

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ASIA: EARTHQUAKE & TSUNAMIS FOCUS ON HEALTH

3 February 2005

The Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Revised Preliminary Appeal No. 28/2004; Operations Update no. 35; Period covered: 26 December - 3 February 2005; Appeal coverage: 103.9% ([Click here to view the provisional contributions list attached, also available on the Federation's website](#)).

Highlights of the Day:

- This Operations Update focuses exclusively on health activities of the International Red Cross and Red Crescent Movement to date in tsunami-affected countries. There will be an update of the overall operation tomorrow.
- An initial rapid assessment in Indonesia, Sri Lanka and the Maldives, carried out by the World Health Organization found that five to 10 per cent of the affected population may develop stress-related disorders as a result of the disaster. This could mean up to 100,000 people are in need of skilled mental health interventions.
- The Indonesian Ministry of Health reported that 79,842 children in Aceh and North Sumatra had been vaccinated against measles by 30 January in a campaign coordinated with UNICEF and partners, including the Red Cross and Red Crescent.

Appeal history:

- Preliminary appeal launched on 26 December 2004 CHF 7,517,000 (USD 6,658,712 or EUR 4,852,932) for six months to assist 500,000 beneficiaries.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 1,000,000.
- Revised Preliminary Appeal issued on 30 December 2004, for CHF 67,005,000 (USD 59,152,246 or EUR 53,439,988) for two million beneficiaries for six to eight months.
- The Preliminary Appeal was originally launched titled "Bay of Bengal: Earthquake and Tsunamis". The title was subsequently changed to "Asia: Earthquake and Tsunamis" in the Revised Preliminary Appeal launched on 29 December 2004.
- Operations update No. 16 revised the Revised Preliminary Appeal 28/2004 budget to CHF 183,486,000 (USD 155,286,000 or EUR 118,669,000) with programme extensions for particularly Sri Lanka, Indonesia, the Maldives and East Africa.

[Click here for contact details related to this operation](#)

Background

The magnitude 9.0 earthquake that struck the area off the western coast of northern Sumatra on Sunday morning, 26 December 2004, at 7:59 am local time (00:59 GMT) triggered massive tidal waves, or tsunamis, that inundated coastal areas in countries all around the Indian Ocean rim – from Indonesia to Somalia. Sri Lanka, the Indonesian province of Aceh, four states of southern India, the Maldives, and coastal areas of Thailand, Malaysia, and Myanmar were the most severely affected. The earthquake epicentre was located at 3.30 N, 95.78E at a depth of 10 kilometres. The area is historically prone to seismic upheaval due to its location on the margins of tectonic plates. However, tidal waves of this magnitude are rare and therefore the level of preparedness was very low.

Summary of the human toll caused by the tsunami as of 3 February

Countries	Dead	Missing	Displaced	Homeless	Sources
Indonesia*	237,071	-	n/a	617,159	Government
Sri Lanka	30,957	5,637	396,295	480,000	Government
India*	16,389	-	647,599	20,000	Government
Maldives	82	26	21,663	n/a	Government
Thailand	5,393	3,071	n/a	n/a	Government
Myanmar	61	10	n/a	3,200	Government
Malaysia	68	12	n/a	4,296	Delegation
East Africa	313	n/a	50,000	n/a	Government
Total	290,334	14,396	>1,115,557	>1,124,655	

**In Indonesia and India, the number of dead includes persons previously listed as missing.*

Note: East Africa covers tsunami-affected countries of Kenya, Madagascar, Seychelles, Somalia and Tanzania.

Thousands of staff, relief and medical personnel, and volunteers of the Red Cross and Red Crescent societies of the tsunami-affected countries have provided a vital initial response, in search and rescue, clean-up, providing temporary shelter and immediate relief assistance, emergency medical services, psychological first aid and tracing. It is estimated that over 10,000 Red Cross and Red Crescent volunteers and 76 relief and medical teams have been mobilised in the disaster-affected areas.

The Federation immediately launched a Preliminary Emergency Appeal on the day of the disaster with a focus on Sri Lanka, Indonesia and the Maldives. On 3 January 2005, the ICRC launched budget extensions additional to its 2005 Emergency Appeal for Indonesia and Sri Lanka. Along with initial support from the country and regional delegations, the Federation deployed within 24-72 hours three [Field Assessment and Coordination Teams \(FACT\)](#) and 18 [Emergency Response Units \(ERU\)](#) in the sectors of water and sanitation, health care, aid distribution, telecommunications, and logistics/transportation to Sri Lanka, Indonesia and the Maldives.

A total of 125 relief flights have now arrived in the various affected countries and a further 21 flights are in the Federation relief pipeline, making a total of 146 relief flights coordinated through the Federation.

The Federation and the ICRC in Geneva are currently working on an organizational framework for Movement coordination in the tsunami operations. A note has been sent out to national societies and delegations on this today, for consultation. It is expected that the framework, which will set in place strong platforms for coordination, will be finalised shortly, and a final note will be then sent out by the Federation and the ICRC.

Indonesia

Overview

The earthquake and resulting tsunami of 26 December 2004 devastated most towns and villages as well as hundreds of kilometres of coastline along the west and north east coasts of Sumatra, in Indonesia. Latest government estimates (from 31 January) put the total number of dead and missing at 237,071 with an additional 617,000 displaced persons.

Initial assessments following the disaster made it apparent that the main priorities were to provide immediate assistance to victims of the tsunami, as well as to bolster the badly affected provision of basic health care services. Proper hygiene and nutrition were two other areas of concern identified early on, particularly with regard to conditions within the internally displaced people (IDP) camps and in the more remote and inaccessible areas along the western coast of Aceh. Furthermore, the need for psychological support has been identified as an area requiring organized follow-up as a matter of urgency. A rapid initial assessment by the World Health Organization (WHO) estimates that up to 50 per cent of the affected population may be experiencing significant psychological distress and that five to 10 per cent may develop some stress-related psychiatric disorder as a result of the disaster. This could mean that up to 100,000 people are in need of skilled mental health interventions.

Much of the infrastructure in the affected area was decimated. Road access to most villages along the west coast was – and remains – completely disrupted. The Indonesian government has estimated that one million homes were destroyed, along with 450 kilometres of road and scores of bridges. The nature of the disaster and its destructive impact, the potentially volatile conflict on the ground, the constant population movement and psychological impact on the community has made this a challenging operating environment for all components of the Movement to reach and provide essential services to the affected population.

However, despite initial fears of outbreaks of communicable diseases, no epidemics have occurred to date in the affected areas. Instances of malaria, measles and watery diarrhoea – although present – are lower than anticipated and are within acceptable thresholds. The main unexpected health problem encountered was tetanus, due to the types of injuries sustained by tsunami victims. Respiratory problems have also been noted, as a result of the large amounts of sea water and mud ingested by the survivors.

In response to the acute nature of the disaster, many nations deployed teams with tertiary health skills to address the severe wounds of the injured. According to an inter-agency analysis carried out under the auspices of the UN's Office for the Coordination of Humanitarian Affairs (OCHA), this resulted in an oversupply of tertiary care facilities and medical staff. Most field hospitals have noted a significant decrease in patient load after the first week post-tsunami, to current more normal daily caseloads.

One of the problems noted by the inter-agency assessment has been the absence of a master list detailing the overall medical supplies and drugs being provided to interim health posts. This has resulted in shortages of materials such as wound dressing kits, stethoscopes, delivery kits for safe birth and other common supplies. However, the main problem remains the lack of a coordinated response for health-related assistance due to the large and often unexpected influx of non-governmental organizations (NGOs) into the affected area.

