



Rising from the Rubble

The Kashmir Experience



HelpAge India Kashmir Earthquake Disaster Response

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Compiled and Edited by
Avenash Datta

**HelpAge India**

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PREFACE

HelpAge India already had acquired disaster response experience before the Kashmir earthquake struck and dramatically changed lives of thousands of people. But the organization realized it had so much to learn when it started its relief operations in some of the most inaccessible villages of Kashmir. Many villages were close to the LoC with Pakistan and not accessible by motorable roads. Apart from that, disturbed minefields, inclement weather and lack of the most basic facilities created a unique situation to daunt the bravest of rescue and relief teams. Thanks to the cooperation of local agencies and particularly the Indian Army which took over the coordination of relief operations, HelpAge was able to join the relief and rehabilitation efforts immediately. However, it was soon clear that greater clarity of thinking was required to reach the needy urgently with critical survival needs. Much of what HelpAge India has been able to achieve would not have been possible without the support and cooperation of its local partner Global Green Peace, Kashmir from the start to the end.

HelpAge India's intervention was broadened to cover a range of activities – from food packages, clothing, medical support to semi- permanent housing structures. Care was taken not to duplicate the effort of other agencies. Subsequently, the army allocated villages to different agencies working for the relief of quake victims. HelpAge had to adapt, learn and relearn constantly. After the passage of a year, it was inevitable that a livelihood restoration programme should be envisaged to give meaning to rehabilitation efforts. An action plan was prepared and separate funding sought to start a programme in select villages.

The inevitable close of the formal project period has raised crucial questions for HelpAge India. Can it withdraw now that it has created goodwill and gained acceptance with so much hard work and courage? It is essential for the organization to deepen its footprint in Kashmir and for this raise funds in a professional manner.

This document captures the highlights of HelpAge India's intervention in quake hit Kashmir. It suggests some possible directions the organization might take in the future to ensure that Kashmir quake victims, who have to be saluted for their toughness and resilience, are able to lead meaningful lives with dignity.

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CHAPTER 1

INTRODUCTION

Seventy-five year old Bibi Maryam, a resident of Upper Chapper-Uri was busy bringing out her cattle from the shed to take them to the forest for feeding. As she moved out into the open, she noticed a slight tremor but thought it would pass. In a matter of seconds everything began to collapse in front of her. "I was just few steps away from the cattle shed when everything started shaking, the mountains rattled and everything starting falling apart. My newly constructed house on which we had spent all our live's savings was reduced to rubble within seconds. It was a scene from hell", recalls Bibi Maryam. Her family fortunately were away and escaped the deadly tremors at the time their house collapsed. For days, they were living under the open sky and unable to get water. They would keep all the children at one place during the night and the elders would remove the debris of half-damaged houses to find food and feed the children. People came to their rescue, provided supplies and shelters, against the winter chill. Bibi Maryam and her family were among the lucky survivors of one of the worst earthquakes of the region.

Jammu & Kashmir, a state which has for years faced conflict and internal strife, was devastated under the impact of a massive earthquake on 8th October 2005 at 8.50am (local time). A severe earthquake measuring 7.4 on the Richter scale occurred with its epicentre at 34.432°N, 73.537°E in Muzaffarabad region of Pakistan. The tremors caused massive destruction to houses, public buildings and communication networks in Balakot, Garhi Habibullah in Maneshra and Muzaffarabad districts. The high intensity earthquake was also felt in border regions of Afghanistan and across the northern Indian States of Jammu and Kashmir, Uttaranchal, Delhi, Punjab, Himachal Pradesh, Rajasthan, Haryana and Uttar Pradesh.

Jammu and Kashmir was badly affected, in particular the districts of: Poonch, Baramulla, Jammu, Udhampur, Ramban Kathus, Srinagar, Budgam, Anantnag, Pulwama and Kupwara. Over 1,300 people died in accessible areas, although the total death toll in outlying districts was probably higher. Many households were completely destroyed and substantial damage was sustained to public infrastructure (over 37,000 buildings in Srinagar and Jammu divisions). Many roads were destroyed, damaged or blocked. Livestock was killed, and many carcasses blocked streams, rendering water sources unsafe.



As an immediate response to the devastating disaster the “Kashmir earthquake relief and rehabilitation project” was initiated by Help Age India, an NGO which promotes care of the elderly. The project immediately provided medical treatment to earthquake affected persons through medical camps. Seeing the situation on the ground relief assistance was provided in the form of dry rations, winter clothes, *bukhari* (traditional heaters), polythene sheets and blankets, and later semi permanent shelters.

HelpAge India has had substantial experience and expertise in both disaster response and sustainable rehabilitation and reconstruction. Some of the instances are:

- appropriate earthquake proof housing (Gujarat)
- post disaster livelihood support (Gujarat, Tamil Nadu, Kerala and Orissa)
- support to older persons’ associations and self-help groups, and
- community-based disaster preparedness (Gujarat, Tamil Nadhu and Kerala)

HelpAge India has a long-standing presence in Jammu. It has been working for the past nine years, in a limited capacity, in and around Srinagar. Yet the earthquake brought it face to face for the first time with a population that not only had faced the cruel blow of a natural calamity, but was hard put to express anguish of years of neglect. Many of the survivors had the same story to tell. At least there was a positive side to the tragedy, they felt, in that more people were visiting the frontier villages than ever before.

HelpAge India was one of the first agencies to provide assistance in the affected area through its MMUs. Global Greenpeace (GGP), a Kashmir-based association was engaged on a technical advisory and implementation consultancy basis in the construction of semi-permanent appropriate housing and latrines, and during post-winter rehabilitation.

HelpAge India carried out an immediate assessment while deploying an MMU to the affected area around Uri. In coordination with NGOs operational in the areas, state and central government officials and ministries, HelpAge rapidly identified the most pressing needs, from treatment of trauma injuries, communicable disease control, access to adequate food and water, to lack of shelter.

The first serious rescue and relief operations it must be said was started by the Indian army. No one else could have mustered the resources required with such precision. As the affected villages came under sensitive security areas close to the border, the army subsequently coordinated the relief operations and allocated villages to different NGOs for providing humanitarian aid.



Subsequently another needs assessment of the newly-allocated affected population was carried out by HelpAge India and its local associate organisation, Global Greenpeace, in seven villages and three hamlets in the remote Uri area. This identified 700 affected families (average size 10-12 people, with an average of three older persons per family).

The villages/hamlets identified with the number of affected families in each site are as under:

Villages	No. of Affected families
Shahdra	56
Chuppra and Alphanda	161
Jabra	45
Dulanja	47
Khalabat	49
Batter	45
Hamlets	202
Danni, Sukhedani, Dachhi	
95 isolated homesteads	

CHAPTER-2

IDENTIFYING PRIORITIES

Seeing the magnitude of the disaster, Help the Aged/HelpAge International (HA/HI) decided to work with national and international partners, as appropriate, to bring immediate pre-winter relief to older people and their dependents in targeted communities in Indian- and Pakistan-controlled Kashmir. They decided to also work with partners to rebuild communities in the period following the thaw. The relief and rehabilitation project started with the support of HA/HI.

