

BANGLADESH CYCLONE RELIEF (SCJ INTERNATIONAL,  
AND ST. JOHN'S MEDICAL COLLEGE HOSPITAL AND  
ST. MARTIN'S HOSPITAL AND THE C.H.C.)



- ① COOKING CLASS
- ② MEDICAL STATISTICS

PROSANTO DEV NATH . PHONE NO: 6993  
c/o BIRESWAR KUMAR NATH. AREA CODE: 0421  
SREE DHAR PUKUR PAR  
BEJPARA, JESSORE - 7400  
BANGLADESH.

~~KHUS~~

KHAUSRUL ALUM (KHAUSRU)  
MRS. ISLAMIA MIKE SERVIC.  
LAUNCH GHAT ROAD  
MADARI PUR - 7900  
PHO: 463

MR. HABIBUR RAHAMAN SHEAK.

VILL:- Khalia

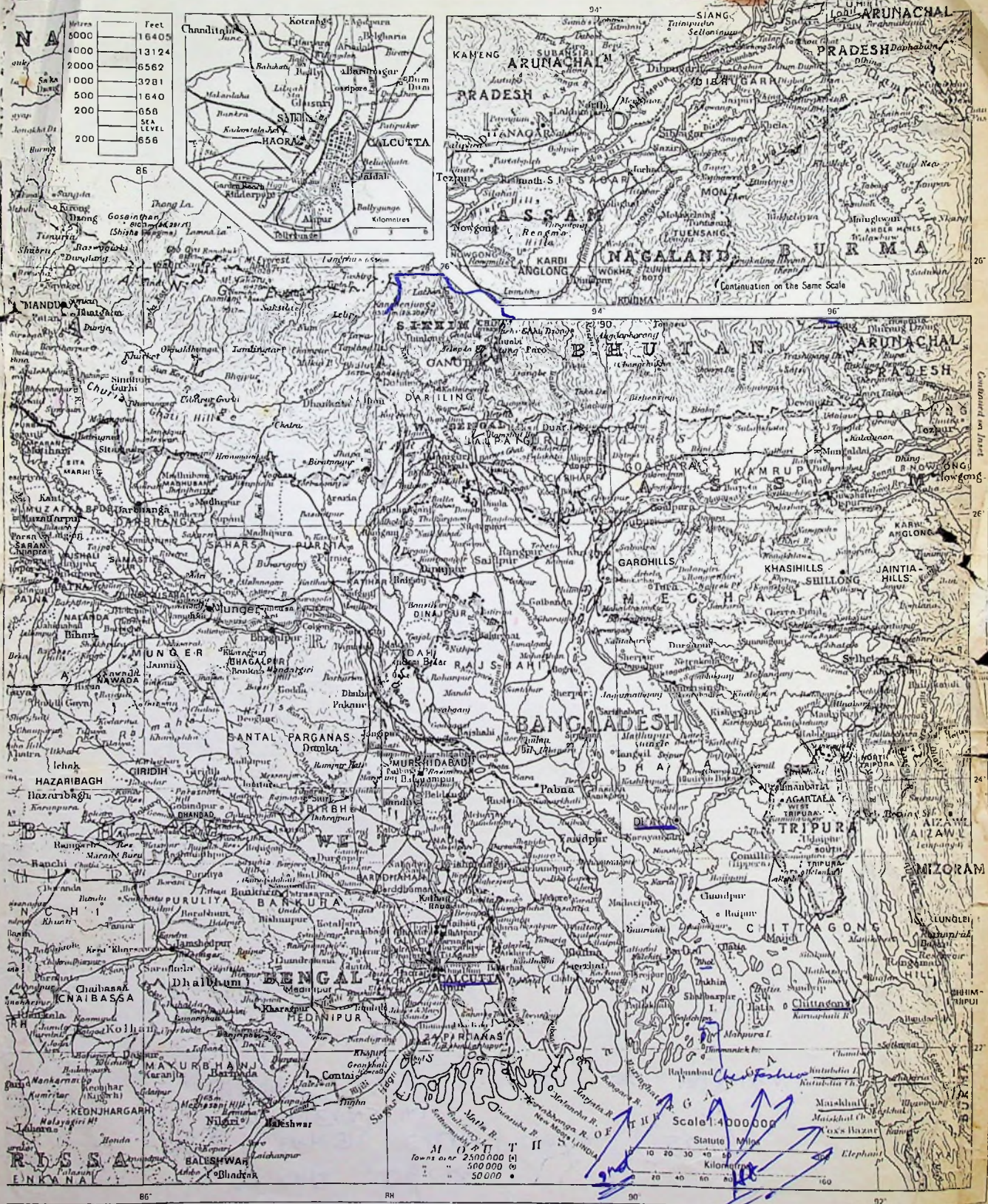
POST - Khalia

UP:- Rajaur

DIST:- Madari pur.

S. M. SHAHJAHAN MUKTA  
RAIL ROAD BEJPARA  
T AND T COLONY  
ROOM NO (B-2)  
JESSORE, BANGLADESH  
TELE - 5092







	Male	Female	Total
Total Pts seen	579	581	1100
Avg per day	51.9	58.1	110.0
Paediatric total ( $\leq 15$ yrs)	263	270	533
M:F	64.7%	54.8%	

- Day to Day Variations

- VUR A Acute studies 4/519 6/581 10/1100

- BCG studies 23/263 in children  $\leq 15$  yrs.

### Age distribution

$\leq 1$ yr	21	32	53
1-5 yr	134	162	296
6-15 yr	108	76	184

### Organ

GIT	Acute/Amoeb	52	111	163
	Helminthiasis	29	32	61
	APD	5	5	10

234

RS	URTI	31	4	35
	LRTI	42	22	64
	Supp Otitis Media	14	8	22
	Pneumonia	2	0	2
	HAARD	9	0	9

132

Nutr	PEM	32	50	82
	VUR A	1	6	7
	B	1	10	11
	C	0	2	2
	D	1	0	1

103



1. MHA 1990 Jan 26, 336 (3) : 417, 4

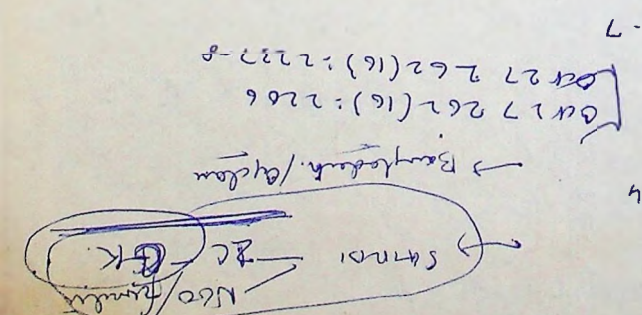
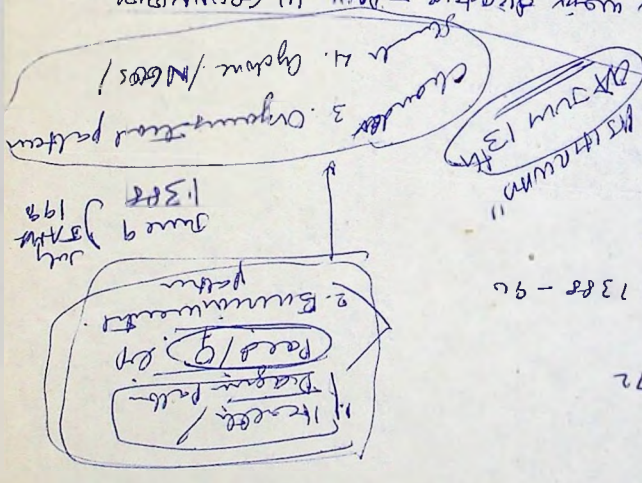
Am J Psychiatry 1990 Feb; 147(2) : 202-6  
J. Ewing Med 1989 Sep Oct; 7(5) : 461-4  
Am J Epidemiol 1989 Dec; 130(6) : 1109-18  
Am J Ewing Med 1989 Nov; 7(6) : 594-604  
JAMA 1989 Sep 2; 261(6699) : 611-2  
JAMA 1989 Nov 24; 262(20) : 2806  
" 1989 Dec 8; 262(22) : 3111-2  
Ort Can Med 1989 Oct; 17(10) : 1062-7  
NEJM 1989 Oct 19; 321(16) : 1130-1

Soc Sci Med 1990; 30(10) : 1665-72  
Br J (continued)

Lancet 1990 Jun 9; 335 (702) : 1388-90  
JAMA 1990 Jun 6; 263(21) : 2882

Lancet 1990 Jun 22 (8709) : 259  
Letter: Provision of help after major disasters - PAUL W. GRONHEIM

and in disaster, suggest the proposed recommendations  
team visits the site, discover priority needs & adequacy of warehousing for  
shelter, availability of handling equipment to influence packaging of material  
avoid inaccessibility emptying & clearing, waste equip./supplies, planning  
house office - wanted.



1. The R'dale cyclon  
- ground idea  
2. N80's response to cyclon  
- exp - ex expansion  
3. Health + D. Health  
- environmental factors  
4. R'dale Management day  
- this cyclon  
5. Recommendation

1988 American counterguerrilla, popl 700, used attacked.  
> 500 tons of dump / environmental medical supplies.  
only 30% immediately usable by health workers - identify  
isolation / security partition  
quantitative posed problem of transposition / change  
20% of aid destroyed by end 1985  
11% under attack, 8% expired apt  
21% not for emergency situations  
42% relevant for " "  
14% never stored  
12% of reference group not easy to identify

deep mixed in three  
2/3 time wasted for  
identity, testing for  
wastage  
waste of previous time/  
resources

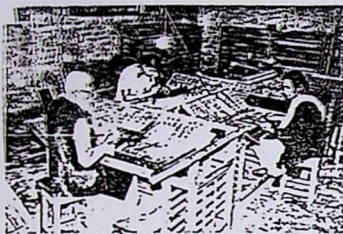




The wood workshop—Trainees learn how to use the tools and acquire the basic skills of the carpenter. With very little formal education behind them, women are soon able to manufacture a range of home and office furniture. Overcoming inhibitions is all part of the training, early, for example, must be put away in favour of 'unfeminine' but practical uniforms.



Gono shilpalaya—Metal workshop trainees learn to cut, straighten and weld metal; with experience they can understand drawings and read measurements. Hospital fittings, window frames and agricultural implements are just few of metal products. To see women move with ease around Narikendra workshops, handling tools and electrically powered equipment with confidence, dispenses notions of female weakness or incapacity for technical work. There is serious shortage of skilled workers, such as carpenters and welders in Bangladesh, now skilled women are available for work.



Women compose and set type in the printing workshop. They also bind books and later in their training will work the printing press.

## GONOSHASTHAYA KENDRA

Gonoshasthaya Kendra was the only organised field hospital for Mukti Bahini (Freedom Fighters) and refugees on the eastern border of Bangladesh during the War of Liberation in 1971.

In 1972 the hospital was reformed in Savar Thana, its purpose, to provide primary health care to the villages.

The core of the health programme is the work of village-based paramedics, local people themselves (and most of them women), and promoting the free health insurance scheme for the poor, subsidized by the contributions of the better-off.

It is believed that a fair and equitable health system cannot grow within an oppressive socio-economic structure.

The good health of the people of Bangladesh requires social change: health workers and medicines are



The range of 'trials' produced in the jute-plastic factory. The process by which fibre-glass, jute-fibre and plastic paint is combined is taught here. With such a versatile material clever innovations can be made, for example, the hinges of caskets for sickbeds are designed so that the lids can be fixed to the 'trials' while in the wooden mould.

Gonoshasthaya Kendra is not just a project, it is a part of the peoples' continuing struggle against imperialist penetration of capital. The struggle is against all forms of class oppression.

no substitute for food, shelter, education and employment opportunities for women and men.

The agricultural extension programme rural credit facilities, the school and the Narikendra training centre were all initiated, in G. K., to promote rural development, in which, the poor organise and participate.

## NARI KENDRA

A Project of Gonoshasthaya Kendra Trust

P. O. Box 100, Dharmarai

Dhaka, Bangladesh.

Cable: Gram Goro.

Phone: 411567 Telex: 65649 GK DA BJ

AMENA  
ONE OF THE MILLIONS  
OF OPPRESSED WOMEN  
—IS FIGHTING BACK



## AMENA'S STORY

Amena suffered at the hands of her violent husband, who abused and frequently beat her.

A poor and illiterate village woman, she was powerless to fight her oppression.



In Narikendra she sought work. She learned new skills and to read and write and found self-confidence and a sense of power in her experience. There her potential was realised when she could see the possibility for change.

In the village she used her skills to train women and organise a cooperative, but it was a success, but it was hard won, they were harassed and slandered by those who resented their independence. Amena was insulted by a policeman, she smacked his face, and her workers made a public demonstration and demanded an apology.

Only with such courage and solidarity did the cooperative thrive, it is now an accepted part of the village.

Furthermore, men can no longer abuse the women with impunity since they have come out of the household and organised.



Amena's cooperative make woven bamboo mats, fans, and small stools. They use home-grown materials for products that village people need.

Supporters of Amena's group, abroad, buy their jute handicrafts, wall hangings, bags and hanging plant carriers (shikas).

## NARIKENDRA: CENTRE FOR WOMEN'S VOCATIONAL TRAINING

They are the most oppressed class in society. Within the household they work long hard hours, work that is essential in a subsistence economy and yet, is unrecognised and unrewarded.

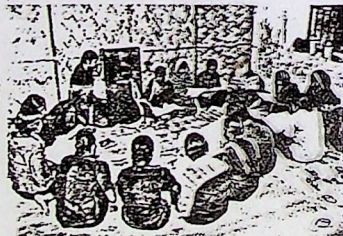
Women rarely decide their own futures and though confined to the household, they have little power over family resources.

Opportunities for paid work are few and women are often exploited as cheap labour.

Narikendra opposes the ideology of women's "natural" inferiority and subjugation by men. It provides training for poor women in valuable skills and supports women's efforts to find employment in new areas.

About 80% of women are illiterate when they come to Narikendra. So literacy and numeracy classes are provided in Gono Patsbala (the people's school) and lessons continue up to class six.

Narikendra workshops offer training in sewing, jute handicrafts, tailoring, carpentry, metalwork and the manufacture of jute plastic products.



Attending school is a part of the daily routine.



The jute handicrafts workshop—Narikendra's first women's centre. Employment in this cottage industry are limited in Bangladesh, but this workshop offers a valuable introduction to the training centre, as it is often the first time a woman has left the village to take a job.

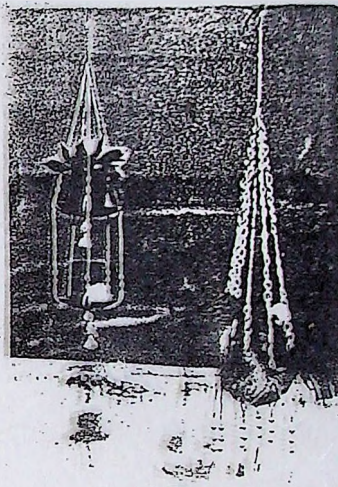


Women cut and machine material to different patterns and embroider or print a design by hand onto the bags they have made.

In the centre women do away with "burkas" (veils), they are visible in their work and move around freely. In the neighbouring villages too, women are less restricted.



Gono Paduka—The people's shoes. Women are taught the craft of sandal-making for men and women. It takes at least two years to become expert, taking measurement and working the materials which are leather, jute-plastic and rubber.



Just two of the attractive "shikas" made of jute in the workshop.



Some Gono Paduka sandals. Cheap and durable sandals for village people are made as well as more expensive and fancy styles for the city shops.



## ACKNOWLEDGEMENTS :

Dr Ravi and Dr. Thelma Narayan (Community Health Forum).

St.John's Medical College and Hospital

Members of Team : Dr. Shirdi Prasad Tekur

Dr. Anne-Marie Rego

Mr. Chander

Mr. Anand

Nurse Mohini

Nurse Beatrix

Service Civil International

Rev. Sr. Mary Clare (Holy cross Convent)

and all our parents.



# Save the Children Fund (UK)

PRESS RELEASE

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*Field Director*

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Dhaka, Bangladesh  
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## CYCLONE RELIEF OPERATION

Date: 6 May 1991

In response to the severe cyclone which hit Bangladesh on 29 April, Save The Children Fund (UK) has commenced a major relief operation in the Upazilla of Rashkhali, Chittagong.

One hour after the wind struck at 10.30 pm a tidal bore of over twenty foot high swept over the coast, leaving a tidemark of thatch and other flotsam on shattered tree trunks when it receded seven hours later. To about three miles inland there was little protection to help break the force of the wave. For anyone to have survived that sudden and terrible force, they would have had to have found the strength to cling to a standing tree top in the noise and dark of the cyclone, battered by waves and debris.

Rashkhali has been very badly effected. Many people died. The impact of the cyclone decreased inland, from total devastation on the coast to severe damage about two miles inland and then reduced effect along the line of the road which laterally splits the Upazilla about four miles inland.

By the coast, the land is covered in mud and pools of black, brackish water; trees which still stand are splintered and leafless; the whole place is covered in a layer of filthy smashed household effects, thatch and bamboo - all that remains of the houses - and rags that were once clothing.

Many of the dead have not yet been buried. These number in the thousands. The coastal half of Rashkhali used to have a population of about 150,000 to 175,000, spread between seven unions which parallel about 25 miles of the coast. Local people say that at least forty percent of these people are dead or missing. Over ten thousand still await simple, unshrouded internment in a convenient, nearby ditch. This suggests an overall death toll of over three lac people for all of Bangladesh. In the worse areas of Rashkhali, all people questioned had lost over half of their families. Most of those killed were children and babies, up to eighty percent of the total.

Livestock and poultry of the seven seaside Unions has been wiped out; most is still decomposing in the open. The smell is terrible. Only very few household and productive assets including fishing boats survive. Most tubewells were snapped or rendered useless by the infestation of salt water, although miraculously about twenty five are said to be yielding good water still. Stagnant water is corrupted and saline, making water purifying tablets and alum potash useless. The forty thousand people who stay on their family land are walking over three miles to collect drinkable water in any container they have, to return

where they are living under the open sky or in a shelter rigged from whatever they could salvage. Washing is in the nearest pond or puddle, however corrupted. Other people have moved inland to find shelter or migrated in search of work in nearby towns and Chittagong.

The salt water has totally destroyed the boro rice harvest, which had just begun, and all the rice seed beds have been destroyed. The area needs much heavy rain to become productive again. The embankment is badly damaged; if the monsoon comes before repairs can be made, the land will be flooded and unusable for a long time.

In response to this terrible disaster, the Bangladesh Army with the Upazilla administration is distributing rice to the destitute. A joint medical team is also operating, but there is a great need for medical supplies. BRAC is working in three unions of the upazilla distributing rice and dal and running three medical teams.

The other priority is to immediately protect and prepare against the outbreak and rapid spread of water borne diseases, and provide a modicum of shelter and more food, particularly for the women and children. SCF has already sent enough water purifying tablets to provide over fifteen thousand displaced families with one week's sterile water. An emergency reaction team will arrive in the Upazilla tonight, to be joined by five medical teams tomorrow, and the start of a substantial flow of emergency supplies.

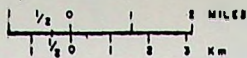
SCF will be helping with the following measures:

1. Helping the local authorities quickly bury all remaining bodies and animal carcasses; issuing jerrycans to enable people collect much more clean water at a time; issuing soap and bleaching powder, if available.
2. Meantime, commence the installation in the coastal area of fifty deep tubewells to more permanently increase the clean water supply and reduce the time and effort taken for its collection.
3. Provide basic minimum shelter for homeless families and those whose homes are very badly damaged with the issue of plastic sheeting, bamboo poles and rope.
4. Give families from the badly effected areas enough dry rations to last the family one month, and something to cook and eat with.
5. Provide mobile medical teams in five badly-hit unions, primarily to control and treat any outbreaks of water-borne and other infectious diseases. Providing much needed medical supplies.



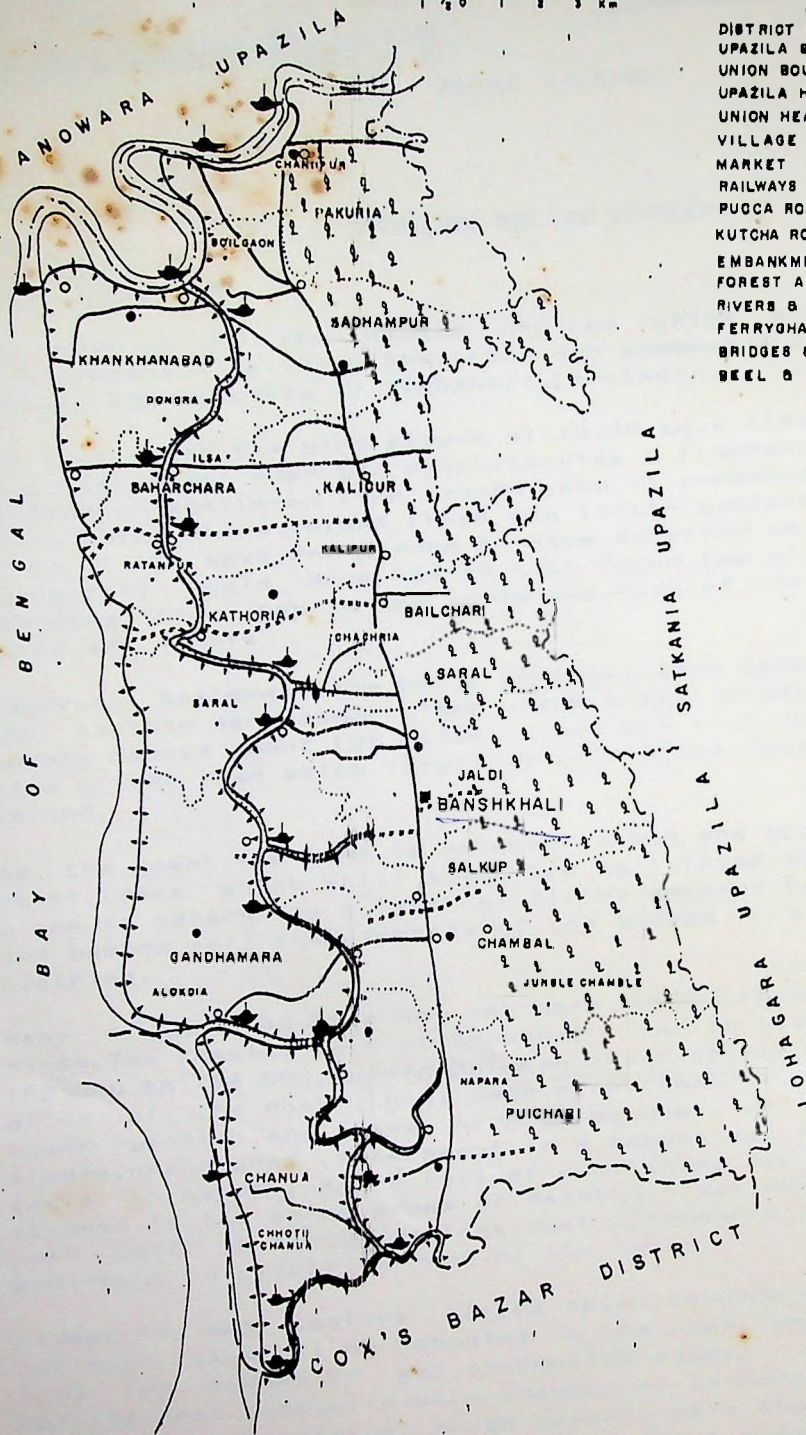
# CHITTAGONG DISTRICT BANSHKHALI

89 02



## LEGEND

DISTRICT BOUNDARY	---
UPAZILA BOUNDARY	----
UNION BOUNDARY	.....
UPAZILA HEADQUARTER	■
UNION HEADQUARTER	●
VILLAGE	○
MARKET	○
RAILWAYS	—+—+—+—
PUGGA ROAD	====
KUTCHA ROAD	-----
EMBANKMENT	—+—+—+—
FOREST AREA	
RIVERS & KHALS	~~~~~
FERRYGHAT	⚓
BRIDGES & CULVERTS	—X—X—X—
BEEL & HAOR	~~~~~



## CHITTAGONG





Title: DIAGNOSIS OF PATIENTS SEEN  
 Subtitle: CYCLONE RELIEF EXPERIENCE  
 Footnote: Bangladesh June 1991

Slice3	Label	Value	3 Cut	Slice 3	Color	3 Pattern
3	Name	Series 2	3 Yes No	3	3	3
1	3 GIT	234	3 No	3 2	3	1
2	3 RS	132	3 No	3 3	3	2
3	3 ORTHO	2	3 No	3 4	3	3
4	3 ANAEMIA	38	3 No	3 5	3	4
5	3 SKIN	55	3 No	3 6	3	5
6	3 NUTRITION	103	3 No	3 7	3	6
7	3 CVS	4	3 No	3 8	3	7
8	3 INJURY	10	3 No	3 9	3	8
9	3 PUO	15	3 No	3 10	3	9
10	3 EYE	6	3 No	3 11	3	10
11	3 ENDOCRINE	11	3 No	3 12	3	11
12	3 OTHERS	29	3 No	3 13	3	12

F1-Help  
 F2-Draw chart

F8-Options

F9-More series  
 F10-Continue

Title: DIAGNOSIS OF PATIENTS SEEN  
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 Footnote: Bangladesh June 1991

Slice3	Label	Value	3 Cut	Slice 3	Color	3 Pattern
3	Name	Series 2	3 Yes No	3	3	3
1	3 GIT	338	3 No	3 2	3	1
2	3 RS	132	3 No	3 3	3	2
3	3 ORTHO	2	3 No	3 4	3	3
4	3 ANAEMIA	38	3 No	3 5	3	4
5	3 SKIN	55	3 No	3 6	3	5
6	3 NUTRITION	103	3 No	3 7	3	6
7	3 CVS	4	3 No	3 8	3	7
8	3 INJURY	10	3 No	3 9	3	8
9	3 PUO	15	3 No	3 10	3	9
10	3 EYE	6	3 No	3 11	3	10
11	3 ENDOCRINE	11	3 No	3 12	3	11
12	3 OTHERS	27	3 No	3 13	3	12

PSYCH 72

F1-Help  
 F2-Draw chart

F8-Options

F9-More series  
 F10-Continue



System	Findings	Count
General	Well, alert, oriented	19, 20
Head	Normal	12, 13
Eyes	Normal	35, 36
Ears	Normal	32, 33
Nose	Normal	34, 35
Mouth	Normal	36, 37
Throat	Normal	38, 39
Heart	Normal	40, 41
Lungs	Normal	42, 43
Abdomen	Normal	44, 45
Genitalia	Normal	46, 47
Extremities	Normal	48, 49
Skin	Normal	50, 51
Neurological	Normal	52, 53
Psychiatric	Normal	54, 55
Other	Normal	56, 57



GIT (Az Ge / Amueb)  
Helen / APD

338

245 / 79 / 14

RS (URT / URT /  
A/SOM / Bronchile / Irtard  
Arthru)

209

59 / 71 / 22 / 45 / 12

Ortho (Tunne / # / Dylord /  
Defaut / Arthru)

13

4 / 9

CVS (RAD / CWD)  
ARF

15

14 / 1

Anacuna

94

47 / 47

Skien (Pyode / Berbe /  
Liden / Bode / Htege)

74

Nutro  
(PEY / URT / URT B)  
CWD / URT C

109

85 / 10 / 11 / 11 / 2

Pozel (Munin)  
Mapi

71

70 / 1

Inging (Benu / Dylord / Dylord  
Wye Berbe)

32



- Still no weather  
 - now all / station.  
 - Strongly sea state  
 - 10m deep / water

Storm  
 Danger continuing II  
 - ships may be exposed to danger outside harbour  
 Squally weather in distant sea. Storm may form  
 - storm has formed in distant sea  
 - port of city may be threatened squally in port  
 - port threatened by storm, but not great enough to justify extreme measures  
 Danger April V  
 - will experience severe weather in port  
 Storm - slight to heavy to cross coast of port  
 Danger April VI  
 - as above  
 to cross coast NORTH of port  
 " VII - will experience severe weather for storm of great intensity, to cross coast of port over or near port  
 as above  
 to cross coast (S) of port.

11/6 - after AM under commands  
 rubber ducky, Remains + I  
 embankment of main road  
 border  
 aim was  
 4 hrs!!  
 2 helicopters put in to Charkun  
 flush / coin  
 1/2 hr out / 1/2 in  
 72 (W) - finally,  
 2 new ones were sent  
 keep bringing one at a time  
 Rest from  
 go planning, within  
 head to land for troops  
 - met for water level

April IX  
 as above, to cross coast (N) of port  
 April X  
 - will experience severe weather for a storm of great intensity, to cross over or near to port  
 Failure of next command  
 BAD WEATHER







Day - mile.

$$6^{th} = 32$$

$$7^{th} = 13 \rightarrow \text{rainy day}$$

$$8^{th} = 104$$

$$9^{th} = 122$$

$$10^{th} = 108$$

$$11^{th} = 63$$

$$12^{th} = 40$$

$$13^{th} = 59$$

$$14^{th} = 27 \quad (\text{afternoon session})$$

$$15 = 11 - \text{half day 2 hours.}$$



Total no. of women = 311

Total no. of children = 270.

$\frac{58.1}{1} = 58/\text{day}$

Women

UTI \_\_\_\_\_  
 Typhoid \_\_\_\_\_ 2  
 Throat \_\_\_\_\_ 1

Disease

Children

65

HYDROCELE  
 EPIDIDYMITIS

1

3

Diarrhoea

111

12

~~PEM~~

Worms

32

VIT C

2

VIT A

6

VIT B

10

1

Injury

5

HYDROCELE

2

PUO

7

R.S.

1/3

He is slightly  
 subdued today  
 otherwise he's a  
 ball!

BA

✓

URI

4

LR

22

ASOM

8

29

RHD

3

Anemia

18

TEETH CANIN

1

OB G

43

HEPATITIS

1

47

Gout

11

2

His wife apparently  
 is TOUGH about  
 something.

CONSTIPATION

1

7

Malana

1

Filana

2

T/B

7

HD

10

JRA

2

skin

3

WS

2

eye

8

PEM

2

MKS

Abscess

2

LYMPHADENOM

2

$\frac{71}{581} \times 100$

$\frac{12.0}{581} \times 100$   
 $\frac{11.90}{581}$   
 $\frac{11.62}{581}$   
 $\frac{2.80}{581}$

12.5/100



DISASTERS + INDIANT CARE

NATURAL DISASTERS

DEVELOPMENT

FLOODS

HURRICANES

TORNADOES

- Children in a disaster: an overview - Sugar M.  
Child Psychology Dev 1989 Spring 19(3): 163-79

- Soc Sci Med 1988; 27(10): 1105-12  
Tyagi YK. Interwar + Biological

- Acta Psychiatrica Scand 1989 Jan; 79(1): 74-82

- " " " 1989 Jun; 79(6): 544-9

- A preschooler in a disaster - Sugar M.

Am J Psychol 1988 Oct; 42(4): 619-29

- BMJ 1989 Mar 25; 298(6676): 830

- BMJ 1989 Jan 28; 298(6668): 251

- BMJ " " 14; 298(6666): 116

- JR Soc Health 1989 Apr; 109(2): 47-8, 46

- Lancet 1989 Jul 15; 2(8657): 138

- Lancet 1989 Jul 8; 2(8654): 101-2

- Lancet 1989 Oct 6; 335(39): 380-2

MMWR

MMWR 1989 Oct 6; 38(39): 380-2  
Top Doc 1988 Oct; 18(4): 155-8

- Soc Sci Med 1990; 30(10): 1065-72

Manag. eco. upheaval: a 3rd world perspective

Pratt B



DR. Sanjiv Lewin

9:40AM

6/6/91

No.	Name	Age	Sex	Father's Name	Village
1/1	Jashim	24	Male	Nuru miaw	Char motahan (munabad)
2/2	Rafique	30	"	" "	" "
3/3	sawpan	7	"	Anisul haque	Loening "
4/4	firoz	5	"	" "	" "
5/5	MAN.	8	"	Abdul maleque	char motahan
6/6	Kohinoor	9	F	" "	" "
7/7	Abdul maleque	4	"	Ali ahmed	" "
8/8	Tasnoon Bibi	6	M	Abu taha	" "
9/9	Yousuf	10	"	Abdur Rashid	" "
10/10	Ruma	4	F	Rafique	" "
11/11	Rezzak	3	M	Abdul maleque	" "
12/12	Zolika	4	F	" "	" "
13/13	Amena	70	"	Late Nozin Hossain	" "
14/14	Jahangir	5	M	Shafiqul islam	" "
15/15	Aziz	2 1/2	F	" "	" "
16/16	Amena	70	F	Late Nozin Hossain	" "
17/17	Noon	4	M?	"	" "
18/18	Nobi	2	M?	"	" "
19/19	Jahjeer	18	M	Hausi	" "
20/20	Sinku	5	M	Shakun	" "
21/21	Abdul Ghoni	4	M	Mustaf.	" "
22/22	SHABA	3	M	Mhd. Siddhi	" "
23/23	-	68	M	-	" "
24/24	-	30	M	-	" "
25/25	SHABITUDDIN	2	M	Tobulda Humari	" "
26/26	BOSLU	10	M	Abdul Baki	" "
27/27	-	25	M	-	" "
28/28	SAFMANUN	3	M	Mhd. Dhulal	" Loening.
29/29	SOLAMAN	50	F	Mojibul Hoz	Char Motahan
30/30	MAJIDHAR	25	F	Abdul Latif	Char Motahan
31/31	BAEHUMAR	60	M	Lutfar Rahman	Char Motahan
32/32	BOSIAR	30	M	Baleema	" "
33/33	Nooralha	85	M	Joyannuddi	" "



Dapions	Rx	BLG	MAO	UJA	H+O	BT
Injury neck	CROGIN / WARM FORMATION	-	-	-	-	-
Anoebiasis	METROCEYL (2)	-	-	-	-	-
<del>Neotrax</del>	NEOTRAX 1tp	-	14.0	-	465	106
Helminth	" 1tp	-	14.0	-	46.0	100
"	" 1tp	-	14.5	-	47.5	106
normal	" 1tp	-	15.0	-	480	115
PEM (Mamm)	PEM (Mamm) " 1tp / Nuten	-	10.25	-	43.0	83.5
Helminthian	Helminth " 1tp	-	13.5	-	465	102
normal	<del>to</del> no medu	+	0	-	-	-
Pancho pneumon	Cotrimoxazole (1 Bottle)	-	-	-	-	-
PEM / URTI / Anaemia	Nuten / Neotrax 1/2 tp / Cotrimoxazole (1 Btl)	-	-	-	-	-
PEM / URTI / Anaemia	Nuten / " " / Cotrimoxazole	-	-	-	-	-
PLD	Metronidazole 1/2 BD (4 tabs)	-	-	-	-	-
PEM / URTI	Cotrimoxazole (1/2 Btl)	-	-	-	-	-
PEM / URTI	Metoclopramide (1 Bottle)	-	-	-	-	-
Vomiting	Cotrimoxazole (1 Btl)	-	-	-	-	-
GE Ac Back	Gr Pain	-	-	-	-	-
Injury Supp.	Neotrax	-	-	-	-	-
Helminthian	"	-	-	-	-	-
"	"	-	-	-	-	-
Ac GE /	Cotrimoxazole (1 Bottle)	-	-	-	-	-
ARTHRITIS	Covin / Diazepam (2 tabs)	-	-	-	-	-
SCABIES	Adm / Ro anted	-	-	-	-	-
LRTI	Cotrimoxazole (1 Bottle)	-	-	-	-	-
Anaemia	Neotrax (1tp)	+	-	-	-	-
Incised Injury Foot	Dressing, TC	-	-	-	-	-
Bronchopneumoni	Moxallin (1 Bottle)	+	-	-	-	-
UTI (Pussy)	Gp Pain	-	-	-	-	-
Pwer / Loge (Puss)	<del>to</del> TC	-	-	-	-	-
Lichen Plams	CPM	-	-	-	-	-
COMBINATION of Pbs	GV Pain, Warm Water Soaks	-	-	-	-	-
Injury Sole	GV Pain	-	-	-	-	-



no	name	Age	sex	Father's name	Village name
34/13	Ahmedulla	40	M	Kalamayam	Char Mochha
35/14	Sultan Ahmed	60	M	Abdul Khame	Char Mochha
36/15	Khakoon	4	M	Mhd. Yashen	Char Mochha
37/16	Moshen	10	M	Sobhigul	Char Mochha
38/17	Fazlul Rahman	5	M	Islam Ahmed	Char Mochha
39/18	Muraja	45	M	Saidulla	" "
40/19	Ashibulla	45	M	Tabaruli	" "
41/20	Khushid Khan	50	M	Mogib Khan	" "
42/21	SHAH JAHAN	25	M	Amwar Ali	" Lounini
43/22	ZARULAHMED	60	M	ALI MEYA	Char Mochha
44/23	MONJU	1	M	MOHABB	Char Mochha
45/24	SHOBUS	1 1/2	M	MOJAHAR	Char Mochha
46/25	MONERON	2	M	Kalin	Char Mochha
47/26	W. Mohabb	20	F	Mohabb	Char Mochha
48/27	Arjun	25	M	Dhulal	Char Lounini
49/28	Gulabai Bebe	20	F	Dhulal	Char Lounini
50/29	Sabuddin	5	M	Dhulal	Char Lounini
51/30	Yunus Meza	55	M	Isak gung	Char Mochha
52/31	Johutan	3	M	Shah Ahmed	Char Mochha
53/32	Khokoon	1	M	" "	" "
54/33	Rahima	4	F	Abdul Robe	" "
55/34	Abdul Mokif	35	M	Abdul Hanif	Char Lounini
56/35	Nerob	8 y	M	Badshah Meza	Char Mochha
57/36	Benoo	16	F	Badshah Meza	Char Mochha
58/37	Abul Kalam	2	M	Abdul Qader	Char Mochha
59/38	Mhd Farooq	5	M	" "	" "
60/39	Naseem	8	M	Siddiq	" "
61/40	Rasheed Begum	45	F	Rehman	Char Lounini
62/41	Abdul Khadil	20	M	Hiyameeth	Char Lounini
63/42	Mohashir	18	M	Mohsin Khan	Char Lounini
64/43	Shahbuddin	22	M	Mehul Meza	Char Lounini
65/44	Mhd. Easuf	45	M	Isam Khan	Char Mochha
66/45	Mhd. Isabulle	35	M	Abdul Khadil	Char Lounini



