

# 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

10 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. 40; Period covered: 26 December - 10 February 2005; Appeal coverage: 105.6% ([Click here to view the provisional contributions list](#)).

#### Highlights of the Day:

- Indonesian Red Cross/Palang Merah Indonesia (PMI) continues to develop its organizational health structure initiated by the newly appointed PMI health coordinator, in conjunction with the society's leadership in Jakarta. Proper planning for the rotation of the PMI health teams has improved considerably, though transport remains a constraint. As activities pass from the emergency phase, basic and first aid interventions are no longer a priority and PMI will now be looking to put into practice a more community-based health approach for its services.
- The measles vaccination campaign remains ongoing and by 2 February, had covered some 90,888 children (69 per cent) in Aceh. The recent influx of various humanitarian agencies has created a somewhat territorial spirit within Meulaboh and this has caused confusion in the challenging task of coordinating the campaign. NGOs in Meulaboh have now submitted maps of their areas of work to UNICEF, who will compile the information. This should help to prevent duplication and overlap among agencies on the ground. The PMI team, which has had a low profile and has been concentrating on providing assistance to more remote communities, has been welcomed by UNICEF.
- Psycho-social support activities are taking place in both Sri Lanka and Indonesia with the support of the Danish Red Cross. In Indonesia the programme will target 60,000 beneficiaries (including adults, teachers, school children, the elderly, teachers and PMI staff/volunteers). Turkish Red Crescent has also begun a programme in Banda Aceh on a bilateral basis. In Sri Lanka, American Red Cross and Turkish Red Crescent are also conducting psycho-social programmes.
- The Sri Lankan president reported that 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. However, people living in temporary shelters, particularly children, could face a worsening health situation if sanitation problems in the camps are not addressed.



Patients at Finnish Red Cross' BHCU in Sri

**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 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
<b>Total</b>	<b>295,708</b>	<b>7,966</b>	<b>&gt;1,480,315</b>	<b>&gt;507,496</b>	

*In Indonesia and India only, the number of dead includes those previously listed as missing though this will only be official in Indonesia one year after the disaster's date.  
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 disease pattern throughout the affected area is considered to be normal. Outbreaks of communicable diseases are following seasonal patterns and are not seen to be particularly tsunami-related. At the health coordination meeting held on 7 February in Banda Aceh, the Aceh provincial communicable disease centre reported that 28 agencies providing health services to 14 districts affected by the tsunami had 17,948 consultations and five deaths in the past week. However, they cautioned that the increase in consultations was not necessarily due to a rise in illnesses but better reporting, and urged for continuity in these reports to avoid fluctuations in numbers. The most common illness treated was acute respiratory infection, followed by acute watery diarrhoea and fever.

Although the Ministry of Health (MoH)/World Health Organization (WHO) morbidity and mortality data system is in place in most significant health structures, actual figures posted are still incomplete and/or misleading. More blood is still needed in Aceh for tsunami victims requiring surgery. Palang Merah Indonesia (PMI)/Indonesian Red Cross is sending 60 to 100 units of blood every day from Jakarta. The PMI Secretary General has underlined the fact that a blood transfusion unit was lost in Banda Aceh due to the tsunami, which led to initial difficulties in distribution. PMI has been setting up a new blood transfusion unit, and PMI's Jakarta office is assisting by sending blood units every day to Banda Aceh, as well as to Lhokseumawe.

There has been some debate as to the actual medical requirements in the affected area. A large number of foreign military and civilian agencies have set up field hospitals<sup>1</sup>. The US Navy's floating hospital ship, USS Mercy, arrived in Aceh earlier this week and will help with blood transfusions, equipment repairs, immunizations and other needs. According to governmental data, there are some 908 medical volunteers representing 85 international and local organizations currently working in Aceh. Of the medical assistance available, it remains unclear as to exactly how many doctors, anaesthetists, surgeons, dentists and nurses there are, especially as a large number of local medical staff perished during the disaster. Governmental and aid sources have said that extra surgeons were no longer needed, but stressed that the priority was now for public health officials and midwives, as well as medication and other supplies.

PMI has been in the area since the day of the disaster, and has been running 15 health posts and 11 mobile clinics. It is estimated that PMI clinics treated some 70,000 patients to the end of January. The ICRC/PMI field hospital in Banda Aceh continues to treat 46 admitted patients per day and by 7 February had treated a total 2,774 out-patients. There are always 10 doctors working side by side: five Indonesians and five international.

