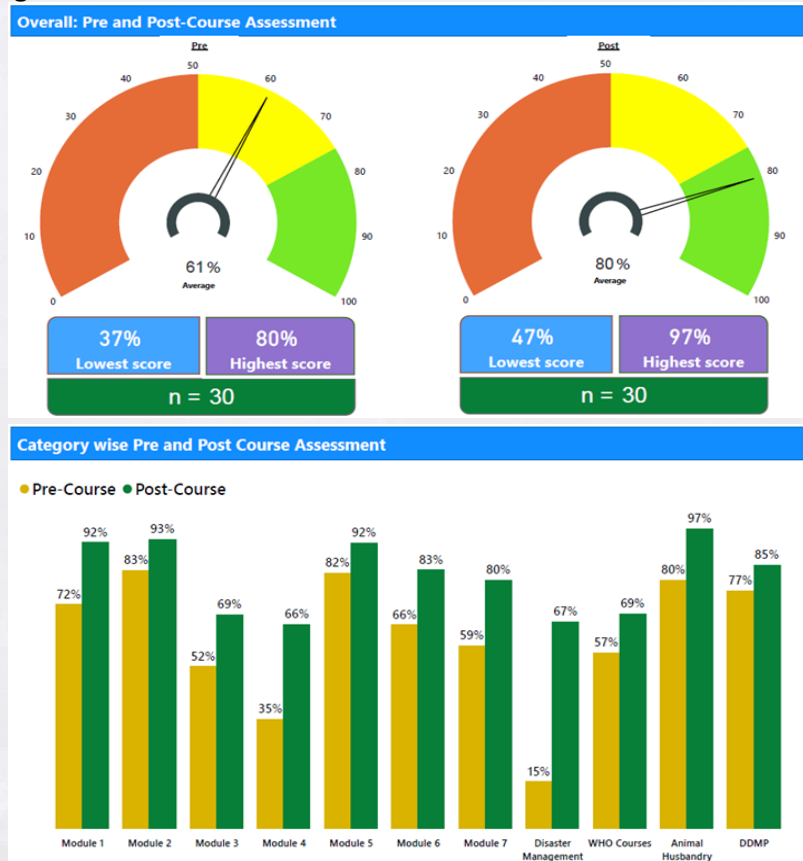


Figure 21: Pre and Post-Course Assessment of Batch-3

## 14. Consolidated Assessment of the Training

The three training batches conducted in Gujarat saw a total participation of 111 individuals, comprising 25 mentors and 86 mentees. The participants represented a diverse range of sectors, including 57 from the Health Department, 29 from Animal Husbandry, 18 from Disaster Management, and 07 from other departments (Figure 22). This multidisciplinary representation ensured a comprehensive and collaborative approach to the training sessions.

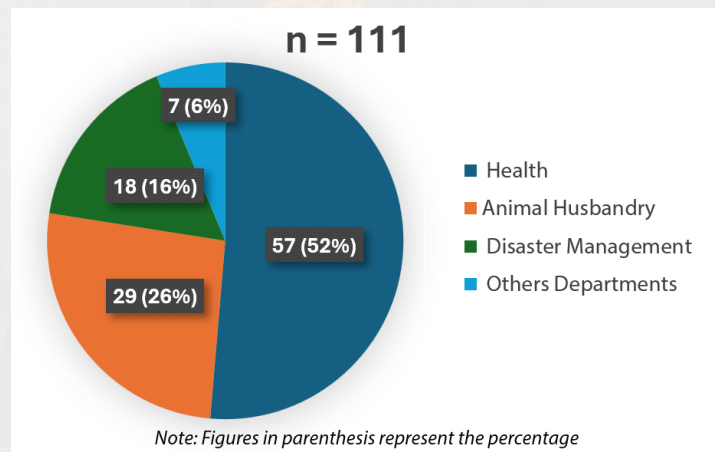


Figure 22: Sector-wise Participants (Mentors + Mentees) in Gujarat State

The combined pre- and post-assessment results of all three batches from Gujarat reveal a significant improvement in overall performance. The average score increased from 60% in the pre-training assessment to 77% in the post-training assessment, reflecting a 17% rise. Additionally, the lowest score improved from 20% in the pre-test to 32% in the post-test, indicating progress among participants with lower initial scores. Similarly, the highest score rose from 92% in the pre-test to a perfect 100% in the post-test, demonstrating enhanced learning outcomes at the top end of the spectrum (Figure 23).

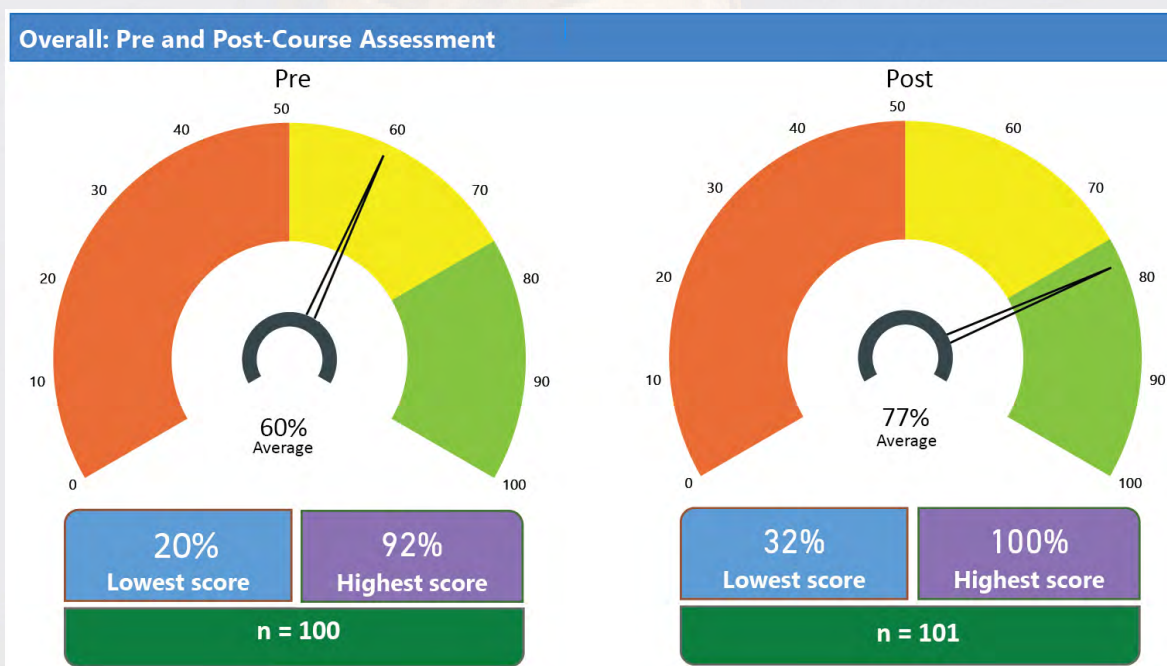


Figure 23: Consolidated pre- and post-assessment scores for all three batches

There has been variation in the number of participants who took pre-test (100) and who appeared for post-test (101). The total number of participants was 111. However, due to late arrival/enrollment the participant who could appear for pre-test was 100. Similarly, some participants had to leave before the post-test due to deployment in some parallel event by the State Government like Chintan Shivir, Common Review Mission (CRM) visit etc.

Based on the feedback received from the states, participants, and resource faculty following things were observed:

- **Capacity building:** Enhanced knowledge and skills among participants in disaster and public health emergency management, particularly in using Incident Management Systems (IMS) and Incident Response Systems (IRS).
- **Multi-sectoral coordination:** Improved collaboration among health, disaster management, animal husbandry, and other sectors through practical exercises and mentorship.
- **Localization:** Training tailored to Gujarat's specific hazards, such as cyclones, floods, and chemical disasters, improved participants' ability to handle region-specific challenges.
- **Skill reinforcement:** Role-play, case studies, and tabletop exercises provided hands-on learning for real-world applications.
- **Sustainability:** Establishing mentor-mentee mechanisms ensures continuity in knowledge sharing and skill application.

