

-ETRI-
8/10 - Earthquake Trauma Relief Initiative

Mass and severe trauma has multiple personal, social and futuristic dimensions which affect social and political stability, in the short and long term. These affect communities in many ways and most of all, devastate individuals.

Pakistan has had three great traumatic events in the past and we have history of dealing with these, one way or another. Two were direct tragedies, traumatising large population of Pakistani rural areas. One was a mass social upheaval, effects of which are still felt on all aspects of Pakistani social life.

These three events in 1970s were: the flood in (then) East Pakistan, in 1970; the huge earthquake in Northern areas in 1973; the 3 million Afghan refugees who entered Pakistan, traumatised and devastated by Russian invasion and atrocities in Afghanistan.

We can learn lessons from them and not repeat the same mistakes.

This earthquake has many dimensions. Some of which are as follows:

1. effect on children, traumatised and left alone, numb with shock
2. effect on adults, left alone, grief stricken, numb with trauma
3. specific concern about young, adolescent and adult women who are particularly at risk
4. young and working age men need meaning and purpose (8/10 has taken away meaning and purpose)
5. directionless migration in search for safety and food-effects on host community, in the short term - tackling crime, drugs & prostitution
6. effects on host community, in the long term - tackling resentment
7. tent cities - how not to make them into ghettos - space, purpose, future & identity
8. vocational & occupational identity crises

In all the above, emotional and mental health is key. Victims need to be treated, by relatives, friends, teachers and professionals, for emotional and psychological trauma.

ETRI would perform 2 tasks, for a three year period, in the first instance:

a. Training Programmes

1. Family practitioners, social workers and community workers to be trained in management of trauma related psychological distress
2. Primary & secondary school, college and university Teachers would be trained in short term trauma treatment and management in short training courses
3. volunteers would be trained in brief trauma management courses
4. duration of the course would be 1-3 days
5. training would be provided by multi-disciplinary professionals
6. training would be module & manual based

b. Treatment Clinics

1. Treatment clinics would be run, on individual and group basis, by ETRI registered professionals, in collaboration with local communities.
2. these would be culturally sensitive yet emotionally empowering (women professionals for female victims, whenever appropriate, but not necessary)
3. these clinics would be run regularly for three years, started by ETRI professionals, run and sustained by local communities & leaders
4. specific emphasis is on women and children in this plan and training

c. Developmental Strategy

1. clinics would be initially manage and supervised by ETRI professionals
2. over a period of 4-8 weeks these would be handed over to local professionals and supervisions would be in the shape of 4 monthly supervisory visits to all sites-reporting mechanism to be developed
3. a database would be maintained
4. grounded outcomes & audits would be recorded

d. Governmental Liaison-new lives, new cities

1. liaison with government of Pakistan and Kashmir, about social development in view of emotional state of communities
2. Proactive advice on social drift: risks of drug addictions/abuse, crime. Prostitution etc. (numbed victims, untreated, getting into self and social destructive activities)

e. Mentoring & Protecting

1. mentoring to develop into self help
2. to develop as community helpers
3. to become protectors of each other
4. to develop into purposeful individuals and communities

f. Launch

1. This programme could be launched in the forthcoming Family Physicians Conference in Lahore, in December 2005.
2. over 5000 GPs and family physicians are attending from all over Pakistan with 15,000 members
3. Training and access strategy could be discussed with the family physicians association, for ETRI to gain access to their surgeries in all parts of Pakistan and Kashmir, to offer this training and treatment.

g. Funding

1. funding resources to be identified for three phases of this proposal: planning, implementation, continuation

2. funding sources could be: EU, WHO, RCPsych, Individual Associations & individuals fund raising, WB, USAID, British Council and others