On 30 January, the Indonesian Ministry of Health reported that the measles vaccination campaign being coordinated with UNICEF and partners, including RCRC, had covered 79,842 children in Aceh and North Sumatra. A standardized health reporting system for communicable disease outbreaks has been established, but this is not yet being used across all agencies. WHO has expressed concern about resistant strains of tuberculosis (TB) arising, due to the disruption of Aceh's TB treatment programme.

The network of community health centres (puskesmas) – the backbone of the public health system – was severely impacted by the tsunami. The government has estimated that six of the area's 26 hospitals as well as 77 of its 234 health centres were partially or completely damaged. Out of the 9,800 Ministry of Health staff in Aceh, 849 have died or are unaccounted for. As a result, most ongoing medical needs of the affected population relate to the restoration of primary health care and preventive services.

RCRC Response

Over one month after the disaster struck the region, the RCRC Movement continues to be at the forefront in providing health care services to the affected population in Aceh. In particular, Palang Merah Indonesia (PMI)/Indonesian Red Cross has been a key player in providing initial emergency and ongoing basic health care services to the community.

Teams of PMI volunteers were involved in body recovery efforts since the beginning, with some 1,423 volunteers deployed by PMI up to the end of January. In addition, PMI rapidly established 15 health posts and 11 mobile clinics, providing health care to an estimated 70,000 people since the disaster. The organization is also actively participating in the Ministry of Health/UNICEF measles vaccination campaign, with support by the British Red Cross' health delegate and a member of the Federation's office team in Meulaboh. The Banda Aceh branch has been active in disinfection and vector control programmes. Furthermore, additional volunteer medical teams were dispatched spontaneously by PMI branches to the affected area. Exact numbers of patients treated are currently being compiled by the various chapters, as PMI focuses on achieving a complete and accurate picture of assistance provided as part of the overall tsunami response and begins detailed planning for the recovery and rehabilitation phase. An expanded organizational structure is currently being put into place and data is being systematically recorded by chapters (including number/type of patients, as well as medicines and medical supplies).

PMI action was complemented with support from the Federation and ICRC, along with Movement partners from Japan, Germany, Turkey, Malaysia, Denmark, France, Taiwan, Norway, Switzerland, Korea, Singapore and Slovakia (according to information received to date) – who together have or are still providing vital services to affected communities along the west coast (Meulaboh, Teunom, Calang, Lamno, Patek), Simeulue Island and on the north-east coast (Sigli through to Samalanga).

A Federation field assessment and coordination team (FACT) was deployed within 72 hours of the disaster, basing itself out of Banda Aceh as soon as logistically feasible. By 3 January, FACT members were conducting aerial and rapid touchdown assessments by helicopter of the districts of Aceh Jaya, Aceh Barat and Simeulue Island.

Two RC basic health care emergency response units (ERUs) of the Japanese and German Red Cross Societies were set up in two of the most affected population centres along the west coast – Meulaboh and Teunom, respectively. These also acted as operational bases and enabled the teams to pursue ongoing assessments in the surrounding communities, in order to identify pockets of IDPs requiring medical assistance.

In mid-January, with support from the Norwegian Red Cross, ICRC set up a referral hospital in Banda Aceh with an inpatient capacity of 100, to ease the burden on overwhelmed Banda Aceh hospitals, and to act as a referral hospital for patients in outlying areas of the west coast. In addition, ICRC has set up camp for up to 400 discharged IDP patients and their relatives, to provide shelter and follow-up medical services.

The table below provides an up-to-date overview of RCRC health activities at the end of January:

RCRC	Communities served	Activities	Beneficiaries	Constraints / Comments
German RC ERU BCHU (as from 10 January 2005)	Teunom	<ul style="list-style-type: none"> ▪ Basic health care services 	<ul style="list-style-type: none"> ▪ Serving a population of up to 20,000 ▪ 75 patients/day (OPD) – cumulative (30 Jan): 2,519 	Team rotation now complete.
Japanese RC ERU BCHU (as from 4 January 2005)	Meulaboh + outlying communities (Ache Barat, Nagan Raya)	<ul style="list-style-type: none"> ▪ Medical support to Cut Nyak Dhein hospital (ICU, ER, OT) ▪ BCHU in IDP camp ▪ Needs mapping in outlying villages ▪ Mobile health clinic to IDP camps ▪ Measles + tetanus vaccination 	<ul style="list-style-type: none"> ▪ Up to 300 patients / day overall at the hospital. ▪ BCHU in IDP Total patients (25 to 30 January): 324 ▪ Vaccinations (to 27 Jan): tetanus: 1,602 measles: 214 	Health assessment being carried out on Simeulue Island
ICRC Hospital (as from 16 January)	Banda Aceh	Referral Hospital	2,500 OPD (16 to 30 January) + average of 44 inpatients/day	Also setting up a camp for discharged patients (up to 400)
PMI	Banda Aceh, Lam No, Calang, Simeulue Meulaboh	<ul style="list-style-type: none"> ▪ Mobile health teams ▪ 34 doctors and 28 paramedics / nurses ▪ Doctor working with BCHU + 30 PMI volunteers 	Estimated cumulative total of 70,000 patients (at 27 January)	8 to 12 teams operational at any one time. Other teams deployed directly by PMI chapters to affected area.

Red Cross and Red Crescent action - objectives, progress/achievements, impact, constraints

Overall Goal: Up to 100,000 internally displaced and otherwise affected families (approximately 500,000 people) in western Aceh receive adequate and timely emergency humanitarian assistance over the next six months.

Objective 3 (health): primary health care service provided to the tsunami-affected communities and potential epidemics are prevented or adequately addressed.

Progress/Achievements

The Federation's ERUs, working in close collaboration with PMI, have provided health care in the following areas:

Meulaboh - Japanese Red Cross Society's basic health care unit (BHCU) ERU

The Japanese Red Cross Society has continued to play a significant role in the general coordination of hospital activities, in close collaboration with the authorities and in ensuring critical health care support during the first weeks following the disaster. With many other organizations subsequently arriving on the scene, the Japanese RC is now focusing its activities in four areas:

1. hospital support activities – mainly surgical (from 4 January);
2. mapping of surrounding villages in coordination with local authorities, identifying IDPs and providing basic health care if needed;
3. mobile health clinics to IDP camps (from 8 January), as well as the newly established basic health care unit (BHCU) in the recently set up and rapidly expanding Meulaboh IDP camp (from 25 January); and,
4. tetanus and measles vaccination campaigns (from 18 January).

On 2 January, the Japanese health care ERU advance team travelled to Meulaboh to establish its forward base camp. Early assessments showed that the Meulaboh hospital had been seriously affected by the disaster – with only 20 of the original 70 beds available and medical staff severely depleted (only five of nine doctors and 10 of 154 nurses are thought to have survived the disaster). During the first weeks, unsurprisingly, patient numbers were higher than normal. The hospital's out-patient department (OPD) was seeing 300 to 500 patients per day, before stabilizing at pre-tsunami levels of 50 to 100 patients per day. The number of operations immediately after the disaster was 10 to 15 per day, compared to two to five per day normally.

The Japanese BHCU ERU aimed to fill the gap in medical care in Meulaboh by working together with the hospital's medical team – in particular, supporting the intensive care unit, emergency room and operation theatre – in close coordination with the hospital's director and PMI, along with staff from the Korean Red Cross, Medecins Sans Frontieres (and the Singapore Army during the first weeks, as well as other NGOs), ensuring that the hospital remained operational 24 hours per day.

On 8 January, the Japanese ERU team also began running a mobile health clinic for IDP camps, providing medicines and medical supplies, public health surveillance, and triage in IDP camps (focusing on vaccinations and the most vulnerable). Programmes for tetanus vaccination (as a local initiative in coordination with local authorities in Meulaboh) and measles vaccination (in cooperation with UNICEF) were undertaken, with a total of 1,602 people vaccinated for tetanus and 124 for measles by the Japanese team to the end of January.

