

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 WATER & SANITATION

9 February 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing 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. 39; Period covered: 3 - 9 February 2005; Appeal coverage: 110.9% ([Click here to view the provisional contributions list](#)).

Highlights of the Day:

- Needs for clean water remain high due to severely damaged water distribution networks in tsunami-affected countries. Emergency response units are stepping up sanitation activities in camps to address worsening conditions and help prevent disease outbreaks.
- In Indonesia, the World Health Organization said that while precautions at the outset of the disaster prevented major disease outbreaks, people are still at risk of dengue and malaria because camps housing the displaced lack enough toilets and clean water.
- The Palang Merah Indonesia (PMI)/Indonesian Red Cross and Spanish RC will be responsible for water/sanitation in four of the temporary camps being set up by the government in Meulaboh.
- As PMI included sanitation and hygiene promotion in its community-based first aid programme long before the disaster in Aceh, it is well placed to take the lead in the area of hygiene promotion. The newly established working group from UNICEF asked the Federation/PMI to take the lead in the development and sharing of hygiene promotion materials for all agencies involved in hygiene promotion.
- The Austrian/Swedish/Macedonian Red Cross Societies' ERU team, with support from PMI and a team of volunteers from the Malaysian Red Crescent identified a gap in the provision of water to affected people in Banda Aceh that would have resulted from the departure of the Australian army who were running the water treatment and distribution facility near the Pante Pirak Bridge in Banda Aceh. As the Australians will be leaving the province soon in line with the eventual general evacuation of foreign troops, the PMI and Federation will take over this operation to ensure communities in the area continue receiving a regular supply of clean water.
- In Sri Lanka, environmental concerns are mounting related to the management of tsunami debris, as well as sewage and sanitation in locations populated by IDPs. Well cleaning activities are ongoing in the south and east though it may be some time before these wells can be used again as the surrounding grounds are saturated with salt. It is still unclear if the government's 100-metre buffer zone is going to be fully implemented and, therefore, if affected houses and sanitary and water facilities need to be rehabilitated.



PMI volunteers fill water tank

Appeal history:

- Preliminary appeal launched on 26 December 2004 CHF 7,517,000 (USD 6,658,712 or EUR 4,852,932) for 6 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 2 million beneficiaries for 6-8 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 9 February

Countries	Dead	Missing	Displaced	Homeless	Sources
Indonesia*	242,347	-	412,438	n/a	Government
Sri Lanka	30,974	4,698	396,295	480,000	Government
India	16,389	-	647,599	20,000	Government
Maldives	82	26	21,663	n/a	Government
Thailand	5,393	3,062	n/a	n/a	Government
Myanmar	61	10	n/a	3,200	Government
Malaysia	68	12	n/a	4,296	Delegation
East Africa	394	158	2,320	n/a	Government
Total	295,708	7,966	>1,480,315	>507,496	

**In Indonesia only, 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 147 relief flights have now arrived in the various affected countries and a further 42 flights are in the Federation relief pipeline, making a total of 189 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/Operational Developments

On 2 February, Indonesia's Welfare Minister said that the Indonesian government would be able to handle the relief effort without further assistance from foreign troops by the end of March. The government intends to continue emergency relief efforts by providing 20 medium-sized boats capable of carrying 50 to 75 tonnes of goods and supplies to the isolated areas affected by the disaster, replacing foreign helicopters which have been used to reach these areas until now. According to the government, the emergency stage is over and attention is turning to reconstruction and rehabilitation. Water and sanitation activities will continue to be key components in this regard.

The director of health action in crises for the World Health Organization (WHO) said that precautions at the outset of the disaster have prevented major disease outbreaks. WHO continues to warn of possible outbreaks of dengue and malaria, citing that people are still at risk of outbreaks because current ad hoc internally displaced people (IDP) camps lack enough toilets and clean water. Isolated and generally anticipated cases of measles, malaria, and tetanus have occurred. Health officials say that so far, the most prevalent diseases found in IDP camps were less deadly illnesses such as diarrhoea, respiratory problems and skin infections. WHO reports that a joint assessment of water and sanitation in temporary settlements in Banda Aceh found that there was still insufficient provision of latrines, and that the provision of water could be better coordinated to ensure a regular supply.