The MoH/UNICEF measles vaccination campaign remains ongoing. Again, data coverage is as yet incomplete. On 2 February, the MoH reported that the measles vaccination campaign had covered some 90,888 children (69 per cent) in Aceh. The vaccination activities are widening to target communities outside internally displaced people (IDP) camps as well as to schools. Meanwhile, the provision of vitamin A supplements has covered 444 children between the ages of six to 12 months and 19,893 others between the ages of one to five years.

Together with MoH, WHO is closely collaborating with the United Nations Population Fund (UNFPA) on re-establishing reproductive health services, the provision of personal hygiene packs to women and girls in IDP camps, and prevention and management of gender-based violence. WHO has put monitoring systems in place to account for pregnancies and deliveries in displaced settlements, and to monitor reproductive health services.

Increasingly, and by order of the authorities, IDPs are being relocated into larger camps. Poor hygiene and sanitation conditions are reported in almost all districts calling for increased disease prevention activities by health agencies.

Both psycho-social assistance and child protection sectors continue to coordinate and develop programmes through a variety of stakeholders.

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<sup>1</sup> According to BAKORNAS, the following countries / organizations are operating field hospitals in Aceh: Australia, Germany (field + ship), Belgium, Singapore (2), China (2), Malaysia, ICRC (with Norwegian RC), Denmark, Russia, Pakistan, Portugal, USA (ship).

### RCRC Response

Over one month after the disaster struck the region, the International Red Cross and Red Crescent Movement continues to be at the forefront in providing health care services to the affected population in Aceh. In particular, PMI has been and remains a key player in providing initial emergency and ongoing basic health care services to the community.

PMI continues to develop its organizational health structure initiated by the newly appointed PMI health coordinator and in conjunction with the head of the PMI's health department in Jakarta. Final authorization for this rests with the PMI's Secretary General. Proper planning for the rotation of the PMI health teams has improved considerably. However, actual transport for team rotation remains a constraint. As activities pass from the emergency phase, it has been recognized that basic and first aid intervention are no longer a priority. PMI will now be looking to put into practice a more community-based health approach for its services.

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. The PMI's health centre will move with the entire PMI office on 17 February to a new base nearby. The health centre sees an average of 200-250 patients a day, and reports that patient numbers and diseases appear stable. Most common diseases are respiratory infection, skin irritation and trauma or depression; most of them indirectly related to the after-effects of the disaster, including unhygienic, unsanitary living conditions and unclean water. The clinic faces a possible shortage in priority drugs needed to treat these diseases, while at the same time dealing with a surplus of seldom used medical items such as emergency health kits and infusions.

The table below provides an up-to-date overview of RCRC health activities.

RCRC	Communities served	Activities	Beneficiaries	Constraints / Comments
<b>German RC ERU BCHU</b> <i>(from 10 January 2005)</i>	Teunom	<ul style="list-style-type: none"> <li>▪ Basic health care services</li> </ul>	<ul style="list-style-type: none"> <li>▪ 75-100 patients / day (OPD) – cumulative (05/02): 3,032</li> </ul>	
<b>Japanese RC ERU BCHU</b> <i>(from 4 January 2005)</i>	Meulaboh + outlying communities (Ache Barat, Nagan Raya)	<ul style="list-style-type: none"> <li>▪ Hospital (ICU, ER, OT)</li> <li>▪ BHCU in IDP camp</li> <li>▪ Mobile health clinic to IDP</li> <li>▪ Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>▪ BHCU in IDP</li> <li>Total patients (25/01 – 05/02): 913</li> <li>▪ Vaccinations (to 05/02): 2,357</li> </ul>	Health assessments and mapping programme + vaccination campaign
<b>ICRC Hospital</b> <i>(from 16 January 2005)</i>	Banda Aceh	Referral Hospital	2,774 OPD (16/01 – 07/02) + average of 46 in-patients / day (total admissions: 166)	Also set up a camp for discharged patients (up to 400)
<b>PMI</b> <i>(from 26 December 2004)</i>	Banda Aceh, Lam No, Calang, Simeulue, Meulaboh	<ul style="list-style-type: none"> <li>▪ 15 health posts and 11 mobile health teams</li> </ul>	Estimated 70,000 patients treated by end of January.	8-12 teams operational at any one time. Other teams deployed directly by PMI chapters to affected area.

