

Dear friends

1. BPPA exec team, including Shakil Malik, accompanied by Reddy (from USA), Seema, Fawad and I, left London on the 3rd of December and arrived in Islamabad on the 4th. We met that evening for preparation of training material and format at the red crescent society, Rawalpindi. The next morning we started training of about 180 delegates (9am to 3pm) and 50 GPs (3pm to 5.30pm) in the RC office auditorium. On the plane I met up and discussed various activities with Tayyeb Tahir, who was also planning excellent initiatives and had made good contacts to achieve them.
2. For 5 days, Shakil, Reddy and I, with Seema and Fawad, delivered training at the Red Crescent Society, Rawalpindi. That office complex had been converted into a relief camp and housed 295 victims. This was their 4th batch of victims and almost 1100 had been housed there in the previous weeks. The interesting fact was that there were 900 applicants to join the workshop! The Secretary of the Red Crescent had to select appropriate candidates as not everyone could be accommodated. After the 3rd day Shakil and others focused on training, his efforts were highly commended. A judge of the high court, family members of naval chiefs and others attended in large numbers. We also dealt with cases of needy victims in the centre. Simultaneously, I was also attending to liaison and organisational collaboration with other agencies. That included meetings with the chairman of Prime Minister's task force on psychological relief, presidential adviser, DDG health and others, for support for our plans. I was able to have some insight into the planning of mental health in the ministry of health. Engaging governmental agencies was crucial to set up our service ETRI. There was excellent response from the armed forces in the shape of brigadier Mowadat Rana. He invited me to chair a training workshop on the 6th Dec at a military hospital and offered his fullest support to ETRI.

Civilian set up has its own pace but individual departments and their heads like the institute of psychiatry in RGH, etc., were extremely helpful. Prof Minhas arranged two important training opportunities during the first few days, while the first training was ongoing. I conducted one workshop in IOP RGH with PG trainees, courtesy of Prof Minhas; one lecture to final year students in RMC, on stigma and trauma.

3. That evening, brig. Rana, Prof Minhas met and I handed them (hurriedly printed) copies of the ETRI manual, which I had finished modifying at 5.11am the same morning. The next night Khalid and I finalised the training plan of 200 teachers and health workers from NCHD in Mansehra, on the 13th and 14th of December 2005. Khalid Saeed and Anjum Bashir were going to join this team, to go to Mansehra and Balakot. Anjum could not make it and remained to do training work in Lahore but Khalid arrived well in time. Shakil had fallen ill with flu badly, so Khalid and I went to Mansehra, Abbotabad and Balakot by ourselves.

There, instead of 200 trainees: teachers, health workers and volunteers, there were 374! This turned out to be one of the largest training workshops ever done, especially in Pakistan. We were also told that they had not had any training in that area for the last 2 months!

There we appointed 4 ETRI workers, two FSWs/CPRWs and 2 trainee CPRs/FSWs. They would be monitored by NCHD, as they have an excellent monitoring and supervision set up already established. BPPA shall pay these workers and we shall get regular reports, plus our rotational members would go and re-train them periodically. NCHD is also an impressive story in Mansehra. They have generated one of the most exciting social mobilisation movements in that area. School dropout control, community mobilising, enhancing and organising volunteerism, 9 health related preventative programmes, controlling unnecessary child mortality. Most of all, they were providing positive avenues to purdah-clad, house-confined women to contribute positively to the development of their own community. Their statistics of achievement of their targets and the atmosphere of enthusiasm was absolutely breathtaking. That, too, in a Conservative, patriarchal, traditional community. Interaction with these men and women was also invigorating

because their observations, reality-checks and experiences were real life. They were predominantly from Balakot and adjacent devastated areas of Hazara district. At least 55 of the women and 50 of men were living in tents.