## 15. Challenges

- **Logistical issues:** These occur mostly due to receiving the participant list just a few days before the training. Delays in administrative and resource allocation impacted training flow.
- **Time limitations:** There is very limited time for technical sessions as the five-day program squeezed into 4 days.
- **Coordination across stakeholders:** Aligning diverse sectors and agencies during training was complex.
- **Technological familiarity:** Some participants were not familiar with advanced tools like digital platforms used in pre- and post-training assessments.

## 16. Limitation

- **Time constraints:** The condensed 4-day format limited in-depth discussions on critical topics.
- **Last-minute cancellations:** Due to deployment of nominated participants for urgent responsibilities leading to incomplete participation of district teams. For example, the Chintan Shivir event in Gujarat coincided with the third batch of training, impacting attendance.
- **Pre-training online courses:** Limited time available for participants to complete pre-training online courses.

## 17. Scope for Improvement

- **Enhanced Planning**
  - Encourage State/District authorities to share the participants list two weeks before the training.
- **Technical Content**
  - Update modules to include relevant recent global case studies.
  - Add more interactive sessions focusing on local perspective.
- **Logistics and Administrative**
  - Streamline pre-training preparations.
  - Increase the use of digital resources in flow of nominations details for better planning the accommodation and logistics, daily attendance and coordinating feedback from session coordinators.
- **Sustainability**
  - Ensuring the sustainability of training programs in Public Health Emergency and Disaster Management (PHEDM) is essential for building long-term capacities, fostering resilience, and maintaining readiness for public health emergencies. A sustainable training model not only addresses immediate skill gaps but also ensures that knowledge and competencies are retained, enhanced, and institutionalized over time.
- **Coordination and collaboration**
  - Introduce post-training follow-ups to track participant progress.

## 18. Conclusion

- Advocacy directed toward national and state-level leadership presents a pivotal opportunity to strengthen public health emergency preparedness and disaster management systems. Engaging with policymakers and key decision-makers can drive awareness, garner support, and secure resources for initiatives that enhance community resilience and public health outcomes.
- Enhance core capacity competencies for preparedness and response at district level in Gujarat state.
- The Tier-III Public Health Emergency and Disaster Management-Professional Development Programme (PHEDM-PDP) has successfully laid a strong foundation for multi-stakeholder processes for enhancing coordination for proactive response with one health approach for emergencies and disasters.
- Fostered a multi-stakeholder approach to managing public health emergencies and disasters by engaging key national and state level agencies, including NIDM, NCDC, GIDM, and international partners like the U.S. CDC.
- The training emphasized multisectoral, **multidisciplinary, and multilayered coordination** to manage emergencies effectively. It focused on enhancing state capacity for **risk mapping, prevention, preparedness, mitigation, response, and recovery**, leveraging IMS/IRS applications, and strengthening the **3S approach**—Staff (human resources), Systems (plans, policies, procedures), and Stuff (infrastructure)—in local contexts. Participants were introduced to critical

concepts, including **THIRA, risk communication, PHEOC infrastructure, and preparedness at Points of Entry (PoE).**

- Interactive modules, group exercises, and mentoring mechanisms fostered engagement and skill-building, while the mentorship program clarified roles, responsibilities, and strategies for effective collaboration. Practical exercises, including DDMP development and IHR-related tabletop exercises, reinforced the application of theoretical knowledge.

## 19. Way Forward

- Districts must be assigned to mentors and mentees with clear roles and responsibilities, facilitating regular meetings (monthly, quarterly, or as needed) to strengthen Public Health component in District Disaster Management Plans (DDMPs) within defined timelines.
- Mentors and mentees should include as master trainers for planning and implementing the roll out of PHEDM-PDP Tier I and II trainings, broadening the program's reach.
- PHEDM assessments should be conducted at the community level to develop or enhance Village Public Health Emergency and Disaster Management Plans.
- States are encouraged to establish a robust follow-up mechanism to ensure the continuity and effectiveness of the PHEDM Tier III Training.
- Efforts should focus on integrating the PHEDM-PDP into state systems to ensure sustainability. Mentors will lead the development of DDMP templates for the remaining districts and municipal corporations (MCs), sharing them with respective states.
- The knowledge gained from conducted case studies should be used to create actionable plans for managing anticipated public health emergencies and disasters.
- These steps will ensure sustained impact and strengthened preparedness and response for public health emergencies and disasters.

## 20. Annexures

### Annexure I: Participant List

List of Participants for Training Programme on Public Health Emergency and Disaster Management (PHEDM), Gujarat

S. No.	District	Name of the Participants	Designation	Organization/ Institution
<b>Batch-1</b>				
1	<b>Ahmedabad</b>	Dr Chintan Desai	DSO Ahmedabad	DSU, IDSP
2		Dr Kinnari Makwana	Veterinary Officer	Deptt. Of Animal Husbandry
3		Mr A.G. Baria	Station Fire Officer	AFES (AMC)
4		Mr M.D. Pandey	Sub-Fire Officer	AFES (AMC)
5		Mr Anil Chanda	Dy. Director (Tech)	GSFPS
6	<b>Ahmedabad MC</b>	Dr Abdul Muqet Aezazi	Epidemiologist	IDSP-AMC
7		Dr Pratap T Rathod	Superintendent	Ahmedabad Municipal Corporation
8		Mr Om B Jadeja	DFO, AMC. Fire & Emergency Services	Ahmedabad Municipal Corporation
9	<b>Anand</b>	Dr Rajesh Patel	EMO, Anand	District Health Officer, Anand
10		Dr Alpesh Rathva	Veterinary Officer Class-2	Veterinary
11	<b>Banaskantha</b>	Dr L.N. Somgon	Taluka Health Officer	Taluka Health Office, Dhansa Taluka,
12		Dr Mukesh D. Jegoda	Veterinary Officer	District Panchayat Banuskantha, Deptt. Of A.H.
13	<b>Patan</b>	Dr N. K. Garg	EMO, Anand	Health Department, Anand
14		Dr Hardikkumar Shailesh Kumar Patel	Veterinary Officer	Deptt. Of Animal Husbandry
15		Mr Hitesh Rawal	Mamlatdar	Revenue Department, Patan
16	<b>Mehsana</b>	Dr Vinod B. Patel	EMO & DSO	D.P. Mehsana
17		Dr Sandip P. Patel	Veterinary Officer	Animal Husbandry
18		Mr B.S.Darji	Mamlatdar	Revenue Department, Mehsana

