

DRAFT FORMAT FOR DEPARTMENTAL DISASTER MANAGEMENT PLAN-

(Cum Capacity Development Plan)

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ORGANIZATIONAL STRUCTURE OF THE DEPARTMENT
(for the whole State)

ADMINISTRATIVE MAP

(of the whole State)

Name of Department:

Legend:

ADMINISTRATIVE MAP

(one for each District)

Name of District:

Name of Department:

Legend:

List of Offices:

HAZARD MAP

(for the whole State)

Name of Department:

Legend:

HAZARD MAP

(for the District)

Name of the District:

Name of Department:

Legend:

Hazard Prone Areas:

RESOURCE MAP
(for the whole State)

Name of Department:

Legend:

RESOURCE MAP

(one for each District)

Name of District:

Name of Department:

Legend:

NOTES ON RESOURCES

**Human Resource (Establishment) (State)
2013**

Name of Department:

| District | No. of Establishments | Total No. of Staff | | | Total No. of Staff Trained in D.M. | | | Percentage of Staff Trained in D.M. | No. of Master Trainers | No. of Vulnerable Staff | Remarks |
|--------------|-----------------------|--------------------|--------|-------|------------------------------------|--------|-------|-------------------------------------|------------------------|-------------------------|---|
| | | Male | Female | Total | Male | Female | Total | | | | <u>Name of Office & No. of Staff whose jurisdiction extends to adjacent District</u> (Please see Note 2) |
| E.K. Hills | | | | | | | | | | | |
| W.K. Hills | | | | | | | | | | | |
| S.W.K Hills | | | | | | | | | | | |
| E.J. Hills | | | | | | | | | | | |
| W.J. Hills | | | | | | | | | | | |
| Ri-Bhoi | | | | | | | | | | | |
| E.G.Hills | | | | | | | | | | | |
| W.G. Hills | | | | | | | | | | | |
| S.G. Hills | | | | | | | | | | | |
| N.G. Hills | | | | | | | | | | | |
| S.W.G Hills | | | | | | | | | | | |
| Secretariat | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

Notes:

1. The number of Establishments may also include offices/field establishments/institutes/organizations **situated within** the boundary of the District under consideration.
2. The names of the Offices/Establishments at the inter-District boundaries, where the jurisdiction of the Office/Establishment extends from one District to another, may **be included in the column for “No. of Establishments” for the District in which they are situated**. However, their details may be indicated in the last column of the table with the number of Staff of the particular Office/Establishment. If feasible, the **names of the Villages served by these Offices/ Establishments within the District where they are located as well as the villages served in the adjacent District** may also be indicated separately in footnotes.
3. The number of Staff in each Office/Establishment shall include all Officers, Office Staff and all Field Staff upto the Directorate Office.
4. **The Staff in the Secretariat may be indicated separately in the above table.**

HUMAN RESOURCE (ESTABLISHMENT) (District)**2013**

1. Name of District :

2. Name of Department :

| Name of Office | Broad Category of Staff | Male Number | Female Number | Total No. of Staff | Total No. TRAINED in D.M. | No. of Master Trainers |
|--|--------------------------------|-------------|---------------|--------------------|---------------------------|------------------------|
| O/O the S.E.(Circle) | Officers | 4 | 1 | 5 | 2 | 1 |
| | Office Staff | 5 | 6 | 11 | 4 | |
| | Drivers | 1 | nil | 1 | - | |
| O/O the E.E.(Div) | Officers | 5 | 3 | 8 | 3 | 1 |
| | Office Staff | 10 | 12 | 22 | 5 | |
| | Drivers | 1 | nil | 1 | - | |
| O/O the S.D.O.s(Sub-Division) 1. 2. 3. (The number of Sub-Divisional Offices in the District may be considered as one group) | Officers | 9 | nil | 9 | 2 | |
| | Office Staff | 9 | 7 | 16 | 2 | |
| | Roller Drivers with Handyman | 8 | nil | 8 | - | |
| | Motor vehicle Drivers | 4 | nil | 4 | - | |
| | Drivers of earth moving equip. | 6 | nil | 6 | - | |
| | Section Asstts. | 15 | nil | 15 | - | |
| | M.R. Labourers Etc | 90 | 30 | 120 | - | |
| Field Establishment, if any | | | | | | |
| Casual Staff (?) | | | | | | |
| ASHA (?) | | | | | | |
| Societies, Corporations, Project Offices , etc (?) | | | | | | |
| TOTAL | | ----- | ----- | ----- | | |

(The name of offices, category of staff, and numbers given above are imaginary, and are given as examples)

Notes:

1. Each Deptt. has its own organization of offices including field establishments, like Anganwadi Centres, Dispensaries, etc., their own category of Staff. The table may be filled accordingly giving the information of the Staff. The Staff who will play an important role in D.M. may be mentioned separately, like Quick Response Teams(QRTs), etc, in appropriate Annexures.. Ofcourse, as a general rule, all the staff will play their part in Disaster Management.

