RF/DM-3/LAT-2/SUDHA

VOLUNTARY HEALTH ASSOCIATION OF INDIA

MAHARASHTRA EARTHQUAKE - AN UPDATE New Delhi

Overall situation

Three months after the earthquake of 30th September 1993, ongoing efforts to ensure long term rehabilitation of the victims deserve a proper analysis and criticism - The activities at different levels by the government, NGO and Donor Agencies is at a turning point.The ongoing diologue between the government, NGOs, engineers, architects, the donor agencies and the village communities has brought out some very important issues.

Housing/Construction

Several NGOs who were part of the relief operations are now concentrating on construction. Next to loss of lives the greatest devastation has been done to the building in Marathwada area. According to the Maharashtra government, about 1,75,500 houses have developed cracks and suffered minor damage. An update brought out by SPARC says that a massive programme of total reconstruction of about 57 villages and strengthening of partially damaged houses in about 600 villages in that region is underway which will last between 3 to 4 years. Several donor agencies have already started the preliminary work even while negotiations are underway with the World Bank. The dispute regarding allotment of plots is yet to be settled in certain villages. Some of the villagers expressed reservations about one of the proposals which will construct houses according to the area of land one possesses. This has irked disputes which are yet to be settled. Reports do indicate that the government will give houses with 250 sq.ft. and the government has already announced loans to those who are interested in the construction of houses with a larger area. MHADA is going to undertake construction of houses in Latur and Killari.

The Advisory Group constituted by Ministry of Urban Development (GOI) on November 1, 1993 and headed by Mr.K.Padmanabhaiah includes experts like Laurie Baker. A report of the Advisory Committee dated December 8, 1993 points out that the damage assessment is already delayed and has to be completed very quickly. If the government and the NGOs are to ensure community participation in the construction, the workers need to be oriented in Earthquake Proof Technology.

Health

Government health department diluted their activities by the 29th day. Subsequently PHC teams have been stationed in the villages, but villagers compain that services of the medical team are not adequate or needbased.

VHAI Earthquake Rehabilitation Co-ordinating Centre

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or messages with Dr.Ahankari
Regular contact place/person:
Dr.Ashok Ahankari,Abankari's Clinic
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The initial flow of drugs in excess quantities has led to misuse, eg: dependence and the indiscriminate use of tranquilizers has already started creating problems. The overall situation regarding the mental health status of victims is depressing. The very fact that neither the government nor any agency is working effectively or in cordination, speaks for itself.

Another problem which is presently being felt is the increase in the consumption of alcohol by youth and others. This further complicates the plight of the villagers, struggling to regain normalcy. This phenomenon was pointed out by psychiatrists like Dr. Harish Shetty, who have visited the affected areas recently. Apart from this, the repeated tremors (called after-shocks) still creates panic among the villagers. People painfully realise that the disaster can strike again, anytime.

The VHAI strategy

Selection of Project Areas:

Extensive field visits were made to 27 of the affected villages in both Latur and Osmanabad districts.From among the worst affected areas, neglected villages with poor access to health services and marginal or poor involvement of local agencies were carefully screened and a total of 5 villages in Osmanabad District have been selected for intervention.

Assessments for Intervention:

In the Osmanabad District it has been found that out of the 1493 cases admitted to the local government hospitals, around 50% were found to be orthopaedic injuries.Since October-November 1993, the VHAI team has been intensively involved with other health professionals in a quantitative assessment of orthopaedic injury cases residing in the selected villages. Todate more than 130 cases needing immediate attention in the 5 villages have been identified based on house-to-house surveys, individual interviews and an analysis of available medical records. Preliminary findings of this village based study also indicate a substantial case load of mentally traumatised individuals requiring assistance. This situation is likely to intensify during the rehabilitation phase.

Collaboration with other Agencies:

Although the initial fervour of agencies involved in relief activities has decreased substantially, the presence and involvement of health/development agencies in rehabilitation activites is still evolving and rather dynamic. Activites and plans of voluntary/government agencies involved in health, women's development, income generation and house reconstruction programmes activities in the area are also being closely monitored and field level collaboration being sought whenever possible.

The SOS Children Village has finally started a Centre at Latur for around 200 orphans of both Latur and Osmanabad Districts. The Government has given land and SOS is in the process of setting up a children's village for comprehensive care.

