



सत्यमेव जयते



Training of Trainers Programme on “Health and Nutrition of Women and Children in Disasters and Emergencies”

Organized by

Child Centric Disaster Risk Reduction (CCDRR) Centre
National Institute of Disaster Management, South Campus
(Ministry of Home Affairs, Govt of India)

Date : 24 to 27 June 2024 Venue : NIDM South Campus

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1. About NIDM

The National Institute of Disaster Management (NIDM), constituted under an Act of Parliament, with a vision to play the role of a premier institute for capacity development in India and the region. The efforts in this direction that began with the formation of the National Centre for Disaster Management (NCDM) in 1995 gained impetus with its re-designation as the National Institute of Disaster Management (NIDM) for training and capacity development. Under the Disaster Management Act 2005, NIDM has been assigned nodal responsibilities for human resource development, capacity building, training, research, documentation and policy advocacy in the field of disaster management. Both as a national Centre and then as the national Institute, NIDM has performed a crucial role in bringing disaster risk reduction to the forefront of the national agenda. The Institute believes that disaster risk reduction is possible only through promotion of a "Culture of Prevention" involving all stakeholders. The Institute works through strategic partnerships with various ministries and departments of the central, state and local governments, academic, research and technical organizations in India and abroad and other bi-lateral and multi-lateral international agencies. NIDM is proud to have a multi-disciplinary core team of professionals working in various aspects of disaster management. In its endeavour to facilitate training and capacity development, the Institute has state-of-the-art facilities like classrooms, seminar hall and video-conferencing facilities etc. The Institute has a well-stocked library exclusively on the theme of disaster management and mitigation. The Institute provides training in face-to-face, on-line and self-learning mode as well as satellite-based training. In-house and off-campus face to-face training to the officials of the state governments is provided free of charge including modest boarding and lodging facilities. NIDM provides support to various National and State level agencies in the field of Disaster Management & Disaster Risk Reduction training, research, documentation, awareness and human resources and capacity development in the field of disaster mitigation and management in India and in the region. NIDM also provides Capacity Building support to various National and State level agencies in the field of Disaster Management & Disaster Risk Reduction. The Institute's vision is to create a Disaster Resilient India by building the capacity at all levels for disaster prevention and preparedness.

2. About the course

Background

In disasters, and other crises, the lives and well-being of the affected population must always be protected, particularly in the minutes and hours immediately following impact or exposure as time is of the essence in saving lives. The ability of health services to be delivered by critical infrastructure such as health facilities without interruption in these situations is a matter of life and death. It is one of the targets of the Sendai Framework for Disaster Risk Reduction 2015-2030, that is “to substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030”.

Further, during disasters and emergencies, rates of malnutrition and death among women and children may increase substantially. Disasters result in outcomes that can increase the risk of malnutrition, illness and death, and it is critical to protect the nutritional status of those affected. People who suffer from acute malnutrition are far more likely to become sick and die. Nearly 60 % of maternal deaths and 45 % of newborn occur in countries affected by a humanitarian crisis; as such, access to essential services before, during, and after pregnancy in emergencies is critical. With already burdened poor newborn and maternal health outcomes, disasters exacerbate these existing challenges. Building resilience and preparedness of health systems, and communities before an emergency can help mitigate all the above-mentioned challenges. Keeping this in view NIDM and BRB has is jointly organizing this ToT Programme on Health and Nutrition of Women and Children in Disasters and Emergencies.

Aim of Training:

This five days ToT programme on Health and Nutrition of Women and Children in Disasters and Emergencies aims create master trainers on this specified subject at National level.

Objectives:

At the end of this course, participants will be able to:

- ❖ Educate on the importance of health, nutrition & WASH in a disaster’s situation including key concepts, standards, and best practices.

- ❖ Provide a comprehensive understanding of the impact of disasters on the health and nutritional status of affected populations, especially the vulnerable ones like children, newborns, pregnant women and female
- ❖ Equipping health professionals with the knowledge and skills to prepare & implement effective health and nutrition interventions during disasters and emergencies
- ❖ Ensuring facility readiness to respond to various types of emergencies, including disasters, pandemics, and complex humanitarian crises.

Course Module :

Module I: Introduction to Disaster and Health

Module II: Basics of Child Health and Nutrition in Disasters

Module III: Maternal & Newborn health during Disasters & Use of Technology for Disaster Preparedness

Patron

Shri. Rajendra Ratnoo, IAS



Shri Rajendra Ratnoo is an IAS officer of 2001 Batch of Tamil Nadu Cadre. He is presently serving as Executive Director, National Institute of Disaster Management (NIDM), Ministry of Home Affairs, Govt. of India. Before joining NIDM, he was working as Joint Secretary, Department for Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry, Government of India, where he was looking after International Coordination with European Countries, including India's participation in World Economic Forum (Davos), National Industrial Corridor Programme, India International Convention Centre, Industrial Development Schemes for Jammu & Kashmir, Himalayan and North East states. He was also heading the 'Project Monitoring Group' in DPIIT where he supported the Cabinet Secretariat for monitoring of all the projects of the country above Rs. 500 crores. He was also holding the charge of Controller General of Patents, Designs and Trademarks (CGPDTM). His engagement in disaster risk reduction process is since 1995.

Resource Persons

Dr. Kumar Raka Sr. Programme Officer

A Social Scientist & a reputed Disaster Management Professional. He has completed his Masters, M. Phil and Ph. D in Sociology from JNU, New Delhi. He also earned a Masters in Disaster and Emergency Management from Tel Aviv University, Israel. With more than 18 years of professional experience in DRR his contributions are significant in establishing NDRF in its early years. As Planning Specialist & HOD, Disaster Management,



Noida Authority he established a vibrant DM mechanism in twin-cities of Noida & Greater Noida and conducted a Mega School Earthquake Evacuation Drill 'on the Same Day at the Same Time' wherein 110 Schools with over one lakh stakeholders (students and faculties) participated and that earned a place in 'Limca Book of World Records' 2018 edition. Presently,

in lieu with visionary initiatives of the ED, NIDM; he is proactively engaged in establishing CCDRR Centre of NIDM as 'Centre of Excellence' and has created two more Records mentioned in 'India Book of Records' 2021 edition. Besides conducting numerous research studies, capacity building programmes, trainings, preparing policy papers, writing research papers, articles etc. Dr. Kumar has been instrumental in mainstreaming children, adolescents, youth centric DRR with gender sensitive and disability inclusive approach.