Diagnosis	Rx	BZC	W/A
Anxiety	Diazepam (100) (2 tabs)	-	-
AGE / Anorexia	Mehmudoglu	-	-
Fever	Neobax (1 hp)	-	-
AGE	Mehmudoglu	-	-
AGE /	Septimoxazole	-	-
ARTHRITIS	Aspirin	-	-
Crofton's form	Aspirin	-	-
Gastritis	Normax	-	-
Fever	Curex (2)	-	-
Multiple Somatic Complaints	<del>Neobax</del> Calumex (2)	-	-
Bronchospasm / wheeze	Amoxyc (1)	-	-
URTI	Septin (1)	-	-
URTI	Septin (1)	-	-
URTI	TC (4)	-	-
URTI / Infant	Amoxyc / Nard Dnp	-	-
Anaemia	Nutrin / Neobax	-	-
Caries Tooth	Neobax	-	-
Hydroxym	CV	-	-
URTI	Septin (1) (Bottle)	-	-
<del>Bronchopneumonia</del>	Septin (1) (Bottle)	-	-
URTI	Septin (1) (Bottle)	+	-
Intestinal Colic	Hyposmine (4)	-	-
URTI	Neobax	-	-
Anaemia	Aspirin	-	-
Mixed CDOM / Bronchospasm / Allergy	Amoxyc (1) / Dylpar	-	-
URTI		-	-
Injury @ Scapula	Slings / Curex	-	-
Psychosomatic	Diazepam (2)	-	-
AGE	Mehmudoglu (4)	-	-
Acromioclavicular	Neobax, Ford	(unstable)	-
Hyperostosis	Hyposmine (2)	-	-
Psychosomatic	Neobax	-	-
Psychosomatic	Diazepam (2)	-	-
			Ptarmigan



No.	Name	Age	Sex	Father's Name	Village
20/67.	Kansir	7	M	Abdul Haguletha	Chor Loulu
21/68	Jheerj	2	M	Abdul Safarree	Chor Loulu
22/69.	Bibi Narkesh	4	F	Mhd Sadiq	Chor Loulu
23/70.	Mahuta Khahan	65	F	Bultan Meja	Chor Moshan
24/71.	Mainul	10	M	Habir Valal	Chor Moshan
25/72	Hingzakkatur	60	F	Shamulla	Chor Moshan
26/73	Abdul Toheel	60	M	Affudeen	Chor Moshan
27/74	Malika	10	F	Motflif	Chor Moshan
28/75.	Beelbe Amnia	48	F	Radhameey	Chor Leelu
29/76	Beelbe	10	M	" "	Chor Leelu
30/77.	Saluddun	10	M	Hamay	Chor Moshan
31/78.	Razeeyabean	30	F	Ali Akbar	Chor Leelu
32/79	Mohammed Mustafa	28	M	Abdul Moosun	Chor Moshan
33/80	Hassunali	65	M	Rajballikeen	Chor Moshan
34/81	Fursullab	35	M	Abdul Khader	Chor Moshan
35/82	Mohammed Kamal	18	M	Abdood	Chor Leela
36/83	Hamay	4	M	Khokeen	Chor Leela
37/84	Lal Beelbe	55	F	Salama	Chor Leela
38/85	Amir Humain	40	M	Ali Akbar	Chor Leela
39/86	Nizam	10	M	Mufarik	Chor Leelu
40/87	Munabego	5	F	Md. Mosef	Chor Moshan
41/88	Amnia	28	F	Mulubser	Chor Leelu
42/89	Nakoo	12	F	Mulubser	Chor Leelu
43/90	Roona	10 <sup>mo</sup>	F	Mulubser	Chor Leelu
44/91	Noorjahan	65	F	Noorjahan	Chor Leelu
45/92	Mhd Wokhan	10	M	Babu	Chor Leelu
46/93	Mhd Malikhu	5	M	"	"
47/94	Thona Beelbe	28	F	Mulubser	Chor Leelu
48/95	Roona	5	F	Anakali	Chor Moshan
49/96	Anavali	30	M	Mhdali	Chor Moshan
50/97	Rahima	40	F	Shudhanu	Chor Moshan
51/98	Rohan	25	F	Abdul Humay	Chor Moshan



Diagnosis	Rx	BCG	V/A
Fever	-	-	-
Scalp Pyoderma	GV/Pink/Wash/Panthenol	-	-
Helminthiasis	Neotrox	-	-
2PID	Hygonine (4)	-	-
Wing Head	Cure (1)	-	-
Chr Brachidactylus	TC (4)	-	-
Scabies/Scabody	Rx 25% Benzyl/Age	-	-
Helminthiasis/Acan	Neotrox	-	-
Tinea Corporis	Rx Deticosazole/Hyalos	-	-
Helminthiasis	Neotrox	-	-
Amoebiasis	Mechandrych (1)	-	-
Pythosomeli	Drageon	-	-
Wing Root	GV/Pink	-	-
Cystitis	Neotrox/Calmex	-	-
Amoebiasis	Mechozyl	-	-
Abd. Colic	Hygonin (2) <del>Neot</del>	+	-
Helminthiasis	Neotrox	-	-
Pythosomeli	Drageon	-	-
Low Back Pain	Curein/Plexin	-	-
Helminthiasis <del>Neot</del>	Neotrox	-	-
Helminthiasis	Neotrox	-	-
Pain (Lign) / Anacum	TC	-	-
Anacum	Neotrox	-	-
Nomel	-	-	-
Pythosomeli	Drageon	-	-
Helminthiasis	Neotrox	-	-
Pyoderma	GV/Septin	-	-
Pythosomeli	Neotrox	-	-
Nomel	Neotrox	-	-
Abd Colic	"	-	-
Anacum	Neotrox	-	-
Anacum	Neotrox	-	-



3/99	Nazma Basha	2	F	Abdul Hanan	Cher Muller
4/100	Azizkuthan	65	F	Abdul Hanan	Cher Muller
5/101	Mhd Hanan	35	M	Haji bunting	Cher Muller
6/102	Nawal Hoz	10	M	Rabufallah	Cher Muller
7/103	Amir	55	F	Nadialahad	Cher Muller
8/104	Abdul Khader	11/2	M	Mhd Yung	"
9/105	Amir	2	F	"	"
10/106	Abdul Khan	4	M	"	"
11/107	Abdul Basha	14	M	Amir Hanan	"
12/108	Nasim	12	M	Siddiqi	"
13/109	Eyowuk	10	F	Shahazul	"
14/110	Shamun	4	M	Shahid	"
15/111	Firoza Khatoon	35	F	Shahid Ahmed	"
16/112	Abdul Moller	68	M	Mham Ali	"
17/113	Ahtan	2	M	Rafik al Hoz	"
18/114	Babal Hanan	3	M	Shahid	"
19/115	Sadam Hanan	10/2	M	Fodhureman	"
20/116	Rakha	24	F	Fadlan Ahmed	"
21/117	Amirunas	34	F	Abdul Munir	"
22/118	Siddiq weep	10	M	Abdul Jahl	"
23/119	Hammazi Kuba	3	F	Abdul Ahmed	"
24/120	Mhd Ibrahim	7	M	Mhd. Hameed	"
25/121	Nazma	3	F	Zohel Ahmed	"
26/122	Se Hageera	5	F	"	"
27/123	Bashid Rahman	15	M	"	"
28/124	Abdul Hattab	15	M	Ali Meery	"
29/125	Isab	10	M	Ezeen	"
30/126	Tarim	2	F	Abdulqay	"
31/127	Shulpa	4	F	Zoharabun	"
32/128	Tasmeen	2	F	Mab Ali	"
33/129	Yasmin	28	M	Isab	"
34/130	Yasmin	5	F		"



		REC	VDA
Anocbrain	Metrozyl (10/11)	-	-
Anacura	Neotma	-	-
Anocbura	Metrozyl (4)	-	-
Fever	Crown (1)	-	-
Psychosomtic	Dazepa (1)	-	-
Blat COM	Penicillin	-	-
Holomithu	Neotma	-	-
"	"	-	-
Headache	Crown	+	-
Inj @ Clauh / 14/11?	Sept	-	-
Scabies 1/11	R Antitub	+	-
Hydrocell	Neotma	-	-
AR / MR / MS in CH	Calmy R. Law S10	-	-
Conduct	-	-	-
Conjunctivitis / Menti	-	-	-
ERT	Septin (1)	-	-
Normal	-	-	-
Abuses	Penicillin	-	-
Psychosomtic	Dazepa (1)	-	-
Normal	Neotma	+	-
COM	Neotma	-	-
DEM (MARASMOZ)	Anoxygell (1)	-	-
Perthes Dine / <sup>clm</sup> / <sup>Stor</sup> / <sup>Chy</sup>	Neotma	-	-
Delayed Meltin / POM	"	-	-
Normal	"	-	-
Ashtuna / 20/11 / 1/12	TC	-	-
Anacura	R. Iov	-	-
(N)	Neotma	-	-
POM / Anacura	" "	-	-
POM	" "	-	-
POM	" "	-	-
Un Bronchit	TC (4)	-	-
(R) Lk Poliozquh	-	-	-



10/6/91

No	Name	Age	Sex	Father's Name	Address
1/131	Sabarna	60	M	Sajej Ahmed	Chor Muthan
2/132	Abu Kalan	28	M	Abdul Kadir	Chor Lechi
3/133	Abdullah	45	M	Mhd. Haid	Chor Muthan
4/134	Abdul Rahman	60	M	Sulter Ahmed	Chor Thagazad
5/135	Abdul Qadir	30	M	Noor Ismail	Chor Muthan
6/136	Meerza	10	M	Kalu	Chor Muthan
7/137	Bee Asha	28	F	Kalu	Chor Muthan
8/138	Shailga	2	M	Amuden	" "
9/139	Ranu	24	F	Amuden	" "
10/140	Abdul Ali	6	M	Amir Ali	Chor Muthan
11/141	Mamhathe	30	F	Amir Ali	" "
12/142	Bee Bee Babry	1	F	Mhd. Bachud	" "
13/143	Noor Husain	3	M	" "	" "
14/144	Abdul Rahman	22	M	Sudhahmed	" "
15/145	Fazal Azad	2	M	Ali Zair	" "
16/146	Subya Khehar	65	F	Mhd. Hameef	" "
17/147	Latike Beebe	5	F	Mubbar Ahmed	" Lechi
18/148	Ali Husain	35	M	Kala Meerza	" Muthan
19/149	Chai Meerza	40	M	Aspath Ali	" "
20/150	Maqsood Rahman	12	M	San Meerza	" "
21/151	Mhd Hameef	40	M	Ali Ahmed	" "
22/152	Abdur Hamid	40	M	Abdul Alek	" Thibing
23/153	Hameef	18	M	Noor Ismail	" Lechi
24/154	Abdul Hameed	45	M	Khushid Akbar	" "
25/155	Abdul Noman	55	M	Abdul Jabbar	" "
26/156	Ahngin	13	M	Mhd Hameef	" "
27/157	Rafiq	20	M	Noonay	" "
28/158	Abdul Sattar	18	M	Abdul Aziz	" "
29/159	Mhd Iub	10	M	Mubeey	" "
30/160	Zabud Ali	35	M	Mhd Ali Marud	" "
31/161	Lyajun	1	F	Aftab Ali	" Lechi
32/162	Mhd Khader	35	M	Abdul Zaki	" Muthan
33/163	Shahiduddin	1	M	Ali Makim	" "



Designation	Rx	RCG	DNA
chr Brachidactylus	TC (2)	-	-
Fever	Curem (1)	-	-
chr Brachidactylus	TC (2)	-	-
Caries Tooth	Hoplan, R <sub>0</sub>	-	-
chr Brachidactylus	TC (2)	-	-
LRTI	Penicillin	-	-
Amoebiasis	Neostom	-	-
URT	Neostom	-	-
LRTI	TC	-	-
URT	Neostom	-	-
LRTI / Amoebiasis	TC	-	-
URT / PBM	Neostom	-	-
PBM / Amoebiasis	Neostom	-	-
PBM / Helminths	"	-	-
Pyoderma	GV Paent	-	-
Pythiosis	Drozya	-	-
Acute	Melchys	-	-
Amoebiasis	Melchys	-	-
Urogenital Ache	Drozya (2)	-	-
Acute	Melchys	-	-
Gastrolitis	R <sub>0</sub>	-	-
UTI / urolithiasis	TC	-	-
Headache	-R <sub>0</sub>	-	-
Multiple Complexes	-Drozya	-	-
Amoebiasis	-Drozya	+	-
Nasal	-	-	-
Headache	R <sub>0</sub>	-	-
Helminthiasis	Neostom Burep	-	-
LRTI	Penicillin	-	-
Gastrolitis	R <sub>0</sub>	-	-
PBM / LRTI	Penicillin	-	-
Weakness	R <sub>0</sub>	-	-
URT	Penicillin	-	-



No.	Name	Age	Sex	<sup>Husband</sup> Father's Name	Address
34/164	Robih	8	M	Khalimah	Charleston
35/165	Shahizumi	22	F	Aliim Aliba	Charleston
36/166	Toregoh Islam	13	M	Taur Islam	Char No Han
37/167	Sheikh Ahmed	10	M	Dogeer Ahmed	Char Mother
38/168	Mhd Mustaf.	45	M	Abdul Moud	Char Mother
39/169	Mofezal Hoz	40	M	Abdulla	Char Mother
40/170	Nojumanisa	32	M	Mothal Hoz	Char Mother
41/171	Alan	35	M	Mhd Hameef	Char Mother
42/172	Alih <del>Kabebe</del>	10	F	Sameeye	Char Mother
43/173	Beebe Khateer	10	F	Tabur Islam	Char "
44/174	Ahtar Husani	5	M	Siddler	Char "
45/175	Eannub	8	F	Abdul Malik	Char "
46/176	Reliha	12	F	Shahyahu	Char "
47/177	Beebe Khusem	20	F	Abdul Rokha	Char "
48/178	Zorenamken	40	F	Mapil Ulu	Char "
49/179	Rabuya Kheban	6	F	Shajar Barke	Char "
50/180	Mohum Roshe	4	M	Shajar Barke	Char "
51/181	Noorjehda	28	F	" "	" "
52/182	Shumun	14	F	Abdul Barak	" "
53/183	Khouni	5	F	Abdul Barak	" "
54/184	Khohunoor	6	F	Ali Mhd.	" "
55/185	Nazeen	32	M	Shiratahal	" "

11.6.91 (Full 12 noon)

1/186	Mamudha	26	F	Abdul Malik	Char Mother
2/187	Raima	2	F	Abdul Mehl	" "
3/188	Zolika	60	F	Azab	" "
4/189	Ali Abbas	1	M	Mhd Ali	" "
5/190	Momera Begum	10	F	Mhd Ali	" "
6/191	Khulom Beebe	28	F	" "	" "
7/192	Nagura Beebe	3	F	Sodid Ahmed	" "
8/193	Beebe Sakhum K.	55	F	Ali Meeye	" Beebe
9/194	Masma Khateer	40	F	Zonakhaten	" Mother



Diagnosis	Rx	BCG	VNA
URT	Nicotina	-	-
Psychosomatic / Anxiety	Diazepam	-	-
VNA Dep / Anxiety / ARC	Nutrin / Penicillin	-	± → Bitot spots
Anaemia	Nutrin	-	-
Nail	Rx	+	-
Gonorrhea	Gonorrhea, D	-	-
Pharyngitis / Anus	Herbals, GVBK	-	-
Ever / Clutch with	-	-	-
Rhodum	Red Paint	-	-
Helenella	Nicotina	-	-
URT	Penicillin	+	-
URT	"	-	-
URT	"	-	-
Asthma	TC (4)	-	-
Psychosomatic	Diazepam	-	-
Anaemia	Methoxy (1 B)	+	-
"	"	+	-
"	Methoxy 1	+	-
Abuse scalp	land D, Anxiety	-	-
Anaemia	Nicotina	-	-
Anaemia	"	-	-
Anaemia	Methoxy	-	-
Anaemia	TC (4)	-	-
URT / ARC / BEM	Septan (1)	-	-
Inte with / B	Banana (4)	-	-
BEM / URT / ARC	Septan (1)	-	-
HAAD	Septan	-	-
URT	TC (4)	-	-
URT (BEM)	Penicillin	-	-
Itching	Herbals	-	-
Tooth Caries	Stop Pain / Rx	-	-



# Name

10/195	Cobbiw Jan	5	M	Abdul Latif	Chao Mother
11/196	Ammie	70	F	Majid But	" "
12/197	Zolihabeke	3	F	Zolamene	" "
13/198	Aluk Deen	2	M	Shobhus Islam	" "
14/199	BeeBee Joshua	2 1/2	F	Abul Khalan	" "
15/200	Journal	14	M	Dhoni	" "
16/201	Famuche	12	F	Khader Hume	" "
17/202	Nazmad Ali	1 1/2	M	Mud iddeth	" "
18/203	Magboot	5	M	Sobharaj	" "
19/204	Ahemad Mu	50	M	Ammbez	" "
20/205	Tamabidd	35	M	Bhopi wene	Cher Member
21/206	Naniudd	30	M	Ahemad	" "
22/207	Mukador	18	M	Ali Khader	" Mother
23/208	Ryanna	25	F	Humam Mayu	" "
24/209	Chand Bee	15	F	Mulla Meryu	" "
25/210	Kobner	6	F	Maryu	" "
26/211	Abdul Mother	35	M	Abdul Hameer	" "
27/212	Abdul Bambi	50	M	Haji Hoz	" "
28/213	Merya Meri	27	F	Abdul Yusuf	" Boys
29/214	Nazmudd	26	M	Rizy Ahmed	" Boys
30/215	Sab Ali	3	M	Fultan Meryu	" "
31/216	Bahur	2 1/2	M	Mud Hameer	" "
32/217	Morse	2 1/2	F	Sheepul Than	" "
33/218	Khunnu Beke	16	F	Murty Siddhi	Cher Mother
34/219	Mobina Begu	18	F	Abdul Billa	Cher Mother
35/220	Muntaz	43	F	Ziauddin	" "
36/221	Khatoun	2 1/2	F	Abul Kader	" "
37/222	Shahpiti	70	M	Noor Bader	" "
38/223	Mobin	14	M	Mud Hoz	" Mother
39/224	Ali Hutor	18	M	Zuruddin	" "
40/225	Manshar Adin	26	M	Ali Saer	" "
41/226	Magood	2	M	Rubaymeze	" "
42/227	Namabudd	60	M	Abul Mud Mu	" "



[illegible]



13/2/11 (Sun)

1/228	Mhd Noorubbi	35	M	Shotal Ahmed	Char Mother
2/229	Abtar Bism	30	M	Mhd Yunus	Char "
3/230					
14/6/91					
1/230	Abu Khaseen	30	M	Tamir Khan	Char Mother
2/231	Nasim Lide	18	M	Ali Akbar	Char Nurdyn
3/232	Rashid Begum	1	FF	Ali Akbar	Char Nurdyn
4/233	Khazim	1 1/2	M	Soliman	Char Mother
5/234	Siddhar	35	M	Hakimuddin	Char Mother
6/235	Akbar	50	M	Aswan Ali Khan	Char Nurdyn
7/236	Mhd Isaq	60	M	Abdul Moudib	Char Mother
8/237	Salm Meeza	6	F	Mhdul Ahmed	" Nurdyn
9/238	Nazma	50	F	Boodhi H. Zaman	Char "
10/239	Shamuddin	60	M	Shaf Ahmed	Char Mother
11/240	Ali Shodhar	40	M	Aswar Ali	" "
12/241	Thossem	3	M	Mhd. Akbar	" "
13/242	Lal meez	30	M	Asphet Ali	" "
14/243	Beebe Vania	30	F	Akbar Ali	" "
15/244	Rockey Khakh	28	F	Zonalla	" "
16/245	Bella Hassan	2	M	"	" "
17/246	Abdul Ghoni	4	M	"	" "
18/247	Abdul Khah	25	M	Abdul Raz	" Nurdyn
19/248	Muzaleem	20	M	Shayim Ali	" Mother
20/249	Noorubbi	34	M	Noor Meeza	" Nurdyn
21/250	Mhd Hameez	38	M	Tabir Zoofar	" Mother
22/251	Arul Mojid	25	M	Ali Ahmed Khan	" Mother
23/252	Abdul Shohid	30	M	Abdul Rashid	" Mother
24/253	Abdul Khala	12	M	Mozia Thal	" Nurdyn
25/254	Mehr Jan	50	FF	Mughal Ali	" Nurdyn
26/255	Mudhar	45	M	Farook Ali	" Nurdyn
27/256	Shahjahan	28	M	Ali Ahmed	" Mother



B16<sup>low</sup>  
VIA Dph

① Sciatica	Curin (2),	+	-
Myopia	Blomplex (2)	+	-
Gastitis	Blomplex (2)	+	-
Fever	Curin (2)	-	-
Scabies / lufu	GV Paint	-	-
<del>Paracetamol</del> (R) Meeum	Anoxy (1)	-	-
Chronic bronchitis	TC (4)	+	-
Gastitis	Bumoxen	+	-
COPD	Blomplex	-	-
Anisebain	DRS / Mehryl	+	-
Anaemia / Psyche	<del>Dezepam</del> / von	-	-
Chronic bronchitis	TC (4)	+	-
Low back pain / Psyche	Blomplex (2) (2)	+	-
LRTI / Blomplex	Paracetamol (1)	+	-
Chronic bronchitis	TC (4)	+	-
Hemoptysis	Curin (2)	+	-
Fever	Mehryl	-	-
Acute	Mehryl / ORS	-	-
PRM / Anaemia / Acute	GV / " / ORS	-	-
Acute / PRM / Abm	Blomplex	-	-
Nausea / Headache	Blomplex	+	-
Psychosomatic	Blomplex	+	-
Psychosomatic	TC	+	-
Brucella	Mehryl	+	-
Anisebain	von / BC	+	-
Anaemia	Mebas	-	-
Helicobacter	Dezepam (2)	-	-
Psychosomatic	Curin (4)	+	-
Chronic / (1) Plank Pain	Anti Fungal / BC	+	-
Multiple Psychosomatic			
Tinea cruris			



28/257	Rohman	2	M	Nooruddeen	Char Nwelya
29/258	Musy meye	5	M	Noorudde	" "
30/259	Nagui	10	M	Mhd Hameef	Char Mother
31/260	Abdul Jahlil	45	M	Majidat Hoz	Char Mother
32/261	Nafam Babee	13	F	Tajir	Char Mother
33/262	Noor Mhd	20	M	Mofisal Hoz	Char Mother
34/263	Abdul Manan	40	M	Rushun Ali	Char Mother
35/264	Dhodba	42	M	Noolha	Char Mother
36/265	Abdul Mhd	18	M	Atdul Hasein	Char Mother
37/266	Abdul Khader	20	M	Ali Ahmed	Char Nwelya
38/267	?	43	M	?	Char Mother
39/268	Masumuddin Bahwa	38	M	Abdul Rashid	Char Mother
40/269	Shokul (way)	30	M	Abdul Khader	Char Mother
41/270	Abdul Mhd	60	M	Isab Ali	Char Mother
42/271	Mhd Abu	28	M	Abdul Rahman Mhd	Char Nwelya
43/272	Babunad (way)	18	M	Siddiq Mahmed	Char Nwelya
44/273	Bosheir Ahmed	35	M	Ali Husein	Char Mother
45/274	Mhd. Nwelya	15	M	Nathan	Char Mother
46/275	Thoor	14	F	Abdul Bant	Char Mother
47/276	Noor Alan	5	M	Abdul Rahman	Char Mother
48/277	Maam Tagha	4	F	Abdul Rahman	Char Mother
49/278	Zharakha Khan	6	F	Abdul Khalid	Char Nwelya
50/279	Abdul Rajee	60	M	Hasab Ali	Char Mother
51/280	Azar	50	M	Rakuni Ulla	Char Nwelya
52/281	Abdul Rahman	40	M	Habcebbe Rahman	Char Mother
53/282	Mukshel Rahman	50	M	Ahmed Bhan	" "
54/283	Ra				

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4/283	Rajeeva Khatoon	12	F	Abdul Jahlil	Char Mother
2/284	Rajuba Khatoon	60	F	Abdul Khader	Char Mother
3/285	Eayath	1	F	Hajeeva	Char Mother
4/286	Shahamir	6	M	Hajeeva	Char Mother
5/287	Rohema	40	F	Hajeeva	Char Mother



Basin of Head.

BC UVA

Anacardiaceae/Vit D Def/Helath	Neotoma/BC	-	-
Helleborus	BC/Neotoma	-	-
Namul	BC/Neotoma	-	-
Psychosomatic	BC	+	-
HAAD	<del>Ample</del> Penicillin	-	-
Namul/Vit A Def.	Blomplex	+	+
Keese Athlete	Cocci	+	-
Namul	Nelco	+	-
Lupin (Shin)/Lup	Cornin/TC	+	-
Eolia	Burrope	+	-
Lupin	CV Paint / TC	+	-
Pluggin	Blomplex	+	-
Lupin	TC	? + ?	-
Ardebran	Neobryl	+	-
Ardebran	TC (4)	+	-
Namul	BC	-	-
Namul	BC	+	-
Anacardi	Nelco Iron	+	-
Ac GE	Neobryl	-	-
URT / PEM	Penicillin (1)	-	-
CRIT		-	-
URT	Cornin	-	-
<del>Ac GE</del>	BC / Adv	+	-
Cabracal / Psychosomatic	BC	-	-
Psychosomatic	BC	+	-
Doz Bala	Adv	+	-
Ac GE	CRS / Neotoma	+	-
Psychosomatic	BC	+	-
Pyoderm	CV / Septum	-	-
Liver	Cornin	-	-
Anacardi	Iron	+	-



288	Shohudul Hak	50	M	Idris	Char Mother
289	Ghoshli	2	M	Ismail	Char Nwely
290	Khulsum	4	M	Ismail	Char Nwely
291	Ekus Nubi	4	M	Noor Isakhan	Char Mother
292	Monura	10	F	Mhd Hazz	Char Mother
293	Noor Islam	35	M	Noorhale Hasi	Char Mother
294	Khurshid Akub	40	M	Mojeeb Ali	Char Mother
295	Akeena Bee	2	F	Abdul Rohim	Char Nwely
296	Rookya Bee	4	F	" "	" "
297	Ibrahim	5	M	" "	" "
298	Moor Tara	28	F	Abdul Ali	Char Mother
299	Manan Humar	2	M	Salim Bashe	" "
300	Babeel Raheja	4	F	Salim Bashe	Char Mother
301	Kabir	10	M	Abdul Maliki	Char Mother
302	Farooz	4	M	" "	" "
303	Padum	30	F	Sham Suddh	" "
304	Sobheia Khatun	25	F	Shofer Ali	Char "
305	Khoolsum	2	M	Bhosel Ahmed	" "
306	Hasina Beebee	8	F	Mhd Siddhi	Char Nwely
307	Jeevonakhatra	35	F	Mhd Siddh	" "
308	Fienura	3	F	Toblet Humar	Char Mother
309	Osiba Beebee	32	F	Noor Mhd Khar	Char Nwely
310	Amira Beebee	3	F	Azed Alodkan	Char Nwely
311	Moneer	1	M	Rahimud	" Mother
312	Tam Beebe	24	F	Abu Khoshid	" "
313	Ayub Ali	5	M	Noorhul	Char Mother
314	Shayub Ali	2	M	"	" "
315	Shabath	40	F	Ahmed Ali	" "
316	Atwathathum	50	F	Khaleel Abdul	" "
317	Amir	45	F	Shokeeth Tal	" "
318	Ali Makhathum	20	M	Shohid Ahmed	" "
319	Roomu	16	F	Bashmuth Akbar	" "
320	Sana Khatun	46	F	Ahik Thakar	" "



Amoebiasis	Mebrozol	+	-
Helminths/URT	Penicillin/Neotran	-	-
Helminths/URT	Penicillin (Neotran)	-	-
Belat CSOM / Pyoderma	Amoxy / GV	-	-
HAAD	Penicillin	-	-
Nasal	BC	+	-
Abd pain	Bisoprolol	+	-
MARASMOUS / LRT / ACGE	Septin	-	-
PBM / LRT	Penicillin (1)	-	-
URT / PEM		-	-
WIFE BEATING ② S/c Huby / Black type	caecum (4)	-	-
Amoebiasis / Anacura	Mebrozol (1)	-	-
PEM /	"	-	-
CSOM Belat	Amoxy	-	-
Helminths	Neotran	-	-
Psychosomatic	Iron	-	-
Amoebiasis / UTA	Mebrozol	+	-
PEM / URT / ACGE	Septin	-	-
Nasal	BC	-	-
Anacura	Iron	+	-
Pyoderma	GV	-	-
Amoebiasis	Mebrozol	-	-
Amoebiasis	Mebrozol	-	-
URT	Penicillin	-	-
Nasal	-	-	-
PEM	Neotran	-	-
PEM	"	-	-
Anacura	Iron	+	-
an Bronchitis	TC	+	-
Pain abd	BC / Bisoprolol	+	-
Wetness. No. 1	ORS (4) / TC (2)	?	?
Anacura	Iron	-	-
Psychosomatic	Duquenois	-	-



39/321	Bellu	10	F	Mhd Mustaj	Char Mother
40/322	Hallimeya	14	F	Kalustikola	Char Mother
41/323	Noorjahan	45	F	Samander	Char "
42/324	Bellal	5	M	Abdul Khader	" "
43/325	Syed Ali	3	M	Ali Humen	Char "
44/326	Mhd. Mosteb	5	M	Shahid	" "
45/327	Jamuluddin	18	M	Toozbuddin	Makurabad
46/328	Shazadul Hak	55	M	Raj Bahari	Char Mother
47/329	Abdul Khalid	50	M	Abdul Kah	Char Mother
48/330	Fuzy Ahmed	7	M	Abdul Rokhed	Char Mother
49/331	Jhusna	1	M	Noor Mhd	" "
50/332	Hosna	10	F	" "	" "
51/333	Mhd Ghosni	15	M	Abdul Humen	" "
52/334	Mhd Hameef	38	M	halmeys	" "
53/335	Bohar	1	M	Sodhul Magbul	" Nudyn
54/336	Aluddin	53	M	Abdul Ahmed	" Mother
55/337	Abdul Laly	50	M	Mustaj	" "
56/338	Eanoor	10	F	Shahjaji	" "
57/339	Abdul Khalik	10	M	Mohat Ali	" "
58/340	Bee Bee Kaulsom	16	F	Mohat Ali	" "
59/341	Fozul Humen	1	M	Abdul Khader	" "
60/342	Abu Khaseem	3 1/2	M	Bashu Meys	" "
61/343	Jhel Ahmed	45	M	Mhd Idis	Char "
62/344	Mhd Neemat	20	M	Morom Ali	Char "
63/345	Kaben	10	M	Mhd Hamf	" "
64/346	Nazul	30	M	" "	" "
65/347	Tashu	24	M	Nun Man	" "
66/348	Kalunelby	30	M	Ali Akbar	" "
67/349	Noor Nulr	30	M	Noor Meysa	" "
68/350	Thosna Begum	1	F	Abdul Malik	" "
69/351	Razali	4	M	Abul Khalid	" "
70/352	Abdul Khasim	20	M	Noor Khan	" Mother



Anaemia	BComph	+	-
Anoebrian	metozys	-	-
Anaemia	lun	+	-
Atom (2)	Anoxy	-	-
Pyodema	GV Pdent	-	-
Nomul	Nestmox	+	-
Tinea	R	-	-
Headache	COOCIN	-	-
Anoebrian	Metozys	+	-
Bilat cDM	Anoxy, Adw	-	-
Pyodema	Pemulh; GV	-	-
Anoebrian	Metozys	-	-
Helminthiasis	Melox	-	-
Chr Dacryositis	TC(2), Adw	+	-
Acce/MARASMA/Denyl	ONS/Septu	-	-
Itching	Histite	+	-
Abd pain	Melox/Bump	+	-
Scales/Inj	Histite/GV	-	-
Bilat cDM	Anoxy	+	-
Anoebrian/Anaemia	Metozys	+	-
? Hypothyroidism/Pyodema	GV/Septu	-	-
Pyodema		-	-
Helminthiasis	Bump/Melox	+	-
Scales	R	-	-
Fever	Adw	-	-
Abd pain/Histite	Melox	-	-
Inj Nech (Cheek)	Crown	-	-
? (B) Deltoid Paresis	Crown	-	-
Headache	"	-	-
UPR	Pemulh	-	-
Bronchopneumonia	Pemulh	-	-
Abd pain	Bump	+	-



16.5.91

1/353	Fozlun	20	M	Abdul Rashid	Char Nwelya
2/354	Nazma Khatun	3	F	Shahid Ahmed	Char Mollan
3/355	Mhd. Saleem	20	M	Abdul Muttalib	Char "
4/356	Noor Jahan	60	F	Mojib Haq	Char Nwelya
5/357	Fadhin Ali	60	M	Rokund Ali	" "
6/358	Zameela Khatun	55	F	Mhd Hakeem	Char Mollan
7/359	Akbariya	5	M	Mogh Ahmed	Char Nwelya
8/360	Nazma	3	F	" "	" "
9/361	Noor Jahan	45	F	Mokul Das	" "
10/362	Olli Allah	10	M	Radhameya	" Nwelya
11/363	Bebe Annie	45	F	Radhameya	" "
12/364	Sohlee	12	M	" "	" "
13/365	Bukees	14	F	Ansul Hale	" Mollan
14/366	Noor Nohar	4	F	Kalm Meys	" "
15/367	Zorina Khatun	28	F	Anen Meys	" "
16/368	Rahiya Meys	5	F	Kholee	" Nwelya
17/369	Rohi Meys	24	F	Sardokatha	" "
18/370	Herughak Khatun	48	F	Sham Soloh	" Mollan
19/371*	Main Noor Bebe	2 1/2	F	Shah Alam	Char Mollan
20/372	?	7	M	Shah Alam	" "
21/373	Shahidin	12	M	Akbar Ali Khan	Char Nwelya
22/374	Jostha	1	M	Abdul Malik	Char Mollan
23/375	Shamona	32	F	Hameez Behan	Char Mollan
24/376	hale	5	F	" "	" "
25/377	Ismael	8	M	" "	" "
26/378	Hooljai	2	M	Bacha Meys	" Mollan
27/379	Noorun	3	M	" "	" "
28/380	Shahavon	8	F	" "	" "
30/381	Ankur Bee	30	F	" "	" "
31/382	Thosunadeen	10	M	Tholin Ahmed	Char Nwelya
32/383	Shaina Begim	32	F	" "	" "
33/384	Bebe Isha	12	F	" "	" "
34/385	Abu Kalam	1 1/2	M	Mhd Murtaza	Char Mollan



