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THE KILLARI QUAKE

Marathwada, Maharashtra, 1993

A CHAI Response

On October 6, 1993 an urgent meeting of the Planning Committee for the Golden Jubilee celebrations of the Catholic Hospital Association of India (CHAI) and the staff of CHAI was called.

The mood was solemn. The question :

"Should CHAI drop all the celebrations in view of the terrible disaster that struck Killari and the surrounding regions of Marathwada in Maharashtra?"

The decision was unanimous :

"We will drop all the celebrations."

It was a very difficult decision. Preparations for the Golden Jubilee celebrations had been going on for the past two years. All arrangements had been finalised. The various committees had been working hard and giving the final touches. Large number of delegates and participants were due to come from the country and from abroad. The resource persons for the themes for the different days, seminars, symposia, workshops and public meetings had agreed and the programmes had been worked out in detail; cultural programmes for each day had been decided upon.

After serious reflection, it was decided that

- (1) the programmes for the first 6 days will be cancelled, including the various meetings and cultural programmes;
- (2) there will be the annual convention for two days (November 6 and 7);
- (3) the opportunity will be utilised to
 1. have a final reflection on the CHAI Golden Jubilee Evaluation Study, which had been discussed at various forums (regional, professional and others) utilising the discussion document "Seeking the Signs of the Times" so as to lead to action at various levels—local, regional and national;
 2. discuss the amendments to the constitution, to make the organisation function more effectively and efficiently;
 3. initiate a process of preparedness against disasters, natural or man-made, and
 4. focus our attention and efforts on bringing relief to the victims of the disaster and rehabilitate them.

An initial commitment of rupees ten lakhs was made towards relief. The members of the staff committed themselves to donate a portion of their salary.

The Situation

In the morning of September 30, 1993, Killari and the surrounding regions experienced the worst earthquake taking a toll of tens of thousands dead, many more injured and colossal damages to houses, buildings and property. The earthquake measured 6.4 on the Richter scale. There were five tremors; the first occurred at 3.56 hours and the fifth at 07.45 hours. These were followed by aftershocks for several days.

The number of dead was variously estimated at between 10,000 and 30,000; the more accurate one may be nearer the latter one.

The damages caused were mainly in Latur and Osmanabad districts :

44 villages in Latur and 32 villages in Osmanabad were severely affected.

The loss of lives and damages were unusually high.

Causes :

1. The densely populated area
2. Unsuitable house construction
3. The nature of the soil
4. The disaster occurred in the early hours of the morning.

The response

There was massive response from everywhere—local, national and international, in kind, human resources and money. The Government of Maharashtra swung promptly into action; so also various voluntary organisations. There was an unprecedented and growing groundswell of humanitarian aid of every description. Food, water, clothing, disposal of dead bodies, safety of property, temporary shelters, electricity and other needs were attended to. Health and medical care received attention. The armed forces were requested to help in the relief and rescue operation. They did an excellent job.

The response though massive, was still inadequate. More help was called for.

CHAI team

CHAI responded to the call. They were assisted in this by the Sanghi group of Industries. The CHAI team with volunteers from the Andhra Pradesh Conference of Religious India, Andhra Pradesh Bishop's Conference, Forum of Religious for Justice and Peace and CHAI member institutions set up a relief camp at Nandurga village on October 10, 1993. It was called the CHAI-SANGHI Earthquake Relief Camp.

Priorities for the CHAI relief team

1. Provide medical and health care.
2. Help in the psychological, social and spiritual needs.
3. Attend to hygiene and sanitation.
4. Mobilise relief materials for villages that needed them.
5. Plan for long term rehabilitation.

The Camp

The relief camp was set up at Nandurga village, 50 Km away from Latur. The team functions and operates in the villages around within a radius of upto 10 Km.

Initially life in the relief camp was difficult. Incessant rains gave sleepless nights. There was ankle deep water inside; the black cotton soil was slushy. Things improved in a couple of days. More volunteers arrived. Medicins Sans Frontieres, a Netherlands based organisation provided basic medicine kits and tents(3) for the team. Government also provided 2 tents. There were, additionally, three tin sheds for kitchen and other purposes. One additional subcentre was opened in Sarani to serve Sarani and Lotta.

Organisational set-up

Two teams have been set up to co-ordinate the relief operation.

Core team at Hyderabad

The following organisations besides others are represented in the core team at Hyderabad (names of representatives given) :

- The Catholic Hospital Association of India : Fr John Vattamattom, svd
- Sanghi group of Industries : Mr Girish
- Andhra Pradesh Conference of Religious India : Fr Bosco sj and Bro Thomas Aquinas
- Andhra Pradesh Bishops Conference : Fr Francis Thumma
- Forum of Religious for Justice and Peace : Bro Varghese Thekanath, SG

The core team is responsible for mobilisation of resources, co-ordination and implementation of the programmes

Action team at the site

The action team has two co-ordinators :

- * Administrative co-ordinator : Fr Joy Kochupura : Responsible for liaising with the core team, government, voluntary organisations, procurement of materials and general administration of the camp.
- * Field co-ordinator : Bro Varghese T : Responsible for relief and rehabilitation in the field and personnel management.

The two co-ordinators will consult each other before arriving at major decisions.

Fr Amal Raj sj along with the co-ordinators and members of the core team will periodically evaluate the relief organisations.