Dr. Balu I, Consultant

A Disaster Risk Reduction, Development management and Capacity Development Professional with 15 Years of Experience in different positions in the Development Management and Disaster Risk Reduction Sector. A PhD in Sociology, studied Development Management from Tata-Dhan Academy, backed with national work exposure at National Institute of Rural Development & Panchayat Raj, Ministry of Home affairs, Government of India and Rajiv Gandhi National Institute of Youth Development, Ministry of Youth Affairs and Sports, Government of India. Experience of working at the grass root to national level in all aspects Development Management and Disaster Risk Reduction is an added value. Specialised in Child Centric Disaster Risk Reduction, Youth for Development & Disaster Management. Presently working at CCDRR Centre, National Institute of Disaster Management, Ministry of home affairs, Government of India. Created two Records mentioned in 'India Book of Records' 2021 edition. Received Subhas



Chandra Bose Excellence Award for Care and protection of children from Disaster, Excellence award for school safety.

Shri. Ranjan Kumar, Consultant

Mr. Ranjan has 12 years of experience in core Risk reduction, Integration of DRR and Climate change Adaptation, Recovery and reconstruction and hands-on experience in project management, Policy Planning and Strategy in Emergency Response, Training and Capacity Building, Research and Data analysis. He has vast experience in working with the SAARC Disaster Management Centre, UNDP, UNICEF and other National Organizations on various issues. He is an experienced hand in designing, planning and implementing plans and projects at the Regional, National and Local Levels. He brings with him the rare combination of exposure variation from the grassroots to the national level. He has presented papers on various subjects in seminars and workshops.



Tanvi Chauhan, BRB

A public health professional with approx. 10 years of work experience. My educational qualification encompasses Bachelor's in Dentistry with Master in Public health from IIHMR University. Currently, I serve as the National thematic Manager for Health and Nutrition at Bal Raksha Bharat, where I've developed and implemented strategic health and nutrition plans nationwide. Along with this my expertise is in building coalitions & in delivering large-scale programs providing technical assistance to various stakeholders in the healthcare sector, especially on National programs such as Anemia reduction, maternal and child health, Ayushman Bharat Program, School health programs & WASH initiatives including international NGOs, government departments, State Program staff & media outlets. I have also provided thematic support for various emergency responses in Save the children few to mention is floods of Kerala, and Himachal Pradesh, land subsidence of Joshimath, and COVID-19.

The core competencies include proposal designing, capacity building, training content creation and delivery, technical brief writing⁷, budget and operations oversight, and team

leadership. Prior to Bal Raksha Bharat I was working with Care India supporting Bihar Technical support Unit for elimination of kala azar program. My working experience includes delivery at grass root level to the national level, covering diverse geographies, including tribal, rural, and urban slums, across all life stages through both upstream (policy advocacy) and downstream (direct implementation) work.

5. Dr Nidhi Yadav:

Dr. Nidhi Yadav has her doctorate in Hospital Management with specialization in Disaster Management. She holds her Masters in Hospital Management with specialization in Quality Management from the prestigious Indian Institute for Health Management and Research, Jaipur along with a dual Masters in Business Administration from the Punjab Technical University. She is also an external assessor for the National Quality Assurance Standards (NQAS) by the Ministry of Health and Family welfare, Government of India and PDNA expert (in Health Sector) with Ministry of Home Affairs, Government of India. She is currently working with International Institute of Health Management Research, New Delhi as Associate Professor. She has experience of fourteen plus years in hospital operations and Quality management. She is copyright holder under the Indian Copyright Act 1957, have more than 10 publications in indexed journal along with chapters in books. She is a seasoned academician, researcher and medical quality administrator with the zeal to bring tangible changes in the way quality and disaster management is perceived and practiced in the health care industry.

4. Inauguration

The inaugural session started with the welcome of delegates and participants by Ms. Nazia Shaik JC, CCDRR Centre, NIDM South Campus. Dr. Balu I. Consultant, CCDRR Centre, NIDM South Campus, delivered overview and objectives of programme report. The training inaugurated by Col. P.S. Reddy, Joint Director, NIDM South Campus and gave, Inaugural Address. Dr. Kumar Raka, Senior Programmer, CCDRR centre, NIDM South Campus delivered Opening Remarks. The special address was given by chief guest Dr. Anil Kumar, Additional Director (MCH), Govt. of Andhra Pradesh and Dr. Madhabananda Kar, Director of AIIMS, Mangalagiri, delivered Keynote Address. Shri. Ranjan Kumar, CCDRR, NIDM south campus, delivered vote of thanks. Dr. Kumar Raka, Shri. Ranjan Kumar and Dr Balu I also handled the technical session. 8

5. Day wise -Technical Sessions

Session 1: Basic Concepts of Disaster Management

Resource person: Dr. Kumar Raka, Senior Programme Officer, CCDRR, NIDM

Dr. Kumar Rakha introduced basic terminologies associated with disaster management and explained the differences between them. He explained how the risk is associated with the major factors like hazard, vulnerability, exposure and capacity. He termed hazard as a process, phenomenon or activity that may cause loss of life, injury or other health impacts, property, damage, social and economic disruption or environmental degradation. It can be either natural or anthropogenic in origin. Whereas disaster is a serious disruption in functioning of a community or a society at any scale due to the hazardous events interacting with conditions of exposure, vulnerability and capacity leading to one or more of the following, human, material, economic and environmental losses and impact. He explained that exposure is the situation of people, infrastructure, housing, production capacities and other tangible human assets located in hazard prone areas. Whereas capacity refers to all the strengths attributes resources available within a community, organization, society to manage and reduce disaster risk and strengthen resilience. He explained the difference between prevention and mitigation. Prevention reduces vulnerability and exposure through that remove the risk of disaster, whereas mitigation is the lessening or minimizing of the adverse impacts of a hazardous event. He explained the concept of mitigation with the example of helmet usage by motor vehicle riders: where helmet lessen the impact of accident.

He explained that preparedness is the knowledge and capacities developed by governance, response and recovery organizations, communities and individuals to effectively anticipate respond to and recover from the impact of disasters. The response phase actions taken directly before, during or immediately after a disaster to save lives, reduce health impacts, ensure public safety and make the basic subsistence needs of the people affected. The rehabilitation includes the restoration of basic services and facilities for the functioning of a community or society affected by a disaster.