A Japanese RC BHCU was set up in the main IDP camp in Meulaboh and began operating on 25 January. Patient numbers are increasing steadily day by day, averaging approximately 100 patients per day, for a total of 324 to 30 January.

Ongoing assessments are being pursued in remote areas to identify IDPs yet to receive medical services, water and sanitation assistance and relief supplies. Most recently, the Japanese Red Cross' ERU team participated in an assessment of health needs for Simeulue Island, in conjunction with PMI and local authorities.

Teunom - German Red Cross BHCU ERU

The German Red Cross' ERU team (combined water and sanitation and BHCU ERU) arrived in Banda Aceh on 6 January, and set up its equipment and facilities in Teunom on 10 January, based on results and recommendations of the field assessments. This required extensive logistical support, in order to shuttle the 30 tonnes of equipment by helicopter (eight flights) from Banda Aceh to Teunom.

The ERU was operational and fully deployed by 12 January, supported by two local doctors and a team of 30 PMI volunteers who provided food to patients and assisted with outreach activities. The Teunom health clinic, which was totally destroyed, had been a focal point for health care to the surrounding area, serving a population of approximately 20,000 people. Main ailments diagnosed during the first weeks included wounds sustained as a result of the tsunami and respiratory track infections due to ingestion of sea water as well as the difficult living conditions, exacerbated by heavy rains.

A total of 2,519 patients have been treated by the BHCU in the OPD up to 30 January. Currently, patient numbers are back to pre-tsunami levels (100 to 150 OPD patients per day). The BHCU is working in close collaboration with existing health centre staff, local authorities, military and other NGOs. Some 30 PMI volunteers remain present, including medical personnel, and are fully integrated into the activities of the BHCU.

Both ERUs have begun their exit strategy planning, with details to follow.

ICRC Referral Hospital

The ICRC general referral field hospital in the Lhong Raya stadium of Banda Aceh, which was set up with support from the Norwegian Red Cross, has been in operation since 16 January. It has a 100-bed capacity, supports surgery and maternity delivery, and is complete with medical and surgery wards, a children's ward and an intensive care unit (ICU). The facility is also equipped with a helicopter landing space, which is used by various NGOs to fly in patients from the remote parts of Aceh.

At the onset of the operations, the ICRC signed a Memorandum of Understanding (MoU) with the authorities allowing them to operate their hospital for three months, with a possibility for an extension depending on the needs of the community. There were some logistical constraints in setting up the hospital, whereby planes carrying equipment and staff from their hub in Singapore had difficulty finding available landing slots at Banda Aceh; nevertheless, the hospital is now running well and self-sufficiently.

To date, the ICRC hospital has provided outpatient treatment to 2,500 patients with an average of 120 to 200 cases a day, and treats an average of 44 admitted patients a day. Currently, most of the treatment sought in the hospital is not directly related to the tsunami, though some long-term treatment is still needed for fractures and wounds incurred in the disaster. Most treatment is sought because the community in the area lacks proper medical and health infrastructure. The ICU unit, however, is the most resource consuming activity of the hospital, where 11 cases of tetanus have been reported.

Employees in the hospital are made up of 35 expatriate and 100 local staff, the latter consisting of an even mix of PMI volunteers and locally employed doctors and nurses. Initially, the number of PMI volunteers was high, and the ICRC found PMI nurse trainees to be especially helpful. With the load of critical patients, the hospital is increasingly using the services of professionally trained staff. Although health problems in the community have stabilized, the hospital is still retaining its local staff to free up PMI volunteers to conduct the critical work of relief distribution and body retrieval.

Psychosocial support

On 2 January, a psychosocial support delegate attached to the FACT arrived in Medan to work with a PMI counterpart in planning and undertaking field assessments, which began on 11 January. The aim was to:

- support PMI volunteers doing recovery and burial;
- assess the well-being of the survivor population; and,
- determine further PSP training requirements.

The assessment noted typical post-disaster signs of apathy, withdrawal and a sense of hopelessness. A common preoccupation concerned the future, linked to the extensive loss of livelihoods. The situation of survivors is

exacerbated by the lack of privacy and difficult living conditions. Groups of survivors were however seen to be actively talking among themselves, in an intuitive effort to deal with their grief.

PMI has an ongoing programme for debriefing volunteers as most of them have been involved in the difficult task of body recovery. A stress management fact sheet has now been translated into Bahasa and is being distributed.

A programme of psychosocial support has been developed by Danish Red Cross and PMI and is currently being implemented in Meulaboh. Two psychologists are on their way to Banda Aceh, to work with PMI on de-briefing of Satagana teams involved in body recovery. Two additional psychologists will be based in Meulaboh, where they will assist PMI in setting up a programme of psycho-social programme (PSP) activities. The team of psychologists from Danish Red Cross will be working on a four-week rotation schedule. Turkish Red Crescent is also said to be involved in PSP with PMI's Banda Aceh Branch on a bilateral basis.

PNS activity

The Red Cross and Red Crescent Societies of France (Medan and Meulaboh), Korea (Banda Aceh and Calang), Malaysia (Banda Aceh), Singapore (Meulaboh), Switzerland (Teunom), Norway (ICRC referral hospital), Slovakia (assisting at ICRC hospital), Afghanistan (assessment) and Turkey (Banda Aceh) have all set up or are assisting with health facilities and are attending to the needs of the affected population. The Danish Red Cross is also involved with PMI on an ECHO-funded psycho-social programme for the affected communities, focusing initially on Meulaboh, as described above.

Impact

The ERU BHCUs and PMI continue to offer basic and specialized health care to an estimated 74,000 beneficiaries. There have been no major disease outbreaks. The most immediate needs have been the treatment of wounds, often severely infected. Other most common complaints have included: respiratory tract infections, with a significant number progressing to pneumonia, diarrhoeal disease, malaria, as well as an unexpected number of tetanus cases.

Constraints

- Extreme congestion and bottlenecks of incoming cargo flights, compounded by overall transportation challenges, leading to delays in delivery of ERU equipment (in particular Japanese Red Cross' ERU, which arrived in a piecemeal fashion, in pieces and at the end of the first rotation). This has been an on-going constraint, only beginning to ease by mid-January.
- Bulk and weight of ERU equipment made rapid delivery of all equipment difficult.
- Information on needs and priorities during first weeks was difficult to come by and consolidate, due to the scope (human and geographic) of the disaster. Conflicting information on numbers and location of IDPs (first official IDP map available only on 11 January).
- Poor weather conditions hampered assessment operations and equipment delivery.
- Difficult access to affected communities along west coast of Aceh, particularly Calang. Limited off-loading capacity. No road access.
- Constantly shifting IDP population. As a result, the planning for stable provision of health care services to the community is difficult.
- Concern for patients with nowhere to go once discharged.
- Influx of humanitarian agencies leading to confusion and difficulties in overall coordination by Ministry of Health and WHO.
- Difficulty in effectively coordinating RCRC activities, due to unannounced assistance of a number of PNS, as well as widespread nature of operations in scattered and difficult to access locations.

Future Plans

According to the inter-agency rapid health assessment carried out under the auspices of OCHA on 13 to 19 January in west Aceh, the timely rehabilitation of community health centres is crucial, as is a demand-based logistics system to place drugs and medical equipment within those centres.

Equally important is the mobilization and/or training of new staff to replace the many health workers who died. Temporary health clinics, which are being staffed by international and local volunteers at intermittent hours, need to cede this role to others: either large NGOs that can provide services on a longer-term basis; or gradual transfer of those responsibilities back to local health authorities. In particular, there seems to be a particular lack of providers who can provide maternal and child health care.