On the Indian side, HelpAge India's partnership strategy took into consideration both the organizational "stretch" imposed by its involvement in a number of major humanitarian responses; *and* the fact that its added value is best applied at the "second wave" stage of an emergency response (i.e. after the initial rush to assist). Immediate responses to the calamity were guided by several factors.

- Need assessments;
- Coordination with district and regional administrations;
- Coordination with UN (in particular UNDP) and partners;
- Discussions with local organizations; and
- The geographical allocations determined by the military.

The priority was to provide semi-permanent shelters (food and non-food items had been sufficiently provided by others, to see the target population through till Christmas). It was also decided to help restore communities, at minimum, to their status prior to the earthquake and, if possible, provide means to appreciably improve their future wellbeing.

Post-winter interventions had to be decided, following further assessments - prior to the deep winter *and* in the period preceding the thaw (acknowledging the difficulties posed by the climate).

<p style="text-align: center;">Rebuilding lives of the elderly: HelpAge Mission</p> <ul style="list-style-type: none">• Ensure that older people and their dependents are protected throughout the winter and beyond, through the provision of semi-permanent shelter and basic food and non-food items and are able to resume their livelihood activities.• Restore the livelihoods of older people and their communities by providing advice on age- and gender-sensitive participatory approaches and appropriate technology.
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- Support the rehabilitation of affordable community health services that are sensitive and responsive to the needs of all vulnerable groups, in particular older people, through liaison with statutory health providers and health training institutes.
 - In consultation with government departments and private providers, ensure that older people's needs are recognized and incorporated into the design and construction of improved, earthquake-proof permanent housing and health infrastructure.



Action plan for relief and rehabilitation:

Based in Srinagar, with a sub-office in Uri, and supported by the regional office in Jammu and the national office in Delhi, HelpAge India planned immediate action as follows :

- Provide immediate medical relief to the populations of eight selected villages (approximately 700 households with up to 9,600 beneficiaries, including around 2,000 older people) in the Uri region of Kashmir close to the Line of Control.
- Through a local contracting organisation, GGP, construct locally appropriate and locally-designed semi-permanent housing (with 100 percent reusable material) and sanitation that have to protect targeted populations over the immediate winter period and provide liveable shelter in the reconstruction phase
- Provide an associated and appropriate food and non-food package to these same populations
- Carry out a detailed livelihoods assessment in these same communities prior to the onset of deep winter and preceding the thaw

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- Based on assessment evidence gathered prior to and during the winter months, support appropriate livelihoods interventions, energy solutions and age-friendly medical services to these communities in the post-winter phase.

A brief description and rationale behind the intervention planned is given below:

Semi-permanent housing

HelpAge India through a local contracting partner decided to construct semi-permanent insulated housing prior to the deep winter. This acknowledges both the immediate need for robust shelter in the winter months and the fact that house construction following disasters can often be a slower, and more expensive process than expected. Based on the design principle of the polythene horticultural tunnel, the structure is ample for the large families it must house, and its composite materials fully reusable.

Food and non-food items (NFIs)

HelpAge India decided to distribute a two-month package of food and non-food items to the 700 households at the end of December 2005. Households were able to build up sufficient stocks at present as a result of the (largely untargeted) distributions carried out by other organizations in the early days of the crisis.

Support to the rehabilitation of health services

HelpAge India has a long-standing national MMU programme which has proven to be an effective first line response in natural disasters. It decided to investigate the possibility of extending this service in the Uri region, whilst developing a volunteer system, in collaboration with the medical colleges of Srinagar and Jammu. The combination of a MMU and a volunteer service improved primary health service delivery. Inaccessibility and hostile weather conditions created challenges to daunt the best. Subsequently, the mobile unit service was expanded but it still remained below the actual demand level.

Cash transfers

HelpAge India decided to advocate with the state government to improve access for older people to a social pension and other entitlements due them. HelpAge International and HelpAge India at state and federal levels have been vocal advocates for the provision of a statutory social pension. In emergencies, HelpAge has found that immediate cash transfers are as important and useful to the poorest older people as relief items. It provides immediate security in the traumatic aftermath of a disaster, and affords older people an immediate level of respect in the family. HelpAge India

decided to identify up to 150 most deprived older people* in the allocated communities and provide a cash transfer of Rs. 500 per month for a twelve month period (approximately £78 for the year). They would automatically qualify for housing, food and livelihoods support in the relief and rehabilitation phases.

Restoration of livelihoods

HelpAge India's livelihoods support work focuses on older people and develop sustainable livelihoods for them. The earthquake devastation has been the greatest on vulnerable members of the community like older people and children. Older people do not have the strength to physically rebuild their homes and like other members of the community have lost their source of livelihood. The identification of vulnerable communities/families with older persons in all the seven villages, the three hamlets and ninety-five isolated homesteads is done in consultation with the village head, partners in the field, and the villagers themselves. HelpAge India has involved committees of older people in beneficiary and activity selection processes.

Initially, two micro-hydroelectric power stations were planned during the relief project period using local volunteers (trained persons preferably 50-55 years of age). Simultaneously, the village communities were mobilized to form 'village-energy-committees' for village-based ownership, management and maintenance of the power stations as community micro-enterprises at the end of the project. Ultimately though, only one 50 kW enterprise was set up at Navarundha village, where apart from domestic lighting, the plant supplied power to local micro enterprises like flour mill, rice mill, weaving looms etc.. A full-fledged proposal to initiate the livelihoods restoration programme was developed and funds secured for the same from King Baudouin Foundation, Brussels.

Community-led monitoring

Villagers were encouraged to form groups of beneficiaries to visit neighbouring communities in order to monitor the equity and effectiveness of the relief and rehabilitation effort. These community groups decided to then join together to report to HelpAge India on their findings and recommendations. In this way all community members decided to be aware of the benefits each family has received, and hold the donor accountable**. A detailed beneficiary status card was developed for each person covered under HelpAge relief efforts which had all the information on what the person had received in terms of food and non food items during a specified period.

* Those with no family support either as a direct result of the earthquake or for structural reasons

** A similar process has been tried and tested in Tsunami-affected areas of South India

Community-based disaster preparedness (CBDP)

HelpAge India, in consultation with the communities, and in collaboration with key statutory and voluntary partners, decided to promote CBDP initiatives at the district and State levels.

Older people have a key role to play in disaster risk mitigation. They have experience of previous natural disasters (the warning signs, coping in the midst of a disaster, and appropriate community-level recovery strategies). HelpAge is on the committee of the National Disaster Management Agency and has valuable experience in the development of CBDP initiatives. These range from the simple provision of emergency contact details of key district and regional staff and services as an early warning system, to the linking of OPAs and SHGs to statutory district and regional preparedness, response and recovery processes.