4. We also visited adjacent areas and a basic health unit which was initially run by the army then handed over to NCHD. There were 6 un-winterised tents, with male and female out and inpatients, a dispensary, where the dispenser slept as well. There was no heating and temperatures were falling below -4. dedication of staff was unparalleled. One of their doctors, Dr Eijaz had not taken a single day of leave. 16 of his first degree relatives were killed in the earthquake. He attended to his family's survival needs, took them to a safer place and then returned to work. He was there, full of courage, contentment and confidence. Dr Nadeen, a young graduate, was there, all the time, at times sleeping in tents, at times in various offices. He was declared by all as the maker of this high quality BHU, who saw between 45 and 82 outpatients of all presentations a day. Those tents were cold and pregnant mothers were kept there, when required. Khalid and I resolved that BPPA needed to support that health camp. They needed an ambulance desperately and had converted a Suzuki van, pulling out its seats to put in a stretcher. We also resolved that we/ BPPA would help them there as well, as we had donated, in part, an ambulance to the Red Crescent society of Rawalpindi (photos soon on website), the previous week.
5. On 15th morning, I was invited to see the surgeon general of Pakistan. This was arranged by the head of armed forces psychiatry, brigadier Rana, who had been a pillar of support and a most gracious host. In Pakistan, it is people like him who give a good name to psychiatry. Lt gen Afzaal is a cardiac surgeon but his insight into matters of the mind and decency impressed me immensely. He instantly liked the proposal, its inexpensiveness, simplicity, cascading nature and sustainability. He re-affirmed his support and would be writing formally to me about what the armed forces psychiatry would do for ETRI. The meeting with relief commissioner could not be arranged as there was not enough time in our incessant activity.
6. On 15th morning, Khalid and I went to DANIP (Dr Ajmal national institute of psychology, centre of excellence, Quaid e Azam university Islamabad) where I was invited to do a presentation on new models of grief, related to trauma. I have special affinity for this institution. My late father established it and it was posthumously named after him. There, three former directors/professor of the institute, 16 faculty members and 61 PG psychology students attended the presentation. It was well received and afterwards we talked of collaboration especially training modules for clinical courses which were being planned in the future. It was agreed in principle that we could/and would try to offer part training in various clinical training modules for their diploma courses in counselling psychology/psychotherapy.
7. The same day, Khalid and I went to meet with a Charity that was established by the famous Dr A Q Khan and his colleagues called Sachet (society for advancement of community health & education). It was not run by him, for obvious reasons, but by a young and bright woman, was a potent force in running various community based activities in and around Islamabad. After having seen their set up, discussed options of collaboration and discussed an outline of a collaborative project with BPPA & BPPA foundation (shall tell you more about that later), we saw that they had some interesting equipment! That was semi-winterised, snow resistant tents! We immediately started to discuss their purchase and agreed that BPPA would buy at least 6, to donate to the basic health unit, serving a population of tent dwelling victims in Hazara district. Six tents, that would protect vulnerable victims, would cost less than 1000 pounds. In addition to that, we agreed on training resources to be provided to them, collaboration on various community based programmes and their offer of using their offices and resource centre that included an auditorium and gallery, for BPPA.
8. We were planning to go to Bagh in Kashmir on the evening of the 15th because I was getting multiple calls and text messages from there that people were very eager to attend our workshop. My son also joined for that planned trip, with Khalid and Anjum. We met on the 15th to decide the time and agreed that we would go early morning of 16th and make the journey in about 4 and a half hours. But God moves in mysterious ways. Brig Rana

arranged a helicopter return ride from PAF base Chaklala, courtesy of gen Tahir, DG army aviation. So instead of 9 hours of travelling on a poor mountain road, we could return in 45 minutes! Anjum could not make it and decided to work in Pindi.