S. No.	District	Name of the Participants	Designation	Organization/ Institution
19	<b>Kheda</b>	Dr Alpesh Makwana	District Surveillance Officer I/C EMO (DSO), DQAMO District Quality Assurance Medical Officer	Health
20		Dr Jayeshbhai Rabari	Veterinary Officer	Animal Husbandry
21		Mr S.G.Rabari	Mamlatdar	Collector Office, Kheda
22	<b>Gandhinagar</b>	Dr Vikramsinh Solanki	DSO	DSU IDSP, Gandhinagar
23		Dr Ketan Thakor	Veterinary Officer	Veterinary Dispensary
24		Ms Megha Rabari	District Project Officer	GSDMA Gandhinagar Collector Office (DEOC)
25		Mr Sheetal Kumar Gujar	Dy. Comdt. & DRF	SDRF Gujarat Police
26	<b>Gandhinagar MC</b>	Dr Vishnu Bhata	Dy. Health Officer	GMC
27		Dr Mavlik Patel	Veterinary Officer	GMC
28	<b>Arvalli</b>	Dr Ashish A Khant	Epidemic Medical Officer	Health Deptt.
29		Dr V R Parmar	Veterinary Officer	Animal Husbandry
30		Mr Brijesh. A. Mahida	DPO Arvalli (MODASA) Disaster	Disaster Management (Q.P.O)
31	<b>Sabarkantha</b>	Dr Pravin Damor	EMO	Health Department
32		Dr Kamalesh Patel	Veterinary Officer	Animal Husbandry
33		Mr Yusufbhai A Sindhi	Diastar management Sabarkantha HMT	Collector Office, Sabarkantha
34	<b>Mahisagar</b>	Dr Narendragiri S. Gosai	EMO	Health
35		Mr Kalusinh Makwana	Mamlatdar	Revenue Department, Mahisagar
36	<b>Surendranagar</b>	Dr Jayesh Rathod	District Surveillance Officer	DSU, IDSP, Surendranagar
37		Dr Harshad N. Solanki	Veterinary Officer	Animal Husbandry

S. No.	District	Name of the Participants	Designation	Organization/ Institution
38	<b>Botad</b>	Dr Rakesh R Chauhan	Epidemic Medical Officer	District Panchayat, Botad
39		Dr J.D.Makwana	Veterinary Officer	District Botad
40		Mr G.K.Makwana	Mamlatdar	Revenue Department, Botad District
41	<b>Nadiad</b>	Mr. R.J. Patel	Police Inspector	G.PS Gr7
<b>Batch-2</b>				
42	<b>Navsari</b>	Dr Bhavesh S. Patel	DSO	Health Branch, District Panchayat, Health and Family Welfare
43	<b>Vadodara</b>	Dr Rahul Singh	EMO	Health and Family Welfare Department
44		Ms B. Chirasmitta	District Project Officer	GSDMA Vadodara
45	<b>Vadodara MC</b>	Dr Smita B Vasava	DSO	Vadodara Municipal Corporation
46	<b>Bharuch</b>	Dr Nilesh G.Patel	DSO	Health
47		Mr Sanjay Kumar Khatri	Deputy Mamlatdar	Revenue Department (DMC), Bharuch
48	<b>Dang</b>	Dr Nilketu D Patel	EMO	Health Department, Dang
49		Mr Chintan Patel	DPO-Disaster	DEOC Collector Office, Dang Ahwa
50	<b>Dahod</b>	Dr Nayan H Joshi	EMO	District Panchayat, Health Branch, Dahod
51		Mr Bhagirathsinh N.Vala	Mamlatdar	District Collector Office Dahod
52	<b>Narmada</b>	Dr R.S. Kashyap	EMO	District Panchayat Narmada- Rajpipla
53	<b>Valsad</b>	Dr Manoj N. Patel	EMO	Health
54		Mr Jayvir Sinh V. Raol	DPO	Disaster Management
55	<b>Tapi</b>	Dr Snehal B Patel	EMO	Health
56		Mr Mitesh D. Gamit	Deputy Mamlatdar	Collector Office- Tapi
57	<b>Panchmahal</b>	Dr B.K. Patel	EMO	Health
58		Mr Sheetal D. Parmar	Deputy Mamlatdar	Revenue Department
59	<b>Surat</b>	Dr Kaushik R Mehta	EMO	Health
60		Mr Trupti Gamit	Mamladar	DEOC Surat
61	<b>Chhotaudepur</b>	Dr Prahksha N. Ganasna	District Epidemiologist	Health

S. No.	District	Name of the Participants	Designation	Organization/ Institution
<b>Batch-3</b>				
62	<b>Amreli</b>	Dr Arun Kumar Singh	DSO	District Health Branch
63		Dr Nilpesh K Savaliya	Assistant Director of Animal Husbandry	ADIO Amreli
64	<b>Bhavnagar MC</b>	Dr Vijay L Kapadiya	EMO	Bhavnagar Municipal Corporation
65	<b>Bhavnagar</b>	Dr Chandrakant T. Kanzariya	DSO	District Panchayat, Bhavnagar
66		Mr V C Molatisa	Mamlatdar	Collector Officer
67	<b>Devbhumi Dwarka</b>	Dr Abhi A Fotariya	Veterinary officer	District Panchayat Devbhumi Dwarka
68		Mr Vishal B. Patel	Mamlatdar Disaster	Collectorate Devbhumi Dwarka
69	<b>Gir Somnath</b>	Dr Devraj Paludiya	ADIO, Gir Somnath	ADIO, Gir Somnath
70	<b>Junagadh</b>	Dr Himanshu K Lakhani	EMO	Health and Welfare Department
71		Mr P.M. Khristi	Mamlatdar	Revenue Department DERC Junagadh
72	<b>Jamnagar</b>	Dr Jalpa G Chauhan	Veterinary officer	District Panchayat, Jamnagar
73		Mr M.J. Chavda	Mamlatdar	District Collector Officer, Jumnagar
74		Dr Sanjay Somaiya	EMO	THD Health
75	<b>Jamnagar MC</b>	Dr Jevin Bhuva	EMO	Jamnagar Municipal Corporation
76	<b>Junagadh MC</b>	Dr Bhrigu Mavani	EMO	Health
77	<b>Kutch</b>	Mr N J Sumra	Mamlatdar	Collector Office, Bhuj Kutch
78	<b>Morbi</b>	Dr Mehul Ghetia	ADIO Rajkot	ADIO Rajkot
79		Dr D.V. Bavarva	EMO	Health Department, Morbi
80	<b>Porbandar</b>	Dr Jignesh Modhvadiya	DQAMO	Health Department Porbandar
81		Dr Madhuri Kodyatar	Veterinary Officer	Deptt. of AH

S. No.	District	Name of the Participants	Designation	Organization/ Institution
82	Rajkot MC	Dr Bhavesh kumar Rameshbhai Jakasaniya	Incharge Director, Park and Garden	RMC Rajkot
83		Dr Ashish Punjabhai Kodyatar	Deputy Health Officer	RMC Rajkot
84	Rajkot	Dr Arvind Asthana	EMO	Jila Panchayat, Rajkot
85		Ashwin Doshi	Mamlatdar	District Collector Rajkot
86		Dr Manish Sabapara	ADIO-Morbi	ADIO-Morbi

## Annexure II: Mentor List

### List of Mentors for Training Programme on Public Health Emergency and Disaster Management (PHEDM), Gujarat

Sl. No.	Name of the Mentor	Designation	Organization/Institution
<b>Batch-1</b>			
1	Dr Shailesh Prajapati	Assistant Professor	GMERS Medical College Sola Ahmedabad
2	Dr Parimal Patel	Tutor	BJMC Civil Ahmedabad
3	Dr Rajan Parmar	Assistant Professor	Banas Medical College Bansakantha
4	Dr Pralhad Potdar	Associate Professor	GMERS Medical College Patan
5	Dr Sudip Bhavsar	Assistant Professor	GMERS Medical College Vadnagar
6	Dr Tejas Shah	Assistant Professor	GMERS Medical College Gandhinagar
7	Dr Saurabh Rathod	Tutor	GMERS Medical College Sabarkantha
<b>Batch-2</b>			
8	Dr Raman Damor	Assistant Professor	Government Medical College (GMC) Baroda
9	Dr Rahul Parmar	Assistant Professor	GMC Baroda
10	Dr Padmaja Kanchi	Professor	GMERS Medical College Navsari
11	Dr Priti Solanky	Associate Professor	GMERS Medical College Valsad
12	Dr Sukesha P Gamit	Assistant Professor	Government Medical College, Surat
13	Dr Bhavesh Prajapati	Assistant Professor	GMERS Medical College Godhra
14	Mr Shivam Shah	Revenue Officer	Vadodara Municipal Corporation
15	Mr Viral A Christian	DPO	District Emergency Operations Centre (DEOC) Collector Office, Godhra
16	Dr Satveer Jagra	CMO	6 <sup>th</sup> Battalion NDRF Jarod Camp
17	Dr Sonali Vashishtha	MO	6 <sup>th</sup> Battalion NDRF Jarod Camp