Fever	Cocci (2)	-	-
URTI	Penicillin	-	-
Psychosomatic	-	+	-
Psycho / Solitary Wound	BC / Iron	+	-
Cataract / Psycho	BC	+	-
Psycho / Cataract	BC	+	-
ACGF / URTI / PEM	] Septin (1)	-	-
ACGF / URTI / PEM		-	-
Anaemia	Iron	-	-
Helminth / URTI	Neomycin / BC	-	-
Psycho / Iron	BC	+	-
Normal	-	-	-
S/M Gds Inf / Iron	Amox / Iron	-	-
URTI	BC	-	-
Anaemia / Bronch / Iron / TC (2)		+	-
URTI	Penicillin	-	-
Anaemia	Iron	-	-
Bronchitis	TC (4)	-	-
RESPIR. DISTRESS / TB ASCITES BUDDHARI / CIRRHOSIS / ASCITES	SRD / ASCITIC TAP / ? ATT PENICILLIN (2)	-	-
Helminth	Neomycin	-	-
Fever	Cocci (1)	-	-
PEM / Anaemia / Anemia	Methoxy	-	-
Anaemia	Iron	-	-
Helminth	Mebex	-	-
Normal	BC	-	-
Scabies	Hydrocort	-	-
CsOM Bulir	Amox	-	-
Normal	BC	-	-
Normal	BC	-	-
PEM / Helminth	Mebex (or Pent)	-	-
Anaemia	Iron	-	-
Normal	BC	-	-
Anemia	Methoxy	-	-

2nd Adh. Jamban

\* ASCITIC TAP  
 HP 79 HS 43  
 MAG 10  
 Abd Gth ??  
 Liver 4.5 cm  
 ? spleen



35	386	Bee Bee Isha	28	F	Abdul Latif	Chor Noddy
36	387	Nakeen	10	F	Mogul Rahman	Chor Noddy
37	388	Bee Bee Khuram	12	F	Rothan	" Mother
38	389	Zoonabee	48	F	Abdul Khader	" "
39	390	Dhulal	10	M	Tamuk	" "
40	391	Khothiya	8	F	Tajul Khan	" "
41	392	Kober	12	M	Sharipali	" Noddy
42	393	Eyamb	8	F	Sutanmang	" Mother
43	394	Relike	14	F	San meya	" "
44	395	Tajin	2	F	Abdul Malik	" Noddy
45	396	Amine	2	F	Anchalah	" Mother
46	397	Khasool	2	M	Abdul Khader	" Noddy
47	398	Fatime	3	F	" "	" "
48	399	Mhd Nooral	15	M	Mhd Habes	" Manoha
49	400	Siddhi	28	M	Fozul Khun	" Mother
50	401	Mohun Tabul	25	M	Abdul Hakim	" Manoha
51	402	Shahenul	60	M	Noor Hassan Munk	" "
52	403	Phokim	12	M	Prin Hinn	" Mother
53	404	Mhd Ulas	40	M	Rohisal Hale	" Manoha
54	405	Mhd Shabil	35	M	Hafeez Ahmad	" Mother
55	406	Ali Bhagat	50	F	Arshub	" "
56	407	Bee Bee Tajin	16	F	Tajul Uraly	" Mother
57	408	Bee Bee Habes	14	F	Abdul Jalleel	" "
58	409	Anchilee Bee	45	F	Aqem Ada	" Noddy
59	410	Abul Khalek	2	M	Abdul Khader	" Mother
60	411	Noorjahan	2	M	Abdul Khader	" "
61	412	?	60	F	" "	" "
62	413	Bee Bee Rahman	4	F	Shaloon	" Noddy
63	414	Abdul Khann	2	M	"	" "
64	415	Rohiya Begum	35	F	"	" "
65	416	Khuram Bee	6	F	Ali Sabah	Chor Noddy
66	417	Zohmal	40	F	" "	" "
67	418	Abdul Latif	43	M	Abdul Ali	" "



Anaemic	Iron	-	-
Anuretic	Methoxy	-	-
Anuretic	"	-	-
Brachycephalus	TC (2)	+	-
Otitis externa	GV	-	-
HAAD	R	-	-
URT	Pemphig	-	-
URT	BC	-	-
URT	Septum	-	-
Pyoderma / Urt	GV / Pemphig	-	-
URT / Ac GV	Septum	-	-
Brachycephalus	Anus (1)	-	-
URT		-	-
EPILUS	R	-	-
? # (1) Metaknem	BROFEN (2)	-	-
Urt. (Urt. Hand)	TC (4)	-	-
Brachycephalus / Corleum	TC (4)	-	-
Anuretic	Methoxy	-	-
Tinea	R	-	-
Urt. (R) Tinea	R	-	-
Psychosomatic	BC	+	-
URT	Cum (1)	-	-
URT	Cum (1)	-	-
Psychosomatic	Iron	-	-
URT	Pemphig (1)	-	-
Perianth exanthema	Histamine	-	-
Pain	R	-	-
URT	Pemphig (1)	-	-
Brachycephalus		-	-
Anaemic	Iron	-	-
Anuretic	Methoxy	-	-
Nausea	Iron	-	-
Thrombocytopenia / Urt	TC / GV / Gory	-	-



68/419	Zogumuk	65	M	Abdul Khaliq	Char Mother
69/420	Nahar	2	F	Abul Khan	Char Mother
70/421	Abdul Hale	5	M	Shamshat	Char Mother
71/422	Malya Khatun	40	F	" "	" "
72/423	Zakir	3	M	Shahid Abu	Char Mother
73/424	Shahjahan	10	M	Mhd. Bah	Shurlet ghar
74/425	Ausibulla Naye	40	M	Toghrul Khan	} Char mother
75/426	Uraf Ali	3w	M	Ausibulla Naye	
76/427	Rahime Begum	5	F	Bosshu	Char Mother
77/427	Bosshu	45	M	Samudra Nay	" "
78/428	Belal Hameen	3	M	Sahalan	" "
79/429	Anwar	5	M	"	" "
80/430	Noorjahan	28	F	Abdul Rasheed	" "
81/431	<del>Abdul</del> Rahim	6	M	" "	" "

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1/432	Haji	15	M	Abdul Latif	Char Mother
2/433	Habib	28	M	Shamshat	" "
3/434	Mhd Asah	64	M	Abdul Mohid	" "
4/435	Janabaddin	50	M	Abdul Ghoni	" "
5/436	Hanaka Khatun	5	F	Shahzineya	" "
6/437	Rasheed	9	F	Mahmudal Hal	" "
7/438	Akail Ali	25	M	Abdul Hashem	" Nwaleyn
8/439	Zara Khatun	4	F	Abdul Khaliq	" Mother
9/440	Papfeen	3	M	Abdul Basch	" "
10/441	Musheb Balah	28	M	Abdul Gabzul	" Manoha
11/442	Fauzeen Kabe	6	F	" "	" "
12/443	Abdul Khatun	17	M	Abdul Ham	" Upson
13/444	Gol Shara	55	F	" "	" "
14/445	Sultan Ahmed	60	M	Abdul Khayam	Char Mother
15/446	Abdul Motilal	48	M	Muchadun	Char Manoha
16/447	Chidhi	45	M	Amula Faradi	Char Nwaleyn
17/448	Abdul Khader	52	M	Noor Meeyan	Char Mother



Normal	BC complex	+	-
URTI	Pennell	-	-
Absent	Meber	-	-
(R) 200M	TC (4)	-	-
Pyoderm	GV / Pennell	-	-
? Cholel / Abs	TC / OM	-	-
Wpoids Feet	Pz / GV	+	-
URTI	Pennell	-	-
Anoelber	DNebryg	-	-
Bruchels	TC (2)	-	-
Fever	Cum	-	-
Normal	Meber	-	-
Fever / Cough (Bruchels)	TC (2)	-	-
Normal	Meber	-	-

Normal	BC	-	-
Headache	CROWN	+	-
COPD	TC (2)	-	-
Cataract	BC	+	-
HARD / Inf	Pennell	-	-
HARD / Inf	"	-	-
Anoelber	Mebyg	+	-
URTI	Pennell	-	-
Pyoderm (face)	"	-	-
Normal	BC	+	-
URTI / Bruchels	Pennell	-	-
Inguis	BC	-	-
Bruchels	TC (4)	-	-
UTI / BPH	Grumoney	-	-
Renal Nephry	BC (4)	-	-
Pydro	BC	-	-
Pydro	BC	+	-



18/450	Mhd. Rokistan	24	M	Abu Shikdha	Char	Norabed
19/451	Alam	5	M	Abdul Mami	Char	Kanohan
20/452	Abdul Gaf	80	M	Abdul Aziz	Char	Mothan
21/453	Khurshed Ham	50	M	Majbub Rah	"	"
22/454	Babun	18	M	Abdul Hanef	"	Nwclgn
23/455	Abdul Khalek	32	M	Habib Rahun	"	Motha
24/456	Abu Khalam	38	M	Abdul Aziz	"	Nwclgn
25/457	Rahmuddin	28	M	Jhalal Ahmed	Char	Manoha
26/458	Eanoor	24	F	Abdul Ham	"	Mach
27/459	Litan Mhd	1	M	Rohman	"	Mothan
28/460	Rohman	35	M	Mushtu Ali	"	"
29/461	Ali Ahmed	32	M	Qasim Ali	"	Manoh
30/462	Beebekhulnun	24	F	Abdul Rahun	"	Mozba
31/463	Abdul Wahab	48	M	Abdul Hamud	"	Manoh
32/464	Firdoz	8	FF	Abdul Haseem	"	Manoha
33/465	Abdul Haseer	60	M	Usman Ali	"	"
34/466	Fatima	10	F	Abdul Ham	"	"
35/467	Muneera	14	F	Ayes Salih	Char	Mothan
36/468	Tajmura Begum	1/2	F	Ali Ahmed	Char	Motha
37/469	Ali Ahmed	35	M	Hasan Zama	"	"
38/470	Mhdullah	30	M	Mohdiz Meey	Char	Manoh
39/471	Mumtaz Begu	4	F	Abdul Rahim	Char	Motha
40/472	Shamsuddin	15	M	Chothudin	Char	Motha
41/473	Ibrahim Khat	18	M	Fazlurrah	Char	Motha
42/474	Shahjahan	17	M	Ali Ahmed	Char	Motha
43/475	Mohsed	4	M	Anne Meey	Char	Manoh
44/476	Ham	14	M	Abdul Moh	"	Manoh
45/477	Flavack	18	M	" Khalik	"	"
46/478	Anne Meey	50	M	Say Mutthi	"	"
47/479	Shauqher	10	F	Rathan	"	"
48/480	Rathan	35	M	Sama Meey	"	"
49/481	Asaf Ali	12	M	Mohis Munim	"	"
50/482	Shabuddin	10	M	Kurkid Han	Char	Motha



Tinea	1 R, BC	-	-
Burns	Penicillin	-	-
Nominal	BC	-	-
Gastrol	BC/Adv	-	-
Tinea	R	-	-
Pain (Headache/Bad)	Crown (2)	-	-
Nominal	BC	-	-
Anusol	Metryn	-	-
Burns	TC (6)	-	-
Pyoderma	GV Paint	-	-
Psycho	BC	-	-
Nominal	BC	+	-
Arthritis / 2 <sup>nd</sup> Inf	Tedent / TC	-	-
Lupus	GV / Dmg / TC	-	-
Scabies / Pyoderma / Inf	GV / Penicillin	-	-
<del>Scabies</del> Catagact	R - oral	-	-
<del>Penicillin</del> Scabies / Pyoderma	Penicillin / GV Paint	-	-
Anusol	Metryn	-	-
APM / Anusol	<del>Metryn</del> / Eptin	-	-
<del>Anusol</del> Az GE	Bunex	-	-
Black Boke	Affected	-	-
Bone growth (- Benign)	Anusol	-	-
Crown 1/2 - mid 1/2 (R) 80M	TC (4)	-	-
Az Bunches	GV Paint / Crown	-	-
Lupus	Crown / GV	-	-
Herpes	GV / Anusol	-	-
Blat 80M / Pyoderma	GV Paint / Penicillin	-	-
Scalp Inf c Inf / LN	OV / BC	-	-
Dermatitis / Adv	BC / Adv	-	-
Prozac	BC	-	-
URTI	BC	+	-
Bunches	GV Paint / Crown	-	-
Admission			
Lupus			



51/483	Tofasil Humm	48	M	Sholom Meeg	Cher Stephen
52/484	Muhammad Iskan	38	M	Fozib	Cher Mustafa
53/485	Zakunilla	14	M	Sholoman	Cher Mauden
54/486	Abdul Motil	12	M	Shamjulhak	Cher Mollia
55/487	Abdul Ralman	68	M	Mhd Asath	Cher Mollia
56/488	Ghannine	12	M	Alstia	Cher Mollia
57/489	Abu Kalam	20	M	Shamshul Hak	" Mollia
58/490	Moshar	18	M	Shoshul Ahmed	" Mauden
59/491	Abdul Mohar	18	M	Asar Abkoda	" Mollia
60/492	Mhd Hoshul	17	M	Khoshed Abdul	" Mauden
61/493	Anar Ali	26	M	Mhd Ali	" Mollia
62/494	Abdul Khader	65	M	Hyder Ali	" "
63/495	Tabasul Humm	48	M	Ali Humm	" "
64/496	Fauole	3	M	Mhd Ali	" Mollia
65/497	Mainudeen	5	M	" "	" "
66/498	Ahmedddin	38	M	Sohut An	" "
67/499	Mhd Shader	12	M	Meyafu	Cher Mauden
68/500	Fozib Rahim	65	M	Ahmedde	Cher Mollia
69/501	Noor uulri	12	M	Abdul Roshid	" "
70/502	Moneamun	4	M	Habur Rahma	Cher Mauden
71/503	Abul Khann	14	M	Tobajful	Cher Mauden
72/504	Ghasshuddun	3	M	" "	" "
73/505	Mainuddin	8	M	Robih Shi	" "
74/506	Chosul Ahmed	15	M	Abajul Khet	" Mollia
75/507	Noor uddin	12	M	Boof Shi	" Mollia
76/508	Shah Man	1 1/2	M	Kabir Shi	" Mollia
77/509	Mukdarabu	5	M	Abdul Khad	" "
78/510	Ali Shabar	23	M	Noorudd	Cher Mollia
79/511	Abdul Fozul	60	M	Shahjabin	" "
80/512	Peezamein	82	M	Shahmed	Cher Mauden
81/513	Abu Shahrar	15	M	Shi Papi	" "
82/514	Jafuddin	2 1/2	M	" "	" "
83/515	Abul Shahr	15	M	Tang Shi	Mollia



Amoebium	Melhygyl	-	-
Byche/Dum	BC	-	-
Indepulm	BC	+	-
Az68	Septin	-	-
Anthelm (R) Wnt	Afenuae	+	-
Pan abd	BC / Bump	-	-
Pan abd	Bump	-	-
Pan abd	Bump	-	-
URT	Pencil	-	-
Wnt	BC	-	-
Abd pan	Bump	-	-
Amoebium	Melhygyl	-	-
Abd Pan	Bump	-	-
] Sealon	] Hakeke (1)	-	-
		-	-
Backache	Corn (4)	-	-
Amoebium	Melhy	-	-
Lichen plan	Art (4)	-	-
Pan abd	BC	+	-
Pyoderm	GV / BC	-	-
Az68	Septin	+	-
Az68		+	-
<del>Az68</del> Az68	Melhygyl	-	-
Pyoderm	GV	+	-
URT	BC	-	-
Bumchuli	TC (4)	-	-
Pyoderm	GV	-	-
Pyoderm	GV / Anthelm	-	-
Amoebium	Imm	+	-
Headache	Corn	+	-
CSOM	] Anway (1)	-	-
CSOM		-	-
Throat	As	-	-



84/516	Hollings	15	M	Char manor
85/517	Khalid	63	M	Chm manor
86/518	Alm Ali	24	M	" "



Hi Shew	ACGE / Amb	Mebygg	-	-
Mid Wood	Pyodun	EU / Amb	+	-
Memoranda	Amal	BS	-	-



$$\frac{336}{519} \times 100$$

9  
519

$$\begin{array}{r} 64.7 \\ 519 \overline{) 33600} \\ \underline{3114} \\ 2460 \\ \underline{2076} \\ 3840 \\ \underline{3633} \end{array}$$

$$\frac{2100}{519}$$

$$\begin{array}{r} 4. \\ 519 \overline{) 2076} \\ \underline{2076} \\ 0 \end{array}$$

$$\begin{array}{r} 25.8 \\ 519 \overline{) 13490} \\ \underline{1038} \\ 31120 \\ \underline{2595} \\ 4250 \end{array}$$

$$\begin{array}{r} 20.8 \\ 519 \overline{) 10800} \\ \underline{1038} \\ 4200 \\ \underline{4152} \end{array}$$

$$\begin{array}{r} 39.3 \\ 519 \overline{) 20400} \\ \underline{1557} \\ 4830 \\ \underline{4671} \\ 1590 \\ \underline{1557} \end{array}$$

$$\begin{array}{r} 10.0 \\ 519 \overline{) 5200} \\ \underline{519} \\ 100 \end{array}$$

99.9



DAY I	<sup>3</sup> 21	6.6.91	
DAY II	26	7.6.91	
DAY III	49	8.6.91	
DAY IV	34	9.6.91	(Field) c Survey team
DAY V	55	10.6.91	
DAY VI	42	11.6.91	(till 12 noon)
DAY VII	-	12.6.91	Char Fashin
DAY VIII	2	13.6.91	(from 5 pm)
DAY IX	53	14.6.91	
DAY X	70	15.6.91	
DAY XI	81	16.6.91	
DAY XII	80.6	17.6.91	
DAY XIII	-	18.6.91	
	<del>519</del>		
	519		

(+2)



4519  
836  
193

215  
82  
68  
435  
26  
336

336 ♂  
183 ♀

AGE	≤ 1yr	H	12	III = (15)	21	155
		F	6	III = (6)		
	1-5	H	62	III III = (82)	134	
		F	35	III III III = (52)		263
	6-15	H	42	III III III = (68)	108	
		F	25	III III III = (40)		
	16-50	H	102	III III III III = (138)	204	
		F	50	III III III III = (69)		255
	≥ 50	H	23	III III III = (36)	51	
		F	10	III = (15)		519

DIAGNOSIS

RS	URT	41	III III	52	31	BRONCHITIS	15	III III	25	2
	URT/BRN	35	III III III	48	42	HARD	7	III	11	9
	CBM/ASOM	9	III	13	14	DEM	28	III	32	32
WS	RHD	1		1	0	HYDROCELE	1		1	1
	ARF	1		1	1	CONJUNCTIVITIS	1		2	1
A	ACGE/AMORS	54	III III III	69	52	ABSCESS	3		3	3
	HELMINTHIA	29	III	35	29	GOITRE	1		2	0
	N.S. Pain	17	III	21	5	CLEFT LIP	2		2	1
URINAM	UTI	3		4	0	ORAL ULCER	1		1	1
Tooth	CARIES	3		3	1	URT D	1		1	1
Blood	ANEMIA	37	III III	47	20	3/4 Humer	1		1	0
SKIN	27		III III III	43	34	CHL DACTYLOSP	1		1	0
PSYCH	29		III III	38	0	HYPOTHYROIDISM	1		1	1
ARTHRITIS	8			8	0	ORTHO	2		4	2
INJURY	14	III III		22	5	APP	13		14	0
DID	2			2	0	✓ PTYGIUM/CATERPIL	13	III	16	0
UTB	1			1	1	BUG BITE	1		1	0
WIFE				4		WIFE BATTER	1		1	0
						ABOLIX N. PATIENTS	1		1	0
BURNS	11			2	1	SLK LN INFLM	1		1	1
						ASCITES	1		1	1
VITAMIN A	XEROXIS	2		2	1	HERPES	1		1	0
	BLEPH	2		2	0	EPIPHYS	1		1	1
	KM			0	0	P. NEUROPATHY	1		1	0

414  
126  
540

TOTAL Δ 540

146

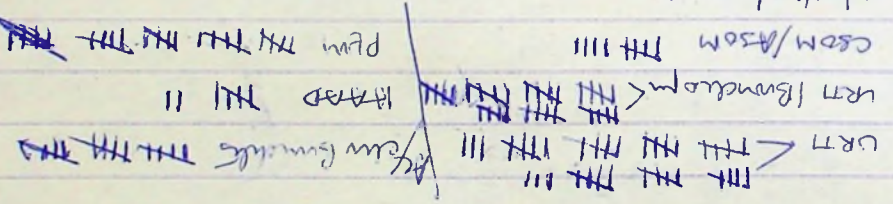


AGE



1 AGNOSIS

RS

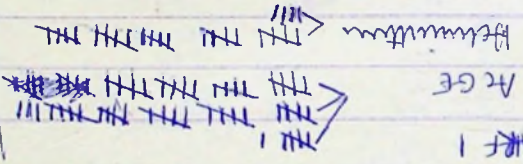


CUS

AR/m/m/sart 1

PA

AcGE



W. Kistner

Wing

UTI

Tooth

Caus

Blind

Amnesia

Star

Scabies/Oedema

Artistic

UTI

Injury

UTI

PID

UTI

VRB Def

UTI

VRB Def

UTI

PVD

UTI

VRB Def

UTI

VRB Def

UTI

VRB Def

UTI

VRB Def

UTI

VRB Def

UTI

VRB Def

UTI

VRB Def

UTI



INTRODUCTION:

The Bangladesh Cyclones 1991 were on our Indian news and on prime time. The devastation witnessed led us to believe that there was an opportunity for medical and paramedical Indian volunteers to assist in relief work going on in Bangladesh. With all this in mind we approached the community health cell (CHC) led by an ex-Professor Dr Ravi Narayanan and





Log,

To S.M. AKBAR ALI

S. T.M T.O JESSORE

A/S aaa NOW WE ARE STAYING CHARMOTAHAR  
(BOB) aaa WILL COME BACK BEFORE BID aaa

MUKTA

18.8.91

CHARMOTAHAR

please kindly  
send this copy to  
dhaka telegraph office  
address given below.

① A/S DHAKA CTO

Teli. 239469

② C.S DHAKA 233318



30.5.91

- CAL → Dacca flight 8:20 PM. "BIMAN"
- Check In 6:20 pm
- Carrying clothes (5 pkts)
- \$4 each. for 1 month !!
- All of us Rupees - I even put money in my shoe.
- 30 min delayed.
- Gave us "Tiffins" before take off !! / Did not demonstrate oxygen masks.
- Met by Kabir / SCE Emdul at Dacca → House.
- Roads / Parliament / Courts.

31.5.91

- <sup>AM</sup> SCE Orientation (Valli / Kabir / SCE Bangla)
- Tk 1000 each. Going in 3 gps (SCE / GK / VHSS)
- to Cox Bazar Area. Hands.
- 5pm - Dr SPT / SHN MA left to join GK.
- Proceeding to Cox Bazar Area
- 7pm - Saw Parliament House / grounds
- Cars / money / music / oxygen
- 8pm - Orientation by SCE
- Shonar shelter near Chakoti
- 8AM → 10-11 PM working hrs of SCE
- going volunteers of SCE - University students
- Tube water
- 22,500 people 6000 dead <sup>19500 to 10000</sup>
- 100% loss of houses <sup>13000</sup>
- Ration Card system
- "TEST ROUTE" (TR) - partial border for food.
- Rehabilitation follow 15th June.
- Toilets
- 11 pm - SVARA / Chari / Bhatia leave for Chapori SCE
- Poor Anand
- President Ziaur Rahman's death Ann yesterday

Can someone  
take a lead in  
the formation of a  
unified group.



## The Sidelines

- Plenty of beautiful foreign cars and a petrol 15 Taka it is ridiculous.
- On one side you have the poor, cyclone ravaged people and in Dacca you have youth cruising Mas' monument / parliament Building, music blaring in Volvos, Mitsubishi's, a few Beanties (the cheapest among the cars) and Datsuns etc.

### - "Leer Tears"

- Anwar's ankles - walking !! ? Fitania
- "Shaka + Shaka"
- Airport Rd → to take bus → Jail
- Students' Gate E. - drug, Black money
- SCI "Jimmy's Agency"
- S. (R) Annunzio Swelling / pain ? 20" / up
- Cyclone - The Great Equilizer  
Millions to Pauper in hours  
Vice Versa as well (think / take land off someone else's house)
- Destruction of houses / property - one's own property / house burnt down up in someone else's house
- ~~All~~ Houses in Dacca have gutted windows / doors even verandahs. Plenty of ~~thief~~ thieves

Breakfast - Long Bananas, Fried egg (1), Bread Tea.

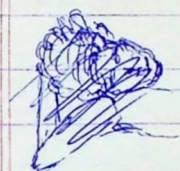
Lunch - Greens, Rice, "waking" Dhal, Fish

Dinner - " " " " " "

Portmanteau, only 3 meals !!



- The shops contain perfumed / coco cola / banes /  
Kuntas at relatively cheap prices and  
you attempt to convert into Rupees.  
Coco cola 1lt - 18 Taka  
Kuntas (open ones) 100 Taka  
Soni (bottle, open) 200 Taka



- Zafunda Chowdhury, medical college (para  
medical) sanctioned.

091

- News mentions a new depression 760 km from  
Chittagong moving Northwest. If continues  
to build up and changes direction as  
usual it should meet up with us.  
AKA / Ch / Bl are all going to be based  
in a cyclone shelter but A. & I  
are scheduled to be on Kutubdia Island  
and Maulika
- Visited VHSS - interviewing team. (as in sheets)  
1 Indian lady, Bangladeshi educated doctor.  
Good discussion on work, B'desh Health System.  
Took car by car around Dacca - Univ / MMC. Lunch  
at MMC canteen / Saw Mujib's museum.  
Then to leave Gm on 2/6/91 !!
- evening, visited Azang (?) - cottage industrial  
NBA report kind of project. open
- Evening News  
Cyclone moving N-NW aimed at  
Patirachali near Bhat. Signal to Spid 6 at  
Cap Bazar, Chittagong.
- Early to bed



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- Anwar's aunts - walking !! ? Filania
- "Shaka + Shaka"
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- Students' hate E. drug, Black money.
- SCI "jimping agency"
- S. (R) Ann Lunge Swollen / pain ? 2nd / up
- Cyclone - The Great Equalizer  
Millions to Rupee in homes  
Vice Versa as well (steal / take land  
off someone else's home)
- Destruction of homes / property - one whose property / house intact land up in someone else's home
- ~~All~~ Houses in Dacca have gutted windows / doors even verandahs. Plenty of ~~thief~~ thieves

Breakfast - Long Bananas, Fried Eggs (1), Bread  
Tea.

Lunch - Greens, Rice, "Waking" Dhal, Fish

Dinner - " " " " " "

Fortunately only 3 meals !!



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- evening, visited Azang(?) - colony induction  
NBR report and operation. experience
- Evening News  
Cyclone moving N-NE aimed at  
Patirakhali near BHST. Squid 7. Spid 6 at  
Cap Bazar, Chittagong.
- Early to Bed



- 2.6.91 - 6 AM Cyclone 80-100 kmph crosses South East area of delta causing minimal damage, submergers are island.
- Warning signals still up over river areas for next 36 hrs.
- Dacca has been wet past 48 hrs.
- 6.30 AM VHSS was supposed to hand us over to ~~Kumudli~~ Kumudli

- Arrived at 10.00 AM - some excuse, went to all baggage to Kumudli's factories at Narayanganj. Met old lady who seemed upset of the lack of prior warning! Told to go back.

5.30 pm Reuniting - Kumudli's chief and VHSS at VHSS Office. Asked to ~~forward~~ PRISM next (SCI → VHSS → Kumudli → PRISM?)!! day and leave day after.

7.00 pm <sup>Yehudas</sup> visited a "cottage industry" of Dacca based on hand embroidery. Intending, but seemed expensive, meaning for tourist

- 3.6.91 - After good sleep taken to PRISM office and OAR Chamin spoke well but ? talked longer. His deputy asked us if we knew anyone in India / US embassy? Why? To get ourselves Mosquito repellent cream!! TOKERS.



- This op PRIM's "Plan" was to  $\div$  and take us by ~~take~~/peep, 2 days/3 days later and we were in ~~there~~ no mood for another briefing/plan/delay. Hence Eardad (S21) took us back to S21 where he said he would use us.
- the Project Coord. wanted us to go to his own going project Mondini. Naturally I was against this - Now A. & I have been  $\div$  ed ~~take~~ and I go to Chertashion & one op of S21 & supplies. // A. goes to join S21 chief's husband near Chertashion
- I leave this evening. A. knows many ~~DB~~ & I have met afternoon discussion. Difficult one but it had to come about sometime. I don't agree with all - I wish there was some regret from ~~DB~~ part. It is ungr. to know that I didn't go all that wrong.
- Afternoon sister very confused.
  - We came as a team. Not used as a team.
  - The lack of committee/planning between ops approached to take us on.
- Basically, I'm not sure what I'm going into, or what A. & I are going into separately.
- At 8:00 pm, one guy ~~column~~ picks me up. Ops I left 25 take 7 up this in bridge. I hope DB remembers it



Sadhu  
Dharmacharya

- We ( <sup>four</sup> ) leave for <sup>Rain</sup> Ghat to catch  
Bucca - Bhola ferry. A scene off a picture  
booth. We are in a/r class room = 2 Beds  
After dinner I crash out on my sleeping bag on deck.  
6-7 knots/hr. chugging speed till 12 noon.  
When we reach <sup>Chandpur</sup> ~~(Chandpur)~~ I fangin in & out every  
5-10 mins. apparently a major intersection for the river  
system.
- Fortunately, it never rained and the river  
was calm so sleeping on the deck was  
pleasant.
- We arrived around 9 AM - 10 AM at Bhola  
the HQ of the northernmost island.  
Nearby a P115 Navy Patrol Boat anchored  
ashore with white uniformed duty officer  
on a jetty & A/C of the ship.
- We went into town around 5 km by Rickshaw.  
Met the Deputy Commissioner at Bhola who  
was in preparation for the High Commission of  
Canada.  
He arranged for 3 lorries / deers which we  
paid for & completed loading the 3 lorries  
& supplies of Rice / Potato / Peas / Beans. It then  
began to pour 'cats and dogs' and walking  
with the rest of cookies we loaded the 3  
lorries and headed to Bhola's Bers shop  
where we had Brunch !! around 4 pm.
- Then we snaked our way to the southern  
most tip of the island Chur Koshion.  
(Chur = Island) where we couldn't find



place at the Ghat. Gooden for supplies. After some ferrying arranged we stayed at the Dake bungalow overnight and then the next morning 10-11 AM loaded the supplies onto 4 tractor trailers to reach the ferry ghat even more south.

- After 2 hours (10-12 hrs) of travelling the 1<sup>st</sup> river ghat had ~~was~~ no launches/trailers available. We backtracked till we reached another Ghat and arranged 2 trailers to take us to our final destination. Him + 2 others loaded 1/2 and made it by/transfer towards Cher Kaulin Mullen. 5 of us set sail for Cher Mathahar.

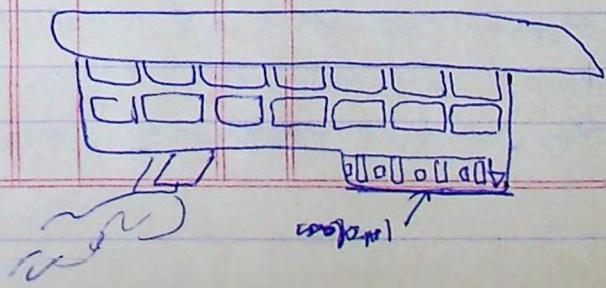
During \*

- HIRU on boat the night we left Saccar River Ghat spoke how he was 29-30 yrs, married to 1 small infant to both wife + him involved in SEI. Apparently he is some sort of student leader from a neighbouring district, a supporter of a leftist ex.-posed minister having been beaten/tortured by the police from time to time. He has already been arrested and off, lately 9 mo ago for being found to a murderer in a robbery after committing a political murder. Apparently he was acquitted. So here I was on a ferry from Saccar crowded - all 3 tiers to people who seemed well settled with boundaries made of jute carpets with a tea shop, and, a restaurant on board - more like a dhoba on the ship!!



CPD  
\*

The launch was counted ~~the~~ but passing  
along a narrow ~~is~~ a narrow 5-7 ft wide.

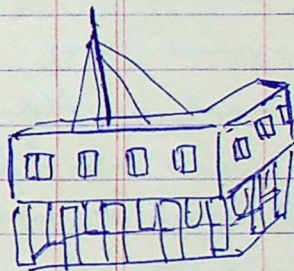


hearing for clear motivation in our launch  
Larkin (Act. in charge), Meckler, Proctor,  
through sheets of rain and a clear view towards  
our clear (9-12 km away). After 1-1 1/2 hours  
we could see our clear with the  
system motor on it. A 2 charges building  
of grey unfurnished concrete with a  
large surface cut. we had to carry the  
apples till the motor leave we had to  
go around the island to approach the  
motor through a surrounding river.  
As we made our way through the  
river to the outside we suddenly  
realized we were in shallow water.  
In spite of all attempts we ran aground and  
the sand/ground. Now just 20 mins earlier  
we had started to buy a large black fish  
from one fishing boat. ~~the~~ 4000 jumped  
into the shallow water trying to push the  
boat, 2 other using a lever to push it  
engine in full power to no avail.  
Now our problem was, was this important  
launch (i) the money (ii) the supplies we  
carried. Larkin soon proposed that both  
must finish move to shore and walk



down to the shelter on Mothani, now out of site. He didn't exactly know what direction to take and ~~with~~ after a discussion I proposed we all stick together for better or for worse. By 12:00 the tide slowly came up and by 4 AM we managed to pay the ferry fee! Through the night we spent in groups onboard in the chill & rain dumping down on us. By 6 AM we crawled up the ~~water~~ on rafts of the shelter.

- Offloading took more time with our workforce having to cross slugging fields of clay like material (graptol) to reach the Cyclone shelter.



- all around was flat land with houses (thatched straw & wood) in clumps of trees between acres of fields of paddy, most swamped with water. Short goats/cattle grazing in these ~~barren~~ fields. (Vietnam!!)
- From the river tower I saw quite clearly the flat land just a mere 1 foot - 2 feet above the water level meaning to say, that a mild rise in water (tide) level would easily go over the land covering it.
- The larger Chan fashion had an obvious



specific landscape with a similar  
flooded bank of paddy fields rising  
at times a foot above the water and  
about a mile in an embankment  
with villages scattered on them.

Buffalo (lions) would swim across to  
the small 'char' (islands) in the  
middle of the river to graze!! so in the  
middle " " " one would find  
buffalo!!



around 9 AM, with news spreading for/for  
I had a flow of pts (children esp)  
to see the "foreign" doctor!! "foreign" seems  
strange to me. I thought I'd never get  
the problem myself - ~~foreign~~ being foreign is  
sure alien to me. My 1st was a young man  
injured while carrying gunbags of supplies.  
He was brought in by stretcher and I through  
of transection of Cerebral Cord! Neurologically @  
a typical eye fluttering sign of a certain  
amt. of malingering and his refusal to sit up.  
I had him to Rest (CR) / Curin (Painkillers).

~~Ated~~

- There was supposed to be a doctor / Paramedic  
here who was to join up c. ~~Ated~~

Both have split before we came in and  
the villagers are quite tough with him.



There are no basic medicines here. No Paracetamol / analgesic / antipyretic / ORS pkts / Scabidol / BC ORS I'm modifying but ~~Antiscalar~~ / Malaria is a great loss esp. when they come all the way to see a 'pharm doctor' I'm giving medicine to death to run longer. (what I have with me)

- So far 17 pts, mostly children  $\approx$  PEM quite grossly. Began measuring Wt/Ht/APO/Ut but had to stop when I realized age (rains was a problem). Continued BLG status which so far is ~~atrocious~~ ridiculous esp  $\approx$  WHO's 2000 AD deadline.

I now intend assessing BLG status and std. a basic workshop of types of paediatric cases I see.

- With no electricity; life is going to be lonely esp with my large gap with trainees who are all well guys. Food Rice / Ken / Ken is also difficult but this afternoon I loaded up with 4-5 parcels which made life worth living. I miss company but I guess this time 'alone' will do me good. I got a bit more than I bargained and sure leaves a pit down in my stomach. I must wake up through the days and make the best of it.

- Tomorrow (7/6) we begin distribution and then I guess I can really plan my day.



7.6.91

Goodnight's sleep. Didn't use a mosquito net. Seem to have survived. No mosquitoes.

It has been raining continuously with no let up. Steady low grade shower. No sun. Cloud cover everywhere. Across the river dark & heavier cloud cover. Trees were blurred. The fields around of which I took a photograph seemed to have become a lake of water & plenty of ducks, swimming/ flitting around. Buffalo enjoying the slush.

Last night (6/6) we bargained and bought a real hard core country chicken - and cooked it for dinner. Dinner served and 10.30pm and I was half asleep during dinner. The country chicken was ROUGH!! Anyway a change in menu.

Breakfast late in morning. Rice again but I seem to be getting used to all this -

The programme had to be postponed by one day since the previous relief team has mixed up documentation of relief distribution required to be kept than with and in order before we restart any distribution. Hence tomorrow - the 1st island Char Longvining will get its relief.

My stream of patients continues and even though I know that there is a urge to see a doctor, it is right on my part to listen and give him something



after a complete assumption. I get the impression they seem quite upset they have received little/no medicine. But my hands are ~~the~~ tied. I have TC, few Metoprolol and plenty of Antibiotic Synges but I don't have basic B. Complex (to use as a placebo), Aspirin, Kromin, Anti Helminthases, Tablet Septon etc. There seem to be very major needs. There is no suturing material but I guess it will work since most large lacerations reach me a good 5-7 days later.