The recovery phase includes restoring/improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, system and activities of a disaster affected community or a society. He explained reconstruction is the medium- and long-term rebuilding and sustainable preparation of resilient critical infrastructures, services housing facilities and livelihoods required for full functioning of a community or a society affected by a disaster. Finally, he explained about the resilience, which is ability

of individual, communities or societies and system to be resistant to shock and stress brought about by natural hazards and bounce back better or bounce forward. He gave an example by sighting the structural resilience of building in Japan, and how bridges were constructed to withstand the natural disasters like earthquake.

Session 2 : Disaster Management Mechanism in India

Resource person: Dr. Kumar Raka, Senior Programme Officer, CCDRR, NIDM

The session began with an overview of the vulnerability profile of India, considering various natural and human-induced hazards prevalent in different regions. Dr. Kumar Raka presented the latest research findings and data related to disaster risks, allowing participants to grasp the magnitude and complexity of vulnerability in the country. He discussed the role of various agencies, including the armed forces, in coordinating and executing emergency response plans during disasters. He emphasized on the significance of community-based vulnerability assessments and the need for inclusivity in disaster planning and highlighted the importance of understanding the unique vulnerabilities of different social groups to develop targeted and effective disaster management strategies. The trainer facilitated interactive discussions and group activities, encouraging participants to share their experiences and insights on disaster management in their respective regions.

KEY OUTCOMES:

- Participants gained a thorough understanding of the vulnerability profile of India, including the diverse range of natural and human-induced hazards prevalent in different regions of the country.
- The session provided participants with insights into the magnitude and complexity of disaster risks faced by India, based on the latest research findings and data.
- Practical experiences and examples from disaster response operations enriched the participants' understanding of the challenges and opportunities in disaster management.
- Participants understood the roles and responsibilities of various stakeholders, including government agencies, NGOs, and local communities, in disaster management and response.

- A significant paradigm shift has taken place because of the Disaster Management Act of 2005, from Relief Centric to a Holistic and Integrated Approach with the emphasis on preparedness.
- Response Mechanism includes Specialized Response & proactive deployment during impending disaster situations.
- The session emphasized the importance of a holistic and collaborative approach to disaster management, encouraging participants to foster cooperation among various stakeholders for better outcomes

Session 3: Safe Health Care Facilities in Disaster and Emergencies **Resource Person: Dr. Tanvi Chauhan, National thematic Manager for Health and Nutrition at Bal Raksha Bharat.**

The session began with an overview of Safe health care facilities are crucial during disasters and emergencies to ensure continuity of care and to provide a secure environment for both patients and healthcare workers. These facilities must be designed, prepared, and managed to withstand and respond effectively to the impacts of various hazards. Health care facilities should have robust disaster preparedness plans in place. This includes conducting risk assessments to identify potential hazards, developing emergency response protocols, and ensuring staff are trained regularly on disaster response procedures. Facilities should also establish communication systems that remain operational during emergencies to coordinate with emergency services and other stakeholders.

The physical infrastructure of health care facilities plays a critical role in their ability to withstand disasters. Buildings should be constructed or retrofitted to meet structural standards that reduce vulnerability to earthquakes, floods, hurricanes, and other hazards prevalent in their region. Adequate backup power systems, such as generators and uninterruptible power supplies (UPS), are essential to ensure continuous operation of critical medical equipment and lighting during power outages.

Health care facilities must maintain adequate stocks of medical supplies, pharmaceuticals, and emergency equipment. This includes first aid kits, medications, sterile supplies, and equipment for patient monitoring and treatment. Regular maintenance and testing of medical equipment are necessary to ensure functionality during emergencies.

Regular training exercises and drills are essential to familiarize staff with emergency procedures and protocols. This training should include simulations of various disaster scenarios to test response capabilities and identify areas for improvement. Staff should be trained in triage protocols, patient evacuation procedures, infection control measures, and the use of personal protective equipment (PPE) to ensure their safety and that of patients during emergencies.

The Collaboration with the community is crucial for effective disaster response in healthcare facilities. This involves educating the public about emergency preparedness, evacuation routes, and the location of nearest healthcare facilities. Engaging with community organizations, local authorities, and other stakeholders helps ensure a coordinated response and support network during disasters.

In conclusion, safe health care facilities in disasters and emergencies require comprehensive preparedness, resilient infrastructure, adequate resources, well-trained staff, and community engagement. By prioritizing these elements, health care facilities can mitigate risks, maintain continuity of care, and safeguard the health and well-being of patients and staff during challenging times.

Session 4: Health Care Facility Preparedness Plan (HDMP)

Resource Person: Dr. Nidi Yadav, Associate Professor, International Institute of Health Management Research, New Delhi.

Dr Nidi started the session with an introduction to Health care Facility Preparedness Plan and explained about A Healthcare Facility Preparedness Plan (HFPP), also known as a Hospital Disaster Management Plan (HDMP), is a comprehensive strategy outlining a healthcare facility's response to emergencies and disasters. The plan aims to ensure continuity of quality healthcare services during crises, minimize risks to patients, staff, and visitors, and facilitate rapid recovery.

A well-structured HDMP includes risk assessments, emergency response protocols, and communication strategies. It addresses natural disasters, pandemics, power outages, and other potential disruptions. The plan is developed in collaboration with local emergency management agencies, healthcare coalitions, and other stakeholders.

Key elements of an HDMP include:

- Emergency preparedness and response policies
- Incident command system (ICS) activation and roles

- Patient evacuation and transportation procedures
- Staff training and exercises
- Resource management and surge capacity planning
- Communication and coordination with external agencies

By having a robust HDMP in place, healthcare facilities can enhance their resilience, reduce the impact of disasters, and provide optimal care to patients during challenging situations. Regular reviews, updates, and drills are essential to ensure the plan's effectiveness. Throughout the session, real-life case studies and examples were shared to illustrate the health care in Emergencies on children during disasters.

Session 5: Supply chain and logistics management, crisis communications
Resource Person: Dr. Nidi Yadav, Associate Professor, International Institute of Health Management Research, New Delhi.

