

Date: 20 January 2005

Tsunami Response Report No. 15
Indonesia, Sri Lanka, India, Thailand

This report covers the operational period of 20 January and is based on information provided by the ADRA country offices of Indonesia, Sri Lanka, India and Thailand. Additional information and statistics is received from media reports, the UN, WHO, IFRC and ReliefWeb.

SITUATION IN BRIEF:

1. Three weeks after the disaster the national media is reporting the death toll at more than 225,000, reflecting a 50,000 increase in Indonesia's toll, which is based on government reports.
2. The Red Cross maintains its estimates of 525,000 injured; 1.6 million displaced and more than 1 million homeless. These figures are expected to increase.
3. The current confirmed figures are as follows:

COUNTRY	DEATHS	INJURED	MISSING	HOMELESS	DAMAGE	AFFECTED AREAS
INDONESIA	166,320	1,443 hospitalized 22,242 outpatients	12,132	703,518	172 sub-districts and 1550 villages destroyed 21,659 houses destroyed	Aceh: Districts (14/21); 1 M people affected
SRI LANKA	30,920	14, 573	6,034	441,410	91,749 fully damaged houses and 25,731 partially damaged houses	About (103,789) families; houses (103, 753)
INDIA	10,744	3,324 (in Tamil Nadu only)	5,669	646,256	897 villages, 157,393 dwelling units, 4314 HA of cropped area, and 1.56B USD	2260 KM of coastal land; 3.6M people affected
THAILAND	5,313	8,457	3,254	8,500 evacuated		6 Provinces W of coast
SOMALIA	150		283	5,000	1,975 completely damaged houses 102,000 affected people	18,000 households. 650KM of coastline
MALDIVES	83	2,214	26	21, 663	1/5 of islands have no clean water	20 Inhabited islands with 100,000 people
MALAYSIA	68	73 inpatient 694 outpatient	6	8,000		NW states of Penang and Kedah
MYANMAR	61	43	3	3,205 homeless/ households (638)	592 houses of 17 villages destroyed	10-15,000 affected long-term. 5-7000 directly affected

***Bold-faced indicates changes in previously reported numbers.**

4. In some places - particularly in Aceh - access to the basic needs of water, sanitation, and hygiene is still not adequate.
5. In other places, such as southern India, Sri Lanka and Thailand, the focus has shifted more to planning for rehabilitation and reconstruction.
6. The United Nations has launched comprehensive plans for a global early warning system to reduce the deadly toll of natural hazards, combining speedy transmission of data with training of populations at risk in a strategy that experts say could have saved scores of thousands of lives in the recent Indian Ocean tsunami.

7. International Federation of the Red Cross and Red Crescent Societies has lobbied for more resources to build community resilience and preparedness, to help communities themselves to reduce risks and withstand natural disaster. It has also advocated for strengthened legal preparedness, and greater preparedness for climate change.
8. Many delays in getting essential relief across country borders are the result of inadequate legal preparedness on the part of recipient states, regarding such things as customs, immigration, communications, and the status of personnel.

INDONESIA

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9. Indonesia's Health Ministry raised the country's death toll from the Dec. 26 tsunami to 166,320 on Wednesday, pushing the total number of people killed in the disaster above 225,000.
10. UN agencies, NGOs, military forces, government bodies and other agencies involved in health activities have worked together to form sub-groups for: hospital care and field hospitals; primary care and mobile clinics; communicable diseases; logistics and medical supplies; psycho social assistance; and water and sanitation.
11. There are now more than 500,000 people in the Banda Aceh area alone living in tightly packed refugee camps. Agencies in the area are reporting that there is great risk for a wide-spread outbreak of infectious diseases. Remote locations along the west coast still lack adequate medical facilities as the existing ones are not fully operational due to extensive damage and lack of staff.

ADRA'S RESPONSE IN INDONESIA:

Meulaboh

12. ADRA Indonesia is planning to rehabilitate tsunami-affected schools in the original areas where they were located, and/or construct new schools if people decide to relocate to a completely new area.
13. A plan is also outlined to ensure the availability of water and sanitation facilities in the rehabilitated schools.
14. At the high school level, ADRA Indonesia will construct water and sanitation facilities.
15. At the primary school level, ADRA Indonesia will closely coordinate with other potential service providers in the field of water and sanitation.
16. Provide basic school materials, equipment and supplies with the intent of restoring a standard learning and recreational environment for the students and teachers.

SRI LANKA

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17. Sanitation is a major challenge in temporary camps due to the high water table in coastal areas which reduces the effectiveness of latrines.
18. The numbers of camps and of displaced people are decreasing in Ampara and Kalmunai.
19. WHO reported a shortage of formula supplies for infants. The World Food Programme (WFP) has supplied Corn Soya Blend for distribution.
20. Most IDPs are not living in the camps any longer. There may be from 30 to 50 people in a camp because they have no relatives.
21. The government is providing food rations for every IDP that a household takes in, so most of the IDPs are now living with relatives, extended family, and friends who reside close to their former homes.

