Gujarat earthquake: Healing the wounds

Rapid Need Assessment Report &
long-term intervention strategy

Date: 25th Feb 2001

Oxfam India
TOGETHER WE CAN OVERCOME POVERTY

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Bangalore, India
26th Feb 2001

“Gujarat earthquake: Healing the wounds”

“Community -wise rehabilitation and
People’s participation should be the focus in rehabilitation.”

Gujarat earthquake (January 26th, 2001) took a very heavy toll. It may take several months, perhaps even years, to bring the lives of the affected back into normal. Disasters- natural like earthquakes, floods, cyclones and droughts; human-made disasters like communal riots, conflicts, internal displacement and refugee situations; and other disasters like epidemics, transport and industrial accidents, fire and others take a very heavy toll in India.

In Gujarat, ordinary people have been the real heroes and heroines. The country and the world responded generously to bring in relief and humanitarian assistance for the earthquake affected. Majority of the media also played a very constructive role. But past experience in other disaster situations shows that this gesture is a short-lived phenomenon. The disaster response is not organised and co-ordinated in India. When a disaster strikes, the response is panic and knee-jerk reactions. Everyone is responsible, but the government has a mandate to rectify this. Absence of a rational disaster policy amplifies the sufferings of the survivors. There is an urgent need to correct this.

Oxfam India responded to some of the very basic survival needs of the earthquake affected such as food and drinking water facilities, warm clothes, temporary shelter and specialised medical assistance in some of the neglected pockets. Joining hands with other NGOs, medical and health institutions and international agencies, it also facilitated the organisation of response in Bangalore and Chennai. It also highlighted critical issues in the media to facilitate appropriate relief and advocate humane policy directives.

Oxfam India also put together a multi-disciplinary team to conduct a rapid need assessment of the earthquake-affected areas to develop a long-term intervention strategy. The team comprised of a leading physiotherapist, a gender and rights activist, a medical doctor, a social scientist and others conducted Oxfam India’s need-assessment mission. Oxfam India’s findings, “Gujarat earthquake: Healing the wounds”- calls for a people-centric long-term rehabilitation plan for the area. “Community-wise rehabilitation and people’s participation should find central places in the long-term rehabilitation programme”, says the report.

Physiotherapy based intervention to respond to the needs of the physically disabled (especially the paraplegics and those with multiple injuries of spine and limbs); Psycho-social support for the traumatised communities; Access to appropriate
information to build earthquake resistant houses with the active involvement of the survivors/community and campaigns to achieve basic rights of the disaster affected will be the key challenges for those involved in long term rehabilitation”, notes the report. Oxfam India, in association with the survivors, leading professional organisations, voluntary agencies and others has developed a long-term intervention plan for select pockets in Gujarat.

Oxfam India appeals the planners and policy makers to be innovative and involve survivors from the area and other earthquake affected places in India in planning and implementation of the rehabilitation. The situation calls for a long-term intervention.

Oxfam India has formulated a long-term intervention strategy. The work plan for Gujarat have special focus on (a) Community Based Rehabilitation of physically disabled; (b) Psycho-social care; (c) information dissemination campaign on earthquake resistant houses, people-to-people exchange programme and construction of (to demonstrate) earthquake resistant community centres and (d) campaign for basic rights and a disaster management policy. These programmes are designed and will be implemented in partnership with the affected communities, professional organisations, Physiotherapists, mental health experts, voluntary agencies, educational institutions and others. We have also approached ordinary people and select corporate houses for financial assistance to implement the programme.

When the situation moves from relief to rehabilitation, Oxfam India feels that the key challenge for humanitarian agencies is to shift gears from charity mode to advocacy and political action to attain basic rights.

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Please acknowledge Oxfam India, when you use the text or photographs.
Gujarat earthquake: Healing the wounds.

INTRODUCTION:

A killer earthquake measuring 7.9 on the Richter scale left over 30,000 people dead and reduced parts of Gujarat into rubble. For the survivors it will take years to rebuild their shattered lives and livelihoods.

On 26th January 2001, 12-year-young Nancy Takkar was just another school student. As usual she was punctual and the day being India’s Republic Day, she was anxious to be there well before time. She made it.

A few minutes later (at 8:46 am IST), earth started shaking violently, throwing 300 kids in and around the school building off their feet. For Nancy and her friends in the Anjar Middle School No: 2, it was just the beginning. Within a few seconds the school building was reduced to rubble, 300 children beneath it. Nancy was the lone survivor.

IMPACT:

The devastating earthquake took a heavy toll. Apart from pockets in Kutch, Jamnagar, Surendranagar and Rajkot districts (check), the killer earthquake hit the city of Ahmedabad as well. Media puts the toll between 20,000 and 30,0001. India’s Defence Minister, who had visited the area, stated that the toll could be as high as 100,000. The debate over the total death and devastation continues 20 days after the disaster.

The material loss was pegged at around Rs: 30,000 crores.2 Media has given the following figures regarding general casualty3 (see next page).

All these figures are also disputed. Well, truth is perhaps the first casualty in any disaster.

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1 Frontline, feb 16th, 2001
2 Business today, feb 21st, 2001
3 Mid-Day, Mumbai, Feb 12th, 2001
After a few days of media reporting and NGO field notes it became clear that lack of a disaster management policy, criminal nexus between the real estate tycoons and the authorities have amplified the impact of the earthquake. It was the buildings that did not follow basic safety procedures that often crumpled down, as media report suggest. That means many deaths could have been avoided. Many people died needlessly.

Source: www.mapsofindia.com

DETAILS ABOUT THE LOSS OF LIVES AND DAMAGES DURING EARTHQUAKE

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Source: Mid-Day, Mumbai, 12th Feb, 2001
RESPONSE:

Responding to the immediate relief needs of the earthquake-devastated people in Gujarat is a daunting task for the survivors’ communities, voluntary agencies and the government. The first two weeks witnessed overwhelming relief assistance. Villagers, both survivors and sympathisers, played the most important role in saving lives, bare-handedly pulling out people from the debris of fallen structures.

Army, civil administration and NGOs initiated commendable rescue and relief work. Over 100 international humanitarian agencies, many of them highly specialised groups, landed up in Gujarat. Still we found in our assessment visit that some remote villages were neglected. The scene, however, is changing fast.

The relief workers could supply some of the aid components in abundance. Reportedly there was abundant supply of clothes, food and medical assistance during the first two weeks after the earthquake. However, with each passing day, it became clear that aid was concentrated in certain villages near to roads. Many relief efforts lacked co-ordination.

Media beamed footages of suffering and people’s heroism. The disaster was the front-page news in national dailies at least for the first ten days. Electronic media paratrooped into the area and even celebrity anchorpersons were seen in press briefing sessions. This is a striking contrast to the coverage media gave for the Super cyclone in Orissa in 1999.

As days passed by, the Government came under fire for inhumane discrimination while relief was administered. NGOs and Media came up with proofs. Needless to say, the Government denied it all.
OXFAM INDIA’S RESPONSE:

Oxfam India responded to some of the very basic survival needs of the earthquake affected such as food and drinking water facilities, warm clothes, temporary shelter and specialised medical assistance in some of the neglected pockets. Joining hands with other NGOs, medical and health institutions and international agencies, it also facilitated the organisation of response in Bangalore and Chennai. It also highlighted critical issues in the media to facilitate appropriate relief and advocate humane policy directives.

NEED ASSESSMENT BY A MULTI-DISCIPLINARY PROFESSIONAL TEAM:

Oxfam India also put together a multi-disciplinary team to conduct a rapid need assessment of the earthquake-affected areas to develop a long-term intervention strategy.

The objectives:

- To understand the nature, magnitude and impact of the earthquake.
- To map the response by various constituencies.
- To assess the emerging needs of the affected people, especially children, women, elderly and other vulnerable sections of the people – for instance, minorities, dalits and migrants.
- The main areas that the team focussed were health (general health, physical disability and psycho-social consequences), education, shelter, livelihood, basic rights and vulnerability.
- To develop a time-bound people-centric response to meet the medium and long-term needs of the affected community.

Composition of the multidisciplinary team:

- **Dr. Jacob VC, Mumbai.** He is a leading physiotherapist and Vice President of Indian Association of Physiotherapists. He was involved in facilitating a long-term rehabilitation strategy to respond the needs of the physically disabled people in select pockets of Maharashtra after the 1993 earthquake.
- **Ms. Philomina Christi, Ahmedabad.** She is a gender activist associated with St. Xavier’s Social Service Society. She has worked on gender, rights and dalits issues.
- **Mr. Gabriel Britto, Mumbai.** He is a social scientist and is also the director of Development Resource Centre.
- **Mr. Santosh Kalyane, Latur.** He is an engineer and development resource person who has worked with communities and women’s groups in Marathwada.
- **Co-ordinator: Dr. Unnikrishnan PV, Bangalore.** He is Oxfam India’s Co-ordinator for Emergencies & disasters. He is a medical doctor working on humanitarian issues, both at policy and field levels.

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4 Oxfam India is a relief, disaster response and development agency. It works in partnership with people, mainly from funds raised within India. It has just moved its headquarters to Bangalore.

5 Please see a select list of press clips from the print media and internet.
**Note- 1:** Inputs from a specialist mental health team from the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore and other experts who are currently in the area are also incorporated in this report.

**Note-2:** Inputs of the teams from SSP, Mumbai; Peoples’ Science Institute (PSI), Dehradun and Anandi, Bhavnagar are also incorporated especially on sections related to reconstruction, information dissemination and exchange programmes.

**Note-3:** Inputs from Prof. R. Srinivas Murthy, Dr.Ankur Desai, Medico Friend Circle, People’s Health Assembly - e group and collaborating agencies of Bangalore Response for the Gujarat Earthquake is also acknowledged.

**Methodology:**

The team visited the affected areas and hospitals in Ahmedabad; remote and other villages; spots where the disaster-affected displaced people are located at present; makeshift health centres and relief tents. The team also had extensive interviews, interactions and focussed group discussions with affected people- mainly women, children, elderly, ignored sections of the community and other vulnerable groups such as migrants, dalits, minorities; NGOs and international agencies, government, army, medical and health experts, and others working in the area. The team also had discussions with the medical team that was facilitated from Bangalore by St.John’s Hospital, Care Today, Action Aid and Oxfam India.

Discussions were also held with NIMHANS team, Bangalore and other experts who are currently in the area; teams from SSP, Mumbai; PSI, Dehradun and Anandi, Bhavnagar.

**Places visited / Meetings held with:**

**Ahmedabad:** Hospitals, NGO offices, UN meetings, academic institutes, media offices, government officials and others.

**Talukas/ Villages:** Akhiyana, Lakadiya, Gagodhar, Khodasar, Adhoi, Anjar, Bachhao, Bhuj

**Vands (hamlets)** in the outskirts of the villages were also a focus.
OBSERVATIONS:

1. Water and sanitation:

   With summer about to step in, the already drought pockets in the earthquake affected areas will have to bear the shortage of water. This must be dealt with extreme urgency.

Water is available in many pockets, but is not available in many remote pockets. Lakadiya, a remote village, is one classic example. Women informed us that tankers were supplying water there irregularly. Streamlining water supply system and purification and repairing of the old water sources is an immediate need.

There have been cases of water borne diseases such as diarrhoea in some pockets. However, it is NOT to an epidemic proportion today. However, with the initial relief phase coming to an end and the media focus being blurred, drinking water will be a major concern in the coming days, especially with summer about to step in. The team also found cases of conjunctivitis amongst children.

Many of the interviewed women said they had not taken bath for many days. These women are traditional and they cannot even think of bathing in the open. For their sanitary needs these women are walking long distances in search of privacy.