This session was started with introduction of Supply chain Management and explained about the importance of Supply chain and logistics management are critical components of an organization's operations, and crisis communications play a vital role in managing disruptions to these processes. A supply chain refers to the network of entities involved in producing and delivering a product or service, while logistics management encompasses the planning, coordination, and execution of activities related to the movement and storage of goods. When a crisis occurs, such as a natural disaster, supplier insolvency, or product recall, effective crisis communications are essential to mitigate the impact on the supply chain and logistics operations. This includes:

- Timely notification to stakeholders, including suppliers, customers, and employees
- Transparent communication about the crisis and its effects on the supply chain
- Regular updates on the status of recovery efforts and expected timelines
- Collaboration with suppliers and logistics partners to identify alternative solutions
- Proactive management of media inquiries and public relations

She also discussed about the effective crisis communications in supply chain and logistics management help maintain trust and credibility with stakeholders, minimize reputational damage, and support business continuity. By having a crisis communications plan in place, organizations can quickly respond to disruptions, ensure

efficient issue resolution, and reduce the overall impact on their operations and reputation.

Session 6: Remote Sensing & GIS Technology for Disease Surveillance
Resource Person: Dr. Nidi Yadav, Associate Professor, International Institute of Health Management Research, New Delhi.

Nidhi started a session with an overview of Remote Sensing and GIS Technology in Disasters and explained about the Remote Sensing (RS) and Geographic Information System (GIS) technology are powerful tools for disease surveillance, enabling healthcare professionals to track and predict the spread of diseases more effectively. RS involves collecting data on environmental factors such as temperature, humidity, and vegetation health through satellite or aerial imagery. GIS mapping technology then integrates this data with other relevant information, such as population density, climate, and disease incidence, to create detailed maps and models.

This allows for:

- Identification of high-risk areas and populations
- Monitoring of disease vectors, such as mosquitoes or ticks
- Tracking of disease outbreaks and spread
- Analysis of environmental factors contributing to disease transmission
- Development of targeted interventions and resource allocation

By leveraging RS and GIS technology, healthcare professionals can respond more quickly and effectively to disease outbreaks, ultimately reducing the burden of disease and improving public health outcomes.

Session 8: Triage at the Health facility during a disasters and emergencies

Resource Person: Dr. Nidi Yadav, Associate Professor, International Institute of Health Management Research, New Delhi.

The session started with introduction of Health facilities in Disasters and explained about the Triage is a critical component of emergency response at health facilities during disasters and emergencies. It involves rapidly assessing patients' needs and prioritizing treatment based on severity and urgency. Effective triage ensures that:

- Limited resources are allocated efficiently
- Life-threatening conditions are addressed promptly
- Patient flow is managed to avoid overcrowding

- Staff safety is maintained
- In disasters and emergencies, triage may involve:
- Rapid assessment of patients' conditions using standardized tools (e.g., START, SAVE)
- Categorization into priority groups (e.g., immediate, delayed, expectant)
- Allocation of resources (e.g., staff, equipment, beds) based on priority
- Continuous monitoring and re-triage as needed

Health facilities should have a triage plan in place, including:

- Designated triage area and personnel
- Clear communication and coordination protocols
- Regular training and drills for staff
- Adaptability to evolving situations

Effective triage at health facilities during disasters and emergencies saves lives, reduces morbidity, and enhances the overall response to the crisis. It requires a structured approach, trained personnel, and continuous improvement to ensure that patients receive the right level of care at the right time.

Session 9: Discussion on Hospital Checklist

Resource Person: Dr. Tanvi Chauhan, National thematic Manager for Health and Nutrition at Bal Raksha Bharat.

A hospital checklist is a vital tool to ensure patient safety and quality care. It involves a systematic review of critical tasks and procedures to be completed by healthcare professionals. Discussion on hospital checklists should focus on:

- Standardization and customization to specific hospital needs
- Regular review and update to reflect changing protocols and guidelines
- Multidisciplinary involvement to ensure comprehensive coverage
- Staff training and education to promote effective usage
- Monitoring and evaluation to identify areas for improvement
- Integration with existing quality improvement initiatives

By discussing and implementing effective hospital checklists, healthcare professionals can reduce errors, improve communication, and enhance patient outcomes

Session 10: Maternal and new born health during disasters and emergencies

Resource Person: Dr. Tanvi Chauhan, National thematic Manager for Health and Nutrition at Bal Raksha Bharat.

The session started with introduction of maternal and newborn child health care and explained that during disasters and emergencies, maternal and newborn health is a critical concern. Pregnant women and newborns are vulnerable populations who require specialized care and attention. Disruptions to healthcare services and infrastructure can exacerbate existing health risks, leading to increased morbidity and mortality.

Key concerns for maternal and newborn health during disasters and emergencies include:

- Limited access to skilled healthcare providers and emergency obstetric care
- Increased risk of complications during delivery and postpartum
- Disruption of routine maternal and newborn care services, such as antenatal care and immunizations
- Increased risk of infectious diseases, such as tetanus and cholera
- Psychological trauma and stress

To mitigate these risks, it is essential to:

- Establish emergency obstetric care services and trained healthcare providers
- Ensure access to essential medicines and medical supplies
- Provide safe and clean facilities for delivery and postpartum care
- Support breastfeeding and newborn care practices
- Prioritize the needs of pregnant women and newborns in disaster response planning and resource allocation

By prioritizing maternal and newborn health during disasters and emergencies, we can reduce the risk of adverse outcomes and ensure the well-being of these vulnerable populations.

Session 11: Child Health Care in Disasters and Emergencies

Resource Person: Mr. Saurav Aman, BRB

The session commenced with an overview of the unique healthcare needs of children during disasters and emergencies. It was emphasized upon the importance of understanding the physiological and psychological differences between children and

adults, which influence the approach to their medical care during crises. These factors prevent children from getting emergency treatment and lead to increased risk of disease, malnutrition and vulnerability to sexual violence. The effective strategies for triage and emergency medical assessment of children, including the use of age-appropriate medical equipment and supplies were discussed. Participants gained insights into the importance of rapid and accurate medical evaluations to prioritize critical cases and allocate resources efficiently.

KEY OUTCOMES:

- Participants learned effective strategies for paediatric triage and emergency medical assessment, enabling them to prioritize critical cases and allocate resources efficiently.
- The session emphasized the significance of using age-appropriate medical equipment and supplies to properly care for children during emergencies.
- The presentation of case studies and real-life examples provided practical insights into medical challenges and successful interventions in past disaster scenarios involving children.
- The session discussed the creation of child-friendly healthcare environments that minimize fear and anxiety, facilitating better medical outcomes for children.
- Overall, the key outcomes of this session empowered participants to advocate for child-focused disaster response and contribute to building a more resilient and child-centred emergency medical care system.