Sensitizing Media and other Key Agencies

The chaos immediately after the earthquake directly resulted in the establishment of a Joint Coordination Committee(JCC) by the Army and Civil Administration located at Salamabad, Uri for all the affected areas. The JCC was designated as the nodal agency responsible for planning and implementation of relief and rehabilitation for all affected villages. The HelpAge India project location in Uri, only around 16 km from the JCC, provides a unique opportunity for HelpAge India to closely interact and influence specific activities under charge of JCC such as community mobilization and participation, gender sensitivity, special vulnerability of the older people in disaster situations, minimum standards for elderly care. This enabled HelpAge India to indirectly/directly interact with the other stakeholders mentioned. Strategic use of the mass media in advocacy for issues concerning older persons helps to influence decision makers, mould public perceptions and highlight and generate support on specific issues. HelpAge India decided to organize one major workshop in the state capital Srinagar in collaboration with the Joint Coordination Committee (JCC). Participants included among others, key senior officials, opinion leaders and policy makers. The media-sensitisation workshop held with the Press Institute of India (PII) helped improve project visibility, both locally and nationally.

HelpAge India's past experience in post disaster situations has underscore the need to sensitize all stakeholders responsible for addressing the various needs of the affected population (particularly the vulnerability of older persons). These stakeholders include the state government agencies, the Army, and NGOs.

CHAPTER - 3

MISSION HELP

Mobile Medicare Unit (MMU)

HelpAge India has constituted over fifty MMUs since its inception in 1978. The main objective of these MMUs is to provide medical check-up and treatment to the elderly, who are unable to access the medical treatment facilities in inaccessible areas and tough terrains. As the first intervention, an emergency health coverage during 10-17 October, 2005 (immediately after the earthquake) in the interior villages of Halqua Shahdra, Julla and Salamabad near the LoC (line of control) was provide by HelpAge India's Jammu based MMU. This unit treated more than 500 victims and provided free medicines. Ninety emergency medicine kits were also distributed during this phase and three medical camps were held in remote villages.



The activities of the MMU continued in the Uri area and later an additional MMU was launched at Baramula in June 2006. A professionally trained and experienced team consisting of two medical doctors (including one female) and a pharmacist were deputed by the project. Local people were appointed for the MMU who underwent an induction and orientation programme

before they took up their job which helped them imbibe the principles of the organization and work accordingly.

The unit was expected to cater to a minimum of 18 remote villages in and around Baramulla district where government facilities are nonexistent or inadequate. Presently the Baramulla MMU caters to 10 sites/villages because of the difficult terrain and absence of motorable roads. The unit's vehicle has been customized for smooth functioning in a difficult terrain. A fixed schedule was evolved by the team for visiting the target villages. As can be seen from the schedule below, the service was hard put to visit the needy in the remote areas with reasonable frequency. Since the area is close to the LoC, initially the unit was not allowed by Army to move into all the target villages and also the materials were not allowed to be carried beyond Uri; but later the project managed to get the permission because of good rapport with the higher Army officials. The project office issued identity card to the staff members and other volunteers, which facilitated free movements in the area.

MMU Visits Schedule

Days	Sites	Distance from Base
Mon	Sheerpora & others	56
Tue	Charunda	65
Wed	Bela Camp & Belal	30
Thu	Paranpilla & Gingal	44
Fri	Shahadara & Chapper	72
Week- II		
Mon	Hiral & Shitra	54
Tue	Dachi & Sarai	63
Wed	Kamal kot	75
Thu	Willaraman	64
Fri	Hamam Markot	45

The MMU team rendered free health services with free medicines to 270 patients of varying age groups. Some minor procedures like abscess drainage, wound debris removal and intra articular steroid injections were conducted on the spot. Most of the patients were suffering from anaemia, hypertension, respiratory tract infections and COPD. This event received wide coverage in the local newspapers. A health camp of such dimension had not taken place before. Besides, the MMU team visited Wuleeman, Ludwa, Shirpora, Wularaman, Paranpilla, Shahdara, Dazna, Hamam, Haril to conduct the medical camps from time to time in the months from August to November. Breathlessness, joint pain, cataract, stomach ailments were common complaints referred by the



patients. At times, the MMU team had to cover several kilometres on foot since some of these places were not motorable. Literature on health topics in Urdu was distributed at all the medical camp sites.

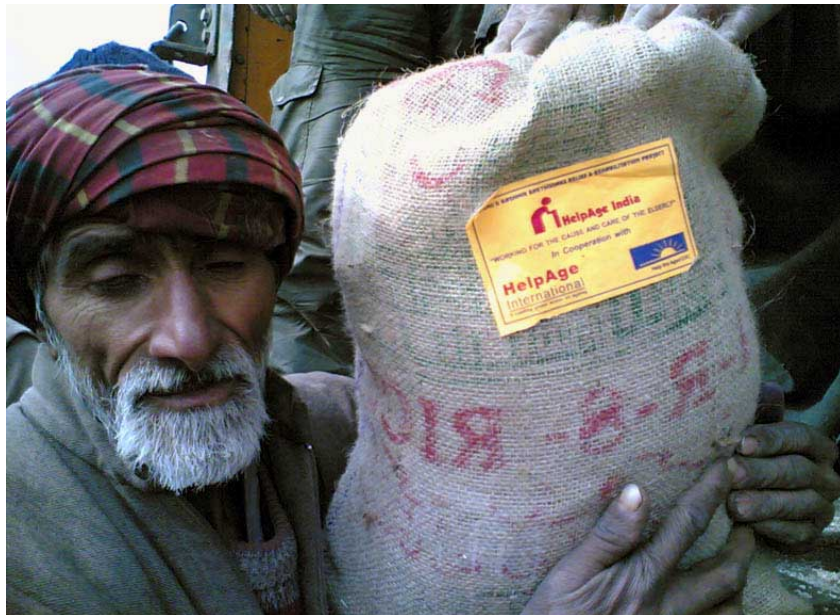
During the month of October, MMU team was busy with the special medical camp organized at Srinagar in the interior of the Dal Lake and the surrounding areas. In this medical camp, services were offered by five specialist doctors specialized in ortho, ophtho, gynae, general physician and surgeon. Three pharmacists distributed medicine free of cost to the patients as prescribed by the doctors.

Water borne skin allergies was noticed as one of the major threatening problems among the patients. Stomach ailments, cataract and gynae cases were also found. Mostly patients complained about pain in joints.

Sometimes there was trouble. On one occasion the MMU team also witnessed stone pelting while visiting Haril, one of their regular sites and they had to return without attending the patients that day. The frustrations of a population which felt deprived for so long were not always easy to handle.