Medical Care

A large number of people have been availing of medical care provided by CHAI team. As soon as the medical tent was put up, a throng of patients queued up. The medical work was organised into

1. an outpatient department at Nandurga and later at Sarani, about 15 Km away from Nandurga, and
2. mobile clinics and health extension programmes in

Hasalgan
Sankarala
Jangaonwadi
Sarani
Lotta
Limbada
Tanda
Magrul
Harangoan.

The number of patients attended to by the doctors averaged 400. There were fractures of limbs, spine and pelvis. Many had infected wounds. There were many patients with diarrhoea, scabies, cough, cold and fever. They were all attended to by our teams. Our teams had doctors, nurses, social workers and other volunteers, who were drawn from different parts. The doctors were specialists (orthopaedic surgeon, paediatrician, gynaecologist) and generalists, depending on the perceived needs in the field. The nurses were well qualified and experienced. Special mention must be made of the human resource contributions from St. John's Medical College and Hospital, St. Martha's Hospital and St. Philomena's Hospital, Bangalore, the Community Health Cell, Bangalore, Scholastics from the Papal Seminary, De Nobili College and SVD Seminary, Pune and the St. Theresa's and Vijay Marie Hospitals, Hyderabad beside many others.

Patients requiring immediate surgery or hospitalisation were referred to

District Hospital, Latur

Vivekananda Hospital, Latur and

St. Theresa's Hospital, Hyderabad

The team doctors followed up the patients ensuring that they received the required treatment. There was excellent co-operation. The Maharashtra Health Minister visited our medical relief camp. He appreciated our work and entrusted the curative medical care to our team. In addition to curative care, attention is given to the preventive and promotive aspects as also community health. Health education programmes are conducted with the use of audio-visual aids, street plays, role plays and songs. Local resources are being mobilised for health education.

The district medical officer has requested our team to co-operate with the anti-malarial programme. We have been assigned 8 villages for the antimalarial programme.

Psychological needs

The people of the affected areas are stricken with deep grief, as part of the Post Trauma Stress Syndrome. Our social work team has been reaching out to the families in our efforts to rehabilitate them. As a result of personal interaction with the people, a good rapport has been built up.

The team has been able to help in improving the psychology and attitude of the people. The team is in the process of organising people at different levels—school children, women, youth, men.

Hygiene and sanitation

The villages had been shifted to temporary settlements provided by the Government. Hygiene and sanitation were lacking. A subteam of the CHAI team was formed to look into the area of hygiene and sanitation. The team has done very good job in providing proper drainage system, constructing platforms for washing clothes, protecting water supply sources and the environment. The people are also educated in hygiene and sanitation.

Material relief

Though the news is that materials are pouring in, the reality is that the basic minimum needs are not met in the case of many people. These people have lost everything. A lot more of relief materials are needed. They must reach the needy. The team has provided food materials wherever there was acute shortage. The core team at Hyderabad mobilised necessary materials. They have been distributed in Sarani, Lotta, Sankrala and Wadi. Rice, dal, wheat flour, oil, masala and potato have been supplied. Other materials included clothes, blankets, blackboards, benches and educational materials.

Survey

Our survey team has completed the survey of six villages and collected pertinent information and data.

Situation after one month

The situation continues to be grim. The people who have lost everything have to be rehabilitated, besides continuing relief. Agriculture consists mainly of cash crops. The production of food grains is not much. It will take atleast a month to harvest. Until then, scarcity of food will be experienced. Once the crops are harvested, some of the basic needs will be met. Until then, supplementary food and other relief have to be continued.

Housing is an area which has to be taken up seriously and quickly. Arguments on design and materials can cause delay. Life for the villagers will be tough till these houses are constructed and occupied. It is understood that many voluntary organisations have come up with projects to construct between 8 and 9 thousand houses. But the number of houses which have been damaged wholly or partly is estimated to be 1.23 lakhs. Massive reconstruction has to be taken up by the Government and voluntary agencies.

Future plans of CHAI

- Relief to be continued, to the extent required.
- Provide curative, preventive and promotive care,
- Concentrate on the psychological, social and spiritual rehabilitation, bringing the people back to the normal stream of life, using appropriate strategies.
- identify potential leaders and train them to continue the activities.
- organise women, children and youth as also cultural and recreational programmes.

Collaboration with other agencies

The CHAI team has been happy to collaborate with Government and Voluntary agencies. The representative of the team was attending the weekly co-ordinating district level meetings convened by the District authorities. The District and State authorities have appreciated the work done by the CHAI team and requested CHAI to continue the good work. BHEL and ICRISAT made use of the infrastructure and contacts of CHAI for distribution of relief packages of household utensils, clothes and chickpea seeds. Other voluntary agencies donated drugs for use by CHAI team in their medical work. Two doctors from Banaras Hindu University worked with CHAI team. The collaboration with the Sanghi group of Industries has been wonderful and fruitful.

Conclusion

The magnitude of the disaster and its impact on the people in the affected area are yet to be fully assessed. There is need to continue the efforts on more scientific and humane lines, in the coming weeks and months, keeping in mind the long term needs and problems of the affected.

Credits : Reports of Dr. Mani Kalliath (CHD),
Bro. Varghese Theckanath (Field Co-ordinator)
and Fr. Joy Kochupara (Administrative Co-ordinator).