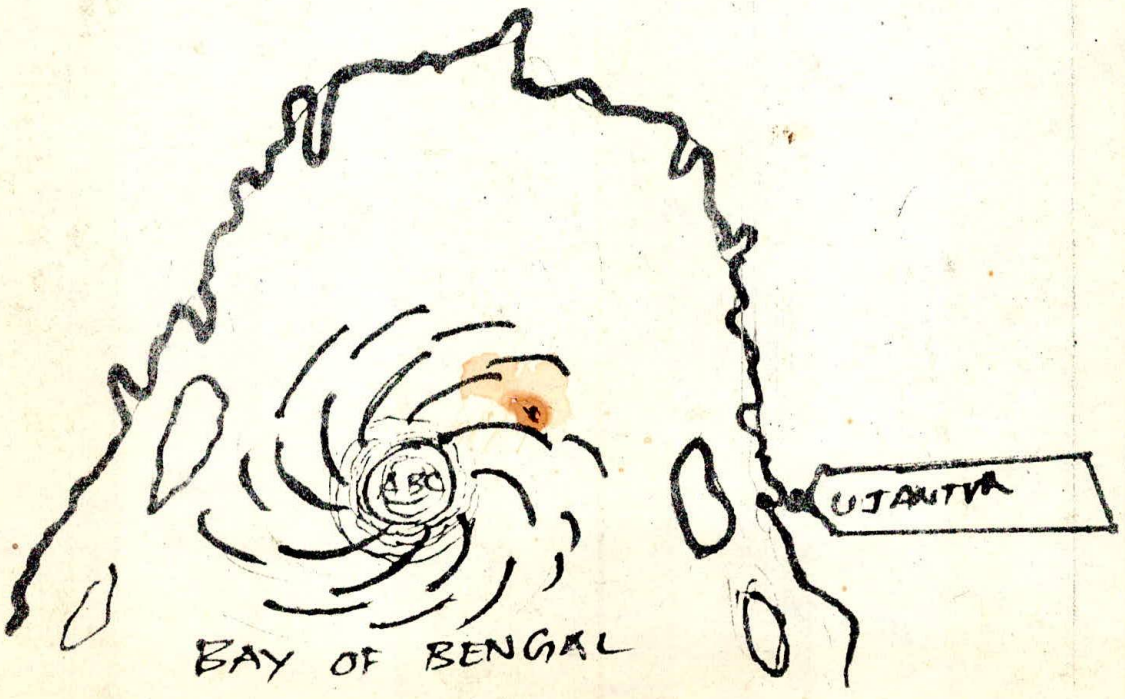
RF/DM-2/BAG-2/SUDHA 21/6/91

DM S.11

REPORT OF THE (ABC.) VOLUNTEERS FROM BANGALORE

SGI BANGLADESH

CYCLONE RELIEF AT UJANTIA OF COX's BAZAR DISTRICT.



INTRODUCTION

We (ABC team) Anand. Beatrice and Chander were requested by S.C.I Bangladesh to go to cyantia along with the S.C.I volunteers of Bangladesh to assit in food distribution and medical work.

We reached cyantia at 1.P.M on the first of June 1991. After lunch we relaxed for some time. The weather was very cloudy and there was drizzling in the evening. Around 6.0 o'clock we heard the news from Radio Bangladesh saying that the Signal Six was there for all the costal areas. We could see the people started coming to the Shelter. Baskar bai our team leader was worried about us and he discussed with the team to send us to Chotoria for safety that night, he couldn't send that night because of heavy rains. The SCI volunteers who were all staying in one hall vacated that for the people and we all moved into the Red Creasent people's room. The room was full. we spent that night in that room.

As we got up the next morning we found the weather was clear and we heard the news again from Radio Bangladesh saying nothing to worry about and the cyclone had changed its route.

BACKGROUND OF THE AREA

Cyantia is situated 400 km away from Bay of Bengal in Chotoria upazilla of Cox's bazar district. When we went to cyantia we could see only water all around, and the ponds were full of salt water in which people use to collect rain water

to use for bathing and washing, we heard later that people cook in the pond water. As we went to the terrace to see the land, we never missed to see the Green colour and Blue colour few houses near and far which forms a village. These blue and green colour is the polyethelene Sheets supplied to the people to reconstruct the houses.

We could see people were busy in Constructing roads, houses, and mosques. the ~~normal~~ life It looked the normal life had just begun. We could see people fishing and involved in salt projects which use to be their major occupation. ~~Some~~ Agriculture work could'nt be started because there was Sabine water in all the fields.

OUR EXPERIENCE

We went with great enthusiasm to Uganda to do Some useful work. It was a disappointment that the work was going on without proper planning inspite of the need of both food and medical.