Distribution of Dry Ration

The earthquake destroyed houses, foodgrain stocks and other edible materials. Having a square meal became a distant dream for most of the families, especially in far off villages like Jabada and Bataar. Therefore, dry ration consisting of rice, pulses, edible oil, milk powder, sugar, salt, tea leaves, candles and match boxes for the period of two months, were distributed among the villagers of Halqa Shahdra. This distribution was timed to ensure it did not overlap with the distribution by the government.



Winter Package

To help earthquake affected families combat the approaching cold wave, a winter package was distributed to 516 needy families of Halqa Shahdra and Dacchi villages. The package, worth two thousand rupees, consisted of woolen cloths i.e. two ferns (local gown) four pairs of socks, two caps and two thermo coats, two *Kangris* (traditional earthen fire pots), and one *Bukhari* (traditional heating oven). The *Bukhari* was especially designed to serve the dual purpose of cooking as well as room heating.

Here again the distribution was timed; one distribution was just before the great festival Eid attracting people's warmth and thankfulness. This gesture of HelpAge India encouraged the volunteers to work for the relief of affected families with greater zeal, keeping at bay their own preparations for the festival.

Semi- Permanent Shelters

With the onset of winter in the valley, shelter was the second most important need for the earthquake-affected families. Although the state government had announced an initial support of Rs. 35,000 per family for the construction of houses, it was clear that delivery delays were inevitable.

Seeing the miserable situation of earthquake affected families, HelpAge India decided to provide support for semi-permanent shelters to its target families as a stop gap arrangement. The design of shelters was made keeping in mind potential use after communities built permanent houses. Seven hundred seventy-six such permanent shelters were erected in the target villages (see box for details).



	Villages/ Sites	No. of Shelters
1.	Shahadara	87
2.	Batta	32
3.	Jabda	37
4.	Aliphanda	21
5.	Chapper	65
6.	Barjalla	56
7.	Kundi	132
8.	Dacchi	83
9.	Bela camp	260
10.	Base camp	2
11.	56 RR Uri	1
Box- ...		

Bela Boniyar Camp

Near village Bela, a camp for 260 families (who had completely lost their houses and livelihood sources from the quake hit Uri area) was established by the state government. The Bela camp site provided land and tents to live for natives from eight different villages namely – Gaulta, Navarunda, Isham, Maram, Gharkot, Kamalkota, Chakra, Dardkote. HelpAge provided semi-permanent shelters to save them from extreme cold in winter. Prior to this disaster, livelihood options included agriculture, animal husbandry, and army labour, but resettled at the camp, only the lucky few could find work as construction labourers. Within the first few months after receiving the government aid of Rs.40000, the villagers used the money for immediate survival needs. This aid was actually meant for constructing the foundation of new houses.

Livelihood Programmes training was initiated for the beneficiaries on dairy development, horse rearing, poultry farming and sheep and goat management. More than 125 people attended the training. The elderly widows and destitute from Navarundha village, tehsil Uri comprised the beneficiaries.

An interesting perspective from the victim's viewpoint emerges from a participatory exercise which was conducted to have an understanding of community's perception of services provided by HelpAge India. In this members were requested to depict the picture of shelters (small and large) using marker and cards. They drew small shelters having 4 arcs and the large one with 7 arcs. The shelters were of igloo shape and the size of shelter depended on the family size. During an interaction with the families of the camp, when asked about the interventions done by HelpAge India, they said that this organization provided them shelter, bathrooms, blankets, jerry cans, *bukhari*, solar torch, medicines, polythene sheets and jute rugs. Kitchenware were promised but not yet delivered. The villagers were asked to depict a picture of each item that they received or were yet to receive from HelpAge India on cards. They drew *bukhari*, shelter, jerry can and blankets, bathroom, solar torch, medicines, jute rugs and polythene sheets, Kitchenware on different cards. Next, they were asked to rate each item on a scale of 0-10, on the basis of number of recipients for each item, where 0 indicated not received by anyone and 10 indicated received by all. After this the participants were asked to scale these items on the basis of importance. While responding to the importance of different support they received from HelpAge, the foremost importance was given shelter (“*ghar hai to sab kuch hai*” implying a shelter is all we need)

Beneficiary Feedback

Support Items	Scores given by the beneficiaries (scale 0-10)	
	Importance	Coverage
Shelter	10	10
<i>Bukhari</i>	3	8
Blankets/jerry can	4	10
Bathroom/toilet	8	10
Solar torch	1	2
Medicines	4	10
Rugs/polythene sheets	5	10
Kitchenware	2	0

The evaluation team was keen to know about the government intervention for these resettled families. The villagers told them that the government gave them Rs. 35000 initially to build a shed in order to keep their belongings in it. Then an aid of Rs. 40000 was given to each family to construct the plinth of new house. Each family, irrespective of family size was given 40x50 feet land to construct the house. Only those who have constructed plinth were eligible for next grant of Rs. 60000 to construct the house. The villagers recounted how the grants were used up in meeting immediate survival needs. Some families went to *Lok Adalat* for help, because the land allotment was not based on family size; but nothing has come up as yet.

Shahdra village.

Shahdra is one of the villages with intensive interventions by HelpAge. There are 94 houses in this ward of Shahdra panchayat. When asked the relevance of HelpAge India's interventions, the villagers were very appreciative of the organizations disaster relief work – providing shelter, ration, blanket distribution, etc. These things were life saving, particular the shelter provisions during the earthquake rainfall, when people had no roof to protect them from adverse weather. The dome shaped shelters were very comfortable for them and are still in use. They emphasized that HelpAge had practically managed to reach the most inaccessible areas.



The villagers wanted HelpAge to continue work in their area, particularly for some source of livelihood. Presently survival is difficult for them, with no proper means of livelihood. The government aid of Rs. 40000, which was meant for constructing the plinth of new house was used instead to make both ends meet. The cost of construction was too high because of the tough and unmotorable village terrain; where a truck of sand costs Rs. 18000 and makes it impossible for the villages to construct the plinth within Rs. 40000. People mentioned that they could not access the government pension scheme because of high costs involved to reach the concerned place, and the tough terrain makes it difficult for elderly. The locals know how to repair semi permanent shelters yet were concerned since the repairing material was not available in market.

From among four villages in this panchayat constituency [namely Kundi Barzala (approx. 250 families), Chhapra (66 families), Shahdra (130 families) and Dulhanza (66 families)], the village Dulhanza has not seen any intervention as it was cut off after earthquake due to landslides.

Restoration of livelihood sources

The earthquake destroyed agriculture land, which was a major source of livelihood. The Srinagar project office held a series of meetings with the Divisional Commissioner of Kashmir, Dist. Baramulla, SDM-Uri, army officers and other stakeholders to formulate a need based livelihoods development plan. A consultant was appointed to explore possibilities in the agriculture, animal rearing and poultry sectors came out with an action plan. A survey was also undertaken in some of the target villages to find out potential options for livelihoods in the target villages. During the

interaction with the evaluation team the villagers of Shahdra mentioned that livelihood support for poultry, dairy, fruit plantation, cattle rearing were promised by the project staff but these had not yet been delivered. Subsequently, 18 selected families in village Navarunda were provided one cow each in the month of November 2005.