- I'm using my GV Parent Crystals to max. use and using all my tricks to keep pts happy.  
I use Septon Synges for RTT / Acute & Chronic.  
Amoxycillin Synges for Bronchopneumonia.  
Synges Metoprolol for Dysrhythmia.

This way we standardized my tx to within my limits of my infrastructure. It certainly is very difficult and I'd wonder if I'd have worked here if I was ordered to do so. Providing rural medicine certainly isn't the same as actually staying in these conditions & no electricity.

- Major problem for children are PEMs - pot bellies, small for age - probably owing to Helminthiasis and diets & PEMs as both and probably only food grain. RTT due to the climate being predominantly rain/wet most of the time & winds blowing across the island leading to exposure to eye with



most persons / children wearing bare minimum of a vest and dhoti and in case of children naked.

My assessment of anthropometry failed within the 1st few patients with the absence of any specific age or weight estimate. They usually fake their ages (based on rains) and there is no weighing machine.

So I've taken basically 3 parameters

- ① Denials in children seen,
  - ② BCB status of the children
  - ③ VTA signs of children.
- I hope something comes out of this assessment as it certainly is the minimum I can do.

- With no electricity, my Battery radio is kept but all my attempts to listen to BBC English news was ~~not~~ failed yesterday ~~with~~ other ~~team~~ ~~members~~ wanting to listen to B'desh news which ~~was different~~ was difficult for me to say no to. In the end I never heard any news.

- The absence of news of the world, people to talk normally to, walk around, see new things, being stuck indoors is quite a strain. I guess ~~for~~ I'm more social than I thought I was. I guess shipping islands will be a ~~change~~ change in mounting and should keep me going. If someone in our initial team was around it would also have made a difference to the general low spirits.



- With ~~no~~ electricity at night and the continuous rains it is difficult to ~~occupy~~ occupy oneself at night. I hope at least the rains decrease.
- 3 times a day 10.30 AM, 3pm, 9pm we have a regular FM Radio contact to various islands.

\* This is turning into a desperate attempt at a diary of ~~events~~ personal events rather than a record of general events.

• My life once I get back definitely needs to be altered and more planned with specific time for study / exercise / reading and making new friends which will be a real task. I've been through worse and I still believe I got through most all alone. ~~single of all the others said~~

It does appear I still have miles to go alone. (counting Robert back). Can't they see what I really am; as I see myself.

- Dinner was remaining warm (left from lunch and slept like a log after listening to RBC today.

8.6.91

Obviously a hectic day ahead with Mockstar leaving early around 6.30 AM to the nearby Char (Islands) to inform that it was their relief day. The crowds started pouring in and before breakfast I had seen more patients



than I had seen the past 2 days!  
 Someone has sent out a message that in a MOBS (big emergency) and a child specialist (!?) and I seem to get plenty of children. The women seem to be more than ever especially since they bring with them children. I saw my 1st infant (25 days old) today and I wonder if hypothermic / temp. regulation actually has different mechanisms here in rainy B'desh. This child had a sheet wrapped up poorly around the infant and was carried by the father who didn't seem to do a good job. Fortunately the baby had a RTT and a flushed nose and I was able to B him. I taught (I think) the parents how to wrap the baby up and the parents actually smiled while I made my attempt. At least Neonatology, Nursing - wrapping a baby - came in handy. My GP went ~~came~~ in handy once again to the infants underweight temp. readings are such a pain. I think the crystal was a good idea. If only SOMEONE had given me B. Complex / Mebers / Iron I might have done a even better job but I guess not knowing what I could bring into B'desh and what I would have available would still have been the main problem.

- I continued seeing pts. till 10:30 AM



when Maokkbul came back and we began Relief distribution. I hope all their photographs come out well. It is rather sunny by 11 AM & the clouds cleared. I got a good (?) shot of the cyclone shelter. I hope I can piece what few maps I get together to present some show of forts. ~~and~~

- The relief distribution seems rather regulated. with people from a single char collecting their numbers based on the survey cards they carry and the 1<sup>st</sup> distributor (Name, Father Name, Age, sex, Family members/members). Habib makes this his job downstairs and then they come up to the door and those who want to see the doctor do so, while others register at the door, thumb impressions taken to record delivery, and then collect their 300 gm Rice, Potatoes and box of matches for inside. This stream continued till 7 pm with only an hours break at lunch!!
- I ~~continued~~ to jump from helping in relief distribution to my patients which vary in sizes/shapes
- In the afternoon, I took some time off and went into the fields full of stub/water cornucopia, there was actually a boat sailing through some of them to cross the field or what was left of it!



- Most fields have paddy plants for thatch roof/houses and chilli plants! Ducks, Buffalo, ~~and~~ goats with a few cows makes the live stock. Ducks happy with all the Buffalo in the water ponds / ~~though~~ seem to be a formidable choir of live stock. The ducks are for meat and eggs. Buffalo form the major ~~life~~ beast of burden while cows for milk and beef.
- As I walked through the fields I naturally soiled my feet. (Chappels naturally are of absolutely no use here) and I needed to wash my feet in the nearby pond. When I came out of the pond and walked up the steps of the cyclone shelter, I suddenly realized that my feet were swarming with black/greenish leeches of different shapes and sizes all clinging by their orifices to my feet. No pain/touch sensation. What a start I got and it took me a good 10 mins to pull them all off and redneck!! Fortunately there was little time for them to actually get to beat "home".
- Good egg curry at lunch and with a bit of Ricchi / bread / Chapatties everything would be normal.
- Today was rather satisfying with plenty of work meaning a good sound



sleep. The only let down today was when our only tube well pump failed.

Linkin, the so called senior camp leader based at Char Fashion, also a CA for SCI is a young 26yr man who is quite a shammer. sd kept sleeping throughout the past 3 days.

He left today and made them (the Red Crescent men) row him through the fields in the lovely amphibious boat we have. The others I could make out, were cussing about him. There seems to be a certain amt. of politics involved in the SCI. Him apparently isn't exactly a saint when it comes to finance while Linkin when it comes to work. Fortunately, the 4 of Moudar, Pursooth, Habib and Khurroo) are a real genuine group fully dedicated to being fair in their work and I can see the pains they take in doing a good job which they definitely are doing.

- Did I mention our mix song of Hindi / Bengali / English kumbars ē an accordion accompanying yesterday evening. It varied a lot of spirits.
- Since we lost 4 of our cook who



demanded 40 Taka per day, Pursontha has been chief cook and he has certainly done a good job.

These guys don't let me help in any way and never tell me what to do or not to do. I usually have to force my way into their work schedule to help.

- This evening and upon the ground floor of the cyclone shelter turned into a bazaar of sorts. Tea shops selling samosas, grocery shops selling chili / onions / potatoes / rice / oil / betel nut / pan leaves / biscuits / small sweets / biddis. This bazaar continued late into the night, seemingly more of a weekly gossip spot than a market to buy / sell.
- Today was Saturday and it certainly is difficult keeping track of time / day / date here. Fortunately, one of others of our group have watches which tell us these details. The villagers must have no clue of time or is there events like the weekly bazaar there means of localizing the day in the week.
- Could I go back to SMITH and start an informal group of medics / paramedics to do at least one day a month



medical clinic in underserved / non-served locality / Ghum / home (of Mother Teresa's). We could call ourselves JOHNKNIGHTS. Sounds good. I could ask Mrs. Kumbhakar to help us with a bit of finance for basic medicines. This team could easily convert into a calamity / disaster relief for local problems / in and around Kamataka. Is it all too ambitious.

- I must ask SGT Datta / B'lor if they could take the clothes I've collected in B'lor?

9.6.91

- Today, no distribution but a resurvey of the Char Mahal to reassess the needs. As there has been irregularities in the cards distributed.
- The local Red Crescent Radio operator Kabir has been in league taking 4-5 cards to himself in lieu for services @ previous teams / doc.. Even the cook has been his man (40/- per day, 200/- for 20 day!!) who would take rice / potato / ketchup from the shelves - cook a part of the food at Kabir's home and give him the rest; which he would sell in his shop below..
- Anyway today was one hell of a day, starting rather placidly with a casual trickle of patients and around 9.45 AM we divided into 3 groups. Khushoo to remain behind, look after



the supplies and contact Lihia's message from Chao Foshim. Lihia's message in proxy was just that we were getting a new German volunteer (? a vet ?) The SOB didn't bother to talk to Khunoo directly.

I hope he mailed my letter home.

Habit ed ~~Khunoo~~ to survey the houses to the west of the shelter and Muchitar and I to complete the south and the east and northern areas!! I

carried along all my medicines and my stetho/ register to do my bit while Muchitar went about his work.

We began our walk south to the cluster of houses interspersed among the only groves of trees between fields flooded ankle deep in these areas. The sunny weather then changed and we began having thunder showers everytime = monsoon clouds went overhead. I got "leeches" on my R foot and the small green leech left a small ooze. After this I checked my feet after every slushy watery crossing. My 1st of a series of blisters today.

- Most houses were "clay" like - a greyish, sliding unwatered sand/silt based & thatching thatching roof/sides with usually jute walls to sleep on and a single trunk/box & a lock for all the important things in the house. These people are definitely among the poorest in the world and don't



see anything different between this century, WHO's 2000 AD and the 15th century. The women are single piece saris clad, cover their head and only a husband/ close relation or a doctor can actually get to see her face in the majority of cases. The infants/toddlers always seem to be naked except of binkies around their waists and neck. - Rubber coins or chains, shells of sorts, beads, Bells. The children, adults never seem to have the same. The children seem to prefer to a lungi/sari or a vest. The lungi is multi-purpose - for wearing, covering private parts, for carrying goods. It is a wonder that young children don't all die of exposure in the rain/wind sweeping the area ever so often.

- one village gave us sugar & water. Fortunately we saw that he had a tube well nearby or it's going to be MChozyl for both of us.

- By now our lungis and shorts were getting soaked in the recent rains. After completely nearly 12 families south and north east we reached the banks of a ~~meandering~~ meandering water about 40 "hands" deep. An attempt to use a discarded banana tree trunk boat failed and we had to fish all the way south again to reach the ~~bank~~ bankmat. at the side of the real big river around the island. We walked on this embankment till we reached the other side of the water and



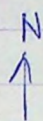
using the embankment as a bridge  
 crossed over and began crossing the river  
 east and north east. It was then  
 that we saw a massive cloud  
 over the Chertokian area with  
 a long snout suggestive of a tornado.  
 It was quite a sight but with the poor  
 light I'd doubt think I'd get a good  
 photograph. By the ~~mid~~ later part of  
 the evening (and 3pm) a massive  
 cloud burst and heavy rain  
 came clanking down. In our hurry  
 I stopped at one of the embankments  
 and in the fields and I spanned  
 my @Aulike. We had to wait  
 in a nearby house for about 1/2 hr  
 before deciding to make the  
 last two miles back immediately &  
 dark approaching so we let up in  
 the rain.

It was by 5-45 pm that we  
 reached the mouth of the Chertok  
 Home Sweet Home.

A job well done and happy &  
 the satisfaction we felt.

In the final track we waded  
 through chest deep water and  
 our boy & mediums / canoe / boats  
 was wring wet.





\* Asked a boy what he ate @.

Breakfast Rice + Coconut

Lunch Rice + Fish + Beef

Dinner Rice + Pork + Beef

Sounds to good to be true.

\* One rich farmer had 2 calendars in his house - ① Saddleman Human & aircraft, etc. ② Zia Rahman, ex-President near a field of paddy & an irrigation pump - ? an attempt to demilitarize him. His widow is now President.

Apparently Jama Masjid - Raza Bhatti are big names here, closely followed by all!

10.6.91

Rainy morning and today relief starts for Cha Mother, Istaphan. or is it Stephen(?). Quite a crowd and we still continue till 6pm and the line still waits. We ran out of marker sheets required for the thumb impressions. I still haven't seen more than 2-3



signing their own names. My patients  
 gathered in the morning but I had  
 to stop around 12 noon to help distribute  
 since the crowd was getting too  
 restless.

Libon sent a wireless message to  
 us that 2 German volunteers were on their  
 way to see the devoted ones. Back  
 time of arrival not clear. In reply to  
 my query yesterday to Dacca regarding  
 the whereabouts of other team members  
 from B'lore they (Barik) replied that  
 Anne was GP in Chittagong and while  
 Sundi + Marian not clear. Hopefully all  
 is well. I hope to use the wireless  
 tomorrow to contact Anne. It will  
 be nice to chat to someone. I've run  
 - out of most small time placebos/  
 analgesic I had and it is getting  
 desperate. If only I had a few  
 Vit / B1 / Iron pills I could  
 legitimately dispense it would  
 help keep the patients happy  
 when they come all the way to see  
 the phos. doc. I believe the  
 nearby Moudeini Project Doctor is to come  
 across to help with medicine. If  
 I know him he might bring those  
 tho types I don't need. The days  
 seem to be getting longer I hope  
 I stick it out. I keep myself  
 occupied by doing a single thing  
 at a time - seeing pts, writing my



- daily notes, reading my book 'Beyond Love' and listening to the BBC. This work kind of reminds me of my Rural Service at Ghazipur - Munro without the relief post.
- The weather has been fascinating as usual with mists - fine clouds and within minutes dark brown wet clouds. I hope one of these people coming to us brings a newspaper (English) with them.
  - Today seems to be a more trying day up to my @ Ankle again playing up. And to add to it I don't have my "placebo" Crepe bandage. I don't seem to have any Bupren which certainly would have helped.
  - When I get back I must strive harder to go for the true "Eternal Student" model which in ~~turn~~ should lead to "a piece of heaven" !! Hah! Quote "Beyond Love"

11.6.91

This morning around 11.30 AM after making wider contact to Char Karmir Khushroo - d1 with one of the helpers of Red Crescent get into the rubber ducky and row through the fields to the river and finally to the embankment where we boarded a bawler to take us across the river. By 1pm we reached



Shulari on the other side of the river and then engaged a cycle rickshaw with 2 helpers to pull-push us for 4 hours to reach Cha Fashen (1pm to 5pm). The road was slushy, wet and the repeated showers did little to help the rickshaw men in their task. Seeing them struggling many 1 time I jumped off to help push through the slush. It was difficult to continue sitting while they struggled. Anyway it did my rear good instead of sitting continuously for 5hrs!

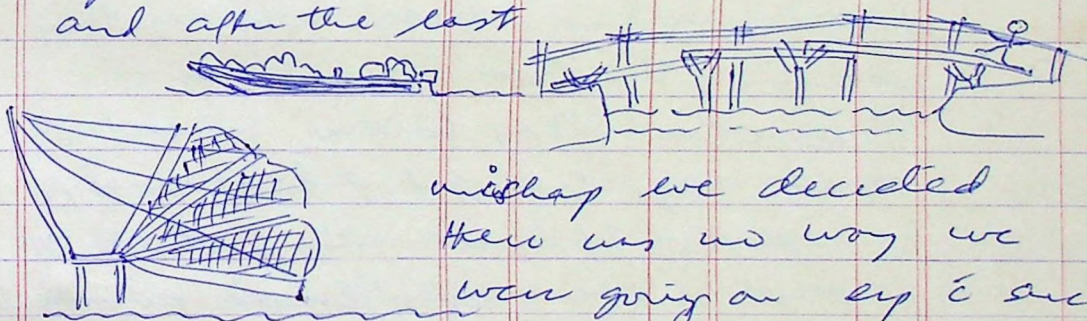
- At Cha Fashen we had to search and search for him, who never told us where to meet him and at last found him in his relatives (Min's) house. He is no leader and had nothing ready. In the night he pulls us around to try and arrange for a ~~trailer~~ (all booked) and then a tractor/trailer. Then we fix a 8.15 am deadline and, Khunwa and I diligently reach on time, and just sit around for a good 2½ hrs and around 1.30 pm load the tractor/trailer. Suddenly the night sunny weather changed and in the downpour the tractor owner though is safest not to proceed. By this time, Christian Grinner (Sci-Gunny), him and another volunteer meet up with us and the departure is delayed for

12.6.91



another day. So with 2 days wasted, we would think one would be upset but life goes on. Lito lacks any management policy, never plans, never helps with the work but should do well in this world full of litos and the best.

- That ~~Evening~~ ~~morning~~ we decided that ~~road~~ was out and managed to arrange a govt Relief Speed boat & a Yamaha engine. The govt Lito sends to pick us only after loading the boat and this was ready by 6:30 pm. We started down the creek at dusk and had nearly 4 accidents avoiding the meandering river's embankment, the low log bridges, the fishing nets. By 7:30 pm we had gone only 2-3 miles and after the last



mischance we decided there was no way we were going on up & such a poor source of light (2 torches). We pumped boat and made our way back to Chao Kachin's walking. Another night in the Water Development Guest house.

13.6.77

- By 10 AM we restarted our journey by boat which seemed easier since we seemed to have mastered the boat handling as well as the obstacle handling. Our



boat down doesn't seem to have a  
 clue about the boat and our  
 official route guide is a real moron  
 who seems to have come for a  
 ride. After numerous near misses  
 we reached the main river with  
 its larger waves, swells and rapidly  
 flowing. Now, here, the danger  
 was that with the tide land on  
 both sides of the river would get  
 swamped and would face be  
 dangerous to us running aground.  
 At the mouth of this massive  
 river we did run aground since the  
 route was not clear and we  
 struggled in the water to pull the  
 boat into deeper waters. At this  
 time 2 fishermen from the nearby river  
 helped us and then took over the  
 steering of the boat toward our  
 destination. They knew what to do,  
 were very cheerful and extremely  
 helpful. If it was not for them we  
 would have never have eventually  
 reached. We overshot the island  
 and then swaked away to the  
 creek leading deep into our char  
 just near the cyclone shelter.  
 A good show going by boat.  
 We off loaded our supplies of oil,  
 clothes and jerry cans.  
 No medicines available yet, counting  
 fish.

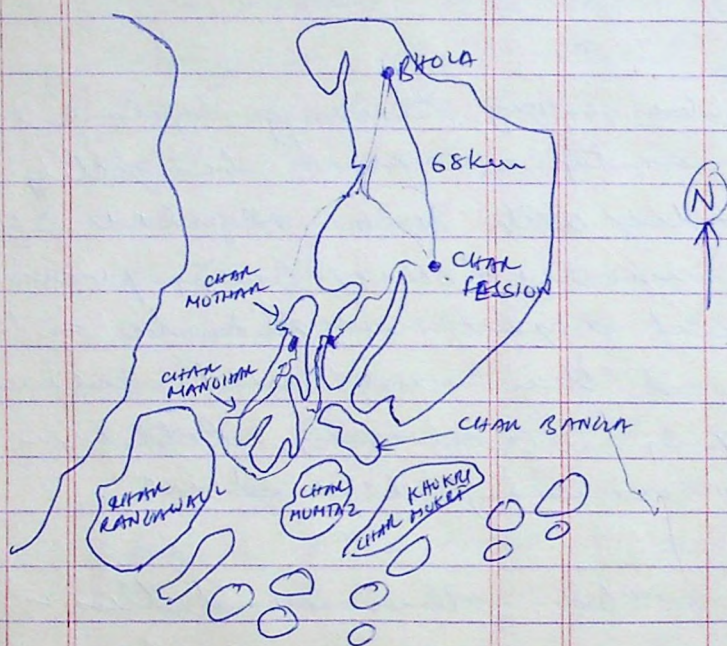


- The lack of coordination (when we arrived I found - the Red Cross ~~was~~ distributing oil/Rice in our area - & doubling the relief - which didn't make sense),<sup>2</sup> the lack of planning, the fact that time is not important here, all seem to be reasons why this country 1 1/2 yrs after the cyclone continues to receive relief.
- It would be wrong to say "cyclone" relief. What this country seems to be getting is perpetual relief with even regular ~~occasional~~ <sup>proportions</sup>, ~~university of relief~~ <sup>being present</sup>. The financial aspect seems to be a large quantity and this unwanted seems to be keeping the already lethargic Govt. keep remaining dependent.
- Of course, on the other hand this is a very poor country, with regular cyclones hitting it and there is a need for help. But I feel building up more permanent institutions is what should be the real solution of sorts at least to self sufficient aid (!).
- I really kept my cool ~~Chlor~~ <sup>Chlor</sup> ~~exp~~ <sup>exp</sup> since I was a ~~Stunken~~ <sup>Stunken</sup> ~~Porter~~ <sup>Porter</sup> and not really fully and regularly involved in ~~see B'der~~.
- Sometime during my journey to Charkawa



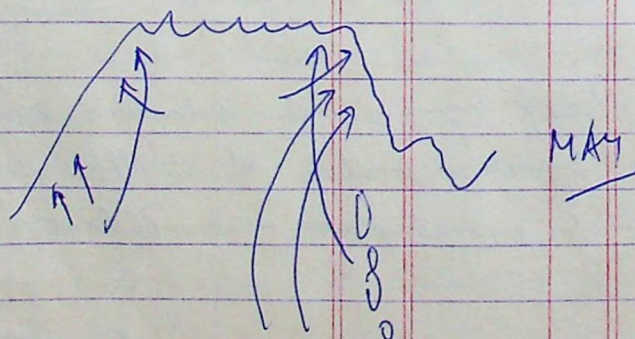
1 got better by ~ Bec on Mrs Obama  
and it was only a night later that  
the Bengali aspect of this Bec  
came out with a large induration,  
dull ache and swelling. It took 2 days  
and 2 Broyden to subside.

- These maps I picked up from the Red Crescent office at Chaw Korman

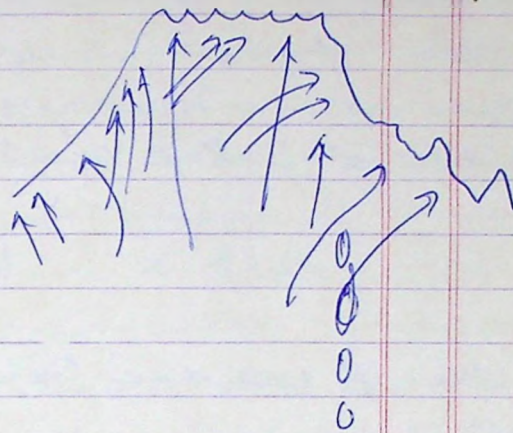


Bay of Bengal

Cyclone pattern in May / Nov







NOV

— many more cyclones in NOV.

### WARNING SIGNALS FOR MARITIME PORT IN BANBRADIST.

Distant Cautionary Signal	- I	- ships may be exposed to danger outside harbor. Storm <u>may</u> form. Squally weather in distant sea
Distant Warning Signal	- II	- storm <u>has</u> formed in distant sea
Local Cautionary	- III	- squally in port.
" Warning	- IV	- port threatened by storm, but not great enough to justify extreme precautions.
Danger Signal	- V	- port will experience severe weather in port. Storm - slight to moderate. Cross coast <u>soon</u> of port
" "	- VI	- as above. to cross coast <u>NORTH</u> of port
" "	- VII	- <del>as</del> as above. Storm - <u>great</u> intensity cross over/near port.
Great Danger	- VIII	- as above X coast <u>⑤</u> of port
" "	- IX	- as above X coast <u>④</u> of port



Great Dargu - I → explain some weather from  
 Sept 8 a storm of great intensity  
 to us over a sea to get.  
 Failure of Communication - to be taken as Bad weather

- Names of all Chars we are looking  
 after.

1. Char Kukei Muker
2. Char Motahar
3. Char Monohar
4. Char Stephen
5. Char Newlyn.

all under Char Panna Upazila  
 in Bhola District.

14.6.91

Today, is FRIDAY. I tend to look  
 back of the days of the week.

Today Christian leaves, back for  
 Char Panna. Obviously some kind of  
 visit with no aim. He has been  
 out of going for the past 10 months  
 and is 23 yrs old. I don't see him making  
 any argument for future rehabilitation  
 as was his official reason given.

• Patient flows good today & the relief  
 distribution of oil / jerry cans / dhal going on  
 simultaneously. The samples I brought  
 help in any possible attempt at to of  
 my patients



- Most of the time I feel that the villagers come purely to 'show a doctor' & expect a placebo / a proper examination / and a bit of doubt do this or that. I believe that just examining them carefully, allowing them to talk and a placebo / specific medication when possible really works wonders, more than the medicine I'm used to dishing out. All of them seem to have a variety of diseases ranging from RTI, GE and Acid Reflux Disease, skin issues forming the bulk.
- It has been so many days here. There never seems to have been anyone leader, any demands like education / irrigation other than relief / relief / relief?
- This evening has been interesting that ~~we~~ I got a group of villagers upstairs on the roof and got talking to them in Khasi.
  - ① What did they think of school education?
    - They all agreed that they wanted a school to educate their children.
    - All wanted to send their children to school.
    - But most didn't exactly know why they wanted to send their children to school except that they would become "big".
    - They all agreed that in some basic education / irrigation they could force educated villagers better.
  - ② Do they have some sort of council?
    - Yes they have an elected chairman



somewhere across the main river on  
Char Pannir Island.

- NO Govt officials have ever come here  
to ask their problem, help
- NO Govt. / Mt doctors have ever been  
here except during relief work
- There is no school.
- There never has been any irrigation  
on the Char.
- We asked why they couldn't ~~select~~,  
elect officials, representatives, take a  
memorandum to the Upazila authorities  
to bring about some change
- This area is called "Tahor Mars" by  
the locals ~~where~~ since it was  
nearly that a British iron ship sank  
and lies lost below the river bed.

15.6.91

- Him has already left for Dacca  
for the NEC meeting, in spite of  
all his con talk about relief  
more important. He seems the  
ultimate CON MAN.  
So with that, there goes my plan  
to go to Char Khukhi Mukhi  
for the next 2-3 days.
- Patients have picked up today  
with about 60 + patients. As long  
as they keep coming, I think  
I'll continue to be happy here



- satisfied that I'm doing a job.
- Reading through 'Beyond Love' I get the impression that he continues to contrast AIDS and the high tech disease with India's poverty, death and destitution on the streets greater than any epidemics identified and the continued deaths/morbidity due to diseases like Rabies and allied infections which have no interest in the realms of great medicine in the west.
  - I tried to go into the surrounding areas by dinghy again today but relief was extremely busy and I guess ~~we~~ I will manage (at least I plan) to make the trip tomorrow afternoon with a translator. The route I plan is to the east and south east down the main riverlet meandering through the island approaching from the south east - the main artery waterway to reach the cyclone shelter.
  - Today I got my 1st assault and battery case, a woman beaten by her husband. She had a horrible black eye and s/c injury



with no evident posterior continuation. all I could do was listen to her, treat her well and give her cocaine.

- Did I mention that we have no electricity and that our wireless set needs solar energy to power the set.
- The weather changes so rapidly here with bright sunlight one moment and the next moment dark clouds, heavy rain and thunder with the metamorphosis sometimes so rapid that the two phases mix up - sunny sunshine with thunder and rain!
- The 4 volunteers and I have got rather close and in fact my plan to move for the last 2 days to Kharbi Mukti was met with a certain amount of unhappiness. (if I may say so). They are all good chaps.  
Muktar - our camp leader, is a handsome Pathan looking tall Muslim. Very aware of his responsibilities. Fearless and interested in doing a "fair" job, so much so, today he



took 3 villagers - jumped into the boat and raced to a nearby house to cease 2 extra rationing cards which one family was hoarding! Habib - is a real simple good guy. Works hard and believes in the SCI and loves propagating the idea. He doesn't talk English well and doesn't like to try. They all coax him everytime we have contact.

Khurroo - another good guy. Believes in a good job, SCI and is quite experienced. Quite casual and likes to do his own job, but to be consulted. A good communicative friend.

Puroshonho - the baby of the group. A Hindu from Tenora, brought by Mukhtar with the aim of keeping an eye on him as he lost his brother in an RTA in India (UP) recently. Apparently a rich bankers son. He is camp cook and is quite happy doing just that. Very concerned.

They all take pride looking after me, feeding me and cheering me up. I'm lucky I'm with them. All ready translators when I need translation.



- My entire 36 exposure slide roll I had in my camera was damaged during the revolling by the camera. There seems to be something wrong with the revinding mechanism. Fortunately this 2nd roll is so far standing up to all insults and I'll get it revolved and removed in a proper dark room only to save this lot of film at least. I was heart broken with the loss of this 1st roll as it had many shots of our journey here.
- Last night, was terrifying. Around 3:30 AM in the early hours of the morning there was a gentle breeze through the shelter's room in which we were all fast asleep. Suddenly a progressively increasing roar began, with an ↑ in wind and banging of the wooden windows. This roar became like a rattle of a large tin sheet and within 3-4 secs suddenly seem to "pass overhead" and disappear. We all heard it and jumped up from our beds, using boxes, went out / on the roof



wondering what it was all about. The surrounding seemed undisturbed and there was no disturbance, no rain and an immediate stop of all wind / breeze once the sound stopped. We ~~can't~~ still can't understand what we felt and heard. Nothing fell down in the room. Could it have been a small typhoon funnel (but no rain / disturbance), earthquake, some fresh wind disturbances at a higher level (hence no changes at ground level) ?? It was quite a frightening episode and we only all fell asleep after 1 hour. Surprisingly, none of the villagers knew what had happened or even seemed to have heard the sound. I guess we'll never know what we heard

16.6.91

Today was the day I was to go to Khukhi Mukhi, aborted courtesy Huru. Patients started early today with news that we may start distribution of the old clothes. By 9 AM, I had completed 10-15 patients when this little 2½ yr girl came to the room with massive, tense ascites, dilated distended chest, flank veins. NO jaundice at present and with mild pedal edema and morseumic and in seven



Respiratory distress. The liver span was 4-4.5 cm, difficult to assess with the onset of ascites. No spleen appreciable. A normal heart sounds, no rub with evidence of Right Heart effusions.

Length 79 cm HAO 43 cm MAO 10 cm

Abd Girth 77 cm

The History was 2 months "gradually" rising abd distention. 15 days later noticed to have jaundice. which lasted 5-10 days! This history lead me to believe that was there an upper lesion which later affected the liver. If the jaundice came 1st and preceded the cause being the liver disease would have been more likely. Anyway with the medicines available ~~was~~ my 1st aim was to relieve this child's acute distress, and possible Rx to remember for? (SBP) Peritonitis and maybe arrange to send ATT from Char Panon as a possible curative measure for Malignant Nephrotoxicosis. No Shash Alam of Char Nohar

Using life buoy soap and warm water and after shave lotion (Derm - Khushkoo)



all to clean the quadrant and my hands, I then introduced a 14 set I had with me and typed it to the side well allowing it to drain slowly into the bucket. Slow drainage of approx 400-500 cc with close monitor of pulse, pulse volume and with the relief of respir. distress I removed the cannula.

- Patients' continued to pour in, esp. when distribution was cancelled and I crossed so today.
- As a treat we (Khushov, Anoshenko, Habt and I) got into the dinghy & motor and went down the river. We picked up a cork for 40 Tk and came back an hour later in the evening chased by a massive rain cloud from the south west.
- Last night was a massive rainfall but by morning it had stopped.

17.6.91 - I've been playing my radio BD especially since I have such a few days left and batteries intact. BBC, etc. have been a great comfort.

- I leave tomorrow morning to Chav Ferra. Plan to spend one



night there and then ~~on~~ the 19<sup>th</sup>  
 onto Bhola to catch the 1:30 or  
 3:30 pm launch overnight to Dacca.

31	FRI - CAL TO DACCAL FLIGHT	12	WED
1	SAT	13	THURS - CHAN FASSION TO CHAN MOTIATIME
2	<u>SUNDAY</u>	14	FRI
3	MON - DACCAL TO BHOLA	15	SAT
4	TUES - BHOLA TO CHAN FASSION	16	<u>SUNDAY</u>
5	WED - CHAN FASSION TO CHAN MOTIATIME	17	MONDAY
6	THURS	18	TUES - LEAVE FOR CHAN FASSION
7	FRI	19	WED - BHOLA TO DACCAL
8	SAT	20	THUR - ARRIVE DACCAL
9	<u>SUNDAY</u>	21	FRI
10	MON	22	<u>SATURDAY</u>
11	TUES - CHAN MOTIATIME TO CHAN FASSION		

- Practically I've had 11 days of medical work with 8 days of travel to and from.
- My satisfaction is that I've had the chance to join this massive relief effort and that we did reach where we intended to reach and I did do simply ~~serve~~ a number of patients who have never ever had the opportunity to meet and be cared by a medical doctor.
- There must be as many underserved (no, not underserved. UNSERVED) in India alone become most my patients and their complaints reminded me of Manori by Kund Hospital.



- As part of medical rehabilitation these areas need
  - more safe drinking water tube wells
  - education regarding hand washing, drinking only safe water, nail cutting, cleanliness
  - clothes for children,  $\frac{1}{2}$  exposure
  - Immunization of all children like a DPT
  - Regular (Biweekly) doctor visits to the cyclone shelter
  - Nutri Advice, Nutri Rehabilitation.
  - Use of Fish.
- If future teams plan on coming here, needs should be (personal needs)
  - kungies (2), the best thing to wear, wash every day
  - sleeping bag, nights can get chill
  - drinking water bottle, avoid all <sup>other</sup> sources of water  
EWPT
  - Torch / Radio / Camera / Batteries
  - Picnic Bottle, unpebble.
  - Reading material / Writing material.
- I don't remember if I've written this before but I have this urge when I go back to form an informal group of doctors / students / nurses / student nurse / paramedics to spend atleast one or two days every month doing similar work in and around B'lore and offering ourselves for similar programmes. With strict rules of no profit, expenses paid trips. Maybe we could start with work at Mr Perera's home in B'lore.



- Work load was reasonable in the morning and today being distribution of clothes our shelter was full of children all over. It was quite a sight. Naked children. Girls to the (R), Boys to the (L). Filing past the main door from the roof where we had collected them. It was a real clothes "Kapda" melā but I think all the volunteers were having fun trying out the clothes on the children, pushing them away, preventing the cleverer children from sneaking back into line. Clothes for the smaller children seem more important than ever as most of the RTI problems mainly stem from the exposure. Anyway below the shelter there was hell to play with everyone trying to find a proper fitting and the children enjoying themselves.
- This was really a busy day and I had my flow of older patients which covered so. This, of course, kept me satisfied, but the fact remains that many a time I bordered on Antibiotic misuse. Mentally, I maintained a suitcase for Antibiotics. But, it was difficult with the absence of any (?) Cough Syrup or (?) Cough Syrup.



The evening poured rather heavily and I kept thinking of what I had done the past few days, whether it really was imp./useful. It certainly is a drop in the ocean but at least I feel happy that I've done my bit.

18.6.91 - Woke up around 5 AM. A change in route. I managed to break by 500TK note through Purostharis. My plan is to catch a ferry around 8 AM from the far side of the Island and travel to a place called Ghadhar from where I am to board a bus from Char Pansar to Bhola and try and make the 3.30 pm Lanka Bhola to Dacca. According to our calculations I should do it with 30 mins to spare or else I stay in some hotel / Doh B'galar in Bhola. With this risk I have to still leave today if I am to meet the 20th deadline.

- It was raining when I started my walk through the fields with Purostharis, Habib and the indispensable Mobiz. Mobiz has been the perfect slave and I left him what I could - my torch and my pink plastic plate. He would have had the honour of my burger but it was raining so hard I decided to wear it for the journey.

- After a good 45 min and 2 km walk



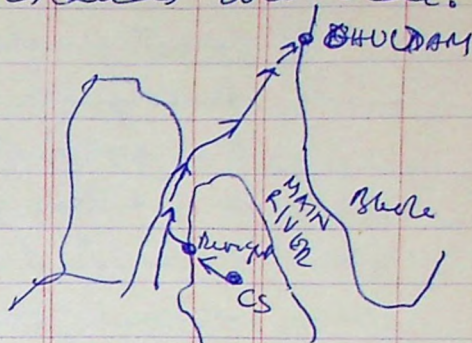
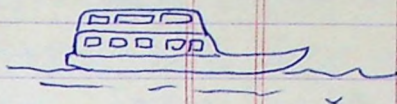
through the rain slashed (a more like "sloshed") fields and village side paths, I slithered and slipped through ankle deep waters avoiding the scumming slithering leeches of various sizes. These fields are full of them and the sight of them gives me the creeps. You either slip and slide on the narrow clay path or you wade through the water never stopping, for if you do the leeches leech on.

As long as you walk around no leech attaches to your legs. It's when you stop and stand in these waters that they do. The village quack uses these leeches as part of some of his treatment. eg. for lower limb pains he attaches the leech to the ant. shin, removes it after a time, applies a special leaf to the wound and ties the leaf with a cloth tightly. There seems to be relatively less banding in these parts.

- We reached the ferry ghat around 8.05 AM and waited till around 8.30 AM when the little ferry chugged up this small river. Then on our way down to meet the big river to the north. This journey costing 18TK to Guldahar a narrow



river stop on the Bhola Island's west side.



