



# DISASTER MANAGEMENT AND HEALTH SECTOR RESPONSE IN THE URBAN CONTEXT: SHARING SOME LESSONS FROM DIPECHO PROJECT

## WHO Consortium

(WHO, Handicap International, Oxfam and Save the Children)

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**HANDICAP  
INTERNATIONAL**



# Setting the Scene: Mega disaster and key impacts

1934 Magnitude Earthquake

**100,000  
Death**

**Mass casualty management?**

**Logistics ?**

**Public health implication?**

**300,000  
injury**

**Existing health facilities?**

**Coordination?**

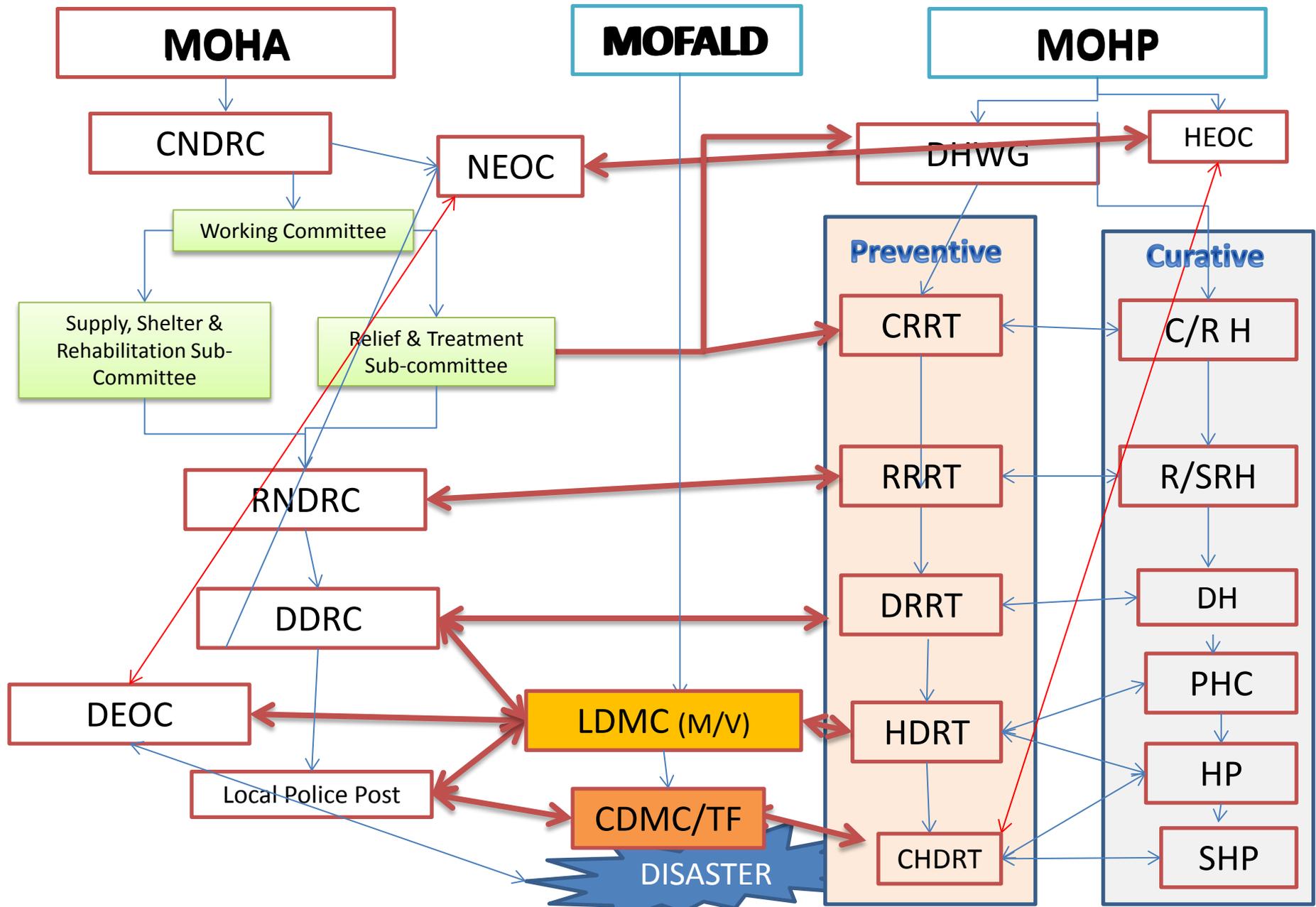
**Water sanitation and hygiene ?**

**900,000  
Displacement**

**Shelter and camp management ?**

**KEY STRUCTURE AND  
RESPONSIBILITIES FOR DISASTER  
RESPONSE IN NEPAL:  
NAVIGATING FROM CENTRAL LEVEL  
TO COMMUNITY**