HelpAge's livelihood restoration activities really took off after it secured the support of KBF, Belgium. Orientation on vegetable cultivation, intensive farming and horticulture was provided to 65 selected farmers with support from department of agriculture, Baramulla in village Navarunda. As per the villagers, the orientation was very useful. These beneficiaries have received poly green house, seeds, fertilizers for cultivation, agro horticulture plant like wall nuts, peaches, olive etc. shortly from HelpAge under livelihood restoration activities.



A micro hydel power plant of 50kW has also been established by HelpAge India for the villagers of Navarunda, catering to nearby villages. This, apart from providing domestic power to the villagers, (about 125 households) has helped many local micro enterprises which changed from mechanical devices to electric machinery. Most of the beneficiaries have been the elderly. An agreement for its maintenance and up-keeping has already been formalized with the beneficiaries of the project.

HelpAge India with its interventions in Kashmir has been able to create an image of a dedicated and sincere organization among the government, media and other key agencies of the state. This has been due to its regular interaction and involvement with other stake holders for a collective

effort. Several meetings with the officials of state government, Army personnel and executives of other NGOs were organized. HelpAge India was also a leading partner in the Coordination Committee formed by the state government to regularize the relief work after the earthquake and COVA, a national level organization for forging coordination among NGOs.

During the entire operation, either distribution of relief materials or erection of shelters or livelihood and other activities, a system of overseeing and monitoring the situation in the field was devised involving the community who had the final say in making the beneficiary list to cover all the needy people.

HelpAge staff involved GGP, local village heads, government authorities in all the planning wherever required. Field staff regularly visited the project site and monitored the progress of the work done at frequent intervals taking up issues like pending work at different areas, shortage of materials and motivating teams.

Monitoring the shelter construction

The whole implementation of semi permanent shelters has been done through GGP, a local NGO. HelpAge coordinated for this shelter work between Srinagar and Delhi office. For monitoring the erection of shelters, animators were selected in each site. Once a shelter got erected, signatures from the beneficiary, animator and the village Sarpanch were taken. The villages were already identified by HelpAge to start relief and rehabilitation work. A formal sanction from army was taken, as the areas were all border areas (near LoC) which are under army administration. The things which were highly appreciated in terms of personal benefit for GGP were the exposure that they got by being associated with HelpAge; this association was mutually benefiting for both the organizations as GGP has good networking with government machinery which helped Helpage in getting the relief work started. Their competency is now established. Their networking has increased and credibility has been enhanced.

CHAPTER 4

ADVOCACY AND NETWORKING

HelpAge India has had considerable success in presenting learning in the right forums (for example it has been a major contributor to the draft National Policy for the Elderly to be tabled in Parliament in the near future). HelpAge India has been working closely with the Central Ministry of Social Justice and Empowerment on this Policy for Elderly. Under the project advocacy will cover important thrust areas viz. community social and traditional security structures, insurance and mainstream programmes, special healthcare needs of the elderly, both home based and hospital based care.

Advocacy is a key area of the organization's work in highlighting the need for social pensions for older persons. It is well placed to take further advocacy efforts at various local, regional and national level keeping in mind its representation on the National NGO Committee (constituted by the Planning Commission of India), the National Council for the Elderly *and* past relief and rehabilitation experience of older people in national emergencies and disaster situations (Orissa Super Cyclone, Gujarat Earthquake and the Tsunami).

Programmes held and attended:

In February 2006, a Sphere Standards workshop on "Disaster Management" was organized in New Delhi for local NGOs from Kashmir. The aim was to impart knowledge and skills related to disaster management and preparedness. In May 2006, workshop on "Role of Media in Disaster Response" was organized in collaboration with Press Institute of India (PII) at Kashmir University. Media persons were taken on a field visit to some of the interior most villages of Uri sector. They interacted with the affected families and got an opportunity to have first hand account of the work done by the HelpAge India.

In collaboration with Press Institute of India (PII), HelpAge India organized a one day national workshop on "Disaster Preparedness" on November 21 at India Islamic Cultural Centre, New Delhi. Mr. Kapil Sibal, Union Minister, Science and Technology gave the keynote address. Besides, Mr. Shahidhar Reddy, member National Disaster Management Authority, Mr. P.G. Dhar Chakraborty, (IAS) Executive Director National Institute of Disaster Management, Dr. Shailesh Nayak, Director Indian National Centre for Ocean Information Services, Hyderabad also presented their thought provoking ideas.

Representatives from Kerala, Tamil Nadu, Pondicherry and Kashmir who attended the workshop also spoke on the occasion. From Kashmir project office, Mr. Rajan, Programme Manager and Mr. Jaleel Ahmad, freelancer journalist attended the workshop. Mr. Jaleel has made several films and covered all the important events held during the months of October and November.



HelpAge India participated in a one day workshop on "Recovery and Rehabilitation Efforts for Kashmir Earthquake 2005 victims-(Relief Needs and Rights)" at J & K Institute of Management and Public Administration (IMPA), Srinagar supported by All India Institute of Disaster Mitigation Institute, Ahmedabad. Objective of the workshop was to suggest and deliberate upon future strategies with regard to long term rehabilitation and livelihood recovery, to provide a forum for sharing of information and experience with regard to the earthquake response. The workshop was attended by a cross-section of stakeholders including civil administration, defence, NGOs and representatives from affected community. Col Joneja, PRO Defence and other guests appreciated the work done by HelpAge, Srinagar.

A HelpAge India team participated in various programmes/events organized within and outside the J&K state in connection with the earthquake and related issues. It took part in the Vatavaran Film Festival and also participated in the photo exhibition held on September 22 and 23 at Sher-i-Kashmir International Conference Centre (SKICC), Srinagar. More than 3000 people from all walks of life visited the HelpAge exhibition stall. The film festival received overwhelming entries from all the schools and colleges. Prof. Saif-ud-Din Soz, Union Minister for Water Resources

delivered concluding remarks on the second day of the festival. He visited the photo-exhibition and appreciated the work done by the organization.

A HelpAge India team attended the NGO coordination meeting organized by COVA at Rajbagh, Srinagar. COVA, a national level organization has been conducting NGO-coordination meetings since relief and rehabilitation work started in Kashmir following the earthquake. The focus of the meeting was to share the information and the work done by each NGO to avoid duplication in the relief and rehabilitation activities and to work in coordination.

A meeting was held with Aga Khan Foundation (AKF) officials at HelpAge India project office in Srinagar. Mr. Rajan initiated a dialogue and shared the activities done under HI relief activities. AKF too had started livelihood programmes in the villages that fell under HelpAge project area. The discussions helped to ensure that scarce resources were not wasted in duplication of efforts.