ICRC has conducted a full sanitation assessment of spontaneous settlements in Banda Aceh and Aceh Besar. Among the conclusions reached, it was judged that latrines were built too close to water treatment plants, and did not reach SPHERE standards.

With the above information and the ongoing assessments from the Palang Merah Indonesia (PMI)/Indonesian Red Cross and Federation teams, steps are being taken by the PMI/Federation in the water and sanitation sector to prevent the escalation of diarrhoea in the affected communities and also to ensure that the gaps are being met with the essential services.

The destruction and damage caused by the tsunami has generated large volumes of solid waste. If not properly managed, there is concern that this waste could pose environmental hazards, serious dangers to public health and delay the process of recovery and rehabilitation. The United Nations Development Programme (UNDP), in close cooperation with the government, has announced plans to start appropriate waste management and recycling initiatives for both tsunami waste and municipal garbage in Banda Aceh. A rapid inspection of waste in damaged areas and at dumpsites in Banda Aceh and Meulaboh has revealed that a large part of the volume of waste is spoiled soil, damaged building material and vegetative matter, as well as plastic, metal and other items of unidentified origin. Although no significant presence of hazardous chemicals was found, the report notes that the waste can cause environmental problems: dumped into pits, organic waste decomposes and produces a poisonous liquid that will get into the ground water and sea, where it will destroy the marine eco-system. The UNDP inspection also showed that a large proportion of the waste lends itself to be recycled.

The joint government and UNDP tsunami waste management facility for Banda Aceh is expected to be up and running within a week. It aims to create employment, speed up recovery and provide much needed building materials to be used in reconstruction.

The area of sanitation remains a challenge for all agencies involved in the sector, particularly given the many challenges of the post-tsunami environment, including:

- the inappropriate location of many IDP sites;
- the ground condition;
- the lack of hygiene practices within the affected population;
- community expectations of longer term infrastructure in temporary facilities; and
- the uncertainty and continual movement of the population.

At the weekly UN-organized water and sanitation meeting held on 7 February, UNICEF requested PDAM to provide a set of guidelines and criteria outlining minimum standards by sector, including water and sanitation, of a

habitable area. This is to assist people who wish to return to their place of origin, ensuring that their living conditions are sufficient. UNICEF is also coordinating the identification of needs in affected areas and where these areas are, creating a map showing water production and delivery of non-government organizations (NGOs) operating in Aceh. PDAM was also asked to provide water rehabilitation contracts they signed with agencies involved in water works to prevent overlapping agency action.

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

Objective 4 (water and sanitation): the spread/outbreak of infectious diseases is prevented through water and sanitation interventions.

Progress/Achievements

PMI and the Federation continue their efforts in the provision of water and sanitation to the affected population, as well as planning in the assistance of longer term rehabilitation of the system to assist those returning to their land/property.

In addition, PMI had been involved in the area of sanitation and hygiene promotion as part of its community-based first aid (CBFA) programme long before the disaster in Aceh. As a result of this, PMI is in an ideal situation to take the lead in the area of hygiene promotion in the affected area. With the newly established working group from UNICEF in the hygiene promotion sector, Federation/PMI have been asked to take the lead in the development and sharing of hygiene promotion materials using the PHAST approach for all agencies who are involved in hygiene promotion in the disaster area. Requests for PMI trainers in this area have already been received via the Federation. This will be facilitated through UNICEF and the requests for support assessed by the PMI/Federation team.

Appropriate designs for sanitation facilities have been drawn up and quotations for the construction of the structures are currently being sought to ensure that the most efficient and beneficial facilities are produced for the affected population.

Specific developments in the various areas of Federation / PMI activity are summarized below:

Meulaboh

The Spanish Red Cross' emergency response unit (ERU) and PMI team is producing an average daily volume of water of around 300,000 to 350,000 litres This is distributed by 13 water trucks from the water company, four provided by Spanish Red Cross, one by NNUU, three from OXFAM, one from Medecins Sans Frontieres (MSF), one from the TNI and one from International Rescue Committee (24 in total).