Sl. No.	Name of the Mentor	Designation	Organization/Institution
<b>Batch-3</b>			
18	Dr Vishva B Parmar	Assistant Professor	GMERS Medical College, Junagadh
19	Dr Chirag A Bhanderi	ADIO	Animal Husbandry Jamnagar
20	Dr Nirav Nimavat	Associate Professor	Gujarat Adani Institute of Medical Science (GAIMS), Bhuj
21	Dr Bansi Trivedi	Associate Professor	Government Medical College, Bhavnagar
22	Dr Suraj Khandhedia	Associate Professor	GMERS Medical College, Morbi
23	Dr Sumit Unadkat	Associate Professor	MP Shah Government Medical College, Jamnagar
24	Dr Mittal Rathod	Assistant Professor	Pandit Dindayal Upadhyay (PDU) Medical College Rajkot
25	Dr Bhavesh Kanabar	Tutor	Pandit Dindayal Upadhyay (PDU) Medical College Rajkot

### Annexure III: Resource Person List

#### List of Resource Persons for Training Programme on Public Health Emergency and Disaster Management (PHEDM), Gujarat

Sl. No.	Name of the Resource Person	Designation	Organization/ Institution	Batch 1	Batch 2	Batch 3
1.	Dr Muzaffar Ahmad	Former Member, NDMA	Subject Matter Expert	✓	✓	✓
2.	Dr Kamlesh Mandriya	Consultant Epidemiologist	CSU-IDSP, NCDC	✓	*	*
3.	Dr Sujata Arya	ADG	Central-IH Division, Dte.GHS, MoHFW, Gol	✓	*	*
4.	Dr Amit Kanani	Department of Animal Husbandry	Office of Deputy Director of Animal Husbandry	✓	*	*
5.	Dr Jugal Kishore	Professor and Former Head	VMMC&SJH	✓	✓	✓
6.	Dr Harshad Prajapati	State Epidemic Officer	Govt. of Gujarat	✓	✓	✓
7.	Dr. Milan Pandya	Dy. HO, MC-Rajkot	Govt. of Gujarat	*	*	✓
8.	Dr Runa Hatti Gokhale	Associate Director for Science and Programs	CDC-India	✓	*	*
9.	Dr Rajeev Sharma	Public Health Specialist and Lead-EM	CDC-India	✓	✓	*

Sl. No.	Name of the Resource Person	Designation	Organization/ Institution	Batch 1	Batch 2	Batch 3
10.	Dr Rajat Garg	Public Health Specialist- EM	CDC-India	✓	*	✓
11.	Dr Manish Chaturvedi	Professor, Department of Planning and Evaluation and Head (Off.) Medical Care and Hospital	NIHFW, Delhi	✓	*	*
12.	Dr Bitra George	Country Director	FHI360	✓	*	*
13.	Dr Sujeet K Singh	Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol	Subject Matter Expert	✓	✓	✓
14.	Mr Bateswar Das	Research Associate cum Program Coordinator	GIDM	✓	*	*
15.	Mr Sureshkumar Gami	Consultant DDMA, Narmada-RAJPSPLA	GSDMA	✓	*	*
16.	Dr Ruchi Jain	Regional Director	ROH&FW, Kerala	✓	*	*
17.	Dr Navin Verma	Public Health Specialist (EMR)	Dte.GHS,MoHFW, Gol	✓	✓	*
18.	Mr Uma Shankar Negi	DDMO	Udham Singh Nagar District Disaster Management Authority	✓	*	*
19.	Dr Praveen Aswal	SNO, IDSP	DMHS, Govt. of Rajasthan	✓	*	*
20.	Dr Alka Sharma	Former Joint Director (DM)	DMHS, Govt. of Rajasthan	✓	✓	✓
21.	Dr Deepa Meena	State Epidemiologist	DMHS, Govt. of Rajasthan	✓	*	*
22.	Dr Ravinder Pal	Public Health Specialist	CDC-India	✓	*	✓
23.	Dr Prabhakar Jha	Veterinary Consultant	CSU-IDSP, NCDC	*	✓	*
24.	Dr Bimlesh Joshi	Assistant Director	Health Directorate, Govt of Uttarakhand	*	✓	*
25.	Dr Sanjay Gupta	Public Health Expert	Subject Matter Expert	*	*	✓
26.	Dr. Ravinder Singh	Senior Consultant	NIDM, MHA, Gol	*	*	✓

## Annexure IV: Dignitary List

### List of Dignitaries for Training Programme on Public Health Emergency and Disaster Management (PHEDM), Gujarat

Sl. No.	Name	Designation	Organization/ Institution
1.	Prof (Dr) Atul Goel	DGHS and Director NCDC	NCDC, Dte.GHS, MoHFW, Gol
2.	Dr Navnath Gavhane, IAS	District Development Officer (DDO), Rajkot	Govt. of Gujarat
3.	Dr Meghna Desai	Country Director	CDC-India
4.	Dr Runa Hatti Gokhale	Associate Director for Science and Programs	CDC-India
5.	Prof (Dr) Sanjay Gupta	Dean (Academics)	AIIMS, Rajkot
6.	Dr Himanshu Chauhan	Joint Director and HOD	IDSP, NCDC
7.	Dr Nilam Patel	Additional Director (PH)	Health Department, Gandinagar
8.	Dr R.B. Patel	Joint Director Child Health and Director (SIHFW)	SIHFW, Gujarat
9.	Dr Jayesh Katira	SSO, IDSP Gujarat	SSU IDSP, Gujarat
10.	Dr Jayesh Solanki	Asst. Director, Epidemic	SSU IDSP, Gujarat
11.	Dr Harshad Prajapati	State Epidemic officer	SSU IDSP, Gujarat
12.	Sh. Ajit Seth	Former Cabinet Secretary	Subject Matter Expert
13.	Dr Amol Patil	Regional Director	RoHFW & APHO Ahmedabad
14.	Mr Nisarg Dave	Director (DM)	GIDM, Gujarat
15.	Dr Adhiraj Mishra	Assistant Commissioner	DAHD, Gol

## Annexure Va: Agenda of the Batch-1 Training

### Training Programme on Public Health Emergency and Disaster Management-Professional Development Programme (PHEDM-PDP) Tier-III in Gujarat (Batch-1)

**Venue:** Ahmedabad, Gujarat  
**Date:** 12<sup>th</sup> -15<sup>th</sup> September 2023

Mentors' Workshop Programme Schedule:

Time	Subject	Dignitaries/Resource Person
<b>Day 1: 12<sup>th</sup> September 2023, Tuesday</b>		
<b>Agenda for Mentors Session</b>		
1400 - 1410 hrs	Welcome Address	Dr Harshad Prajapati, State Epidemic officer, Gujarat
1410 – 1420 hrs	Overview and Objectives of Session	Dr Rajeev Sharma, Public Health Specialist, and Lead-Emergency Management, DGHP, CDC-India
1420 – 1450 hrs	Attributes for a Mentor and strategies for effective mentoring	Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India
1450 – 1520 hrs	Art of Mentoring	Dr Jugal Kishore, Professor & Head Vardhman Mahavir Medical College & SJH, New Delhi
1520 - 1550 hrs	Experience sharing	<ul style="list-style-type: none"> <li>• Dr Praveen Aswal, State Nodal Officer (SNO), IDSP, Govt. of Rajasthan</li> <li>• Dr Alka Sharma, Joint Director (Disaster Management), Govt. of Rajasthan</li> <li>• Shri. Uma Shankar Negi, District Disaster Management Officer, SDMA, Uddam Singh Nagar, Uttarakhand</li> </ul>
1550 - 1600 hrs	<b>Tea Break</b>	
1600 - 1630 hrs	Role of Mentors in PHEDM	<ul style="list-style-type: none"> <li>• Dr Rajat Garg, EM coordinator, CDC-India</li> <li>• Dr Muzaffar Ahmad, Former Member, National Disaster Management Authority, Govt. of India</li> </ul>
1630 – 1700 hrs	Concluding Remarks and Way Forward	Dr Jayesh M Katira, SSO, IDSP & Deputy Director Epidemic, Gujarat
<b>DAY 2: 13<sup>th</sup> September 2023, Wednesday</b>		
0900 - 0930 hrs	Registration	IDSP Gujarat, NIDM, PHEDM Team
<b>Inaugural Session</b>		
0930 – 0935 hrs	Welcome	Dr Harshad Prajapati, State Epidemic Officer, Govt. of Gujarat

Time	Subject	Dignitaries/Resource Person
0935 – 0940 hrs	Opening Remarks	Dr Jayesh Solanki, Asst. Director Epidemic, Govt. of Gujarat
0940 – 0945 hrs	Course Overview and Objectives	Dr Rajeev Sharma, PHS and Lead, EM, DGHP, CDC-India
0945 – 0950 hrs	Address	Dr Jayesh Katira, SSO IDSP & Deputy Director (Epidemic), Govt. of Gujarat
0950 – 0955 hrs	Address	Sh. Nisarg Dave, Director (DM), GIDM, Govt. of Gujarat
0955 – 1000 hrs	Address	Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India
1000 – 1005 hrs	Address	Dr Ruchi Jain, Regional Director (RD), Regional Offices of Health and Family Welfare (ROHFW), Govt. of India
1005 – 1010 hrs	Address	Dr Jugal Kishore, Director-Professor & Head Vardhman Mahavir Medical College & SJH, New Delhi
1010 – 1020 hrs	Inaugural Address	Dr R B Patel, Joint Director, Child Health, Govt. of Gujarat
1020 – 1022 hrs	<b>National Anthem</b>	
1022 – 1032 hrs	Vote of Thanks	Dr Harshad Prajapati, State Epidemic officer, Gujarat
1032 – 1040 hrs	<b>Group Photograph</b>	
1040-1100 hrs	<b>Tea Break</b>	
1100 – 1200 hrs	Overview of current status, challenges, opportunities, and best practices of PHEDM in Gujarat	<ul style="list-style-type: none"> <li>• Dr Jayesh Solanki, Asst. Director Epidemic, Govt. of Gujarat</li> <li>• Sh. Nisarg Dave, Director (DM), GIDM, Govt. of Gujarat</li> <li>• Dr Amit Kanani, DD, Animal Husbandry, Dept. of Animal Husbandry, Govt. of Gujarat</li> </ul>
1200 -1300 hrs	Experience sharing from other States where PHEDM-PDP Tier-III training has been implemented	<ul style="list-style-type: none"> <li>• Dr Praveen Aswal, State Nodal Officer (SNO), IDSP, Govt. of Rajasthan</li> <li>• Dr Alka Sharma, Joint Director (Disaster Management), Govt. of Rajasthan</li> <li>• Shri. Uma Shankar Negi, District Disaster Management Officer, SDMA, Uddam Singh Nagar, Uttarakhand</li> </ul>
1300 -1400 hrs	<b>Lunch Break</b>	
1400 – 1430 hrs	Pre-course Assessment	State IDSP and PHEDM Team
1430 – 1440 hrs	Ground Rules and Housekeeping	State IDSP and PHEDM Team

Time	Subject	Dignitaries/Resource Person
<b>Chairs:</b>		
Dr Muzaffar Ahmad, Former Member, NDMA, MHA, Gol		
Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India		
1440 -1600 hrs	Module 1: Overview of Public Health Emergency Preparedness and Response	Dr Ruchi Jain, RD, ROH&FW, Gol
1600 -1615 hrs	<b>Tea Break</b>	
1615 – 1715 hrs	Module 1: Activity (Team Building Exercise)	<ul style="list-style-type: none"> <li>State IDSP Team</li> <li>PHEDM Team</li> </ul>
1715 - 1730 hrs	Summary and feedback of the Day 1 and Group exercises	By the Participants
<b>DAY 3: 14<sup>th</sup> September 2023, Thursday</b>		
0630 - 0715 hrs	Yoga Session	All Participants and organizers
0900 - 0930 hrs	Recap of the Day 1	By the Participants
<b>Chair:</b>		
Dr Jayesh Solanki, Asst. Director, Epidemic, Govt. of Gujarat		
0930-1030 hrs	Module 2: Overview of Public Health Emergency Management	Dr Ruchi Jain, RD, ROH&FW, Gol
1030 - 1045 hrs	<b>Tea Break</b>	
<b>Chairs:</b>		
Dr Muzaffar Ahmad, Former Member, NDMA, MHA, Gol		
Dr Praveen Aswal, SNO, IDSP Rajasthan		
1045-1145 hrs	Module 3: Public Health Emergency Operations Centre (PHEOC) - Infrastructure and Information Technology	<ul style="list-style-type: none"> <li>Dr Rajat Garg, EM coordinator, CDC-India</li> <li>Mr Ajay Dogra, STO-EM, PHEDM Team</li> </ul>
1145 - 1300 hrs	Role of NDRF/ SDRF with Mock Drills/ Demonstration	SDRF Team
1300-1400 hrs	<b>Lunch Break</b>	
1400 - 1500 hrs	Group exercise	PHEDM Team
<b>Chairs:</b>		
Dr Rajeev Sharma, Public Health Specialist, and Lead-Emergency Management, DGHP, CDC-India		
1500 – 1600 hrs	Module 4: Overview of Incident Management System (IMS)	Dr Raju Thapa, STO-EM, PHEDM Team
1600 – 1615 hrs	<b>Tea Break</b>	
<b>Chairs:</b>		
Dr Muzaffar Ahmad, Former Member, NDMA, MHA, Gol		
Dr Alka Sharma, JD (DM), Govt. of Rajasthan		

Time	Subject	Dignitaries/Resource Person
1615 - 1715 hrs	Module 5: IRS in India and State (Gujarat)	Mr Anil Kathait, STO-EM, PHEDM Team
1715 – 1730 hrs	Summary and feedback of the Day 2 and Group exercises	By the Participants
<b>DAY 4: 15<sup>th</sup> September 2023, Friday</b>		
0630 - 0715 hrs	Yoga Session	All Participants and Organisers
0900 - 0930 hrs	Recap of the Day 2	By the Participants
Chairs: Dr Jayesh M Katira, SNO, IDSP, Gujarat		
0930 – 1000 hrs	Coordinating Medical Response during Emergencies	Dr Navin Verma, Deputy Director, EMR Cell, Dte.GHS, MoHFW, GoI
1000 – 1030 hrs	One Health Approach to the Management of Health Emergencies	Dr Adhiraj Mishra Assistant Commissioner (AH), DAHD, MFAHD, GoI
1030 – 1100 hrs	Risk Communication and Community Engagement (RCCE)	Prof. Manish Chaturvedi, Planning and Evaluation, NIHFW, GoI
1300 - 1400 hrs	<b>Tea Break</b>	
1400 - 1445 hrs	Presentation of group exercise	By the Participants
1445 -1500 hrs	Course Summary and Way Forward	Dr Rajeev Sharma, PHS and Lead-EM, DGHP, CDC-India
1500 – 1600 hrs	Valedictory Session	
1600 hrs	Closure of workshop with Tea	