**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 emergency response units (ERUs), working in close collaboration with PMI, have provided health care in the following areas:

**Meulaboh (Japanese Red Cross' BHCU ERU / Federation's health delegate)**

The Federation's health delegate has successfully focused on support to the PMI for its health activities. In particular, this has led to better integration of PMI into the mainstream, recognition by outside, rather dominating agencies, and coordination with the Japanese Red Cross' activities. This coordinating role has been welcomed by all concerned.

A good working relationship exists between the Federation and PMI in Meulaboh. The PMI's medical team has been assisting with the recent measles and vitamin A vaccination campaigns, being run by UNICEF (and Medecins Sans Frontieres-MSF Singapore). The recent influx of various humanitarian agencies has created a somewhat territorial spirit within Meulaboh and this has caused confusion in the challenging task of coordinating the campaign, despite the efforts of UNICEF. For example, some IDP camps had already been covered by vaccination programmes without the knowledge of UNICEF or participating non-governmental organizations (NGOs); in other cases, children thought to have been covered had not been vaccinated in certain areas. PMI has been filling some of these gaps, by proceeding to more remote villages as well as vaccinating the children who had been missed.

Together with the Federation's health delegate, PMI is looking to comply with the national disease surveillance reporting to MoH and is aiming to provide statistical epidemiological data on a regular basis.

NGOs in Meulaboh have now submitted maps of their areas of work to UNICEF, who will compile the information. This should help to prevent duplication and overlap among agencies on the ground. The PMI team, which has had a low profile and has been concentrating on providing assistance to more remote communities, has been welcomed by UNICEF. A number of agencies have been setting up clinics at the designated Red Cross IDP Camp at Alu Pinaring (stadium camp, 20 kilometres west of Meulaboh), leading to a degree of duplication and 'elbowing'. In order to avoid duplication, the PMI medical team moved out to more remote villages. It has now been agreed that the new PMI medical team would work in the camp alongside the Japanese Red Cross' basic health care unit (BHCU) ERU team, with PMI team also pursuing its daily outreach activities in the more remote villages. The total number of patients seen to date by the BHCU is 913. Mother and child health (MCH) activities have also started, mainly ante-natal to date.

The Japanese Red Cross has continued to play a significant role in the general coordination of hospital activities, in close collaboration with the authorities. However, the Japanese Red Cross' activities are increasingly being taken over by national hospital staff. For the week up to 6 February, only two orthopaedic surgeries were performed, with an average of nine admitted orthopaedic patients per day.

PMI and Japanese Red Cross have coordinated their mobile health clinic activities, in all covering 29 locations. Two new locations were identified and mapped. The Japanese Red Cross' team continues to give tetanus vaccinations where appropriate.

**Simeulue Island**

A follow-up assessment was carried out by the Japanese Red Cross and PMI on the island. Clinics were undertaken for two days on a trial basis and a total of 137 patients were seen. The PMI health team on the island has begun to implement a weekly rotating four-day boat clinic schedule and the logistics of possible Japanese Red Cross participation are being investigated.

**Teunom (German Red Cross' BHCU ERU)**

Routine health care continues with disease incidence at pre-disaster levels. For the week 30 January to 5 February, there were a total of 741 patients through the out-patient department (OPD) and an average of 11 to 12 admitted patients per day. Patients for referral are transferred by helicopter to the ICRC / Norwegian Red Cross hospital in Banda Aceh. Up to 5 February, the BHCU had treated a total of 3,032 patients.

The BHCU team presently consists of 30 local staff (two doctors, 12 nurses, three mid-wives and 15 support staff with varying degrees of medical experience), as well as the Swiss Red Cross' team (one doctor, one nurse) and the German Red Cross' team (one doctor, three nurses).

An incinerator for the health facility is expected to be delivered by the end of February.

Coordination with the local authorities and military is reported to be excellent. A successful rotation of PMI volunteers has taken place, with proper hand-over, although some language communication problems persist between the teams.