By 11:20 AM we were in  
Gouldbair and till  
then the weather was cloudy with  
no rain. The moment we stepped  
out at the river ghat it poured and  
poured and it was in this heavily  
drizzly rain that I learnt that my  
knapsack wasn't B'desh monsoon  
proof. Soaking wet we had walk through  
~~flooded~~ flooded fields till we reached  
a stream and a wooden log across it.

There was no way I'd cross my knapsack  
without going into the water, so I walked  
along the stream and when it seemed  
narrowest I waded through with difficulty  
using the rushes as with the torrential  
rain this stream was a real devil.

Past the stream we walked on to the  
kutcha road and engaged a Rickshaw  
to take us to Godharia proper. 15 Tk's  
worth of pushing and pulling through this  
kutcha road bordered by fields and  
ponds till we reached a tiny hotel on  
the main paved road. Misky "Roozegolla"  
and a cup of tea. A change into Kurta  
pants and another less wet briefs and  
fortunately within 10 mins I caught  
a rickety rickety tin bus - a Benz in its  
prime to Bhola - a good 20 Tk away





As we raced and blared through the countryside sending rabbitoid rickshaws scurrying in all directions. With the pot holes in the road it was a matter of time when our tire went boom! I was surprised when the driver just slowed down till the hissing stopped and then continued down the road as if nothing had happened. After 2 hrs on the road again the 2nd tire blew and then he had no choice but to stop about 8-10 km from Bhola. A BDR = Bangladesh Rifles army janson helped me ~~part~~ a panning bus and we boarded it to Bhola. On the bus one muslim looking man was quite upturned with me having come all the way that he took it upon himself to make sure I got the right rickshaw price from Bhola to the river ghat. I reached the river ghat 15 mins before the launch left. If I didn't make it in time, which was the more likely possibility I was to spend the night in Bhola which would have timed my arrival in Baroa for the 20th. Boarded the launch at Bhola's ghat and grabbed a good corner on the 1st deck. After about 20 min a young clean shaven college boy asked me to join

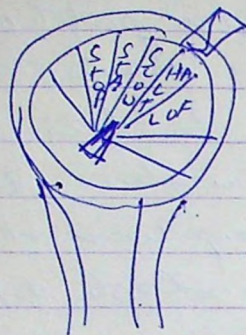


him towards the center of the deck pointing out to the open patch above my area of the deck "Rai" he said. I agreed and shifted to his area. Next to him was a nun who spoke Urdu well and they were all very helpful and happy to look after me through the journey.

- The 1<sup>st</sup> floor deck is full of people lying on thin sheets layed out on the deck with a small passage way made out between them. Every nook and corner is occupied and I hope to get a way tomorrow morning. Some groups are playing cards, some gambling, some asleep while hawkers hawk their goods - monkey with "Badams" cigarettes, Pan, mixture, Biscuits/Buns. On the lower deck there is a hotel selling masala fish/chicken and rice, tea and biscuits with place below the deck for storage of goods. This launch has no 3<sup>rd</sup> deck above, except the pilot's bridge. I sholled up onto the deck for some fresh air and the skipper called me onto his bridge. Someone had told him that I was an Indian Dor returning from Relief work. He had plenty of questions about Rajiv, Congress, who supported elections, my religion and his bridge had a central



compass, engine room indicator



← made in Glasgow!!

So for a good hour and a half I dried my legs at the bridge while I sat in the

bridge watching the river go by. Many a time he had to cut engines to avoid the fishing nets we had to go over when we went through the river channel. The land fertile green and flat, the wooden boats mostly c sails and a man or even madder man behind. The richer boats have engines and keep waving their hands indicating directions of their nets - at times of rather faintly. There seems to be no set pattern of route and fishing zone.

later inside the launch, everything looks good and somehow the no. of passengers seems less. I was missing something!

It was only later and 6:45 pm did they board the launch at a function ghāt of some sort. Then only did the



deck appear totally packed with even the aisle formed by our sleeping figures crowded with men two abreast.

A bunch of mullahs with goatees and full beards and skull caps joined the boat and I got talking to one - seemingly the youngest but 2nd in command of sorts. He told me in good Urdu / Bengali that he was a graduate and had been to U.P. Once and was a member of an organization, the Panist Islam!! Their primary was to bring Muslims back to the right path inclusive of namaz 5 per day. Around 7pm - 9pm they began a prayer session - dislocating us from our beds. He later made 'no comments' on the Bahi Masjid from Dhokra mine or Kurbahie and I was reading this ice so I left it be at that. He remained quite cordial later on and a friend. He did refuse to allow me to take his photograph in any hope to get the entire deck in view.

The night was crowded and stuffy except for a occasional burst of wind from through the gaps in the tarpaulin sheets along the sides of the boat. I couldn't



trust the food down on the  
lower deck and slept on  
tea (bony) and biscuits,

around 5AM, I was rudely  
awakened from my uninterrupted  
sleep by the mullahs - who insisted  
that I get up and move since  
they had again chosen the  
spot for their prayers.

They even had a compass  
of sorts with them to get their  
prayer mats aligned.

They showed absolutely no respect  
for the rights of other people and  
even seemed to float some  
amount of authority. But then  
again, most B'deshis seem  
to never respect others' rights in  
most cases. It seems to be a  
law of the jungle.

- Most of the educated / parhalls  
literate people who spoke to  
me - including the skipper of  
the launch were quite aware  
of Rajiv's death, India & politics.

19/6/91 - This morning we chugged into  
Dacca and I grabbed a rickshaw to  
Iqbal Rd. Met Enid and all at 8:15. Anne  
already in town and by 12pm the



Whole gangbaw group in. It was  
good to see all  
lots of stories! Group?





Report # 4

Three relief teams from VHSS have visited cyclone affected areas and returned to Dhaka after distribution relief materials (on May 5 and 6). The areas of operation of the three teams were:

Team 1 : Greater Barisal District: Barisal, Jhalakathi and Patuakhali

Team 2 : Greater Chittagong District : Metropolitan Chittagong and Bashkhali Upazila.

Team 3 : Greater Noakhali District : Noakhali Sadar, Companygonj, Hatiya, Laxmipur Sadar and Ramgati Upazilas.

Each team carried with it emergency medicine, clothes and dry food for the distressed people of the cyclone affected area. A fourth relief team from VHSS will leave for Chittagong and Noakhali on the morning of April 9.

Team Programme and Recommendations:

1. The most urgent need of the people where the cyclone devastation was specially severe is cooked food. The spread of diarrhoea is assuming epidemic proportion owing principally to the lack of safe drinking water. Most of the areas were inundated by sea waters which has made all available surface water saline. Even this saline water is now highly polluted.
2. The condition of mothers and children defies description. Almost everybody are in rags torn in a hundred places and the children have no clothing. The children are being attacked by pneumonia and other diseases due to exposure to sea wind, rain etc. Distribution of high protein biscuits and milk for the children need to be started urgently.
3. VHSS relief team which visited Chittagong has reported an extremely dismal picture of the situation in Bashkhali. Here the tidal bore swept into habitations 5 to 10 miles inland which killed a large number of people mostly women and children and literally, washed away cattle, houses, schools and madrasahs, crops etc. The few who have survived are hungry and very ill. They need immediate supply of food and medical attention.
4. Before thinking of long term rehabilitation - the most urgent need of primary rehabilitation must be attended to. Most of the people survived have no shelter. 80 percent houses in the shor area of Noakhali now ceases to exist. The cluster village in Char Langta has been completely destructed.



5. There is no coordination of relief distribution efforts. District Administration in affected areas does have full appreciation of urgency, but the depth of the problem is too much. There are very little transportation means to communicate with the affected areas. Relief is yet to reach some affected areas while there is unnecessary duplications of efforts in others areas. Relief reached char Baisakhi, Dhaner Sish, Char Gangchil and Thanarhat areas of Noakhali for the first time on May 6 through the joint efforts of the District Administration and VHSS.
6. In cooperation with District Administration of concerned area VHSS has undertaken an extensive programme for distribution of life saving medicines, saline, water purifying tablets and required clothing and ready to eat food through its members working in the affected areas. The three VHSS relief teams mentioned above have so far distributed the following quantities of relief materials.
7. VHSS is trying to collect detailed description of damages suffered in the affected Districts. Furthermore, VHSS is collecting informations to prepare a field-study based report on outbreak of diseases and their prevention in the affected areas.
8. Red Crescent, CARE, MCC, Prosikha, CCDB, CARITAS, OXFAM, local NGOs, clubs, association, humanitarian agencies are supplying essential relief materials, but, their distribution is being hampered by transportation bottlenecks. Arranging accommodation for NGO representatives and relief workers is turning out to be a difficult problem.
9. Given the painful predictability of recurrent natural disasters, the need to build an increased number of shelters and strategic forward storage points for emergency relief materials should be given serious attention.
10. It is now a proven fact that each natural disaster is followed by lack of availability of safe drinking water which causes epidemic outbreak of diarrhoea. Mechanisms whereby rain water can be stored and preserved for use after purification in post-calamity periods need to be developed.
11. The cyclone has eroded large segments of protective embankment in the affected areas. These need to be repaired and /or reconstructed before the next monsoon.
12. A motivation and awareness programme aimed at helping the people to withdraw into shelters in an orderly fashion soon after disaster forecast need to be undertaken.
13. A programme to increase the people's awareness about emergency health care in post-disaster period need to be launched.



Relief materials distributed by VHSS from 30th April to 6th May

SL/No.	Relief Materials	Quantity	Area
01.	Chira	990 Kg	Chittagong
2.	Molasses	236 Kg	Barisal
03.	Biscuit	204 Packets	Jhalakathi
04.	Candles(Blg)	900	Noakhali
05.	Matchsticks(Blg)	3600 Pakcets	Laksmipur
06.	Water Carrying Cans	25	Cox's Bazar
07.	Chirar Moa(sweets)	300 kg	Bashkhali
08.	Quilts	100	
09.	Readymade Cloths	200	
10.	Oral Saline	75,000 Pkts	
11.	Water Purifying Tablets	6,05,500	
12.	Cholera Saline(100 ml)	950	
13.	Diarrhoeal medicines (Tablets)	5000	
14.	Diarrhoeal Medicine (Syrup)	1000 Bottles	
15.	Joruri Shastha Bartha (Emergency Health Msg)	2000 sets.	
16.	Diarrhoeal Chart	200 pices	



I lived approximately 13 days at  
Char Mother and unfortunately  
had to head back to Dacca  
to meet the 20th deadline as  
I had exactly a month's leave  
on hand.

~~Below I outline~~

My job chiefly comprised of medical  
examinations and treatment  
of ill patients especially concentration  
on children (my speciality) apart  
from attempting to help my fellow  
volunteers with survey, relief  
distribution. I managed to  
make two trips into the field  
with the survey teams to aid  
distribution of a doctor's consult.

MY STATISTICS:

$$168 \overline{) 183}$$

$$336 \overline{) 2}$$

$$\begin{array}{r} 183 \\ 183 \times 2 \\ \hline 366 \\ 168 \end{array}$$

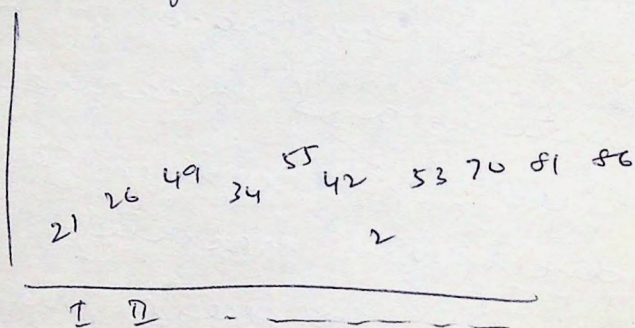
- Total number of patients seen: 519
- Average patients per patient days: 51.9 per day
- Male: Female Ratio 336:183  
64.7% were male.



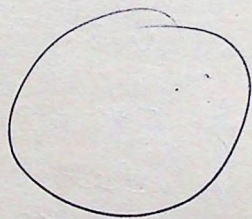
## Age Distribution

$\leq 1 \text{ yr}$	4%	(21)
1-5 yr	25.8%	(134)
6-15 yr	20.8%	(108)
16-50 yr	39.3%	(204)
$\geq 50 \text{ yr}$	10.1%	(52)

## Day to Day Variation



## Diagnosis of patients



$$\begin{array}{r} 4 \times 100 \\ 521 \cdot 7 \\ \hline 521 \overline{) 4000} \\ \underline{3647} \\ 353 \end{array}$$

• Ur A status

• BCG status  $\leq 15 \text{ yr}$

$$23/263 \quad (8.7\%)$$







SCI Bangalore looked after us well till being handed finally to SEI Bangladesh at Dacca.

Unfortunately, with the assassination and political turmoil in India we lost nearly 10 days in transit at Calcutta and Dacca.

#### MY OWN EXPERIENCES:

After initial entanglements with outside establishments, SEI Bangladesh were kind enough to accommodate us within its own infrastructure and I was taken onto a team of volunteers heading for Cher Famine Upazilla. An experience every step of the way the 1 1/2 hour launch trip, loading and long drive south from Dhaka and onwards the next day to the river bank by tractor trolley and finally the hazardous transfer trip into the meandering river to the cyclone shelter at Cher Mothar.



## COMMENTS

(3)

This is a critical appreciation aimed chiefly at my self, my own work and possibly ~~at~~ with an attempt to produce ~~some~~ feedback which may be ~~taken~~ into consideration by the SET. This is ~~not~~ must be clear, that this has been my 1st attempt at such work, that I am no expert on the subject and my only aim below is to produce some comments enabling the utilization of volunteers like me to the maximum. Most of these points are debatable.

1. A medical team built up with specific aims & objectives would have worked more effectively with ~~your~~ SET help instead of being divided at random.
2. ~~The~~ I would prefer working within the organization which has taken the trouble / finances to bring me all the way instead of ~~been~~ sent from



NGO to NGO.

- 3/ With all due respect, I am still trying very hard to understand what Mrs. Valli Ilesham and Mr. Kaber (apparently our advance team) did in Bangladesh in preparation for <sup>the</sup> distribution of our team directly to an area of need with minimum waste of time. The arrangements between NGOs should have been planned, informed in advance and during their visit ~~the~~ here.
4. The redistribution between NGOs, a repeated orientation by each group has cost SCI ~~many~~ economic losses in terms of the money spent on us and our time wasted instead of being utilized to the maximum.
5. Medically, I felt that medical services should not in anyway be equibalated with relief distribution. i.e. 10kg Rice / 3kg Potatoes to each family  $\equiv$  1 bottle Moxicillin / 4 Paracetamol to each family. The relief like distribution of medicines produce distribution of expensive, excellent medicines for simple diseases not requiring medicine
- Rice



Medically,

and speaking like a paediatrician  
I intend to be

1. There is a lack of personal hygiene,  
Nutritional education among these people.
2. There is gross widespread malnutrition
3. Total immunization failure since 1971.
4. Lack of medical services to these areas.
5. Gross exposure of infants, children to  
the forces of nature when they most  
need protection.



eg: - Acute watery diarrhoea → ORS  
2 no vomiting

- Acute Blood & Mucus Diarrhoea → antitoxin  
Septic

15. ~~that~~ ~~to~~ ~~the~~ ~~Govt.~~  
16. ~~to~~ ~~the~~ ~~Govt.~~

7. ~~economic~~ ~~paper~~  
uses of medicines,  
information and even  
disposes the needs of poor  
doctors!!

9. The need for simple placebos and antebelunthics.
10. The orientation of all lower state leaders in the need for regular meetings, discussions, planning of various activities from camp level to the actual movement into the field was an important aspect seemingly lacking. There is an intense dedication and motivation at most levels but seemingly ill coordinated to slacken the pace of activities.
11. The stress that a leader does more than supervise, he leads and active involvement by act, especially at Team Leader levels. This seemed less of a problem at the camp level.

The basic objectives / destinations being clearly outlined, routes and means of approach should be discussed, put down to paper with fixed groups involved to

15. enable a regular, smooth, economical supply of goods. The actual means could actually be changed ~~from fixed~~ depending upon conditions encountered
13. TIME MANAGEMENT
14. INTERNATIONALLY recognized treatment schedules



X 6. The supply of powdered medicine (syrup) makes no sense with the difficulty in illiterate rural population following orders to dilute the same in a safe source of water.

7. WHO Emergency Manual describes a list of medicines required in these circumstances which could easily cut down the list to ~~useful~~ specific medicines.

8. The underlying health problems was inadequately tackled and no attempt seemed to be made to go deep into the preventive aspects.

- Safe, unguaranteed Drinking water Tube wells.
- The education of the importance and need to use the same.
- Nail cutting, Hand washing
- Clothes for children ESPECIALLY (most Respiratory Diseases brought on by the poor protection against exposure)
- Regular fixed day medical units
- Immunization programmes
- Dietary Rehabilitation (Shrimp, shigs, fish) and Dietary Advice.





SERVICE CIVIL  
INTERNATIONAL-BANGLADESH  
সার্ভিস সিভিল ইন্টারন্যাশনাল-বাংলাদেশ

SCI IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANISATION COMMITTED TO THE PROMOTION OF PEACE AND INTERNATIONAL UNDERSTANDING THROUGH VOLUNTARY ACTIVITIES. FOUNDED IN 1920, SCI IS A MEMBER OF THE COORDINATING COMMITTEE FOR INTERNATIONAL VOLUNTARY SERVICE (CCIVS) AND THE YOUTH FORUM OF THE EUROPEAN COMMUNITIES (EC). IT ALSO HAS CONSULTATIVE STATUS WITH UNESCO AND THE COUNCIL OF EUROPE. IN BANGLADESH SCI IS REGISTERED WITH THE DEPARTMENT OF SOCIAL SERVICES (REG. NO. 213 OF 1962) UNDER THE VOLUNTARY SOCIAL WELFARE AGENCIES (REGD. & CONTROL) ORDINANCE OF 1961 (XLVI-1961) AND FOREIGN DONATIONS ORDINANCE/RULES 1978 AS AMENDED IN 1982 (REG. NO. R-184).

STREET ADDRESS : 5/5, IQBAL ROAD, BLOCK-A MOHAMMADPUR, DHAKA 1207, BANGLADESH. TEL : 313623. TELEX : 642940 ADAB BJATTN : SCI.  
MAILING ADDRESS : G.P.O. BOX 3254, DHAKA-1000, BANGLADESH.

Nr.210/ERO/91

June 7, 1991

Dr. Sanjiv Lewin  
Medical Officer  
SCI Emergency Relief Operation  
Char Fession  
Bhola

Dear Dr. Sanjiv,

Many thanks indeed for your radio message received on 7.6.91 at 17:45 hours through Red Cresecent CPP.

The Indian Medical Teams are working in Cox's Bazar area. Dr. Anne Marie Rego in Banskhali, Chittagong with Gono Unnayan Prochesta. We haven't heard from Dr. Prasad and Mohini as yet but assuming that they are too in Cox's Bazar area with Gonoshasthaya Kendra. Will let you know more details as soon as we hear from them.

Mr Jashimuddin, Clinic In-charge of Our Moudubi Health & Agriculture Development Project is arriving Char Fassion with more medicaments and he will assist you in your work.

With all the best wishes to you and your team members,

Amities,

Mian Akbar Hussein  
Coordinator  
Emergency Relief Operations





SERVICE CIVIL  
INTERNATIONAL-BANGLADESH  
এসসিআই সার্ভিস সিভিল ইন্টারন্যাশনাল-বাংলাদেশ

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MAILING ADDRESS : G.P.O. BOX 3254, DHAKA-1000, BANGLADESH.

No.208/ERO/91

7 June 1991

Md. Mahbubul Alam Liton  
Team Leader Incharge  
SCI-Emergency Relief Operation  
Char Fession  
Bhola.

Dear Liton,

Mr. Christian Gruner from SCI-Germany will be visiting the char Kukri Mukri, Char Motahar, Char Monohar, Char Stiphen and Char Newlyn of Char Fession Upazila (Bhola district) to review the ongoing relief operation and he will assess the need and feasibility to undertake future reconstruction/rehabilitation works in the above areas.

Mukhlesur Rahman Mallik of SCI-Mymensingh Unit will stay on and render voluntary services for one month. Jashimuddin (Clinic Incharge) of our Moudubi Project will be bringing medicine to Char Fession soon.

Thanking you,

Sd/-  
Mian Akbar Hussein  
Coordinator  
Emergency Relief Operation.

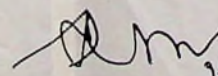
C.C. Mr. Christian Gruner, Member, SCI-Germany

No.208/ERO/91

7 June 1991

Copy for information and necessary action please to:-

- 1) Regional Relief Coordinator(Secretary), GOB, Barisal
- 2) Deputy Commissioner, Bhola
- 3) Relief Coordinator, Charfession, Bhola.
- 4) Upazila Chairman, Charfession, Bhola.
- 5) Upazila Nirbahi Officer, Charfession, Bhola

  
Mian Akbar Hussein  
Coordinator  
Emergency Relief Operation.





সেবার মাধ্যমে শান্তি

ঘূর্ণিঝড় প্রস্তুতি কর্মসূচী

বাংলাদেশ রেড ক্রিসেন্ট সোসাইটি

বেতার বাতী

হইতে : \_\_\_\_\_

প্রতি : \_\_\_\_\_

জন্য : \_\_\_\_\_

বার্তা নং M

তারিখ \_\_\_\_\_

সময় \_\_\_\_\_

2 Volume ~~Given~~ →

Banick.

- Cox Bazar  
W. B. R. R. R.  
" Baitkali  
Chattogram St.  
(GP)

"  
PANSKIKALI

- 2 Cox. Bazar.  
CK.

Mondini → medicine.



Char Mother:

↓ (traveller - ferry)

Bhavana Ferry Ghat → Phulaghat (Rs 20/-)

↓ Richhuan  
Tk 45-50/-

↓ Char Fashion ← (Tk 20/-)

↓ MINTU's home

Bhola Bura (Tk 28)

↓ 12-15 Tk

~~Char Ferry~~ 1pm, 3.30pm,

~~Pacca~~ Paucha laundi Ghat  
Kheya Ghat

↓  
BalyTaxi



Char Fashion  
Bangladesh  
5th June '91

Dear Dad + Mum,

In one fashion, with regularity,  
irregularity my final destination



## চরফ্যাশনবাসীকে বাঁচান

- ১। দুর্গত এলাকার ঋজাবিধবস্ত সর্বশান্ত হতভাগ্যদের পুনর্বাসনের জন্য দীর্ঘ মেয়াদী কৃষি পুনর্বাসন কর্মসূচী গ্রহণ করা দরকার। এ ব্যাপারে ব্যাপক ভিত্তিতে সুন বিহীন লোন প্রদানে গরু, সার ও অন্যান্য উপকরণক্রমে কৃষি পুনর্বাসনে সাহায্য করা যেতে পারে।
- ২। এলাকার কাজের বিনিময় খাদ্য কর্মসূচী অবিলম্বে চালু করা দরকার।
- ৩। বিধবা ও কর্মজীবী মহিলাদের কার্ডের সংখ্যা দিওন করিয়া আগামী কমল মৌসুম পর্যন্ত অব্যাহত রাখা দরকার।
- ৪। উপজেলার অভ্যন্তরীণ বিচ্ছিন্ন এলাকার যোগাযোগ ব্যবস্থাকে সুগম করতে জল ও স্থলে উত্তর যানবাহনের ব্যবস্থা করা।
- ৫। ব্রীজ, কালভার্ট, সেতু, রাস্তা নির্মান ও পুনঃ নির্মান অতি জরুরী প্রয়োজন।
- ৬। চরফ্যাশন হয়ে বেতুয়া, তেতুলিয়া পাকা সড়ক নির্মান করা এখনই দরকার।
- ৭। চরফ্যাশন-দক্ষিণ আইচা পাকা রাস্তা নির্মানের প্রয়োজনীয়তা তুর্যোগের সময়ে আরও বেশী অনুভূত হয়।
- ৮। চরফ্যাশন এলাকার বিশালতা, লবণাক্ততাও তুর্যোগ কালীন পানীয় জলের তীব্র সংকট মোচনে অধিক সংখ্যায় গভীর নলকূপ স্থাপন আশু প্রয়োজন।
- ৯। আশ্রয় কেন্দ্রে, আপদকালীন সময়ে খাদ্য ও পানীয় থাকেনা ও পথে যাইতে জীবনের ঝুঁকি, মালামাল হারাবার ভয় ইত্যাদি কারণে আশ্রয় কেন্দ্রে আনেকে যাইতে চাননা। তাই এলাকার সচ্ছল লোকদেরকে সুন বিহীন দীর্ঘ মেয়াদী লোন প্রদান করে দিতল পাকা বাড়ী নির্মানে সাহায্য করতে পারেন। আর স্কুল মাদ্রাসাগুলিকে পাকা দিতল ভবন তৈরী করলে আপন কালে এবং শান্তির সময়ে কাজে লাগতে পারে।
- ১০। কুড়ে ঘর তুলতে সাহায্যের গতি আরও দ্রুততর করা উচিত যাতে রুটিতে দুর্গত এলাকার বিধবস্ত অসহায় লোকেরা একটু মাথা শুজেতে পারে।
- ১১। চরফ্যাশন বাজারে পোড়া ঘরগুলি তোলার পর আবারও ঝড়ে চুরমার করে দেয়। এরা সর্বাঙ্গিক সাহায্য চায়।
- ১২। দুর্গত এলাকার এতিম শিশুদেরকে দয়া করুন।

দুর্গত এলাকা চরফ্যাশনবাসীদের পক্ষে

“সালাম ভাই”

ভোলাবাণী প্রেস, সদর রোড, ভোলা।



17.6.91

BRAIN OF BROWN 1991

- Soviet Foreign Minister <sup>who resigned</sup> SHEVCHENKO
- Korean War Army Candidate Mike ANTON
- compression engine  $\Rightarrow$  Diesel?
- Ireland - no snakes in the wild
- Bicentenary 'The Observer' - UK newspaper Anniversary
- 1st Executive State President - P.W. Botha  
d. 5. Apr
- Omega - Greek 1<sup>st</sup> alphabet
- 'NYLON' - ~~1st~~ synthetic fiber made ~~in the US~~
- Lyon - 2 Rivers join  $\leftarrow$  Rhine  
Seine
- 2 insects known as  
Colorado beetle  
3-lined leaf beetle
- There is a father born every minute  
Barnett
- St. Ignace of Loyola.  $\rightarrow$  Soldier who started  
Jesuits
- ~~the~~
- 15th Sept 1990 ad music played " ~~the~~  
~~Postball match~~  $\nearrow$  signature tune  
of Miss Marple  
TV series  
Agatha Christie's  
Century.
- ~~wild dog~~
- What % of oceans are saline.  
4%. (3.5%) (2.5-5%)
- 'Squatters Right'.  
12 years reqd to take right of the  
gov land as a squatter



- Duty Free 75 Cigarettes  
3gm wt.  
or 150 "small cigs"

called Cigarette

- States of Australia have abbreviations  
WA - Western Australia  
VIC - Victoria

Queensland's abbreviation?  
"QLD"

- Edgar Allan Poe's detective's name  
'Mystery of Mary Rodgers'?

Dupre

- Nova Scotia's Capital port  
Halifax

~~4 letters in a word~~

- "Serein"

fine rain from an apparently  
cloudless sky

- "Tin Can Island"

difficult to land then  
mail sealed in Bisunt  
this sd towed there

- Bunde-laug  
monkeys



- 'a clicker at work in a clicking room' needed in which industry?

— making of shoes,  
the man who cuts up the leather

- Ben Gurion Industrial Airport  
Tel Aviv

- Malgudi, Vendor of sweets  
R.K. Narayan

- ~~From Water~~

- BST used to ↑ the output  
of milk in cows

Bovine Spongiform Encephalitis

- Dragon Country

BRITAIN

- John Osborne's Occupation  
during his play writing began  
ACTOR

- F



- \* 1. Tetracycline Tab
- \* 2. ~~PARA~~ACETAMOL Tab
- \* 3. 25% Benzyl Benzoate
- \* 4. GV Paint CRYSTALS (Gentian Violet)
- \* 5. B. Complex Tab
- 6. Anti Fungal Ointment (MICONAZOLE)
- \* 7. Melbers Tab
- \* 8. GEUSIL Tab (Antacid)
- \* 9. METROGYL Tab
- \* 10. ASPRIN Tab
- 11. Syrup ~~AMOX~~ICILLIN
- \* 12. COUGH MIXTURE
- 13. Syrup SEPTRAN  
(cotrimoxazole)

\* Can all be bought "BULK" quantity



# Relief operations of Armed Forces, BDR continue TNN 2/6

Armed Forces relief activities at the cyclone and tidal bore affected areas are going on, an ISPR release said, reports BSS.

Army personnel are carrying on relief operations at the coastal areas and off-shore islands in cooperation with the local administration, NGOs and other concerned organisations.

Comilla area troops today distributed more than 15 tonnes of rice, wheat, atta, potatoes and paddy seeds at Sandwip.

Hatla, Rangati and Chatkhil. They also distributed other relief materials including biscuits, chira, tinned food, other food grains, blankets, clothings old clothes, bady suits, sarrees, soaps, candles, plastic containers, utensils, bleaching power and relief boxes among the cyclone victims.

Meanwhile, Army medical teams have treated 865 more patients at places.

Bangladesh Navy ships continued their relief operation the coastal areas and off-shore islands from Chittagon

Khulna and Barisal in coordination with the concerned authorities.





## The New Nation

### Aid consortium pledge

THE Aid to Bangladesh Consortium has pledged 2.3 billion dollars during 1991-92 fiscal year—500 million dollars more than that of last year—for meeting the country's development needs. The donor countries and financial agencies during their just concluded Paris meet were appreciative of the positive developments that have taken place in Bangladesh in the meantime. The chairman of the meeting pinpointed the establishment of a democratic government, comfortable foreign exchange position and macro-economic stability despite extreme strains caused by the Gulf crisis and the devastating cyclone. Inter alia, the government policy of eliminating waste, inefficiency and corruption together with commitment to generate more domestic resources created confidence among the international community so that the highest ever pledge of assistance was made this time.

It is heartening that restoration of democracy through a long and arduous struggle by people of this country drew

wide appreciation from the Aid Consortium and at the same time its concern at the devastation caused by the recent cyclone and tidal surge. The international community represented at the Paris meet expressed its readiness to assist Bangladesh in reconstruction of the cyclone-ravaged country. And, to that end, a task force comprising representatives of our government and various donor countries is already conducting a survey so as to assess short-term and long-term financial assistance for reconstruction of the cyclone-battered coastal areas and offshore islands. It was, however, made plain that more funds would be provided by the international community separately for immediate reconstruction and rehabilitation of the cyclone ravaged economy.

Addressing the World Bank-sponsored Aid Club meeting, Finance Minister Saifur Rahman outlined the goals of his government as establishment of democracy, meaningful development and poverty alleviation in an endeavour to achieve a self-reliant economy. The government was firmly committed to privatisation, market-oriented economic environment and reduction of burden of subsidy. All it boils down to is fiscal and monetary discipline in the macro-economic man-

agement so that short-term economic stability gains momentum. Absence of accountability and wave of corruption particularly in the financial sector did enough of damage to the country's economy and as against that the present government's assurance to the donor countries of stricter application of fiscal and monetary discipline swayed the imaginations of the Aid Club.

National priorities both in respect of economic development as well as reconstruction of cyclone-battered infrastructures must be adhered to in order to ensure unobstructed flow of aid and assistance from the affluent nations. The pre-budget aid pledge, most of which would be in the form of project aid, of utmost importance. Measures such as generation of more internal resources and slicing down current expenditure, restructuring the direct tax format, rationalisation of tariff system, etc. are vital, to higher proportion of development outlay which ultimately leads to the path of economic self-reliance. The success of the endeavour, however, depends on the cooperation of the traders, industrialists and income tax payers. Only governmental efforts may not be enough. The follies of the past regime should not be allowed to be repeated and the present government must restore accountability in the system of gov-

ernment. Unless the wishes of the people are shown due respect, no amount of assistance can bring about qualitative change in the way of life and the efforts of poverty alleviation through development may prove a futile exercise.

### Diabetic awareness

INAUGURATING the "diabetic awareness day" organised by the Bangladesh Diabetic Society at Birdem auditorium on Tuesday, the Acting President stressed the need of proper awareness about diabetes. He lauded the role of the diabetic hospital in rendering service to the suffering humanity.

Diabetes is a disabling disease the incidence of which is increasing rapidly. There are about ten lakh people in the country who are suffering from this disease. Diabetes is the mother of many diseases affecting the kidney, the heart and eyesight. Although painless, it leads one slowly to death unless detected at the incipient stage and kept under control. It gradually reduces a man's physical and mental capacities taking away his usefulness as a citizen of the country.

Diabetes has to be preventive. But if detected at the early stage it can be kept under control through discipline and medicine.

Scrupulous adherence to the dieti-

tian's recipe and regular taking of medicine. Although the exact cause of the disease is yet to be known it is synonymous with reduction of insulin production in the pancreas, which can be improved by stimulation of the beta cells, regular physical exercise and lower intake of calorie.

Since there is no prophylaxis of diabetes, mass awareness of the symptoms is to be increased. Excessive hunger and thirst, frequent urination, blurring of the vision and gradual loss of weight without any cognisable disease are some of the symptoms of this disease. People are to be made aware of such symptoms through the publicity media like radio and television. They are also to be taught what to do in cases of hypoglycemia and diabetic coma. The electronic media has a role to play in this respect also.

The Bangladesh Diabetic Association has grown into a vast complex almost from scratch through the untiring efforts of late Prof Ibrahim, the founding father of this association. The BIRDEM is at present extending treatment and advice to one lakh 25 thousand diabetics in the country. It deserves maximum patronisation by the government and international philanthropic organisations.



2/6/91

# Cyclone

Contd from page 1

TNN

and unloading of cargo in the port from yesterday evening. A total of 15 ships are now anchored at the port. The Mongla upazila administration had made arrangement for the shelter of the people in the adjoining low-lying belt in the event of severity of cyclonic storm and tidal surge.

our Chittagong Bureau adds: The US Task Force ships and helicopters have been moved to safer places following the announcement of the storm warning. The five US black Hawk helicopters which were engaged in relief work were flown to Dhaka while the US Task Force ship St. Louis was moved eastward from the outer anchorage yesterday afternoon.

The Chittagong port authorities have taken adequate measures in the port area. Additional Manpower has been deployed to face any emergency situation.

The St. Louis which joined the second phase of "Operation Sea Angel", will now operate from Chittagong instead of Cox's Bazar. It was learnt yesterday.

The commander of US Task Force Major General Stackpole visited the ship yesterday and addressed the officers and sailors.

He told the officers and sailors, "We feel proud of helping the distressed people of Bangladesh at the time of their dire need". He said accelerated relief operation conducted by the Task Force averted the possible loss of lives after the disaster.

He further said, "by rendering such a noble job we want to set a unique example of humanitarian service in the world". "We rushed to assist the distressed on humanitarian ground," he said, adding that the relief operation in Bangladesh has been recognised globally as many other countries had joined it.

The district administration pressed into service all means to evacuate people from the coastal areas. In the meantime, people have started moving to safer zones. The district administration and the local Red Crescent Society have embarked upon massive publicity campaign in all the 24 coastal and off-shore upazilas Chittagong and Cox's Bazar districts asking people to move to safe shelters.

Chittagong City Corporation and the district adminis-

tration are keeping constant watch on the situation.

People of coastal areas of Patenga, Anwara, Banskhali in Chittagong and Chakoria, Moheshkhali, Kutubdia and Cox's Bazar were moving to safety from the temporary shelters created for them during the past one month. A resident of Patenga said that people were leaving their tents for safety when they heard the news of hoisting of warning signal No 6.

The Zonal Relief Coordination (ZRC) office has alerted the people of the coastal areas of Chittagong and Cox's Bazar against the impending danger and messages have been sent to the people in the remote coastal areas asking them to move to safety.

Our Barisal Correspondent adds: District administrations of Patuakhali and Barguna have urged the people living in the inaccessible areas and outside the cross dam to move to safety. These districts also experienced drizzles throughout Saturday.

Bhola District administration sources said the wind speed began increasing yesterday evening. Upazila Nirbahi Officers of Manpura, Cherfashion, Borhanuddin and Daulatkhan have kept on full alert in the face of any eventuality. The entire district experienced light to heavy rainfall.

The district of Barisal experienced incessant rainfall from midnight of Friday. The wind speed is gradually increasing. According to Barisal control room sources, upazila administrations of Hizla, Muladi and Mehediganj have also been alerted about gravity of the situation.

Meanwhile, 22 thousand Red Crescent workers under cyclone preparedness programme of Barisal region are ready to face any situation. People from the far-flung areas were moved to safe shelters, according to the control room.