SESSION 12 & 13: Health & Nutrition in Disasters and Emergencies Resource person: Mr. Saurav Aman, BRB

This session had an overview of the unique nutritional requirements of children, especially during disasters and emergencies when access to food and resources may be disrupted. The vulnerabilities children face during such times and the potential impact on their growth and development were highlighted. Reproductive health of young girls and adolescents is especially affected during disasters. Psychosocial needs increase, for children and parents; response should emphasize family and community rather than individual clinical care. Children tend to have easy contact with solid waste (trash) in and around shelters which makes them highly vulnerable.

- The session highlighted the vulnerabilities children face during crises and the potential impact of malnutrition on their growth and development.
- Participants learned about the key factors affecting child nutrition during disaster situations, including food availability, safety, water, and sanitation.
- Participants gained insights into best practices for providing appropriate and safe nutrition to children during emergencies, including the use of ready-to-use therapeutic foods and nutritional supplements.
- Participants learned about the psychological aspect of child nutrition in emergencies, recognizing the need to create a supportive and nurturing environment to promote healthy eating habits and emotional well-being.
- By the end of the session, participants were equipped with practical knowledge and strategies to address the nutritional needs of children during emergencies, promoting their overall well-being and resilience.
- The session strengthened the participants' commitment to safeguarding child health and development during times of distress, emphasizing the role of nutrition in building resilience.

Session 14: Climate change impact on Health

Resource Person: Dr. Tanvi Chauhan, National thematic Manager for Health and Nutrition at Bal Raksha Bharat.

The session commenced a overview of Climate change and discussed about the Climate change has far-reaching consequences for human health. Rising temperatures and extreme weather events increase the spread of diseases, heat stress, and other health issues. Warmer oceans and melting ice caps contaminate water sources, leading to waterborne illnesses. Climate-related displacement and migration heighten the risk of mental health problems and social isolation.

Increased frequency and severity of heatwaves, droughts, and storms:

- Exacerbate respiratory issues like asthma
- Boost mosquito-borne diseases like malaria and dengue fever
- Contaminate food and water, causing gastrointestinal problems
- Disrupt healthcare systems and medical supply chains

She also explained about the Vulnerable populations, such as children, the elderly, and those with pre-existing conditions, are disproportionately affected. Climate change demands immediate attention to mitigate its devastating impact on global health. This includes reducing greenhouse gas emissions, investing in healthcare infrastructure, and developing climate-resilient health systems to protect the most vulnerable.

Session 15: WASH during Disasters and emergencies

Resource Person: Dr. Tanvi Chauhan, National thematic Manager for Health and Nutrition at Bal Raksha Bharat.

WASH (Water, Sanitation, and Hygiene) is critical during disasters and emergencies to prevent the spread of waterborne diseases and maintain public health. Disasters and emergencies can damage or destroy water and sanitation infrastructure, leading to:

- Contaminated water sources
- Inadequate sanitation facilities
- Insufficient hygiene practices

This can result in the spread of diseases such as cholera, typhoid, and diarrhoea, which can be life-threatening, especially for vulnerable populations like children, women, and the elderly.

Effective WASH response during disasters and emergencies includes:

- Providing access to safe drinking water
- Establishing temporary sanitation facilities
- Promoting hygiene practices through education and distribution of hygiene kits
- Conducting water quality testing and treatment
- Supporting the repair and rehabilitation of damaged WASH infrastructure

It is essential to prioritize WASH in disaster response to:

- Reduce the risk of waterborne diseases
- Protect human health and dignity
- Support the recovery and rebuilding of affected communities

A well-coordinated WASH response requires collaboration among humanitarian actors, governments, and affected communities to ensure timely and effective delivery of WASH services.

6. Key Takeaways:

- Women are disproportionately affected by disasters and emergencies due to existing social, economic, and cultural inequalities.

- Ensure access to reproductive health services, including maternal healthcare, family planning, and menstrual hygiene management.
- Prioritize women's nutrition, as they often sacrifice their own food intake for their families.
- Provide safe spaces and protection from gender-based violence.
- Support women's leadership and participation in decision-making processes.
- Ensure access to appropriate infant and young child feeding practices, including breastfeeding support and complementary foods.
- Prioritize vaccination and immunization services to prevent outbreaks.
- Provide safe spaces and protection from exploitation, abuse, and violence.
- Support continuity of education and child-friendly spaces.
- Ensure access to essential healthcare services, including emergency care and mental health support.
- Prioritize access to clean water, sanitation, and hygiene facilities.
- Ensure access to nutritious food and support livelihoods to maintain food security.
- Engage with local communities to develop context-specific responses.
- Collect and analyse data to inform response efforts and address specific needs.

7. Brochure



**Training of Trainers Programme on
"Health and Nutrition of Women and Children in
Disasters and Emergencies"**

24th to 28th June 2024




**National Institute of Disaster Management,
South Campus.**
(Government of India, Ministry of Home Affairs)
www.nidm.gov.in

BACKGROUND

In disasters, and other crises, the lives and well-being of the affected population must always be protected, particularly in the minutes and hours immediately following impact or exposure as time is of the essence in saving lives. The ability of health services to be delivered by critical infrastructure such as health facilities without interruption in these situations is a matter of life and death. It is one of the targets of the Sendai Framework for Disaster Risk Reduction 2015-2030, that is "to substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030"

Further, During disasters and emergencies, rates of malnutrition and death among women and children may increase substantially. Disasters result in outcomes that can increase the risk of malnutrition, illness and death, and it is critical to protect the nutritional status of those affected. People who suffer from acute malnutrition are far more likely to become sick and die. Nearly 60 % of maternal deaths and 45 % of newborn occur in countries affected by a humanitarian crisis; as such, access to essential services before, during, and after pregnancy in emergencies is critical. With already burdened poor newborn and maternal health outcomes, disasters exacerbate these existing challenges. Building resilience and preparedness of health systems, and communities before an emergency can help mitigate all the above-mentioned challenges. Keeping this in view NIDM and BRB has is jointly organizing this ToT Programme on Health and Nutrition of Women and Children in Disasters and Emergencies

AIM OF TRAINING

This five days ToT programme on Health and Nutrition of Women and Children in Disasters and Emergencies aims create master trainers on this specified subject at National level.

OBJECTIVES

At the end of this course, participants will be able to:

- Educate on the importance of health, nutrition & WASH in a disasters situation including key concepts, standards, and best practices.
- Provide a comprehensive understanding of the impact of disasters on the health and nutritional status of affected populations, especially the vulnerable ones like children, newborns, pregnant women and female
- Equipping health professionals with the knowledge and skills to prepare & implement effective health and nutrition interventions during disasters and emergencies
- Ensuring facility readiness to respond to various types of emergencies, including disasters, pandemics, and complex humanitarian crises.