One of the priorities of this team is to provide effective distribution of water to IDP camps, without neglecting house-by-house distribution. This enables the ERU to reach a higher number of beneficiaries – an important service, given that the city distribution network has been severely damaged. The rehabilitation of the municipal water distribution network is currently being assessed, in order to determine the level of damage and to begin planning for the rehabilitation of the town water plant.

The team has also installed and is managing the water and sanitation services in the base camps, where the 60 PMI volunteers will be accommodated inside the Federation's living compound. All the required water supply, tap stands and sanitary services are being provided by the team. A garbage collection service has been organized in both the Federation's and the Spanish Red Cross' camps.

In addition, the team has already carried out more than 25 bacteriological laboratory tests of the water produced and is also providing a testing service to others NGOs and municipality actors working in the field (Bilk Sarial, Samaritans Purse, M Tatir, Ibu Nammi, Rundeng JC Garuda, Posko Kantor Pengadilan (Alue Bilie), Contoh Air Sonor Tuhadi, Ferdrwatt, Pondi, Nuhdi, Bapak Hasan). The produced water is tested at least twice a day for chlorine content and pH.

The PMI along with Spanish Red Cross, the Indonesian Ministry of Construction and the civil administration, have signed a Memorandum of Understanding (MoU) to work together in the IDP camps that the government is setting up. The PMI and Spanish Red Cross will be responsible for the water and sanitation facilities of four of these temporary camps.

Teunom

With support from the German Red Cross' ERU, PMI has established seven water distribution points in the town of Teunom and the surrounding area where IDPs have set up their temporary accommodation, with each point having a capacity of 1,500 litres of drinking water. The team is producing specialized water which is intended for consumption as drinking water; hence the water being distributed to the community is for drinking purposes at the moment. The total water production up to 6 February is 246,000 litres.

The team is also constructing latrines with the community and educating the community in the use and maintenance of the latrines. PMI has installed latrines in the IDP camp close to Teunom. However, space restrictions mean that the situation is not optimal. Further coordination with the authorities is necessary to resolve this and other logistical constraints in establishing new water points.

With IDPs coming back to the town and surrounding areas, the numbers requiring support from the team are increasing. The ERU team intends to look into the rehabilitation of public institutions, as well as provide follow-up to the inadequate water and sanitation situation in the IDP camp.

Sigli – Samalanga

The French Red Cross' ERU has been working with PMI in providing water to 21 IDP camps between the two towns. The operation involves the production of both specialized water and mass water, with the water production plants located in two separate places: the specialized water plant is in Sigli, drawing water from the river; and the mass water plant is located in Samalanga, also drawing water from the river. The water is then distributed by trucks to the camps, where 60 water tanks with 3,000-litre capacity are located for access by the community. The team has also started a sanitation programme with the building of latrines for community use.

With a slow increase in the number of IDPs and ongoing population movements, the team has increased its capacity to producing 120,000 litres of specialized water and 170,000 litres of the mass water for the population per day.

Lamno / Patek

The Austrian/Swedish/Macedonian Red Cross Societies' ERU team has been covering the two townships, focusing on improving the sanitation facilities of schools and surrounding community. The team has also set up a 10,000-litre water bladder in the PMI warehouse in Banda Aceh for the daily provision of water to the more than 300 volunteers working in Banda Aceh and living in the warehouse compound.



*Swedish Red Cross ERU worker in Banda Aceh
Photo: Reuters/Courtesy, www.alertnet.org*

Lhok Ruet

The Austrian/Swedish/Macedonian Red Cross' ERU team cleaned-out and rehabilitated four shallow wells in this location for the community, as well as enhanced the school latrines system in time for the returning students to recommence schooling.

Leupung

PMI constructed three shallow wells for the IDP camp in the area. Each well is approximately 10 to 15 meters deep, and will serve approximately 200 people.

Lhok Nga

PMI has improved two shallow wells, with the installation of hand pumps to each well. In addition, five latrines slabs were given to IDPs for the construction of latrine facilities.