A meeting was held on 10th and 11th May, 2006, for volunteers and animators from the villages that were affected by the earthquake where HelpAge had started relief and rehabilitation work. It reviewed the work done so far in their villages and discussed plans for the future developmental activities. Every one who attended the meeting appreciated it and found it useful.

CHAPTER 5

LEARNING: PROBLEMS & PROSPECTS

Problems faced during project implementation

Kashmir was a unique experience. There was a strong element of uncertainty and one could never be sure of the next step forward. From discussions with the villagers, the project staff and other stakeholders, it is clear that several hurdles and problems hampered smooth implementation during the course of the project. A few of them are mentioned below

- *Political instability in the state of the Jammu and Kashmir:* Frequent violent confrontations involving militants, civilians and the army personals coupled with encounters and sporadic grenade blasts created a situation of fear and uncertainty.
- *Heavy snowfall:* The area of work involved the most difficult terrain and at the middle of the relief activities the winter season with heavy snowfall disturbed all schedules and plans.
- *Administrative roadblocks:* Security Instructions by the Home Ministry to NGOs and procedural delays for permission to continue the rehabilitation phase was a stumbling block to relief and rehabilitation activities. The time taken by the army and civil administration in granting permissions was a constant unsettling factor..
- *Tough terrain:* Some villages were not motorable, so it took more time, finance, material and human resources to reach these sites..
- Initial chaos among villagers/beneficiaries anxious to get the relief material, created some confusion though this was sorted out later.
- *Initial Delays:* Initial delays in getting sanction for relief work from HelpAge Delhi office..
- *Shelter construction:* Initially, it took too much time (one shelter took one day) which demotivated the staff but soon things were sorted and they got better.

Kashmir has been a politically unstable region for the last 17 years and has witnessed mishaps almost every day. Bomb blasts, grenade attacks, frisking, encounters, suicide attacks, public protest demonstrations and very frequent hartals (strikes) is what determines life here.

Working in such a situation throws up a mammoth challenge. These factors many a times hinder the smooth functioning of the relief and rehabilitation operation. To run a relief operation in a conflict-ridden zone is a major challenge for the humanitarian relief workers because it is only uncertainty that is certain here. No one can predict what the ground situation would be the next day.



The massive destruction caused by the earthquake in Kashmir has thrown up huge challenges of rescue, relief and rehabilitation. The magnitude of the destruction means that reconstruction and rehabilitation in the affected areas is going to be a long process. The economy of the state has suffered enormously, and the population is going to need both material and psychological support. The rugged terrain, limited communication network, and long bitter winters have accentuated the existing problems.

During the evaluation process the study team had opportunities to interact with staff and volunteers attached with HelpAge India and GGP, who were involved in the relief rescue and rehabilitation. The range of their understanding and insight impressed the study team members. The field staff was able to communicate in simple terms, easily understood by ordinary people. They have all worked with local communities and tried to train people, especially women, in disaster preparedness, prevention and management. Some have specialized in medical care, some in building temporary shelters, yet others in permanent houses. HelpAge India, for instance, has produced booklets and posters which teach people about the precautions they need to take during and after the earthquake in order to up keep their health and general well being.

The volunteers and staff of Helpage and GGP learnt a lot from the quake hit areas. It was discovered that weak stone-in-mud walls had collapsed under heavy slate or concrete roofs and were responsible for most of the fatalities. "Badly designed modern structures such as schools, offices, and bridges had been severely damaged. But near the epicentre of the earthquake they came upon the remarkable pherols. These were large three to four storeyed structures, almost a century old and structurally intact. The principles are that foundations must be anchored well in firm ground, stable flat stones should be used in walls, inner and outer surfaces of each walls tied together, and the house girdled with `tie beams` joined to vertical columns."

It would be useful to summarize the major lessons that HelpAge India and GGP have learnt. If relief and rehabilitation is to succeed, it must be based upon the community and building confidence in people's decision-making capacities. This means empowering the poor, and among them women, to overcome established boundaries and limitations and involving them as active citizens, clients and consumers, and not only as target groups for subsidies. It is not enough just to diffuse earthquake-resistant housing technologies; there is need to have people's "information campaigns" so that they are demonstrated on the ground and community groups "own" them.



The success of relief efforts depends not just on the timely provision of materials, but on involving local people, so they "own" and participate in the process. Or else, they see it as someone else's problem. Women have a critical role to play because they are far more acutely aware than men of domestic needs, the space and attention required by children and old people, and cooking and cleaning facilities, and so on. "Natural" disasters unite people and temporarily obfuscate gender-role hierarchies, allowing women to play a more proactive role than would be normally allowed.

As important as material aid are communities and social ties, communication networks, and governance structures or local bodies. Efficient communication is vital in rescuing people. A panchayat, run democratically and transparently, is able to provide relief more effectively than bureaucratic structures, however efficient.

Despite the good work of HelpAge India in these difficult conditions, there is still much to be done. Following the phases of rescue and relief the major challenge is the plan to rehabilitate the large population that was totally devastated by this calamity. HelpAge should view this rehabilitation process as a way to empower the local community through its interaction with other civil society organizations. For the organizations like HelpAge India having limited resources can not undertake the gigantic task of total rehabilitation. But it can definitely play a pivotal role in spearheading the advocacy for the following pertinent issues.

- ❖ To restore the agriculture-based economy, there is a need to replace livestock destroyed in the earthquake and establish enterprises that provide farming services and skills. Assistance in terms of seeds, fertilizer, and agricultural implements and provision for some seed money is required to put the community back on its feet rather than relying solely on help from government.
- ❖ Rehabilitating the victims and reaching every single village and individual would be the biggest challenge. Though every single village has been accessed but the relief is yet to reach every one of them. In certain villages, only a section has received the aid in terms of tents, blankets, rations etc. In particular, rehabilitating the orphans and widows of the earthquake would be a major challenge for the administration. If the record of state government in rehabilitating the children and widows of violence in J&K is taken as a yardstick then there is much need to be done. If the State finds it difficult to deliver, then it should not hesitate to exploit the potential of the non-governmental organizations (NGOs) in reaching the victims. While the track record of some NGOs has been dismal, others have made a positive impact at the ground level. Given the level of corruption in J&K, it would be a good idea to use the NGOs.
- ❖ Restoring communication also needs to be given priority. The road network has been a major casualty. Following the earthquake, the landslides have blocked and cut-off and in certain places have completely washed away the roads.