COURSE MODULE

Module I: Introduction to Disaster and Health

Module II: Basics of Child Health and Nutrition in Disasters

Module III: Maternal & Newborn health during Disasters & Use of Technology for Disaster Preparedness

CERTIFICATE

Certificate will be provided to all the participants who will successfully complete the programme.

VENUE, BOARDING AND LODGING: NIDM South Campus, [Kondapavuluru](#) Village, Vijayawada. Boarding and lodging arrangements have been made in NIDM South Campus, Vijayawada

ABOUT NIDM

National Institute of Disaster Management (NIDM) South Campus, Ministry of Home Affairs, Government of India is a premier institute and a Statutory Body (under Disaster Management Act 2005) for training, research, documentation, awareness and human resources and capacity development in the field of disaster mitigation and management in India and in the region.

NIDM is proud to have a multi-disciplinary core team of professionals working in various aspects of disaster management. In its endeavor to facilitate training and capacity building, the Institute has state-of-the-art facilities like class rooms, seminar hall and video-conferencing facilities etc. The Institute has a well-stocked library exclusively on the theme of disaster management and mitigation. The Institute provides training in face-to-face, on-line and self-learning mode as well as satellite based training. In-house and off-campus face-to-face training to the officials of the state governments is provided free of charge including modest boarding and lodging facilities.

ORGANISING TEAM: NIDM

Patron:

Shri. Rajendra Ratnoo, IAS
Executive Director, NIDM.

Co Patron:

Col. P. S. Reddy
Joint Director, NIDM, South Campus

Coordinator:

Dr. Kumar Raka
Senior Programme Officer, CCDRR, NIDM.

Co-Coordinator:

Dr. Balu I, Consultant,
CCDRR, NIDM.

Shri Ranjan Kumar, Consultant,
CCDRR, NIDM.

Ms. Nazia Shaik,
Junior Consultant, CCDRR, NIDM



8. Programme Schedule

Programme Schedule



Training of Trainers Programme on “Health and Nutrition of Women and Children in Disasters and Emergencies”

Date : 24 to 28 June 2024

Venue : NIDM South Campus

Day	9.00-11.00	11.00-13.00	14.00-15.00	15.00-17.00
Day 1	Registration Inauguration, Pre training evaluation and Ice Breaking Dr Balu I	Basic Concepts in Disaster Risk Management Dr. Kumar Raka	Disaster Management Mechanism in India Dr. Kumar Raka	Safe Health care facilities in Disasters & Emergencies Dr. Tanvi
Day 2	Healthcare Facility Preparedness Plan (HDMP) Dr. Nidhi Yadav	Supply Chain and Logistics Management, Crisis Communications Dr. Nidhi Yadav	Earthquake/ flood/ fire simulation exercise Dr. Balu I	Remote Sensing & GIS Technology for Disease Surveillance Dr. Nidhi Yadav
Day 3	Triage at the Health Facility during a disasters & Emergencies Dr. Nidhi Yadav	Discussion on Hospital Safety Checklist Dr. Nidhi Yadav	Field Visit to Primary Health Centre and preparing group presentation Dr. Balu I/Ms. Nazia Shaik	
Day 4	Group Presentation Dr. Balu I	Maternal and Newborn Health during Disasters and Emergencies Dr. Tanvi	Child health during Disasters and emergencies Mr. Saurav Aman	Nutrition during Disasters and Emergencies Mr. Saurav Aman
Day 5	Nutrition during Disasters and Emergencies Mr. Saurav Aman	Climate change impact on health Dr. Tanvi	WASH during Disasters and emergencies Dr. Tanvi	Post Training Evaluation and Feedback Valedictory Mr. Ranjan Kumar
11:00-11:15-Tea Break; 13:00-14:00-Lunch Break; 15:30-15:45-Tea Break				

10. List of participants

A Four Days Training of Trainers Programme on “Health and Nutrition of Women and Children in Disasters and Emergencies” (24 to 28 June 2024) Attendance of the Participants								
S.No.	Full Name	Designation	Address	Gender	Email	Phone No	Grade	Level
1	Francis Daimei	Sr. Medical Officer	Primary Health Center, Samuru, Imphal west, Manipur 795001	Male	francodaim ei30@gmail.com	7629091190	B	12
2	Wahengbam Ratankumar	Sr. Medical Officer	Senior Medical Officer, medical and Health Department, Imphal West, Manipur - 795001	Male	wahengbam.ratankumar@gmail.com	8787891790	B	12
3	Ayekpam Ramananda	Medical Officer	PHC Andro, Imphal East, Manipur - 795149	Male	dr.ramu82@gmail.com	9612638319	B	12
4	Y. Upen Singh	Medical Officer	Community Health Care Centre, Sagolmang, Imphal East, Manipur - 795114	Male	drupenyengkhom@gmail.com	7005065147	B	12
5	Mukesh Kumar	Medical Officer	PD, RBSK, National Health Mission, Rajasthan, Jaipur, Near Deer Park Jaipur - 302005	Male	mukeshdig arual@gmail.com	9928084789	B	12
6	Vinod Kumar	Medical Officer	CHC Pindwara/Govt Hospital Pindwara, Sirohi District, Rajasthan - 307022	Male	phckkbmo@gmail.com	9602030047	B	12
7	Dr.Rakesh Pal	District Epidemiologist. CSO,SBS Nagar	Department of Health and Family Welfare, Civil Surgeon Office, SBS Nagar District - 144514.	Male	rahon121@gmail.com	9876920010	B	12
8	Dr.Ritu Deepti	Medical officer,CHC Rahon,SBS Nagar	Department of Health and Family Welfare, CHC Rahon, SBS	Female	drdeeptiritu@gmail.com	9878119184	B	12

