

## **Urban Resilience in Surat**

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Surat is small coastal city in the state of Gujarat, India. As the fourth fastest growing city in the world and the diamond capital of India, the city is facing with great influx of people moving in from nearby villages and towns in search for employment [1]. Owing to this fact, the city officials of this city have a lot of responsibilities on their shoulders to manage the city well and create a livable environment for the citizens. Surat has always not been what it is today, in other words, a city that's boasts of being in Rockefeller's 100 resilient cities was once hit by a dramatic plague in 1994. Most of the city officials along with industry workers had left the city in order to save themselves from the plague, leaving the poor and lower working-class people to suffer the wrath. It was because of a few medical practitioners and volunteers who brought back city back to normal with help of city agency officials who decided to stay. Soon, the situation was brought under control but the city had to answer many unresolved questions that had to be taken care of.

After the plague, the next Commissioner of Surat Municipal Corporation, came in radical changes in city's garbage disposal, open sewage system and medical centers. Today, the volunteers and paid workers hired by city agencies go door to door throughout the city to check for possible cases of Malaria, Dengue and other diseases that can lead to another epidemic. If they come across anyone with fever, an immediate blood test is performed and if the result comes positive, the person is immediately given anti-malarial medicines. This rapid process is known as "radical treatment". Post plague of 1994, the municipal corporation have set up 41 health care centers, two major public hospitals and a number of maternity homes. The corporation also manages multiple mobile clinics, established medical colleges and training facilities. Apart from this, Surat has over 500 private hospitals and 1300 private dispensaries that provide medicines to people. With all these efforts, the city has witnessed a drastic drop of 70% in malaria cases compared to late 1990s.

The door-to-door initiative allowed the city agencies to collect a lot of data regarding such diseases that had potential of another epidemic. But with help of private firms such as TARU Leading edge, the data is stored regularly and the city can predict if there is any prospective threat to the city in terms of medical conditions. Since 40% of the city's population lives in slums, it is important to regulate the processes as basic as garbage collection, municipal sweeping and covering the open drainage system. Surat has come a long way since the plague and is a model for many of the cities in India where the city agencies are still struggling with the uncapped migration from nearby areas.

## Bibliography

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