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- ❖ A long-term policy should be initiated in terms of managing the post-disaster problems. The much publicized disaster management is yet to become active in every sense. It is imperative that the State becomes proactive in terms of building its disaster management team. Obviously, this would mean close coordination between various departments, especially health, police, transport, and engineering along with organizations such as the Army, Border Roads Organization (BRO), Air Force and other paramilitary organizations.
 - ❖ Disaster management should also focus on relief distribution. Invariably in every village, the immediate relief distribution is marked by chaos, anarchy and looting. Relief workers belonging to various civil society organizations find it extremely difficult to cope with the crowd and its expectations. The armed forces invariably have to take control to bring order, so that whatever limited aid is being distributed reaches the most deserving.
 - ❖ Disaster management should also focus on allocating funds for warning systems that would predict disasters and warn in advance. It would be a criminal negligence if the government were to ignore studying this problem, especially when Kashmir is considered as a part of sensitive zone for seismic activities.
 - ❖ HelpAge India with its mandate to work for the aged should advocate for special care for the older people in terms of the provisions of social security schemes and help to improve its adequacy and its accessibility for the poorest of the poor families and individuals.

CHAPTER 6

THE WAY FORWARD

HelpAge needs to understand the context in which their present Kashmir Earthquake interventions would be impacted by the closure of the project in May 2007. If an adverse impact seems likely, the organization needs to explore ways of augmenting resources to ensure continuance of its presence, and interventions in Kashmir.

With this purpose a study was commissioned by HelpAge towards the end of February 2007, which has come up with some suggestions.

HelpAge's overall strategy has been to provide security to the victims of the earthquake, especially older people. The policy, so far, was being implemented by providing essential goods and commodities, together with much needed services, through programmes focused on social security and sustainable livelihoods.

Ground reality

Ironically, the earthquake, which opened up areas along the LoC to the outside world, also revealed severe shortage of quality healthcare facilities in the area, especially for the aged. This holds true not only in Baramulla and Kupwara districts (the areas most affected by the earthquake) but also other parts of Kashmir, as well.

The earthquake destroyed livestock and property. Many people were rendered homeless and without any means of earning a livelihood. HelpAge provided livestock, poultry and other livelihood generating material in earthquake affected areas, and also started a MICRO HYDRO POWER project to provide cheap, sustainable and environmentally friendly electricity to power other livelihood projects. However, there is still a lot more that needs to be done.

Need of the hour

HelpAge has accumulated a large amount of goodwill in the earthquake affected areas through sheer hard work, determination and dedication on the ground. The provision of livelihoods and quality health care are priority areas for them in the Kashmir region. However, despite best efforts, HelpAge is constrained by a paucity of resources. For example, HelpAge's single MMU

in Baramulla is only able to re-visit areas once every fifteen days – and that too in the Baramulla district only.

To provide quality healthcare and livelihood opportunities, especially for the aged in Kashmir, it is obvious that HelpAge's present resources have to be augmented so that their sphere of operations can be increased manifold. Clearly, it would be unwise to squander the goodwill earned with the work done so far under extremely trying circumstances. Also there are some positive factors already in place.

1. HelpAge India has already obtained government approval has been for corpus of Rs. 20 crores.
2. HelpAge personnel already have substantial experience in soliciting contributions for projects – both from schools and corporate houses.
3. Since trained personnel are already available, and since fund raising from corporations and individuals is normal part of HelpAge operations, no added expenses may be required.

HelpAge associates abroad, having decided to pull out the funds being made available by them are likely to dry up. Obviously, there are only two options for HelpAge – either wind up operations in Kashmir or find other sources of funds.

The only way to ensure that its hard work and goodwill are not wasted is for HelpAge to stay on in Kashmir and expand its foot-print. It is obvious that more funds will be required to do this. The study mentioned earlier, presents several strategies available to HelpAge for generating the funds required.

Alternative strategies

Option - 1: Corpus

HelpAge has recently obtained an exemption under Sections 80GGA and 35AC of the Income Tax Act, 1961, for building a corpus of Rs. 20 crores to fund projects for a period of three years. This is to commence from the financial year 2006-07.

It is suggested that HelpAge actively solicits donations to build the corpus, which can be placed in a fixed deposit (or some such instrument) to earn interest. A part of the interest earned can be used to finance the expansion of HelpAge's operations in Kashmir.

Contributions to this fund can be solicited from Kashmiri businesses, schools, etc. Donations can also be solicited from high net-worth individuals and non-resident Indians. Banks and corporate houses operating in India, especially those known to have been actively involved in disaster relief and rehabilitation operations, can also be approached.

Incidentally, one such company, which is seeking to expand its current operations in Kashmir (but is, reportedly, finding it difficult to do so), is Bharti Airtel of the Bharti Group. Bharti has announced that it will invest some Rs. 36,000 crores in telecom alone by the year 2010.

Donations can also be solicited from the hundred-odd Indian companies who contributed some Rs.2 crores to HelpAge projects in 2005-06. Other sources can be the corporate houses actively involved in CSR (Corporate Social Responsibility) activities and charities known to be involved in post-disaster rehabilitation activities.

There are very good chances of the fund earning more than the 9% per annum assumed in this report.

At the same time the corpus will be reduced if funds are used for any disaster relief work. This may adversely impact interest earnings and could result in inadequate amounts being available for the Kashmir project. Also, HelpAge personnel report that corporate houses are poor contributors (this is also reflected in HelpAge's fund collections during 2005-06 when corporate contributions were less than 6% of total donations received).

Option - 2: Franchise

As mentioned earlier, HelpAge's mandate is humanitarian relief focused on the aged, who are usually the weakest sections of society. Older people are susceptible to illnesses that need treatment through medicines - often after undergoing pathological tests. In view of this, an option available to HelpAge is entering into mutually beneficial partnerships with pharmaceutical companies and/or reputed laboratories.

Several companies in India, notably SRL-Ranbaxy Ltd. (SRL-Ranbaxy), operate and franchise medical testing laboratories and sample collection centres in India.

SRL-Ranbaxy franchised laboratory franchising

A typical SRL-Ranbaxy pathological laboratory (PL), especially one in a prominent location, reportedly costs around Rs. 45-50 lakhs to be set-up (including cost of land and building). The company provides its franchisee with all help and support, including in procurement, training, and quality control.

The amount of business generated depends on the location and the entrepreneur's drive, innovative skills and contacts. PLs are typically reported to be doing business between Rs. 20 and 45 lakhs per month. Net profit, after discounts, commissions and taxes, are stated to be between 20 and 25%.

SRL-Ranbaxy Sample Collection Centre

A Sample Collection Centre (SCC), for servicing a pathological laboratory, is said to cost between Rs. 1.5 and 2.0 lakhs. The model envisages patients coming to the centre and giving samples, as well as door-to-door collection as and when needed.

As in the case of a laboratory, the amount of business generated depends on the location and the entrepreneur's drive, innovative skills and contacts. However, the SCCs are said to typically generate business of between Rs. 1 and 2.5 lakhs per month, and a net profit of at least 20% on sales.

