

#### INTRODUCTION

A meeting to review the progress of action initiated as part of the observance of the 1990s as the International Decade of Natural Disaster Reduction (IDNDR) was held on September 21 and 22, 1992 at the Indian Red Cross Society (IRCS) building. The meeting, organised by the Directorate General of Health Services (DGHS) and the office of the World Health Organization (WHO) Representative in India, was attended by representatives of DGHS, WHO, some national institutions and voluntary organizations. The review was undertaken in the context of a proposal to invite the Scientific and Technical Committee (STC) of IDNDR to have its next meeting in New Delhi. The list of the participants is in the annexure.

# Objective

The meeting was convened with a view to reviewing the peroformance of various premier institutions engaged in the disaster management training programmes, and assessing the strengths and weaknesses of various NGOs engaged in the disaster mitigation for the forthcoming STC meeting.

## Inaugural Session

The meeting was inaugurated by Dr A. K. Mukherjee. Additional Director General of Health Services. Dr Mukherjee explained the purpose of the meeting and said that disaster preparedness assumed significance in the light of the enormity of the problem. He informed the meeting about the role of Indian Red Cross Society in relief activities. The IRCS proposeed to introduce various courses in its training centres in a big way, he added. He noted that disaster was knocking at the doorsteps every month and in the developing countries more than 3 per cent of GNP was lost in natural disasters. He called for organised effort to mobilise the people and improve the level of preparedness.

After the introduction of the participants, Dr V. N. Sardana, Director (Emergency Medical Relief) in the DGHS explained the objectives of the meeting. He said that second Wednesday of October every year had been designated as 'International Day for Natural Disaster Reduction' to generate public awareness on the need for preparatory steps that would help reduce the extent of loss of lives and property at times of natural disasters. Besides this, a high level Council to advise the U.N. Secretary General and a 24-member Scientific and Technical Committee (STC) had been set up. The STC proposed to have its next meeting in New Delhi and the present review was meant as a prelude to this.

Mr B. Narasimhan, formerly, Additional Secretary and Relief Commissioner in the Department of Agriculture, Government of India and currently Managing Director of Gujarat State Petrochemical Corporation presented the keynote address. He said India was one of the most disaster-prone countries. The STC would address itself to the

global problem but the present review would help identify the gaps in the national programme of action. The STC meeting would provide an opportunity for interaction between the State Governments and the international experts. This would, in turn, help in the building up of national capabilities, formulation of National Disaster Preparedness Plan and generation of public awareness through dissemination of information.

Mr Narasimhan noted that India had one of the longest traditions of disaster management, particularly droughts and floods. But the approach was one of exercise in philanthropy. At the political level, he regretted, there was opaqueness on the long-term needs for management. In this context, he referred to the constitutions of the National Advisory Council (NAC) and said that so far the NAC had had only one meeting. The second meeting was yet to be convened. There was consderable apathy and there was more of reaction to a disaster situation than any direction prior to it to mitigate its effects.

From 1987, a different kind of problem was being faced. The Ninth Finance Commission's recommendations had provided a suitable alibi for inaction by the Central Government. In the wake of the Bhopal tragedy, there were proposals for contingency plans. But at the time of the earthquake disaster in Uttar Kashi, the management of the disaster was in total disarray. He expressed the view that there should be much better and more meaningful management of disaster events. With a concern on sustaiability, we should manage our capability with proper planning, he remarked.

Mr Narasimhan felt that the coordination of efforts by voluntary organisations should be much more meaningful. Disaster management should be viewed as an esoteric exercise. The concern for disaster management should become part of functional programmes. One should address disaster management problems through processes and systems. He called for inter-disaster studies and evaluation to provide feed back, sustained intervention studies, information and proper preparedness and to evaluate administrative processes to promote preventive measures. He was critical of too much gestation period between planning and implementation, institutional and community capabilitieis. He highlighted the role of NGOs in this regard.

Dr Olavi Elo, WHO Representative to India said that one-third of the International Decade for Natural Disaster Reduction had passed. But very little had been done at the field level. When the IDNDR was decided upon there was peace in the world. But now there was turmoil everywhere. There were strifes in many countries. Manmade disasters were in the forefront demanding world attention. This, in turn, had affected implementation of IDNDR. However, recently there had been a major natural disaster in Africa—Somalia, which had caught global attention.

Dr Elo said that the forthcoming STC meeting would help in interaction between the international experts and individual institutions and NGOs. We could also present reports and programmes to STC. He further informed the group that UNDP was going to invest 5 million US dollars in training programme. We could request UNDP to put some of that money for India for training. Funds were also available in global and regional programmes in disaster management. The UNICEF was active globally in disaster relief with an effective and flexible supply system.