2. Or, alternatively, the categories of staff and information already available with each Authority under the R.T.I. Act, may be adopted as these details are readily available.

3. Problems may arise where the jurisdiction of the field office/staff extends beyond the boundaries of a particular District. In such a situation, the details of that particular Office may be included in the above table and highlighted by asterisk mark. The names of the villages which are covered by that field office/staff, and which fall within the boundaries of the District under consideration, may be given at the bottom of the table, with a note that the same number of staff are also included in the adjacent District for the same field office.

4. Details of Officers and Staff who have undergone in- service training may also be kept separately, but this is optional.

5. Those Officers and Staff who have **special vulnerabilities**, like anyone being physically challenged, or is suffering from any chronic disease, or whose nature of work is risky, or any lady being pregnant, who may require assistance during any kind of disaster, although they may be included in the above list, their details may be **given in another Annexure for the Vulnerable Staff.**

6. The details of the members in the **families of the Officers and Staff living in different Govt Residential quarters**, may also be included in the Human Resource **but in a separate Annexure**, noting the vulnerable sections, like the young children of 6 years and below, and the aged above the age of 75 years, the families with single parent, the economically backward, etc.

7. The details of the members in the families of the Officers and Staff living in their own houses, or in rented houses, may also be kept, if desired. Perhaps it may be recommended to have these details to make the information complete.

HUMAN RESOURCE (Government Residential Quarters)

2013

Name of District:

Name of Department:

| Name of Office with address | Name of Officer or Staff who has been allotted the Quarter | Details of Residential Quarters (with location) | Number of family members excluding those employed in the office | | | Total number of family members excluding those employed in the office | |
|-----------------------------|--|---|--|-----------------------------------|--------|--|--------------------------------|
| | | | Children of 6 yrs & below | Members between age of 7 & 75 yrs | | | Members above the age of 75yrs |
| | | | | Male | Female | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |

Note:

1. The children of 6 years of age & below, and the aged above 75 years of age are here considered as the **Vulnerable groups**. They **may not** be included in the table for the Vulnerable Staff at Annexure IV (c) , unless anyone has specific crippling vulnerabilities.
2. The division of age groups considered here is not rigid. However, uniformity is required. One possible division is (i) Children (below 18 years), and (ii) Adult (18 years and above), to be in line with the norms for providing Gratuitous Relief in the event of a disaster. However, an additional group of the "Aged (above 75 years)" may be added to assess the extent of humanitarian help required, even during normal times.
3. **The members within the age group of 7 years and 75 years may form different Disaster Management Teams for the Residential Colony, with their own D.M. Committee and their own D.M. Plan.**

HUMAN RESOURCE (MASTER TRAINERS IN D.M.)**2013**

Name of District:

Name of Department :

| Name of Office | Name of Master Trainer | Field of Specialization | Where Trained | When Trained | Residential Address & Contact Nos. |
|----------------|------------------------|----------------------------------|------------------|--------------------------|------------------------------------|
| ----- | Mr. X | Earthquake Risk Mitigation | MATI NIDM | April, 2008 May, 2010 | ----- ----- ----- |
| | Mr. X | Medical First Responder and CSSR | NISA | Aug, 2011 | ----- |
| | Ms. Y | S. & R. and F.A. | CTI, C.D. & H.G. | July, 2009 | ----- |
| | Ms. Z | Preparation of DDMP | NIDM | Nov, 2011 | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- |

Note: 1. Alternatively, the information may be presented showing the persons (Master Trainers) trained in a particular Specialized Course or ToT Course. In this case perhaps one table for each Course will be necessary.

2. The names of staff who have attended Awareness Programmes only should not be entered in the above table.

3. A similar table may be included separately for the Officers and staff who have received in-service training for the efficient functioning, management and execution of works of the Department.