The Federation and PMI are working in close cooperation to determine medium and long term plans for health recovery and rehabilitation. PMI has requested assistance from the Federation in the form of a medical logistics delegate to assist the national society in putting the correct structure in place, as well as to build their capacity in this field. In terms of PMI's overall emergency health programme, a draft health organizational structure, from the national board down to field staff level (i.e. Khusus and Satgana teams), covering the whole of the affected area is being developed and has now been put into place in Banda Aceh.

The Federation is aiming to provide support to PMI in terms of re-stocking of medical supplies, as well as human resources and capacity-building activities – while maintaining BHCU ERUs until an appropriate exit strategy is put into place to ensure ongoing and smooth transition of basic health care in the communities being served.

Sri Lanka

Overview

The health sector in Sri Lanka was severely affected by the tsunami. More than 30 hospitals were partly or completely destroyed and 68 community health posts (CHPs) were affected, some completely destroyed. The response by the Ministry of Health has been outstanding. A number of CHPs have been moved to alternative public buildings and are now operational. Undamaged hospitals are serving extra patients. The support in all medical aspects by local as well as international groups is unprecedented. Most of the 168 NGOs registered in the country were and continue to be involved in some kind of medical relief or rehabilitation, at all levels. Rescue workers and volunteers, as well as victims of the disaster were traumatized and psycho-social support may be required for quite some time, especially for children. In the mid- and longer-term, rehabilitation and reconstruction of hospitals and health posts will be necessary.

Despite the disaster, the health situation in the country remains stable. Safe drinking water has been made available to all affected areas, and there have been no reported disease outbreaks. The MoH and WHO maintain surveillance for communicable diseases.

Coordination

The MoH has prepared a list of all health facilities which need reconstruction, rehabilitation or improvement. The list includes hospitals which may not have been directly damaged by the tsunami, but are stretched to provide services for patients referred from affected areas. At a meeting this week between the MoH, ICRC, the Federation and the Sri Lanka Red Cross Society (SLRCS), the Movement made a commitment to repair 32 structures. This includes at least one district hospital in each affected district, with a good spread between north and south, and between size and type of health facility – district hospitals, smaller hospitals and peripheral units, a regional training centre and a dental clinic. A formal agreement is expected within days.

One ERU referral hospital (provided by the German Red Cross) with 200 beds has been deployed to the northern district of Mullaitivu under the ICRC integrated project scheme. A further six basic health care units from the Italian Red Cross have been deployed to Batticaloa and Jaffna districts, a direct request from the Sri Lankan MoH to the Italian government. They are operating in cooperation with the ICRC and the Federation.

A number of partner national societies (PNS) are in the country making their own assessments of possible long-term health projects. The Turkish Red Crescent Society has a large medical team in place here.

Red Cross and Red Crescent action - objectives, progress/achievements, impact, constraints

Overall Goal: Up to 40,000 families (about 200,000 people) in the south of the country receive immediate relief, shelter, health and care, and community support over the next six months.

Objective 4 (health): A constant, good level of health is ensured for up to 20,000 families (about 100,000 people) through prevention and basic health care, as well as health and hygiene promotion.

Progress/Achievements

Three Federation-coordinated ERUs continue to provide basic health care services on the eastern coast of Sri Lanka. The Finnish Red Cross' ERU covers the basic health needs of 12 centres for IDPs between Pottuvil and Komari while the French Red Cross' ERU runs mobile health units south of Pottuvil. The Norwegian Red Cross' ERU based in Ichichilampatttai (Trincomalee district) has, to date, attended to over 4,000 patients. The BHCUs report a need for basic health care training/education and also for psycho-social support in their areas of operation. No outbreaks of serious diseases have been observed.

Summary of health assistance provided by ERUs

District	Lead agency	Type of ERU	Red Cross	No. of delegates	Location	Beneficiaries
Ampara	ICRC	BHCU mobile health	French	7	Pottuvil	1,200 (approx)
		BHCU mobile health	Finnish	13 (plus 11 local staff)	Komari	1,326
Trincomalee	ICRC	BHCU	Norwegian	7	Ichtilampatttai	4,002
Total		3		27		6,528 (approx)

Since the start of the operation, the Finnish Red Cross' ERU and its satellite clinic has served over 1,300 patients but, in the past week, the number of patients in both clinics is slowly decreasing. The cases include mostly respiratory infections, skin diseases and injuries. The satellite clinic was integrated with the local (temporary) dispensary in Komari village at the end of January. Some supplies from the ERU have been donated to the dispensary and a local doctor is now responsible for managing the dispensary. Longer term health plans of the ERU will be to improve primary health care services in the Ampara district. Emphasis will be on prevention, especially reproductive health (maternal child health and family planning) and improving the quality of care.

The Norwegian Red Cross' ERU clinic in Ichichilampatttai is running well, with patients coming in from camps, villages and the countryside for medical treatment. The number of patients in this district also appears to be decreasing with only 780 patients seen in the past week. The out-patient department (OPD) is operated by two Norwegian doctors, two local doctors and two Tamil medical students. The main conditions being treated are respiratory infections, musculoskeletal problems and skin diseases. There is very little diarrhoea, though six cases of dysentery were reported in Sooranagar camp last week and notified to the local health authorities.

Three local midwives are working together with the Norwegian Red Cross' midwife. The number of pregnant women coming to the clinic has decreased to around 10 cases per week. One reason for this may be the lack of transportation and the family situation in camps. The clinic meets Sri Lankan OPD standards, but includes maternity and 20 beds for overnight patients, who are then transferred to other hospitals or sent home.

Impact

After one month in the field the ERUs of the Finnish, Norwegian and French Red Cross Societies have provided basic health services to nearly 6,000 patients in areas affected by the disaster. The number of patients seen by the ERUs has started to decline in recent days. It is clear that at this point little need exists for emergency health care services, which are adequately covered by the local health infrastructures. However, as stated in previous updates, the findings from the recovery assessment team expected soon will identify existing gaps that need to be filled.

Constraints

Many patients have difficulties reaching clinics due to illness or the distance from the basic health care units. This problem is being addressed by the operation of mobile health units.

People, in particular children, living in the temporary shelters in camps could face a worsening health situation. Risks will also increase if sanitation problems in the camps are not addressed. Although UNICEF has promised to provide permanent pit latrines in each camp, the process appears to be quite slow. To maintain adequate hygiene

levels, a latrine also needs to be built for each household; local people are prepared to build the latrines themselves, if materials are provided.

Capacity of the National Society

The SLRCS volunteers and staff have been engaged in rescue and first-aid activities from the start of relief operations. The national society continues to maintain 10 mobile first aid teams along the southern and western coastline supported by Federation emergency funds. The SLRCS still operates 59 mobile medical units, partly funded by the Federation and deployed in seven coastal districts. A total of 1,850 volunteers trained in first aid work in 13 districts along the coast.

India

Overview

The Indian Red Cross Society (IRCS) responded to urgent health needs at the state branch level in the immediate emergency relief phase. There was close coordination with the significant state government response in the affected states/territories.

Five weeks after the disaster, there have been no increases in the incidence of communicable diseases reported in the affected areas (the states of Tamil Nadu, Andhra Pradesh, Kerala, Pondicherry and the union territory of the Andaman and Nicobar Islands).

In Tamil Nadu the state branch mobilized 25 doctors and 15 ambulances to provide health care in the worst-affected district of Nagapattinam. Trained Red Cross volunteers joined relief teams and provided psychological support to survivors in three districts.

IRCS national headquarters mobilized medicines while the private sector donated medicines and hygiene kits. The neighbouring Karnataka state branch organized clinical services in Cuddalore in Tamil Nadu providing 15 doctors, nurses and a technician. They were involved in dispensing of drugs, dressing of wounds and providing tetanus injections.

The Andhra Pradesh state branch mobilized medicines and provided basic health care for affected people in the district of Krishna for 10 days.