			Nagar District, Punjab - 144517					
9	Anmol Singh	CO(APCS)	Office of Deputy Commissioner, Dibang valley district, Arunachal Pradesh - 792107	Male	anmolsingh 604@gmail .com	9819407000	B	12
10	Anie Yangfo	DDMO	Directorate of Disaster Management, Govt. of Arunachal Pradesh - 791111	Female	anieyangfo 59@gmail.c om	9612566324	B	12
11	Ronya Marbom	DDMO	DDMO, Shi yomi district arunachal pradesh - 791001	Female	ranyamarb om12@gm ail.com	9366144494	B	12
12	Limilal T.M	ICDS Supervisor	ICDS Chittur, Near Block Community Hall, Nattakal Chittur Palakad District - 678554	Female	limindass8 5@gmail.co m	7907429156	B	12
13	Maheeda	ICDS Supervisor	ICDS Wandoor Additional Project, Malappuram District, Kerala - 676123	Female	maheedap @gmail.co m	9495091215	B	12
14	Sarathma Sukumar	ICDS Supervisor	Komdohy Additional ICDS Project, Agikkarapadi, Malappuram, Kerala - 673637	Female	sarathamm a@gmail.co m	9847536302	B	12
15	Jismi Augutain	ICDS Supervisor	Iritty ICDS Supervisor, kannur District, Kerala - 670705	Female	jismi.icds@ gmail.com	9526242973	B	12
16	Deepa Thomas	ICDS Supervisor	ICDS Iritty Additional, Near mattannur Municipality, kannur District - 670705	Female	alendeepa2 012@gmail .com	7025550698	B	12
17	M. Lokesh	CAS, Colocated PHC, Bangarupal yam	Director of Public Health and FamilyWelfare, Co-Located primary health center, Bangarupalyam,	24Male	lokeshmud uveti7861 @gmail.co m	8317645684	B	12

			Chittoore Diatrict - 517416					
18	H. Lokesh	CAS, PHC, Ramakuppam	Primary Health center Ramakuppam, Ramakuppam (V&M), Chittoore District - 517401	Male	lokeshrue11@gmail.com	9160078584	B	12
19	Sidda Sivappa	Medical Officer, PHC, Pokuru	Voletivari palem Primary Health Center, Voletivari Palem Mandal, SPSR Nellore District - 523116	Male	getsiddu0@gmail.com	7036575079	B	12
20	J. Raja Sekhar	PHC, Mukkavaripalli	Primary Health Centre, Mukkavaripalli (V&PO), Obulavaripalli M), Annamayya District - 516108	Male	jonnagaddalarajasekhar@gmail.com	9100833172	B	12
21	Naresh	Co-Located PHC-AH, Rajampeta	Colocated PHC AH Rajampeta, Annamayya District - 536115	Male	bnaresh66@gmail.com	7095691088	B	12
22	Kodali Pradeep Kumar	CAS, PHC, Alamuru	Primary Health Center alamuru, Bhattamasutaru village, penumantra mandal, west godavari district - 534126	Male	imriahministries.pradeep@gmail.com	7661019493	B	12
23	K.Lakshmi Parvathi	CAS, PHC, Mogalthur	Primary HealthCenter Mogalthuru, Near Pathakaluva Center, Mogalthuru, West Godavari - 534280	Female	lakshmiparvathikandulapati1@gmail.com	8179713284	B	12
24	P. Nishanth	CAS, O/o DMHO E.G	District medical and health (DMHO) office, Industrial estate, bommuru, East Godavari District - 533124	Male	nishanthpoungoti286@gmail.com	9490668616	B	12
25	D. Kishore Naik	CAS Colocated PHC, Kovvuru	CHC-Kovvur, Govt. of Andhra Pradesh, East Godavari District - 533124	25 Male	dumavatkishore@gmail.com	9885009455	B	12

26	Dilli Prasad	Mo PHC Yanam	PHC-S.yanam, Dr. B.R. Ambedkar Konaseema District - 533213	Male	dilliprasad.guvvala@gmail.com	7036501323	B	12
27	Durga kavya. CH	Mo PHC Sakhinetipalli	PHC-Sakhinetipalli, Near Mandal Office Road, Konaseema District - 533251	Female	chippala8.durgakavya@gmail.com	8328354275	B	12
28	P. Pradeep Prasad Raja	PHC, Devada	Flat 4, Aruna Residency, Jangalapalem, saripalli post, Pendurthi, Visakhapatnam - 531173	Male	punapuredi.pradeep@gmail.com	9010292576	B	12
29	B. Ramesh	PHC, Sontyam	Primary Health Center-Sonthyam, Anandapuram Mandal, Visakhapatnam District - 531173	Male	drrameshbandaru@gmail.com	7989491513	B	12
30	R. venkatesh	MO, PHC, Dimili	Primary Health Center, Dimili Mandal, Anakapalli District- 531026	Male	medicalofficerphcdimili@gmail.com	7207776973	B	12
31	K. Ramesh	MO, PHC, Bucchayyapeta	Primary Health Center-Buhayyapeta, Anakapalli District - 531026	Male	kavanam.ramesh@gmail.com	9494685341	B	12
32	P. Vanaja	PHC, Mangampadu	PHC-Mangampadu, Rampachodavaram Mandal, Alluri Seetharamaraju District - 533348	Female	poolavanaja2008@gmail.com	9160940509	B	12
33	D. Vijay Pradeep	Reserve MO, O/o DM&HO, Kakinada	D.No-22-1, 43/1, Nageswara Rao Street, Ramaraopeta, District Medical and Health Office (DMHO) Office, kakinada, Kakinada District - 533001	Male	vijaypradeep43@gmail.com	8328258269	B	12
34	S. Phani Teja	PHC, Turangi	Primary Health Center Turangi, kakinada Rural,	26 Male	singallaraju89@gmail.com	7661873093	B	12

			Kakinada District - 533001					
35	M. Narayana Swamy	PHC Enumaladod di	Primary Health Centre, Yenumuladoddi, Kundurpi mandal, Anantapur District - 515765	Male	narayan aswamy1277 @gmail.co m	9494065144	B	12
36	M. Somesh Kumar	PHC Enumaladod di	PHC- Yenumuladoddi, Kundurpi Mandal, Anantapur District - 515765	Male	machni.so mesh82@g mail.com	9491419557	B	12
37	B. Chandrika Rani	PHC Tсандuru	PHC-Tсандuru, Bapatla District Andhra Pradesh - 5223318	Female	chandrika.r ani1996@g mail.com	7660078972	B	12
38	K. Lalitha Rajeswari	PHC Vetapalem (Gnt)	PHC Vetapalem, Tсандur Mandal, Bapatla District - 522212	Female	lalitha3010 96lr@gmail .com	8985941388	B	12
39	K. Bhargavi	o/o, DHMo, Eluru	O/o District Medical and Health Office, Powerpeta, Eluru District - 534007	Female	kasukurthi bhargavi@ gmail.com	9731121625	B	12
40	K. Vijaya Lakshmi	DMPO. I/C	CAS, DMPO. I/C, Eluru District Andhra Pradesh - 534001	Female	vijayakurat i@gmail.co m	6304838329	B	12
41	D. Viswanth	CAS@DM & HO	Department of Public Health and Family Welfare, Gollapudi, Vijayawada, kadapa District - 521225	Male	viswanthda sari@gmail .com	8309951282	B	12
42	L. Heerendar Singh	Civil Assistant Surgeon O/o DM&HO	District Medical and Health Office, Kadapa District - 516001	Male	heerendar singh@gmai l.com	8500227890	B	12
43	C. Thimmann a	PHC, Halaharvi	Primary Health Center - Halaharvi - Alur, Kurnool District - 518348	Male	thirumales hyadav365 @gmail.co m	7569318100	B	12
44	M. Kiran	PHC, Kowthalam	Kowthlam Primary Health Center, Kowthalam	27 Male	mkiransvm c@gmail.co m	9666600902	B	12

