

Tsunami Response Report No. 17
Indonesia, Sri Lanka, India, Thailand

This report covers the operational period of 24 January and is based on information provided by ADRA country offices in Indonesia, Sri Lanka, India and Thailand. Additional information and statistics is received from media reports, the UN, WHO, IFRC and other NGO reports.

SITUATION IN BRIEF:

1. One month 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. The international aid effort for countries affected by the tsunami is moving into "Phase Two," focusing more on reconstruction than pure emergency relief.
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 Kedayh
MYANMAR	61	43	3	3,205 homeless/ households (638)	592 houses of 17 villages destroyed	10-15,000 affected long-term; directly affected: 5-7000

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

4. In some places-particularly in Aceh, access to 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. Recent heavy rains have resulted in substantial worsening of the sanitation situation in the camps.
12. Relocation is underway. Some limited assessment of the relocation sites has been undertaken but UNICEF is requesting, through the humanitarian coordinator, for a more strategic approach to the issue of relocation including joint camps site assessments with UN agencies, NGOs, GoI and TNI.
13. Last week, UNICEF sent a full complement of staff to Meulaboh for 1 week to assess: child protection, education, WES, security/ operations officer and emergency coordinator. UNICEF is leading in health, WES, Education and Child Protection in Meulaboh.

ADRA'S RESPONSE IN INDONESIA:

Meulaboh

14. 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. ADRA Indonesia's education program has the capacity to absorb resources to rehabilitate at least 95 schools, if more funding resources are available.
15. ADRA Indonesia is also planning to ensure the availability of water and sanitation facilities in the rehabilitated schools. At the high school level, ADRA Indonesia will construct water and sanitation facilities. At the primary school level, ADRA Indonesia will closely coordinate with other potential service providers in the field of water and sanitation.

Aceh

16. ADRA Australia, ADRA Czech Republic, ADRA Germany, ADRA Spain, and ADRA UK, have collaborated with ADRA Indonesia to provide Emergency School Rehabilitation programs to facilitate the return to normal life of the tsunami affected populations, particularly children and youth. They have responded with projects to restore a functional school system with strengthened capacity to manage traumatized students and teachers in Aceh and Western Aceh.
17. Medan Adventist Hospital (MAH) has also partnered with ADRA Indonesia, under the direction of WIUM, to provide food relief Fifteen tons of rice and 800 boxes of noodles were gathered, transported and distributed in 10 villages. MAH has also provided medical assistance to 5,000 patients at Geudong as well as treating 20 patients related to the tsunami disaster. Medical assistance has also been provided at Sibreh (near Banda Aceh) to serve 5,000 IDP's and locals.

SRI LANKA

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18. Sanitation is a major challenge in temporary camps due to the high water table in coastal areas which reduces the effectiveness of latrines. Ongoing assessments have identified work needed on water tanks, wells and water pipes to supply schools. Forty water tanks will be installed and repairs will be completed 24 January. Although latrine construction work in Batticaloa has been hampered by heavy rains, this still remains a priority in all affected districts. WHO and UNICEF are developing materials to improve hygiene practices in camps and schools.
19. The numbers of camps and of displaced people are decreasing in Ampara and Kalmunai. On January 20, the Government of Sri Lanka's Center for National Operations said the number of IDPs in Sri Lanka has decreased to 408,000, down from 437,000 on January 18.
20. WHO reported a shortage of formula supplies for infants. The World Food Programme (WFP) has supplied Corn Soya Blend for distribution.
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. Cooperation with ADRA's regional office has helped to facilitate ADRA Sri Lanka's operations.
24. Three (3) new field offices are being established in:
 - Tangalle – A total of 1,000 water tanks, each with a capacity of 2,000 liters, will be provided. One (1) tank will supply water for 5 households. Water containers and water purification tablets are also being provided. The funding source is ADRA Switzerland. ADRA Canada is assisting with providing 100 latrines in one camp in Tangalle. Some medical assistance is also being offered to the people, through a variety of funding sources in Europe.
 - Hikkaduwa – ADRA Germany is assisting with providing 500 tents for IDPs.
 - Pottuvil – In the Public Health sector, a health clinic, a dental clinic and an out-patient clinic have been established. Progress has been made with for ADRA's plan to assist fishermen in providing fishing boats and fishing nets. Additionally, water purification materials and containers have also been distributed.

INDIA

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25. Currently the Great Nicobar Island government has granted the YMCA, the Church of India, and SEEDS, an Indian NGO access to the Nicobar Islands.
26. All Relief camps have been closed in Andhra Pradesh and Pondicherry.
27. 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.
28. Progress has been made in restoring water supplies in the Andaman and Nicobar Islands: 83% of the public supply has been restored on Car Nicobar, 45% on Teresa, 60% on Nancowary and almost full supply on Kamorta. Furthermore, contaminated water has been pumped from wells and bottled water has been supplied to relief camps on Katchal.

ADRA'S RESPONSE IN INDIA:

29. ADRA India, supported by ADRA Japan, has made final arrangements for the shipment of relief supplies to the Andaman Islands. The shipment contains tents to provide shelter for 200 families, and provides blankets, mosquito nets, water containers to the relief camps, serving 4,000 people.

30. 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.
31. In Tamil Nadu, ADRA, SUD, and Tamil Nadu Union are providing food for 7,250 people per day.
32. The ADRA ARO program will provide fishing nets for families in 3 villages in Andhra Pradesh.
33. ADRA Germany's project in Tamil Nadu will focus on water purification, sanitation, and livelihood.
34. 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.
35. ADRA Australia Women's Project in Tamil Nadu will address Health, Trauma Counseling, HIV, and livelihood.
36. 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 will enable the displaced families to access education, health services, and water and sanitation facilities.
37. ADRA Japan plans to fund another phase for their Health project (shelter, water and medical).
38. ADRA Australia is seeking to fund another phase for their project which benefits women and children. The future project would not be any smaller than the one they have funded.
39. ADRA India has sent a team to Andaman, to make advance preparations for the \$100,000 project from ARO to build schools. An Indian national has also been flown in by helicopter from Port Blair, to facilitate the process.
40. On 25 January, a representative from ADRA India, will meet with ADRA Austria in Chennai in preparation for filming the distribution of fishing nets in 3 villages in Andhra Pradesh.

THAILAND

Situation Report

41. Thai government has approved an additional budget of 720 million baht for tsunami relief operations.
42. Thailand's Ministry of Health and the CDC are conducting rapid environmental health assessments.

ADRA'S RESPONSE IN THAILAND:

43. Through ADRA Germany, a water filtration system has been donated by a private donor in 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. 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.
44. ADRA Australia, in partnership with ADRA Thailand, is committed to a Community Recovery and Development Program to provide water and sanitation rehabilitation, community and household recovery, health, psychosocial support and long-term development program to serve 20,000 people.

COORDINATION:

45. All contacts should be addressed to the relevant person as detailed below. Please copy all contacts below for correspondence regarding funding availability.
46. 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.

47. The coordinating office is in regular contact with all the implementation offices and will revert with further information as it becomes available.
48. Information on the response from the ADRA partners will also be available on the ADRA International website at <http://www.adra.org>.

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