The long term rehabilitation of orthopaedic cases through regular interventions by physiotherapists is going on in certain villages in Osmanabad. The activities for groups like Handicap International, Samuha, VHAI and other like minded groups has significantly addressed the issue of rehabilitation of orthopaedic cases.

Community Based Strategy

A group of resident community volunteers have already been selected from the 5 villages. On the site orientation and training sessions are being conducted periodically to identify new cases, provide regular and timely followup, facilitate utilisation of available services, mobilise local resources and organise group activities. Health professionals and students from the College of Physiotherapy, Pune and Sion Hospital, Bombay have also been mobilised and are providing on the field support, training and assistance on a regular basis.

The VHAI team has been involved in the liaison with local agencies as well as the coordination, close monitoring and supervision of field activities on an ongoing basis.

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VHAI team: Dr.P.V.Unnikrishnan, Christina De Sa, Dr.Anil.P, Nilina Mitra, Sanjoy Sen Gupta and Chandrashekaran.

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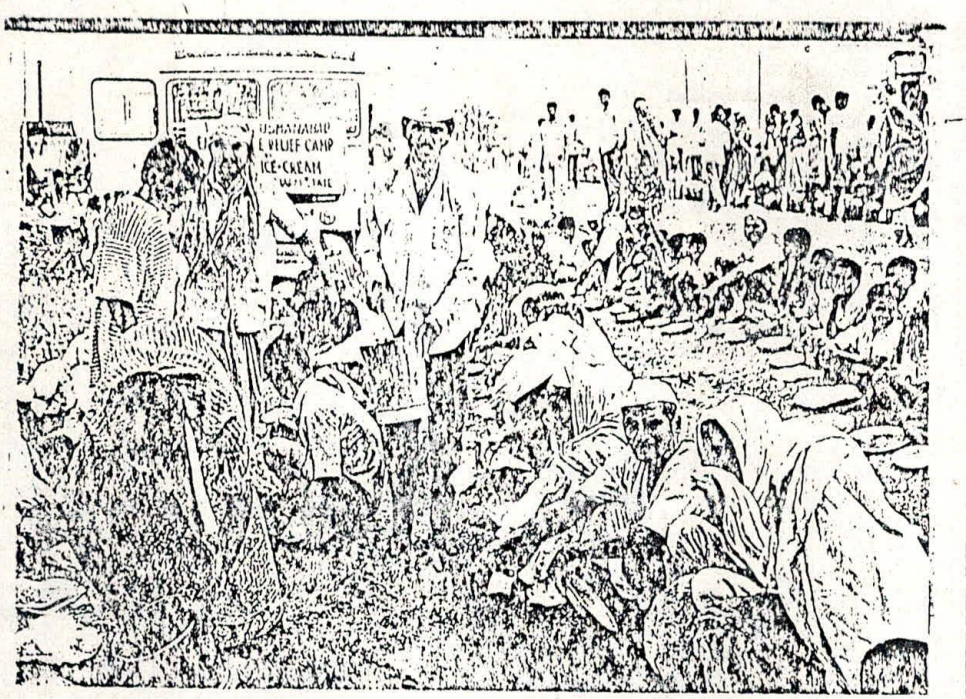

The staff of an Ahmedabad-based ice cream company serving cooked food at a camp at Holi.

iately noted down.

here are two distinct categories of voluntary organisations which offer different types of aid. Many charitable and philanthropic organisations responded almost immediately by undertaking to conduct mass feeding programmes, and free distribution of essential items such as clothes, utensils, buckets and stoves. Each village was allocated to one organisation.

In Talani village, the local Manjira Sugar Factory started a public kitchen from the second day of the earthquake. Food (rice, dal, a vegetable and puris) was being cooked in a makeshift shelter. The factory runs kitchens in eight cc s and feeds 2,000 persons twice a day. At Ganjankheda, the feeding programme had been given to volunteers from the AIBEA and an organisation of youth from Bombay called the Yuvak Biradari. In Narangwadi village, the rudev Sidha Peet, Ganeshpuri, was eding 1,500 persons twice a day.

At Sastur village, a large but disciplined crowd was being given a full kitchen kit (stove, lantern, rations, utensils, bucket and blankets) by representatives of the Akhil Maharashtriya Jain Sanghatana. According to Vijaykumar Bedmutha, its district representative, the organisation was in charge of nine villages and fed 15,000 persons twice a day. "This is a rich area, fully irrigated. So we are also, in collaboration with the *Times of India* Relief Fund, providing families with MAHYCO's hybrid sunflower seeds," he said.