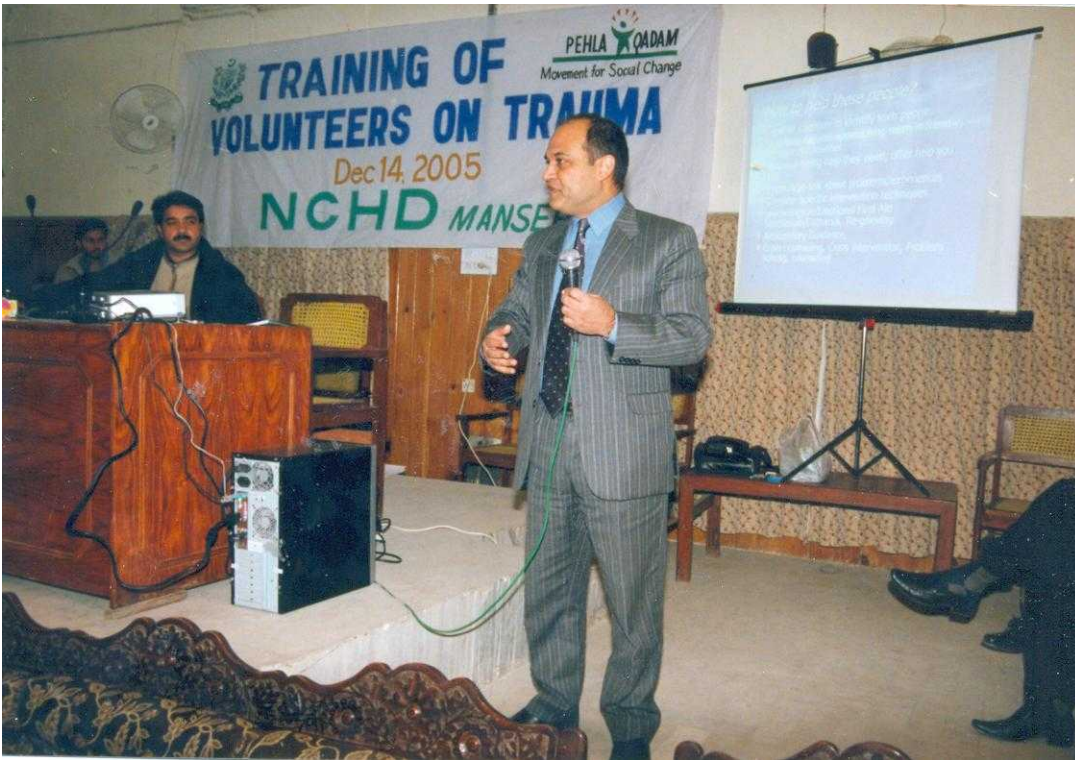
khalid, asma and I went to Bagh. There, our workshop was arranged by the government postgraduate college for girls, a clinical psychologist and local workers. It was, once again, a very useful and successful workshop. Over 130 girls, 20 boys (from other colleges and social young workers) attended. They were all affected victims themselves. Bagh was partially destroyed and there was high level of destruction of the old Town, infrastructure and casualties, especially in that college itself. Over 70 girls had died within a few days of the earthquake. The college was completely destroyed and we did our workshop in a tent, that was not one of the most comfortable place. You can imagine what these young and vulnerable girls would be going through as most, if not all, lived in un-winterised tents at night, without proper sanitation and accommodation. Their main complaint was feeling cold. There were many who were themselves suffering from one state of traumatic shock or another, but I salute their resolve, resilience and courage. They were smiling, active, enthusiastic and brave. These young women are the hope of that society. It is their courage that will save that nation. I could see that in their eyes, often red with sorrow and sleeplessness due to cold.

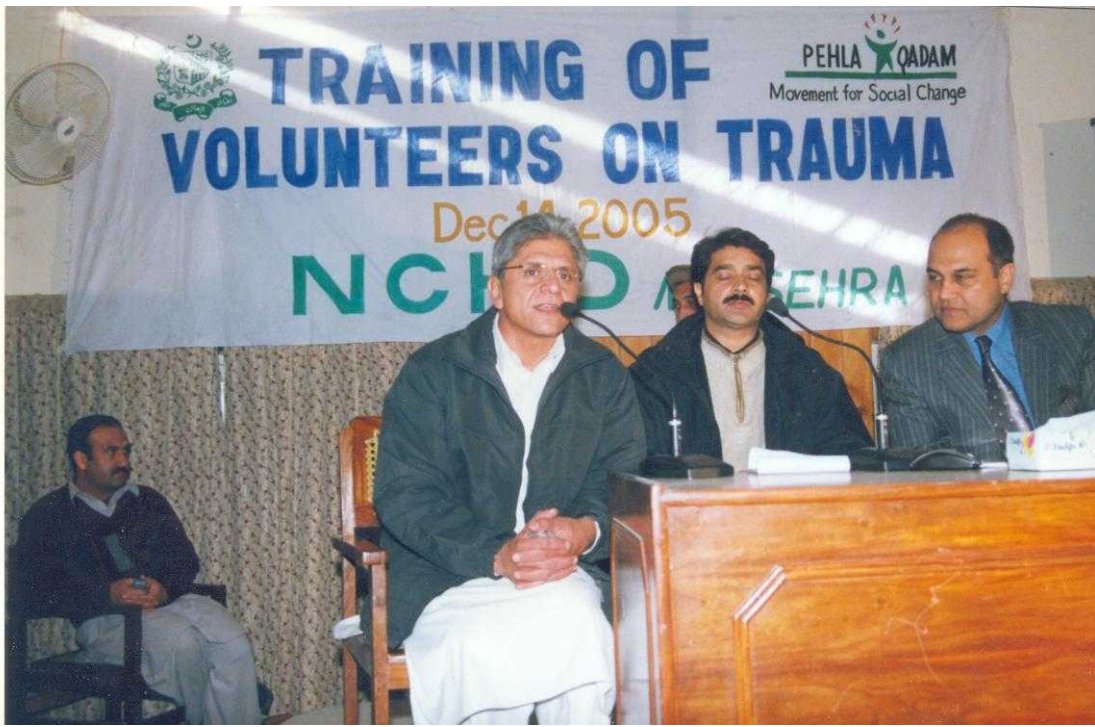
Now, a meeting is planned with chairman/minister of NCHD as I wish to discuss expansion of ETRI in collaboration, in Hazara so we are able to rely on their infrastructure, exploit their massive potential in volunteers and sustain it in sync with other community based initiatives for the health of children, women and education.