A fair number of cases of diarrhoea and malaria continue to be reported. The German Red Cross' ERU team is following government guidelines on treatment of malaria. However, it reports running short on appropriate drugs in cases of plasmodium falciparum. An overview of diagnoses (new cases only) for the week to 5 February is presented below:

date	wat. Diarr.	bl. Diarr.	RTI	Mal- aria	Menin- gitis	fever	ajs	Tsun. Trauma	Psycho- Traum.	others	Week totals	Cum. total
30.01.	24	1	16	0	0	21	0	0	0	52	114	2464
31.01.	12	1	4	4	0	37	0	0	0	114	172	2636
01.02.	9	0	4	4	0	4	0	0	0	19	40	2676
02.02.	18	1	5	2	0	6	1	0	1	65	99	2775
03.02.	10	0	5	5	0	13	1	0	0	50	84	2859
04.02.	6	0	2	1	0	18	0	0	0	23	50	2909
05.02.	16	0	6	0	0	10	0	0	0	36	68	2977

The measles vaccination in cooperation with UNICEF has now commenced.

#### **PMI/ICRC Referral Hospital**

The number of out-patients treated up to 7 February now totals 2,774, with admissions reaching 166 patients (of which 57 were surgical, and 77 internal medicine), with an average of 46 admitted patients per day.

The PMI/ICRC referral hospital's mass of white tents billow in the wind as its waiting area fills with patients seeking consultations and treatment. In the past week, there was an un-forecast one-day peak in the OPD of 250 admissions; however, this has decreased since then. Few births were recorded at the beginning of the hospital operations, but this number has increased over the past weeks.

Ongoing care facilities for discharged patients were established on 31 January within the hospital's compound to accommodate patients and their families who no longer had homes to return to upon their discharge from the hospital. These facilities, which include an outpatient facility and health unit, also treats discharged patients requiring ongoing medical care. Ten patients and 22 of their relatives are now taking refuge in the facility.

#### **Psycho-social support**

Danish Red Cross has initiated the first phase of its six-month psycho-social support programme (PSP) in Meulaboh on a bilateral basis, in association with PMI. The programme targets 60,000 beneficiaries (of which 46,000 in Meulaboh and the remainder at other locations along the west coast). It aims to provide a PSP activity-based programme to 36,000 adults, 20,000 teachers and school children, 2,000 elderly, 2,000 teachers and 200 PMI staff/volunteers.

Turkish Red Crescent has also begun a PSP programme in Banda Aceh on a bilateral basis. The plan of action is awaited, which will enable PMI to better integrate and coordinate overall PSP activity.

#### **PNS activity**

A French Red Cross team of eight is working in Meulaboh. Four doctors and four nurses (skills ranging from paediatrics, accident and emergency and infectious diseases) have liaised with the directorate of health and have undertaken an assignment to assist a dispensary which previously had 60,000 patient consultations yearly prior to the tsunami. This was and will in the future be a primary health care function. Some of the health staff have returned and are prepared to work again. At this time, it is understood that the above group are working unilaterally.

**Impact**

The ERU BHCUs and PMI continue to offer basic and specialized health care to IDPs and communities in Aceh. An overall estimated 80,000 beneficiaries have been treated to date. There have been no major disease outbreaks and immediate needs are being met.

**Constraints**

- Assistance to PMI in statistics and reporting is necessary. Because of the two-to-three weekly rotation of medical teams, it has proved difficult to obtain weekly statistics from the current team despite constant requests to complete the records and to submit the weekly health surveillance form to MoH by Monday mornings. A record register is maintained by the medical team daily. However, the PMI administration assistant is extremely busy and has little time to compile statistics on the computer.
- The constantly shifting IDP population has made it difficult to complete planning for stable provision of health care services to the community.
- Concern for patients with nowhere to go once discharged.
- Influx of humanitarian agencies leading to confusion and difficulties in overall coordination by MoH and WHO.
- Difficulty in effectively coordinating RCRC activities, due to unannounced assistance of a number of partner national societies (PNS), as well as wide-spread nature of operations in scattered and difficult to access locations. An emphasis on coordination and collaboration on the part of PNS RC teams would benefit PMI in terms of visibility, productivity and avoidance of duplication.