Banda Aceh

The Austrian/Swedish/Macedonian Red Cross' ERU team, with support from PMI and a team of volunteers from the Malaysian Red Crescent identified a gap in the provision of water to the affected people in Banda Aceh.

The Australian army which had been running the water treatment and distribution facility near the Pante Pirak Bridge in Banda Aceh, will be leaving the province soon in line with the eventual general evacuation of foreign troops. This will leave a gap in water provision to the local community who are dependent on this service, and the PMI and Federation will take over this operation to ensure communities in the area continue receiving a regular supply of clean water.

When the facility was first set up, the Australian army ran a water treatment centre and received a supply of raw water from the town's water system nearby. It could produce up to 220,000 litres of water for an average of 650 people a day, and also provided specialized water to a hospital in the vicinity. However, at present, the supply system near the facility is not functioning and the water is being trucked in from the town's main water system, treated at the hospital and brought to the facility for distribution. Currently, the Australian army-run facility distributes 7,000 to 14,000 litres of water a day, twice daily to an average of 500 people.

The fully equipped joint Austrian, Swedish and Macedonian Red Cross Societies' water and sanitation ERU team is already pre-positioned to assume the responsibility and increase the capacity of this facility from 8 February, and a small media event was recently held. The team has set up a water plant at the location and plans to pump water from the river into the treatment facility, potentially producing 300,000 litres a day for distribution via tap stands and water trucks.

The team has also identified two other project sites in Banda Aceh: a PDAM pumping station near the Pante Pirak Bridge as well and an IDP camp in Darussalam. The tsunami and earthquake had flooded the station's supply of freshwater, damaged the main pump and dislocated the main water pipe that runs underneath the bridge to communities in the vicinity. As a temporary measure, the team has replaced the contaminated water in the storage tank and is running water through a carbon filter into three 15,000-litre water bladders, to be distributed to the community, a nearby hospital and the camp in Darrussalam. It will also begin supplying specialized water to the PMI/ICRC referral hospital supported by the Norwegian Red Cross. This temporary set up will give the team time to repair the station and the main pipe. On 7 February, the team trucked and distributed 5,000 litres of water to the IDP camp, and set up a bladder of similar volume at the camp for distribution purposes. It will continue to do so regularly and will also work on improving sanitation in the camp.

Once these two water stations are in effect, the community in the area will be able to have a regular supply of clean water again. A visit to the work sites and the surrounding areas on 7 February revealed that the people living in the area were hit hard by the tsunami and earthquake: houses and property badly damaged and covered with mud, people with wheelbarrows and spades picking through the debris looking for fragments of their belongings or just sitting dejectedly outside their homes, seemingly at a loss at where to begin. Although clean water would not take away the damage wrought by the disaster, it would at least help improve their quality of life. The PMI, Austrian, Swedish and Macedonian Red Cross' water and sanitation team was in good spirits, working hard to set up the facility with support from the PMI and three Malaysian Red Crescent water and sanitation volunteers. There was a great sense of achievement and everyone looked forward to having the water plant up and running, thereby alleviating the water woes of the Banda Aceh community in that hard-hit area.

With support from the Federation, PMI has also been carrying out a vector control programme in the form of fogging for the elimination of mosquitoes and flies, in and around Banda Aceh. Meanwhile the team is also providing disinfection spraying for PMI volunteers still tasked with the removal of dead bodies in the town.

Impact

An approximate 65,000 people are currently benefiting from the provision of water supply by the Federation. The numbers of families benefiting from sanitation services are yet to be determined; however it is estimated that approximately 200 families (10,000 beneficiaries) are benefiting from latrine improvement.

The PMI volunteers are gaining valuable training and support from the different water and sanitation ERUs in developing their capacity in the provision of emergency water supply to the community. Skills in safe water production, operation of equipment such as pumps, specialized water equipment, chemical handling and water quality testing are being gained by over 50 PMI volunteers.

Over 775 houses, five IDP camps, five mosques, TNI barracks, ditches and the governor's office in Banda Aceh have benefited from the vector fogging programme.