# Nepal Disaster Response Framework



## Enhancing response capacity by ensuring participatory approach is key for urban community resilience

- Vertical and horizontal coordination
- Sustainability – existing government structure
- Collective efforts
- Synergy among the local DRR planning initiatives
- Best use of local resources
- Effective and timely information sharing

# Health sector crisis preparedness in Kathmandu Valley: WHO Consortium (DIPECHO)



**LESSONS LEARNT**

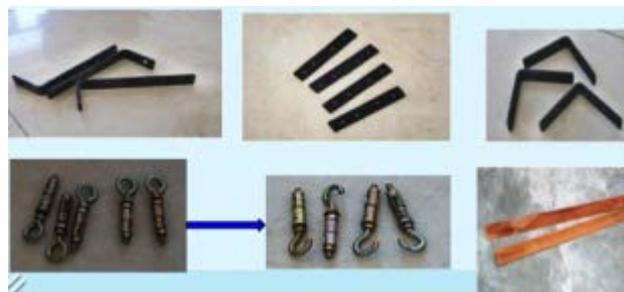
# 1. Strengthening policy and response mechanism

- Involvement of Ministry ensures accountability and ownership
- Involvement of Female Community Health Volunteers in local health preparedness and response initiatives ensures effective community response.
- Roster and Early Deployment Mechanism helps expedite health response
- Strategy, referral guidelines, protocols, plans etc help for informed, orderly and quality health response



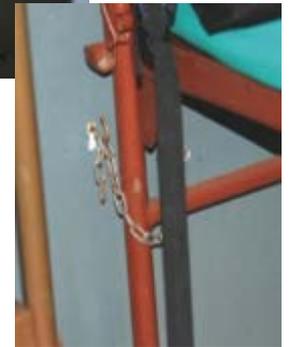
## 2. Health facility strengthening: non-structural mitigation measures

- Non-structural elements are identified as a potential threat in terms of:
  - Life safety,
  - Loss of function and
  - Loss of property
- Appropriate technologies available in local market can be used, particularly:
  - Use of locally available gadgets
  - Some gadgets fabricated using locally available expertise



## Health facility strengthening contd....

- Appropriate measures are identified to reduce or eliminate the risk
  - Hooking, strapping, removing, ....
- Involvement of hospital staff is key to implement NSM work
- Key documents such as building designs, drawings and pipeline plans etc are crucial for assessment as well as retrofitting



# Community is aware and trained to respond immediately to earthquake .....

- First Aid and Light Search and Rescue training for individual in communities including school teachers, students and FCHVs.
- Public awareness communication campaign including media campaign to raise awareness about first response



### 3. Supporting community resilience: WASH preparedness in community health facilities

- WASH assessments and EWASH plans for all facilities.
- Five essential elements for earthquake resistant water supply systems:
  - A secure water source;
  - Sufficient water storage capacity;
  - Water treatment units;
  - A secure independent water distribution system:
  - An independent power source.
- Water system should be part of hospital management system.



## Supporting community resilience contd....

- Non structural retrofitting of water and sanitation is essential
- Assessing and addressing retrofitting needs requires resources:
  - It should be a long term priority
  - Proper planning and preparation for WASH facilities should be linked temporary field hospitals



# Way forward

- CBDRM intervention should address the need of urban population: heterogeneous composition, time availability, mobility etc
- CBDRM plans should effectively link with health sector plans.
- More time and resources are required to implement CBDRM model in urban settings.
- Replication of Non-Structural Vulnerability Mitigation Measures in private and other health facilities should be a priority
- Retrofitting of critical infrastructure
- Linking the MCM plans of smaller health facilities with district CP and MCM plan of referral hospital.

***Thank you***