Maldives

Overall Goal: Tsunami affected families in Maldives receive immediate non-food relief, shelter, electricity, health, water and sanitation services; and a national society established.

Objective 3 (health): the physical and mental health of the affected population is ensured through the provision of needed basic medical supplies and psychosocial support.

Progress/Achievements

The American Red Cross' psycho-social team concluded its immediate post-disaster phase of the programme. Consultations were held and agreement was reached with the authorities concerned for ongoing support in this area.

Under the psychological first aid (PFA) programme, 59 counsellors were trained. A total of 45 people were deployed over 33 days to the 23 worst-affected islands where 18,145 people live. It is estimated that 12,620 people were directly impacted by the programme.

A total of 216 teachers from 143 schools were trained under the teachers' training programme. The number of children who will be reached through this programme is 64,549. A total of 16 school kits have been distributed to date. More are arriving for distribution through Ministry of Education channels.

The German Red Cross is in negotiations with the Ministry of Health. It is expected a memorandum of understanding will be signed soon to cover the project to repair damaged hospitals and health clinics and to initiate a first aid and water safety programme through schools.

No further medical/health materials are presently required. A total of 400 dressing kits, one set of medical items and 2,000 hygiene kits have been distributed and handed over to the authorities.

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All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in these or other countries, or for a full description of the national society profiles, please access the Federation's website at <http://www.ifrc.org>

[Contributions list below; click here to return to the title page.](#)

Asia - Earthquake and Tsunamis

ANNEX 1

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PLEDGES RECEIVED

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DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				183,486,000	TOTAL COVERAGE 103.9%	
AFRICAN UNION		100,000	USD	113,200	06.01.05	EAST AFRICA
ANDORRA, PRINCIP. - GOVT		60,000	EUR	92,580	21.01.05	
ANDORRA, PRINCIP. - PRIVATE DONOR				3,086	12.01.05	
AUSTRIA - GOVT/RC		450,000	EUR	694,350	10.01.05	MEDICAMENTS, HYGIENE GOODS , PARCELS
AUSTRIA - RC		1,500,000	EUR	2,314,500	27.01.05	
AUSTRALIAN - RC		2,400,000	AUD	2,119,200	30.12.04	
AUSTRALIAN - RC		7,300,000	AUD	6,445,900	31.12.04	
AUSTRALIAN - GOVT		4,800,000	AUD	4,238,400	02.01.05	
AUSTRALIAN - RC		3,000,000	AUD	2,647,500	24.01.05	
AUSTRALIAN - RC		3,000,000	AUD	2,647,500	25.01.05	
AZERBAIJAN - PRIVATE DONOR				102	18.01.05	
BAHRAIN - PRIVATE DONOR		50,000	USD	56,600	06.01.05	
BELGIUM - RC/GOVT		7,186	EUR	11,088	31.12.04	PROGRAMME SUPPORT/KIND
BELGIUM - RC		500,000	EUR	771,500	01.01.05	
BELGIUM - RC		600,000	EUR	925,800	20.01.05	
BOLIVIA - RC		5,356	USD	6,063	24.01.05	
BOSNIA & HERZEGOVINA - RC		42,948	EUR	66,269	21.01.05	
BRAZIL - PRIVATE DONORS				2,997	18.01.05	
BRITISH PETROLEUM FOUNDATION		1,000,000	USD	1,145,000	29.12.04	
BRUNEI - PRIVATE DONORS		30,285	USD	34,282	05.01.05	INDONESIA
BRUNEI - PRIVATE DONOR		3,600	USD	4,075	04.01.05	
BULGARIA - PRIVATE DONOR		10,000	EUR	15,430	14.01.05	
CAMBODIA - GOVT/RC		10,000	USD	11,320	05.01.05	
CANADIAN - GOVT		3,465,000	CAD	3,336,795	31.12.04	
CANADIAN - GOVT/RC		990,000	CAD	953,370	26.12.04	
CANADIAN - RC		200,000	CAD	192,600	27.12.04	
CANADIAN - RC		5,000,000	CAD	4,815,000	29.12.04	
CANADIAN - RC		8,000,000	CAD	7,520,000	20.01.05	EVALUATION OF ACTIVITIES
CANADIAN - PRIVATE DONOR		100,000	USD	113,200	06.01.05	
CANADIAN - PRIVATE DONORS				570	17.01.05	
CHINA - HONG KONG - RC BRANCH				3,713,771	04.01.05	FAMILY KITS INDONESIA
CHINA - HONG KONG - RC BRANCH				3,238,470	29.12.04	TO PURCHASE RELIEF ITEMS
CHINA - HONG KONG - RC BRANCH				1,560,515	01.01.05	
CHINA - HONG KONG - RC BRANCH				2,971,017	03.01.05	FAMILY KITS INDONESIA
CHINA - HONG KONG - RC BRANCH				441,177	07.01.05	PROCUREMENT OF IRON SHEETS MALDIVES
CHINA - HONG KONG - RC BRANCH				593,246	13.01.05	PROCUREMENT FOR MYANMAR, OF RELIEF ITEMS
CHINA - HONG KONG - PRIVATE DONORS				3,373	04.01.05	
CHINA - MACAU - RC BRANCH				500,000	26.12.04	WATER & SHELTER; MEDICAL & RELIEF SUPPLIES IN INDONESIA
CHINA - MACAU - RC BRANCH				280,000	30.12.04	SRI LANKA
CHINA - MACAU - RC BRANCH				780,000	14.01.05	INDONESIA, MALDIVES, SRI LANKA, EAST AFRICA
CHINA - RC		50,000	USD	56,500	31.12.04	THAILAND RC DIRECT
CHINA - RC		100,000	USD	113,000	31.12.04	SRI LANKA RC DIRECT
CHINA - RC		100,000	USD	113,000	31.12.04	INDONESIA RC DIRECT
CHINA - RC		20,000	USD	22,600	31.12.04	MYANMAR RC DIRECT

