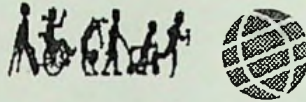


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27



GUJARAT EARTHQUAKE : HEALING THE WOUNDS OXFAM INDIA'S INTERVENTIONS

"A mission to put people back on their feet":

Community Based Rehabilitation of physically challenged / disabled people.

Introduction:

The devastating earthquake in Gujarat in January 2001 is one of the worst disasters in India's history. Many were left injured critically and "disabled". With spine, pelvic and lower limb injuries dominating incidents of fracture and a sizeable number of amputees and paraplegics, it is a daunting task to provide care and assistance at the community level.

Oxfam India's innovative response to Gujarat earthquake has been operational from March third week onwards to reach out to the people at their doorstep. In collaboration with the Indian Association of Physiotherapists and other collaborating agencies and mostly, the affected community, three base stations (to cover around 200 villages) have been established at Anjar, Bhuj and Morbi. There is a team of two physiotherapists, a social worker and other logisticians at each of these centres. In addition to this, four experienced and senior physiotherapists are coming from Bombay for 3 days a week. Community helpers from the community are currently being recruited.

Oxfam India believes that "this is a mission to put people back on their feet". A visionary approach- the programme aims primarily to reach out to the community and the affected disabled people at their door step, keeping in mind that these are people who are no longer in a position to move around, most of them having multiple fractures, mainly of the lower limb, pelvis and spine. Lack of medical records in many places is hampering follow up care. To correct the situation, Oxfam India has pressed the services of a mobile X ray unit for, mainly for the villages where it is working, but also will be available for other patients and organisations. The model that Oxfam India has developed with I.A.P. is replicable, and some agencies are considering this model that will be taken up in other villages. Advocacy and lobbying, both with policy makers and in the media continue. Realising the fact that disability is a missing agenda in disaster situations today, lobbying and advocacy work to place this as an agenda will continue.

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AN UPDATE on activities (9th July, 2001) :

- (1) **Project survey** to identify the cases and analyse the situation has been completed way back in April last week. This was happening simultaneously along with the intervention that was happening in some villages. Over 1256 individual cases, including around 60 paraplegics, have been identified in over 200 villages through this process and subsequent field visits.

***Future action:** The survey report will be cross-checked during the mid term review.*

- (2) **Co-ordination office and Base stations to implement this programme and field based activities:** One multi-purpose office that will serve as a co-ordination office for the entire programme as well as a base station has been operational at Anjar from mid March onwards. Another base station has been set up at Bhuj from April mid onwards. We also have arrangements at Morbi to carryout the activities in and around Morbi. We are reaching out to the people in over 200 villages through this intervention. We have been providing community based services to 1256 survivors out of which 833 people don't need intensive care any more. There are over 36 paraplegics who are receiving our services.

HR / TEAM : In each of these base stations, we have a team comprising of two physiotherapists, one social worker, driver/s, logisticians and care takers. There is one x-ray technician to take care of the mobile x-ray unit. (Volunteers that Oxfam India mobilised have also been supporting the intervention). Moreover, every week for a period of three days, a team of 3 to 5 experienced and senior physiotherapists are coming from various hospitals in Bombay and Gujarat. This team has been mobilised by the Indian Association of Physiotherapists who has an "exclusive" understanding with Oxfam India. Moreover, around 30 people have been identified through community meetings from the villages where we are working. Some of these community helpers are working full time and some of them part-time, in villages to do the follow-up work. It may be noted here that these people come from various background and their skills are being synergised for the best results.

Oxfam India's professionals from the head office at Bangalore continue to direct the programme and make periodic visits to the area. The last visit was undertaken from July 2nd to 8th.

Infrastructure: The field offices also have communication and computing facilities. There is a jeep (one *Tata Sumo* / one *Toyota Qualis*) and other logistical and infrastructural arrangements in each of these field offices. Needless to say, as this Community Based Programme actually takes place in the villages, the professional team sets off to the villages by morning and come back late in the evening/ night depending upon the case load.

***Future action:** The programme will continue as scheduled and village visits will take place uninterrupted.*

- (3) **Mobile X-Ray, Ambulance unit and corrective surgery:** The mobile X-ray unit was launched on May 13th at Sukhpar, a village near Bhuj by Dr. D. Dastoor, President of Indian Association of Physiotherapists. The mobile X-Ray unit is located in a *Tempo Traveller* that also serves as an ambulance. It is in this ambulance patients (referral) are often taken to hospitals for a detailed medical check-up, screening for surgery, corrective surgical operations and to fix artificial limbs. This ambulance has also been used to transport patients (not earthquake related) in emergency cases to ICU units located in nearby towns.

Over 60 x-rays were taken initially. The X-ray reports have been helpful to identify those who need corrective surgery. A leading Radiologist from Mumbai has examined these x-rays in July first week. Some need repetition.

2 people have been taken for corrective surgery till July first week.