VULNERABLE STAFF (and vulnerable family members)**2013****Name of District:****Name of Department:**

| Name of Office / Residential Quarter | Name of Vulnerable Person | Details of Vulnerability | Residential Address | Name of next of kin or neighbour with contact address and numbers | Persons or Team assigned to assist during normal times and during a disaster |
|---|----------------------------------|---------------------------------|----------------------------|--|---|
| | | | | | |
| | | | | | |
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Note :

1. Here the names of employees whose nature of work is hazardous may also be included.
2. The family members who are vulnerable, like children of 6years of age and below, the aged who are above 75years of age, ladies who are pregnant, lactating mothers, persons who are physically or mentally challenged, those suffering from any chronic disease, etc, will be included in the table with full details.
3. **Those families with single parent and those families which are economically backward or BPL families may be noted below the table with sufficient details.**
4. **The arrangement made in the Disaster Management Plan for helping the Vulnerable Persons, may be mentioned suitably. Ideally, each Vulnerable Person should have 3 (three) contact persons assigned to assist in any emergency.**

INFRASTRUCTURE RESOURCE (DISTRICT)

Name of District:

Name of Deptt:

1. Name of Office:

2. Address:

| <u>Office Buildings</u> | For Each Building: | For Each Building: | For Each Building: | For Each Building: |
|--|--|---|--|---|
| Name of Building: Total Area of Land= | Type of Building=RCC Assam Type, etc No. of storeys= Year of construction= | Total Plinth Area = sqm Total floor area = sq.m. | Results of last inspection: Date: 1. General appearance 2. Vegetation growth 3. Cracks with locations, 4. Damages, etc | Remarks: 1. Extensions made 2. Expenditure on maintenance 3. Details of strengthening measures carried out, etc |
| Residential Quarters | -do- | -do- | -do- | -do- |
| Name of the Quarter | | | | |
| Circuit House/Inspection Bungalow/Rest House, etc Name: | -do- | -do- | -do- | -do- |

| | | | | |
|---|--|------------------------------------|---|--|
| Training Institutes | For Each Building: | For Each Building: | For Each Building: | For Each Building: |
| Name of Institute: | Type of Building=RCC Assam Type, etc | Total Plinth Area = sqm | Results of last inspection: Date: | Remarks: |
| Total area of land= | No. of storeys= | Total floor area = sq.m. | 5. General appearance 6. Vegetation growth 7. Cracks with locations, 8. Damages, etc | 4. Extensions made 5. Expenditure on maintenance 6. Details of strengthening measures carried out, etc |
| Year of construction= | | | | |
| Open Space/fields Nos.= | Location | Area of each | Suitability for use for establishing static F.A. Post and relief shelter | Remarks: Action taken to improve the fields |
| Godowns = Nos. | Location | Area & specification | Present status | Repairs carried out |
| Internal approach road network = Kms | Width of roads | Type of surface | Whether all buildings are connected by all- weather motorable roads | Remarks: Action taken to improve the road connectivity |
| Elevated water tower= Nos | Location | Capacity = ltrs | Results of last inspection | Remarks |
| Transformers | Location | Capacity | Results of last inspection | Remarks |
| Roads | | | | Ave expenditure on maintenance |
| Bridges and Culverts | | | | do |
| Dams | | | | do |
| Waterworks | | | | Do |
| Power Stations, etc | | | | Do |
| Hospitals | | | | Do |
| Schools | | | | do |

Note: The information may be given for each Office or the table may be suitably modified to give relevant information of all the Offices within the District under consideration.

MATERIAL RESOURCE (DISTRICT)

Name of District:

Name of Deptt:

1. Name of Office:
2. Address:

| Name of Asset | Type | Capacity | Location | Date of last inspection with results | Average yearly Expenditure on Repairs/ replacement | Remarks |
|--|---------------------------|---------------------------------|-------------------------|--------------------------------------|--|---------|
| Telephones/Fax with numbers | Landline/mobile/satellite | Nos= With STD facility/range | Within which office/qtr | | | |
| Generators | Portable or fixed | KVA | | | | |
| Computers | | With internet facility? | | | | |
| Vehicles, with name and contact details of Driver | | | | | | |
| Earth moving Equipments with name and contact details of Driver and Handyman | | | | | | |
| Other machinery and equipment | | | | | | |
| Tents | | | | | | |
| Tarpaulins | | | | | | |
| Ropes | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| Ladders | | | | | | |
| Shovels, Jumpers etc | | | | | | |
| Blankets | | | | | | |
| Bamboo poles | | | | | | |
| First Aid Boxes | | | | | | |
| Broad bandages | | | | | | |
| Fire Extinguishers | | | | | | |
| Circular or hand held electric saws | | | | | | |
| Hammers | | | | | | |
| Life jackets | | | | | | |
| Safety Helmets | | | | | | |
| Mega Phones | | | | | | |
| Manual Sirens | | | | | | |