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CHINA - RC		50,000	USD	56,500	31.12.04	INDIA RC DIRECT
CHINA - RC		20,000	USD	22,600	31.12.04	MALDIVES DIRECT
CHINA - RC		20,000	USD	22,600	31.12.04	MALAYSIA RC DIRECT
CHINA - RC		300,000	USD	343,500	28.12.04	
CHINA - PRIVATE DONOR				243	25.01.05	
COOK ISLANDS - RC		39,380	EUR	60,764	13.01.05	
COOK ISLANDS - PRIVATE DONORS		659	EUR	1,016	12.01.05	
CROATIA - RC				1,500,000	30.12.04	INDIA, SRI LANKA, INDONESIA, THAILAND
CYPRUS - RC				26,540	11.01.05	
CZECH REP. - PRIVATE DONORS				3,491	20.01.05	
DENMARK - PRIVATE DONORS				340	20.01.05	
DENMARK - PRIVATE DONOR		10,000	USD	11,320	18.01.05	
DJIBOUTI - PRIVATE DONOR		5,000	USD	5,660	14.01.05	
ECHO		3,000,000	EUR	4,549,500	26.12.04	
EGYPT - PRIVATE DONORS				141	14.01.05	
ESTONIA - GOVT		500,000	EEK	48,100	28.12.04	
ETHIOPIA - RC		25,000	USD	28,300	04.01.05	SOMALIA, SEYCHELLES
FIDJI - RC		400,000	FJD	276,000	21.01.05	DIRECT CONTRIBUTION TO INDONESIA RC, SRI LANKA RC, INDIA RC, THAILAND RC
FINLAND - RC		1,575,000	EUR	2,430,225	05.01.05	
FIRST DATA WESTERN UNION FOUND.		1,000,000	USD	1,130,000	31.12.04	PMN to be finalised
FRANCE - PRIVATE DONORS		2,710	EUR	4,182	04.01.05	
FRANCE - PRIVATE DONOR		10,000	USD	11,320	11.01.05	
FRANCE - PRIVATE DONORS				11,260	19.01.05	
FRANCE - RC		1,000,000	EUR	1,543,000	26.01.05	
OECD STAFF MEMBERS		10,000	EUR	15,430	05.01.05	
GERMAN - RC		1,000,000	EUR	1,543,000	18.01.05	
GERMANY - PRIVATE DONORS				17,800	30.12.04	
GERMANY - PRIVATE DONOR		7,750	EUR	11,958	19.01.05	
GREAT BRITAIN - GOVT/RC		400,000	GBP	865,600	30.12.04	INDONESIA
GREAT BRITAIN - DFID		1,177,150	GBP	2,567,364	05.01.05	
GREAT BRITAIN - RC		100,000	GBP	216,400	28.12.04	
GREAT BRITAIN RC				840,642	30.12.04	SRI LANKA TO PURCHASE CLOTHES, MATS, SOAPS
GREAT BRITAIN RC		1,000,000	GBP	2,181,000	25.01.05	
GREAT BRITAIN - PRIVATE DONOR		20,000	EUR	30,860	30.12.04	
GREAT BRITAIN - PRIVATE DONOR		75,000	USD	84,900	07.01.05	
GREAT BRITAIN - PRIVATE DONOR		20,000	USD	22,640	04.01.05	
GREAT BRITAIN - PRIVATE DONOR				2,181	20.01.05	INDONESIA
GREAT BRITAIN - PRIVATE DONORS				19,477	25.01.05	
GREAT BRITAIN - PRIVATE DONOR		10,000	GBP	21,810	24.01.05	
GREAT BRITAIN - CHARITIES AID FOUND.		61,559	GBP	134,261	19.01.05	
HELLENIC - RC		50,000	EUR	75,825	27.12.04	
HELLENIC - RC		200,000	EUR	308,600	05.01.05	
HELLENIC - PRIVATE DONOR		100	EUR	154	03.01.05	
HELLENIC - PRIVATE DONOR				566	12.01.05	
HELLENIC - PRIVATE DONOR		15,000	USD	16,980	19.01.05	
HUNGARY - PRIVATE DONORS				1,054	24.01.05	
ICELAND - GOVT		5,000,000	ISK	88,000	26.12.04	
ICELAND - RC		12,000,000	ISK	211,200	26.12.04	

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DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
IRELAND - GOVT		750,000	EUR	1,155,750	29.12.04	
IRELAND - RC		3,000,000	EUR	4,629,000	31.12.04	
IRELAND - PRIVATE DONOR		10,000	EUR	15,430	06.01.05	
IRELAND - PRIVATE DONORS				455	19.01.05	
IRELAND - PRIVATE DONOR		10,000	USD	11,320	21.01.05	
ITALY - RC		288,615	EUR	444,756	29.12.04	INDIA (EUR 150'000)
ITALIAN - GOVT		103,291	EUR	159,378	20.01.05	SRI LANKA
ITALY - PRIVATE DONORS				1,193	10.01.05	
ITALY - PRIVATE DONOR		10,000	USD	11,320	18.01.05	
ITALY - PRIVATE DONOR		10,000	USD	11,320	19.01.05	
ITALY - PRIVATE DONOR		10,000	USD	11,320	20.01.05	
AUTON. PROVINCE OF BOZEN		25,000	EUR	38,575	20.01.05	
JAPANESE - RC		100,000,000	JPY	1,109,500	28.12.04	
JAPANESE - GOVT		15,000,000	USD	16,980,000	17.01.05	SRI LANKA, INDONESIA, MYANMAR, THAILAND, INDIA, SEYCHELLES, MALDIVES, SOMALIA
JORDAN - PRIVATE DONOR				16,929	04.01.05	
KOREA, REPUBLIC - RC		200,000	USD	226,400	07.01.04	
KOREA, REPUBLIC - RC		500,000	USD	566,000	20.01.05	
KOREA, REPUBLIC - PRIVATE DONOR		13,000	USD	14,716	20.01.05	
KUWAIT - PRIVATE DONOR		1,683	USD	1,905	12.01.05	
LATVIA - RC		28,400	EUR	43,821	13.01.05	
LATVIA - PRIVATE DONOR		20,000	USD	22,640	03.01.05	
LEBANON - PRIVATE DONORS				16,047	13.01.05	
LEBANON - PRIVATE DONOR		10,000	USD	11,320	13.01.05	
LIBYAN - RC				25,000	06.01.05	
LIBYA - PRIVATE DONORS				566	13.01.05	
LIECHTENSTEIN - RC				20,000	29.12.04	
LITHUANIA - RC				21,460	10.01.05	
LUXEMBOURG - GOVT/RC		250,000	EUR	385,750	05.01.05	
MALAYSIA - RC		30,000	USD	34,200	30.12.04	BILATERAL FOR INDONESIA, SRI LANKA, INDIA
MALAYSIA - PRIVATE DONOR		200,000	MYR	60,500	03.01.05	
MALAYSIA - PRIVATE DONOR		2,199	USD	2,490	04.01.05	
MALAYSIA - PRIVATE DONORS				1,500	19.01.05	
MALTA - PRIVATE DONOR		5,000	EUR	5,660	12.01.05	
MAURITIUS - GOVT		50,000	USD	56,600	13.01.05	
MAURITIUS - PRIVATE DONOR		15,000	USD	16,980	14.01.05	
MEXICO - PRIVATE DONOR		10,000	USD	11,320	14.01.05	
MEXICO - PRIVATE DONOR				762	24.01.05	
MIRCRONESIA - RC		8,286	FJD	5,717	10.01.05	
MONACO - RC		100,000	EUR	151,650	28.12.04	
MOROCCO - RC		250,000	MAD	36,330	29.12.04	
MOZAMBIQUE - GOVT		100,000	USD	113,200	06.01.05	
MYANMAR - PRIVATE DONOR		10,000	USD	11,320	26.01.05	MYANMAR
MYANMAR - PRIVATE DONOR				1,553	26.01.05	MYANMAR, INDONESIA, THAILAND, INDIA, SRI LANKA
MYANMAR - PRIVATE DONOR		800,850	MMK	143,432	26.01.05	MYANMAR
NETHERLANDS - RC		1,000,000	EUR	1,516,500	29.12.04	
NETHERLANDS - PRIVATE DONOR		160	EUR	247	05.01.05	