In most places, however, water is supplied once in three or four days. Many women are unable to collect water since they do not have adequate utensils to store water for 2 - 3 days.

In Bhachau, one of the worst affected villages, Noor Jahan said that a group of village women approached government officials and requested for a temporary water tank in their village. The officials turned them away, shouting at them, she complained.

Water has always been a serious problem in Kutch. Supply of potable drinking water in rural areas is very limited. Kutch is no exception. More than half the public health problems in rural areas can be solved by pure drinking water.

One indication sums up the alarming situation. There are no toilets or other sanitation facilities. Villagers and relief workers have to use open space for defecation and other needs. There is no mechanism to clean up the place.
OBSERVATIONS:

2. Health issues:

Most of the outside agencies are leaving the place (or are about to leave). There is an urgent need to develop a long-term programme to deal with those who are physically disabled (due to multiple fractures and spine injuries); psychosocial consequences and the health needs of children and women.

The initial medical and surgical response was fairly good and swift. In the relief phase humanitarian gestures are often praiseworthy. Doctors have come from all over the world. The situation, however, is changing. Many of the specialist medical agencies are leaving or are about to leave. They have come for a short-term intervention.

Significantly, several consignments of medicine were found in the field, which were well past their expiry date. These drug bottles and sachets included paediatric drops (expiry date: June 1998), oral suspension (expiry: date October 2000) and vitamin tablets (expiry date: December 1998).

In some pockets, the clinic based medical care is in place, especially in places were the army is working. The team visited military health centers in Bhachau and Adhoi. The facilities at these centers seemed adequate. The army units were the only ones to maintain patient records and also give a copy of the case papers to the patients for follow up with any other physician in future. It is a rare phenomenon. Remote and isolated villages do not have adequate health cover.

The team would like to focus on the following three issues to highlight the pressing need to respond to the long-term health needs of the affected people.

- Physical disability due to fractures
- Psycho-social consequences
- Health needs of women and children
OBSERVATIONS:

3. Physical disability due to fractures and injuries

There are over 90 paraplegics in the Paraplegic Hospital, Ahmedabad alone. Many in villages will also need physiotherapy assistance to get their normal movements back. In Marathwada there are paraplegics awaiting rehabilitation even after 8 years after the devastating 1993 earthquake. Physical disability is not a visible agenda in the rehabilitation package.

Oxfam India, supported by representative of the Indian Association of Physiotherapists, undertook a quick survey of physical disabilities among survivors. This was to ascertain the extent of fractures, potential disabilities and the need of a continuing support system.

Ahmedabad Civil Hospital authorities informed that over 850 injury cases were treated, many of them with multiple fractures, spine injuries and poly trauma. At present there are over 90 cases of paraplegics, many from distant villages admitted to the Paraplegic hospital (Civil Hospital), Ahmedabad. Several people have suffered fracture of lower limbs. Hospital authorities informed that these patients would be discharged by Feb 26th. The paraplegics are in no situation to go back to their villages. The villages to which they will return when discharged, does not have temporary shelters, sanitation and health care facilities.
The paraplegics need continued hospital care at least for sixty days. It is important to stop the hospital authorities from discharging these paraplegics.

A quick visit to some of the villages around Lakadiya gave us an impression about the plight of survivors with fractured limbs. On an average, each of these villages has 10 to 15 patients with fractures. They were operated upon and treated at major hospital in far-flung cities and medical posts. They were discharged with instruction to submit themselves to follow-up medical care within six weeks. However, most of the patients were not given crutches. They now have to be bedridden for the next six weeks. For many of them going to toilet is an ordeal.

In Marathwada there are paraplegics awaiting rehabilitation 8 years after the devastating 1993 earthquake.

Survivors with limb injuries will need physiotherapy, without which many of them will end up in wheel chairs. They require community-based rehabilitation services.
OBSERVATIONS:

4. Psychosocial consequences:

_The survivors need assistance to overcome trauma and subsequent psychosocial problems they face. Past experience shows that long-term impacts of psychosocial problems are many-fold. If not handled adequately by cultural, societal and family support, it could lead to long-term emotional problems. In Marathwada, even after 8 years, at least 30 per cent of the affected survivors will require continued mental healthcare. Independent studies point out that in Marathwada, there is a sharp increase in the incidence of alcoholism, upto five times than that of the pre-earthquake situation._

_The situation calls for a long-term community-wise rehabilitation._

12–year-young Nancy Takkar has sparkling eyes and smiles most of the time. She carries an oversized bandage on the head that the earthquake presented her. She is reported to be the only survivor when the killer quake killed over 300 of her schoolmates in Anjar. She is seen smiling and doing routine regular work! Surprising for a child, a survivor who witnessed the death of all her schoolmates.

The assessment team met Nancy, her friends, relatives, neighbours and others who were in the temporary relief camp. She is an archetypical “bold kutchi” as villagers would say. She is a member of the community who has seen extreme droughts and dry spells, devastating cyclones but has spread out to remotest corners of the world to build flourishing trade networks.

Mental health professionals who have been assessing the psychosocial implications reiterate that Nancy’s smile is a short-lived phenomenon. They say that she is passing through what is known as the “heroic phase”. She can break up with a small provocation sooner or later, doctors caution. Flashback memories of the tragic incident can lead to emotional breakdown. Now the survivors are in a “phase of hope and optimism”, a short-lived phenomenon. The NIMHANS team that visited the severely affected areas like Bhuj, Bhachao and Anjar observes:

“…..The current psycho-social situation of the survivors has to be seen in terms of a collective response, rather than individual ones. Experts see it as a forerunner to an overt grieving process. If not handled adequately by cultural and family support it could lead to long-term emotional problems……….”. The NIMHANS team also adds that the survivors already suffer from high levels of anxiety.
Initial shock, if unattended can lead to trauma and other mental disturbances. It also leads to long-term psychosocial complications. Past experience shows that long-term impacts of psychosocial problems are many fold. Children drop out of schools and adults increasingly turn to alcohol and violence. Domestic disturbances also increase. Freak violence, divorce and suicides often mark psychosocial consequences of any major disaster. At the initial phases of this, high level of anxieties and acute psychosis are also reported. This, if not attended, over a period of time leads to Post Trauma Stress Disorder.

Follow-up studies of the 1993 Marathwada earthquake show that the prevalence of psychiatric illness in the affected region remains 139 per 1000 population even after 8 years, against the rate of 68 per 1000 in a control population. It is generally accepted that at least 30 per cent of the affected survivors will require continued mental healthcare.\(^6\) Independent studies point out that there is a sharp increase in the incidence of alcoholism, up to five times that of the pre-earthquake situation.

Survivors, especially women and children are still suffering from trauma and are extremely scared about the after-shocks. High blood pressure has been noticed amongst young pregnant women\(^7\). Many of them have sleepless nights. Many of the women interviewed said that they were extremely scared to go back to their old houses, especially where there have been deaths. The families of Saira, Sakina and Zubeda, for instance, have shifted from Bhachau to the far away highway side.

When more and more injured survivors, especially those with limb and spinal injuries, return from hospital and medical posts to their respective villages, the psychosocial complications are bound to increase.

Take the case of people in Lakadiya village. Our team met a group of women and informed them about their experiences after the 1993 Marathwada earthquake and explained to them how communities actively participated in reconstruction of their own villages. The women looked relaxed. Within no time they started to discuss among themselves about the future options in food, health and shelter.

It is equally important to evolve ways through which the community can get into normal activities. This itself will be a healing process. The planners must be innovative. They must consult the community in planning the strategy. For example, ensuring that the community takes the lead role in reconstruction, rather than outside contractors who may bring in cheap labour from far off places, will ensure an involvement from community rather than reducing them to passive spectators waiting for the relief to happen. Government may consider taking legal steps to ensure this. While in the field, Oxfam India has advocated to reopen schools immediately. It also suggested to ensure that the schools become a place where children could just stay together and be together. Adults may accompany them for a short duration. Rather than regular classes, some recreational activities will help. Unlike adults, children find it difficult to verbalise their emotions. Involving them in art, plays and games etc will help the healing process. Oxfam India has suggested cancelling all exams and giving mass promotion up to 9\(^{th}\) standard. Examination as such is a traumatising experience and any such exercise at this point of time can put them through another round of trauma. For those above 9\(^{th}\) standard, exams may be postponed to a comfortable time.

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\(^6\) Gujarat Earthquake – Caring for the population of the earthquake-affected areas. Prof R Srinivasa Murthy.  
\(^7\) Dr. Sekar. K, team leader NIMHANS team.
The survivors need assistance to overcome the trauma and psychosocial problems they face. Sources close to the government inform that the government plans to make a short term (6 to 12 weeks) intervention in the area. Experience and our assessment shows that situation calls for a long-term community based intervention at least for the next twelve to thirty-six months. Findings by the NIMHANS team also endorse this viewpoint.
OBSERVATIONS:

5. Health issues related to women and children:

*Increased incidence of women’s health problems were recorded by the team. Incidence of premature deliveries, cases of chicken pox, measles, respiratory complications and water-borne diseases amongst children were also recorded. With no Gynaecologists and women doctors in the relief teams and no visible signs to correct the situation, meeting the health needs of the women will be a challenge. This calls for urgent attention.*

Many of the health camps put up by the NGOs and private donors were only providing the general health services. They lacked the facilities to address women's emergency health needs.

Male doctors headed almost all the health camps. Women in these areas being extremely traditional, many of them hesitated to go to these relief hospitals especially for treating reproductive health problems.

For example, in Adhoi there were two cases of excessive menstruation and bleeding of uterus. One of the patients was 17 and the other 38. (Names withheld.) They did not get any medical attention, as there were no lady doctors, nor gynecologists.

In another similar case Chowti Bein of around 21 years was in an advanced stage of pregnancy. The traditional health worker, Fatima Ben, had died in the earthquake. There were no female doctors in the relief hospitals.

In Khodasar village, two women were suffering from urinary tract infection, but they were also unable to access treatment.

In Adohi, a woman named Maniben, the only survivor in her family was suffering from acute tuberculosis with high fever but could not get treatment, as she could not walk to the relief hospitals. She did not have medicines or the money to buy them. She said though she managed to walk once to the Army medical post, but she was too late. The post was open only till 5.30 pm, she said.

There has been an increased incidence of premature deliveries in the area. For example, Demubhai, 20, wife of Mayar, delivered at the seventh month of her
pregnancy at the Ukrainian medical post. A manifestation of the psychosocial shock suffered by the women was that there have been several instances of premature delivery.

The psychological impact of the earthquake on children is a critical issue. Moreover, with night temperature dropping to below 5 degree Celsius there has been an increase in respiratory ailment among children. The Government has already acknowledged the need to respond to measles. With daytime temperature crossing 38 degree Celsius, the displaced children living in camps will have to bear the brunt of other communicable diseases. In Adohi there were over 20 cases of chicken pox. However, some of these cases existed before the earthquake. The team also observed diarrhoea and conjunctivitis.
OBSERVATIONS:

6. Temporary Shelter:

The temporary tents that have come up in Adhoi spells disaster. It is a fire risk, lacks sanitation facility and was built without people’s involvement. This top down approach must be stopped.

The tents that have come up in Adhoi, reportedly built by the Armed Forces, indicate the lack of vision in government programme. Over 350 tents have come in an area double the size of a football ground. The plastic tents are tightly packed in neat rows, less that one-foot apart. This configuration rules out privacy, and hygiene. Such a packed camp of plastic tents is also a fire risk, especially when disabled or injured people occupy it. Worse, there is not even a single toilet in the vicinity.

Many tents in this camp have their walls half foot above the ground, making them susceptible to cold winds during the night and heat and dust during the day.

