

UNICEF HUMANITARIAN ACTION

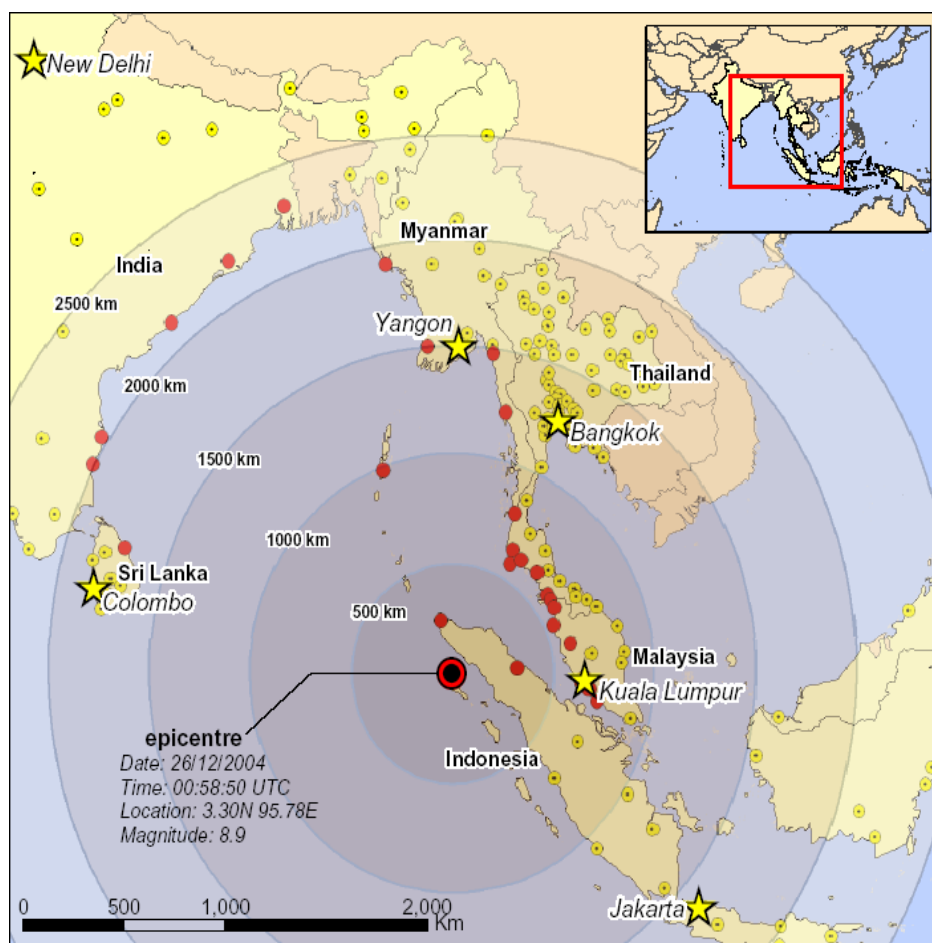
DONOR ALERT: IMMEDIATE NEEDS OF CHILDREN AND WOMEN IN TSUNAMI AFFECTED COUNTRIES

31 DECEMBER 2004

I. ISSUE

The quake and tsunami waves originating near Aceh Indonesia on 26 December, 2004 have left a path of destruction of unprecedented dimensions. Over 100,000 people have been killed and millions more are homeless. These figures will certainly rise over the coming days. Of the total population affected, one third are children. Their immediate survival must be a priority.

In many areas, water and sanitation facilities are destroyed or contaminated increasing the risk of disease. Families have been left homeless, children have been separated from their parents and there is an urgent need to address emotional and physical needs of children. In addition to the immediate toll on human lives, the long term effects on infrastructure and facilities, on traumatized and shattered families, and on the economic well-being of communities will continue to plague these Indian Ocean countries for years to come.



Map produced by UN OCHA ReliefWeb Map Centre -- <http://www.reliefweb.int>
The names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

The countries worst affected by the tsunamis are Indonesia, the epicenter of the quake, Sri Lanka, India and Maldives. Less affected are Thailand, Malaysia, Myanmar and Somalia.