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NETHERLANDS - PRIVATE DONOR		10,000	EUR	15,430	12.01.05	
NEW ZEALAND - GOVT		500,000	NZD	406,500	30.12.04	
NIGERIA - PRIVATE DONOR		10,000	USD	11,320	18.01.05	
NORWEGIAN - GOVT/RC		2,112,664	NOK	395,068	02.01.05	SRI LANKA
NORWAY - GOVT/RC		313,697	NOK	58,661	02.01.05	PROGRAMME SUPPORT/KIND
NORWEGIAN - RC				1,000,000	25.01.05	
NORWEGIAN - PRIVATE DONORS				3,989	12.01.05	
OMAN - PRIVATE DONOR				899	24.01.05	
OPEC FUND		1,200,000	USD	1,374,000	29.12.04	USD 600,000 INDONESIA; USD 200,000 SRI LANKA; USD 200,000 INDIA; USD 100,000 THAILAND; USD 100,000 MALDIVES
PARAGUAY - RC		5,000	USD	5,660	11.01.05	
PANAMA - PRIVATE DONORS		126	USD	143	30.12.04	
PANAMA - PATTON		5,000	USD	5,660	04.01.05	
PNG - SRI LANKAN COMMUNITY		40,683	PGK	15,460	20.01.05	
PHILIPPINES - PRIVATE DONOR		9,985	USD	11,303	03.01.05	SRI LANKA
POLAND - PRIVATE DONOR		200	EUR	309	13.01.05	
PORTUGAL - RC		150,000	EUR	231,450	04.01.05	
PORTUGAL - RC		200,000	EUR	308,600	26.01.05	
PORTUGAL - RC		350,000	EUR	540,050	24.01.05	
PORTUGAL - PRIVATE DONOR		1,000	EUR	1,543	25.01.05	
PRIVATE ON LINE DONATIONS				9,014,000	24.01.05	
QATAR - PRIVATE DONORS				455	13.01.05	
ROMANIA - PRIVATE DONOR		10,000	USD	11,320	18.01.05	
ROMANIA - RC		85,000	EUR	131,155	17.01.05	
SAUDI ARABIA - GOVT		500,000	USD	572,500	30.12.04	INDONESIA RC - PMN to be finalised
SAUDI ARABIA - GOVT		300,000	USD	343,500	30.12.04	SRI LANKA RC - PMN to be finalised
SAUDI ARABIA - GOVT		200,000	USD	229,000	30.12.04	THAILAND RC - PMN to be finalised
SAUDI ARABIA - GOVT		2,000,000	USD	2,290,000	30.12.04	PMN to be finalised
SAUDI ARABIA - GOVT		200,000	USD	229,000	30.12.04	MALDIVES RC - PMN to be finalised
SAUDI ARABIA - GOVT		100,000	USD	113,200	30.12.04	SOMALIA RC - PMN to be finalised
SAUDI ARABIA - GOVT		200,000	USD	229,000	30.12.04	INDIA RC - PMN to be finalised
SAUDI ARABIA - PRIVATE DONORS				2,995	13.01.05	INDONESIA
SAUDI ARABIA - PRIVATE DONORS				290	13.01.05	SRI LANKA
SINGAPORE - JAPAN TOBACCO INTERN.		30,000	USD	34,350	28.12.04	SRI LANKA, MALDIVES, INDONESIA
SINGAPORE - RC/GOV.		2,000,000	SGD	1,396,600	03.01.05	INDONESIA, SRI LANKA, INDIA, THAILAND, MALDIVES, BANGLADESH, MYANMAR
SLOVAKIA - RC		50,000	SKK	1,925	27.12.04	
SLOVENIA - RC				32,148	30.12.04	
SLOVENIA - RC				257,723	06.01.05	
SLOVENIA - GOVT				55,045	11.01.05	
SOUTH AFRICA - RC		2,500,000	ZAR	488,250	06.01.05	
SOUTH AFRICA - RC		4,000,000	ZAR	785,200	11.01.05	EAST AFRICA, MOB. TABLE
SOUTH AFRICA - RC		3,500,000	ZAR	701,750	10.01.05	EAST AFRICA
SOUTH AFRICA - PRIVATE DONOR		15,126	USD	17,123	20.01.05	
SPAIN - RC		240,000	EUR	370,536	28.12.04	BILATERAL
SPAIN - RC		100,000	EUR	154,100	29.12.04	

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SPAIN - RC		100,000	EUR	154,100	31.12.04	
SPAIN - PRIVATE DONOR				10,645	12.01.05	
SPAIN - PRIVATE DONOR		18,900	EUR	29,163	17.01.05	
SWEDEN - GOVT/RC		1,250,000	SEK	212,500	28.12.04	
SWEDEN - GOVT/RC		17,000,000	SEK	2,890,000	29.12.04	
SWEDEN - RC		120,000,000	SEK	20,520,000	11.01.05	
SWEDEN - PRIVATE DONOR		150,000	EUR	231,450	05.01.05	
SWITZERLAND- GOVT/RC				15,938	31.12.04	PROGRAMME SUPPORT/KIND
SWITZERLAND - GOVT/RC				300,000	29.12.04	INDONESIA
SWITZERLAND - PRIVATE DONORS				37,517	05.01.05	
SWITZERLAND - WHO/VERF		5,839	USD	6,700	30.12.04	
SWITZERLAND - PRIVATE DONORS				1,000	30.12.04	INDIA
SWITZERLAND - PRIVATE DONORS				2,000	30.12.04	SRI LANKA
SWITZERLAND - PRIVATE DONOR				10,000	26.01.05	
SYRIA - PRIVATE DONOR		10,000	USD	11,320	13.01.05	
THAILAND - PRIVATE DONOR		2,485	USD	2,813	05.01.05	INDONESIA, SRI LANKA
THAILAND - PRIVATE DONOR		1,000,000	THB	29,200	03.01.05	RECEIVED BY REG. DELEGATION
THAILAND - PRIVATE DONORS				691	25.01.05	INDONESIA, RECEIVED BY REG. DELEG.
TAIWAN RED CROSS ORGANISATION		3,000,000	USD	3,409,000	02.01.05	INDONESIA, SRI LANKA, INDIA
TERRACOTTA CORPORATION				1,000,000	04.01.05	
TUNISIA - PRIVATE DONORS				3,086	11.01.05	
TURKISH - RC		40,000	USD	45,280	04.01.05	INDIA, BANGLADESH, MYANMAR, MALAYSIA
UKRAINE - PRIVATE DONORS				1,000	05.01.05	
UKRAINE - PRIVATE DONOR		15,000	USD	16,980	20.01.05	
UNITED ARAB EMIRATES - PRIVATE DONORS		1,485	USD	1,682	30.12.04	
UNITED ARAB EMIRATES - RC		500,000	USD	572,500	28.12.04	BILATERAL FOR SRI LANKA, PURCHASE OF RELIEF ITEMS
UNITED ARAB EMIRATES - RC		610,000	USD	698,500	28.12.04	BILATERAL FOR INDONESIA, PURCHASE OF RELIEF ITEMS
UNITED ARAB EMIRATES - RC		400,000	USD	458,000	28.12.04	BILATERAL FOR INDIA, PURCHASE OF RELIEF ITEMS
UNITED ARAB EMIRATES - RC		20,000	USD	22,900	27.12.04	
UNITED ARAB EMIRATES - RC		150,000	USD	171,750	28.12.04	MALDIVES
UNITED ARAB EMIRATES - RC		120,000	USD	137,400	28.12.04	BILATERAL FOR THAILAND, PURCHASE OF RELIEF ITEMS
USA - PRIVATE DONORS		1,700	USD	1,924	29.12.04	
USA - PRIVATE DONORS		13,955	USD	15,797	28.12.04	SRI LANKA
USA - PRIVATE DONORS		100,000	USD	113,200	29.12.04	
USA - PRIVATE DONORS		5,000	USD	5,660	31.12.04	
USA - PRIVATE DONOR		50,000	USD	56,600	28.12.04	
USA - PRIVATE DONOR		25,000	USD	28,300	28.12.04	
USA - PRIVATE DONOR		25,000	USD	28,300	29.12.04	
USA - PRIVATE DONOR		25,000	USD	28,300	05.01.05	
USA - PRIVATE DONOR		10,000	USD	11,320	06.01.05	