ADRA'S RESPONSE IN SRI LANKA:

22. ADRA Sri Lanka has designed a project to help the 1,000 worst affected households in the coastal communities of the Hambantota District. It aims to teach them sustainable non-fishery related livelihood recovery activities.
23. ADRA Sri Lanka has finalized a new comprehensive organigram to streamline operations and decision-making in the wake of increased program activity as a result of the earthquake/tsunami. They have developed and

approved a MoU with WHO in relation to 2 new projects: Emergency Disinfection and Emergency Corpse Removal II.

INDIA

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24. Currently the Great Nicobar Island government has granted the YMCA, the Church of India, and SEEDS, an Indian NGO access to the Nicobar Islands.
25. All Relief camps have been closed in Andhra Pradesh and Pondicherry.
26. People from relief camps in Kerala and Tamil Nadu have started going back to their villages, however, relief camps in A & N Islands have increased and more people are being accommodated.

ADRA'S RESPONSE IN INDIA:

27. ADRA India, supported by ADRA Japan, has made final arrangements for the shipment of relief supplies to the Andaman Islands. The shipment will contain tents to provide shelter for 200 families, and provide blankets, mosquito nets, water containers to the relief camps, serving 4,000 people.
28. In Andaman and Nicobar Islands, ADRA India, supported by ADRA Japan, has implemented health awareness programs. They have placed 2 teams in the capital city of Port Blair to assist people who've been airlifted out of the southern islands in the Nicobar district, and have provided shelter to people in 14 relief camps which have been organized in Port Blair. ADRA is also providing health awareness education to 2,000 children to prevent infection outbreaks. Visual aids, posters, games, and other age-appropriate materials are being used to conduct this educative process. In south Andaman, similar programs are being conducted for 800 people, who are living in 14 relief camps.
29. In Tamil Nadu, ADRA, SUD, and Tamil Nadu Union are providing food for 7,250 people per day. The ADRA ARO program will provide fishing nets for families in 3 villages in Andhra Pradesh. ADRA Germany's project in Tamil Nadu will focus on water purification, sanitation, and livelihood. ADRA Netherlands Sanitation Project in Tamil Nadu will focus on the construction of latrines; ADRA Netherlands Maternal Child Health Project is for maternal child health, children under 1 year of age, and Trauma Counseling. ADRA Australia Women's Project in Tamil Nadu will address Health, Trauma Counseling, HIV, and livelihood.
30. ADRA India has received approval for a \$100,000 project for the Nicobar Islands. This will be a forerunner for the DFID project we have submitted for, which is for more than \$1,000,000 to fund a reconstruction project on Greater Nicobar Island. ADRA India plans to build 30 schools and health clinics on Great Nicobar Island. The project would enable the displaced families to access education, health services, and water and sanitation facilities.
31. The German project has additional funding for another phase of reconstruction. Japan is looking to fund another phase for their project. Australia is looking to fund another phase for their project. The future project would not be any smaller than the one they have funded.

THAILAND

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32. The government approved an additional budget of 720 million baht for tsunami relief operations.

ADRA'S RESPONSE IN THAILAND:

33. ADRA Thailand has committed to help Koh Ban Tung Nang Dom with the re-establishment of their water supply system and is also looking to work with the villages on community and household rehabilitation. A water filtration system has been donated by a private donor in Germany, through ADRA Germany. The REDO®-Units are water purification units, and will produce drinkable water from dirty crude water, without the use of chemical additives. The units will be used in the Tsunami affected areas for as long as needed, and then will remain in the care of ADRA Thailand for use in case of any future need for such a unit in the southeast Asia region.

COORDINATION:

34. All contacts should be addressed to the relevant person as detailed below. Please copy all contacts below for

correspondence regarding funding availability.

35. All donors or agencies wishing to assist in the region should notify the coordinating office in order that all aid flows and submissions can be tracked. For banking details please contact the relevant officer indicated below.
36. The coordinating office is in regular contact with all the implementation offices and will revert with further information as it becomes available.
37. Information on the response from the ADRA partners will also be available on the ADRA International website at <http://www.adra.org>.

Telephone: +66 2 381 7130 In case of emergency only:	Fax: +66 2 381 7128 Ph: +66 1 989 9045	E-mail: communications@adraasia.org
Director:	Ronald Kuhn (ronald@adraasia.org)	
Programs:	Frank Teeuwen (frankteeuwen1@compuserve.com)	
Planning:	Satish Pandey (satish@adraasia.org)	
Finance:	Robyn Mordeno (robyn@adraasia.org)	
Communications:	Lisa Woods (communications@adraasia.org)	
Human Resources:	Peter Howell (peter.howell@adra.org)	