The whole camp was cordoned off with a rope. On enquiry the villagers said that they were made to wait till the camp construction was over. They had no role in building these tents, despite their keen interest. The involvement of the affected people in any activity, especially reconstruction, is a good psychosocial intervention. Denying their involvement in such a programme can be counterproductive.

On the contrary, just outside this camp, a village family has set up their own temporary shelter with locally available material. Their shelter made of plastic and other material has a functional design. There is separate place for women and for washing. Animals also find their own space in it as is common in the village from where the family had to flee.
The shelters that the villagers built has a functional design.
7. Charity Vs Peoples’ Basic rights:

When the situation moves from relief to rehabilitation, the key challenge for humanitarian agencies is to shift gears from charity mode to advocacy and political action to attain basic rights.

The relief phase, as usual, is moving in a charity mode. This is nothing new in the post disaster relief situation in India. We have seen it happening again and again in different disaster situations.

The relief agencies and the government fail to realise that the disaster-affected people have certain rights. When the relief phase moves into rehabilitation, agencies again fail to empower people. Health, education, shelter and long-term care of the physically disabled and psychologically traumatised are some of these basic rights.

Right to accurate and appropriate information is also central for any rehabilitation activity to be a success. Information on the government response, compensation and entitlement are important. Villagers and other affected people repeatedly asked us for information regarding compensation and related government orders wherever we went.

People also asked us for details about the ways to build earthquake resistant housing. “Are these complicated procedures or can we (villagers) build earthquake resistant houses on our own? ” asked Mr. Ramchand of Anjar.

Advocacy and lobbying to attain basic rights, dissemination of appropriate information and campaigning for a long-term disaster preparedness programme and a disaster management policy should find central places in any long-term interventions.
OTHER OBSERVATIONS, COMMENTS AND SUGGESTIONS:

- **The Role of international agencies:** On enquiries, it was clear that many international agencies were in Gujarat with a very short-term agenda. The short-term interventions that most of these agencies make don’t keep field level realities. Barring a few specialist medical agencies, whose role is more important in the immediate rescue and relief phase, the situation calls for a long-term commitment by international agencies. Many villages have yet to receive relief. In such situation, long-term commitment is necessary. Oxfam India feels that such agencies need to rethink and redefine their operational mandate to suite the local level realities. While we understand and caution the limited role of external aid agencies, we welcome a synergy between local community-based organisations and International agencies.

- **Animal care: Need for veterinary doctors:** Hundreds of thousands of cattle and other animals were hurt by the falling debris. After the earthquake animals were running helter-skelter in pain, dropping dead in odd places. Even Army personnel found it very difficult to locate and burn carcasses.

- **Medical records:** Barring a few camps and medical posts run by the Army and specialist medical agencies, there was no system for documenting the case history of the patients. With new sets of doctors coming in, the patients and doctors had a difficult time to track the clinical and other (including surgical) interventions that have already been made. To correct this, there is an urgent need to print medical record sheets.

- **Media:** The role of the media was good barring few exceptions. It is important to ensure the focus of the media when the rehabilitation begins. Efforts may have to be put to encourage them to visit the other earthquake-affected places in India such as Marathwada, Uttarkashi, Chameli and Jabalpur to report about the plight of the survivors even after so many years. This kind of reportage will help to put the issues in a broader perspective.

- There is an urgent need to put in **place water-purifying systems** in the entire area. Supply of large drums, as temporary water tanks is an urgent need.

- **Food security:** There is no evident effort to streamline food security issues despite the fact that some parts of Gujarat, especially Kutch, are drought prone. This must be dealt with urgency.
Livelihood: The weaving and crafts instruments are completely destroyed due to this earthquake. There is no visible effort to resurrect the same. This calls for urgent attention. Efforts may be put to lobby with the Khadi board and other craft co-operatives.
GUJARAT EARTHQUAKE:

OXFAM INDIA’S LONG TERM INTERVENTION STRATEGY:

Long-term rehabilitation is a challenge for survivors and humanitarian agencies.

Rapid need assessment report suggests the following interventions.

The interventions are designed in such way that the local skills could be used to its optimum levels and external interventions minimised. An owner-driven approach, with the active involvement and ownership of local communities will be the spirit of the programme.

1. Community-Based Rehabilitation for the physically disabled.
2. Community-Based Rehabilitation of those who need psychosocial support.
3. Capacity building for earthquake resistant houses and community centres.
4. Basic rights campaign and advocacy
5. Provision of shelter and livelihood for the most vulnerable in one or two villages.

These interventions will be done with a holistic approach. While the focus may vary from case to case, the basic idea is to keep the overall needs in mind.

At this stage, the need assessment and planning have been done in consultation with different constituencies involved, including the affected people. We have fine-tuned the implementation. We are also working out the project monitoring, review, evaluation and phase out strategies.
INTERVENTION : ONE

Community Based Rehabilitation for the physically disabled:

Paraplegics and those with limb, multiple and spine injuries, fractures and other disabilities will need physiotherapy assistance to get their lives back into action. Without this intervention and assistance of physiotherapists, most of the paraplegics and the like will end up their lives in wheel chairs. With instances of hip and spinal injuries to the tune of over 40 % of the total fracture cases, the long-term support they need is going to be an important issue. The physiotherapy intervention may be required for the next 6 to 12 months and that too at the doorsteps of the needy people as they are immobile and can't commute to hospitals. This is not a visible agenda for NGOs and government at this stage. Even after 8 years, there are many paraplegics still awaiting rehabilitation in Latur, where a killer earthquake (of a less devastation) struck in 1993.

Oxfam India is committed to take up this challenge and is finalising a work plan for Community Based rehabilitation, in collaboration with the experts associated with the Indian Association of Physiotherapists. We are also working out the details of setting up a rehabilitation centre at Ahmedabad in association with St. Xavier's Social Service Society, Ahmedabad.

One referral centre will be either in Anjar or Lakadiya to cover pockets in Kutch. The other will be in Rajkot/ Surendranagar. From such a centre, the services will reach to the doorsteps of the survivors, most of them scattered around villages and living in temporary shelter. Those patients who need critical institution based care will be admitted either at the referral centre or to a hospital. The local team will consist of a physiotherapist for each referral centre, recruited from Gujarat and a volunteer each for a cluster of 15 to 25 patients. Physiotherapists from other parts of Gujarat and neighbouring states of Maharashtra and Rajasthan (and in rare instances from other parts of India as well) will visit and stay for a period of 2 to 3 days in the area every week. The expert team will examine and update the directions for the local physiotherapist and volunteers. The local team will follow these patients through on the rest of the days.

A physiotherapist and two volunteers will organise the care for the patients in the rehabilitation centre at Ahmedabad. The centre at Ahmedabad will also be a base where critical patients who need specialised city based care could be referred from other places.

The expert team also will take health classes and will produce simple health education materials in local language. They will also give input for a short educational documentary Oxfam India is producing to educate and sensitise the need for physiotherapy intervention in future events.

We may have to provide crutches and other support systems wherever it is not available. The intervention will also need a vehicle (a jeep) to move around the villages (on each in both the pockets). The physiotherapists will also need a fully functional mobile unit to cover the entire area.

( This programme will commence by March first week and will end by Jan/ Feb 2002. Subject to resource mobilisation).
INTERVENTION : TWO

Intervention to provide psychosocial support for the earthquake affected people:

Survivors who are under shock and trauma need long-term support. Left unattended initial trauma develops into manifestations that have a long lasting negative impact in significant proportion of survivors. School children drop out, increased incidents of divorce; alcoholism and even suicides are some manifestations of long-term mental health problem. Moreover, Post Trauma Stress Disorder is common amongst disaster-affected people and one third of the survivors are likely to suffer from this disorder.\(^8\) High incidence of anxiety is already seen among people visiting civil hospitals and medical posts\(^9\). Oxfam India’s assessment also confirms the increased incidence of premature deliveries in the area. This could be due to high anxiety levels among young pregnant women\(^10\).

There are a considerable number of children who have been affected. The assessment and observations by expert and experienced mental health professionals call for a long-term psychosocial intervention for the disaster affected. This service may be required for the next 12 to 36 months and that too at the community level. This is not a visible agenda for NGOs and government at this stage, especially in some of the remote and “not-so-publicised” villages.

Even after 8 years, in Latur, the incidence of mental health problems is upto 30 % according to recent scientific reports.

“Grief, familial disruption and community loss are concomitant with the severity of the disaster. The loss of home and property may destroy the sense of community. But where support is available, the outcome is hopeful, especially when there are opportunities for individuals and community to be acutely involved in their own recovery”\(^11\).

Armed with experience of dealing with such situations in the past, Oxfam India is working out a community-based intervention programme to address the psychosocial needs of the survivors. We are working out a collaborative work with mental health professionals in NIMHANS. We are hoping to rope in the services of state mental health professionals as well.

One referral centre will be either in Anjar or Lakhadiya. The other will be at Rajkot/ Surendranagar. From such a centre, the services will reach to the doorsteps of the survivors, most of them scattered around villages and living in temporary shelter. Those patients who need medical and therapeutic care will also be identified and if required referred to specialist hospitals.

The local team will consist of a local co-ordinator (an NGO personnel) for each referral centre, recruited from Gujarat and a volunteer each for a cluster of 25 to 30 families. Mental Health professionals from other parts of Gujarat (and in very rare instances from other parts of India as well) will visit and stay for a period of 3 to 4

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\(^8\) Earlier studies from Marathwada by various agencies
\(^9\) Dr. K. Sekhar, team leader NIMHANS
\(^10\) NIMHANS team
days in the area every month. In the next 12 months, an expert from NIMHANS is expected to make a total of six visits to the area. The expert will examine, monitor, update and fine-tune the directions for the local team. The local team will follow these families through on the rest of the days.

Community based groups activities will be the focus. This may include innovative activities like organising and arranging games and other recreational activities for children; sports and other activities for youth and evening meetings for women. The community centres that Oxfam India plans to construct will serve as an ideal location for many such meetings and get-togethers.

The expert team also would focus on empowering survivors using didactic discussions through community volunteers and the local team. This includes orientation classes, training programmes and sensitisation workshops and too using simple health education materials prepared in local language\textsuperscript{12}. This will be a time-bound programme, fine-tuned to meet the needs during specific stages in the timeline. They will also give input for a short educational documentary Oxfam India is producing to educate and sensitise the need for psychosocial intervention in future events.

\textit{(This programme will commence by March first week and will end by Jan/ Feb 2002. Subject to resource mobilisation).}

\textsuperscript{12} Please see a sample of the material (developed by experts in NIMHANS) that is already in circulation.
INTERVENTION: THREE

Capacity building for earthquake resistant houses and community centres.

(a) People-exchange programme: In India, there is a wealth of knowledge gathered by the survivors of past earthquakes such as Marathwada. The knowledge that the ordinary people and communities have can go a long way to improve the rehabilitation process in Gujarat. Above all, these are the real people who have survived and lived with the post-earthquake rehabilitation dynamics and its politics. Their involvement can strengthen the communities in Gujarat. Oxfam India is keen to facilitate an exchange programme between people, especially women, masons and others from earthquake-affected areas of India and Gujarat.

(b) Building community centres: Oxfam India will also facilitate the building of multi-purpose community centres with the active participation of the local people. This activity will be a demonstration to train local people in building earthquake-resistant houses and other structures.

(c) Information dissemination campaign: Accurate and scientific information will go a long way in rebuilding the lives and homes that the earthquake shattered. Unfortunately need-based appropriate information is not available easily, especially in disaster-affected areas. To meet this urgent need, the situation calls for an information campaign. This is crucial when the reconstruction phase begins. Information regarding earthquake resistant houses will be one focus.