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DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
USA - PRIVATE DONOR		25,000	USD	28,300	07.01.05	
USA - PRIVATE DONOR		10,000	USD	11,320	06.01.05	
USA - PRIVATE DONOR		10,000	USD	11,320	04.01.05	
USA - PRIVATE DONORS				156,449	17.01.05	
USA - PRIVATE DONOR		20,000	USD	22,640	18.01.05	
USA - PRIVATE DONOR		20,000	USD	22,640	20.01.05	
USA - PRIVATE DONOR				113	31.01.05	THAILAND
USA - PRIVATE DONOR				566	31.01.05	INDONESIA
USA - PRIVATE DONOR		100,000	USD	113,200	25.01.05	
USAID/OFDA		4,000,000	USD	4,560,000	28.12.04	PMN to be finalised
AMERICAN - RC		5,000,000	USD	5,660,000	13.01.05	INDONESIA: PROCUREMENT, TRANSPORT AND DISTRIBUTION OF EMERGENCY FOOD PARCELS
URUGUAY - PRIVATE DONOR		7,980	USD	9,033	14.01.05	
VENEZUELA - PRIVATE DONOR		10,000	USD	11,320	25.01.05	
VIRGIN ISLANDS - PRIVATE DONOR				6,000	07.01.05	
VODAPHONE GROUP FOUNDATION		250,000	GBP	545,250	30.12.04	
SUB/TOTAL RECEIVED IN CASH				169,468,959	CHF	92.4%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIA RC	FACT	3	12,000	36,000	27.12.04	PMN to be finalised
AUSTRIA RC	ERU	311,000	EUR	481,000	17.01.05	WATER DISTRIBUTION & TRUCKING
AUSTRIA RC	ERU	439,000	EUR	680,000	17.01.05	SPECIALISED WATER
BELGIUM - RC/GOVT		218,560	EUR	337,238	31.12.04	500 FAMILY TENTS, 10'600 JERRYCANS (10), 10'200 JERRYCANS (20) - FOR SRI LANKA
BELGIUM - RC		297,917	EUR	459,686	12.01.05	JERRYCANS, BED SHEETS, SOCCER BALLS, PLASTIC BAGS, BULBS, TORCHES, BATTERIES, ELECTRIC EQUIPMENT, GENERATORS
CANADA RC	FACT	2	12,000	24,000	27.12.04	PMN to be finalised
DENMARK RC	FACT	2	12,000	24,000	27.12.04	PMN to be finalised
DENMARK RC	ERU LOGISTICS	1		250,000	27.12.04	PMN to be finalised, value Danish RC
FINLAND RC	ERU HEALTH	1		512,000	27.12.04	PMN to be finalised, estimated value
FRANCE RC	ERU HEALTH	1		465,000	27.12.04	PMN to be finalised, estimated value
FRANCE RC	ERU WATSAN	1		465,000	30.12.04	PMN to be finalised, estimated value
FRANCE RC	FACT	2	12,000	24,000	27.12.04	PMN to be finalised
GERMANY RC	FACT	2	12,000	24,000	27.12.04	PMN to be finalised
GERMANY RC	ERU WATSAN + ERU HEALTH	1,475,000	EUR	2,275,925	30.12.04	2 ERU HEALTH & WATER EQUIPMENT + VEHICLES + TPT - DIRECT ASSISTANCE INDONESIA
GERMANY RC	ERU WATSAN	646,000	EUR	996,778	30.12.04	ERU WATER/SANITATION EQUIPMENT + VEHICLES + TPT - DIRECT ASSISTANCE SRI LANKA
GERMANY RC	HYGIENE + BAGS	89,600	EUR	138,253	02.01.05	SRI LANKA - DIRECT ASSISTANCE : HYGIENE PACKS, BODY BAGS

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GERMANY - RC		170,540	EUR	263,143	03.01.05	SRI LANKA - DIRECT ASSISTANCE : JERRYCANS, KITCHEN SETS, BEDSHEETS
GERMANY - RC		348,535	EUR	537,789	16.01.05	INDONESIA - DIRECT ASSISTANCE: BABYPACKS (PER MOB. TABLE), BLANKETS, STORM LANTERNS
GERMANY - RC		11,950	EUR	18,438	16.01.05	SRI LANKA - DIRECT ASSISTANCE : 5000 JERRYCANS
GREAT BRITAIN RC	FACT	2	15,756	34,364	10.01.05	FACT TEAM + EQUIPMENT, MALDIVES DIRECT ASSISTANCE
GREAT BRITAIN RC		241,039	GBP	525,706	28.12.04	ERU TEAM & EQUIPMENT SRI LANKA - DIRECT ASSISTANCE
GREAT BRITAIN RC		14,100	GBP	30,752	29.12.04	REHABILITATION TEAM + EQUIPMENT. DIRECT ASSISTANCE
GREAT BRITAIN RC		574,380	GBP	1,252,723	04.01.05	INDONESIA: VEHICLES, TARPULINS, BLANKETS, RUBHALLS
GREAT BRITAIN RC		328,489	GBP	716,434	04.01.05	MALDIVES: GENERATORS, HYGIENE KITS, RUBHALLS, MEDICAL EQUIPMENT
IRAN RC	RELIEF ITEMS	672,000	USD	759,360	31.12.04	PMN to be finalised
JAPAN RC	FACT	1	12,000	12,000	27.12.04	PMN to be finalised
JAPAN RC	ERU HEALTH	1		512,000	27.12.04	PMN to be finalised, estimated value
KOREA REP. RC	BLANKETS	90,000	USD	102,600	28.12.04	BILATERAL
KUWAIT - RC					28.12.04	BILATERAL FOR SRI LANKA: 3500 PCES BLANKETS, 500 PCES KEROSENE LAMPS, 1000 PCES FOOD CANS, 1'095 CART. FOOD
NEW ZEALAND RC	FACT	1	12,000	12,000	27.12.04	PMN to be finalised
NORWAY RC	ERU HEALTH	1		515,000	27.12.04	PMN to be finalised, estimated value
NORWAY RC		NOK	3,330,000	623,267	30.12.04	PMN to be finalised - JERRY CANS, TENTS, RUB HALLS, BLANKETS + TPT & INSURANCES
NORWAY - GOV'T/RC		7,399,801	NOK	1,383,763	02.01.05	JERRY CANS, FAMILY TENTS, RUBHALLS, BODYBAGS, TOYOTA, WATER PURIFICATION
SAUDI ARABIA			USD	2,000,000	30.12.04	INDONESIA VARIOUS SUPPLIES DIRECT
SAUDI ARABIA			USD	800,000	30.12.04	THAILAND VARIOUS SUPPLIES DIRECT
SAUDI ARABIA			USD	1,200,000	30.12.04	SRI LANKA VARIOUS SUPPLIES DIRECT
SAUDI ARABIA			USD	500,000	30.12.04	MALDIVES VARIOUS SUPPLIES DIRECT
SPAIN RC	ERU TELECOM	1		155,000	27.12.04	PMN to be finalised, estimated value
SPAIN RC	FACT	1	12,000	12,000	27.12.04	PMN to be finalised
SPAIN RC	ERU WATSAN			440,000	30.12.04	PMN to be finalised, estimated value
SWEDEN RC	ERU WATSAN	1,400,000	SEK	239,000	27.12.04	PMN to be finalised, value Swedish RC
SWEDEN	DELEGATES			24,400		
SWITZERLAND - RC/GOV'T				305,200	31.12.04	SRI LANKA - KITCHEN SETS, SHEETING, TARPULINS, LANTERNS
UNITED ARAB EMIRATES - RC		41,625	USD	47,661	28.12.04	BILATERAL FOR SRI LANKA: BLANKETS, CLOTHES
USA AMCROSS	FACT	2	12,000	24,000	27.12.04	PMN to be finalised
USA AMCROSS	RELIEF TEAM	1		114,000	30.12.04	INDONESIA

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USA AMCROSS	ERU RELIEF	1		171,000	30.12.04	SRI KANKA
SUB/TOTAL RECEIVED IN KIND/SERVICES				21,117,480	CHF	11.5%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRIA RC	SUPPORT TEAMS	142,103	EUR	219,265	03.01.05	
AUSTRIA RC		700,000	EUR	1,080,100	03.01.05	2 TRANSPORTS 60 MT.MEDICAL RELIEF GOODS & MEDICAMENTS
SUB/TOTAL RECEIVED				1,299,365	CHF	