## Annexure Vb: Agenda of the Batch-2 Training

### Training Programme on Public Health Emergency and Disaster Management-Professional Development Programme (PHEDM-PDP) Tier-III in Gujarat (Batch-2)

**Venue:** Vadodara, Gujarat  
**Date:** 15<sup>th</sup> - 18<sup>th</sup> October 2024

Mentors' Workshop Programme Schedule:

Time	Subject	Dignitaries/Resource Person
<b>Day 1: 15<sup>th</sup> October 2024, Tuesday</b>		
<b>Agenda for Mentors Session</b>		
1000 – 1300 hrs	<b>Preparatory meeting of Resource Person</b> <b>Session details:</b> 1. Brief Introduction 2. Brief address by Dignitaries 3. Presentation of agenda, overview, District Disaster Management Plan (DDMP), allocation of case studies, working groups, and sharing of resource person inputs on DDMP in sessions.	
1300-1400 hrs	<b>Working Lunch</b>	
1400 - 1410 hrs	Welcome Address	Gujarat Representative
1410 - 1420 hrs	Address	State Officers, IDSP, NCDC, MoHFW, Gol Representative
1420 – 1430 hrs	Overview and Objectives of Session	Dr Rajeev Sharma, Public Health Specialist, and Lead- EM, DGHP, CDC-India
1430 – 1445 hrs	Disease and disaster scenarios including brief on DDMPs (Gujarat)	Dr Harshad Prajapati SEO, Govt. of Gujarat
1445 – 1515 hrs	Art of Mentoring	Dr Jugal Kishore, Director Professor, Department-Community Medicine, VMMC & Safdarjung Hospital
1515– 1545 hrs	Attributes for a Mentor and strategies for effective mentoring	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol
1545 - 1600 hrs	<b>Tea Break</b>	
1600 - 1630 hrs	Experience sharing from States (where PHEDM Tier-III training has been conducted)	Dr Alka Sharma, Former JD, DM, Govt. of Rajasthan
1630 -1645 hrs	Art of mentoring with focus on developing mentor mentee relationship for effective PHEDM	Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India (Virtual mode)

Time	Subject	Dignitaries/Resource Person
1645 – 1715 hrs	Role of Mentors in PHEDM and various technical sessions during the training Expected Outcome from the Mentorship Programme	Dr Sujeet K Singh, PHE and Former Director of NCDC, MoHFW, GoI
<b>Selection of Session Coordinators in discussion with State and mentors</b>		
1715 – 1730 hrs	Concluding Remarks and Way Forward	IDSP, NCDC, MoHFW, GoI Representative
1730 - 1735 hrs	Group Photo	
1735 hrs onwards	End of Mentors session with High Tea	
<b>DAY 2: 16<sup>th</sup> October 2024, Wednesday</b>		
0900 - 0930 hrs	Registration	IDSP/DM Cell, Gujarat, NIDM, NCDC, CDC-India, and PHEDM Team
0930 – 1000 hrs	Pre-course Assessment	IDSP/DM Cell, Gujarat Representative, NIDM, NCDC, CDC, and PHEDM Team
1000 – 1015 hrs	Welcome Address & Objectives of the training	Dr J. M. Katira, Deputy Director - Epidemic & State Surveillance Officer, Govt. of Gujarat
1015 – 1030 hrs	Ground Rules and House Keeping	Dr Harshad Prajapati, State Epidemic Officer, Govt. of Gujarat
1030 – 1045 hrs	Course Overview	NCDC-NIDM-CDC India
1045 – 1115 hrs	<b>Tea Break</b>	
	<b>District Disaster Management Plan (DDMP)</b>	
	<b>Chair:</b> Sh. Ajit Seth, Former Cabinet Secretary, GOI	
	<b>Co-Chair:</b> Dr. Muzaffar Ahmad, Former Member, NDMA, GOI	
1115 to 1145 hrs	Presentations of development of Plan	Dr Rajeev Sharma, Public Health Specialist, and Lead- EM, DGHP, CDC-India
1145 – 1300 hrs	Discussion on available DDMPs in all participating districts	All participants and Mentors
1300–1330 hrs	Group work and Discussion	Resource Faculty
1545- 1600 hrs	<b>Tea Break</b>	
1600 – 1630 hrs	Assigning of Group Exercise: (SWOC analysis of PHEM) Allocation of tasks to the group – IDSP Gujarat	
1630 – 1715 hrs	Module II: Principles of PHEDM and its Applications	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, GoI
1715 – 1730 hrs	Feedback on the Day 2	Participants
<b>DAY 3: 17<sup>th</sup> October 2024, Thursday</b>		
0900 - 0915 hrs	Recap of the Day 2	Group 1
0915 - 1000 hrs	Module IV: Organizational Model for Managing Response	Dr Alka Sharma, Former JD, DM, Govt. of Gujarat

Time	Subject	Dignitaries/Resource Person
1000 – 1100 hrs	Module III: Public Health Emergency Operations Centre (PHEOC) Presentation of Group Exercise (SWOC analysis of PHEDM)	Dr Muzaffar Ahmad, Former Member, National Disaster Management Authority, Govt. of India
1100 - 1115hrs	<b>Tea Break</b>	
1115– 1145 hrs	Coordinating Medical Response during Emergencies	Dr Navin Verma, DD, EMR, MoHFW, Gol
1200 – 1300 hrs	Module V: International Health Regulations and Roles at Points of Entry	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol
1300 – 1345 hrs	<b>Lunch Break</b>	
1345 – 1415 hrs	Inaugural session chaired by Director, Gujarat	
1415– 1530 hrs	Lecture Demonstration by NDRF	NDRF Representative
1530 – 1545 hrs	<b>Tea Break</b>	
1545 – 1645 hrs	Team building group exercise/ activity and discussion	Mr. Ajay Dogra, PHEDM Team and Dr. Raju Thapa, PHEDM Team
1645 – 1715 hrs	Group presentations on case studies	All participants
1715 – 1745 hrs	Feedback on the Day 3	Participants
<b>DAY 4: 18<sup>th</sup> October 2024, Friday</b>		
0900 - 0915 hrs	Recap of the Day 4	Selected Group of participants
0915 – 1000 hrs	Module VI: Risk Communication and Community Engagement	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol
1000 – 1030 hrs	Post-course Assessment	NIDM, NCDC, CDC-India, and PHEDM Team
1030 – 1045 hrs	<b>Tea Break</b>	
1045 – 1230 hrs	Group exercise on IRS	NIDM, NCDC, CDC-India, and PHEDM Team
1230 – 1245 hrs	Participant's Feedback	IDSP/DM Cell, Gujarat; NIDM; NCDC, CDC-India, and PHEDM Team
1245 – 1300 hrs	Summary and way forward	NIDM, NCDC, CDC-India, and PHEDM Team
1300 - 1315 hrs	Certificate Distribution	IDSP Gujarat, NIDM, NCDC, CDC, and PHEDM Team
1315 hrs onwards	<b>Closure of training followed by Lunch</b>	

## Annexure Vc: Agenda of the Batch-3 Training

### Training Programme on Public Health Emergency and Disaster Management-Professional Development Programme (PHEDM-PDP) Tier-III in Gujarat (Batch-3)

**Venue:** Rajkot, Gujarat

**Date:** 19<sup>th</sup>-22<sup>nd</sup> November 2024

Mentors' Workshop Programme Schedule:

Time	Subject	Dignitaries/Resource Person
<b>Day 1: 19<sup>th</sup> November 2024, Tuesday</b>		
1000 – 1300 hrs	<b>Preparatory meeting of Resource Person</b> <b>Session details:</b> <ol style="list-style-type: none"> <li>Brief Introduction</li> <li>Brief address by Dignitaries</li> <li>Presentation of agenda, overview, District Disaster Management Plan (DDMP), allocation of case studies, working groups, and sharing of resource person inputs on DDMP in sessions.</li> </ol>	
1300-1400 hrs	<b>Working Lunch</b>	
1400 - 1410 hrs	Welcome Address	Gujarat Representative
1410 - 1420 hrs	Address	State Officers, IDSP, NCDC, MoHFW, Gol Representative
1420 – 1430 hrs	Overview and Objectives of Session	Dr Rajat Garg, PHS-EM, CDC-India
1430 – 1445 hrs	Disease and disaster scenarios including brief on DDMPs (Gujarat)	Dr Harshad Prajapati, SEO, Govt. of Gujarat
1445 – 1515 hrs	Art of Mentoring	Dr Jugal Kishore, Director Professor, Department-Community Medicine, VMMC & Safdarjung Hospital
1515– 1545 hrs	Attributes for a Mentor and strategies for effective mentoring	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol
1545 - 1600 hrs	<b>Tea Break</b>	
1600 - 1630 hrs	Experience sharing from States (where PHEDM Tier-III training has been conducted)	Dr Alka Sharma, Former JD, DM, Govt. of Rajasthan
1630 -1645 hrs	Art of mentoring with focus on developing mentor mentee relationship for effective PHEDM	Dr Runa Hatti Gokhale, Associate Director for Science and Programs, CDC-India (Virtual mode)

Time	Subject	Dignitaries/Resource Person
1645 – 1715 hrs	Role of Mentors in PHEDM and various technical sessions during the training  Expected Outcome from the Mentorship Programme	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol
<b>Selection of Session Coordinators in discussion with State and mentors</b>		
1715 – 1730 hrs	Concluding Remarks and Way Forward	IDSP, NCDC, MoHFW, Gol Representative
1730 - 1735 hrs	Group Photo	
1735 hrs onwards	End of Mentors session with High Tea	
<b>DAY 2: 20<sup>th</sup> November 2024, Wednesday</b>		
0900 - 0930 hrs	Registration	IDSP/DM Cell, Gujarat, NIDM, NCDC, CDC-India, and PHEDM Team
0930 – 0945 hrs	Welcome Address, Ground Rules and House Keeping & Participants Introduction	Dr Harshad Prajapati, SEO, Govt. of Gujarat
0945 - 1015 hrs	Pre-course Assessment	IDSP/DM Cell, Gujarat Representative, NIDM, NCDC, CDC, and PHEDM Team
<b>Special Technical Session</b>		
1015 - 1020 hrs	Welcome Address	Dr Harshad Prajapati, SEO, Govt. of Gujarat
1020 - 1030 hrs	Welcome of Dignitaries	State Officers, IDSP, NCDC, MoHFW, Gol Representative
1030 - 1040 hrs	Overview and Course Deliverables	Dr Himanshu Chauhan, Joint Director and HOD, IDSP, NCDC, Gol
1040 - 1050 hrs	Experience of Vadodara: DDMPs (Gujarat)	Dr Harshad Prajapati, SEO, Govt. of Gujarat
1050 - 1115 hrs	Addresses by Dignitaries	<ul style="list-style-type: none"> <li>• Dr Himanshu Chauhan, Joint Director and HOD, IDSP, NCDC</li> <li>• Prof (Dr) Sanjay Gupta, Dean (Academics), AIIMS, Rajkot</li> <li>• Dr Meghna Desai, Country Director, CDC-India</li> <li>• Dr Navnath Gavhane, IAS, District Development Officer (DDO), Rajkot, Govt. of Gujarat</li> <li>• Prof (Dr) Atul Goel, DGHS and Director NCDC, Dte.GHS, MoHFW, Gol</li> </ul>
1115 - 1130 hrs	Vote of Thanks followed by Group Photo	State Officers, IDSP, NCDC, MoHFW, Gol Representative

Time	Subject	Dignitaries/Resource Person
1130 - 1145 hrs	Tea Break	
1145 – 1230 hrs	Module I: Overview of Public Health Emergency and Disaster Management (PHEDM)	Dr Himanshu Chauhan, Joint Director and HOD, IDSP, NCDC
1230 - 1315 hrs	Module VII: Psychosocial aspects of PHEDM	Dr Jugal Kishore, Director Professor, Department-Community Medicine, VMMC & Safdarjung Hospital
1315 - 1400 hrs	<b>Lunch Break</b>	
1400 – 1445 hrs	Module II: Principles of PHEDM and its Applications	Dr Rajat Garg, PHS-EM, CDC-India
1445 – 1530 hrs	Case Study including Group Work	All participants and Mentors Resource Faculty
1530 - 1545 hrs	<b>Tea Break</b>	
1545 - 1600 hrs	Presentations of development of Plan	Dr Ravinder Singh, NIDM, MHA, Gol
1600 - 1730 hrs	Discussion on available DDMPs in all participating districts (10 minutes presentation by each group)	All participants and Mentors Resource Faculty
1730 – 1800 hrs	Assigning of Group Exercise: Allocation of tasks to the group – IDSP Gujarat	
<b>DAY 3: 21<sup>st</sup> November 2024, Thursday</b>		
0900 - 0915 hrs	Recap of the Day 2	By participants
0915 - 1000 hrs	Module III: Public Health Emergency Operations Centre (PHEOC)	Dr Muzaffar Ahmad, Former Member, NDMA, Gol
1000 - 1045 hrs	Module IV: Organizational Model for Managing Response	<ul style="list-style-type: none"> <li>• Dr Alka Sharma, Former JD, DM, Govt. of Rajasthan</li> <li>• Dr Ravinder Singh, NIDM, MHA, Gol</li> </ul>
1045 – 1100 hrs	<b>Tea Break</b>	
1100 - 1215 hrs	Group Exercise on IRS and Emergency KIT	NIDM, NCDC, CDC-India, and PHEDM Team
1215 - 1300 hrs	Module V: International Health Regulations and Roles at Points of Entry	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, Gol
1300 - 1400 hrs	<b>Lunch Break</b>	
1400 - 1545 hrs	Demonstration by NDRF	NDRF Representative
1545 – 1600 hrs	<b>Tea Break</b>	
1600 – 1645 hrs	Module VI: Risk Communication and Community Engagement	Dr Sanjay Gupta, Public Health Expert and Former Dean, NIHF, Gol

Time	Subject	Dignitaries/Resource Person
1645 - 1730 hrs	Presentation of Case Studies	All Participants
1730 - 1745 hrs	Feedback on the Day 3	All Participants
<b>DAY 4: 22<sup>nd</sup> November 2024, Friday</b>		
0900 – 0915 hrs	Recap of the Day 4	Selected Group of participants
0915 - 0945 hrs	Post-course Assessment	NIDM, NCDC, CDC-India, and PHEDM Team
0945 - 1130 hrs	Scenario Based presentation	Dr Sujeet K Singh, Distinguished Public Health Expert and Former Director of NCDC, MoHFW, GoI
1130– 1145 hrs	<b>Tea Break</b>	
1145 – 1200 hrs	Orientation on Tier 1 & Tier 2 PHEDM trainings at district level	Dr Rajat Garg, PHS-EM, CDC-India
1200-1215 hrs	Summary and way forward	NIDM, NCDC, CDC-India, and PHEDM Team
1215 – 1230 hrs	Participants and Mentors Feedback	IDSP/DM Cell, Gujarat, NIDM, NCDC, CDC-India, and PHEDM Team
1230 – 1300 hrs	Certificate Distribution	IDSP Gujarat, NIDM, NCDC, CDC, and PHEDM Team
1300 hrs onwards	<b>Closure of training followed by Lunch</b>	