First I went to the Stores to help in food distribution, I found that there was enough people to do that work. Then I went to the medical team, there I found there were three agencies involved in without proper co-ordination among them. Desperately I wanted to do Some work, Nobody was bothered to assign me any work. Then I found the Same medical people who were doing the consultation we doing the dressing also. Finally decided to

take up the dressing of wounds work. As I started a patient came with a big cut below his thumb. he had to be sewiched without anesthesia. I could feel the pain that patient was going through. After that I expected the doctor would give him Tetanus toxide, to my surprise there wasn't ~~T.T.~~ the patient was asked to come back for removal of the swiches. but I haven't seen him again.

After three days. I wanted to go into the field (villages) because I wanted to see the cause of diarhoea, ~~three~~ 60% of the cases were diarhoeal, and I could see ~~so~~ everyday Severe dehydration cases coming to the Health.

I went with the volunteers to the villages who wanted to collect information about families for distribution work. When I went to the field I could see people living in a very poor environmental Sanitation conditions.

Until the end of the first week there was no any meeting of the volunteers to share the experiences. At last I was able to organise a meeting with the help of Dr Baskar. It was really an useful one I had an opportunity to share with the team who causes the ~~problems~~ health problems and how to tackle the problems. The first meeting helped us to plan things and do. The volunteers were willing to go to the village to do health education on ORS. Diarhoea, and Environmental Sanitation.

It was a disappointment that we couldn't do anything because of heavy raine. It was planned to dig 100 pit latrikes and nothing could be done because of heavy rain and the water level was too high. After two three feet the water came up. It was a good plan that we decided to distribute food material only to the people who dig a pit latrine. disposal of human excreta all around and the latrine which the people was so poor, the excreta is just falling into the pond where people fish and use water for bathing and washing.

The Medical work was just a Doing Pushing, Though we had some serious patients the patient care was very poor. There was enough place where we could have organised a place to make the serious patients to lie down. There wasn't a proper place for giving saline to the patients who required. One important incident I would like to share here. One day a patient had to be given saline. There was no place. the doctor told me to make him lie down in the terrace and have it. There was no place to tie and hang the IV bottle. the doctor told the father of the patient to hold the saline bottle. Poor father holding it for some time. After few minutes it started raining, I ran and complained to the doctor. the doctor coolly telling me there wont be a problem

finally when I went to the terrace to see the patient I could see the Patient holding his needle and the father holding the I.V bottle and running down for shelter.

I am not bothered about the lack of co-ordination among the NGO's who worked in the shelter, but I felt if S.C.I. could have planned well and acted accordingly. We could have done wonderful work. It would have been better if the NGO's in the shelter had the co-ordination among themselves, I would appreciate the friendly relationship S.C.I had with other NGO's in the shelter, S.C.I could have made use of that to co-ordinate them.

SUGGESTIONS AND RECCOMENDATION

→ Co-ordination among the NGO's involved in medical work in the shelter has to be made.

→ Everybody was doing the same work, there need it be duplication of work.

Among the NGO's worked there S.C.I had enough medical and food materials but lack of Co-ordination Other Agencies are making use of S.C.I ~~note~~ medical aids which S.C.I could have done it effectively by themselves.

A room or a portion of the room has to be maintained seperately for the patients who needs ~~to stay~~ doctors observation and stay.

Lack of Job specification to the well committed & ~~of~~ volunteers, they couldn't be used effectively.

Everyday there should be a meeting or informal gathering of the volunteers & share that days experience, (we can call it monitoring) would help to check the effectiveness of the work and it will also help if any changes needed it can be done by sharing with the group.

When we do the medical work one should keep an eye on the outbreak of diseas and must try to find the cause, and must try to attack the causes along with the treatment of the diseases. 80% of the diseas in our tropical countries are preventable. Always along with medical work there need to be a community awareness programme on the effect of Cyclone and how to tackle the health problem by the community in the community level.

Many Severe dehydration cases could have been prevented if people are educated on diarrhoea and how to make ORS at home.

People in the costal area must have community organisation to tackle cyclone and its effect.

This survey had done some people and relief work is being done by

another group. When a new group reaches to shelter ~~and~~ to release the old group there should be a meeting for them to get to know the leaving groups experience and to know the new groups responsibility.

We are grateful to SCI Bangladesh for providing an opportunity to participate in the relief work. We are very happy and we appreciate S.CI Bangladesh for its involvement in the Cyclone relief work. If SCI plans well and make use of the resources available effectively. SCI will be doing the best work among the needy in the shelter.

We once again thank you on behalf of the Bangalore team.

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2. B. Limpens

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