The range of organisations involved in this type of relief is quite varied. They include such innocuous-sounding organisations as the Soil Conservation Department, Solapur; the Jai Jawan Singh Factory, Nalegaon; the Rig Owners Association, Solapur; the Swami Narayana Swamy Mandir, Bombay; the Gurdwara Mandal, Nanded; the Seva Bhavi Samstha and the Khandesh Vidarbha Sangh.

A group that responsed immediately to the crisis was the medical community. According to Rajiv Jalota, Chief Executive Officer of the Osmanabad Zilla Parishad, 22 organisations (including the Indian Medical Association, Parbhani; the Lions Club, Karad; the Ashta Medical Association, Ashta; Balasaheb Thorat Association; the Indian Navy; the Red Cross, Andhra Pradesh; the Wadia Muslim Mission, Hyderabad; the Lokal Medical Association, Natheputhe; and the Seva Phani Trust, Pune) sent a total of 227 doctors.

The second category of voluntary intervention has come from those non-governmental organisations (NGOs) which have been involved with rural development in other parts of the country, and which intend to involve themselves with the long-term rehabilitation of the people of the area. The Church's Auxiliary for Social Action (CASA), the social service arm of 23 Protestant organisations and which has worked before in disaster-hit areas, is working in several of the badly-affected villages. According to Vimal Sonwani of CASA, "We have distributed of 10,000 relief kits and 20,000 TABC vaccines. But these are just fire-fighting measures. We would like to be involved with rehabilitation, followed up by development work."

The Voluntary Health Association of India (VHAI) is another organisation which has plans to involve itself with long-term rehabilitation of the victims, according to its representative, Dr. P. V. Unnikrishnan, "After mass tragedies people develop what is called PTSD (Post Trauma Stress Disorder), the symptoms of which are loss of coordination and violent responses to stressful situations. Treating this will be part of our long-term rehabilitation effort. We will move in after the initial medical needs of the affected people are taken care of."

A group of 40 NGOs have already come together to coordinate their efforts better. NGOs with their smaller resources but committed workers are well equipped to handle the more sensitive areas of rehabilitation — like orphan and widow rehabilitation, for example. The Maharashtra Government seems to have recognised this potential of the NGO initiative.

The Shiv Sena is also trying to make its presence felt, although there seems to be a conscious effort to confine itself to areas where it can be seen. Forked saffron flags are planted along the main highways and important villages, but hardly in the interior areas.

The third category of relief has come from foreign governments and voluntary groups. According to Nand Lal, Settlement Commissioner, Maharashtra, who is in charge of relief supplies to Osmanabad district, USAID sent 488 tents, eight lorryloads of plastic tarpaulins, and nearly 5,000 water containers. The British Government sent blankets and 460 tents. Japan sent 800 blankets, water blooms, water purifiers, 60 generators, cord reels and emergency medical kits. Pakistan sent 148 tents. CARE (Cooperative for American Relief Everywhere) International has already committed $ 30,000 towards relief, and according to R. C. Mahajan, Coordinator for Earthquake Relief of CARE, "We would like to be part of the Government's rehabilitation programme, particulalrly its ICDS (Intergrated Child Development Scheme) in the area." At the core of the relief system is the mass feeding programme which gives affected populations two meals a day. This will be withdrawn when the transition from relief to rehabilitation is made.

What will happen then? How will this vacuum be filled? Will the focus be on generating employment? On Dasara day, a major phase of the rehabilitation programme will start with the construction of new villages. It remains to be seen if the Government will be able to direct a comprehensive programme of rehabilitation with the same efficiency as it showed in providing relief.

Oman, Feb 23, 1994

Dear Helma,

I shall be here until March 6. Then
Ok to Bangalore for the Mental Health Workshop
at NIMHANS from March 8-12.

I do hope it will be possible to meet up
with you. It was so nice to discuss the issues with
you during your visit.
Many thanks for all the
support, concern & materials that you
sent!

The work is beginning well, more when
we meet.

Sincerely

Christina Desa

CHRISTINA DESA

POSTAL ADDRESS : C. DESA (MAI), C/o MR SHAFI
(Until
Nov 7)
HOTEL PRATHAM
560/61 SADAR BAZAR
SHOLAPUR
MAHARASHTRA

To SPT
Could you contact Christina
at NIMHANS. If she has time
perhaps she could come
over to CHC & share their
experiences & the current situ-
ation in the Team
SW
8/3

THE EVENING NEWS (DELHI) OCT 20th 1993.