Suggested business model

To begin with, one main laboratory and ten sample collection centres can be set-up by HelpAge in Kashmir. The total investment required is estimated to be around Rs. 60 lakhs (Rs. 45 lakhs for the PL and Rs. 15 lakhs for 10 SCCs). Sales turnover is likely to be around Rs. 3.60 crores (Rs. 2.40 crores for the PL and Rs. 1.20 crores for the 10 SCCs at 100% capacity). Combined earnings are expected to be around Rs. 72 lakhs per year (approximately Rs. 48 lakhs from the PL and Rs. 24 lakhs from the 10 SCCs).

Some advantages of the business model are:

1. The PL and SCC will be backed by a major corporate house that will ensure quality and extend all possible support.
2. The PL has an ideal location being in the State capital, whereas the SCC can be set up in strategic locations.
3. There are few pathological laboratories of repute catering to the area, so getting customers will not be a problem.
4. There are several villages and small towns within a few hours motorable distance, and these should also provide a steady stream of clients.
5. Funds for the project can be generated through contributions from high net-worth individuals and corporates (they may find it easier to contribute to the venture as it is a business model) or appropriate loans can be taken from banks/financial institutions (the J&K Bank has shown enthusiasm for the idea in a recent meeting held in Srinagar).
6. The costs to HelpAge will be minimal as it already has people on the ground with expertise in fund collection.
7. The Chief Executive Officer of SRL-Ranbaxy recently indicated that prima-facie they were not averse to franchising either HelpAge (or others recommended by HelpAge).
8. Aged persons in and around the area will have access to the services of a world standard pathological laboratory.
9. The PL and SCC could give senior citizens a discount for the tests required for them.
10. The model is easily replicable in other parts of India.

At the same time certain limitations and constraints have to be kept in mind:

1. Funds will have to be found for initial investments.
2. HelpAge has no experience in such activities. Hence, PL and SCC may become dependant on franchisees (i.e., in case HelpAge chooses not to get directly involved).
3. Potential clients may not be in a position, or willing, to pay the amounts needed to make the PL and SCCs successful business entities. SRL-Ranbaxy might not be interested in, or have immediate plans for, setting-up operations in the area

Annex

Human Face of Tragedy

Bashir Ahmad Kohli is living in a shelter provided by the HelpAge with his wife Naseeb Jan (38) and three children. Originally, a resident of Navarundha, he said that the quake had resulted in fissures in the land there and even the cultivable land was damaged during the quake, which is not suitable for erecting shelter for the victims. "That was the reason we shifted to Bela Camp," he said. His son, Liyaqat Ali was killed in the earthquake.

Sher Mohammad who used to live with his family in Gwalta, shifted to Bela Camp after the quake. He used to live with his son Noor Din (47 years), daughter in law and his two grand children. He was a farmer working on the land and going on with his life. After the killer quake, his son along with his family had to shift to Srinagar in search of work to support his family. He presently lives with his daughter who is married and has two children. He was seriously injured in the quake and broke his right arm. Narrating the whole episode of the earthquake he said, "I was sitting outside my house in the lawn when suddenly with a jerk the whole house behind me collapsed. I was buried in the debris and after hours of struggle my son succeeded in getting me out of the rubble. I was seriously injured and was unconscious for two days". This man was shifted to the hospital and after his condition improved his daughter and son-in-law brought him to Bela camp. He expresses his gratitude to HelpAge India saying, "HelpAge provided temporary shelters, blankets, caps, bukharies etc. otherwise it was impossible to sustain in the harsh winter".

Raja Begum who has been widow for ten years was living in Gharkote with her two sons and her husband's first wife. Her only daughter was married in the same village. After the quake she along with her family left the village. She described the entire scene: "The hills had turned wild, and rocks were floating in the air, colliding with each other, splitting into pieces in all the directions. I took refuge of the bush nearby till the wild dance of nature stopped. I could see the cattle grazing on the hilltops getting chopped away with the rolling rocks. After four hours I reached home. It usually took me fifteen minutes from that place but the roads were blocked. When I reached home I saw we were left with nothing as everything had been reduced to rubble".

Nazik, a 50 year-old was in his shop when the earthquake hit his village at Chapper. He came running out of his house. In his attempt to save his life, he fell into a drain and his arms got injured. He got breathless and became unconscious. On coming back to his senses, he discovered

that everything was destroyed. His shop was completely damaged. His wife and two children were at home and his two elder sons were working in the field. He soon discovered that his house was destroyed. He and his family were left with nothing to eat. However, next day police went there with bread. They also helped them in recovering the dead bodies from the debris. On the third day, the Sultan Daki Post (Army) called them and provided them with four kilograms of rice and pulses. On fourth day, people from Srinagar and other parts of Kashmir provided them with milk, bread, mineral water and candles, which they continued doing for twenty days. Within these twenty days, they also received 11 kilograms of rice from stores of Kamalkote. For twenty days, Nazik's family lived in the open, without a shelter. On twenty-second day, an NGO provided them with 21 tin sheets, of small dimension. On the twenty-fifth day, another NGO provided them with a shed. With this, they resumed their domestic life. Government provided them an aid of Rs. 40,000. Then, during winters (ending December), HelpAge provided them thermocol sheds. Since then, they are residing in those sheds only.

Alla-ud-din was in his other house at the time of the earthquake, along with his wife and his youngest son. His eldest son Sajjad had gone for his army duty and the other son Ajaz was studying at Uri. He ran out from his home when earthquake came. His wife got buried inside the debris of house, but was soon taken out, and hence survived. However, her arm was badly injured. They thought that the time of death had come, because of continuous aftershocks. They did not want to die in isolation, hence soon after three hours, they came back to their village Chapper, so that they would be amongst their own people. There they found their other house destroyed. Alla-ud-din got injuries on his front jaw after stones fell over him. Sixteen of his animals died in the earthquake. Only one cow and one bull survived. For three days, they had absolutely nothing to eat. Those days, they were busy burying dead bodies. However, with the grace of Almighty, the people from Srinagar went there on fourth day with bread, milk, water and cooked as well as uncooked rice and with that they broke their fast. For ten to twelve days, they lived in their self made tin hut.

Seventy year old **Shah Begum** from Chapper, a small village in the upper reaches of Uri lived happily with her family. However, the massive earthquake turned everything upside down. Within seconds her house came crushing down and she was thrown out by the collapsing structure that left her in a pool of blood. In Shah Begum's case, two of the family members were dead. She found people coming from far off places, people who were total strangers came to

console her, to help her and to share her sorrow. Even now when one visits Shah Begum's makeshift shelter near the debris of the old house, one can find the staircase of her old house virtually hanging in the air, supported by a wooden plank, standing as a testimony of the time when disaster struck, indeed a grim reminder of the dark day.

Sixty year old **Sakina Bibi** from Lower Chapper, Uri was in a nearby forest with her cattle when the earthquake struck. Leaving her cattle in the forest she came back to her home only to find a collapsed house under which two of her family members were buried. After two hours, Sakina was able to evacuate her daughter who was lying buried under the rubble but was not fortunate enough to save her granddaughter whom she found lying dead under the debris.