Oxfam India is working towards a strategy to take up this issue actively in select pockets. We are associating with institutions and experts who have experience on this issue. We will bring out like posters, leaf-lets, video films and publications in local language.

Oxfam India will be working with SSP, Mumbai; PSI, Dehradun and Anandi, Bhavnagar. Details are being worked out.

(This programme will start from March first week and end in Feb 2002. Subject to resource mobilisation).
INTERVENTION : FOUR

Basic rights campaign and advocacy:

(a) Basic rights campaign: Earthquake affected people have basic rights. When agencies and NGOs move in a charity mode, they tend to ignore that disaster relief and long-term assistance are basic rights. Rights related to health, education, special rights of children and women are issues that Oxfam India will highlight.

(b) Advocacy and lobbying for a disaster preparedness programme and disaster management policy:

Gujarat that was devastated in January 2001 had been hit by a cyclone in 1998. Parts of Gujarat are under the grips of continuing drought. With a variety of disasters, both natural and human made, taking its toll in Gujarat Oxfam India realises the need to respond to disasters in a holistic way. Oxfam India will strive to develop and lobby a people-centric disaster management policy for the state of Gujarat. We will also work with institutions and NGOs to develop a disaster preparedness programme through efforts at state and national levels.

(This programme will start from March first week and end in Feb 2003. Subject to resource mobilisation).

INTERVENTION : FIVE

Provision of shelter and facilitating livelihood for the most vulnerable in one or two villages:

Oxfam India plans to take up the task of providing shelter and facilitating livelihood for the most vulnerable in one or two villages. This model will be used for lobbying appropriate shelter and livelihood in other places.

(This programme will start from April first week and end in March 2002. Subject to resource mobilisation).
Geographical coverage of the programme:

The geographical focus of this intervention will primarily be pockets where NGOs such as Samerth, Gujarat Jan Jagaran Sangh, Manav Kalyan Trust, St. Xavier’s Social Service Society and Anandi are presently working and some of the neglected areas.

We are also putting efforts to discuss joint strategies with existing NGO networks like Kutch Nav Nirman Abhiyan, Bhuj and Janpath Citizen’s Initiative, Ahmedabad and other institutions such as Don Bosco, Mumbai. The focus will be on the issues that have been identified for intervention. However, these discussions are in a very preliminary stage and we hope to work out the details in the coming days.

Apart from the organisations mentioned specifically in each section, we have an understanding with Action Aid to collaborate on some of the above-mentioned issues. The details will be worked out soon.

We are also discussing our initiatives with other agencies that have been part of a co-ordinated relief response at Bangalore and Chennai, especially professional medical and other organisations. We will be fine-tuning the details soon. However, Oxfam India is committed to go ahead even if the response for long-term work from these agencies (in Bangalore and Chennai) is not encouraging.

Geographical areas of work:

Through Samerth: Khodasar, Chandrodi, Pethapar, Manaba (Bhachau) and Balasari, Gagodar (in Rapar)

Through GJJS: Villages in the ten blocks of Kutch.

Through MKT: 273 villages of Sabarkanatha and Banaskantha

Through St. Xaviers’Social Service Society: Mainly the city and slums of Ahmedabad.

Through Development Resource Centre: General coverage for specific activities.

Through Anandi-SSP- PSI: In Kutch district-50 villages; Rajkot-90 villages; Jamnagar -140 villages; Bhavnagar -70 villages; Surendranagar- 50 villages
NOTES ABOUT COLLABORATING ORGANISATIONS:

MANAV KALYAN TRUST, Gujarat (MKT):

MKT has been working in the tribal districts of Sabarkantha and Banaskantha of North Gujarat. At present MKT works in 273 villages of these two districts, dominated (90%) by the Dungri Bhils and Garasiya communities. Rests of the population are either scheduled castes (Dalits) or pastoralists (Maldharis).

As it is well known the tribal communities were dependent upon their forest land and forest produce for their live and livelihood, but due to the alienation from the forest, they have been marginalized and today don’t have a sustainable source of livelihood.

With the so-called economic development in terms of mining, large dams and other industries coming in, the forest is denuded and the tribals are left to the lurch. Today they have no permanent source of drinking water, no fuel wood, no forestland to cultivate. Migration to nearby cities to work as casual labourers often becomes the only source of livelihood.

Villages where MKT work are adjacent to the tribal districts of Rajasthan and are on the foothills of Aravali. All the villages come under the 5th schedule. Danta is the only block, which does not come under the 5th schedule but there is an ongoing struggle by MKT and allies to get Danta included under the 5th schedule.

MKT’s spread:

<table>
<thead>
<tr>
<th>Districts</th>
<th>No. of villages Covered</th>
<th>Focus population type and population reached</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dalits</td>
<td>Tribals</td>
</tr>
<tr>
<td>Sabarkantha</td>
<td>142</td>
<td>5%</td>
<td>90%</td>
</tr>
<tr>
<td>Banaskantha</td>
<td>131</td>
<td>2%</td>
<td>90%</td>
</tr>
</tbody>
</table>

MKT, since its inception in 1985, has been working with the tribals of Sabarkantha and Banaskantha districts of North Gujarat. Starting in a small way organizing the tribals to fight for their rights to land and exploitative indigenous money lenders MKT slowly took up issues of Natural Resource Management and Economic empowerment of the communities, especially the women. Over the years, MKT has also been able to join certain state level networks and campaigns and thus has been effective in influencing policy changes. Some of the main activities of MKT are:

- Starting in 1984, the organization took up the issue of Tribal Rights, especially their rights over land and forest, and waged struggles against the forest department for several years.
- The organization initiated a movement of the people who were likely to be displaced by the Dharoi dam. This struggle resulted in displaced tribals getting land against land as compensation.
- Waged a struggle against exploitative informal moneylenders.
- Organization realises the importance of natural resource regeneration/management and has a major presence in watershed management of North Gujarat.
- The organization is an active and core group member of the Network on Drinking Water called “PRAVAH”.

The organization is an active member of Mahila Swaraj Abhiyan, the campaign that works for Local Self-Governance with women representation and participation. The organization runs a free legal aid/counselling centre for women.

The organization has been actively involved in promoting health and education in the tribal villages of North Gujarat. It organized several health camps and has been part of many advocacy forums on health (Chetna, for example).

GUJARAT JAN JAGRAN SANGH – KUTCH, Gujarat: (GJJS)

Mission statement: Together we shall work towards the empowerment of vulnerable groups of the desert region of Kutch.

Started in 1991, GJJS has been part of many struggles in 10 blocks of the Kutch district. It waged a large-scale struggle against Sanghi Cement, which was causing large-scale displacement and encroachment against common grazing land. The organisation took up a mass based struggle for providing drinking water to all the villages. GJJS also fought against the forest department, as they were harassing the Pastoralists and Koli tribes. Due to their efforts the forest department stopped the harassment of the poor communities.

- The organisation has registered 70 cooperatives for the Koli, Rabaris, women, salt workers and fishworkers in the entire Kutch district.
- Recently, GJJS had a major fight with water supply board. It punctured one of the water supply pipelines to put an outlet to supply water to one of the hamlets of Parkara Kolis.
- GJJS is now planning to launch a movement called the “Bhumi Cipko Andolan”, to protest against the government decision to give all the grazing land to the forest department.
- Due to the mobilisation work in the district against Sanghi Cement factory, the displacement of the local communities has stopped.

Link with target communities:

- GJJS has been mobilising the maldharis and has formed many cooperatives for the Pastoralists, Kolis and women from the backward communities. The organisation has accessed many government schemes such as pension for old persons, cash doles for the destitute and other schemes for widows, handicap and disabled persons.
- The organisation lobbied with the government during the Cyclone of 1998, for the compensation package. It was instrumental in getting the compensation to appropriate persons and the families of the deceased.
- GJJS had organised many dharnas and rallies at the district headquarters for demanding basic rights and access to primary services from the state.
- GJJS has been instrumental in creating a platform for the Maldharis in the state, wherein it could ask for its due rights.

Relevant experience of Relief Work:

- The organisation worked in collaboration with MKT during floods of 1997 in Mehsana district. That was the first ever experience of relief of GJJS staff. Moreover, GJJS staff participated in the Disaster Preparedness training organised by Oxfam in Rajasthan and that enabled them to build their capacities and understand the preparedness aspect of the disasters.
• GJJS responded to the 1998 cyclone. Apart from the relief work, the organisation facilitated psychosocial support to the cyclone-affected communities. Oxfam supported the project and renowned persons in the field of psychology and psychiatry co-ordinated it.
• During 1998 cyclone, the organisation (supported by Oxfam) provided shelter to the affected persons. The activities were supported by international NGOs (including Oxfam and Action Aid) and many local charitable trusts.
• During the 1999-2000 drought, GJJS made an intervention. Oxfam India trust provided the support.

SAMERTH, Gujarat:

SAMERTH as an organisation was started (registered) in 1992 by a group of professional social workers who while doing their jobs wanted to do something for the poor and marginalised communities in their free hours. The efforts also received support from the Gujarat Government State Social Welfare Board. SAMERTH started motivating the Muslim students of Sankalit Nagar towards education and also provided free tuition to the students to keep them at par with fellow students. In the subsequent years there was a lull in the activities due to the unfortunate demise of one of the trustees and the emigration of another trustee to UK. However, SAMERTH continued by being part of several forums on Secularism and anti-poverty debates.

In the year 2000, a board meeting was convened. During the the brain storming it came out clearly that SAMERTH has a pool of professional human resources and therefore there is a need for SAMERTH to be more active and expand. Further, Poverty mapping of Gujarat was done. And everyone unanimously zeroed down on Kutch as the most underdeveloped region of Gujarat. Rising Communalism and growing urban poverty were the next issues that too warranted immediate intervention but given the present strength of SAMERTH, the Kutch intervention was decided as the first priority.

At present (after the earthquake), SAMERTH is providing relief to more than 1500 families in Rapar and Bhachao blocks of Kutch district. With the support of various institutional as well as individual donors we have provided food grains (100 kgs Bajra, Dal, onion and potatoes), rugs and bed spread, spices, utensils, buckets, bathing and washing soap, garments for women, sanitation kits, water storage tanks and plastic sheets.

We have selected very remote and far off hamlets, which are otherwise not even projected in the maps. These vands (as the hamlets are locally called) do not have approach roads and are situated amidst the rann (desert) of Kutch, it is very difficult to approach, unless one is aware of the local situation. As we were already working in these villages earlier, we had information of the local situation and therefore we could manage to reach to such remotest villages.

ANANDI, Gujarat:

After the Gujarat earthquake, senior members of ANANDI, volunteered with the NGO networks in Kutch district and Ahmedabad to assist with coordination of relief work. Presently, it is decided that ANANDI would enhance its work in Saurashtra mainly with its ongoing partner NGOs and facilitate building capacities in relation to information dissemination on earthquake safe building practices. ANANDI seeks for
itself a role in promoting a community centred approach particularly the involvement of women's groups in the post earthquake reconstruction.

ANANDI has been working in partnership with local voluntary organizations and select government programmes (mostly of DRDA-District Rural Development Agency) in 5 districts of Saurashtra. It also works in the tribal belt Panchmahals and Dahod Districts and in Saurashtra. The focus of ANANDI's work has been mobilisation of women from rural poor communities, building their capacities to participate actively in local planning and governance. Along with this primary objective an equally important focus of our methodology is to assist the partners to evolve a perspective on how to involve the poor women in village and community development issues and programmes.