Future action: *The mobile x-ray unit and the ambulance will continue to be used for follow-up examination. X-rays those need repetition will be updated by July second week to enable the orthopaedic surgeons to conduct a diagnostic camp. The orthopaedic camp is scheduled tentatively for the third week of July.*

Moreover, this unit will be made available to other agencies working in other affected villages. NGOs working on public health issues have found high prevalence of tuberculosis amongst the survivors (need not necessarily be earthquake induced) in certain pockets. They are organising a health camp and thereafter a health programme to address this issue. The mobile x-ray unit may be used for the screening programme and this may be done without hampering our prime activity.

- (4) **Provision of artificial limbs, equipments like crutches and wheel chairs :**
These needs are met on a case-to-case basis and as per the felt need. Altogether, over 25 people have been provided with artificial limbs, over 5 people have been given crutches and other mobility appliances, 2 were given wheel chairs and tricycles. This activity is undertaken in collaboration with PNR society, specialist agency based in Gujarat.

Future action: *We may continue this as and where it is required.*

- (5) **Health care center for paraplegics:**
The onset of monsoon has thrown us a challenge- the bedsore that is bothering paraplegics is a pressing concern. We are just setting up a temporary health care center for paraplegics where over 20 paraplegics, who have shown interest, will be moved for advanced medical/ health care for the next 3 to 9 months.

Future action: *The long-term plight of the paraplegics is a major concern. Oxfam India is committed to respond to their needs. We are putting a multidisciplinary team that comprises of rehabilitation specialists, physiotherapists and livelihood/ income generation programme people to make a realistic assessment and suggest long term rehabilitation plans. The team may conduct field visit and feasibility study in August / September.*

- (6) **Documentation:** A professional documentalist, with periodic support from students and other volunteers, have been documenting the intervention process and the external environment from April onwards. (Please see annexure for the documentation on the paraplegics). A video camera has been placed in the area and efforts are going on to document the intervention, the improvement in patients etc. This footage may facilitate documentaries on this issue. "***The news you missed***", a compilation of press clippings of the first three months, is being published in collaboration with the development resource Centre, Mumbai and Institute of Social Research and Development, Ahmedabad and has been circulated. Photo documentation also continues.

Future action: *The documentation work will continue on a regular basis. The compilation of press clippings also will continue.*

- (7) **Printing of records and education materials :** Records have been printed. Educational materials, especially focusing the care of paraplegics and amputees is under production. It will be ready by July last week.

Future action: *The educational materials to sensitise the families and orient the practitioners and planners will be circulated widely from July onwards. Efforts will be put to place it in local newspapers and other periodicals. We may put efforts to hold a photo exhibition in January 2002.*

- (8) **Co-ordination and networking with local, national level and international agencies and the government:** Oxfam India has left its footprint on the larger canvas. The organization is in regular touch with local community based organizations and national agencies. We are also very much in touch with the government, academic institutions, the media and international agencies. The Tata Institute of Social Sciences, Mumbai has collaborated and it may be continued in future as well. Some of our updates, newsletter and other communication material have been circulated through national and international e-groups, United Nations and other international web sites.

Future action: *This will intensify in the coming months.*

- (9) **Advocacy, lobbying and policy making work:** Efforts have been put to advocate rational policies, lobby this theme at the parliament and policy making level. Numerous interviews were given to the general media and special health/ medical/ corporate magazines like the Lancet, Reuters Health, Overseas Development Agency Newsletter, CIO etc. Oxfam's opinions have been highlighted widely in the TV and electronic media as well. A 24-minute interview in a leading Indian TV Channel on the Gujarat intervention in specific and humanitarian issues in general have been telecasted in May 2001.

We have lobbied to place physical disability as an agenda for the *Indian People's Tribunal* who is expected to visit Gujarat in August second week.

Future action: *Efforts are made to publish scientific papers in academic journals and present papers in national and international seminars. Dr. Dastoor, President of Indian Association of Physiotherapists will be highlighting the details of this intervention at the Asia Pacific conference of physiotherapists at Singapore in July last week. Papers about our intervention and their results will be presented in other seminars as well.*

An international workshop is scheduled between Jan and May 2002. Opinion articles are expected to appear in leading newspapers and TV networks in the coming days.

- (10) **Advisory committee, mid term review and evaluation:** The suggested advisory committee includes eminent persons like David Werner, Prof. Ali Baquer, Dr. CM Francis etc. However, apart from individual consultations, the committee has not attained a formal structure yet. A review is suggested in October. The advisory team is likely to give a critique of the programme after this. Evaluation is planned in March 2002.

Future action: *We will be putting efforts to energise and formalise this committee.*

Apart from the physical disability intervention, Oxfam India's interventions to respond to the psychosocial needs (undertaken in collaboration with the National Institute of Mental Health and Neuro Sciences, Bangalore and Basic Rights Programme (undertaken in collaboration with Indian Centre for Human Rights, Mumbai) and other agencies is picking up momentum.