Conscience quakes...

THE EVENING NEWS - DELHI - 20-OCT-93

Evening News Correspondent

NEW DELHI, Oct. 20 — The Voluntary Health Association of India (VHAI), an umbrella body representing more than 3,500 health and community development organisations in its report following an on-the-spot assessment of earthquake hit areas of Maharashtra has pointed out several bottlenecks in the relief work in the villages. The report has also categorised rampant corruption and misbehaviour by the authorities.

The report states that there was much difficulty in obtaining the authentic and reliable data at and around the affected ares. Vital information regarding the relief and rehabilitation operations could not be disseminated among the affected villages leading to chaos with distribution of emergency supplies.

The report claims that while emergency supplies and assistance has been concentrated in certain villages a wide cross-section of affected villages was being neglected.

An on-the-spot survey of types of medical cases in affected villages and hospitals revealed that major case load comprised of

Continued on back page col. 2

Quake relief

Continued from page 1 col. 2

trauma-related psychiatric cases, orthopaedic injury related cases and injury or damages to internal organs due to crushing.

The report said that in Solapur district reported alone 77 cases of Paraplegia were dealt with, and no long-term rehabilitation plans were envisaged yet. There was no mechanism to listen to grievances of victims and survivors. There was rampant corruption and misbehaviour of authorities. The report hints at village sarpanches extorting money from village to issue resident certificate.

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THE HINDU 20 th OCT 1993

Relief operations marred by corruption: report

From Our Staff Reporter

NEW DELHI, Oct. 19.

With emergency supplies and assistance concentrated in certain villages, a number of quake-affected villages in the Marathwada region have been neglected, according to a status report brought out recently by the Voluntary Health Association of India (VHAI).

An on-the-spot assessment made by the Delhi based voluntary organisation has suggested identification of specific needs of selected clusters of affected villages receiving inadequate assistance before disbursing relief.

According to the report, relief operations, were, no doubt taken on a war footing, but there was no mechanism or machinery to listen to the grievances of the affected victims and to determine their long-term needs. It also recorded rampant corruption hampering relief operations.

The VHAI report also called for monitoring of interventions and strategies undertaken by state agencies in order to identify specific grievances and channelise resource distribution at local levels.

Stating that there was much difficulty in obtaining authentic and reliable data at and around the affected areas, the VHAI report said vital information regarding the relief and rehabilitation operations could not be disseminated among affected villagers and this led to chaos in the distribution of emergency supplies.

Among the major recommendations, the report called for indetification of beneficiaries in neglected villages.

The four member team comprised Mr. P. V. Unnikrishnan, Christiana De Sa, Raj Bhujbal and Joseph Singh. The on-the-spot assessment was taken during the first week in order to plan specific interventions and strategies through VHAI at the central and local level.

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Latur, Osmanabad residents live in fear of quakes

THE INDEPENDENT - 9 NOV 1993

Sriprakash Menon
Latur

THE FEAR of earthquakes has gripped villages in the districts of Latur and Osmanabad. The inhabitants, mainly farmers and farm labourers, spend their nights outside their homes in maeshift pandals.

Even though it is over a month since the catastrophe, "fear is the night" for the still shell-shocked villagers. The main reason for their being scared of the dark is the fact that the earthquake hit them at dusk. All this was evident from the villagers who are still recovering from their ordeal at various rehabilitation centres

Their fear is compounded by continuing minor tremors experienced in villages near Umerga and Khillari. These minor quakes, termed by experts as "after shocks," are said to generally occur after a big quake.

Latur district collector Praveen Pardeshi, overseeing the mammoth earthquake relief operations, however, said: "Geologists have not given anything in writing to the administration saying that the 'after-shocks' are natural. It is true tremors are still being felt in some villages; 70 of them have been reported to date. Geologists and officials from the India Metereology Department are studying the phenomenon of quakes and after-shocks."

Even though Divali is just a week away, their is little festivity in Latur, the main commercial centre in the area. "Most shops are normally illuminated well in advance and there is a huge movement of people to and fro during Divali. This year, however, many non-resident Latur families are not planning to come here or to even celebrate the festival," an autorickshaw pointed out. "People in Latur have not been much affected by the quake, but they have been moved by the relief rehabilitation process going on around them."