**Sri Lanka****Overview**

The health sector in Sri Lanka has been severely affected by the tsunami. More than 30 hospitals have been partly or completely destroyed and 68 community health posts (CHP) affected, some completely destroyed. The response by the MoH has been outstanding. A number of CHP have been moved to alternative public buildings and are now operational. Undamaged hospitals are serving extra patients. Support in all medical aspects by local as well as international groups, remains 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, on 4 February the president reported that although up to 700,000 people were displaced by the tsunami, 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. The MoH is also conducting rabies control activities in Matara district due to the large number of stray dogs roaming around camps accommodating displaced populations.

A two-ton shipment of USD 2 million worth of medical supplies donated by doctors in Western Australia is due to arrive in Sri Lanka next Monday.

**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 last 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 (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 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 here – the Turkish Red Crescent's medical team operating in Kalutara area since 1 February is treating an average of 250 people per day. The team (five doctors and five nurses) is working with five intern MoH doctors and 10 SLRCS volunteers.

The first Red Cross coordination meeting for all national societies operating in the region was held in the Finnish Red Cross compound in Ampara last week. These meetings will continue on a weekly basis.

Coordination with the MoH and other NGOs and international non-governmental organizations is ongoing, and clear roles and activities were outlined in a recent interagency meeting (please refer to the WHO tsunami situation report 34 for further details <http://www.reliefweb.int/library/documents/2005/who-southasia-08feb.pdf>).

### **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**

The three Federation ERUs continue to provide basic health care services in three locations on the eastern coast of Sri Lanka, with plans under way to hand over to local agencies. 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. To date, the Norwegian Red Cross' ERU based in Ichichilampattai (Trincomalee district) has 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.

District	Lead agency	Type of ERU	Red Cross	No. of delegates	Location	No. of beneficiaries
Ampara	ICRC	BHCU mobile health	French	7	Pottuvil	1,200 (approx)
		BHCU mobile health	Finnish	13 (plus 11 local staff)	Komari	1,405 (plus home visits)
Trincomalee	ICRC	BHCU	Norwegian	7	Ichtilampattai	4,002
<b>Total</b>		<b>3</b>		<b>27</b>		<b>6,607 (approx)</b>

Staff rotation is now occurring within the Finnish Red Cross' ERU and a combined briefing with the Federation and ICRC will take place at the end of this week. The ERU has discontinued its MCH services and satellite clinic since integration with MoH services and confirmation of availability of relevant services within the local health infrastructure. The clinic is only open for emergencies and acute illnesses. An inventory has been made of the ERU medical supplies and handing over procedures of medical items to local health authorities prepared.

The Norwegian Red Cross' ERU clinic in Ichichilampattai is running well, with patients coming in from camps, villages and the countryside for medical treatment. Rotation of staff occurred this week, and the newly arrived team will stay for six weeks. The number of patients in this district is decreasing although the number of patients is still more than 100 per day. The main conditions being treated are respiratory infections, musculoskeletal problems and skin diseases. The OPD is operated by two Norwegian doctors, two local doctors and two Tamil medical students. Training of local staff has proved difficult due to language constraints. MoH is keen to take over the function of the clinic by the end of February.

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.

PSP is functioning with Danish Red Cross as the lead agency. Danish Red Cross has been working in Jaffna in the north of the country (with ICRC) since 2003. Four new Danish Red Cross delegates started work in Trincomalee, Batticaloa, Ampara and Hambantota, and training of SLRCS volunteers from the first three of these locations will take place in Jaffna from 14 February. Negotiations with local authorities in Hambantota for such training are ongoing; in the meantime, SLRCS volunteers and an external counsellor have provided counselling to 2,096 people. A training manual prepared by Danish Red Cross for a school programme in Jaffna has now been approved by the Sri Lankan Ministry of Education and is available for use in English. The manual, completed by one of Sri Lanka's leading psychology experts, will be translated shortly into both Sinhalese and Tamil. American Red Cross has started a PSP programme in Matara and will expand into two other districts. Belgian Red Cross intends to start in two districts. Turkish Red Cross is operating a medical clinic and some PSP activities in the south.

Information from the French Red Cross' ERU will be included in the next operations update.

### **Impact**

After more than one month in the field the Finnish, Norwegian and French Red Cross Societies' basic health care ERUs have provided basic health services to over 6,000 patients in areas affected by the disaster. The number of patients seen by the ERUs continues to decline in recent days and integration and handover to MoH is ongoing. 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 which will be finalized in the coming days should indicate where gaps exist 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**

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

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