General Perspectives on Preparedness vis-a-vis Disaster Management & Capacity Development

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**Article ID:** WMC004332

**Article Type:** Review articles

**Submitted on:** 12-Jul-2013, 03:23:52 PM GMT  **Published on:** 13-Jul-2013, 04:56:20 AM GMT

**Article URL:** http://www.webmedcentral.com/article_view/4332

**Subject Categories:** DISASTER MEDICINE

**Keywords:** Disaster management, General preparedness, Indian ocean tsunamis, December 26, 2004

**How to cite the article:** Prakash JS, Deolalikar S, Prakash J, Thomas M, Singh D, Choudhary K. General Perspectives on Preparedness vis-a-vis Disaster Management & Capacity Development. WebmedCentral DISASTER MEDICINE 2013;4(7):WMC004332

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**Source(s) of Funding:**
Self Funded

**Competing Interests:**
None
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Abstract

Abstract: Increasing frequency and world-wide occurrences of natural and man-made disasters and mass casualty incidents are responsible for the heavy toll on lives, physical and mental trauma, as well as infrastructure/development and financial losses. Our record of disaster management falls woefully short in many ways and in multiple aspects. In developing nations there is a growing need to identify causes for delay and deficiencies in providing disaster relief, to assess preparedness status, and to define individual requirements of responders and service providers for an enhanced and effective capacity development in order to better cope with future disasters.

Introduction:

American College of Surgeons, Committee on Trauma 1990 [ACS COT] states that a disaster may be a sudden event with a variable mixture of four factors: injury to human beings, destruction of property, overwhelming of local response resources and disruption of organized societal mechanisms. This is similar to the definition offered by WHO in 1995.

Disasters may be natural or man-made and may occur anywhere and at any time. Statistics show a nearly exponential rise in number of people affected. For each disaster listed in officially recognized disaster database there are some 20 other smaller emergencies with destructive impact on local communities that are unacknowledged and go unnoticed.

Material & methods

Since their early stage of careers till date the authors have volunteered, observed and participated in management of victims of different types of disasters and mass casualty incidents in India e.g., Bhopal MIC Gas Leak Disaster in 1984, terrorism related mass casualties brought to CMC & Hospital, Ludhiana, Punjab during early 1990’s, Khanna Train Accident Disaster in 1998, Shringar Cinema Bomb Blast Disaster in Ludhiana, Indian Ocean Tsunamis on December 26, 2004 etc. A preliminary analysis based on their experiences and repeated observations revealed that there were delays in providing timely relief and other services as well as diverse deficiencies during initial and middle response stages of disaster management.

Discussion

Disaster management study falls under the purview of social sciences. Health disaster management, in India, is presently dealt with under community medicine also known as social and preventive medicine.

In India disaster management (DM) act was enacted in parliament on 23rd December, 2005 almost an year after the double disaster of Asia Pacific undersea earthquake and the consequent tsunamis on December 26, 2004 affecting 12 countries. The National Disaster Management Authority (NDMA), headed by the Prime Minister, is the apex body for disaster management. The setting up of NDMA and the creation of an enabling environment for institutional mechanisms at the state and district levels [SDMA - State Disaster Management Authority, DDMA - District Disaster Management Authority] is mandated by DM Act of 2005. The present address of NDMA is NDMA Bhavan, A1 Safdarjung Enclave, New Delhi 110029, www.ndma.gov.in.

A typical Disaster Management continuum, comprising of six elements i.e., disaster prevention, disaster mitigation and disaster preparedness in pre-disaster phase, and response, rehabilitation and reconstruction in post-disaster phase, defines the current approach to Disaster Management by NDMA.

Our observation is: Capacity building is inherently associated with all, more so with preparedness during pre-disaster as well as post-disaster phases. Preparedness may be considered in terms of preparedness in general and specific or specialized preparations. Specific/specialized preparedness may be disaster specific or preparations related to individual medical specialty or any other healthcare service provider.

After 14th World Congress on Disaster and Emergency Medicine Birnbaum [2005], based on the large number of works cutting across multiple disciplines, opined that health disaster management and emergency medicine had developed into a
science in its own right and had come of age. Substantial amount of literature is available for reference on preparedness in general [11, 2, 13, 8, 14, 17], on general surgery [12, 7], on dermatology [3, 9], psychiatry and psychoanalysis [10, 4], community based disaster preparedness [CBDP] and other aspects of capacity building [6, 15], vis-a-vis management of disasters/mass casualty incidents.

The latest Medical Preparedness Aspects of Disaster issued by the Govt. of India, Ministry of Health and Family Welfare (2010) 19 made an initial attempt to cover some aspects but, understandably, many are left out which need to be identified, developed and organised for an enhanced preparedness leading to effective capacity development in relation to disaster management.

Conclusion

The need and lacunae still exist for various categories of responders and healthcare service providers to identify different shortcomings and causes for delay in providing relief and services. Government and non-government organizations need to make sustained efforts to assess their preparedness status and to define their requirements individually as well as together. Analyses of preparedness status and requisitions will lead to generation of suggestions and recommendations for capacity building. They will, it is hoped, help provide cost effective, real time relief and services to disaster victims thus improving recovery and rehabilitation.

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