Constraints

The nature and spread of the area of operation make this a challenging task for the ERUs in terms of logistics and a clear area of operation. Given that the population is constantly changing and moving, the planning for stable provisions of water and sanitation services to the community remains difficult.

Longer term rehabilitation and reconstruction of basic water and sanitation facilities cannot be started until there is an indication that the community is moving back to their place of origin and/or into other settlements.

PMI volunteers work and live alongside the Federation water and sanitation teams, sharing all facilities. These volunteers are gaining valuable training and are learning from the teams. The only drawback has been the rotation of PMI volunteers every two weeks, which requires frequent re-training of new teams. It would be valuable to have the volunteers for a longer period, when more in-depth training can be carried out for the benefits of the volunteers and of PMI.

Future Plans

The operational water and sanitation plan for the upcoming period is to:

- strengthen support to the ERUs, so that they can reach more of the affected population;
- begin rehabilitation projects and enhance community systems where possible, concentrating on Meulaboh and Teunom in the first instance;
- scale-up sanitation activities in areas where the ERUs are operating;
- undertake more comprehensive planning with PMI on the utilization of volunteers and look at longer term support and training for the teams.

Summary table of activities

Water and Sanitation ERU	Distribution / litres	Means of Distribution	Beneficiaries	Constraints / Comments
Spanish RC Meulaboh <i>(from 5 January)</i>	<ul style="list-style-type: none"> ▪ Up to 300,000 L specialized water / day. ▪ All 5 specialized water units in operation (23/01). ▪ Team reached the 6 million L distribution mark on 03/02 	<ul style="list-style-type: none"> ▪ 13 municipal trucks of 3,500t capacity + 4 SRC 7,500L water tankers + 1 UN truck of 16,000L capacity, 1 NNUU, 1 MSF, 1 IRC; ▪ 90 trips daily 	<p>Specialized water to 4,000 families + estimated 20,000 IDPs in 4 camps + Japanese RC BHC team + other agencies as requested.</p> <p>Offering the only laboratory water testing in the area.</p>	Population now moving back to traditional areas, need for rehabilitation work.
French RC Samalanga and Sigli <i>(from 10 January)</i>	170,000 L / day + 120,000 L per day specialized water	<ul style="list-style-type: none"> ▪ By tap and 6 tanker trucks. ▪ 60 x 3000L tanks used for distribution points 	20,000 IDPs at 21 sites – fluctuating with movement of IDPs	Demand steadily increasing. Lack of PMI volunteers to support the operation.
German RC Teunom	25,000 L/ day	5,000L + 7x1500L bladder tanks +	BHCU + min. of 2,000 IDPs. Est.	

<i>(from 10 January)</i>		tap stands set up in town and IDP areas.	total of 5,000.	
Swedish / Austrian / Macedonian RC Bandar Baru <i>(from 9 February)</i>	Operation to fully start by 9 February. 5,000L distributed on 6 February.	Distribution points and 2 5000L water trucks.	Planned for a minimum of 4,000 people.	

Sri Lanka

Overview

The Sri Lankan government closed its centre for national operations (CNO) on 4 February, citing the end of the emergency phase of relief operations. The CNO had been in operation since 29 December. The recently established Task Force for Relief (TAFOR), in partnership with the various governmental ministries, will now take over the relief operation and related functions of the CNO.

The president has stated that while some 700,000 people remain displaced, their nutrition and health situations remain under control. However, providing water and sanitation for affected populations is becoming more challenging as relocated families move in an uncoordinated manner across the affected areas. A recent rapid assessment report of the UN Office for the Coordination of Humanitarian Affairs / UN Environmental Programme warns of urgent environmental concerns related to the management of tsunami debris and sewage and sanitation issues in locations populated by IDPs. Some methods of debris disposal can create environmental risks, and large concentrations of IDPs are being accommodated in areas either with limited or unsuitable options for sanitation and sewage management.

