RF/DM-3/LAT-7/SUDHA DM 1.23

(7)

Report of the 21st October Earthquake Relief Team. (1)

to Nandurga (21·10·93 - 30·10·93)

The team: Mr. Chander (CHC-Bangalore), Stanley (Business-man), Mr. Nagaraj (Engineer), Srs. Mercina, Carmelline, Pushpa (Social workers), Srs. Michael Reay, Vidya Raman, Siva Raman, Sanjiv Lewin (Doctors - St. John's Medical College).

The journey:

From Bangalore to Sholapur by Udyan Express and after meeting the D.C. (no permission is needed now) onwards to Nandurga by van hired at Sholapur. Route is along Umargao highway till 81km (about 4km short of Umargao) turn right to Khillari. Left at Khillari towards Nandurga, our base camp.

The base camp:

Base camp was at Nandurga on the main road from Khillari run by the Catholic Hospital Association of India (CHAI). The main sponsors were the Sanghi Industries Hyderabad and the A.P. Bishops Council.

The administration at the camp was clear cut and organized well. Field coordinator was the

young Brother Varghese who was certainly clear of his aims/objectives, decisive and open to suggestions. Fr. Amal Raj played the role of 'godfather' who oversaw the basic direction of our teams. Fr. Joy was basically incharge of finance. A thorough door to door survey was just been completed by Br. Terrence (Terry) and his predominantly Jesuit DeNobli College, Pune team of 14. Documentation included needs of families, numbers of members surviving/lost and existing facilities/tools, etc of each family. This extensive survey of the surrounding villages was important to planning relief needs.

The Environment:

Most villages were abandoned rubbles of stones and mud. The survivors lived in makeshift tin sheds more like urban slums nearly 10 per room. Schools were already functioning from similar tin sheds. Due to the unusual heavy rains the grounds were mucky and

poor hygiene was evident everywhere. Water sources included tube wells with hand pumps and 'Sintex' tanks which were poorly secured from dirt and drainage. Bathing areas existed outside the homes where dirty washing would also be done. People continued to use ~~toilets~~ the sunflower fields as toilets. Our own camp included tents and tin sheds in which we lived and worked out off. At the time of arrival our own hygiene and habits had much to be desired.

Immediate work we assisted at:

Along with the coordinator we arranged all team members into 2 mobile teams and 1 Base team. The 2 mobile teams would spend the whole day at neighbouring villages living on their packed lunch. The base clinic operated from the Nandurga main tent. It was also decided to clean up our own surroundings. Mr. Nagaraj planned and executed the buildings of 2 Bathing areas and 2 latrines for the teams use. He also took charge

of land filling to prevent collection of waste/stagnant water. There is no doubt that he was a 'team' man who worked hard with the best of intentions.

Drs. Sivaraman, ~~and~~ Michael and Vidyaraman were assigned to mobile teams initially while our two Marathi speaking nuns were useful — one at base, one ~~at~~ on a mobile clinic. Mr. Stanley soon found himself a vital element on the mobile teams in terms of educating/collecting patient

Most clinics were run on curative lines dealing with gastroenteritis, respiratory illness, otitis media, poorly healed/old injuries, scabies, pyoderma and psychosomatic disorders. This typical post disaster medical problem was exaggerated in view of the creation of refugee camps very much like urban slums. It was also clear that the promised earthquake proof homes were no where in sight in the villages we took care off.

The need for a more preventive approach was obvious and this change in direction was accepted. A new plan of action was drawn up based on "Child Survival and Safe

motherhood" where the mother, child, school and education became targets. This was also made possible with the adoption by the organizers of 2 peripheral villages Sarini and Lohta. A new small base camp was set up at Sarini from where a team of 10 would take care of the compact village units of Sarini and Lohta.

The plan of action consisted of Anaemia prophylaxis, Vitamin prophylaxis and treatment, Personal hygiene and nutritional education, Antenatal advice, Teaching village elder women regarding safe delivery. The methods used ~~were~~ of delivery of our plan of action was school check ups, house to house visits of teams, building up rapport with elders and the youth and also planned was school/village entertainment programmes similar to street plays/songs. To improve school infrastructure, blackboards were proposed for all schools and the planning of a school mid day meal to improve nutritios/vitamin A status and school

attendance. Shramdhan was ~~initiated~~ initiated to provide drainage of water away from water sources.

The plans were documented with time periods and needs in terms of manpower / material. Sarvini team members began its implementation to decide its feasibility.

Dr. Michael Reay, was assigned to take care of a mobile team independently operating from Nandurga and when I left, it ~~was~~ was quite obvious that he was working hard, tired and "indespensible" in the words of the field coordinator. Dr. Vidya Raman was initially setting up a regular clinic at the refugee camp near Nandurga (upper camp) in her own enthusiastic way and was very useful in her approach to pregnant and lactating mothers. She was moved to Sarvini and was an important person in showing to all of us that our plans ~~were~~ could be implemented. Dr. Sivaraman was the link in our plan since he was involved with Sarvini and Lohta earlier than most of us. ~~He~~ He ~~completed~~ setting up a small base clinic

and ~~completed~~ completed a school health check up inspite of let me put it "sunflower field problems." There is no doubt that he did a good job.

Terry (Terence S.J.) was the Sarini coordinator and was an appropriate leader simply because he was game to lead us into the field. Kevin (A jesuit) was our "driver/mailman/messenger" who would trot off the 5-6km to Nanduga and elsewhere whenever it was required. Richard (A jesuit) was the key to the village youth and was with Terry the main persons behind our acceptance into the village, into the houses and no doubt important to any long term plans.

~~Br~~ Jyothi, Prema, Bhughi, Sr. Lourde Mary and Mercina were supportive all the way. Always game to walk the 1hour long cross country trek to Kohata and spend long hours at work. There would be no base at Sarini without them.

There is a lot ~~to~~ said about Tamil simply because I was based there and hence I really know only about Tamil-Nadu.

Of course, Dr. Partha (St. Marthas - Ortho-paediatrician) was the real help, on the mobiles and at base camp since there were a number of problem ortho cases. Dr. Ashok Jain (St. Marthas) was mainly on mobile clinics and was no doubt useful to build up a rapport with other volunteer/NGO groups and the authorities.

The future needs are clearly defined.

(i) A preventive/educative approach to the health problems is more important than clinics.

(ii) A build up of confidence/rapport/ acceptance with the villages been taken care of.

(iii) More than just relief, the attempt to convince people to help themselves.

(iv) Preferably, a long term commitment with defined aims/objectives.

Acknowledgements

1. Service Civil International (our sponsors)
2. Dr. Ravi / Thelma / Shridi Tekur (Community Health cell)
3. Rev Fr. P. Fernandez (Director), Dr. A.F. Mascarenhas (Principal), Dr. M K Chandrasekhara and Dr. Dara Amar (Heads, Dept of Paediatrics, PSM)
4. Superiors of St. Martha's and St. Philomenas.
5. All our families and friends who encouraged us to participate.

6. Last but not least,
   CHAI (Catholic Hospitals Association of India) for the opportunity.