INDONESIA

At the heart of the quake, Aceh and Northern Sumatra provinces in Indonesia are devastated. Out of the total population of 4.5 million living in these provinces, almost 80,000 people were killed and more than half the population are affected and in urgent need of humanitarian aid and longer term assistance. A disproportionate number of these are children. There are approximately 875,000 children to be reached in the affected areas.

In the city of Banda Aceh, the capital of the province, the majority of buildings have been damaged and water and electricity services disrupted. In Meulaboh town, at least 10,000 people are reported dead, approximately 25% of the total population. Along coastal areas, many people were swept away by exceptionally high tides, tsunami like waves and the resultant floods. Remaining hospital facilities throughout the province remain overwhelmed with the injured and traumatized. Only one hospital remains undamaged and two ambulance units remain functional to cover the province. The Indonesian Military (TNI) is working with humanitarian organisations to support humanitarian assistance.

The Government of Indonesia has now lifted all restrictions to facilitate humanitarian access to affected provinces. An unconditional cease fire of the long standing conflict has been declared as military personnel in Aceh are now being used for humanitarian and relief purposes. Approximately 1 million people in Sumatra are homeless, with the figure expected to rise as communication is improved and additional reports gathered. Health facilities report that stocks of medical supplies are running dangerously low while the risk of disease from contaminated or stagnant water sources, from limited sanitation and from dwindling food reserves remains a serious concern. The burial of unidentified corpses and the resultant impact on children who are separated from families and may now be orphaned or unclaimed also requires immediate attention, as does psycho-social counseling and treatment for shock and trauma. Hundreds of schools have also been destroyed.

SRI LANKA

The tidal wave that hit Sri Lanka has had a devastating impact on the island's population. With over 24,000 persons so far reported dead, close to 5,000 reported missing, and indications that close to a million have been displaced, this disaster is a further assault on the country efforts at rehabilitation and reconstruction following 20 years of civil war. Even before the arrival of the tidal waves, the areas in the North and East of the country were affected by serious monsoon floods leading to displacement and infrastructure damage.

The tidal waves have not only taken their toll on human lives, but have also destroyed infrastructure on a large scale, particularly in the coastal districts of Jaffna, Mullaitivu, Trincomalee, Batticaloa, Ampara, Hambantota, Matara and Galle. It is not yet known how many households have lost their livelihoods and possessions, yet initial reports point to almost one million people displaced as of 29 December 2004. Children are particularly vulnerable to disasters – more than anyone they are in need of protection, shelter, food, health care and safe water and sanitation. Initial assessments have already revealed disruption to water supply and contamination of drinking water sources in the affected areas. Water treatment plants in the coastal areas have been destroyed and water networks washed away. A shortage of fuel is leaving people with no other alternative but to drink unboiled water and consume uncooked foods. Malnutrition among children in the districts of the North and East is higher than in the rest of the country with over 40 per cent of children under the age of five years being underweight, creating a particularly dangerous situation when exposed to inappropriate food intake and the risk of outbreaks of diarrhoeal diseases.

Health facilities in the affected areas have become dysfunctional to a large extent and are short of basic drugs including oral rehydration solutions that can save children's lives. The education infrastructure has also been damaged by floods and displaced persons have sought refuge in school buildings further away from the coast. There is a great danger that once children have dropped out of school due to disruption of schooling activities, many will not find their way back – as has been the experience in the past. Immediate restoration of schooling is key to upholding the high primary school enrolment rates Sri Lanka enjoys.

INDIA

An estimated 13,230 people are feared dead in India. The Government confirms that 7,330 are dead and another 5,900 missing and presumed dead. More than half of the casualties occurred in southern Tamil Nadu state. The presumed dead are in the remote Andaman and Nicobar islands, where rescuers are yet to reach.

There are now an estimated 380 relief centres in eight affected districts housing 400,000 people in Tamil Nadu, Kerala and Pondicherry. The recently completed UN Disaster Mitigation Team assessment mission has provided details on the extent of damage in various locations in India and the Indian Government, supported by UNICEF and the UN, is now responding.