Moreover, villages around Latur are rife with rumours that another big quake is going to hit them on Divali. Such rumours have been doing the rounds for quite sometime. In Latur, people are generally not bothered about a quake as there was hardly any damage during the previous one.

Meanwhile, Pardeshi said that "each family had been given a cubicle of 170 square feet in the temporary structures erected in around 40 villages. The next problem the administration is faced with are the demands by villagers residing on the fringes of the quake-affected areas. Villages not included in the rehabilitation scheme have also been exerting pressure to build temporary sheds for them," he said.

The most important task before the administration, says Pardeshi, is to obtain more land for the various rehabilitation schemes. The government has already acquired 714 hectares of land in which various civic amenities, such as roads and power supply, will be provided. Over 75,000 people have been accommodated in these temporary shelters, he said.

The rehabilitation process has, however, been criticised in a section of the press as being "slow and ineffective." A local leader reported that many items, including essential commodities meant for the quake victims, have reached the homes of 'fair price' shop owners. The matter is being investigated by district officials.

At a number of relief camps, quake victims suffer from both physical and mental trauma. Orthopaedic cases are not getting proper post-hospitalisation attention.

The Delhi-based Voluntary Health Association of India, with its team of social workers headed by Dr Unnikrishnan and Ajay Kumar, is engaged in helping out such patients. Christina De Sa, a member of VHAI, said that post-medical attention for orthopaedic patients was essential as some of them were temporarily handicapped. Neglect could well lead to permanent disability, she added.

B Ravinathanan, a physiotherapist from the Pondhicherry-based Handicap International, said that non-government organisations were doing a good job, but a lack of coordination among them was proving to be counter productive. The NGOs have as yet to realise that a joint effort would be much more effective, he added.

Volunteers of the Vivekananda Medical Foundation and Research Centre, Latur, operating under the banner of Jan Kalyan Samiti, have rendered medical attention to about 400 earthquake victims. The Samiti has 1,500 volunteers active in around 10 villages. Aware India, another NGO, is helping out in health care in Latur and Osmanabad districts.

Around forty earthquake victims being treated at the Vivekananda Hospital, Latur, are not sure about their future. Many of them are unaware about rehabilitation and relief operations under which they would be entitled to free housing as well as the other relief measures being provided by the government.

BRIEFINGS

MATHRUMBOOMI (MALAYALAM DAILY) -OCT 10, 1993

ദുരിതാശ്വാസം: സന്നദ്ധ സംഘങ്ങൾക്ക് ഇത് പരീക്ഷണഘട്ടം

കെ. രാജഗോപാൽ

ബോംബെ: ഭൂകമ്പം ബാധിച്ചലാത്തൂരിലും ഒസ്മാനാബാദിലും ഷോലാപൂരിലും സന്നദ്ധസംഘടനകൾക്ക് പരീക്ഷണഘട്ടമാണ്. എക്കാലവും സർക്കാറിന്റെ പ്രവർത്തനങ്ങളെ വിമർശിച്ചുപോന്ന ഇവർക്ക് ഇപ്പോൾ അവരുടെ കഴിവ് തെളിയിക്കാൻ സ്വന്തമായി ഗ്രാമങ്ങൾ അനുവദിച്ചിരിക്കുന്നു. 6 ഗ്രാമങ്ങളാണ് സർക്കാരിതര സംഘടനകൾക്ക് പ്രവർത്തിക്കാൻ ലാത്തൂർ ജില്ലയിൽ അനുവദിച്ചിട്ടുള്ളത്.

നാല്പതിലേറെ സർക്കാറിതര ഏജൻസികളാണ് ലാത്തൂരിലും സമീപപ്രദേശങ്ങളിലും ഭൂകമ്പബാധിത പ്രദേശങ്ങൾ ദത്തെടുക്കാൻ തിരക്കുകൂട്ടി തമ്പടിച്ചിട്ടുള്ളത്. 'മാനവ് ലോഗ്' എന്ന സംഘടനയ്ക്ക് 15 ഗ്രാമങ്ങളാണ് അനുവദിച്ചിട്ടുള്ളത്. വിവേകാനന്ദ ആസ്പത്രിക്ക് 10 ഗ്രാമങ്ങൾ ദത്തെടുക്കാൻ ഗവൺമെന്റ് സമ്മതം നൽകിയിരിക്കുന്നു.