Well cleaning activities are ongoing in the south and east; it is clear that it may be some time before these wells can be used again as the surrounding grounds are saturated with salt. It is still unclear if the government's 100-metre buffer zone is going to be fully implemented and, therefore, if affected houses and sanitary and water facilities need to be rehabilitated.

Coordination

Ongoing coordination meetings have been held between the Federation, partner national societies (PNS) and other organizations to optimize water sanitation operations and interventions in Sri Lanka. The Federation, together with international non-governmental organizations (NGOs), attends national level weekly coordination meetings with the Ministry of Urban Development and Water Supply (MUDWS) and the National Water Supply and Drainage Board, focused on water and sanitation activities. Specific discussions on rebuilding the water supply and sanitation facilities has been divided into three stages: I - immediate requirements, II – restoration of services (end 2005) and III – expansion of services (up to 2010). The Federation also participates in sub-committees on hygiene education and sanitation.

Weekly sectoral meetings have also been held at the district level, essential for the allocation of water sanitation projects. The German and Swedish Red Cross Societies' ERUs continue to participate in weekly health meetings with the Ministry of Health (MoH) in Pottuvil, attended also by the local ICRC representative. In the past weeks, several PNS have conducted water and sanitation assessments in the southern part of the country. Feedback from the Netherlands and the Australian Red Cross societies indicated possible short, medium and long-term water sanitation interventions, ranging from sanitation hygiene assessments to supporting local medical officers to monitor water quality.

Weekly water sanitation meetings are held at Sri Lanka Red Cross Society (SLRCS) headquarters, attended by the Federation, SLRCS and PNS active in water sanitation activities. The water sanitation coordinator continues to brief all PNS arriving in Sri Lanka on the current situation with requests for new information to be shared with the Federation.

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 1 (water and sanitation): Adequate sanitation and water supply provided to a selected number of temporary shelters/welfare centres, and water and sanitation systems to serve the affected population.

Progress/Achievements

The Federation is presently providing adequate drinking water to more than 20,500 people per day. Water and sanitation activities include the operation of two water sanitation ERUs, run by the German and Swedish Red Cross societies. The Federation has also started a programme to improve the existing water supply (estimated cleaning of 1,000 wells) to ensure the targeted population has adequate water in accordance with Sphere standards¹.

Out of a total of 3,100 wells, 530 have so far been cleaned by the SLRCS branches with support from the Spanish, French, and Netherlands Red Cross societies in Galle, Kalutara, Hambantota, Ampara and Matara.

In the east coastal district of Ampara some 11,500 IDPs living in 12 camps between Komari and Pottuvil (Ministry of Health in Pottuvil, 30 January) have access to water through the German and Swedish Red Cross Societies' ERUs. In nearby Arugam Bay, two 11m³ tanks provide the local population with water; at an average use of five litres per capita per day it is estimated that the total population served is 4,500. Another two 11m³ tanks located in Pottuvil provides a further 4,500 people with water each day.

Although the ERUs had initially planned to provide adequate temporary sanitation facilities for an estimated 6,000 people in nine targeted temporary IDP shelters in the Ampara district, this task was handed over to UNICEF. However, the MoH has given the go-ahead for the Swedish ERU to construct 100 temporary latrines in the camps between Komari and Pottuvil.

The German ERU currently uses four bowsers (water trucks) to distribute water; an additional 13 m³ bowser is being purchased to speed up the distribution process. During the course of one month, the Swedish mass distribution ERU expanded its activities to include well cleaning activities. Initially, the team constructed nine 11 m³ Oxfam tanks in the 'camps' between Pottuvil and Komari, serving inhabitants housed in schools, public buildings and monasteries. However, the population has since shifted to other 'camps' or from 'camps' to previous dwellings or homes of extended family members and friends. Over 280 wells have been cleaned as part of the Swedish ERU well cleaning activities.

The Swedish and German ERUs have also supported the operations of two basic health care ERUs. The Finnish ERU, located between Komari and Pottuvil, has been fitted with a bathhouse, latrines and water tank (5 m³ bladder tank with tap stand). The French ERU initially tapped water using its own system but produced salinated water suitable only for washing. The German ERU now provides water to the French ERU.