# Relief operation continues

CHITTAGONG, June 1 (BSS): The relief and rehabilitation programme, conducted by the Zonal Coordination Committee here, continues in full swing in order to alleviate the sufferings of the cyclone and tidal surge-affected people of Chittagong, Cox's Bazar and Noakhali districts.

According to official sources, 17,630 metric tons of rice, 30,300 metric tons of wheat, 21,157 pieces of sarees and 31,145 pieces of lungis were distributed among the affected people till May 28. Huge quantities of dry food including biscuits, chira and other items were also distributed.

The bulk of the relief materials was despatched by truck and launch. US Task Force ferried 3329 metric tons of relief goods including medicines, tubewells, CI sheets to the remote affected areas by helicopter, amphibian and planes till Wednesday. Task Force helicopters continue carrying relief goods for NGOs as well Government stores in Sandwip, Kutubdia, Haliya and Moheskhal.

Zonal Coordinator Mr Mokammel Huq said that 537 medical teams were rendering

medicare services in the affected areas and that the number of diarrhoea patients was reducing daily. About 18 lakh oral saline, 61,155 intravenous saline (IVS), 16,50,700 water purifying tablets were distributed till May 29, he said.

Mr Huq said that 6723 tubewells were repaired while 1406 new ones were sunk in the affected areas to ensure pure drinking water. BADC and private parties have installed 369 and 87 power pumps respectively for dewatering ponds and dighis. 1176 ponds were dewatered till today.

The Zonal Relief and Rehabilitation Coordination office distributed 6,563 tents, more than 50 metric tons CI Sheets in Chittagong and Cox's Bazar for building temporary shelters.

The Zonal Relief Coordination office has directed reconstruction of embankments on emergency basis at Patenga and Sandwip and Moheskhal, Kutubdia.

The survival relief operation was now over the rehabilitation programme—mostly house-building and embankment reconstruction works are going on in all the affected areas.

## 807 ponds, di dewatered

CHITTAGONG, June 1: A total of 807 ponds have so far been dewatered by the tidal surge affected Chittagong district.

BADC and other agencies engaged 258 and 78 personnel respectively in dewatering ponds and dighis in Banshkhali, and BADC did not charge for dewatering. Sediment and mud entered dighis in tidal surge areas polluting the water.

# Survivors return to normal life with boundless resilience

COX'S BAZAR, June 1: With astonishing resilience, the survivors of last month's deadly cyclone and tidal surge appeared to be slowly recovering from the shock and reverting to normal life as the first phase of emergency relief operations comes to an end.

A ride on a British Sea King copter from the port city of Chittagong along the coastal belt down to Cox's Bazar Wednesday gave a cursory impression of the new phase of renewal the cyclone survivors were about to embark on.

People were seen working on their land again; but there was still water on some land. It would take weeks before the saline water is washed by monsoon showers to make the land arable, officials and NGO workers said.

As the choppers hovered low over Maheshkhali—one of the islands that took most of the brunt of last month's cyclone—people still looked up and

waved red flags with expectation that new supplies of relief would be delivered to them.

There were also signs of the villagers having started rebuilding their homes blown or washed away by the deluge. Some homes already have new shining roofs of corrugated tin while others the cover of yellow or blue polythene sheets.

In some places, thin herds of cattle could be seen grazing on pastures which were no more green but gave a yellowish look.

"The scars of devastation will be there for months or even years... But one redeeming feature about the people is their boundless resilience. They appear to have overcome the shock and have been on their feet again", said Omar Faruque, the Sub-Zonal Relief Coordinator for the Cox's Bazar area.

Giving a quick run-down on the relief efforts in the region, Faruque, who was Director

General of Social Welfare, said now that the emergency relief is coming to an end, they are going to embark on the new and the most crucial phase—long-term rehabilitation.

He identified house-building and repair of roads and embankments which should now get the top-most priority during the new phase of rehabilitation.

Reconstruction of the 49 kilometer embankment around the island of Kutubdia should be taken up on an urgent basis. At least 277 kilometers of embankment in the district had been badly damaged by the cyclone and tidal surge.

The district administration estimated that they would need 13,500 metric tons of wheat to repair the embankments under Food-for-Work programmes.

Faruque said the damages wrought by the cyclone on the property and infrastructures in the district had been estimated to be more than 600 million US

dollars.

He particularly mentioned the largescale amage of salt and shrimp industries in the district which would together require about 2 million US dollars for their immediate rehabilitation.

A total of 1672 diarrhoeal cases had been reported in the district since the cyclone struck last month. But officials said only 25 deaths were so far reported.

"We have been able to contain the situation in the area, thanks to the quick moves taken by the NOs and government medical workers", Faruque said. A total of 125 medical teams had been operating in the area.

Faruque also informed that of the 1.4 million population in the Cox's Bazar area, official death toll was estimated at 50,981. Besides, the district administration had list of another 10,000 people who were still reported missing.

## Diabetic hospital starts functioning

Our correspondent

MADARIPUR, June 1: The outdoor of the Madaripur Hajera Howlader Diabetic Hospital built at a cost of Tk 5 lakh was inaugurated by Mr Ashiqul Huq Chowdhury, DC, Madaripur, recently.

It may be mentioned in this connection that Mr Shajjad Hossain Howlader, a businessman of the locality donated Tk 3 lakh for construction of the hospital while Lions Club, Madaripur donated Taka 80 thousand.

Apart this Mr Towhidur Rahman, Governor, Lions District-315 contributed a modern machine,

TNN 2/6



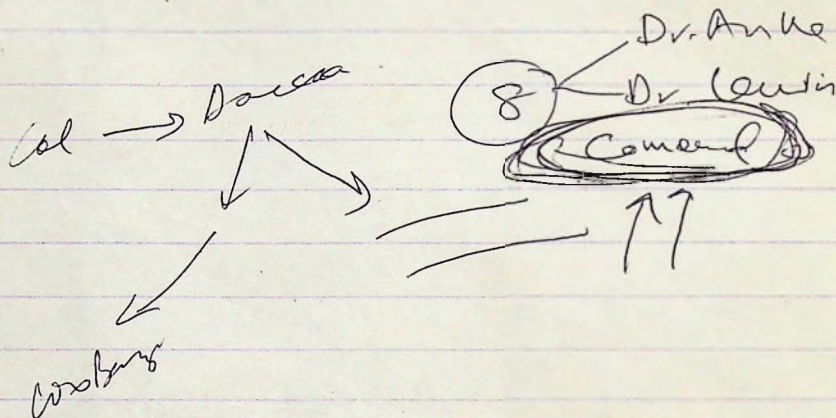
POST DEATH  
NAMES

HIMS. TANWAL

OP : 5015 36

RM : 316045

ADMS.



→ Fr. ~~Kol~~. SOMA

→ Brg BILLAPPA



Jan 23, 1757 - Nawab Saif-ud-Daula,  
Butcher of Planning. beaten by British

~~Aug 14, 19~~

~~March 15, 1971~~

Dec 16, 1971

(Word of liberation)

Independence from

March 5 to Dec 16, 1971

- NE of J. Ave

$20^{\circ} 34'$  -  $76^{\circ} 35'$  ~~Lat~~

$88^{\circ} 01'$  -  $92^{\circ} 41'$  E length

55,598 units ; 143,999 ' . 2

- Total length of 24,140 km of River & length

- 16% total Forest Area

- Timber, Bamboo, Cane

- Subtropical monsoon climate

- max. rain in coastal Chittagong ; (N) part of  
Lylhet St



- Popln 89.91 within (1981)

106 ♂ : 100 ♀

litany 23.8% (1981)

Murder : Hand / Battered / Chatter

86.6 : 12.1 / 0.6 / 0.3

- Shaka 160 miles ~ area

8.5 within (1981)

Chatter 1.4 within (1981)

- Admin

4 Divisions (Div. Comm)

↓

Zilas (Sept. Comm)

↓

Upazilas

- Rly 2818 km, 10887 km Paved Rd  
8433 km waterway

- 8 medical wings (1 PG Med inst)  
1 Dent



- Non calcareous Alluvium soil type in  
Chittagong, Cox's Bazar
- Raw sandy, silty alluvial deposits

- Chronology of major cyclone storms/  
tidal surges

1795 - Chittagong - seven gale  
Tune

Chittagong ~~1795~~ ~~1796~~ ~~1797~~ (15) till 1986  
Cox's Bazar ~~1795~~ ~~1796~~ (10)

- CBRate  
(1986) Natural 34.4  
Urban 25.9  
Rural 35.4

Life Expectancy 1986  
N 55.1 55.4 55.0  
U 58.8 58.9 57.8  
R 54.8 54.8 54.9

- CD Rate  
(1986) Natural 11.90  
Urban 8.40  
Rural 12.30

- IMR (1986) Natural U R  
116.6 / 100.6 / 118.0  
per 1000 live  $\rightarrow$  122.0 / 103.5 / 123.1  
births  $\downarrow$  110.9 / 97.4 / 112.0

10 Medals  
all yrs



1986  
600 good Hops  
164 run  
16090 Refurbish Bobs  
6912 Name



Cyclone 1991

-- DISASTER INFORMATION SYSTEM --

--> Tel. 508797 <---

*Graham A. N.  
Wright*

Report Date: May 9, 1991

Report No.: 1

### I. Background:

At this early stage, the information on both supply and demand is limited, and often conflictory, with donors unable to report on the contents of airlifts, major agencies issuing diametrically opposed reports on the need for ORS, WPT etc. The Disaster Information System Office (DISO) is trying to assemble a clear picture of the situation ... your assistance is invaluable. The better information we have, the better we will be able to assess the need for and to coordinate the provision of relief goods. So if there are errors or omissions in this DISO report please contact us so that we can correct them !!

### II. ORS

#### A. Production Capacity and Level:

Bangladesh's capacity to produce ORS is estimated by UNICEF at 1,942,000 packets per week. DISO estimates that the maximum "in country" production level is 2,948,000 packets per week, and that currently 2,226,000 packets are being produced per week.

#### B. Constraints:

Raw materials, in particular anhydrous glucose and packing foil represent the two major constraints facing the manufacturers of ORS. 47.5 metric tons (equivalent of 47,500,000 0.5 litre packets) of anhydrous glucose is to be cleared by UNICEF from Chittagong port in the next week. This is destined for the National Oral Re-hydration Programme (NORP), and would allow NORP to manufacture ORS for 5 weeks at its current production rate. However, NORP does not conform to WHO standards, and therefore is not an acceptable source for USAID funded relief efforts.

The Essential Drugs Company Ltd. (EDCo), will run out of anhydrous glucose on May 16, and serious consideration should be given to re-directing some of the above shipment to allow EDCo to continue production. Gonoshasthaya Kendra has enough raw materials to manufacture ORS (for supply through SMC), until mid-June at the current production rate. Square Pharmaceuticals are continuing to produce at the rate of 130,000 per week, and face no immediate raw materials constraint. Sonnar Laboratories have run out of raw materials, but would be willing to resume production if the raw materials were available.



Assuming that the 47.5 tons is redistributed to ensure maximum production, at current production rates, the manufacturers using anhydrous glucose will require additional supply of this raw material in early June. EDCo has 30 tons awaiting shipment from South Korea, and this brings the question of Bangladesh's port facilities into question. Chittagong port is open for vessels with a maximum draft of 23 feet, and is unlikely to open for larger ships for sometime. Mongla port near Khulna will be over-stretched for as long as Chittagong remains inoperative. If major diarrhoeal disease epidemics break out in the country, it will be necessary to consider airlifting supplies of anhydrous glucose and packing foil into the country. Both these raw materials must be imported from South Korea.

Other producers (ICDDR,B BRAC and CWFP) manufacture sugar-based ORS and currently do not face raw material constraints.

### III. I.V. Acetate:

#### A. Production Level and Capacity:

Bangladesh has the capacity to produce 339,000 0.5/1.0 litre bottles of I.V. Acetate each week, and currently, 287,500 bottles (85% capacity) are being produced.

#### B. Constraints:

Clearly, the demand for I.V. Acetate depends on the level of diarrhoeal disease outbreaks in the country. Demand patterns must be carefully monitored to establish the adequacy of these supplies.



#### IV. Water Purifying Tablets:

##### A. Production Level and Capacity:

The Bangladesh Red Crescent Society has large stocks of WPTs in country, as part of its cyclone preparedness programme. Sonar Laboratories produce WPTs in Bangladesh, but are not currently producing due to a lack of raw materials. They have stocks of 4,000,000 5 litre WPTs and have been accredited by the Government of Bangladesh. However, they have not yet applied for a WHO accreditation.

##### B. Constraints:

A total of at least 1.6.9 million 5 litre WPTs and 1 million 20/25 litre WPTs are, or will be, available for distribution in the cyclone affected areas. This together with other small WPTs is enough to provide only 110 million litres of potable water. There are continuing reports of shortages of water containers in the domestic market, which clearly limits the use of WPTs. WPTs represent a very short term stop-gap solution, and continuing emphasis must be placed on repairing hand-pumps.

#### V. Bleaching Powder:

##### A. Production Level and Capacity:

Bangladesh Chemical Industries Co.'s (BCIC) plant for the manufacture of bleaching powder is in Chittagong and was severely affected by the cyclone. The stocks were ruined and the plant is unlikely to resume production in the near future.

##### B. Constraints:

Bleaching powder is still widely available in the domestic market, but this is likely to change as the existing stocks are consumed. It is possible that cross-border informal market trade will ensure the continued supply of this commodity for the period that the BCIC plant is out of operation.



## VI. Alum:

### A. Production Level and Capacity:

Alum, in un-ground form, is still available on the domestic market, however it requires processing before use (see below).

### B. Constraints:

The machine used by EDCo to grind alum is mal-functioning, and this is limiting production. It is possible that cross-border informal market trade will ensure the continued supply of this commodity if demand remains high.

## VII. Handpumps:

Both the Department of Public Health Engineering (DPHE) and NGOs are working to repair and return handpumps to a usable condition. The DPHE is repairing at the rate of circa 400 per day, but initial estimates show that around 90,000 handpumps were contaminated/damaged during the cyclone. To increase the number of usable handpumps where they have not been damaged, UNICEF are recommending that the users pump them out for 30 minutes and then proceed as usual. The DPHE prefers to use bleach to disinfect the pumps prior resumption of normal use.



June 1991: Disaster Information System  
Contact #: 508797

Cyclone 1991: Disaster Information System  
Contact #: 508797

Print-Out Date: 05/12/91  
ORS Distributed to Date: 01/05/91 - 07/05/91

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	0.5 Litre	1.0 Litre
Essential Drugs Co.	Anisul Islam	Rafiqur Rahman	811854	811853	1,950,000	
ICCDR,B	Dr. Brad Sack	John Winkelmann	600171		48,500	20,000
NDRP	Sadekur Rahman		314405	314276	500,000	
Concerned Women for FP	Moustari Khan		401064		0	
Gonoshashto Kendra	Dr. Maksud Ahmed		500406	500720	120,000	20,000
CARE	Terrance Ratigan		814195		462,500	
Oxfam	Murul Huda		316936		250,000 (?)	
BRAC	Ronjon Halder		600106-7	600161-4	75,000	
B'desh Red Crescent Society		Narirullah	400188	408897	260,500	
Square Pharmaceuticals	S.I. Islam		251653	237199	20,000	
Sonear Laboratories	Dr. Wadud Khan	Dr. Abu Obaidah	243761	243762	0	
Swiss Development Corpn.	S.A. Karim		605618	600579	200,000	
Gov't Pre-positioned Stocks					2,575,000	
					6,461,500	40,000

ORS Production:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	Production Capacity 0.5 Litre per week	Production Level 0.5 Litre per week	Total Projected Production to 7 June	Production Capacity 1.0 Litre per week	Production Level 1.0 Litre per week	In Next Month
Essential Drugs Co.	Anisul Islam	Rafiqur Rahman	811854	811853	784,000	784,000	784,000			
ICCDR,B	Dr. Brad Sack		600171		210,000	210,000	1,000,000			
NDRP	Sadekur Rahman		314405	314276	850,000	750,000	3,375,000			
BRAC	Ronjon Halder		600106-7	600161-4	72,000	72,000	324,000			
Concerned Women for FP	Moustari Khan		401064		30,000	30,000	135,000			
Gonoshashto Kendra	Dr. Maksud Ahmed		500406	500720	600,000	250,000	1,500,000			
Square Pharmaceuticals	S.I. Islam		251653	237199	222,000	130,000	585,000			
Sonear Laboratories	Dr. Wadud Khan	Dr. Abu Obaidah	243761	243762	180,000	0	0			
Pioneer Pharmaceuticals	Amanullah Mizan		601010	881131	0	0	0	144,000	0	0
					2,948,000	2,226,000	7,703,000	144,000	0	0

ORS being reported:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	0.5 Litre	1.0 Litre
UNICEF	Flora Sibunda	Philip O'Brien	500181-6		500,000	
WHO/MSF	Saha	Dr. Abaysundere	864653			2,500



Cyclone 1991: Disaster Information System  
Contact #: 508797

Cyclone 1991: Disaster Information System  
Contact #: 508797

Print-Out Date: 05/12/91

IV Acetate Distributed to Date: 01/05/91 - 07/05/91

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	0.5 or 1.0 Litre
Opsonin	Zakiur Rahean		402394	415569	160,000
IPH	Aminul Islam		600101	600102	78,000
Libra	Helal		503645		15,290
					253,290

I.V. Acetate Current Stocks

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	0.5 or 1.0 Litre
Opsonin	Zakiur Rahean		402394	415569	50,000
IPH	Aminul Islam		600101	600102	
Libra	Helal		503645		37,648
Gov't Pre-positioned Stocks					40,456
					128,104

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	Production	
					Capacity Bottles per week	Level Bottles per week
Opsonin	Zakiur Rahean		402394	415569	240,000	220,000
IPH	Aminul Islam		600101	600102	84,000	60,000
Libra	Helal		503645		15,000	7,500
					339,000	287,500

IV Acetate being Imported:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	0.5 Litre	1.0 Litre
UNICEF	Flora Sibunda	Philip D'Brien	500181-6		100,000	



one 1991: Disaster Information System  
 Contact #: 508797

Cyclone 1991: Disaster Information System  
 Contact #: 508797

Print-Out Date:

05/12/91

Water Purifying Tablets Distributed to Date: 01/05/91 - 07/05/91

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	1.5 - 3.0 Litre	5 Litre	20/25 Litre
Essential Drugs Co.	Anisul Islam	Rafiqur Rahman	811854	811853	1,350,000		
Sonear Laboratories	Dr. Wadud Khan	Dr. Abu Obaidah	243761	243762		1,500,000	
ICDDR,B	Dr. Brad Sack		600171				907,200
CARE	Terrance Ratigan		814195			427,000	
Oxfam	Nurul Huda		316936			2,200,000	
B'desh Red Crescent Society		Narirullah	400188	408897		2,300,000	
Bov't Pre-positionned Stocks						1,532,580 (?)	
						7,979,580	907,200

Water Purifying Tablets Current Stocks :

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	1.5 - 3.0 Litre	5 Litre	20/25 Litre
Essential Drugs Co.	Anisul Islam	Rafiqur Rahman	811854	811853	0		
Sonear Laboratories	Dr. Wadud Khan	Dr. Abu Obaidah	243761	243762		4,000,000	
ICDDR,B	Dr. Brad Sack		600171				0
B'desh Red Crescent Society		Narirullah	400188	408897		6,300,000 (?)	
						10,300,000	

Water Purifying Tablets Production:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	Production		In Next Month	Production		In Next Month
					Capacity 1.5 - 3.0 per week	Level Litre per week		Capacity 5.0 per week	Level Litre per week	
Essential Drugs Co.	Anisul Islam	Rafiqur Rahman	811854	811853	1,800,000	1,200,000	800,000			
Sonear Laboratories	Dr. Wadud Khan	Dr. Abu Obaidah	243761	243762				2,400,000		0

Water Purification Tablets being Imported:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	5 Litre	20/25 Litre
UNICEF	Flora Sibunda	Philip O'Brien	500181-6		500,000	
USAID	Jose Garcon		884700-44		4,000,000 (?)	
Japanese Embassy	Takshi Ota		608191-5		300,000 (?)	
Indian Embassy			507743		100,000 (?)	
					4,900,000	0

Total WPTs available to 23 May:

1.5 - 3.0 Litres: 2,550,000

5 Litres: 16,879,580

20/25 Litres: 907,200

Litres of Fresh Water: 109,909,900



clone 1991: Disaster Information System  
Contact #: 508797

Cyclone 1991: Disaster Information System  
Contact #: 508797

Print-Out Date: 05/12/91

Bleaching Powder Distributed to Date: 01/05/91 - 07/05/91

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2					
BCIC	Deb Nath	Mujibur Rahman	251974	237687	0				

Bleaching Powder Current Stocks :

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	Metric Tons				
BCIC	Deb Nath	Mujibur Rahman	251974	237687	1.5				

Bleaching Powder Production:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	Production Capacity Metric Tons per week	Level per week			
BCIC	Deb Nath	Mujibur Rahman	251974	237687	14.4	0.0			

Bleaching Powder being Imported:

Organization	Contact Name 1	Contact Name 2	Contact Tel. # 1	Contact Tel. # 2	Kg				
Indian Embassy			507743		300				



Task Force ships, helicopters moved to safer places

# Cyclonic storm crosses coastal belt today

TAN 2/6

## Staff Reporter

Coastal dwellers and offshore islanders, who are yet to recover from the severe shock caused by the April 29 catas-

## UK copter crashes into Bay

CHITTAGONG, June 1 (BSS): A British helicopter 'Sea King' crashed into the Bay of Bengal of Cox's Bazar while taking off from a British ship this morning. Joint Task Force sources said here.

All five crew of the helicopter were safe.

An attempt was made to recover the sunken helicopter but because of the rough sea the attempt was abandoned, the sources.

The sources could not confirm whether the 'Sea King' was carrying relief goods or not.

trophic cyclone and tidal surge, again ran panicky yesterday following Met Office forecast of another cyclone accompanied by tidal surge that may cross Patuakhali and Chittagong coasts by Sunday morning.

The maritime port of Mongla hoisted danger signal number seven while the maritime ports of Chittagong and Cox's Bazar hoisted danger signal number six respectively.

The cyclonic storm over the north Bay and the adjoining Bay centred about 270 kilometers south of Khulna town at nine pm last night. It is likely to intensify further and move in a north-north easterly direction at a speed of about 25 kph. The minimum sustained wind speed within 54 kilometers of the storm centre is about 80 kph raising to 100 kph—in gust and squalls.

The riverine ports of the districts of Khulna, Barisal, Patuakhali, Satkhira, Bagerhat, Barguna, Pirojpur, Bhola, Noakhali, Feni, Lakkhipur and Chandpur have been advised to hoist riverine danger signal No 3.

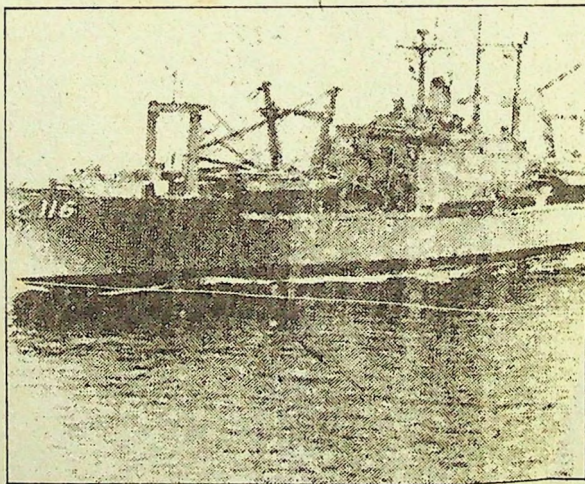
Under influence of cyclonic storm the districts of Khulna, Barisal, Patuakhali, Satkhira, Bagerhat, Barguna, Pirojpur, Bhola, Noakhali, Feni, Lakkhipur, Chandpur, Chittagong, Cox's Bazar and their islands and chars are likely to experience moderate to heavy down-pour. The low-lying areas of the districts are also likely to be inundated by a storm-surge of the height of six to eight feet above normal ebb-tidal.

All fishing boats and trawlers in the north Bay have been advised to remain in shelter till further notice.

Our Khulna correspondent adds: All precautionary measures have been taken by the local administrations in all the coastal districts.

Khulna experienced light to moderate rainfall accompanied by occasional gusty wind during the whole day yesterday. The Mongla Port authority completely suspended loading

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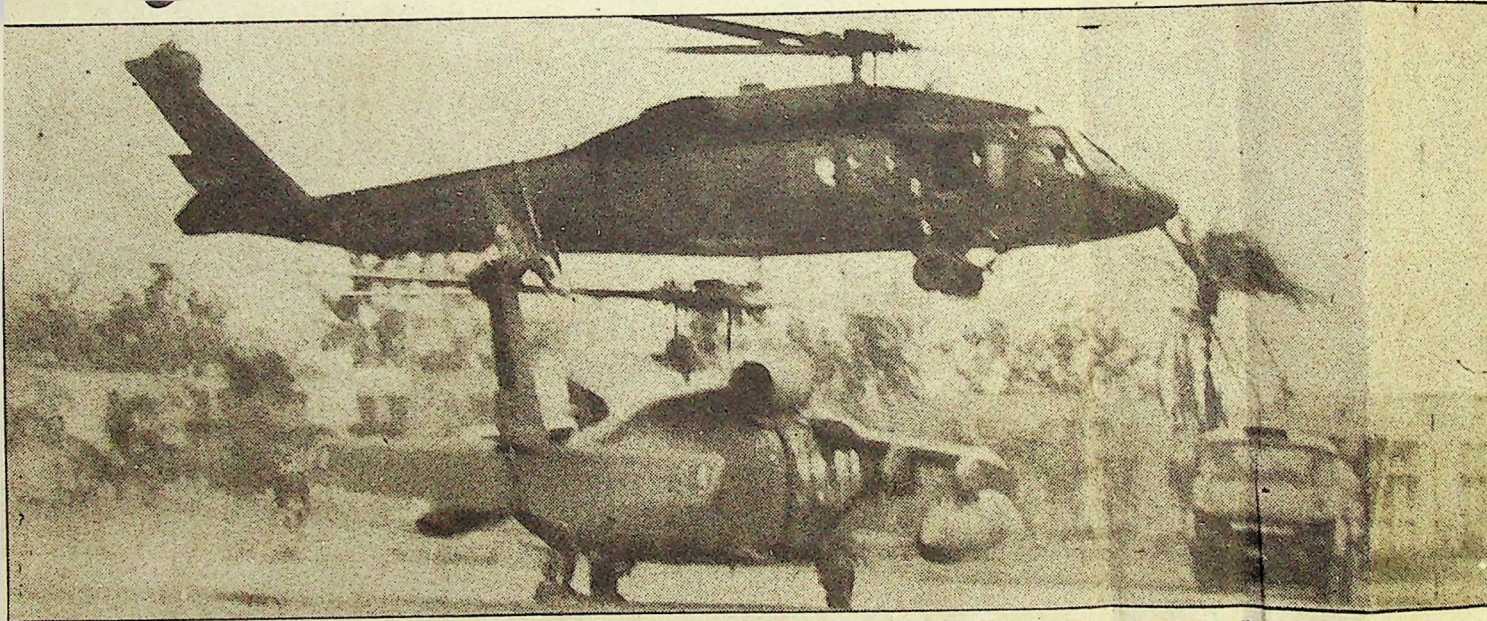


USS St Louis



*The Bides Times*  
 Danger Signal No. 7 for Mongla Port, 6 for Ctg

# Cyclone hits coastal areas



Planes and helicopters belonging to the US Task Force returning to Dhaka Saturday for safety following fresh cyclone warning in the Bay. —Times

By A Staff Reporter

The cyclonic storm over the North Bay and the adjoining areas in the Central Bay intensified further and moved in a north-north easterly direction in the evening on Saturday.

It is likely to hit the Chittagong-Patuakhali coast near Patuakhali by the Sunday morning, according to Met Office forecast.

The cyclone was centred at 9 pm on Saturday about 270 kilometres south of Khulna town. It is likely to be intensified further and move in a north-north easterly direction at a speed of about 25 kilometres per hour.

The maximum sustained wind within 54 kilometres of the storm centre is about 80 kilometres per hour rising to 100 kilometres per hour in gust or squall.

The ports of Chittagong and Mongla have been advised to hoist Danger Signal No. 7 and 6 respectively.

Similarly, the riverine ports of Khulna, Barisal, Patuakhali, Sakkhira, Bagerhat, Barguna; Pirojpur, Bhola, Noakhali, Feni, Lakshmipur, Chandpur, Chittagong and Cox's Bazar have been advised to hoist signal no. 3.

All fishing boats and trawlers in the North Bay have been advised to remain in shelter till further notice.

The Met Office also forecast moderately heavy to heavy rainfall and a storm surge of six to eight

Contd. on page 8 col 2



The Boston Times 2/6

OPINION

# Making foreign aid work

by BARRY HERMAN

**The answer to failed top-down economic and social engineering could be greater participation of clients in the decision making process.**

sively comfortable staff working conditions, bureaucratic squabbles, dysfunctional political agendas of donor or recipients, built-in preferences for big projects, and so on—can be applied more or less to the operations of most large organizations, especially governmental ones.

However, he also points again and again to the hubris of development assistance and the isolation of aid staff from the lives of the poor, their intended clients. The same charge is easily leveled against governments of some aid-recipient countries, since the aid agencies work in tandem with them.

That isolation and hubris, the arrogance that development can be guided from abroad, I believe, are the crux of the failures of aid. But in aid policy as in national development policy, the answer to failed top-down economic and social engineering need not be abandoning all idea of activist official policy. The answer could be greater participation of clients in the decision-making process or, more strongly, responsibility of clients for the decisions.

The aid-recipient government that accepts this approach must be willing to take risks. Clients are mobilized to help design and operate projects. Success in such experiences naturally leads people to demand more control over their lives, more opportunities to be entrepreneurial. A more assertive population may bolster the government, but also might not continue to support it.

The underlying presumption in donors providing foreign aid to such projects is that aid should be aimed at assisting the poor in developing countries to do what they could not do by themselves or with the inadequate financial and

technical resources that their own governments could mobilize domestically on their behalf.

Certainly, developing countries need technical assistance; but to maximize its effectiveness, the foreign experts who supply it should be able to work closely with the primary beneficiaries of the aid at all stages of a project. Financial assistance is also warranted, but real accountability re-

quires widespread public knowledge in recipient and donor countries about the allocation and use of aid resources.

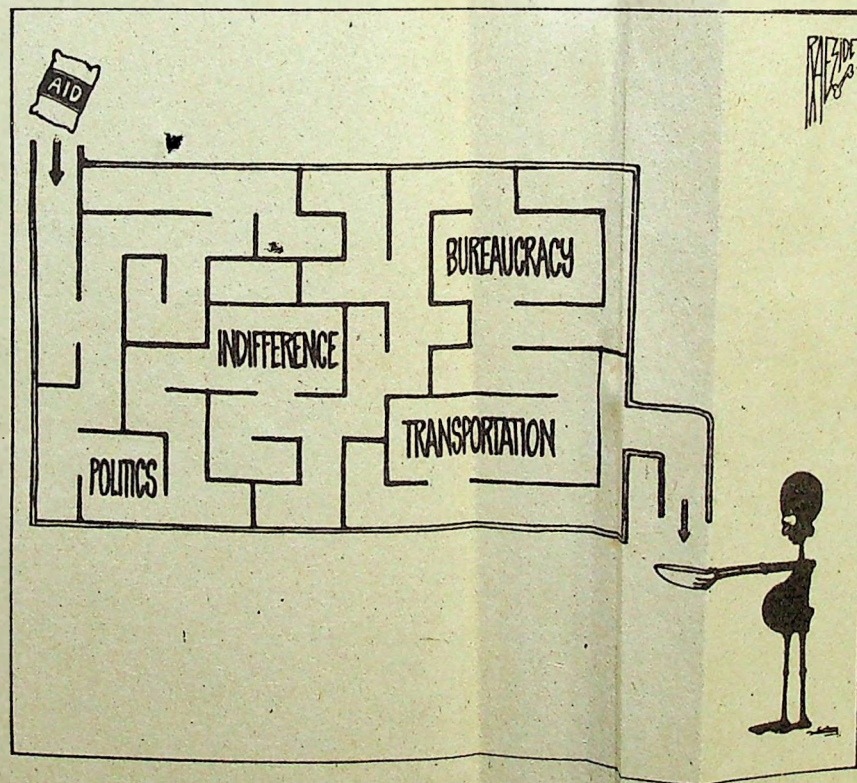
The anti-poverty approach to aid is limited and focused on the needs of the poor. Applying it would be an answer to Hancock's stinging observation that "public money levied in taxes from the poor of the rich countries is transferred in the form of 'foreign aid' to the rich in the poor countries" (p. 181).

I think the foreign aid establishment has played on the honest, humanitarian impulses of voters in donor countries. Aid has been a cover to justify many financial flows, some warranted and some perhaps not. This is why books like *Lords of Poverty* strike a sympathetic chord with the voting public. Aid is in deep trouble if those voters lose confidence in the anti-poverty nature of aid.

For this reason, it might be best all around to reserve the donor government budget line called "official development assistance" to anti-poverty programmes in developing countries. It would also make it easier for the staffs of aid agencies to insist within their own bureaucracies on working more closely with the direct recipients of aid in the design of programmes and projects.

Initial applications of the model might be quite limited, since "people power" is not something that is within the ability—let alone mandate—of aid-giving institutions to engineer. However, ideas and information spread across borders with ever-increasing ease and change people's expectations of what is necessary and what is feasible.

Indeed, not all that much is certain about how to do official assistance on a consultative, anti-poverty model. Continuing experimentation would be needed. But building on a model grounded in helping people mobilize for their own development seems a promising approach, one that could become part of an accelerating evolution of more effective and responsive political institutions in developing countries.







# SERVICE CIVIL INTERNATIONAL-BANGLADESH

সিসিআই সার্ভিস সিভিল ইন্টারন্যাশনাল-বাংলাদেশ

SCI IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANISATION COMMITTED TO THE PROMOTION OF PEACE AND INTERNATIONAL UNDERSTANDING THROUGH VOLUNTARY ACTIVITIES. FOUNDED IN 1920, SCI IS A MEMBER OF THE COORDINATING COMMITTEE FOR INTERNATIONAL VOLUNTARY SERVICE (CCIVS) AND THE YOUTH FORUM OF THE EUROPEAN COMMUNITIES (EC). IT ALSO HAS CONSULTATIVE STATUS WITH UNESCO AND THE COUNCIL OF EUROPE. IN BANGLADESH SCI IS REGISTERED WITH THE DEPARTMENT OF SOCIAL SERVICES (REG. NO. 213 OF 1962) UNDER THE VOLUNTARY SOCIAL WELFARE AGENCIES (REGD. & CONTROL) ORDINANCE OF 1961 (XLVI-1961) AND FOREIGN DONATIONS ORDINANCE/RULES 1978 AS AMENDED IN 1982 (REG. NO. R-184).

REET ADDRESS : 5/5, IQBAL ROAD, BLOCK-A MOHAMMADPUR, DHAKA 1207, BANGLADESH. TEL: 313623. TELEX: 642940 ADAB BJ-ATTN: SCI.  
ILUNG ADDRESS : G.P.O. BOX 3254, DHAKA-1000, BANGLADESH.

May 30, 1991

The following International Medical Team from the International Secretariat of SCI is placed with Emergency Relief & Medicare Services of SCI-Bangladesh, Gonoshasthaya Kendra(GK) and Voluntary Health Services Society(VHSS) to work in the cyclone affected areas of greater Chittagong zone :

With SCI,

Ujantia, Chokoria  
Cox's Bazar dist.

- : 1. Mr. S.J. Chander  
Community Medicines,  
St. Martha's Hospital
- 2. Ms Beatrice Limpens  
Nurse/Mid-wives
- 3. Mr A. Anand Kumar  
Community Health Cell

Gonoshasthaya Kendra(GK)  
Cox's Bazar area,

- : 1. Dr. Sanjiv Lewin  
St. Johns' Hospital
- 2. Ms Mohini  
Nurse/Midwives  
St. Martha's Hospital

Voluntary Health Services  
Society (VHSS)

Sandwip & Hatiya (!)

- : 1. Dr. Shirdi Prasad Tekur  
Community Health Cell
- 2. Dr. Anne Marie Rego  
St. ~~Martha's~~ Johns' Hospital

With SCI, Char Fession  
( Bhola district )

- : 1. Mr Laksman Wijkoorn  
SCI Sri Lanka

Beatrice Limpens  
will be joining the team  
later if her services is  
required in Char Fession area.

.../..





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SCI Sri Lanka

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.../..



Travel Note :

Dhaka - Chittagong is well connected by bus and train ( inter-city ) approximate travel time is 6 hours. Fare Taka 181.00

Chittagong - Chokoria and Cox's Bazar by Chair Coaches ( 3 hours to Chokoria and 5 hours to Cox's Bazar).