SWAYAM SHIKSHAN PRAYOG (SSP), Mumbai:

Today, SSP supports capacity building activities with 594 women's self help groups in Latur and Osmanabad districts in Maharashtra on economic empowerment and local self-governance initiatives supported by UNDP-GOI and other agencies. SSP facilitates this project for women's participation in local self-governance across 300 villages. The women's self help groups are active in community planning and monitoring on basic services. At the districts and taluka level, groups and elected members form an alliance to lobby for pro-poor policies and increased participation of women in local planning processes.

These women’s groups or Mahila Mandals took on community roles for the first time, to monitor the rehabilitation program after the Latur earthquake of September 1993.

SSP was appointed Community Participation and Monitoring Consultant for the Repair and Strengthening program by the Government of Maharashtra. The R&S effort was the largest component of the rehabilitation effort and involved the repair and reconstruction of houses covering 2,00,000 families across 1,300 villages in the two districts of Latur and Osmanabad.

Lessons gained by us have relevance in the context of a community driven approach. After the Latur earthquake, SPARC-SSP supported by the government, transformed a state led beneficiary program into a community driven effort. Central to this redesigned strategy, was the Government decision to empower the local Mahila Mandals/women's groups in 300 villages to monitor progress of reconstruction of houses and public infrastructure. Crucial to the success of this intervention was the community self-monitoring system, facilitated by SPARC-SSP. The macro spin-offs of this endeavor were several:

- Women’s groups were involved in designing houses suitable to their needs
- Increased awareness and use of earthquake resistant technology
- House owners contributed actively to rebuilding of houses
- Resource allocations were monitored ensuring accountability of implementing agencies and government officials.

In effect, rehabilitation was dovetailed with development needs of local communities.
PEOPLE’S SCIENCE INSTITUTE (PSI), Dehradun:

PSI's own experience on rehabilitation and reconstruction after three earthquakes in this decade - Uttarkashi (1991), Latur (1993) and Jabalpur (1997) - PSI has prepared a comprehensive earthquake response program.

The Institute established a Centre for Disaster Mitigation and Response at PSI that undertakes pre-disaster preparedness and post disaster response activities in the future. Through this centre, PSI bring together its enormous experience in tackling a variety of disasters including earthquakes, floods, droughts and landslides in various parts of the country in a participatory manner. The participatory approach had been a first step towards self-reliant development in the affected villages. In particular, the centre promotes a long-term program of constructing earthquake safe rural houses as a norm in earthquake-prone areas of the central and western Himalayas.

Peoples Science Institute is a non-profit public interest research organisation. Its main aim is to provide technical support to social action groups. PSI has active research, development and technical support program in Water Resources management, including watershed development, Environmental Quality Monitoring and Disaster Mitigation - with a focus on earthquakes, floods and droughts.

PSI sees the reconstruction stage as a first step to development of a community. It attempts to enhance the self-reliance of the affected people by building on traditional knowledge, upgrading local skills, using locally available materials and generating local employment.

**Activities**
The activities of the Disaster Mitigation and Response Group focus on:

- Research on traditional architecture and construction techniques in the affected areas
- Dissemination of information on the principles and construction methods of disaster-safe houses. Several innovative methods of communicating scientific concepts to non-literate populations, including the use of three-dimensional models and folk communication media, e.g., songs, street theatre, and puppetry have been developed
- Training of local artisans in building disaster-resistant houses
- Construction of demonstration units with the involvement of community-based organisations
- Demonstration of participatory rehabilitation approaches by organising collective construction projects
- Providing consultancy services to donor agencies and the government

Policy advocacy to ensure that the reconstruction programs are owner-driven rather than being government or donor driven.
Saint Xavier's Social Service Society, Ahmedabad:

Saint Xavier's Social Service Society, Ahmedabad has an extensive history of relief and development work in Ahmedabad, dating back to the early 1970's, when it was formed in response to the flooding of the Sabarmati River. The Society works in the poorest communities in Ahmedabad, focusing on three major, flood-prone slum areas and more slums are being added periodically. The Governing Body of the Society includes Jesuit priests with administrative responsibilities, diocesan staff, researchers and educators, not all of whom are Catholic or Christian. It became registered with the government of India in 1976 as a Trust and Society. It is also registered under the Foreign Contribution Regulation Act. Fr. Cedric Prakash is the director.

The Society, serving in a counterpart role with CRS, provides food aid to a network of 48 operating partners in rural areas throughout the state of Gujarat, involving an extensive food-for-work operation. The Society's work is largely foreign funded. Occasionally, it receives small grants from the Government and some private donations from local supporters. In addition, minor fees are charged for medicines in the slums which help finance dispensaries.

Seventy five percentage of the budget is devoted to the Society's community organizing, training and other programs in the slums and villages. The rest covers salaries, building rent and the cost of a documentation center on social, environmental, health and human rights issues.

Some of the key areas of focus are: (a) Survey, Relief and Rehabilitation Following Riots: The Society has assisted the government in assessing the number of injuries and damage to property incurred during riots and has provided medical care, food, edible oil and blankets to victims of violence. (b) Flood Relief: The Society regularly assists slum areas affected severely by floods. In such instances, the staff sets up health clinics, distributes food and supplies materials for temporary housing. In addition, the Society has taken an active role in a city-wide task force in response to the 1993 flood. (c) Community Health: A main focus of the Society in the slums is community health. The activities include providing growth monitoring services for children, health education, immunizations, midwifery training, tuberculosis patient treatment and monitoring health outreach when epidemics break out. (d) Education: The Society initially established a non-formal education program, called INNED for INNovative EDucation, in the Sankalitnagar slum. In the early 1990s, it expanded this program to the Mahajan-no-Vando and Nagori Kabarasthan slums. It is a supplemental program which encourages children to participate in formal schooling. The children also perform street plays designed to raise awareness about health and other community issues. (e) Human Rights: The Society has a program which focuses on the human rights of the people it serves, aimed largely at increasing an awareness of their legal protections. It has a special focus on issues facing women and the prevention of spousal abuse. The approach is one of mediation more than litigation. The Society retains legal counsel for protecting slum dwellers involved in land disputes. It has had more success in preventing eviction than it has in securing legal titles to land.

The other activities include development activities focused on women, environmental issues, the cultivation of interfaith harmony, Promotive/Preventive Tactics like Street Plays to counteract emotional appeals for violence with rational arguments against it, Facilitating People's Festivals, Peace Committees. The organisation also works with the government on select issues.

Development Resource Centre, Mumbai:
Development Resource Centre, Mumbai (DRC) is located in the National Addiction Research Center (NARC). NARC began its work in 1985 with a study on addiction and its management in nine states in India. NARC has three distinct operational units: Treatment center for drug addicts and HIV patients, a research center, and development resource center.

**The treatment center** has 20 beds and has offered in-patient treatment and care for 3600 persons and around 4800 patients on out-door basis. This center is exclusively for the poor and its services are cent percent free of charge. It has received financial support from the Government of India since 1997.

**The research center** has published several articles in national and international journals and chapters in different books. Our book ‘Culture and Drug Abuse in India’ was published by Rawat in 1999. A directory of NGOs was published by the Forum Against Drugs. Currently, it is the national co-ordinating secretariat for the UNESCO-MOST programme’s Indian network of researchers. This network consists of experts in economics, law, anthropology, psychiatry and sociology drawn from various universities and research institutions across the country (Kashmir University, Manipur University, JNU, TISS etc.) We boast of having the best library on drug abuse in South Asia.

**The Development Resource Center, (DRC),** was initiated to strengthen community leadership in eight slum areas of Bombay in 1996. Around 240 men and women heading community-based organizations have been trained in communication, public health administration and civil rights. A micro credit programme has been initiated in one slum and it is being expanded to five more slums to enable people to get out of the clutches of money lenders. DRC hosted Oxfam National Fellowship on emergencies and disasters from 1997 to 2000. India Disasters Report- towards a policy initiative (Oxford University Press, 2000) was compiled and produced as an activity of this fellowship. DRC was involved in conducting a rapid need assessment of the Gujarat earthquake. DRC is putting out a news update on the earthquake.

**INDIAN ASSOCIATION OF PHYSIOTHERAPISTS:** Is the national association of the physiotherapy professionals.
Oxfam, the international emergency response and development support organisation – born in Britain in 1942 - began to support work in India in the 1950’s. Since those early years, thousands of voluntary organisations have been supported as well as communities in times of disasters – starting from the Bihar famine in the mid 1950’s.

Oxfam India was registered as a Society in 1978. Between 1978 and 1995 the Society was part of the service of Oxfam Great Britain (Oxfam GB). From the early 1990s, Oxfam India has gradually emerged as an agency independent of Oxfam GB. It has the aim of creating a secular organisation with a distinct Indian identity but with a global vision to help vulnerable and poor people in India. This implies providing a platform for like-minded individuals and institutions and organisations to come together to discuss issues of poverty and social justice and take practical steps to help people address these issues.

Vision: Oxfam India works towards an equitable and just society free from hunger, exploitation and poverty by facilitating people centred, responsive, transparent governance systems, ensuring basic rights and sustainable development.

Key Programme areas are:

Gram Swaraj Programme to facilitate decentralised governance through (a) the strengthening of Gramsabhas and promotion of decentralised planning and implementation of welfare and development programmes; (b) enhanced and unhindered participation of socially, economically and politically vulnerable groups in decision making on welfare and development processes; and (c) implementation of tribal self-rule provisions

Food Security and Sustainable Livelihood programme to secure livelihoods of the poor and vulnerable groups through Equitable access to and distribution of natural resources and resources resulting from transformation through public investments. Eg. Community ownership of mining and Industry. Food Security: Farmers retaining access to and control over land, water, seeds and other resources needed for enhancing the capacity to produce for family needs and sale; Employment assurance with minimum wage fixed according to cost of living and support for other services; Insurance against crop failures and macro-policy induced production disturbances, and minimum support prices on agricultural and forest produce is ensured

Disaster Preparedness and Response Programme to Enhance people’s capacities to deal with disasters by Reducing/eliminating the threat of disasters through disaster preparedness policies, strategies and programmes involving all stakeholders; Increasing coping capacity of the people through focus on development

Basic Rights Programme to ensure rights entitlements relating to Health and Education, protection from Violence and right to information. Programme to achieve greater Transparency and Accountability of Institutions and structures concerning poor to contribute to ensure the above areas.
NEW DELHI Authorities overstretched as earthquake death toll increases

While most of India celebrated Republic Day on the morning of Jan 26, the people of Gujarat were faced with the absolute terror of a powerful earthquake. According to the Indian authorities the earthquake measured 6.9 on the Richter scale and was the most powerful to hit India in the past 50 years.

On the streets of Anjar, near the worst affected Bhuj district—the epicentre of earthquake—a Republic Day parade comprised of more than 400 children was buried alive. Eye witnesses reported that some buildings were sliced vertically in two and any intact buildings were left leaning and on the brink of collapse. Across Gujarat thousands of terrified people ran for their lives as houses collapsed into piles of rubble and roads were torn apart.

The official death toll is 7000 people but the Indian government has suggested that 20 000 people may have died. The authorities also estimate that 125 000 people may still be trapped under the rubble. With limited resources for the rescue effort and time running out fast, workers fear that the final death toll could be very very high. Tragedy struck again on Jan 28, when fresh tremors, measuring 5.9 on the Richter scale, hit the area. Authorities reported that the fear of further quakes has prompted people to flee to Bombay, Delhi, and Rajasthan. The regions infrastructure has been decimated. Buildings, including hospitals and nursing homes, have become dangerously unsafe forcing traumatised, hungry, and injured people to brave the cold nights in the open air. Many doctors and nurses have also died in the disaster and this has placed added pressure on health-care services when they are already hopelessly overstretched.