## Annexure VI: Glimpses of Trainings

PHEDM (Batch-1):12<sup>th</sup>-15<sup>th</sup> September 2023



Figure 24: Session on Overview of Current Status, Challenges, Opportunities, and Best Practices of PHEDM in Gujarat



Figure 25: Group activity on Emergency Operation Plan



Figure 26: Registration of Participants



Figure 27: Yoga Session



Figure 28: Virtual Interaction during training by Prof. Surya Parkash



Figure 29: Dr Runa taking Mentor's Session



Figure 30: Participants with highest scores on Kahoot app receiving their winner, 1<sup>st</sup> runner-up and 2<sup>nd</sup> runner-up awards

## PHEDM (Batch-2): 15<sup>th</sup> -18<sup>th</sup> October 2024



Figure 31: Conducting Sessions during Training



Figure 32: Lecture Demonstration by NDRF

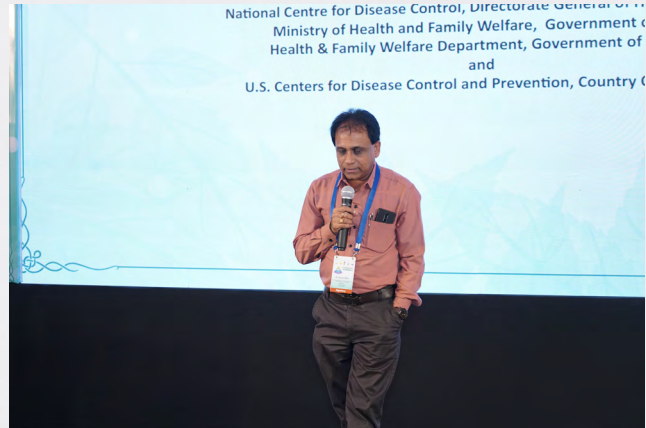


Figure 33: Inspirational address by state leadership Dr Nilam Patel, Additional Director, Public Health, Gujarat

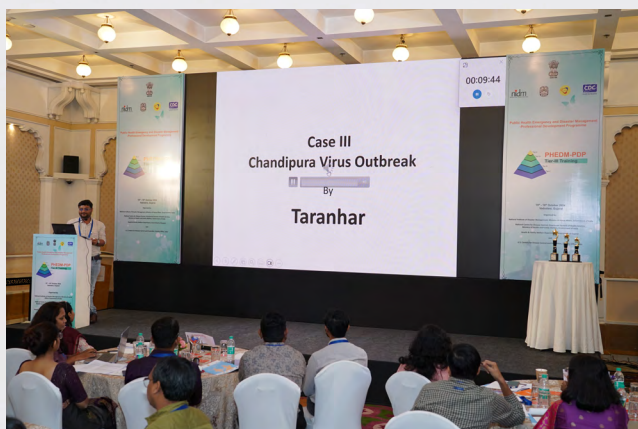


Figure 34: Group Exercise







Figure 38: Summary and Way Forward



Figure 39: Group Discussion on DDMP



Figure 40: Kahoot Quiz Winners



Figure 41: Valedictory Session



Figure 42: NDRF Session



Figure 43: Feedback from Participants

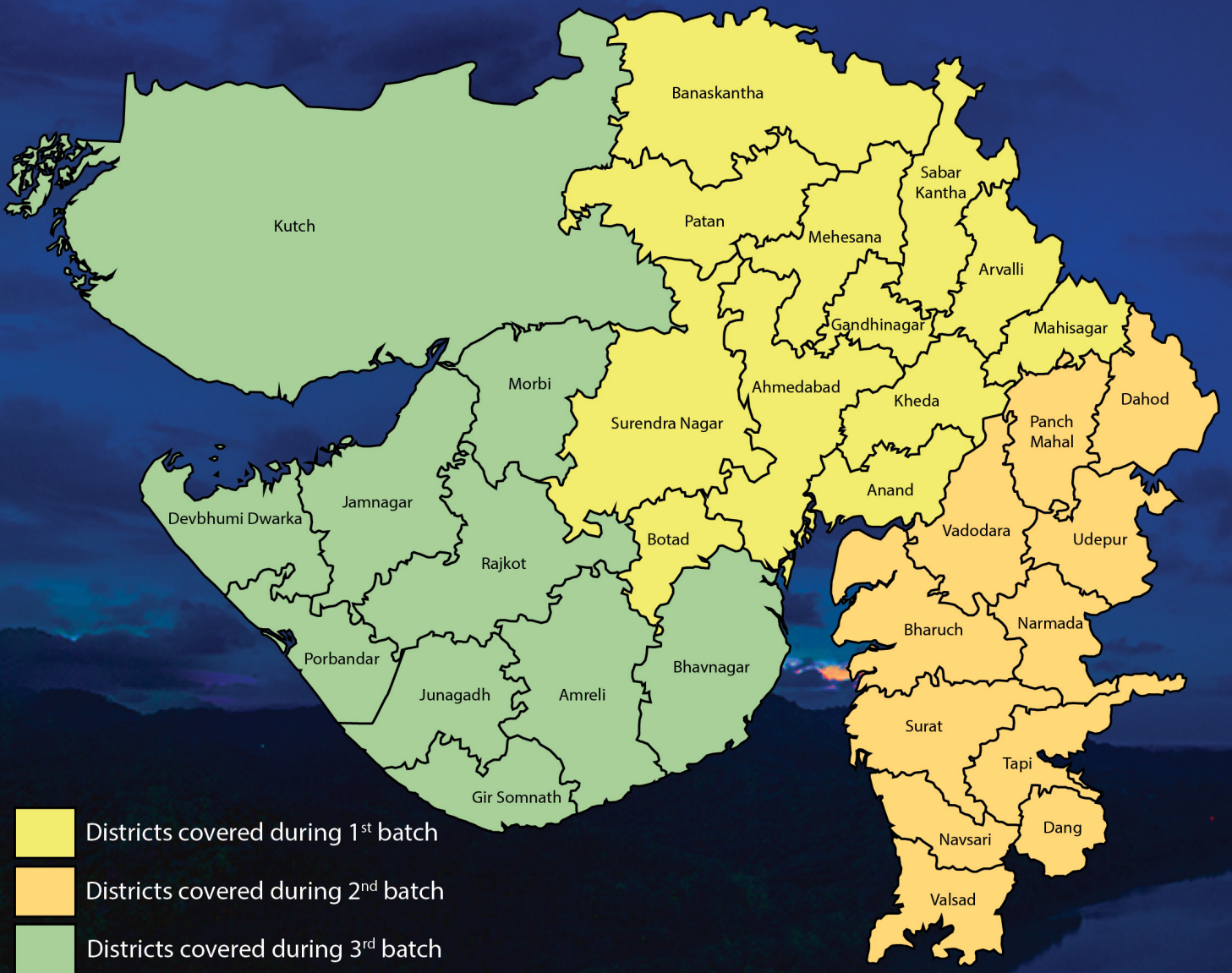
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### ***Note from the Authors:***

Every effort, care, and attention to detail the content of this book were taken. Any errors or omissions are purely unintentional. For feedback, please reach out to the authors. Gratitude for understanding and support.





- Districts covered during 1<sup>st</sup> batch
- Districts covered during 2<sup>nd</sup> batch
- Districts covered during 3<sup>rd</sup> batch