Ujantia, a remote areas of Magnama Union under Chokoria Upazila in Cox's Bazar district is connected by road ( rural muddy road ) 2 - 3 hours by walking from Pekua bridge or 2 hours by engine fitted country boat. It is also linked by river transport ( 4 hours by trawler boat depending on high or low tides or else 5 hours boat journey from Cox's Bazar ( Depart 6:00 a.m. and arrival at 11:00 a.m.) everyday.



# CYCLONE RELIEF STATISTICS

## AND COMMENTS — A ST. JOHN'S EXPERIENCE

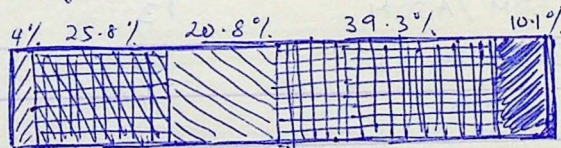
\* TOTAL NUMBER OF PATIENTS 519  
AVERAGE PATIENTS 51.9 per day.

MALE : FEMALE RATIO 336 : 183  
64.7% MALES

### \* AGE RATIO

≤ 1 year	- 21	- 4%
1 to 5 years	- 134	- 25.8%
6 to 15 years	- 108	- 20.8%
16 to 50 years	- 204	- 39.3%
≥ 50 years	- 52	- 10.1%

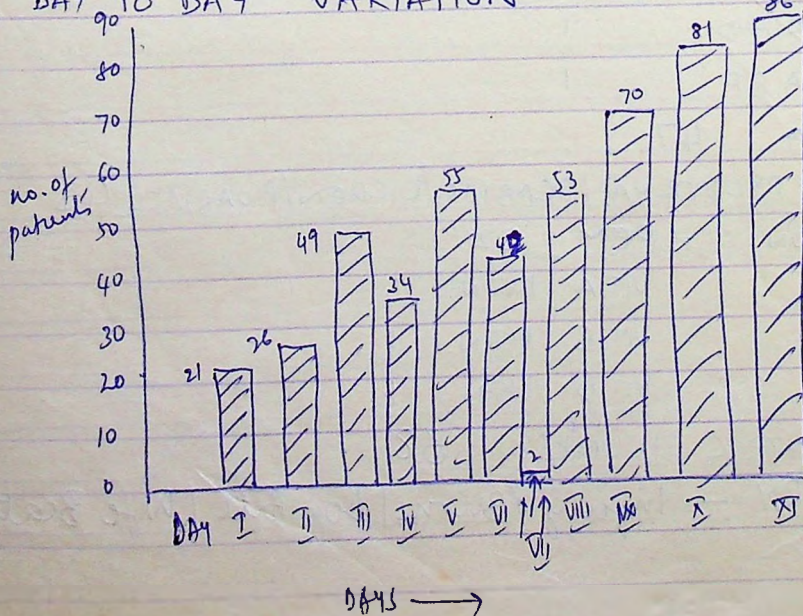
134  
108  
21  
—  
263



≤ 1 yr. 1-5 yr. 6-15 yr. 16-50 yr. ≥ 50 yr.

BCG ≤ 15 yr  
23/263

### \* DAY TO DAY VARIATION

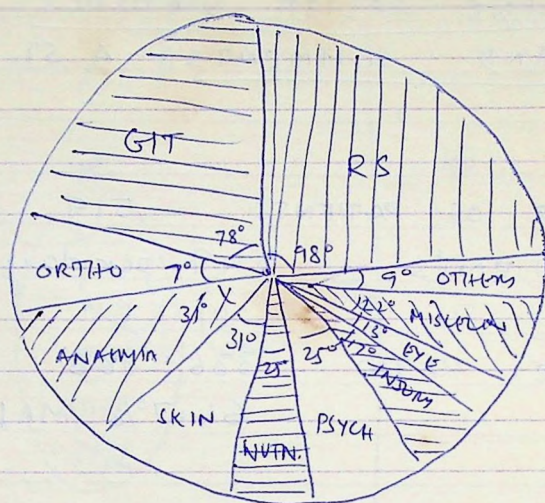


23 × 100  
263  
8.7

2300  
263  
—  
1960  
1841



# \* DIAGNOSIS OF PATIENTS SEEN



GIT - AC. GE / AMOEBIASIS 69

HELMINTHIASIS 35

ACID PEPTIC DISEASE 14.

RS - URTI 52

LRTI / BRONCHOPN. 48

CSOM / ASOM 13

BRONCHITIS 25

HAAD 11

ORTH - TUMOUR / DISLOCATION / # 4

ARTHRITIS 8

CVS - RHD 1

ARF 1

ANAEMIA 47

SKIN - PYODERMA / SCABIES / LICHEN / PSORIASIS 43

NUTRITION - PEM 32

VITA DEFN. 4

VIT B DEFN. 1

VIT D DEFN. 1

PSYCHIATRIC ILLNESS 38

INJURY - Injury / Burns / Dog Bite / Wife Beating 26



# - DIAGNOSIS SYSTEM WISE

149 - ~~RS~~ : URTI / LRTI / CSOM / ASOM / Bronchitis / HAAO  
 $52 + 48 + 13 + 25 + 11$

(149)

2 - ~~CVS~~ : RHD / ARF 1+1

(2)

118 - ~~GIT~~ : ACGE / AMCEB / HELMN. / APD  
 $69 + 35 + 14$

(118)

4 - Urinary : UTI

(4)

4 - Teeth : CARIES

(4)

47 - ~~Blood~~ : ANAEMIA

(47)

46 - ~~Skin~~ : Skin Infn / Pyoderma / Scabies / Herpes

$43 + 3$

(46)

38 - ~~Nutr~~ : Vit B / Vit A / Vit D / PEM

$1 + 4 + 1 + 32$

(38)

38 - ~~Psych~~ : (38)

26 - ~~Injury~~ : Injury / Burns / Dog Bite / Wife Beating

$22 + 2 + 1 + 1$

(26)

4 - Surgical : Hydrscale / Abscess

$1 + 3$

(4)

20 - ~~Eye~~ : Conjunctivitis / S/C Injury / chr Sacswayr / Ptosis / Uveitis  
 $2 + 1 + 1 + 16$

(20)

12 - ~~Orthopaedics~~ : Tumour / Bone Pain / Arthritis

$4 + 8$

(12)



# Miscellaneous

34 - ~~Others~~: Nonspecific Pain / PID / Gynec / Cleft Lip / Oral Ulcer  
 Hypothyroid / @ Axillary N Pain / Injury / Asthma / Epilepsy / Neurology

21 + 2 + 2 + 2 + 2 + 1 + 1 + 1 + 1 + 1 + 1 + 1

34

RS - 149 - 98° ✓

GIT - 118 - 78° ✓

ANEMIA - 47 - 31° ✓

SKIN - 46 - 31° ✓

NUMB - 38 - 25° ✓

PSYCH - 38 - 25° ✓

INJURY - 26 - 17° ✓

EYE - 20 - 13° ✓

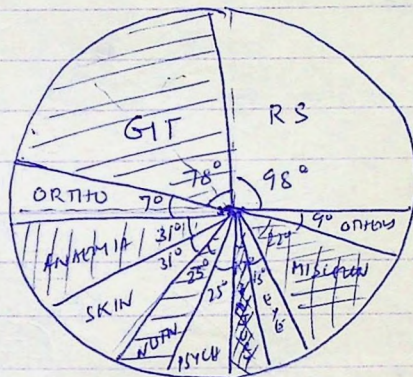
ORTHO - 12 - 7° ✓

MISCELLANEOUS - 34 - 22°

OTHERS - 14 - 9°

(WS 2, UFT 4, TEETH 4, SURGICAL 4)

48  
78  
176





# PAEDIATRIC STATISTICS

≤ 1yr age	M	35	53	} = 533	Total
	F	18			
1-5yr	M	170	296		
	F	126			
6-15yr	M	108	184		
	F	76			

SL	AMN
PS 21	20 32
6	12
82 134	263 88 162
52	74
68 108	40 76
40	36
(62.71.6)	

	total	SL	AMN
✓ RS - URTI	35	31	4
LRTI	64	42	22
A(c)SOM	22	14	8
HAAD	9	9	-
BRONCHITIS	2	2	-

AMN
CONSTIP 1
✓ VIT C 2
EPISTAX 3
HEPATITIS 8
GOITRE 10 + 1 (13-14yr)

✓ CVS - RHD	3	-	3
ARF	1	1	-

HYDROCEPH 1
JRA 1

✓ GIT - Ac GE/Amb	163	52	111
Helmin	61	29	32
Non Specific pains	10	5	5

UTI 5
TITRUSIT 1
TYPHOID 2

✓ VIT A	7	1	6
✓ VIT B	11	1	10
✓ PEM	82	32	50
✓ VIT D	1	1	-

Hydrocele	3	1	2
✓ Skin	55	34	21
✓ PUO	15	8	7

Teeth Caries	2	1	1
Eye	6	1	5
✓ Anaemia	38	20	18

Absecess	5	3	2
Ascites / Cerebrum	1	1	0
Healthy	41	21	20

✓ Injury	10	5	5
Ortho	2	2	0
Cleft lip	1	1	0

Hypothyroid	1	1	0
Lymphadenitis	3	1	2
Epilepsy	1	1	0

240  
148  
122  
100.0  
54.8  
2



SL OVER ALL STATISTICS

< 1yr	15	21	519	581
1-5	82	134		
6-15	68	108		
16-50	135	204		
≥ 50	36	51		

RS	- URTI	52	7		
	URT	48	43		
	A/C SOM	14	9		
	BRONCHITIS	25	-		
	CHAD	11	1		
GIT	AC CE/AMONGS	69	176		
	HELMN	35	44		
	NONSP. PATN.	21	33		
	APPD	14	-		
PEM		32	53		
UTI		4	5		
CARIES TEETH		3	1		
ANAEMIA		47	47		
SKIN		43	28		
PSYCH		38	-		
ARTHRITIS		8	1		
INJURY		22	6		
PLD		2	-		
U4 B		2	10		
U4 A		4	6		
U4 D		1	-		
BURNS		2	-		
U4 C		-	2		
HYDROCHW		1	2		
KYE		20	7		
ABSCESS		3	4		
GOITRE		2	59		
CLEFT LIP		2	-		
HISTIOCYTIC		1	-		
G.M.T.O.		4	-		
BOO RITE		1	-		
WIFE BEATING		1	-		
(B) AXILL N. PAROX		1	-		
LYMPHOEDEN		1	2		
ASCITES		1	-		
HELVES		1	-		
EDILERY		1	-		
ANAL		1	-		

ALL	SL
TYPHOID	2
TIFLUZ	1
HYDROCEPHALUS	1
EPIDERMIS	3
PUO	7
ABECH	43
MACCHUA	1
FLAMMA	1
TS	1
HYDROSE	1



TOTAL NUMBER OF PATIENTS 519

SINCE 6.6.91 to 11.6.91 and 14.6.91 to 17.6.91  
(10 ACTIVE DAYS)

AVERAGE 51.9 patients per day

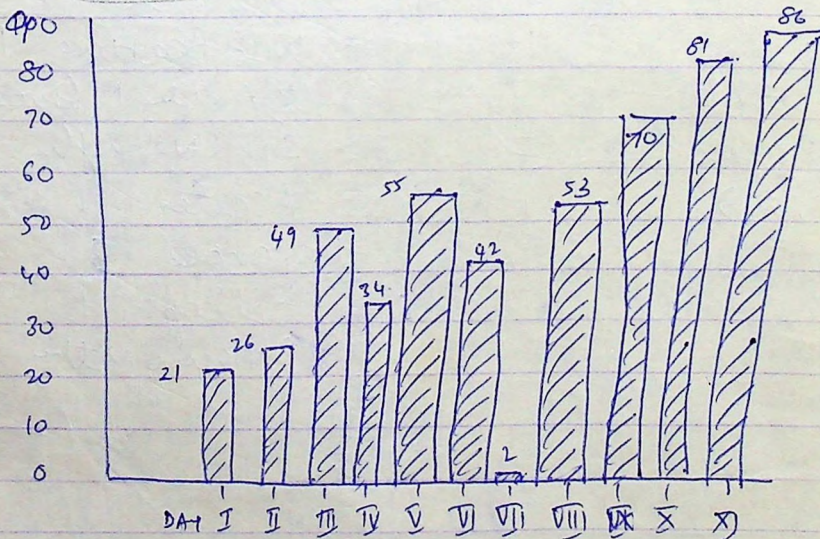
M : F RATIO

336 : 183

64.7% were males

AGE RATIO

≤ 1yr	21	4%
1-5yr	134	25.8%
6-15yr	108	20.8%
16-50yr	204	39.3%
≥ 50yr	52	10.1%





# DIAGNOSIS directly specific for presentation P/c

RS	URTI	52	as	Bronchitis	25
M	LRTI/Bln	48	as	HAAD	11
M	CSOM/ASOM	13	Nutn	PEM	32
as	RHD	1	surg	Hydrocele	1
W3	ARF	1	eye	Conjunctivitis	2
GIT	Ac GE/AMUEB	69	surg	Abscess	3
GIT	Helminth	35		Gout	2
	Non specific Pains	21		Cleft Lip	2
Ung	UTI	4		Oral ulcers	1
Tooth	Caries	3	eye	S/c Hmbg	1
Blood	Anaemia	47	eye	Chr. Dacryocystitis	1
skin	Skin Disease/Infn	43		Hypothyroid	1
Psych	Psych. Presentation	38		Orthopaedics	4
	Arthritis	8	GIT	APD	14
Injury	Injury	22	eye	Pterygia/Cataract	16
	PID	2		Dog Bite	1
Nutn	Vit B	1		Wife Beating	1
Nutn	Vit A	4		(R) Axillary N Paresis	1
Injury	Burns	2		S/M LN Infn	1
Nutn	Vit D	1		Ascites	1
				Herpes	3
				Epilepsy	1
				P. Neuropathy	1



in these columns should be and legibly written or typed reasons of space, short letters subject to editing and cuts.

However, all communications real name, signature and

## Elections : India and Bangladesh

Sir, In the wave of electioneering in India, its former Prime Minister Rajiv Gandhi was brutally killed, besides more than a hundred others falling victims in the process of Indian general election. Who knows what the deferred dates have in store. However, we hope for the better.

In contrast the general election which took place in Bangladesh on 27th Feb, 1991 has set an example of free, fair, democratic election and put the name of Acting President Justice Shahabuddin Ahmed in the golden chapter of history of Bangladesh for his conducting this unparalleled peaceful and neutral election. He and the electorate here have set an example to the world that the heartfelt sincerity coupled with unflinching determination can turn the hard job into an easy one, and sometimes even the apparently impossible into obviously possible.

Indeed, the combination of these two essential qualities should start crystallising from the top. Only then the handful of scattered conscious people of the society will come out of their hides and strengthen the hand of the abbot. That will generate moral courage among the simple minded mass to follow these good people.

A good thing is always good; it may belong to or come from any source, irrespective of cast, creed or country. If India of tomorrow can be inspired with the rare example set by Bangladesh, it will gain, I believe, unexpected benefit in the field of harmony and peace.

S. A. Hussain  
Moghbar, Dhaka.

SSC Electi-



# Elections in India

Sir.

TBO 2/6/91

In the wake of general election in India, its Ex-Prime Minister Rajiv Gandhi was brutally killed on 21st May, 1991, besides hundred of others in the melee. The general election took place in Bangladesh on 27th February 1991. It was so free and fair that it has been able to establish a world record.

If India of tomorrow is inspired to emulate the example set by Bangladesh, it will help them a great deal. Bangladesh sincerely wishes all the best for her neighbouring India.  
S.A. Hussain, Moghbazar, Dhaka





# Readers' Forum

TNN

2/6

## Violence in polls

International media has described the current Indian polls as "bloodiest ever" following widespread violence that erupted in different parts since the election campaign started six weeks ago in the neighbouring country.

Every time in the Indian elections during all these years of democracy since independence from the British Raj, violence with heavy casualties marked what is often the largest democracy in the world. With the passing of days, the rate of violence has been increasing alarmingly despite the fact that India has allowed democracy to function for over 40 years.

From our experience what we find that if elections are not allowed to be held freely and fairly by the administration, violence is bound to take place as happened during eight years autocratic rule of General Ershad who had tried to play rather 'democracy-game' and did not believe in democracy itself. Bangladesh, in fact, had also bitter experience of manipulating election results in

1973 when the then Awami League government showed total disrespect to the institutions like the Election Commission. General Ershad's regime will remain as darkest period for election violence in our history.

But what is happening in India? Violence is increasing alarmingly in democratic India while communalism is growing under the garb of secularism as is evident with the powerful emergence of Hindu fundamentalist party Bharatiya Janata Party (BJP) which stands for 'Ramrajya' in secular India. The teaching of non-violence as was preached by Indian great leader M.K. Gandhi seems to have no appeal to the Indians when communal Hindu-Muslim riots continue unabated throughout the year since 1947.

Social scientists and research scholars in South Asia and from other parts of the world may find these peculiar India phenomena as interesting subjects for their studies.

AHMED M. HASAN  
Bangladesh Agriculture  
University,  
Mymensingh



*The Daily Star*

# Killer wind hits again

By Staff Correspondent

A cyclonic storm with a maximum windspeed of 100 kilometres per hour hit the coastal belt of Bangladesh from Patuakhali to Chittagong in the early hours of today.

The storm, the second in just over a month, has been a severe blow to the people of the coastal areas who were devastated by the April 29 cyclone which had a maximum windspeed of 235 kilometres per hour and whipped up a tidal surge 12 to 20 feet in height.

Low-lying areas of the coastal districts have been inundated both by heavy downpours and tidal surge, six to eight feet in height, caused by the cyclone this morning.

The cyclone marks a slight deviation from the normal. In the premonsoon season cyclones come over Bangladesh in April and May and rarely occur in the month of June.

Hamiduzzaman Khan Chowdhury, Director, Bangladesh Meteorological Department told the Daily Star last night only in 1982 they had recorded a cyclone in the month of June. That cyclone had, however, recurved after coming over the north Bay and moved straight eastwards before hitting the Burma coast on June 6. Between 1970 and 1990 no more cyclones were observed in the Bay of Bengal

in June.

Today's cyclone was of a much lower intensity compared to the April 29 cyclone that left an estimated 1.4 lakh people dead and damaged property worth over the billion dollars. But its devastation is feared to be substantial in terms of loss of property.

Newly erected homes in areas devastated by the April 29 cyclone are mostly temporary and are feared to have been damaged.

Reports reaching Dhaka from the coastal districts say, coastal people panicked as they got the information that another cyclone was approaching them.

Volunteers of the Cyclone Preparedness Programme, and people engaged by the district administrations spread warning messages and started evacuating people from low lying areas to cyclone shelters and highland areas. Emdad Hossain, Director Cyclone Preparedness Programme told the Daily Star.

A Met office source said that the fury of the cyclone was likely to be felt in more areas than the one of April 29.

Whereas the main body of the April 29 cyclone had crossed the Chittagong Cox's Bazar coasts, the main body today's cyclone moved over the coasts from Patuakhali to Chit-

tagong.

Under the influence of the cyclone it was raining all over the coastal districts from Saturday morning. Storm with windspeed of 20 to 30 kilometres per hour was being felt in the coastal areas of Patuakhali, Khepupara, Bhola, Sandwip, Hatiya and Feni, according to reports received late last night. The sky was cloudy.

Our Chittagong correspondent reports: five helicopters of the US Joint Task Force were flown to Dhaka on Saturday afternoon as weathermen warned of the approaching cyclone. Sources said steps were also taken to anchor the US vessel Saint Louis, which has been brought to the Chittagong area for relief operations, at a relatively safe place.

Intermittent rainfall due to the cyclone hampered relief activities in the coastal areas hit by the April 29 cyclone. The district administrations warned the people of the low-lying areas and shifted them to safe places.

The cyclonic storm was persisting in south-east Bay and adjoining east central Bay in the form of a depression on Friday evening. By Saturday morning it intensified into a deep depression before taking the shape of a cyclonic storm by the afternoon.

Met Office said, by 9am last

night the cyclonic storm was centred at 270 kilometres south of Khulna town. The maximum sustained windspeed within 54 kilometres of the cyclone centre was 80 kilometres per hour rising to 100 kilometres per hour in gusts or squalls.

Met Office advised the maritime port of Mongla to hoist danger Signal No7 and to ports of Chittagong and Cox's Bazar Danger Signal No 6.

River ports of the districts of Khulna, Barisal, Patuakhali, Satkhira, Bagerhat, Barguna, Pirojpur, Bhola, Noakhali, Feni, Laksmipur, Chandpur, Chittagong and Cox's Bazar Were advised to hoist Danger Signal No 3 (three).

Met Office said under the influence of the cyclonic storm these districts, their offshore islands and chars were to experience moderate to heavy downpour and their lowlying areas to get inundated by storm surge of six to eight feet in height.

By last midnight the cyclone reached upto 175 kilometres south of Khulna town. Khulna and its adjoining areas were experiencing strong winds under peripheral effect of the cyclone.

An emergency meeting of the Cyclone Preparedness Programme Implementation

See Page 10 Col. 2

## Inquiry report on damage to planes, vessels submitted

The two-member Commission of Enquiry constituted earlier to probe into the damage of aircraft of the Bangladesh Air Force and vessels of the Bangladesh Navy during the recent cyclone and tidal surge in Chittagong, submitted its report, reports BSS.

Justice Latifur Rahman, the senior member of the commission, submitted the report to Acting President Justice Shahabuddin Ahmed at his official residence in Dhaka on Saturday evening.

The Acting President thanked the members of the

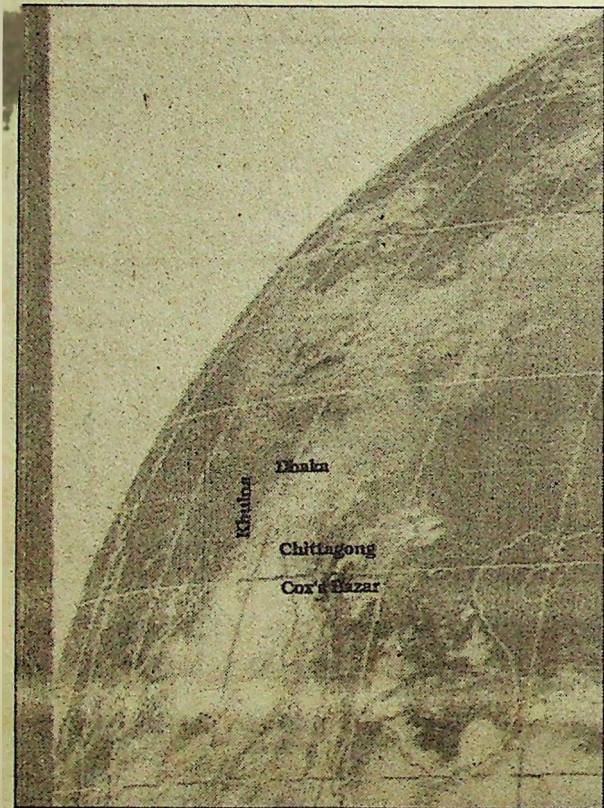
See Page 10 Col. 6

## British copter sinks in Bay

CHITTAGONG, June 1: A British helicopter ferrying relief to cyclone survivors ditched in the Bay of Bengal this morning but all five people aboard were rescued, Commander of the US Task Force said, reports UNB.

Maj Gen Henry Stackpole said the accident took place off Cox's Bazar near the British Royal Fleet Auxiliary's 23,000-ton supply ship 'Fort Grange' where the helicopter was based.

"There were no injuries and the five people are back on the Fort Grange", he said. "I'm just gratified there was no loss of life."



Satellite picture of the cyclonic storm taken on Saturday.  
—Courtesy: Met Office



The assurance was given when three-member EEC appraisal mission met Agriculture and Irrigation, Water Development and Flood Control Minister Major General M Majid-Ul-Haq (Retd) at his secretariat Saturday.

The mission expressed satisfaction over the achievement in cotton development project last year.

They will undertake study for identifying the area for providing further assistance in cotton research and development during the 4th five year plan period.

EEC assistance now totals at about Tk 26 crore was extended since to the project was launched in 1982.

The members of the EEC mission include Guy Mahadavi, Folloin and David Pray. The Executive Director of Cotton Development Board was present at the meeting.

Army have been continuing their relief activity along with the local administration, NGOs and other concerned authorities.

Comilla area troops Saturday distributed huge quantity of relief goods among the cyclone and flood victims at Sandwip, Hatiya, Char Alexander.

### Navy

Bangladesh Navy ships in addition to relief work continued their search and salvage mission to locate and salvage the vessels sunk during the recent cyclone in Chittagong harbour.

The naval divers and surveyors in cooperation of the Chittagong Port Authority so far salvaged seven sunken vessels of different organisations while three bigger vessels were located by the naval divers.

### BDR

The members of the Bangladesh Rifles have been continuing its relief, rehabilitation and medicare operations

BDR personnel on Saturday distributed huge quantity of relief goods and cash money among the cyclone victims of Teknaf, Nikhongchari, Ukhiya and Moheskhal upazilas.

### Sena Paribar

Sena Paribar Kalyan Samity and Army Officers Ladies Club handed over a huge quantity of relief materials to the Army Relief Co-ordination Cell for distribution among the cyclone and tidal bore-affected people.

Patron of the Samity and the Club Begum Sophia Khan handed over the relief goods to the chief co-ordinator of the cell and commander, Log Area, Brigadier Mafizur Rahman Chowdhury Saturday morning.

### Scouts

Bangladesh Scouts was continuing its relief operation. It has already sent three relief teams to the affected areas with huge relief materials and will send more teams to the coastal areas. The scouts also conducted a survey in worst-hit Banskhali upazila.

### APFS

Asian People's Friendship Society (APFS) in Tokyo has expressed deep sympathy and sorrow for the cyclone affected people of Bangladesh.

A message received in Dhaka Saturday said the Gen-

## 99,588 co-op societies operating

Total 99,588 cooperative societies of farmers, women and bittahen (assetless people) with a total membership of more than 33 lakh are operating in the country under 593 central cooperative societies, reports BSS

sation had launched a drive to collect fund for the cyclone affected people of Bangladesh. Karim appealed to the Bangladeshis living in Japan to donate generously to the fund.

### Embassy in Japan

Bangladesh Embassy in Japan has sent Taka 3.22 crore in two instalments to the Min-

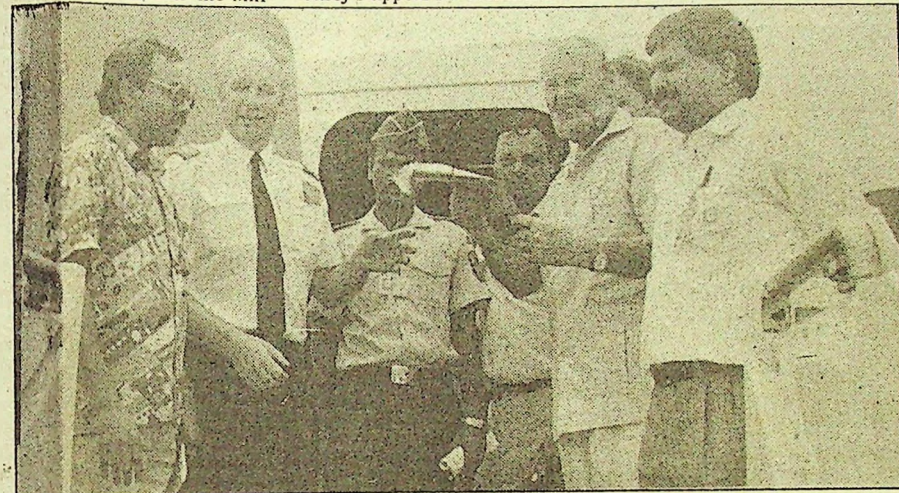
Japanese people towards Prime Minister's Relief Fund.

Japanese individuals, students, foundations and organisation deposited the money as donations with the bank account.

Newspapers and TV media widely publicised the embassy's appeal for donations for

The Chancellor and two students of Liberty Christian School of Seoul called on Bangladesh Ambassador in South Korea and handed over cheques for 854.97 US dollars as donations towards the Prime Minister's Relief Fund, an official handout said.

The students raised the



The German Ambassador in Bangladesh Dr Karl-Heinz Scholtyssek handing over relief materials to an official of the relief committee at Zia International Airport. —PID photo



times. Held at the auditorium Shishu Academy, the function was inaugurated by Fayez Ahmed, Convener of Sammlita Sangskritik Jote. Prominent artists including Abul Hayat, Asaduzzaman Nur, Subir Nandi, Lucky Inam, Shukla Sarkar, Fakir Alamgir and members of Rishis Shilpi Goshti participated in the function.

## Tk 39.30 lakh donated to PM's Relief Fund

Different individuals and organisations Saturday, donated Taka 39.30 lakh to the Prime Minister's Relief Fund reports BSS.

Prime Minister Begum Khaleida Zia received the donations Saturday evening at her Sugandha office.

The donating organisations and individuals included IFIC Bank, Loyed's Registers, Nippon Liner, Bangladesh Architects Institute, Prof AQSM Harun, Shishu Kalyan Parishad, Annesha International School and Swapan Kumar Sarkar.

## Rly passen fake ticket

By Staff Co

Authorities of Laksharr railway station issued some tickets for Laksharr-Dhaka trip by 'Urmi Express (Aruna)' though there was no schedule of the service on May 27.

One of the aggrieved passengers of the train, Abdu Bark, told this Correspondent that the booking clerk of the station issued him on May 26 six tickets for the trip on May 27 at 9.30 am.

**Government of the People's Republic of Bangladesh**  
Director, Stores & Supplies Office  
Central Medical Depot,  
Tejgaon, Dhaka

## Emergency Short Tender Notice

Sealed tenders are invited from Bangladeshi manufacturers/suppliers enlisted in group 'B' under Central Medical Depot, Tejgaon, Dhaka for the financial year 1990-91 (1397-98 BS) for emergency supply of hospital equipment viz 'iron cot', 'foam mattress', 'bedside locker', 'hospital bed sheet' etc. from their ready stock to this office, for sending that to the cyclone affected areas.



## PROBLEMS OF DISASTER MANAGEMENT

# Bangladesh Needs a Permanent Task Force

by Kaiser Rasheed

*The proposed Task Force could interface with the civilian government and voluntary agencies under an apex national authority acting directly under the head of government.*

THE first concern in an effective disaster management must, indeed, be the saving of human life. This, in turn, will bring into sharp focus the entire gamut of the early warning system and the facilities for rapid evacuation of people from areas facing imminent threat of a cyclone/tidal bore strike.

Listening to the radio on the night of the 29-30th April, the threat of imminent disaster was quite clear. Marine signals, 9 at Cox's Bazar, 10 at Chittagong and 8 at Chalna, coupled with inland water Great Danger Signal number 4 along the entire length of the estuary provided sufficient indication of the imminent disaster. The only problem was that the movement of the cyclone was not very clear to the layman and at no stage did specific areas get pinpointed for instant evacuation. This needs to be looked into for future improvement of the early warning system.

Perhaps for a better understanding of the problem, one could consider the behaviour of two groups lying at the opposite ends of the population spectrum. Some of the more educated and disciplined groups, including members of the armed forces, physically located at the Patenga area and having all the facilities of communication and transportation needed for rapid evacuation, would represent one end of the spectrum. The failure of this group to respond to the warning signals would certainly point to the need for more effective measures to ensure that the gravity of the impending calamity is better appreciated by the target audience.

The other end of the spectrum would be the ordinary, uneducated cultivators and fishermen inhabiting far flung remote areas of the coastal belt with little or no access to either communication or means of rapid transportation and in most cases, with no safe haven within easy reach.

For them, the next step would, perhaps, be to improve communications wherever possible and to regulate habitation in the more remote and inaccessible coastal areas. In the latter case, other factors causing reluctance among the people to abandon their homesteads will also need to be considered. Provision of more adequate cyclone shelters within easier reach, construction of a network of embankments and other medium and long term programmes

will necessarily follow. In the meantime, regulation of human habitation in such remote areas, coupled with improvement in the land administration system along with introduction of some form of collective security in addition to appropriate insurance schemes could all be undertaken in the first phase of rehabilitation. This would all contribute to a higher rate of timely evacuation in the event of future calamity.

To remain confined to the specific objective of life saving, the next thing that requires careful consideration is the logistics and deployment capability in the immediate aftermath of natural disaster and the need for the most effective possible mobilization of national and international (if need be) resources for relief.

In the post disaster phase, a great deal can be achieved if deployment could be speeded up. The reaction time needs to be shortened to the barest minimum. Supplies and logistics for instant deployment should remain in place as a standing arrangement periodically updated and subjected to regular drills to maintain a high level of efficiency and preparedness.

It is obvious that much of this is beyond our capacity to implement, both in terms of resources as well as management capability. Our objective should be to acquire sufficient capability to provide the infrastructure around which a massive buildup can take place with the least possible delay.

It has been found from past experience that the most efficient means of providing im-

mediate relief is through deployment of the armed forces.

The setting up of a permanent task force composed of appropriate units constituting the backbone of a future disaster management action plan would appear to be a logical step. This force could interface with the civilian government and voluntary agencies under an apex national authority acting directly under the head of government. With the UN Disaster Relief Organization and other international agencies providing liaison and other appropriate inputs, such a national body could be organized to handle all matters relating to future disaster management.

The existence of such a specialised agency would go a long way to ensure that in times of natural disasters, there will be no gap between the assessment of Bangladesh and that of the world community. Participating countries could then shorten their reaction time in making men and material available for rapid deployment whenever necessary.

The impact of the recent cyclone, tidal bore and extensive floods on national planning is likely to be significant and far reaching. This will certainly play havoc with existing priorities. As it is, we are in the midst of reappraisal and restructuring on a national scale. The 29 different studies conducted by national experts under the leadership of

Professor Rehman Sobhan, will stand us in good stead. These studies were undertaken by eminent national experts in an environment of neutrality and freedom. They were not prepared as blueprints of any particular government or party. All those concerned with development activities in Bangladesh will do well to acquire at least a nodding acquaintance with these studies because they do represent a unique national effort.

Needless to say, anything that is done for future disaster management would need to be integrated with the evolving national planning effort. Prone as we are to such colossal natural disasters, we need to take immediate steps to set up a permanent organisation for disaster management and also contribute to the growing awareness in favour of a concerted multinational effort in this regard.

In order to achieve all this and more there is need for a revival of the national spirit. While we mourn the dead let there also be thanksgiving for all those who have been saved. Let this nation also acknowledge an abiding debt to all those who have contributed to the relief effort and engaged in the task of bringing succour to humanity in distress — for gratitude is a noble sentiment and in the ultimate analysis, humanity itself is all about nobility of the spirit without which great achievements are seldom possible.

A former diplomat and an expert on national and international affairs, the writer is now a free lance contributor to the local press.



Starving survivors anxiously look for food packets being air dropped at devastated Sonadia. Can we save these people from the next disaster?

— Star photo.



## Dhaka Day by Day

### When Arthritis Cannot Hold Back Artistic Urges

by Fayza Haq

A. A. Sultan had been a victim of arthritis for decades. But that was not the reason why he had abandoned his painting career years ago.

Thirty years back Sultan could not make ends meet with his painting alone. He had his first solo painting exhibition in '57 and had Zai-nul Abedin as his teacher and later his brother-in-law. Yet his contacts did not help him earn a living. With his wife and two daughters to care for, he went in for more stable jobs such as in a printing press and in a plastic industry business. He did keep in touch with his paintings

but it was as a Sunday artist. He was a nine-to-five office worker even when he went to London for three years.

Now that his two grown-up daughters are well established abroad Sultan has indulged in the luxury of painting on a grand scale once again. In the bridging 30 years the artist had done scores of paintings and sold them overseas in places like USA. But he never managed to accumulate enough pieces, or to gather the gumption to have a solo exhibit for a second time, until recently.

"Today the art movement is progressive and we have a few buyers. But these usually remain the French, German and other foreign patrons. The large commercial houses in Bangladesh

purple horses reminded you of the animals in Picasso's works. In "Senorita with the Rooster" the style remained the same. It was an extremely colourful composition with the vermilion of the cock's head dominating the scene.

An elephant with its young one was depicted with deft strokes of pink and yellow. There was only a hint of a tree with the black sketches in the background. But it delineated the theme of the forest in the background quite aptly. Once again, the intention was to please the eye rather than teach a didactic lesson or

convey some message of socio-economic or of political interest, which is what one finds in the works of young artists in Dhaka today.

"In Winter" showed a bare tree with dead leaves tossed about. It was done in a clever and skillful style, and the effect was pleasing

to the eye. In the "Fishseller" despite the Cubistic attempt to delineate the subject, the piece had remarkable realism. The colours were once again buoyant and full of enthusiasm.

A child had been represented in a ball of yellow in "A Family". All you could see of the woman was her hair. The man's face was like a tin mask. With all the yellow, green and purple it was undoubtedly a colourful creation like the



The Cock

### Tk 135 cr hides, skin unsold

Bangladesh Tanners Association on Saturday urged the government to withdraw ban on export of wet blue leather, reports BSS.