ഗ്രാമങ്ങൾ ദത്തെടുക്കാൻ തിരക്കുകൂട്ടി എത്തിയിട്ടുള്ളവരിൽ എത്രപേർ ദീർഘകാലത്തേക്ക് ഈ ഗ്രാമങ്ങളിൽ പ്രവർത്തിക്കുമെന്ന് കണ്ടുതന്നെ അറിയണം. ധനസഹായത്തിനു വിദേശ ഏജൻസികളെ ആശ്രയിക്കുന്നവരാണ് ഇത്തരം സന്നദ്ധ സംഘടനകളിലധികവും. എത്രയും വേഗം ഒരു ഗ്രാമം സംഘടിപ്പിക്കുക, പദ്ധതി തയ്യാറാക്കുക, പണം സംഘടിപ്പിക്കുക—ഇതാണ് ചില സംഘടനകളുടെ പ്രധാന ലക്ഷ്യം. പല സർക്കാർ സംഘടനകളും വെറും കടലാസ് സംഘടനകൾക്ക് ഇങ്ങനെ പണം അനുവദിച്ചതായും റിപ്പോർട്ടുണ്ട്.

ആരോഗ്യരക്ഷാ പ്രവർത്തനരംഗത്ത് ദീർഘകാല പദ്ധതിയോടെ പ്രവർത്തിക്കാൻ ആരും തയ്യാറാവുന്നില്ല എന്നും പരാതിയുണ്ട്. ഈ രംഗത്താണ് സന്നദ്ധ ആരോഗ്യ സംഘടനകൾ (വിഎച്ച്എഐ) പ്രവർത്തനം ഊർജ്ജിതപ്പെടുത്തുന്നുകയെന്ന് സംഘടനയുടെ പബ്ലിക് റിലേഷൻസ് ഡിവിഷനിൽ പ്രവർത്തിക്കുന്ന ഡോ. ഉണ്ണികൃഷ്ണൻ പറഞ്ഞു. ദീർഘകാലാടിസ്ഥാനത്തിൽ ഗ്രാമങ്ങളിൽ ആരോഗ്യരക്ഷാ പ്രവർത്തനങ്ങളാണ് ലക്ഷ്യം. ഇത്തരം വലിയ അപകടങ്ങളുണ്ടായാൽ അത് അവശേഷിക്കുന്ന വ്യക്തികളെ മാനസികവും ആരോഗ്യപരവുമായി ബാധിക്കും. പ്രിയപ്പെട്ടവരുടെ വേർപാടും ഈ അവസ്ഥ സൃഷ്ടിക്കുന്ന ഞെട്ടലും ദീർഘകാലത്തേക്ക് വ്യക്തികളെ രോഗാതുരരാക്കും. ഇങ്ങനെയുള്ളവരെ ഒത്തെടുക്കുകയും ചികിത്സിക്കുകയുമാണ് ദീർഘകാലാടിസ്ഥാനത്തിൽ സംഘടന ചെയ്യുക. ഇതിനായി ഗ്രാമങ്ങൾക്കു സമീപം ഒരു പ്രാഥമികാരോഗ്യ കേന്ദ്രം സ്ഥാപിക്കാനും സംഘടന ഉദ്ദേശിക്കുന്നുണ്ടെന്ന് ഉണ്ണികൃഷ്ണൻ അറിയിച്ചു.

ഭൂകമ്പത്തിൽ ഇപ്പോൾ ജീവിച്ചിരിക്കുന്നവരെത്തേടി ലോകത്തിന്റെ നാനാ ഭാഗങ്ങളിൽ നിന്നും സഹായം പണമായും വസ്തുക്കളായും അഭ്യർഥനയിൽ പ്രവഹിച്ചുകൊണ്ടിരിക്കുകയാണ്. പക്ഷേ, ഇത് ദീർഘകാലത്തേക്ക് ഉണ്ടാവാനിടയില്ല. ദീർഘകാലത്തേക്ക് ഗ്രാമീണരെ പുനരധിവസിപ്പിക്കുക പൂർണമായ അർഥത്തിൽ വലിയൊരു വെല്ലുവിളിയാവും.

ഇതിനിടെ സർക്കാറിന്റെ പേരിലോ അവിടെത്തെ പ്രവർത്തനങ്ങളെപ്രതികൂലമായി ബാധിക്കുന്നതായി പരാതിയുണ്ട്.

