

Over 4000 killed as cyclone wreaks havoc

Death toll may cross 6000; all communications, utility services snapped; thousands missing; houses crops, trees destroyed; lakhs homeless

Emergency Response Programme of Gonoshasthaya Kendra : SIDR – 2007

1. Problem Statement

Bangladesh dated with a night mare as cyclone SIDR ripped through the southwestern coast late Thursday November 15, 2007 killing over 4000 people (reported on November 18, 2007) and demolishing houses, crops, vegetables and trees alike along its trail of devastation over an area of thousands of square kilometers. Packing winds over 220 Km an hour, the fierce tropical storm roared across the shoreline after it hit landfall at the Khulna Barisal coast at 7:30 pm cutting off all communications and utility services across the country. Most of the deaths were caused by collapsing houses, falling trees and flying debris.

The cyclone called SIDR triggered a 15 foot high tidal surge that inundated low lying areas of districts Pirojpur, Patuakhali, Barguna and Jhalokathi under Barisal division and district Bagerhat under Khulna division. “The death toll is likely to mount further as we’re receiving more information from the affected areas” an official of the food and disaster ministry told a press conference in Dhaka Friday. The government officials were unable to provide the number of casualties in Barguna, Jhalakhati and Bagerhat considered the worst affected areas.



Although the economic losses are too early to assess, the hurricane SIDR has cut a deep swath through agriculture and non-farm sectors, officials at the Agriculture Ministry said. Telecommunication and internet services across the country have almost foundered as the cyclone has caused disruption in international communications. Newspaper houses struggled to gather news and information from global wire services, limiting their coverage of international news.

The storm and tidal surge ravaged the production areas of shrimp, the country’s second biggest foreign exchange earner. Satkhira and Bagerhat areas account for nearly 70% of the country’s total shrimp cultivation.

Of an estimated 5 Million people of the coastal region, around 1.5 million people were evacuated in 13 coastal districts, officials pointed out. The head of

Bangladesh meteorological department, Samendra Karmakar, said he was optimistic the evacuation programme would spare the country the huge loss of life seen in previous decades. “It is not less severe than the 1991 cyclone; in some places it is more severe. But we are expecting less causality this time because the government took early measures. We alerted people to be evacuated early” he said.

SIDR 2007 hit low areas people were also saved from the tidal surge due to low tide, protective embankments and cyclone shelters constructed by the government, NGOs and assistance of international communities. SIDR looked like eye and its intensity area was 250,000 sq. km which was swept over 147,570 sq.km land area of Bangladesh. Intensity of SIDR was much more severe in compare with 1970 and 1991 cyclone but death was less due to its central location was at Sundarban. SIDR speed was firstly resisted by Sundarban forests and eventually it was weaken the wind velocity. Exception was Dublarchar of Bagerhat district. Over 15 feet tidal surge swept thousands of people and many of them died and still missing.

The SIDR affected areas are surplus area for production of paddy to feed Bangladesh. Its destruction will have additional impact on price hike of paddy, unemployment in agriculture with additional damage of houses, standing crops and vegetables etc have further increased the sufferings of over millions of affected people. Inflation may further aggravate current situation of Bangladesh. Inflation stands at decades highest. It is now close to double-digit due to two times floods and for SIDR.

2. Emergency Response:

Gonoshasthaya Kendra Executives met on Saturday, November 17, 2007 in emergency meeting to review the colossal damage due to SIDR and decided to send 4 members Emergency Assessment Team supported with 3 Medical teams with additional number of 15 members headed by 3 doctors equipped with medicines, gauge and bandages to treat cut injuries, bone fractures for a period of 15 days. If there is a need for more medical teams GK will arrange to send more.

GK Emergency Team will assess the most difficult to reach affected areas, where the services are needed. Emergency Team will also report to GK headquarter within 2-3 days to mobilise resources to the affected areas. The decisions are as follows;

1. GK should prepare minimum 10 medical teams with 10 doctors, 20 intern medical students and senior health workers and 30 junior health workers to serve and treat minimum 50,000 patients within 15 days.
2. Each of the Medical team should have essential drugs such as Gage, bandage, Anti Septic lotion, ORS, IV saline, Alum, Potassium Permanganate, Paracetamol, Antibiotic- Tetracycline, Cotramexazol, Amoxicillin, Metronidizol, BB lotion, Iron Syrup, Chloromphenical eye drop and ointment and to take care of mother and child with a focus to skin, diahorrea, dysentery, fever, typhoid, cold, cut injury, pregnancy, eye infection etc.
3. GK should prepare food pack for a fort night ration consists of 10 Kg rice, 2 Kg lentil, 1 Kg salt, to encourage them to return home and to work on homesteads to clean debris and to start working on house repair activities.