The table below reflects the progress of activities in water, sanitation and hygiene improvement of the SLRCS/ and emergency response units (ERUs), to date.

Red Cross Society	Location	Activity	No of Beneficiaries	Remarks
French Red Cross	Ampara	- clean 1,500 wells between Kalmunai and Maruthaiminei - repair water network in above areas - supply water to above		- Evaluation of well cleaning activities has stopped for the moment - No further information available on number of

¹ The Sphere Standard - Humanitarian charter and minimum standards in disaster response www.sphereproject.org

		areas		beneficiaries
German specialized water ERU	Ampara	- water treatment plant ERU (distributing avg. 100,000 litres/day)	20,500	
Swedish mass distribution ERU	Ampara	- Cleaned 200 of targeted 1,000 wells - Distribution of nine 11 m3 tanks, one 70 m3 tank, and one 5 m3 bladder	1,000	Beneficiaries only for the wells cleaning
SLRCS	Matara	- Cleaning of 150 wells	750	
SLRCS	Habamtota	- Cleaning of 180 wells	900	
SLRCS	Country wide	- The SLRCS operates 12 water bowsers throughout the country		Bowsers leased by the SLRCS are operated in cooperation with the government.
Spanish Red Cross	Galle and Kalutara districts	- Cleaning debris at the household and community level - Affected people get cash for work to support their livelihood	7,000	
Total			30,150	

Impact

Latest figures indicate that some 20,500 people continue to have access to clean water daily. A total of 530 wells have been cleaned, providing 2,650 beneficiaries with water for washing and, in some cases, drinking. Two communities with 3,500 beneficiaries have also benefited from household and community cleaning campaigns. To date, over 30,000 beneficiaries in affected districts of southern and eastern Sri Lanka have had access to water sanitation services.

Constraints

The presence of a large number of NGOs and donors in the country post-tsunami has made it difficult to identify new water and sanitation projects. Moreover, limited capacity at SLRCS headquarters and branch levels to implement water and sanitation activities needs to be addressed with recruitment and training.

Within the government's current coordination mechanism, the district level decides which organization carries out short term projects. It is imperative the Federation and SLRCS continue to have a presence at the district level (PNS assessment teams in the field have temporarily increased our presence). In the longer term, the need exists to have more Federation representatives at the district level.

Capacity of the National Society

Six volunteers at the German ERU have been trained to operate the water treatment unit in Ampara. The Swedish ERU works in close cooperation with the branch in Pottuvil and volunteers have been trained to clean wells. At branch level in the south and at SLRCS headquarters, however, capacity in water sanitation is low. With water and sanitation as a priority in its plan of action, SLRCS is in the process of hiring a water and sanitation engineer to start to fill this gap.

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 1: Provide adequate water and sanitation facilities to serve about 5,000 people in selected communities.

Progress/Achievements

A re-assessment of the initial relief items ordered was required to determine if they were still needed as the situation has changed in many of the islands. Population movements have occurred and there has been other assistance provided by different organizations and the Maldives government. Six of the seven islands have been re-assessed so far and some items are still urgently required while others are no longer needed.

Of the items ordered, the following have arrived in the Maldives:

- four 10m³ water bladder tank sets with tap stands and accessories;
- two 5m trucking bladders sets;
- 20 raw water pumps with petrol engines;
- 967 family hygiene parcels have been distributed to the islands;
- 50,000 sediment and disinfection sachets.

Urgently required and with purchasing in process are:

- 200 x 2500-litre high density polyethylene (HDPE) water tanks for households;
- 100 x 10,000-litre HDPE water tanks for communal and public places.

Sanitation issues are an emerging problem with overcrowded households and defecation on beaches. A temporary latrine programme is required.

Objective 2: Training selected staff of the Maldives Water and Sanitation Authority on water and sanitation activities.

Progress/Achievements

Manuals and operation instructions on the provided equipment have been given to the Maldives Water and Sanitation Authority. Small workshops will be held on an ad hoc basis as the equipment arrives into the country and before delivery to the islands. A full training programme may be developed at a later stage.

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