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VHAI Media Coverage

THE SUNDAY OBSERVER.

(February 6, 1994)

EARTH QUAKE

Govt apathy compounds quake-hit victims' misery

RAJNEESH DHAM

BOMBAY, FEBRUARY 5: Voluntary organisations are concerned about the Maharashtra government's failure to develop a plan for long term rehabilitation of orthopaedic and trauma victims of last September's earthquake which devastated 72 villages in the districts of Osmanabad and Latur. Reports have trickled in from doctors and psychiatrists working in the area about the abuse of tranquillisers and alcohol in several villages.

Following complaints of insomnia, loss of appetite and restlessness (also known as post-traumatic stress disorder), multi-purpose health workers (MPHWs) stationed at primary health centres have been doling out sleeping tablets and pain killers in substantial quantities. A report prepared by the Voluntary Health Association of India, the apex body of 3,000 voluntary organisations in the country, finds that the initial flow of drugs in excess quantities has led to a state of drug dependency. The report also says that psychiatrist Dr Harsh Shetty of Bombay, and others, who visited the affected areas, have found an increase in the consumption of alcohol.

Compounding the anxiety of the volunteers is the failure of the state government-run primary health centres to provide physiotherapy and other follow-up for orthopaedic patients, and psychiatric intervention including group counselling for trauma victims. In fact, the government health department has been criticised for scaling down its activities in the affected districts.

Though the government has primary health centres in the affected villages, doctors do not have to be stationed there; they are allowed to visit once every two days, but volunteers allege that they come once every eight days and do not often move out. Neither do multi-purpose health workers who fear that medicine and expensive equipment lying in the PHCs may be pilfered. "Though the government has sent psychiatrists to rural hospitals in Umerga and Latur, their presence is hardly of any importance as trauma victims are still in a comatose state and refuse to leave their temporary sheds to visit hospitals," says D S Gaekwad, a volunteer from Udatpur

Says Dr P V Unnikrishnan of the VHAI: "Long-term rehabilitation of orthopaedic injury-related disability and trauma-related cases is crucial. Experts say that 50 per cent of such cases should be cured in six months. But this is only possible if physiotherapy is started at the right time, that is, from the 45th day onwards. If that is not done, the person could be paralysed. Similarly, group counselling is not available for trauma victims."

VHAI conducted extensive field visits to 27 of the affected villages in Latur and Osmanabad districts, looking out for those which had poor access to health services and marginal or poor involvement of local agencies. They selected four villages in Osmanabad — Taushigad, Kate Chincholi, Udatpur and Murshadpur — for medical attention.

Following the selection of the villages, the VHAI conducted an extensive door-to-door survey and discovered 130 cases needing immediate attention. These cases are part of the 1,493 cases admitted to the local government hospitals, half of them for orthopaedic injuries. On an average, the VHAI also found ten cases of trauma per village.

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THE SUNDAY OBSERVER

JANUARY 30-FEBRUARY 5, 1994

Quake victims on drugs, alcohol

RAJNEESH DHAM

SPOTLIGHT

BOMBAY, JANUARY 29: Voluntary organisations are concerned about the Maharashtra government's failure to develop a plan for long term rehabilitation of orthopaedic and trauma victims of last September's earthquake which devastated 72 villages in the districts of Osmanabad and Latur. Reports have trickled in from doctors and psychiatrists working in the area about the abuse of tranquillisers and alcohol in several villages.

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Compounding the anxiety of the volunteers is the failure of the state government-run primary health centres to provide physiotherapy and other follow-up for orthopaedic patients, and psychiatric intervention including group counselling for trauma victims. In fact, the government health department has been criticised for scaling down its activities in the affected districts after a month.

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Quake victims on drugs, alcohol

continued from Page 1

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Adding to the woes of the victims are poor sanitation facilities which could play havoc once the monsoon sets in. "There is no proper drainage system and community latrine. This could create water-born, hygiene and sanitation-related diseases," says volunteer Babu Maruti.

The World Bank delegation which visited the earthquake-hit districts recently is said to have reacted positively to a community-based rehabilitation model developed by the VHAI, and may adopt it in its health component. Besides providing need-based health services to victims, checking rampant abuse of tranquillisers, educating villagers how to react to further tremors, the model stresses physical activities like volleyball and football.

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