			Mandal, Kurnool District - 518344					
45	S. Ashruf Ali	Co-Located PHC - Dh Nandyal	PHC Colocated, Nandhyal District - 518501	Male	colocatedp hcdhnandy al@gmail.com	8309719771	B	12
46	A. Spoorthy Teja	CAS	PHC-Sundipeta, Atmakur Division, Nandhal District 518501	Female	alaganuru.s poorthy@gmail.com	7780557090	B	12
47	M. Chaitanya Krishna	PHC, Singarayakonda	PHC Singarayakonda, Singarayakonda Mandal, Prakasam District - 523101	Male	krishna.chaitanya52@gmail.com	7672060410	B	12
48	Aquib	PHC Tettangi	Thetangi Primary Health Center, Gurla Mandal, Vizianagaram District - 535220	Male	mohammedaquib5961@gmail.com	9951400090	B	12
49	Reddi Sateesh Kumar	PHC Pedomajjipalem	PHC Pedomajjipalem, Gantyal Mandal, Vizianagaram District - 535221	Male	reddymaya@gmail.com	9550822098	B	12
50	NSNVK Sai Lalitha	PHC Penamaluru	PHC Penamaluru, Near MRO Office, Penamaluru, Krishna District - 521139	Female	sailalitha299@gmail.com	9439722540	B	12
51	P. Sai Nikitha	Co, Located PHC Kankipadu	Co-Located Primary Health Centre-Kankipadu, Krishna District - 521139	Female	nikzpaladugu@gmail.com	8142544342	B	12
52	K. Sowmya	PHC, Saileru	PHC-Sileru, Post Office Street, Sileru Project, ASR District - 531105	Female	kanakam.sowmya1990@gmail.com	8919113460	B	12
53	V. Gowtham babu	PHC Alluru	Chevitikallu (post), Kanchikacherla Mandal, NTR District - 521180	Male	allurphc@gmail.com	9121923499	B	12
54	V. Praveen	O/o DLATO, Srikakulam	O/o District Leprocy AIDS & TB Officer, Srikakulam District - 532001	28 Male	praveenvurjana.91@gmail.com	9495291632	B	12

55	M. Vijay Kumar Reddy	PHC, Akkupalli	Primary Health Centre, Akkupalli (V&po), Vajrapukothuru Mandal, Srikakulam District - 532219	Male	vijaykumar reddy573@gmail.com	9182022422	B	12
56	B. Joel Prasad	PHC, Pamidipadu	Primary Health center- Pamidipadu, Narasaraopeta Rural, Palnadu District - 522601	Male	dr.joellaroi@gmail.com	8978151111	B	12
57	K. Mounika	PHC, East Gangavaram	PHC- East Gangavaram, Tallur Mandal, Prakasam District - 523264	Female	mounikakavali.27@gmail.com	9701559611	B	12
58	A. Daniel Raj	PHC, Ozili	Mandal PHC- Ozili, Opposite ZPHS, Near MPDO Office, ozili - 524402	Male	rajdaniel1996@gmail.com	7658989460	B	12
59	A. Leela Krishna	PHC, Chennuru	Primary Health Centre, Chennur Gudur Mandal, Tirupati District - 524101	Female	andharileel akrishna@gmail.com	7842426092	B	12
60	M. Sahithi Naidu	O/o, DHMO, Parvathipuram	O/o DMHO, DM&HO Office, RCM School, Parvathipuram, Manyam District - 535501	Female		7093094953	B	12
61	Hemarani. C	RGGW&CH Puducherry	Ragiv Gandhi Government Women and Children, 100 feet Road, Ellaipillaichavad, Puducherry - 605009	Female	hemarani.ramkumar@gmail.com	9965571793	B	12
62	V. Sumitra	RGGW&CH Puducherry	Ragiv Gandhi Government Women and Children, 100 feet Road, Ellaipillaichavad, Puducherry - 605010	Female	sumitra78@gmail.com	9442395834	B	12
63	S.D. Aftaf	Medical Officer	Primary Health Center, PHC- Talupula, Kadiri	29 Male	aftafshaik5@gmail.com	8106777108	B	12

			Division, Sri Satya Sai District - 515581					
64	M. Anusha Rani	Medical Officer	PP Unit Sattenapalli, Palnadu District - 522403	Female	anu.melimi@gmail.com	8555811393	B	12
65	K. Keerthi	CAS	PHA Ravivalasa, Garugubilli Mandal, Manyam District - 535525	Female	keerthikani225@gmail.com	7675087172	B	12
66	B. Ananda Vardhan	CAS	Civil Assistant Surgeon, Primary Health Center, Nambula pulakunta, Sri satya sai - 515521	Male	anandavardhanb@gmail.com	7013801023	B	12
67	E. Naveen	CAS	Primary Health Centre, Chittaluru, Chejarla Mandal, SPSR Nellore District - 524341	Male	dr.naveeneggoni@gmail.com	9654587919	B	12
68	Y. Viswa	CAS	Primary Health Centre, Pedapalikaluru, Guntur Rural Mandal, Guntur District - 522002	Female	viswa8.yenikapati@gmail.com	6300127770	B	12
69	Anniegrace	CAS	PHC- Nudurupadu, Phirangipuram Mandal, Guntur District - 522529	Female	anniegracechegudi321@gmail.com	6300373873	B	12
70	Nongmeikapam Tyson Singh	MO, PHC, Nongpok Keithekmani	Directorate of Health Services Manipur, Imphal West - 795001	Male	doctortyson@gmail.com	9612134738	B	12

Field Visit Photos



11.

Photos



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