The relief effort began almost immediately with aid pouring in from the rest of India and international sources. But the shortage of transport has meant that most of the aid, such as medical supplies, food, clean blankets, and tents, are stuck in airports and distribution centres.

Aid agencies have suggested that they will need to prepare for a 4 month operation to care for the basic needs of 300 000 homeless people. India’s long time rival, Pakistan, has also stepped in to help its stricken neighbour. On Jan 30, a Pakistani military aircraft arrived in the affected area with 2500 blankets and 200 tents for the quake survivors.

The quake damaged many hospitals in the region and health-care workers have been forced to treat patients in the open air. The lack of health-care facilities, the damaged water supplies and sewage systems, have increased the chances of disease transmission. Funeral pyres are burning continuously in an effort to minimise such outbreaks. The Red Cross and Crescent societies have sent a field hospital capable of housing 500 patients and treating 1000 people per day. Medical teams from organisations such as Medecins sans Frontieres were also quickly at the scene.
Despite some cases of survivors being rescued after 3 or 4 days from under the rubble, rescue workers have mostly given up hope of finding anyone else alive--experienced rescuers suggest that 100 hours is the upper limit for survival for people buried alive. With great reluctance rescue workers are now clearing debris with heavy equipment. The Gujarat region is India’s second largest industrial town and the economic impact of the earthquake will be felt for a long time. But some observers have suggested that they hope the earthquake will have positive impact on the Indian government.

"Latur earthquake of 1993, which killed more than 10 000 people, has taught us how badly Indian planners and policy makers lack vision and imagination", says P V Unnikrishnan, Oxfam Fellow-Disasters in Bangalore. "Lack of a disaster management policy and preparedness results in unorganised ad-hoc response", he says. The medical community too is yet to place disaster response as an organisational agenda in India, he added.

Sanjay Kumar, Haroon Ashraf
India tries to rebuild 600 000 lives after earthquake

The day-to-day struggle to survive is fast replacing concerns about finding survivors in the aftermath of probably the worst earthquake in India's history on Jan 26. Search and rescue operations are being scaled down even though miraculous recoveries have been made. The authorities speculate that the death toll is between 30 000 and 100 000. More than 55 000 people have been injured and 600 000 have been left homeless. The economy and infrastructure of India's second most industrialised state has been shattered and left buried under the rubble.

India's health minister C P Thakur told The Lancet that estimates are not available for the number of medical/para-medical personnel killed and the damage to the health infrastructure. But the devastation in Bhuj, one of the worst-affected towns, gives an idea of the damage to health services in the region--Bhuj's hospital building caved in and two stories were completely buried.

Although humanitarian aid has been pouring in, maladministration and lack of coordination among authorities in Gujarat has created another disaster. Some large suburban and rural areas have received little or no relief supplies because the inadequate distribution network has been unable to reach them.

The government has blamed the sheer magnitude of the tragedy for its inability to manage the aftermath of the earthquake. Indeed, many government officials have died and the surviving administrators have also lost friends, family, homes, and offices and have been just as disoriented as the general public.

However, it has been widely acknowledged that the government's response has been inadequate. "This is a disaster of insurmountable magnitude and that is bothering us", says Vijay Kumar, Director of Communicable Diseases at WHO's South-East Asia Regional Office. For health-care professionals the first phase of the disaster was to manage the acute injuries, such as broken bones and torn limbs. Most of these cases are being dealt with. WHO experts are now bracing themselves for the disease outbreaks that will comprise the second phase of the disaster. "People exposed to cold can get pneumonia and with the water supply devastated, outbreaks of cholera, dysentery, and other water-borne diseases are expected", said Kumar.

But India's health minister says that his ministry is well prepared for any such eventuality. The International Federation of Red Cross (IFRC) reports that only a small number of cases of diarrhoea have been reported so far. "However, the hygiene and sanitation situation is a growing concern, as is vector control", says the IFRC. After 2-3 weeks, nutritional problems and malaria will emerge, said Kumar. There could even be an outbreak of measles, if people have not been immunised, he added.

Funeral pyres have been burning continuously since the earthquake but many bodies have still not been dealt with. Also, wood for the pyres is becoming scarcer and is needed by survivors to keep warm. WHO experts have discounted the possibility of disease spreading
from rotting human or animal corpses. But in some areas of Gujarat, local authorities have already started spraying corpses with disinfectant.

With thoughts now moving to medium-term and long-term recovery, WHO and the UN Disaster and Coordination unit (UNDAC) is doing a health assessment of the earthquake affected areas. WHO is also helping India's scientists to patch up the disease surveillance systems. UNDAC says the most urgent needs of people in Gujarat include water and sanitation, temporary shelter, food, and technical assistance.

"Besides psychiatric help, the physical disability issue is emerging as a major challenge for the medical community and planners", PV Unnikrishnan, Oxfam National Fellow on Disasters told *The Lancet*. "Our feedback from doctors attending the survivors suggests that roughly 25% of cases seen everyday need amputations."

"Almost 40% had suffered pelvic injuries", he added. "If we don't prepare for physiotherapeutic help in coming days, the disability load will increase considerably", warned Unnikrishnan. "Another major issue which will affect the survivors' medical care . . . is the total absence of medical records--with each new doctor starting afresh on the patient not knowing what the earlier doctor had done", said Unnikrishnan.

The situation in Gujarat needs to be taken as a multi-disaster event, said the UN agencies in a joint statement. "Gujarat has not fully recovered from the cyclone of 1998 nor the ongoing droughts of the last 2 years", they noted. The agencies said their efforts will continue through to the longer-term recovery programme, which will be designed to reduce the region's vulnerability to such events. India's central government has also decided to set up a disaster-management committee to better prepare for further national disasters.

*(note: Map deleted)*

*Sanjay Kumar*
Indian govt under fire for neglect of injured quake victims

by Madhu Nainan

BHUJ, India, Feb 15 (AFP) - The Indian government must urgently draw up long-term rehabilitation plans for the thousands of people seriously injured in last month's Gujarat earthquake, aid workers warned Thursday.

The quake on January 26, Republic Day, is estimated to have killed around 30,000 people but it has also left thousands of people from the semi-arid Kutch region seriously injured and facing a very uncertain future.

"Physical disability will be a major issue among survivors. Unfortunately this is not even on the agenda of the authorities," Dr P.V. Unnikrishnan of relief agency Oxfam (India) told AFP.

Unnikrishnan said hundreds of survivors had either spinal injuries which had left them paralysed or had limbs amputated.

"Lots of these survivors are in hospitals in the cities of Ahmedabad, Pune, Bombay. They have been taken there from the villages of Kutch.

"In a few days time they will be discharged from the hospitals. Where will these people go? There are no facilities in the camps being set up in the villages to meet the special needs of these people. Many of them are sole survivors or children."

Unnikrishnan said he was investigating using the courts to ensure that these survivors were kept back in hospitals until proper facilities were set up in the villages.

"There is a lot of insensitivity among the authorities even in the matter of setting up camps for the survivors," he said.

"For instance in Adhoi village near Bachau, the Indian army is putting up 400 tents on an open patch of ground. The tents are barely one foot apart from each other.

"People are supposed to cook their food inside. Imagine what will happen if one of the tents catches fire, especially in the blistering heat of the day."

Unnikrishnan said the authorities should involve village residents when deciding to put up temporary shelters given the strong attachments to Hindu
castes in the rural areas.

"Different caste groups will prefer to stay together rather than be mixed up with other castes. The upper castes would not stay with the lower castes or Muslims.

Officials from the American Red Cross said they were putting together a programme to address the mental needs of survivors.

"There are not many mental health personnel in this region. So we plan to supplement them with social workers and school teachers," said Dr. Gordon Dodge of the American Red Cross.

Dodge said a high percentage of the survivors would experience psychological trauma.

"Many will improve on their own or will be helped by the community. But we have to be prepared for those who do not. We should be able to get the programme off the ground, among the survivors, in another two weeks time.

The Gujarati government meanwhile has drawn up a reconstruction plan for the more than 8,000 villages and towns which were destroyed or damaged in the huge temblor.

Gujarat Chief Minister Keshubahi Patel appealed for more help from non-governmental organisations and business leaders, asking them to bear 50 percent of the reconstruction costs.

The plan made public Wednesday identified 7,904 villages and towns for the first phase of reconstruction and repairs. It does not cover the worst affected towns of Bhuj, Anjar, Bhachau and Rapar.

The authorities are to announce a package for the reconstruction of these places after tonnes of cement and concrete debris has been removed, Patel said.

The government estimated that about 300,000 houses were either completely or partially destroyed in these four towns and would therefore have to be rebuilt either free of cost or through loans to people.

A special task force suggested the houses of landless farmers be rebuilt free of cost, while other villagers would be given loans.

man/pch/am AFP

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“Community-wise rehabilitation and people’s participation should be the focus in rehabilitation.”

“Community-wise rehabilitation and people’s participation should find central places in the long-term rehabilitation programme”, says Oxfam India in its rapid need assessment report and long-term intervention plan for the earthquake affected areas. Oxfam India is a leading disaster relief, humanitarian and development agency that pressed its services in limited pockets of Gujarat that was shattered by a killer earthquake on January 26th. The report titled - “Gujarat earthquake: Healing the wounds” - calls for a people-centric long-term rehabilitation plan for the area.

“Physiotherapy based intervention to respond to the needs of the physically disabled (especially the paraplegics and those with multiple injuries of spine and limbs); Psycho-social support for the traumatised communities; Access to appropriate information to build earthquake resistant houses with the active involvement of the survivors/ community and campaigns to achieve basic rights of the disaster affected will be the key challenges for those involved in long term rehabilitation”, notes the report. Oxfam India, in association with the survivors, leading professional organisations, voluntary agencies and others has developed a long-term intervention plan for select pockets in Gujarat.

A multidisciplinary team that comprised of a leading physiotherapist, a gender and rights activist, a medical doctor, a social scientist and others conducted Oxfam India’s need-assessment mission. The report was released today, exactly a month since the disaster shattered the lives and livelihoods of thousands of people across the western Indian state of Gujarat. “With summer about to step in, the already drought hit areas in the earthquake affected areas will have to bear the shortage of water. This must be dealt with extreme urgency”, cautions the report.

There are over 90 paraplegics in the Civil Hospital Ahmedabad alone. This is not a case in isolation. With pelvic and spine fractures dominating the caseload in certain
villages, the situation calls for their long-term rehabilitation. “Without physiotherapy intervention, the future of many survivors will end up in wheel chairs. In Marathwada, there are paraplegics awaiting rehabilitation even after 8 years since the killer 1993 earthquake. We need to act fast,” cautions the report. Physical disability is not a visible agenda in the rehabilitation package. Many in villages will need physiotherapy assistance at their doorstep to get their normal movements back. “The situation calls for a community based rehabilitation”, states the report.

“There has been an increased incidence of premature deliveries in some of the pockets. Anxiety levels are high amongst people”. Quoting the case of Nancy Takkar, a 12 year young girl who was the lone survivor when the killer earthquake killed over 300 of her school mates, the report says that the community was initially passing through the “heroic-phase”. Now they are in a “phase of hope and optimism”, a short lived phenomenon. People can break up with small provocations sooner or later. Flash back memories of the tragic incident can lead to emotional breakdown.