3. GK proposed intervention

3.1. Target beneficiaries

GK will identify primary stakeholders who are irrespective of religious and political beliefs located in SIDR affected hard to reach areas of Pirojpur and Barguna district.

3.2. Emergency Assessment Team

GK 4 members Emergency Assessment Team comprises with senior level Programme Managers have left GK Savar on November 17, 2007 to visit Pirojpur and Barguna districts and to inform GK head quarter within 2-3 days about its specific area and need of intervention - prior consultation with respective district and Upazilla administration.

3.3. Medical Aid

GK 3 Medical teams with 18 members will function for 15 days. If needed another 7 team will join them immediately with the information and request of Emergency Assessment Team.

3.4. Emergency Food Supplies

Primary information has provided by the assessment team that emergency health care need to be supported with family food pack for a period of one – two weeks so that poor people could return their home and to be involved to clean homestead debris and to concentrate on repair of houses. Family food pack will create opportunity to work at home. GK propose to distribute 10 Kg rice, 2 Kg lentil, 1 Kg salt for 10,000 families.

4. Operational Period: November 17 – December 2, 2007 and for 15 days.

5. Area of operation:

District	Upazilla	Number of Beneficiaries
1. Pirojpur	1. Modbaria	3000
2. Barguna	2. Patharghata 3. Amtoli	3500 3500

6. Budget:

Particulars of Budget	Amount in Tk
1. Medical Team	
1.1. Staff Salaries	
Doctors 3	
@ Tk 700 / day for 3 doctors for 15 days = 700 X 3 X 15 = 31,500	31,500
Senior Intern Medical Students 6	
@ Tk 400 / day for 6 workers for 15 days = 400 X 6 X 15 = 36,000	36,000
Junior Health workers 9	
@ Tk 250 / day for 9 workers for 15 days = 250 X 9 X 15 = 33,750	33,750
1.2. Travel for 3 medical team for a period of 15 days	
Bus, Rickshaw and Boat fair	
@ Tk 1000 per team / day for 3 teams for 15 days: = 1,000 X 3 X 15 = 45,000	45,000
1.3. Living Expenses for 15 days	
@ Tk 150 / person / day for 18 persons for 15 days = 150 X 18 X 15 = 40,500	40,500
Sub total	186,750
2. Essential Drugs for 10,000 patients	
Gauge, bandage, Anti Septic lotion, ORS, IV saline, Alum, Potassium Permanganate, Paracetamol, , Antibiotic- Tetracycline, Cotramexazol, Amoxicillin, Metronidizol, BB lotion, Iron Syrup, Chloromphenical eye drop and ointment	
@ Tk 50 / patient: 10,000 = 500,000	500,000
3. Supervision and Monitoring	
Programme Coordinator @ Tk 2000 / day for 15 days = 30,000	30,000
Monitoring Travels Lump Sum 30,000	30,000
Audit and Reporting Lump Sum	25,000
Sub total	85,000
Total	771,750
4. Emergency Food Supplies for 10,000 families	
Family food Pack (10 Kg rice, 2 Kg lentil, 1 Kg salt) @ Tk 400 / pack = 4,000,000	4,000,000
Transport of 130 MTons food to difficult to reach areas Tk 1500 / Ton = 195,000 (4.87%)	195,000
Grand Total	4,966,750

6. Monitoring and Reporting

GK Senior Director accompanied with Monitoring officer will monitor the progress of Emergency Assessment and Medical Team and will report to Senior Executive Director and to the respective donor.

Programme Coordinator will be responsible to complete accounts and reports within 30 days of completion of the programme.

7. Conclusion

GK 3 medical teams could reduce health problems of the 10,000 injured population of SIDR affected areas and will assist GK Management for further assistance to serve the victims with need based essential materials.