On the 22nd, Khalid and I shall be attending the annual conference of the (hugely popular and powerful) association of family physicians of Pakistan, in Lahore. I am reading a paper titled "psychology of terrorism". There is also a tentative plan to go to Faisalabad on the 23rd to attend the annual psychiatric conference of PPS, but that may be too hectic, leaving only one day for travel back and catch up on sleep. For the last 3 days I am also suffering terribly with flu.

Well, this is the update until now. More later when all is done.

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22 December 2005

Dear all

After Mansehra, we went to Bagh, as mentioned earlier. There were 162 student volunteers. On return from Bagh, I dropped Khalid Saeed en route to Lahore, at his ancestral town Lala Musa.

1. In Lahore, somehow this work momentum did not break, although it was supposed to be wind down time. On the 20th Dec. I was asked to meet head of a large NGO called helper. This gentleman, Mr Banday, is a former member of Parliament and a successful businessman, with a social conscience. He has over 15,000 volunteers working in the city of Lahore alone, with various pro-bono legal and educational projects working in various neighbourhoods. They publish a magazine and are well organised. We discussed various collaborative options and decided to meet again.
2. One important development I forgot to mention in my last update was that we agreed to help the red crescent Rawalpindi in setting up a psychological trauma centre. They have committed to work on this project and offer visiting BPPA/BPPF members their fullest support including accommodation, food and transport, for work related activities, for as long as our members are able to contribute to their therapeutic activities. That would be part of ETRI's long term projects, in conjunction with us. For that, secretary red crescent wanted another meeting and I travelled again to Islamabad on 22nd evening, to finalise this agreement.
3. The meeting with the minister for human development went very well. He agreed to collaborate and committed to work with BPPA/BPPF in implementing ETRI, in Mansehra and Balakot areas in the affected district of Hazara. He also agreed with my offer of allowing NCHD to print and use copies of the manual to train their workers and distribute it in numbers for people's benefit.
4. One other development, obliquely related to this was development of counselling service with BPPF and the Islamabad model police force. This was agreed with commanders of Islamabad police force. This was a tripartite agreement between the capital police force, BPPF and Dr Ajmal National institute of psychology, on 18th Dec. 2005.
5. Pleasantly, this ETRI related work attracted media interest and two national dailies carried generous coverage of this activity, doing good write-ups, unbeknown to me. On 22nd Dec., as a result, I was invited by the SOS village to do a workshop on trauma and children in their national HQ, where they are looking after 30 affected children. Staff from the children's hospital also attended where there are many paraplegic children on inpatient wards. Case discussion session went very well. In the end, I met resident children from Kashmir, who were brought from affected areas. SOS villages are planning to develop 4 more villages in affected areas in the next 12 to 18 months.
6. BPPA has agreed to offer winterised tents to basic health unit in haraza district which we visited. for that, I also need to go to Islamabad to finalise delivery and pay for these tents. we have also agreed to buy an ambulance and offer its use to NCHD medical and paramedical staff in mansehra, for an initial period. That also needs finalising before I leave on 27th Dec.
7. On the 25th I am reading a paper in the Pakistan association of family physicians conference in Lahore and on 26th government college (university) is holding a conference on earthquake psychological trauma. I am invited to speak on that too, with Prof Haroon Rashid.
8. On 21st Dec. Prof Haroon invited me to speak at fountain house, Lahore, to a group of FJ medical students (all girls college). I spoke about trauma and stigma and attractiveness of a career in psychiatry, especially for women. The fountain house also has special affinity for me, as it was set up by the Lahore mental health society and my late father was

the founder president of that society. Late Prof Rashid Choudhry and he, with other supporters developed this first rehab facility for schizophrenia patients in Pakistan. In gracious commemoration of this effort, Prof Haroon Chaudhry has put memorial plaques on the main walls of fountain house, of its founders. It was an emotional experience seeing my late father's name there. This magnanimity and graciousness are characteristics of Haroon, who has been a close family and personal friend since school days. He has expanded fountain house beyond all recognition and is expanding it further, academically too, into a new and impressive educational institution.

9. On 21st Iqbal Naeem visited Lahore and handed over some funds raised for ETRI. I briefed him on developments.
10. On 25th or 26th Khalid, Mateen and I are planning to meet in Lahore to review all this activity and to project manage it.

Energy seems to be gradually draining after all this activity and it seems that this trip will be all work and no rest. So be it.

Best wishes,

Akmal

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