The survivors need assistance to overcome trauma and subsequent psychosocial problems they face. Past experience shows that long-term impacts of psychosocial problems are many-fold. If not handled adequately by cultural, societal and family support, it could lead to long-term emotional problems. “In Marathwada, even after 8 years, at least 30 per cent of the affected survivors require continued mental health care. Independent studies point out that in Marathwada, there is a sharp increase in the incidence of alcoholism, up to five times than that of the pre-earthquake situation”, the report quotes experts who had worked on this issue. According to sources, the government plans to make a short-term intervention lasting 6 to 12 weeks. “Past experience and our (Oxfam India’s) assessment shows that the situation calls for a long-term psycho-social intervention, lasting at least for 12 to 36 months,” says the report. Meanwhile, experts from National Institute of Mental Health and Neuro Sciences, Bangalore (NIMHANS) also calls for a long-term intervention.

Report also highlights the increased incidence of women's health problems and incidence of chicken pox, measles, respiratory complications and water-borne diseases amongst children. “With no gynaecologists and women doctors in the relief teams and no visible signs to correct the situation, meeting the health needs of the women will be a challenge. This calls for urgent attention”, notes the report.

“A people-to-people exchange programme between community groups based in other earthquake affected areas of India (like Marathwada) and Gujarat will help to facilitate a people-centric rehabilitation. The planners and policy makers need to be innovative”, notes the report. To call the attention of planners and to request them to be more sensitive to local realities and sensitivities, the report narrates the case of temporary tents that have come up in certain pockets. “The temporary tents that have come up in Adhoi spells disaster. It is a fire risk, lacks sanitation facility and was built without people’s involvement. This top down approach must be stopped”, suggests the report.

The report calls for the need to press-in the services of more veterinary doctors. It requests the media to be more alert when the rehabilitation phase begins. Efforts may have to be put to encourage the media to visit the other earthquake-affected places in India such as Marathwada, Uttarkashi and Jabalpur to report about the plight of the survivors even after so many years. This kind of reportage will help to put the issues in a broader perspective.
The report notes that many of the international humanitarian agencies are in Gujarat with a short-term agenda. It adds that the short-term interventions that most of these agencies make don’t relate to field level realities. The situation calls for a long-term commitment. “Oxfam India feels that such agencies need to rethink and redefine their operational mandate to suite the local level realities. While we understand and caution the limited role of external aid agencies, we welcome a synergy between local community-based organisations and International agencies”, adds the report.

The multidisciplinary need-assessment team conducted extensive field visits, especially to some of the less-publicised villages and focussed on some of the issues those are yet to attain importance. The team held extensive discussions with the survivors, NGOs and government officials, international relief agencies, health and other sector specialists and hospital authorities.

**Oxfam India has formulated a long-term intervention strategy. The work plan for Gujarat have special focus on (a) Community Based Rehabilitation of physically disabled; (b) Psycho-social care; (c) information dissemination campaign on earthquake resistant houses, people-to-people exchange programme and construction of (to demonstrate) earthquake resistant community centres and (d) campaign for basic rights and a disaster management policy. These programmes are designed and will be implemented in partnership with the affected communities, professionals from the Indian Association of Physiotherapists, mental health experts, voluntary agencies, educational institutions; others like the St. Xavier’s Social Service Society, Ahmedabad and collaborating agencies of Bangalore Response for Gujarat Earthquake. Oxfam India has approached ordinary people and select corporate houses for financial assistance to implement the programme. It also appeals for volunteers to work on this issue for the next one year.**

“When the situation moves from relief to rehabilitation, the key challenge for humanitarian agencies is to shift gears from charity mode to advocacy and political action to attain basic rights”, adds Oxfam India’s report.

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NGOs brainstorm to chalk out relief strategy

BANGALORE, Jan 30

Various non-government organizations based in the City, which are eager to help the earthquake affected in Gujarat, have come together in a big way.

Addressing the voluntary sector which came together at Ashirwad in the city, Dr. Ravi Narayan, Community Health Cell, pointed out the need to draw up a strategy for relief work. “As always, Bangaloreans have responded rapidly to appeal for help. But, from experience, we’ve found that a little co-ordination planning and hand-holding can go a long way in making our work more meaningful,” he told representatives from Oxfam India, Association for the Physically Disabled, St. Martha’s Hospital, NESA, India Cares, Vistar, Ashraya, Indian Medical Association and Gujarati Associations among others.

Most of these NGOs have already started work in affected areas. Action Aid, for instance, has sent a team of doctors and is mobilizing 500 tents and dry food. The Swiss Agency for Development and Co-operation (SDC) is sending a truckload of blankets with aid from companies like BPL, Wipro and Planetasia. Netkraft has formed a co-ordination committee to network with local NGOs, and the NRI community has offered monetary assistance. Manipal Hospital has sent orthopaedic plints, collars and surgical equipment along with bottles of O positive blood. Some dotcoms have also offered to host a page with regular updates on the earthquake relief work initiated by the voluntary sector in the city.

The knee-jerk reaction has been to rush volunteers with supplies like clothers, drug samples and blankets. “We must mobilize people with specialized skills like orthopaedicians, structural engineers, telecommunication experts, HAM operators, blood transfusion technicians, volunteers who speak Gujarati, and supplies like bulk drugs of WHO specifications and appropriate clother (sarees, plain cloth, shawls, woollen clothes). In their enthusiasm, people can often send the wrong things,” pointed Dr. Ravi Narayan, urging NGOs to network among themselves to avoid working at cross purposes.

The upshot of the brainstorming session was the smaller groups were formed to handle specific areas like communication, resource mobilization, transport, fundraising, training and orientation, Experts from NIMHANS, St. John’s, CHC and those who have worked at disaster struck areas will be training volunteers leaving for Gujarat so that they can offer psycho-social aid along with necessary physical assistance.

Persons willing to pitch in can contact: Oxfam India (3633964/3633274) for fund raising; Community Health Cell ((553 1518) for medical aid; Ashraya (5251929) for clothes; VHAI (Karnataka) (5546606) for general supplies.

Straight Answers

G.Sriramapa
Director, Oxfam India
On the formation of Bangalore Response to Gujarat Earthquake

What prompted you to form Bangalore Response to Gujarat Earthquake?
When, following the earthquake, relief and aid work began pouring in, it was all piecemeal and was going in different directions. To channelise all efforts from Karnataka towards providing assistance to quake affected, we thought of this umbrella body.
What constitutes the umbrella body?
It’s basically the civic society comprising NGOs like India Cares, Charity Aid Foundation, Community Health Cell, Voluntary Health Association of Karnataka, Government agencies, civic groups. In all there are over 70 groups involved in it, with Oxfam, India Cares and Community Health Cell managing it.

What kind of work has the group done so far?
The group has been putting together people and resources here in the state and coordinating with NGO groups in Gujarat in general and in Ahmedabad in particular to make sure that aid reaches the remotest of affected villages. Medical teams and HAM operators have been sent to Gujarat. Considering Bangalore also witnessed tremors, we are working towards forming a group of voluntary engineers and experts to conduct an assessment of buildings in the city. This will help in prevailing upon the state government to come out with a disaster management policy later.

How was the corporate response?
The response is mixed. Aid in kind was better than donations.

Any other kind of help you have received?
The petrol bunks association has come up with a programme to raise funds. Its president has taken an initiative and around 100 petrol bunks around the city will collect money for Bangalore.

Oxfam India media coverage

The Times of India
Wednesday, January 31, 2001 (Page 3)

St Johns medical team in Gujarat

Staff Reporter
BANGALORE: A team of doctors from St.Johns Medical College and Hospital on Monday left for Gujarat to help scores of victims devastated in the earthquake. The team, which is operating at Bhuj, Bachao and Rapur has carried with them, over 1.6 tonnes of emergency medical aid for the victims.

This response has been facilitated by a group of national and international non-government organizations comprising Oxfam India, India Cares, Community health Cell, Action Aid. The financial assistance is provided by Care Today.

Meanwhile, many citizens and NGOs on Tuesday set up ‘Bangalore Response to Gujarat Earthquake’ to address various related issues. They are also mooting a Disaster Management Policy and Disaster Cell for Bangalore in terms of human resources.

Aid to the victims
A team of 10 doctors from St.John’s Hospital left for Ahmedabad on Tuesday carrying 1.6 tonnes of medical supplies based on the WHO essential drug list for disaster relief. The team is led by Dr.Venkatesh, Professor of Biochemistry.

Another team of three doctors from Manipal Hospital also left for Ahmedabad on Tuesday to join the relief work currently on at the quake-hit Gujarat.

Students and staff of Seshadripuram College have cancelled their ‘College Day’ functions. The staff have decided to donate a days salary while students have pitched in to contribute towards the Chief Minister’s Relief Fund.

The Rotary Club of Bangalore has established a collection centre at the Rotary House of Friendship on Lavelle Road. This center will be open from 8 am to 8 pm and can be contacted at 2210134. Items such as blankets, woollens, clothes, petromaxes, torchlights, battery cells and medical supplies are being collect at the centre.

The Karnataka Goods Transporters’ Association has decided to carry medicines to the affected areas. Phone: 2221383/2210493.
**Oxfam India media coverage**

THE HINDU, Wednesday, January 31, 2001

**Railways to transport relief material**

By our Staff Reporter

BANGALORE, Jan.30. The Southern Railway has informed that it will organize free transport of relief material to quake-affected areas in Gujarat.

According to a press release, the material would be sent free of freight charges on coaches and goods trains. Those contributing relief material to book such consignments can address the same to the District Magistrate of the districts concerned for free distribution purpose.

**Massive relief efforts:** The release added that volunteers of the Bangalore District Association of the Southern Railway Bharath Scouts and Guides will leave on February 2 by Bangalore City-Ahmedabad Express (6502).

Those interested in donating blankets clothes and so on can hand over the same to the Southern Railway volunteers on February 2 between 9 a.m. and 1 p.m., at Platform No.8, City Railway Station or deposit the material at the Reservation complex, Bangalore City Railway Station before 1 p.m. the same day.

**Co-ordination body:** A press release from Oxfam India said that humanitarian groups and concerned Bangaloreans have launched “Bangalore’s Response to Gujarat Earthquake” – a co-ordinating body to help with the response to the earthquake. The body urgently requires medicines, blankets, sweaters, dry food, generators and financial assistance.

Meanwhile, the Oxfam release said the medical team of doctors from St.John’s Medical College that left Bangalore on Monday had reached Gujarat. A specialist group (from the team) is working at the Civil Hospital in Patan – located 200 km. From Ahmedabad. The release said the Patan Hospital had become the nerve centre for patients from Bhuj, Bhachau and Rapar.

The Bangalore team activities were being co-ordinated by a relief base set up near Radhanpur by Medico Friend Cicle, the release added.

The Indian Medical Association (IMA), Karnataka State Branch (KSB), has appealed for material and money to be sent to: IMA, KSB, Alur Venkat Rao Road.

A team from Dr.Agarwal’s Eye Hospital will reach Gujarat on February 3 to carry out eye surgeries on quake-affected people. A release said that relief material could be sent to Dr.Agarwal’s eye Hospital, No.15, Eagle Street, Bangalore – 560 025 (Ph: 2240736).

**Nodal offices**

Meanwhile the Chief Minister, Mr.S.M.Krishna, on Tuesday appointed nodal officers to look after and monitor relief operations in aid of Gujarat earthquake victims.

Organisations and NGOs willing to support can contact the following officers:

Mr.Subhash Chandra Khuntia, Secretary, Finance Department (225 7336 (O), 526 2266 ®, Mr Sanjay Kaul, commissioner of Health & Family Welfare Services (287 4037 (O), 6782444 ®, Mr.G.S.Narayana Swamy, Deputy Commissioner, Commerce and Industries Department (2215511 (O), 286 1825 ®, Mr.Gonal Bhimappa, Deputy Secretary to Chief Minister (225 1792 (O), 545 2789 ® and all deputy commissioners of districts.