Notes:

1. The above items shown are only suggestive. The Department may include all types of **material resource in hand** which may prove useful in an emergency or for the functioning of the Department.
2. The Material Resource may be shown Officewise as suggested above, or the table may be modified to indicate the Material Resource in all the Offices within the District under consideration.
3. The location of the important Resources should be located in the Resource Maps.

PREPAREDNESS PLAN (DM)

(for the State)

Name of the Department:

| District | Training in Disaster Management | | | | | Preparation of Disaster Management Plans | | | | |
|-------------------|---------------------------------|--|-------------------------------|----------------------------|----------------------|--|--------------------------------|--|---|-----------|
| | Nos. to be Trained | When to be Trained | Where to be Trained | | | Cost of Training | No. of Offices in the District | No. of Offices yet to prepare DMP Nos. | Target for Preparation & approval of DMPs | |
| | | | MATI | Own Institute | NIDM | | | | 2013 Nos. | 2014 Nos. |
| E.K.Hills | ----- | 2013= ----Nos. 2014= ----Nos. 2015= ----Nos. | ----No. ----No. ----No. | ---No. ---No. ---No. | ----No Nil Nil | Rs. Rs. Rs. | | | | |
| W.K. Hills | ----- | 2013=----Nos. 2014=----Nos. | ----No. Nil | ---No. ---No. | Nil Nil | Rs. Rs. | | | | |
| | | | | | | | | | | |
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| TOTAL | | | | | | | | | | |

PREPAREDNESS PLAN (DM)

(for the District)

Name of District:

Name of Department:

1. Name of Office:

2. Address:

| Training in Disaster Management | | | | | | | Preparation of DM Plan | | |
|---------------------------------|--------------------------------------|---|--------------------------------------|--------------------------------------|---------------------|--------------|------------------------------|---------------------------|---|
| Name of staff with contact no. | Designation with residential address | Earlier trained when, <u>with type of training received</u> | When to be sent for training in D.M. | When to be sent for Refresher Course | Where to be trained | Approx. cost | Name of Officers responsible | Target Date of completion | Target date of approval by H.o.D. & submission to the SDMA/DDMA |
| | | | | | | | | | |
| | | | | | | | | | |
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Note: The Preparedness Plan may be shown Officewise as suggested above, or it may be suitably modified to show the Preparedness Plan of all the Offices in the District under consideration.

CAPACITY DEVELOPMENT PLAN (Departmental)

HUMAN RESOURCE

(for the State)

Name of the Department:

| District | Name of the Office | Type of Training | In – Service Specialised Training | | | | | | | | | | | | |
|--------------|--------------------|--------------------|-----------------------------------|--------------|---------------|---------------|-------------------------------|-----------|-----------|-----------|------------------|-----------|-----------|-----------|-----|
| | | | When to be sent for Training | | | | Where to be sent for Training | | | | Approximate Cost | | | | |
| | | | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | |
| E.K.Hills | 1.----- 2.----- | 1.----- 2.----- | --Nos. Nil | Nil ---No | Nil ----No | ---No. Nil | 1. 2. | | | | | Rs. | Rs. | Rs. | Rs. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |

CAPACITY DEVELOPMENT PLAN (Departmental)**Human Resource:**

(for the District)

Name of District:

Name of Deptt:

1. Name of Office:

2. Address:

| Name with contact no. | Designation with residential address | In - Service Specialised Training | | | | |
|-----------------------|--------------------------------------|---|--|--------------------------------------|---------------------|------------------|
| | | Earlier trained when, with details of course attended | When to be sent for in-service training, with type of course | When to be sent for Refresher Course | Where to be trained | Approximate Cost |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Note: The Capacity Development Plan may be shown Officewise as suggested above, or it may be suitably modified to show the Capacity Development Plan of all the Offices in the District under consideration.