Dr Elo noted that right from the beginning, the UN was not inclined to meet the financial commitment for the IDNDR from the regular budget and wanted the funding to come from the donor countries. Among the UN bodies, the UNDP, the UNICEF and WHO had programmes related to IDNDR. The WHO, he said, had taken disaster preparedness more seriously than other U. N. organisations, but funds were not forth-coming. The funds for development programmes could not be diverted for disaster preparedness programmes. If part of the funds earmarked for relief could be diverted for preparedness, that would be helpful.

Most of the time, Dr Elo noted, the funds for relief were made available late. There were regional activites in collaborative centres from where one could get management and other training modules. In SEARO region, there was no full time Programme Officer at country level. Some funds were available for WHO collaborative centres and some additional funds could be made available from extra budgetary resources. He called for deliberations on the specific issues of IDNDR for the coming STC meeting so that useful recommendations could be made.

#### **DISCUSSIONS**

In the course of general discussions, Dr S. P. Mukhopadyaya of the All India Institute of Hygiene and Public Health, Calcutta explained the studies initiated by the Disaster Management Centre (DMC) of the Institute. He identified the gaps in programme implementation which were: 1) lack of awareness on the part of the community and various functionaries in the pre and post disaster phase; (2) need for an integrated approach to different sectors in disaster management and (3) lack of resources.

Mr. K.A.V.R. Krishnamachari, Director, Regional Medical Research Centre of ICMR in Bhubhaneshwar said there were projects in the region aided by the World Bank. DANIDA and British Council. If disaster preparedness could be included as components of these projects that would help solve the problem of funds. He wanted the meeting to urge the Orissa Government to consider provision of funds. The RMRC had a training center for disaster preparedness. Soon, crisis management and surveillance management would be included in this training programme.

Dr K.S. Ramesh of Administrative Staff College of India said that from 1976 onwards the ASCI had evinced interest in studies related to natural disasters. It had been organising training courses for the personnel of district administration. He regretted that after 1987 the response to this programme had been poor. The IDNDR had revived the interest. He identified the areas where management training needed to be imparted. At the field level, there should be integration of development activities and disaster preparedness, he felt.

Mr N. K. Jain, Convener, Joint Assistance Centre explained how NGO participa tion could be made effective. He was of the view that normally a disaster was attended to as a fire fighting exercise. There was also lack of interaction between the non-governmental organizations and the Government. The NGOs had a potential not only in dealing with disaster situation but also in regard to disaster preparedness and mitigation.

Mr R.K. Thankappan. Principal of Health and Family Welfare Training Centre. Trivandrum explained the steps taken to impart training for disaster management so as to increase the level of awareness and improve upon the capabilities of various functionaries

Dr Gouri Gupta, National Programme Officer of WHO informed the group that disaster management had been included in the course for District level medical officers conducted by the Rural Health Division of Health Ministry.

Ms Helen Ohlin of SEARO/WHO explained briefly the contribution of WHO in promoting NGO effort and other activities. She expresssed the view that it was interesting to learn that a lot of effort was being taken by various agencies and coordination among all these agencies was necessary.

Dr Dubey, Director JIPMER said Emergency Medical Relief had been included in the undergraduate medical curriculum. Several training modules for health workers at different levels were being formulated.

#### Presentations:

The participants then gave a detailed presentation of the action programme undertaken by their respective institutions.

Dr S.P. Mukhodhyaya of All India Institute of Hygiene and Public Health, Calcutta explained with the help of slides the steps taken to sensitise the health workers and the community as a whole on the various aspects of natural disasters. Through a multi-sectoral approach, appropriate orientation had been given. The Institute was also bringing out a newsletter besides a special issue of the Indian Journal of Public Health on Disaster Management.

Dr Dubey of JIPMER said curriculum was being developed for the training of trainers. The plan of action included organisation of training programmes for key training personnel, development of curriculum and training material for use by health personnel, creation of a resource centre for promoting education and training. For this purpose, a working group had been formed. Two faculty members from JIPMER were proposed to be provided training in prevention of traffic accidents.

Mr N. K. Jain of JAC said that the Government of India had decided to provide Rs. 15 Crores to set up a Disaster Management Institute in the Sixth Plan. But, so far no provision had been made, even in the Eighth Plan. He traced the origin of JAC and recounted the hopeful trends, both national and international, in tackling this problem. The aim of the JAC was to percolate awareness of the need for everyone at all times to be in a state of preparedness to face natural and man made disasters, with composure and confidence. This could be done through education and training and these were the main activities of the JAC, which had library on disaster with over 3000 holdings.

Dr Dutt of NEERI said that currently his institution was engaged in developing disaster management and emergency preparedness plans for chemical industries based on probablishic risk assessment environmental risk assessment for industrial, water resources and mining projects; development of off-site emergency preparedness plan for district level, based on area risk assessment and vulnerability analysis, in Vishakapatnam district; environmental health interface modelling, calibration and validation.

Dr Ramesh of ASCI said that case studies had been taken up on cyclones and floods, designing a computerised simulation game, developing audio-visual material

and organising a one week training course on disaster management. The case study on Cyclones had been initiated in the Coastal Districts of Andhra Pradesh in May 1992.