The deputy commissioners have been directed to open an account in the name of ‘Chief Minister’s Relief Fund’ (Gujarat Quake Relief), to receive donations and to remit the same to ‘CMs Relief Fund’, State Bank of Mysore, Vidhan Soudha Branch, Bangalore.

They have been directed to send all medicines, blankets, dresses and foodgrains collected from the people to Gujarat Government by train or by truck.
Oxfam India media coverage

The New Indian Express

Thursday, February 8, 2001 (page 1)

No old clothes for Gujarat

Express News Service
Bangalore, Feb 7: The overview helming response of Bangalore to the earthquake relief appeal has meant that there is now a glut of old clothes at the offices of the Bangalore Response to the Gujarat Earthquake. Meanwhile communication from the field notes that now more than general medics, the affected villagers would require disability and psycho-social specialists.

“Textile companies, local industries and affluent non-resident Indians of Gujarat have ensured that the earthquake-affected people got enough clothes, including a lot of new pieces,” said a spokesperson of the Bangalore Response.

The first lot of relief, including old clothes was very useful, said G.Sriramappa, Director of Oxfam India, and a coordinator of the Bangalore Response. “It has been a fantastic response, but now we are facing a problem of plenty,” he said. “For now at least we may not need more clothes”.

“Maybe we can send the old clothes to other problem areas such as the drought-affected villages in western Orissa or to poor slum dwellers in the city”, Sriramappa said.

“Now if you wish to contribute, please send us only money,” said Sriramappa.

“After the rescue phase, there is an urgent need to address issues of disability and psycho-social impact of the disaster”, a Bangalore Response spokesperson said.

“In some clusters, upto 25 per cent of the people had to undergo amputation,” said Dr.P.V.Unnikrishnan, a medical coordinator of the Bangalore Response over telephone from Ahmedabad. A team of doctors from the NIMHANS will reach Ahmedabad on Thursday.
BY OUR CORRESPONDENT

Bangalore, Jan.29: Oxfam is organising a drive to provide relief measures for the victims of the earthquake in Gujarat. Oxfam India is an emergency response and development support organisation which recently shifted from Delhi to Bangalore.

“We are looking at sponsorship and concentrating on the IT sector to raise funds for the quake affected” says head of Communications & Fundraising, Oxfam India, Kalpana Rao Deswal.

Wipro has already donated computers, while other software companies have shown interest in foregoing a day’s pay as relief funds, Ms.Deswal added.

Oxfam has called a meeting of NGOs on Tuesday to deliberate on measures to be arranged for the quake victims. Persons who want to join the effort can e-mail ois@vsnl.com.

Oxfam India media coverage

The New Indian Express

Wednesday, January 31, 2001 (page 1 cont.11)

Bangalore responds to Gujarat tragedy
Medics to help tackle trauma

Express News Service

Bangalore, Jan 30: Responding to the havoc unleashed by nature’s fury in Gujarat, citizens’ groups, humanitarian agencies and medical and other professionals have initiated a synergic ‘Bangalore Response to Gujarat Earthquake’. The initiative aims to co-ordinate the City’s civil society response to the earthquake, addressing short, medium and long term objective of disaster management.

At a co-ordination meet of the Bangalore Response on Tuesday afternoon, health professionals from St.John’s Hospital, Minipal Hospital, St.Martha’s Hospital, national Institute of mental Health and Neurosciences (NIMHANS), and Indian Medical Association (IMA), along with social workers, people working with the disabled and Gujarati community leaders chalked out the best ways to respond to the crisis.

Experts also raised concern about the lack of disaster management policy for Bangalore at the meet.

“Our immediate concern is to deal with trauma and to provide medical relief, but soon we will have to address issues of public health, psycho-social impact of the disaster and deal with overall development of the affected communities” said Dr.Ravi narayan of the Community Health Cell (CHC), Bangalore, on of the co-ordinators of the initiative.

Oxfam India and New Entity for Social Action (NESA) are the other two major non-government agencies behind the Bangalore response.

“We need a lot of relief material – blankets, dress, dry ration of food, medicine, chlorine tablets, surgical and physiotherapy equipment,” said a spokesperson of the initiative. The modalities of collecting and sending these resources will be notified soon.
As a first step, a team of 10 doctors and paramedics sent from the St. John’s Medical College here have started work in a village 200 km away from Ahmedabad this afternoon, a spokesperson of Bangalore Response said. An IAM team of 10 doctors, sponsored by local philanthropists have reached Gujarat, Dr. Narayan said.

Meanwhile, three doctors from Manipal Hospital left for Gujarat on Tuesday.

Gujarati association in Bangalore are planning to send a six member team to the quake hit areas, said Shamji Patel, Secretary of the Bangalore Vaishnav Samaj.

Also non-government development agencies ActionAid India Society has urged corporate houses to join the move and contribute resources. The Indian Red Cross society (Karnataka) (IRCS-K) has already sent an initial sum of Rs. 2.25 lakh as financial aid to victims. The society also plans to mobilise medicines, blankets, clothes, and foodgrains through its 27 district branches, said Vice Chairman Dr. D.M. Nanjundappa.

Representatives of the Indian Institute of Hams have also left to do volunteers work in Ahmedabad.

So far overtaking the non-governmental measures, State Finance Secretary Subhash Chandra Kuntia, the coordinating officer for the State Response to the earthquake said the Government had already despatched medicines worth Rs. 25 lakh and two teams of doctors and paramedics.

Oxfam India media coverage

The Indian Express
Tuesday, January 30, 2001 (page 1 cont. page 11)

Bangalore City does not have a seismograph to record tremors

Myth Shattered, Deccan not stable

Express News Service

Bangalore, Jan.29: The tremor and panic reaction to the quake here have brought to the fore an urgent need for comprehensive disaster management plan for the city and has undermined the notion that the Deccan plateau is a “geologically stable” formation.

Scientists have noted that Bangalore tremor has once again shaken the myth that seismic activity is not limited to the Himalayan region.

A L Koppar, Director of the Indian Meteorological Department (IMD) centre here said “The Latur earthquake of 1993 had raised questions about the stability of the Deccan plateau. Now we need a thorough study of the seismic activity of Deccan’.

He said Bangalore does not have a seismograph to record tremors. “It is important for a city of 6 million people to have its own disaster monitoring and management facilities.

The seismological monitor nearest to Bangalore is located at Gowribidanur,"

Here’s a checklist prepared by Oxfam India, a voluntary agency in Bangalore, on how to tackle a quake disaster:

- First, do not panic
- Do not block stairways, avoid lifts
- Leave the building in an orderly way
- If you cannot go out, stay away from furniture, windows, glasses or fixtures; leave the doors open.
- Extinguish all sources of fire
- Switch off electrical appliances, turn off the gas
about 40 km north of the city. Meanwhile, Union Human Resources Minister Murali Manohar Joshi, who is also a scientist, acknowledged the necessity for a comprehensive plan to deal with natural calamities viz cyclone, landslide or earthquakes.

Joshi was in the City on Monday to inaugurate the first International Workshop on Technology Business Incubators in India, organised by the Asia and pacific Centre for Transfer of Technology. Eminent seismologist and scientist at the Centre for Mathematical Modelling and Computer Simulation Vinod K Gaour has reiterated his demand for a network of the state-of-the-art seismological observatories across the country. In the wake of the major quake in Gujarat, Gaur had urged the Government to initiate a two step disaster mapping effort to cover the whole country to determine the hazards present and to assess the vulnerability of each region, as reported in these columns. “We spend just peanuts on such studies,” Gaur rued.

“The rock structure on which Bangalore is located is stable and ancient, as much as 3 billion years old. In fact, the oldest rocks in the region which date back to 3.4 billion years, can be found at Sri Narasimhapur in S.Karnataka” Gaur calls the tremors a “freak incident”, but a scientifically interesting phenomenon to study. “Today’s tremor had its own energy, it is not an aftershock of the Gujarat quake.”

Still it is possible that the major quake had its fine repercussion on the rock structure here as well, he said. “It is like pressing a ball, with a finger, the pressure will be felt all across the ball”.

Oxfam India media coverage

Indian Express
Bangalore, February 20, 2001 (page 1)

City team returns, says the key to rebuilding Gujarat is community-wise rehabilitation

Heroic faces hide the real trauma of Kutch

Max Martin

Bangalore, Feb 19: Nancy Takkar, 12, has sparkling eyes, a broad grin, and an oversize head bandage. She is an arche-typical “bold Katchi’, member of a people who have seen droughts, dry spells and cyclones, and spread out in the world to build flourishing trade networks.

Showing Takkar’s photograph at a debriefing session of the Bangalore Response to the Gujarat Earthquake in the City recently, doctors however warned tat such heroic expressions could hide the effects of trauma. “Takkar has witnessed her school building collapsing in from of her, trapping about 300 children under its debris”, says Dr.Unnikrishnan P.V., a co-ordinator of the Bangalore Response.

“She is the only survivor”. At least she could not find anyone else. “Now she is going through the Heroic face’, a short-lived phenomenon,” Dr.Unnikrishnan, a disaster management expert with Oxfam India cautions.
“Any small provocation could flashback memories of the tragic incident and can lead to an emotional breakdown,” he points out.

Psychologically speaking trauma is the emotional shock due to injury, threat to injury or death; or the shock caused by witnessing dear and near ones dying, getting wounded, tortured or gravely threatened.

Trauma can lead to long term neurosis, that is mental illness characterized by irrational or depressive thought or behaviour, in a condition known as post-traumatic stress disorder (PTSD).

“The survivors already suffer from high levels of anxiety,” confirms Dr.K.Shekar, who returned from Katch last weekend with his team of experts from the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore.

Many survivors in Katch might suffer psychological disturbances in the long run, despite the brave front they put now, according to NIMHANS experts. “Schools have reopened, but often the attendance is as poor as one-third or even less,” Dr.Shekar noes. “The children are afraid; the parents are afraid”.

“Young people are developing high blood pressure and there have been several instances of premature delivery, all due to high levels of anxiety.

Dr.Shekar points out – “The effect of psycho-social trauma will increase, as more and more injured return home from hospitals,” said Dr.T.Venkatesh who led a team from St.John’s Medical College, Bangalore. “After the initial rescue phase they will be facing the hard reality,” he said.

Dr.Venkatesh and colleagues operated from a roadside clinic, and ventured out into remote villages, where medical attention was inadequate. The only way these doctors could keep in touch with their families back home was through the Ham Radio, operated by a team of dedicated amateurs who had joined the Bangalore response team.

“It is very difficult to treat disabled or sick people, who also suffer psycho-social consequences of the disaster,” Dr.Unnikrishnan says. He quotes studies, of the 1993 Marathwada earthquake, after which the levels of alcoholism among local villagers steeply increased. General and domestic violence and suicide are also noticed among many survivors of great disasters, doctors point.

“To address such issues there should be long-term, community-based rehabilitation programmes,” he says. Currently the government plans programmes that run a maximum of 12 weeks by doctors who have undergone a crash course on trauma care. But according to Bangalore Response medics, “The government should run the programme for at least 12 months, especially in the wake of repeated tremors rocking Kutch”.

"..."
Survivor !!!!
One who refuses to be a victim

Here is my contribution to rebuild the lives that the earthquake shattered.
Please send your contribution by Cheque/DD favouring "Oxfam India" and please post it to: Director, Oxfam India, No.69/A2, Mohinder Kunj, II Flr., Room 201 & 202 Laxmi Market, Munirka Village, N.Delhi-110067 (Email: oxfamindia@vsnl.com):
Contact: Chennai- 044- 620 9133 ; Bangalore- (080) 363 2964; 363 3274 ; New Delhi- (011) 619 1962/ 1979
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