

GUJARAT CASE - Highlights

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Bench Mark 11 – (Disaster proofing)- Includes Resource Mobilization and coordination among Local/Professional/NGO partners

- a) Stress in columns and load bearing walls
- b) Stitching of slabs
- c) RC coping
- d) Insertion of vibrators for concrete
- e) Use of standard steel and tensile strength
- f) Knowledge of building code, design code, soil analysis, internal corridors, low rise structures, micro zonation
- g) Use of burnt clay bricks, installation of joints in building

Capacity Building – Triage Code

- a) Vector control training
- b) Vulnerability analysis of population
- c) Health mapping – Fund Management
- d) Donor integration
- e) Nutritional supplementation
- f) Cataloguing GRDOs and locations for disaster preparedness

Safe Hospital

- a) Earthquake resistant designs
- b) Building codes for zones
- c) Masonry walls to be earthquake resistant
- d) Ductile detailing
- e) Rewaterproofing on terrace with efficient rain water disposal
- f) External and Internal replaster with weld mesh

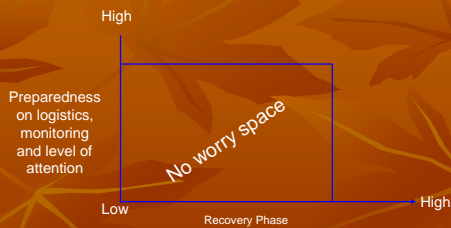
Safe Hospital (cont'd...)

- g) Stone masonry areas to be cement grouted
- h) Corrosion area to be identified
- i) Lintel bands to be provided on external periphery walls on both sides. This will enable structure to act as one unit and box type action is achieved
- j) For internal walls, lintel bands on those walls having large number of openings

Safe Hospital (cont'd...)

- k) TRIAGE – Identify, Isolate, Immunize, and Indemnify through indoor treatment
- l) IR strategies – Communication/Health camps/stabilization/PR strategies – Medical Rehabilitation, Post-Care surveillance
- m) Citizen's preparedness, Resilience very crucial like Kobe earthquake of Japan. 486 villages in Gujarat saw model houses, mock trials of disaster

The Strategy Overall



Solution: Knowledge based, Technology laced, confidence-enabled and resources mobilized

Steps Ahead

- 1) Reserve of life saving drugs & fluids (essential)
- 2) Nutritional focus (urgent)
- 3) EMS system in force (A pre-condition)
- 4) GRDO – Civil society preparedness (A cropper)
- 5) Mock trials and Pre-Identified Issues and a must (efficacy)
- 6) The group of Ortho/Paed/Anaesthetics/surgeons/medicine doctors (MAPOS) have to be in place in vulnerable areas and also NGOs sensitized (To make SOPs happen)

Steps Ahead (cont'd..)

- 7) Buildings have to be made disabled friendly, oxygen and hot water enabled and also follow bye-laws (disaster proofing)
- 8) A revolving fund for care and surveillance (ideal)
- 9) Networking with Universities for service providers like nurses, phamacists, lab technicians, physiotherapists, orthotics and prosthesis persons (efficiency)
- 10) A legal framework like EMS /GSDMA to give teeth (structure approach)
- 11) The code of buildings, the design codes and adherence to BIS specifications can give relief (operations/design aspect)