In Andaman & Nicobar Islands, a team of officers from Ministry of Water Resources, Central Ground Water Board (CGWB) is assessing the damage caused to drinking water sources and rendering necessary assistance to Andaman & Nicobar Administration especially relating to flushing, repair etc, of existing wells. Submersible pumps from Chennai and Kolkata are being airlifted to Port Blair as required. In Andhra Pradesh, Tamil Nadu and Kerala, CGWB teams have been deputed to assess the contamination of drinking water sources and to provide further assistance to State Government officials as required.

THAILAND

Thailand's 400 km southwestern coastline was severely affected by the large tsunami. Latest reports estimate that the death has reached more than 2,000, with over 9,800 reported injuries. Provinces have been affected to different degrees. Phuket, Trang and Satun's coastal areas were hit, with less impact on water, sanitation, and other infrastructure. In Phang Nga, Krabi and Ranong there is more widespread devastation and damage to homes, schools, other service buildings as well as electricity, communications and transport. Families who have lost their homes are being temporarily sheltered in schools and temples. Teams of doctors and psychologists have been mobilised, although much of the response initially centered on Phuket and the foreign tourists who have been affected.

People are desperately seeking lost family members. Children have been separated from their parents or have become orphaned by this emergency. The traumatic effect of separation, the loss of parents or siblings, the visible signs of destruction and bodies being washed up along the coastline is taking its toll on the most vulnerable.

There are also hundreds of workers from Myanmar, mainly fishermen who are believed to have died, and about 1,500 others are listed as missing. While many of the Thai families affected by the disaster have extended families living inland or in other provinces that they can turn to for immediate assistance, immigrant workers from Myanmar, Cambodia and Laos have no such safety nets to fall back on.

MYANMAR

The effects of the quake struck the coastal areas of Myanmar with a series of tsunami waves and tidal surges. The most affected areas are Irrawaddy Delta, Tanintharyi and Ayeyarwaddy Divisions and Rakhine State. Because of the remoteness and inaccessibility of several of the affected areas, rapid assessments are still underway in Tanintharyi and Ayeyarwaddy Divisions. The Government reports that 17 villages have been destroyed; initial estimates suggest that the number of communities affected could be significantly higher. Emergency medical stockpiles have been made available for immediate dispatch to the affected areas.

MALDIVES

Just three hours after the tremors were felt in the capital Male' (an island of 2 square kilometres), the waves began to pound the low lying Maldives. The country consists of 1,200 coral islands of a maximum elevation of 3 feet (1 meter) and is spread across a vast area of the Indian Ocean. All 200 inhabited islands were affected and the worst affected areas are located in the central atolls.

The entire population (some 300,000 people) were directly affected by the disaster, and some 100,000 people are severely affected (e.g. rendered homeless, lost most or all of their possessions, forced to evacuate their islands, remain displaced, have no access to food, water and sanitation) and will be the focus of the UN response. Almost 12,000 people have been displaced and registered by the authorities, although it is believed that thousands more have sought shelter with family and friends and are unable to live in their own accommodation. The number of dead is now 75 and the number of missing 42.

Social services have been severely affected. Health posts on eight islands have been completely destroyed or washed away. Seventeen schools have been completely destroyed leaving over 4,500 children with no place to learn. Sixty six schools with 19,000 pupils are badly damaged and will need substantial rehabilitation, while thirty three schools have been more lightly damaged. Thirty islands have suffered damage to jetties and harbours. Although limited supplies of basic staple foods (rice, flour and sugar) have been delivered to most islands, food security remains a concern. In particular, the government has requested food for children and babies.

MALAYSIA

In Penang mainland, a total of 516 people (adults and children) from 107 families are reported to have been affected by the recent tsunami. Two people have died and damage to homes has been recorded. Food and drinking water are being supplied daily by the authorities and volunteers. Medicine and other medical facilities are also available. Respiratory problem seems to be the main concern and appropriate medical care is being dispensed. The nearest hospital is about 10 minutes from the evacuation camp.