CAPACITY DEVELOPMENT PLAN (Departmental)**MATERIAL RESOURCE**

(for the District)

Name of District:

Name of Department:

1. Name of Office:

2. Address:

| Name of Resource required | Specifications of the item to be procured | Total number required | Phasing of Procurement | | | | | | | | |
|---------------------------|---|-----------------------|------------------------|-----|------|------|-----|------|------|-----|------|
| | | | Year | No. | Cost | Year | No. | Cost | Year | No. | Cost |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Note: 1. The Capacity Development Plan may be shown Office wise as suggested above, or it may be suitably modified to show the Capacity Development Plan of all the Offices in the District under consideration.

2. The specialized machineries, tools & plant, equipments, vehicles, computer hardware & software, which are required specifically relating to the work of the Department, may be included in this table.

CAPACITY DEVELOPMENT PLAN (D.M.)

HUMAN RESOURCE

(for the State)

Name of the Department:

| District | Name of Office | Type of Training | Specialised Training in D.M. | | | | | | | | |
|--------------|--------------------------|--------------------------|---------------------------------|------------------------------|-----------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------|-----------|-----------|
| | | | When to be sent for Training | | | Where to be sent for Training | | | Approximate Cost (Total) | | |
| | | | 2013-2014 | 2014-2015 | 2015-2016 | 2013-2014 | 2014-2015 | 2015-2016 | 2013-2014 | 2014-2015 | 2015-2016 |
| E.K.Hills | 1.(a) (b) 2. 3. | 1.(a) (b) 2. 3. | ---Nos. Nil Nil ---No. | Nil Nil ---Nos. Nil | Nil ---No. Nil Nil | C.T.I. ----- ----- CTI | ---- ----- NISA ----- | ---- NIDM ----- ----- | Rs. | Rs. | Rs. |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |

Note: Specialized training courses in D.M., like Seismic Safety Assessment of Structures, Retrofitting of Structures, Search & Rescue, First Aid, Incident Response System, Trauma Counselling, course on Hazard-Risk-Vulnerability Analysis, First Medical Responder Course, Mass Casualty Management, Fire Safety and Rescue, Trauma Counselling, Post Disaster child birth problems, Landslide Management, Communication, Deep Water Diving, handling industrial/chemical/boiler disasters, etc. as well as preparation of State/District D.M. Plans may be considered.

CAPACITY DEVELOPMENT PLAN (D.M.)

Annexure XII (a1 to a11)

HUMAN RESOURCE

(for the District)

Name of District:

Name of Department:

1. Name of Office:

2. Address:

| Name with contact no. | Designation with residential address | Specialised Training in D.M. | | | | | | | |
|-----------------------|--------------------------------------|------------------------------|----------------------|------------------------------------|--------------------------------------|-------------------------|---------------------|-----------|-----------|
| | | Details of Course | Earlier trained when | When to be sent for first Training | When to be sent for Refresher Course | Where to be trained | Approx Cost (Total) | | |
| | | | | | | | 2013-2014 | 2014-2015 | 2015-2016 |
| Mr. X M.No. | _____ | 1.S&R 2.S&R 3. | ----- | Sept,2013 | May,2014 | C.T.I.,Shillong -do- | Rs.--- | Rs.---- | |
| | | 1. 2. | | | | | | | |
| | | | | | | Total cost | | | |

Note: 1.Specialized training courses in D.M., like Seismic Safety Assessment of Structures, Retrofitting of Structures, Search & Rescue, First Aid, Incident Response System, Trauma Counselling, course on Hazard-Risk-Vulnerability Analysis, First Medical Responder Course, Mass Casualty Management, Fire Safety and Rescue, Trauma Counselling, Post Disaster child birth problems, Landslide Management, Communication, Deep Water Diving, handling industrial/ chemical/boiler disasters, etc. as well as preparation of State/District D.M. Plans may be considered.

2. The Capacity Development Plan may be shown Officewise as suggested above, or it may be suitably modified to show the Capacity Development Plan of all the Offices in the District under consideration.

CAPACITY DEVELOPMENT PLAN (D.M.)