Addressing a press conference at a hotel Munsur Ahmed, Chairman of the association said because of the ban on the export of the wet blue leather the leathers industry was on the verge of the extinction and the nation was being deprived of Taka 215 crore a year as export earnings.

Ahmed said, hides and skin worth Taka 135 crore had been lying in godowns since the ban in January 1990.

Alhaj Syedul Haq, Alhaj Shahajahan Vice-presidents of the association, Abdul Hye and other leaders were also present.

The leaders of the association demanded withdrawal of the certificate cases filed by different commercial banks against defaulting borrowers, formulation of the guidelines of the industry and, constitution of an enquiry committee, comprising representatives of the Ministry of Commerce, and industry to probe the prevailing situation in the industry.

### 70,000 children died in cyclone

By Staff Correspondent

Bangladesh Human Rights Commission said that 70 thousand children died and other 30 thousand had become orphan in April 29 cyclone in the coastal areas.

The commission also expressed that the children of the Third World were neglected.

At a meeting held at its Purno Dahan office in the city,



Abdur Rahman Biswas, Speaker of the Parliament and a four-time Minister, addressed the Annual General Meeting of the Bangladesh Institute of Legal Affairs with Justice Abdur Rahman Chowdhury, President, chair (first on left). Also on the dais are Barrister K S Nabi, Secretary, Mahbubuddin Ahmed, Vice-President of the organisation, S I Khan, and Dr Mustafizur Rahman, an eminent eye specialist.

## Call for united effort to restore peace on coast

By Staff Correspondent

Institute of Human Rights and Legal Affairs, Bangladesh at a resolution of its Annual General Meeting Saturday expressed deep concern over the prevailing unrest at universities and appealed to all concerned for united efforts to restore peace and sanctity.

Held at a local hotel in the city, the AGM of the institute was chaired by Justice Abdur Rahman Chowdhury, President of the organisation.

Another resolution of the meeting welcomed formation of a democratic government in the country through a free and fair elections and hoped that

this would usher in a new era of peace, stability and progress in all spheres of our national life.

The meeting expressed deep shock at the deaths caused by the recent devastating cyclone and tidal surge in the coastal belts and off-shore islands.

It also appreciated the 'sincere' effort of the government to bring the relief and succour to the distressed and suffering humanity.

The meeting also urged the government not to impose any fresh tax on the people in the ensuing budget and to observe



# Cyclonic storm may hit today

Staff Correspondent

The cyclonic storm formed over the north bay is likely to hit the Bangladesh coast with a speed of 80 to 100 kilometers per hour on Sunday morning (today).

According to Dhaka Met Office, the districts of Khulna, Barisal, Patuakhali, Satkhira, Bagerhat, Barguna, Pirojpur, Bhola, Noakhali, Feni, Luxmipur, Chandpur, Chittagong and Cox's Bazar, their offshore islands and char areas are likely to experience moderate to heavy downpour and their low-lying areas may be inundated by a storm surge of six to eight feet high above the normal astronomical tide under the influence of the cyclonic storm.

The cyclonic storm moved north/north eastward and may intensify and centered at about 270 kilometers south of Khulna at 9 p.m. on Saturday. The storm is likely to intensify further and may move in north/north easterly direction at a speed of 25 kilometers per hour and may cross Patuakhali and Chittagong coast Sunday morning.

The maximum sustained wind within the 45 kilometers of the storm centre is 80 kilometer per hour rising to 100 kilometers in gust and squall. The early morning reports of Khulna Division advised to keep hoisted danger signal No. 7 and the maritime ports of Chittagong and Cox's Bazar have

been advised to keep hoisted danger signal No. 6.

The river ports of the districts of Khulna, Barisal, Patuakhali, Satkhira, Bagerhat, Barguna, Pirojpur, Bhola, Noakhali, Feni, Jessore, Chandpur, Chittagong and Cox's Bazar have been advised to keep hoisted riverine danger signal No. 3.

The Bangladesh coast is going to face another catastrophe barely within a month. The cyclonic storm accompanied by 20 feet high tidal bore ravaged the southern coast including Sandwip, Chittagong, Kutubdia, Cox's Bazar, Bhola, Manpura, Hatiya on April 29 taking a toll of at least half a million people. Tomorrow's storm may further add to the wounds.

BSS adds: Another report from Khulna: Khulna experienced light to moderate rainfall accompanied by occasional gusty wind during the whole day Saturday following the depression formed in the bay and located about three hundred forty kilometres away from Khulna.

## Steps to save life, property

An emergency meeting of the Cyclone Preparedness Programme Implementation Board Saturday took several decisions to save the life and

property of the people in view of the impending cyclonic storm.

The meeting presided over by State Minister for Relief Lutfar Rahman Khan decided to take measures to face the calamity and protect the life and property of the people. The decisions include issuance of directive to the local administration in the coastal areas to evacuate the people to safer places, opening of a control room in the relief ministry for working round the clock and issuance of directive to the concerned authorities to take precautionary steps.

Relief Secretary M. Akhtar Ali, Director General of Relief and Rehabilitation Directorate, Secretary General of Bangladesh Red Crescent Society, Chief Delegate of Red Cross Society and Representatives of concerned ministries and divisions were present at the meeting.

## BDR members working in cyclone-hit areas

DHAKA, UNB: Bangladesh rifles are continuing relief, rehabilitation activities and medicare in the cyclone-hit southern areas of the country.

The BDR personnel Saturday distributed Tk 30,000 in cash and 39,570 kg wheat, 2,225 pieces of shari, 15 gunny bags containing old garments, 55 pieces of jug, 530 pieces of baby suits, 5 pot edible oil, among the cyclone victims of Teknaf upazila.

They also despatched relief materials like oral saline, water purifying tablets, readymade wear, blanket, utensils, flattened rice,

sugar, molasses, dal biscuits and Tk 7,500 in cash to victims of Nikhongchari upazila, said a press release.

Relief materials distributed in affected Ukhya upazila on Saturday included Tk 9,000, sari blankets, biscuits, molasses, old garments and utensils.

In Cox's Bazar they distributed 29,900 kg wheat, 1500 kg edible oil and Tk 25,000.

The BDR medical teams are operating in Dhalgata and Matarbari unions of Moheshkhali upazila.



# BDR members working in coastal areas

**DHAKA, BSS:** The members of the Bangladesh Rifles are continuing their relief, rehabilitation and medicare operations in the cyclone-hit coastal areas, a BDR press release said here Wednesday.

More than 10 sections of BDR personnel and 15 BDR medical teams are working round-the-clock in relief, rehabilitation and medicare operations in the cyclone and tornado affected areas of Moheshkhali, Teknaf and Cox's Bazar sadar upazilas. One BDR medical team is operating in the Moheshkhali upazila.

BDR personnel distributed cash Tkaka 29,50 and 16,170 kg rice among the cyclone victims of Cox's Bazar sadar upazila.

BDR personnel, distributed 775 pieces of old garments, 313 pieces of soap and 60 kg rice among the distressed people of Moheshkhali Upazila. BDR medical teams attended 72 injured persons and distributed medicines among the victims of the same areas.

BDR personnel also distributed 6,750 kg rice, 19 bags old garments, 9 pieces sari and 6 pieces lungi among the tornado affected people of Nhila union of Teknaf upazila, the press release added.

## CARITAS

Caritas, a local NGO, in addition to their ongoing emergency relief activities for April 29 Cyclone victims is assisting the flood victims of greater Sylhet district, according to a press release.

Caritas Emergency Relief activities amounting to Tk. 700000 (seven lakh) will cover 2300 flood affected families of five Upazila of greater Sylhet and Moulavi Bazar.

Besides, Caritas has also allocated an amount of Tk. 2000000/

(two lakh) for the May 18 Tornado victims of Gourmadi Upazila.

## SCI RELIEF ACTIVITIES

The 13th contingent of Service Civil International (SCI)—Bangladesh left Dhaka on Thursday with one truck-load of relief materials and emergency shelter materials for distribution among most needy cyclone victims of Ujantia village and Ward No. 3 of Magnama Union under Chokoria Upazila in Cox's Bazar district.

The despatched materials include lentil 854kgs., emergency food 40 cins, biscuit 48 containers, tent 42 pcs., plastic sheet 400 meters and water can 46

# Danger Signal No. 7 for Mongla Port, 6 for Ctg

Contd from page 1

feet height above normal tide in the coastal districts.

Meanwhile, the volunteers of the Cyclone Preparedness Programme came out with megaphones announcing in the coastal districts to announce the warning and call for taking shelter.

Officials and executives at the Cyclone Preparedness Programme (CPP) headquarters in Dhaka were on emergency duty to coordinate the preparation.

The panick striken people were being taken to shelters by the volunteers of CPP in the coastal belt. The cyclone shelters were filled up by 10 pm on Saturday, said an executive of Red Crescent Society.

Meanwhile, the operation of the US Task Force was suspended following the bad weather. The helicopters engaged in relief operation in the affected areas were brought to Dhaka, the Task Force chief told newsmen.

Under the influence of the cyclone, most places in Chittagong,

Khulna and Dhaka division experienced moderate to heavy rainfall on Saturday. The sky remained overcast with cloud and the rainfall continued over coastal districts till writing this report at 11 pm.

Our Staff Correspondent from Khulna adds: Cargo handling activities have been suspended at Mongla Port since 4 pm today (Saturday) in view of inclement weather. 15 vessels including two foodgrain ships are now at the Port.

All types of water crafts including tugs, barges and launches have been directed to move to nearby creeks and canals from the mid-stream of the river Passur at Mongla.

An official of the district authority said that instructions have been issued this (Saturday) evening to the Upazila authority to remove the inhabitants from vulnerable villages of nine Upazilas of the zone.

Meanwhile BSS adds: Khulna experienced light to moderate

rainfall accompanied by occasional gusty wind during the whole day today (Saturday) following the depression formed in the Bay and located about 340 km away from Khulna.

## COX'S BAZAR

Our Correspondent from Cox's Bazar reports: Elaborate precautionary measures have been taken here to shift people to safer places including cyclone shelters in case cyclone hits the area.

An emergency meeting of the Sub-regional Relief Coordination Committee was held today (Saturday) under the chairmanship of Omar Faruk, a joint secretary to the government, who was earlier posted here in connection with April 29 cyclone.

The meeting was attended by government officers of various departments and leaders of different political parties.

Later, Mr Omar Faruk told the Times that 57 cyclone shelters of the district 45 belonging to the

government and 12 to the Red Crescent Society—have been kept ready to provide shelter to the cyclone battered people.

Besides, instructions had been given to Upazila administrations to utilise premises of schools and colleges for the purpose.

The coordinators said that people were being informed of the impending danger over loud speakers and fishing boats and trawlers had already taken shelter to safer places.

Instructions had also been given to keep in hand necessary emergency stock of dry food, water, oraline and emergency drugs.

He said that a number of mechanised boats had also been kept ready for rescue operation, if necessary.

## US TASK FORCE

Meanwhile, UNB reports: The Commander of the US Joint Task Force (JTF) today (Saturday) ordered a suspension of his forces' relief efforts due to an impending

storm brewing in the Bay of Bengal off the cyclone-battered coast of the country.

Major General Henry C Stackpole ordered the five remaining Blackhawk helicopters participating in the relief operation to fly to Dhaka to ride out the storm.

The choppers have arrived Dhaka Saturday afternoon.

The supply ship USS St. Louis of the JTF, with about 300 sailors and 200 marines aboard, also sailed south to a safe anchorage.

During a visit to the St. Louis Saturday morning, the US General asked the sailors and marines to pray that the storm would be mild.

"We don't need another typhoon. We don't need another tide wave and more winds to damage what has already been put back together", Stackpole said.

Operation Sea Angel, which has distributed more than 3,000 tons of relief goods to the affected people, is scheduled to be closed by June 8 and other relief programme ending by June 15.

*The B'desh Times*  
2/6



# Armed Forces relief work continues 2/6

Relief operations by the Armed Forces at cyclone hit coastal and off-shore islands are going on, an ISPR release said, reports BSS.

Members of the army have been continuing their relief activity along with the local administration, NGOs and other concerned authorities.

Comilla area troops Saturday distributed more than 32 metric tons of foodstuff including rice, wheat, atta, chira, potato, dal and soyabean oil, 33 and a half metric tons of keroshene oil and other relief materials including biscuits, tinned food, blankets, plastic containers, relief boxes, readymade garments, marking cloth and sharee among the cyclone victims at Sandwip, Hatiya and Char Alexandar.

They also distributed more than 56 metric tons of relief goods among the flood victims of Sylhet, Sunamganj and Habiganj Saturday. These relief materials included rice, wheat, atta, chira, gur, sugar, milk powder, bread, potato, saree, lungi, different types of clothes, old cloth, shirt, match boxes, utensils, jerrycans, hurricanes and medicine.

Bangladesh navy ships in addition to relief work continued their search and salvage mission to locate and salvage the vessels sunk during the recent cyclone in Chittagong harbour.

The naval divers and surveyors in cooperation of the Chittagong Port authority so far salvaged seven sunken vessels of different organisations while three bigger vessels were located by the naval divers.

Meanwhile, the naval personnel now engaged in relief mission in the coastal areas constructed 70 houses destroyed by the cyclone in Sandwip.

## BDR

Another report Adds: The members of the Bangladesh Rifles have been continuing its relief, rehabilitation and medicare operations in the cyclone hit areas of southern Bangladesh. Press release of BDR said.

Saturday BDR personnel distributed 39570 kg wheat, 2225 pieces of saree, 15 gunny bags of old garments, cash Tk.30,000 (thirty thousand) 55 pieces of Jug, 530 pieces of baby suits, 5 pot edible oil, 5 pieces of lamp, 1 bundle and 36 dozens of safety matches, 3 bundles of candle 1 gunny bag of flour, 1 bag sugar, 30 pieces of ferrycan and 2 pieces of hurricane among the cyclone victims of Teknaf upazila.

BDR personnel distributed 1000 pieces of oral saline and water purifying tablets, 46 pieces of shari, 64 pieces of baby suits, 36 pieces of vest cotton, 7 pieces of Thami, 5 pieces of blouse, 65 pieces of old cloth, 17 pieces of blanket, 6 pieces of cup, 4 pieces of glass, 104 pieces of plastic pot, 8 tin biscuits, 65 kg chira, 15 kg molasses, 85 kg sugar, 4 bags of dal and cash Taka. 7,500/- (seven thousand five hundred) among the victims of tornado affected areas of Nkhongchari Upazila.

BDR personnel also distributed cash Tk. 9,000/- (nine thousand), 24 pieces of vest cotton, 3 pieces of thami, 28 pieces of shari, 3 pieces of blouse, 14 pieces of blanket, 5 tin of biscuits, 60 kg chira, 17 kg molasses, 59 pieces of old garments and 3 pieces of cup among the cyclone victims of Ukhiya Upazila.

The member of the Bangladesh Rifles also distributed 29,900 kg wheat, 1500 kg edible oil and cash Taka. 25,000 (twenty-five thousand) among the victims of Cox's Bazar Sadar Upazila.

BDR medical teams also operating in the cyclone affected areas of Bhola, Matarbari Unions and Moheshkhali Upazila.



# \$ 385.639m aid for cyclone victims

TNN  
2/6

Forty-one countries and nine international agencies have pledged 385.639 million US Dollars so far for the cyclone-victims of the country, an official handout said in Dhaka on Thursday, reports BSS.

Over 350 million US Dollars of the total committed foreign assistance would be provided through the Government of Bangladesh while 26.244 million US Dollars and 9.218 million US Dollars would be given through NGOs and Red Cross and Red Crescent Societies respectively.

Of the total aid commitment, food aid amounts to over 45 million US Dollars, cash aid over 39 million US Dollars and relief materials more than 178 million US Dollars, the handout said.

Food aid includes 195,500 tonnes of wheat and 21,500 tonnes of rice.

Commitment of foreign assistance for relief and rehabilitation in the cyclone-affected areas is still being made, the handout added.

## CARE, UK

The British Government will give CARE (Britain) PDS 20,000 (Taka

13 lakh) to help families affected by the recent flooding in the districts of Sylhet, Moulvibazar and Habiganj.

CARE will use the British Funds to deliver emergency packages to 8,000 families. CARE has already given ration packages to 3,500 families of the flood-affected areas of Sylhet and will deliver 4,500 more packages over the next week to assist about 48,000 people. Already 2,500 packages have been distributed in Zakiganj Upazila and 1,000 packages in Kanaighat Upazila. These packages contain essential goods like chira, molasses, salt, candles and match boxes with rations sufficient for seven days. Each family receives twenty water purification tablets and five packets of oral rehydration salts. Health teams working alongside distribution teams explain how to use ORS and WPT properly.

Through CARE Britain is supporting Friends in Village Development Bangladesh (FRIVDB) and Grameen Janakallyan Sangsad, two Sylhet-based NGOs to ensure appropriate health coverage in the affected areas.

## Tragedy And Exaggerations

26/9  
TBD

Sir,

This refers to a letter under the above caption appearing in the Bangladesh Observer dated 22-5-91. The remarks of an official of an International Relief Agency that 'Bangladeshis are past masters in exaggerating the damages and casualty figures during national calamities and disasters only to squeeze more foreign aids' are not at all surprising although not true atleast this time.

During ex-President Mr. Ershad's regime, the video tape cassettes of 1988 floods were sent to all important cities of the world and were still shown till last year in every channel of TV in the USA, showing Mr. Ershad wading through knee-deep waters of flood. And in one of your recent editorials, you observed that relief materials were sold in open market freely. Your papers made screaming head lines that 50,000 people are feared dead in 1988 floods, while the government figures are barely 3000 only.

The donor countries and NGOs OXFAM, UNDP etc are not so naive to believe such exaggerated figures because they themselves work in the field and see things for themselves. Our media should exercise some restraints in such matters.

N.H. Sufi, Tajmahal Road, Dhaka.





এসসিআই

# SERVICE CIVIL INTERNATIONAL-BANGLADESH

সার্ভিস সিভিল ইন্টারন্যাশনাল-বাংলাদেশ

SCI IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANISATION COMMITTED TO THE PROMOTION OF PEACE AND INTERNATIONAL UNDERSTANDING THROUGH VOLUNTARY ACTIVITIES. FOUNDED IN 1920, SCI IS A MEMBER OF THE COORDINATING COMMITTEE FOR INTERNATIONAL VOLUNTARY SERVICE (CCIVS) AND THE YOUTH FORUM OF THE EUROPEAN COMMUNITIES (EC). IT ALSO HAS CONSULTATIVE STATUS WITH UNESCO AND THE COUNCIL OF EUROPE. IN BANGLADESH SCI IS REGISTERED WITH THE DEPARTMENT OF SOCIAL SERVICES (REG. NO. 213 OF 1962) UNDER THE VOLUNTARY SOCIAL WELFARE AGENCIES (REGD. & CONTROL) ORDINANCE OF 1961 (XLVI-1961) AND FOREIGN DONATIONS ORDINANCE/RULES 1978 AS AMENDED IN 1982 (REG. NO. R-184).

STREET ADDRESS : 5/5, IQBAL ROAD, BLOCK-A MOHAMMADPUR, DHAKA 1207, BANGLADESH. TEL : 313623. TELEX : 642940 ADAB BJ-ATTN: SCI.  
MAILING ADDRESS : G.P.O. BOX 3254, DHAKA-1000, BANGLADESH.

May 30, 1991

The following International Medical Team from the International Secretariat of SCI is placed with Emergency Relief & Medicare Services of SCI-Bangladesh, Gonoshasthaya Kendra(GK) and Voluntary Health Services Society(VHSS) to work in the cyclone affected areas of greater Chittagong zone :

With SCI,

Ujantia, Chokoria  
Cox's Bazar dist.

- : 1. Mr. S.J. Chander  
Community Medicines,  
St. Martha's Hospital
- 2. Ms Beatrice Limpens  
Nurse/Mid-wives
- 3. Mr A. Anand Kumar  
Community Health Cell

Gonoshasthaya Kendra(GK)  
Cox's Bazar area,

- : 1. Dr. Sanjiv Lewin  
St. Johns' Hospital
- 2. Ms Mohini  
Nurse/Midwives  
St. Martha's Hospital

Voluntary Health Services  
Society (VHSS)

~~Sandwip & Hatiya (!)~~

- : 1. Dr. Shirdi Prasad Tekur  
Community Health Cell
- 2. Dr. Anne Marie Rego  
St. Martha's Hospital

With SCI, Char Fession  
( Bhola district )

- : 1. Mr Laksman Wijkoorn  
SCI Sri Lanka

Beatrice Limpens  
will be joining the team  
later if her services is  
required in Char Fession area.



Travel Note :

Dhaka - Chittagong is well connected by bus and train ( inter-city ) approximate travel time is 6 hours. Fare Taka 181.00

Chittagong - Chokoria and Cox's Bazar by Chair Coaches ( 3 hours to Chokoria and 5 hours to Cox's Bazar ).

Ujantia, a remote areas of Magnama Union under Chokoria Upazila in Cox's Bazar district is connected by road ( rural muddy road ) 2 - 3 hours by walking from Pekua bridge or 2 hours by engine fitted country boat. It is also linked by river transport ( 4 hours by trawler boat depending on high or low tides or else 5 hours boat journey from Cox's Bazar ( Depart 6:00 a.m. and arrival at 11:00 a.m.) everyday.

Important contact persons in SCI-Bangladesh :

1. Mr Mohammed Ataur Rahman, International Vice-President of SCI & Director, Gono Unnayan Prochesta  
4/5 Iqbal Road, Mohammadpur, Dhaka 1207, Tel: 324925, 327509(R)
2. Mrs Sultana Rahman, President, SCI-Bangladesh  
4/5 Iqbal Road, Mohammadpur, Dhaka 1207 Tel: 324925, 314529, 327509(R)
3. Mr M Fakhrul Hussain, Operative Director, SCI  
5/5 Iqbal Road, Mohammadpur, Dhaka 1207 Tel: 313623
4. Mr Md. Emadd Moslem, Asian Field Coordinator  
5/5 Iqbal Road, Mohammadpur, Dhaka 1207 Tel: 313 623
5. Mr M Shafiqur Rahman, Mahfuz, Asstt. National Secretary of SCI & Programme Coordinator, Shapla Neer ( a Japanese Charity )  
4/5 Iqbal Road, Mohammadpur, Dhaka 1207 Tel: 313550, 327509(R)
6. Mian Akbar Hussein, Coordinator, Emergency Relief Operations, SCI  
1/8 Taj Mahalx Road (1st.floor), Mohammadpur, Dhaka 1207  
Tel: 313623



→ 29-30 8pm → Cyclone Hit

→ 9-10 20 Volunteers see

→ 15 June end of all 'Relief'  
to prevent dependency.

Source

'Salt / ~~Shrimp~~ / Paddy'  
(?fishing)

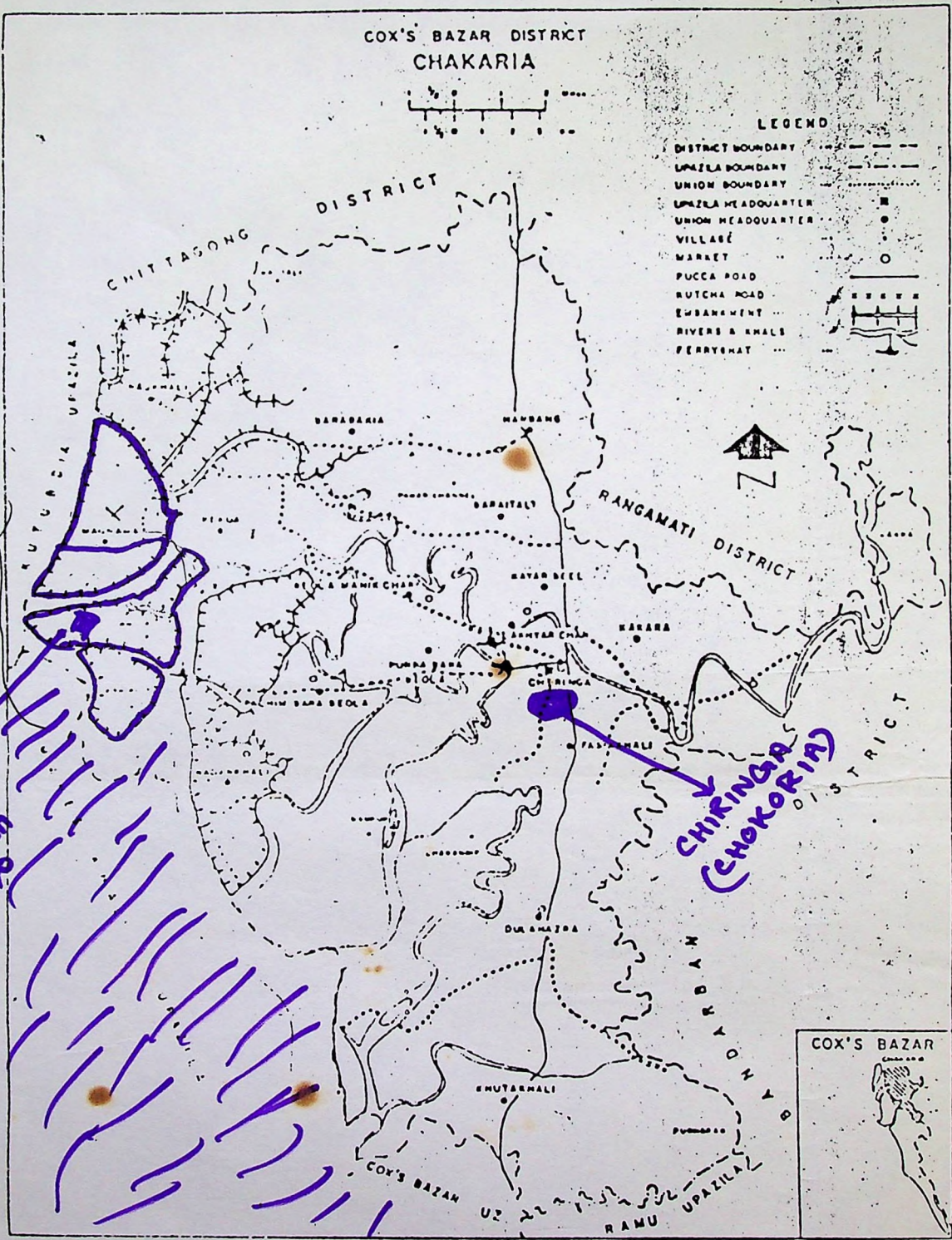
- Cash in Hand. No Banking.

- FLAT LAND

"exposed" vulnerable







W. UJANTIA → word in

→ Mogamma Union

4 Divisions  
↓  
Upazila  
↓  
Ward



~~1~~

Project Title : Emergency Cyclone Relief Operation  
Name of the Organization : Voluntary Health Services Society (VHSS)  
Address : 273, Baitul Aman Housing Society, Road No. 1  
Adnabar, Shyamoli, Dhaka.

PA No. 8199-2  
815755

Contact Person: Director.

Short Description of VHSS: The Voluntary Health Services Society (VHSS) is a Coordinating and support service agency for organizations active in health work through out Bangladesh. VHSS provides support to agencies across the board: Government, Non-Government, Local, National and International. It was established in 1978 to co-ordinate the efforts of service providing agencies with 48 members agencies. Now VHSS has 200 full member agencies and more than another 300 affiliated members all over the whole country. The ability of VHSS to respond with alacrity to situations of local or national disaster is now firmly established. Having a particular awareness of the many health issues relevant in times of calamity, coupled with a nationwide network of member and affiliated agencies, the contribution of VHSS in this sphere has proved to be extremely far-reaching & widespread. Assistance work includes both relief in times of major flood & cyclone and the design & production of health education materials specific to disasters. VHSS takes up such emergency relief and rehabilitation programme only to support and meet the demand of its member and affiliates.

#### Introduction:

On April (29.4.91) the severe cyclone and tidal wave which struck the coastal areas of Chittagong, Cox's Bazar, Nonkhali, Bhola, Charfesshion, Sondives, Patuakhali, Jhalokhati, Borguna left these places totally devastated. According to report of BSS the official death toll till 4th May 1991 stands at 1,25,200 and hundreds of thousands shelterless without food, clothing and safe drinking water. Govt. of the People's Republic of Bangladesh sought help from NGOs. VHSS in this respect has received some medicines and cash from Kumudini Welfare Trust & NATAB to provide emergency food and medicine supply to affected member agency and affiliates and to whoever is sending relief team from Dhaka to these areas. VHSS from its previous stock of ORS and WPT has already distributed a mentionable amount. This is not sufficient enough to face emergency. We need further emergency food, medicine support for affected member and affiliated members agencies for distribution among the victims of the calamity.



### Proposed Operation

VHSS feels that the prime area of concern is to save the remaining lives by providing emergency relief.

- Emergency of food supply
- Provide cloths
- Prevent the diarrhoeal epidemic and arrange treatment to those who are affected.

### The relief programme

A relief committee will be formed chaired by Chairman or Treasurer of VHSS Executive Committee (according to VHSS constitution) comprising the members of VHSS and other NGOs request who are working in the above mentioned areas. Director VHSS will be the member Secretary.

This Committee will allocate resource among the member agencies and member agencies will distribute the commodities among the local victims with the consultation with the local administration.

Documentation and followup: Every item of aid i.e. cash or commodity allocated by the VHSS relief committee will be recorded in Register. Every recipient partner agencies will also keep records of beneficiaries and mode of relief in standard format devised by VHSS finance department. The cash/donation received by VHSS be kept in a separate account and will be audited after a stipulated period fixed by the members of the relief committee.

The donor agencies and the related ministry, department, bureau will be kept informed of progress and a audited and narrative report will be submitted to the agencies.



Proposed funding requirement

Particular	Amount
<b>A. Programme Cost.</b>	
1. Rice & Rice Product/wheat @ 50/per day/family for 10,000 family x 15 days	75,00,000.00
2. Cloths @ 150/per family x 10,000	15,00,000.00
3. Medicine @ 60/per family x 10,000	6,00,000.00
<b>B. Procurement &amp; Distribution Cost</b>	
1. Procurement & Distribution stationery, loc & transport, fuel, Driver & officers per diem	4,80,000.00
=====	
reporting auditing as of	
total cost	1,00,80,000.00

N.B. List of member in Khulna and Chittagong is attached herewith.



LIST OF MEMBERS IN THE DISTRESS AREAS  
THROUGH WHICH WE WISH TO HELP.

CHITTAGONG DISTRICT

001

BANOFUL Social Welfare Project  
1592, Humger Bigh Colony  
Post: Amin Jute Mills  
Chittagong.

002

GHASFUL(MCFP & FW Association)  
36, Nasirabad, Housing Society  
Road No.2, GPO BOX 1057  
Chittagong.

003

Patharghata Health Development Society  
Bandlo Road, Chittagong.  
Tel: 22 41 89.

004

Chittagong Women Working for  
Family Planning & Welfare  
50, K.B. Sattar Road,  
Chittagong.

005

Fatima Rural Development &  
Health Centre,  
Muradpur, P.O. Pemoehoni  
U.Z. Mirsari, Dist. Chittagong.

006

Chittagong Shishu Hospital  
Agrabad (attached to Jambori field)  
Chittagong.

NOAKHALI DISTRICT

001

DANIDA  
P.O. BOX 29, Majidoo Court,  
Noakhali.

002

Morium Health Centre  
P.O. Sonapur, Noakhali.



LIST OF MEMBERS IN THE DISTRESS AREAS  
THROUGH WHOM WE WISH TO HELP.

BARISAL DISTRICT

001  
Krishi Club (Agriculture Club)  
Shaheed Mohd Mannan Road  
P.O. & U.Z.: Bhandaria  
Dist. Barisal.

002  
Oriental Institute  
P.O. Sagardi, Barisal.

003  
Village Doctor's Association  
Vill: & P.O. Dhandoba  
Dist. Barisal.

PATUAKHALI DISTRICT

001  
Bangladesh Gramoon Juba Samity  
Nowmala Sardarpara Prathamik Shikha  
P.O. Nowmala. Bauphal, Patuakhali.

002  
Village Development Centre  
Sankipura, P.O. Box No5  
Dist. Patuakhali 8600.

003  
Rural Development Society  
Jamir Mridhar Hata  
P.O. Baragopaldi, U.Z. Dashmina  
Patuakhali.





SERVICE CIVIL  
INTERNATIONAL-BANGLADESH  
সার্ভিস সিভিল ইন্টারন্যাশনাল-বাংলাদেশ

SCI IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANISATION COMMITTED TO THE PROMOTION OF PEACE AND INTERNATIONAL UNDERSTANDING THROUGH VOLUNTARY ACTIVITIES. FOUNDED IN 1920, SCI IS A MEMBER OF THE COORDINATING COMMITTEE FOR INTERNATIONAL VOLUNTARY SERVICE (CCIVS) AND THE YOUTH FORUM OF THE EUROPEAN COMMUNITIES (EC). IT ALSO HAS CONSULTATIVE STATUS WITH UNESCO AND THE COUNCIL OF EUROPE. IN BANGLADESH SCI IS REGISTERED WITH THE DEPARTMENT OF SOCIAL SERVICES (REG. NO. 213 OF 1962) UNDER THE VOLUNTARY SOCIAL WELFARE AGENCIES (REGD. & CONTROL) ORDINANCE OF 1961 (XLVI-1961) AND FOREIGN DONATIONS ORDINANCE/RULES 1978 AS AMENDED IN 1982 (REG. NO. R-184).

STREET ADDRESS : 5/5, IQBAL ROAD, BLOCK-A MOHAMMADPUR, DHAKA 1207, BANGLADESH. TEL: 313623. TELEX: 642940 ADAB BJATTN: SCI.  
MAILING ADDRESS : G.P.O. BOX 3254, DHAKA-1000, BANGLADESH.

No.221/ERO/SCI-IMT-22/91

10 June 1991

Mr.Md.Mahbubul Alam Liton  
Team Leader In-charge  
SCI-Emergency Relief Operation  
Char Fassion  
Bhola.

Sub : Return of Dr. Sanjiv Lewin to Calcutta, India on 22 June 1991.

To facilitate Dr. Sanjiv Lewin's return to Calcutta, India on 22 June 1991, please note to arrange his departure from Char Fassion and report to Dhaka on/by 20th June 1991 positively. His return air ticket by B.B Flight on 22 June 1991 has been confirmed.

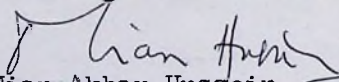
Sd/-

Mian Akbar Hussein  
Coordinator  
Emergency Relief Operation

No.221/1(1)/ERO/SCI-IMT-22/91

10 June 1991

c.c to: Dr. Sanjiv Lewin, Char Fassion, Bhola. In endorsement to this office Memo.No.187/ERO/91 dated 3.6.91, he is requested to report to Dhaka on/by 20 June 1991. His return air ticket by B.B flight scheduled on 22 June 1991 has been confirmed.

  
Mian Akbar Hussein  
Coordinator (ERO)





SERVICE CIVIL  
INTERNATIONAL-BANGLADESH

সার্ভিস সিভিল ইন্টারন্যাশনাল-বাংলাদেশ

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MAILING ADDRESS : G.P.O. BOX 3254, DHAKA-1000, BANGLADESH.

178/ERO/91

May 31, 1991

The Director,  
The VHSS Voluntary Health Services Society,  
Dhaka-1207.

Dear Firiend,

This refers to our discussions on deputation of 2 ( two) medical personnel from the SCI International Medical Team for partaking in the ongoing emegency cyclone medical care among the needy destitutes. You will be glad to know that the following medical personnel are being placed at your disposal for utilising their services in greater Chittagong district :

1. Dr. Sanjiv Lewin ; and,
2. Dr. Anne Marie Rego.

2. These two dotors will be pleased to join and help you carry out ongoing medicare services as warranted by the nature and needs under the plan of operation for cyclone victims in the greater Chittagong district. They will work under programme for 20 days including 2 days leave and one-day's get-together with other 5 medical personnel ~~put~~ under ongoing programmes undertaken by GK ( 2 medical personnel) and SCI-Bangladesh ( 3 medical personnel) in the same areas of greater Chittagong district for sharing their field experiences among them ( if possible with the representatives of GK, VHSS and SCI-Bangladesh). All of the aforementioned personnel of the SCI International Medical Team must return to Dhakaby/on June 20, 1991 positively to facilitate their retun to Calcutta on June 22, 1991.

3. We shall be obliged in the event VHSS would kindly arrange place of spending their 2-days holiday and 1-day's venue for sharing field field experiences. In this deliberation, SCI-Bangladesh likes to send two representatives. Kindly let us know the feasibility of our request.

Thanking you in anticipation of your continuing cooperation hitherto.

Yours truly,

( Mian Akbar Husein ),  
Coordinator Cyclone Emergency Relief.

CC: 1. Dr. Sanjiv Lewin  
2. Dr. Anne Marie Rego  
3. SCI-B.