The following are some of the points brought out in the preliminary reports of the case studies:

- shortage of drugs pose a problem in undertaking mass vaccination and distribution of vitamin tablets during the period of cyclonic storms;
- in the absence of a doctor to complete the formalities, the dead bodies cannot be removed and decomposition takes place;
- during cyclonic storms, several areas get flooded and the wells get polluted but health personnel find it difficult to provide chlorination due to inadequate transport facilities;
- the response from the private doctors to serve in an emergency has not been encouraging;
- the rush of VIPs to the scene of disaster affects the work of the senior officers in attending to the emergency;

The ASCI team had proposed to study an island inhabited by a small group of fishermen and the problems faced by them during the cyclone.

Dr Ramesh said a Simulated Cyclone Management Game, called 'SIMCLONE' had been designed by Prof. S. Ramani, Director of NITIE and this had been effectively used in the training courses on disaster management. A similar game on drough management was proposed to be designed. A drought prone district of Tamil Nadu, Dharamapuri, had been chosen for the case study on drought. An audio visual material on cyclone in Andhra Pradesh was proposed to be developed.

Dr Thankappan of Health & Family Welfare Training Centre. Trivandrum said there were 47 regional training centres to impart inservice training to health personnel. It would be ideal to integrate all the training programmes into the existing training system. Similarly, some of the vertical training programmes at the national level could be integrated into the inservice training of the regional training centres. He also suggested that one of the health officers at the district level might be given charge of the training programme at the district level. He noted that in certain States like Maharashtra, Block level training had been introduced. This was a new concept meant to provide training in disaster management to grass root level health functionaries like multipurpose workers. In his view, the training programme should cover not only the Government functionaries but also those outside the Government.

Dr K.A.V.R. Krishnamachari of RMRC. Bhubaneshwar explained the activities undertaken by the Centre and presented an outline of a National Strategy for drought mitigation. This envisaged identification of drought prone areas and provision of caloric supplementation, alternate source of income generation, massive dose of Vitamin A etc.

Dr R.S. Sharma of National Institute of Communicable Diseases recounted the action programme initiated by NICD towards disaster preparedness. He said the NICD was coordinating disease surveillance work done by the Surveillance units in each state.

Mrs K. Alamelu of Bharat Scout and Guides recounted the steps taken to generate awareness among the children in particular, through essay and painting competition. The paintings entered for the competition were exhibited at the meeting room.

Dr Gupta of IRCS detailed the work of his institution in providing relief to disaster victims. The IRCS was the first vouluntary agency to rush to any disaster site. It was planning to start a Central Training Institute.

Mr A.N. Jha of Tata Risk Management Services said an area which had a high concentration of chemical and petrochemical units had been selected for indepth study by his Centre. The idea, inter-alia was to develop maximum credible loss scenerio after examining the onsite plans and based on this, evaluate the offsite implications. This would help in the formulation of District Disaster Management Plan.

Mr B. Narasimhan, who chaired the session, said that the role of NGOs in raising community awareness needed emphasis. He wanted a network of NGOs to be promoted.

### RECOMMENDATIONS

Dr V.N. Sardana, Director (EMR) read out the consensus/recommendations arising from the deliberations, which are as follows:

## 1. Training

The Group recommended setting up of a Task Force consisting of representatives from multi sectoral training institutions. They will develop training strategy and standardise modules for training, develop training modules for key trainers, define the course content for training to health sector functionaries and prepare modules for the training of NGOs.

# 2. Surveillance

The Group suggested setting up of a Task Force that would standardise the methodology for carrying out pre and post disaster surveillance. This task could be assigned to All India Institute of Hygiene and Public Health, Calcutta and National Institute of Communicable Diseases, Delhi which were already involved in surveillance.

## 3. Data Base

The Group recommended that a clear strategy should be formulated for collection of information and setting up of a data base on different aspects of disaster programme. An inventory of the institutions involved in various disaster programmes should be prepared.

### 4. Research

The Group suggested that research should be meaningful, applied and positive. Institutions should indentify the various studies and come forward with proposals for carrying out research. Keeping in view the fact that they should involve the user agency, the outcome of research should be meaningful and applicable.

## 5. Resources

The Group was of the view that the States must have a special head for funding the disaster programmes. It was also suggested that out of these, some percentage should be earmarked for disaster preparedness. The Group further suggested that the nodal Ministries should be asked to prepare a memorandum for submission to the Tenth Finance Commission in regard to allocation for Calamity Relief Fund (CRF).

# 6. STC Meeting

The Group recommended that necessary papers should be prepared for the forth-coming STC meeting indicating capabilities, preparedness and information dissemination.

## 7. Role of NGOs

The role of NGOs in the National Disaster Management Programme and IDNDR should be clearly defined and they should be actively involved in the programme.