MATERIAL RESOURCE

(for the State)

Name of the Department:

| District | Name/Type of Resource required | Specifications of the Resource to be procured | Total number required | Phasing of Procurement | | | | | | | | |
|------------------|--|--|---|------------------------|-----|--------|------------------|-----|-------|------------------|-----|------|
| | | | | Year | No. | Cost | Year | No. | Cost | Year | No. | Cost |
| E.K.Hills | 1.Fire Extinguishers, Type ABC 2. First Aid Boxes 3. Nylon Rope 4.Expandable aluminium ladder | 1.Pressure type, 5kg filled weight 2.Small, with ----- 3. 25mm dia. 4. 15m long | 1. 10 Nos. 2. 3 Nos 3. 50 m. 4. 1 No | 2013-2014 | 5 | Rs.--- | 2014-2015 | 5 | Rs.-- | 2015-2016 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Total cost | | | | | | | | | |

Note:

1. The minimum number or quantity of materials/resources that are required by the Department for enhancing the Capacity of the Department for prevention/mitigation of disasters and for effective response in a disaster situation may be included in this table.
2. An abstract of the different items of resources that need to be procured/acquired may be given at the bottom of the table for ready reference.

CAPACITY DEVELOPMENT PLAN (D.M.)

MATERIAL RESOURCE

(for the District)

Name of District:

Name of Department:

1. Name of Office:

2. Address:

| Name of Resource required | Specification of the item to be procured | Total no. required | Phasing of Procurement | | | | | | | | |
|---------------------------|--|--------------------|------------------------|-----|------|------|-----|------|------|-----|------|
| | | | Year | No. | Cost | Year | No. | Cost | Year | No. | Cost |
| Fire Extinguisher | | | | | | | | | | | |
| F.A.Boxes | | | | | | | | | | | |
| Generator | | | | | | | | | | | |
| Ropes | | | | | | | | | | | |
| Blankets, etc | | | | | | | | | | | |

Notes:

1. The Capacity Development Plan may be shown Officewise as suggested above, or it may be suitably modified to show the Capacity Development Plan of all the Offices in the District under consideration.
2. The essential specialized machineries, tools & plant, equipments, vehicles, computer hardware & software, and other items which are required specifically relating to the role of the Department in Disaster Management, may be included in this table.

DISASTER MITIGATION PLAN (Non-Structural)

Annexure XIV

(for the State)

Name of the Department:

| Activity | Officers responsible for the job | Time frame allotted for submission of Draft | Date of completion of Activity | Time frame for Approval | Approximate Cost of completing the Activity |
|--|----------------------------------|---|--------------------------------|-------------------------|---|
| Making financial provision in Annual Budget for Disaster Preparedness and Mitigation | | | | | |
| Framing of Policy & issuance of orders for integrating preventive/mitigation measures into all projects & programmes. | | | | | |
| Review of-----Act/Byelaw/Rules & Regulations | | | | | |
| Issuance of standing orders for delegation of powers to Disaster Managers | | | | | |
| Carrying out Hazard-Risk-Vulnerability Assessment for major projects | | | | | |
| Identifying projects for providing disaster mitigation measures and including in the Annual Plan | | | | | |
| Preparation of D.M. Plans by the different Offices | | | | | |
| (i) Securing falling objects in all Offices | | | | | |
| (ii) Securing sliding objects in all Offices | | | | | |
| (iii) Relocating hazards blocking evacuation routes & exits in Offices | | | | | |
| (iv) Marking safe evacuation routes in all Offices | | | | | |
| (v) Conducting Mock Drill in all Offices | | | | | |

Note: Activities given in the above table are only for demonstration purpose. Each Department will include all relevant Disaster Mitigation Activities which the Department proposes to carry out.

DISASTER MITIGATION PLAN (Non-Structural)

(for the District)

Name of District:

Name of Department:

| Activity | Names of Officers responsible for the job | Time frame allotted for submission of Draft | Date of completion of Activity | Time frame for Approval | Approximate Cost of completing the Activity |
|--|---|---|--------------------------------|-------------------------|---|
| Carrying out Hazard-Risk-Vulnerability Assessment for major projects | | | | | |
| Review of-----Act/Byelaw/Rules & Regulations | | | | | |
| Identifying projects for providing disaster mitigation measures | | | | | |
| Preparation of D.M. Plans by the different Offices | | | | | |
| (i) Securing falling objects in Offices | | | | | |
| (ii) Securing sliding objects in Offices | | | | | |
| (iii) Relocating hazards blocking evacuation routes & exits in Offices | | | | | |
| (iv) Marking safe evacuation routes in Offices | | | | | |
| (v) Conducting Mock Drill in Offices | | | | | |

Note: Activities given in the above table are only for demonstration purpose. Each Department will include all relevant Disaster Mitigation Activities which the Department proposes to carry out.

DISASTER MITIGATION PLAN (Structural) (for the State)

Annexure XV

Name of the Department:

| District | Type of Infrastructure | Type of Hazard | Target Date for submission of Safety Audit Report | Defects or weaknesses of infrastructure reported | Proposed strengthening/ retrofitting/mitigation measure | Total Cost required for mitigation measure | Priority for execution of mitigation measure |
|------------------|---|-------------------------------------|--|---|--|---|---|
| E.K.Hills | Buildings (including Schools, Hospitals, etc) | Earthquake, Landslide, Cyclone, etc | | | | | |
| | Roads (including internal roads) | Earthquake, Landslide, Floods, etc | | | | | |
| | Bridges & Culverts | Earthquake, Landslide, Erosion, etc | | | | | |
| | Power Plants (including transmission) | Earthquake, Landslide, Floods, etc | | | | | |
| | Water Works (including supply system) | Earthquake, Landslide, Floods, etc | | | | | |
| | Etc. | | | | | | |
| W.K.Hills | | | | | | | |

Note: 1. Types of Infrastructure given in the above table are only for demonstration purpose. Each Department will include all relevant types of crucial Infrastructure which are to be audited for their safety to prevent Disasters.

2. An abstract of the different types of infrastructure that need mitigation measures may be given at the bottom of the table for ready reference.

DISASTER MITIGATION PLAN (Structural)

(for the District)

Name of District:

Name of Department:

| Name of Office | Description of Infrastructure | Type of Hazard | Target Date for submission of Safety Audit Report | Defects or weaknesses of infrastructure reported | Proposed strengthening/ retrofitting/mitigation measure | Total tentative Cost | Priority for execution |
|----------------|---|----------------|---|--|---|----------------------|------------------------|
| ----- | 1. Buildings 2. Roads 3. Bridges & Culverts etc | | | | | | |
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Note: 1. Types of Infrastructure given in the above table are only for demonstration purpose. Each Department will include all relevant types of crucial Infrastructure which are to be audited for their safety to prevent Disasters.

2. An abstract of the different types of infrastructure that need mitigation measures may be given at the bottom of the table for ready reference.

RESPONSE PLAN (D.M.)

(for each District)

1. Name of Department:

Name

Designation

Address

Contact No.

CHIEF CO-ORDINATOR:

Deputy CO-Ordinator:

(STATE NODAL OFFICER)

2. Emergency Support Function (ESF): as Primary Agency/ Supporting Agency

3. Nodal Officer for the District:

Address:

Contact:

4. Deputy Nodal Officer for the District:

Address:

Contact:

5. Quick Response Teams (QRTs)for the District: (Names of the different Teams may be given)

(a) Details of jurisdiction may be given here:(names of Villages of adjacent District may be mentioned if applicable)

(b) Name of QRT:

| Name | Designation | Office Address | Residential Address | Contact Details |
|----------------------------------|--------------------|-----------------------|----------------------------|------------------------|
| <u>TEAM LEADER</u> | | | | |
| <u>Deputy Team Leader</u> | | | | |
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(b) Details of jurisdiction may be given here:(names of Villages of adjacent District may be mentioned if applicable)

(b) Name of QRT:

| Name | Designation | Office Address | Residential Address | Contact Details |
|----------------------------------|--------------------|-----------------------|----------------------------|------------------------|
| <u>TEAM LEADER</u> | | | | |
| <u>Deputy Team Leader</u> | | | | |
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STANDARD OPERATING PROCEDURE FOR RESPONSE

1. Receipt of information of incident:

- Emergency Operation Centre (EOC) has been/will be established at and its telephone numbers are.....
- Field staff will inform E.O.C. or Nodal Officer with full details of disaster, like location, extent of disaster, number of people affected, present status of response, etc, and (i) the kind of assistance required and also (ii) the quantum of assistance required.
- Information received from the Community will be **got confirmed** through the Field Staff or through the Village Headman.
- EOC will record in ' Information IN Register' and prepare 'Information OUT Report' for Nodal Officer and for District EOC.

2. Communication:

- EOC will inform Nodal Officer over the telephone or through special messenger with the handwritten 'Information OUT Report' giving details of disaster.
- Nodal Officer will establish communication link with District EOC via telephone or through personal contact, for passing on the information and also to coordinate with District Administration for the Response to the Disaster situation.
- If the Nodal Officer receives the information first, the Nodal Officer will give a report to the EOC of the Department as well as to the District EOC.
- The EOC of the Department will alert the Quick Response Teams (QRTs) to stand by for action.
- The Nodal Officer will inform/despatch a report to the Head of the Department within 1(one hour) of receipt of first information of the disaster. The Nodal Officer may also ask the EOC of the Department to submit the Report to the H.o.D.
- The Head of the Department, as the Chief Co-ordinator, will inform the Secretary to the Government of Meghalaya of the Department/ State E.O.C./SDMA.

3. Decision Making:

- The Nodal Officer will activate the Quick Response Teams (QRTs) in accordance with the decisions of the DDMA or the Incident Commander, through the Departmental EOC. The Nodal Officer will ensure that measures are taken by the Administration to secure the affected site of disaster, so as to ensure safety of the QRTs.
- The Nodal Officer will decide whether additional Teams of the Department have to be mobilized and whether additional support in terms of supplies, equipments, etc are required, and will take necessary action to fulfill the responsibilities of the Department. (Necessary Emergency Financial and Administrative Powers may have to be delegated to the Disaster Managers before any disaster occurs.)

4. Response:

- The District EOC or the EOC of the Department will establish the shortest and safe route to the disaster site within 30(thirty) minutes of receipt of information of disaster.
- The QRTs will respond and reach the site of disaster within----- minutes to ----- minutes of the deployment of the teams. The location of QRTs should be such as to reach any possible disaster site by car (or on foot) within the time limits given below.
 - i. The Search & Rescue Teams and Site Security Teams should reach within ----- minutes
 - ii. The First Aid Teams should reach within ----- minutes
 - iii. The other Teams are to reach within ----- hours.

(Note: Immediate response at the site of disaster is expected to be provided by the Community and the Village Disaster Management Teams)

- The responsibility of the Department in Disaster Response will be discharged within ----- minutes or hours of reaching the disaster site.

5. Reporting & Co-ordination :

- Here the procedure how the interim reports will be submitted to the EOCs, Nodal Officer, DDMA, H.o.D., State EOC, Relief Commissioner, may be elaborated
- Also how the Co-ordination between Teams at the site and with other D.M. Teams of other Departments/ Administration/Section Officer will be done by the Nodal Officer may be elaborated.
- If the route selected by any Team is found to be blocked by debris or due to landslide, the Team Leader will inform the Team Leaders of the P.W.D.(Roads) and also the Nodal Officer/EOC of the Department.

6. Completion of Role & De-briefing:

- The completion of roles & responsibilities at site will be decided by the Incident Commander/DDMA, but the Nodal Officer shall liaise with the Administration/DDMA for necessary directions.
- De-briefing will be given by the Nodal Officer/ Team Leaders.

7. Post-operative Activities:

- Here the procedure for damage assessment and other post-operative activities, such as debris clearance etc, will be laid down

CALENDAR OF EVENTS

(every year)

| Month | Activity | Officer Responsible | Location/Address | Participants in Mock Drill or Awareness Campaign, or other Activity | Cost |
|-------|---|---------------------|------------------|---|------|
| April | 1. Compilation of Activity Report 2. Submission of Status Report to SDMA | | | | |
| May | 1. Mock Drill 2. Review of DMP | | | | |
| June | Awareness Campaign during Review Meeting | | | | |
| July | Exhibition of Good Practices | | | | |
| etc | etc | | | | |
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IMPORTANT TELEPHONE NUMBERS

(with Addresses of Persons)

FUND REQUIREMENT

Name of Department:

| Year | For Preparedness | | For Capacity Development | | For Mitigation | | For Response | | Total | |
|---------|-------------------------|--------------------|--------------------------|--------------------|-------------------------|--------------------|-------------------------|--------------------|-------------------------|--------------------|
| | Amount provided in A.P. | Addl. Amount Reqd. | Amount provided in A.P. | Addl. Amount Reqd. | Amount provided in A.P. | Addl. Amount Reqd. | Amount provided in A.P. | Addl. Amount Reqd. | Amount provided in A.P. | Addl. Amount Reqd. |
| 2013-14 | | | | | | | | | | |
| 2014-15 | | | | | | | | | | |
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Note: The Funds required for Capacity Development of the Department in discharging its own Departmental role and responsibilities in Disaster Management may be shown separately if desired.