The death toll on Penang Island is much higher than other areas affected by the tsunami in Malaysia. The overall figure stands at 51 people dead with 10 missing and 216 injured. All of the victims appear to be local holiday-makers. Mud and debris are the main causes of damage to property in Tanjung Tokong. However, extensive property damage has been reported in Balik Pulau and Pulau Betong. Two evacuation centers have been set-up on the island and one on the mainland housing some 744 victims.

Up to 1,000 children are out of school due to the Tsunami. Various ministries have also confirmed assistance for those children who need assistance. The Ministry of Education will provide free uniforms and school books to all affected students. The National Registration Department will issue immediate birth certificates and IDs. The Ministry of Health will undertake actions to address disease control.

SOMALIA

The Tsunamis that hit the Indian Ocean Basin extended across the eastern coast of Africa devastating Somalia, Kenya, Tanzania, and eastern Madagascar. Somalia's east coast, almost 3,000 miles away from the quakes epicentre, was the worst affected. Although Somalia's extensive coastline has made it difficult to ascertain the full extent of the damage, relief agencies are estimating that 115 people have been killed, 150 injured and approximately 15,000 displaced. Ten people are reported to have been killed in Tanzania and one in Kenya.

In Somalia, the villages of Hafun, Gara'g, Bari, Karkar, Nugal and Mudug in the north-eastern Puntland region, as well as Marka and Baraawe towns of Lower Shabelle region in the south have been hardest hit. An interagency mission has just completed an assessment of Harfun town where 500 families (approx 5,000 people) have been displaced. The situation is critical with an estimated 80% of houses destroyed, no clean water or sanitation facilities and a serious shortage of food and medicines.

II. ACTION / IMPACT

INDONESIA

ACTION

Health

UNICEF will provide measles vaccine, cold chain equipment and vitamin A capsules through the Ministry of Health to ensure that all children are vaccinated and protected against measles. There are approximately 875,000 children to be reached in the affected areas of Aceh and North Sumatra provinces. Malaria is also likely to be a problem. UNICEF will provide treated bed nets and malaria drugs to protect 3.2 million people living in endemic areas.

Many of the health facilities have been damaged, in both Aceh and north Sumatra provinces. UNICEF will provide basic drugs and supplies to cover 1.2 million people, including 600,000 under-five children. In addition to supply provision, immediate recruitment of health staff will be required to respond to the large-scale emergency. Health staff will be sought locally from Aceh, North Sumatra, and other parts of Indonesia, and they will be trained in addressing health and nutrition needs of the affected populations.

Nutrition

In Indonesia, because of its on-going problems of under nutrition, the Ministry of Health is already providing fortified complementary food for children 6 to 24 months old, but this will not cover all populations at risk, particularly malnourished children under 5 years, pregnant and lactating women. Therefore, UNICEF will assist the Government to set up targeted supplementary feeding centres and provide fortified blended food to malnourished under-five children, and pregnant and lactating women among the displaced population. To maintain the iron status of children, UNICEF will distribute deworming tablets to 676,000 children aged 6 months to 5 years of age in the affected areas.

Water & Sanitation

Given the lack of potable water supply and sanitation, diarrhea and other water-borne diseases are likely to escalate, especially among people living in temporary shelters/camps. There are a total of 2 million people in Aceh and North Sumatra.

UNICEF is deploying a rapid response team to Aceh to organise and manage UNICEF's response in water and sanitation and to coordinate efforts with government and other agencies involved in this sector. An initial assessment of the situation is already underway and comprehensive assessments will be undertaken progressively and inventories of available resources will be prepared.

UNICEF will provide leadership to ensure that the water supply and sanitation needs of the population affected in Aceh and North Sumatra are met. UNICEF will work with other organisations to ensure the provision of temporary water supplies (tankers, bladders, etc), purification of water, water storage tanks, family water kits, camp water supplies, water pumps, water quality testing kits, rehabilitation and chlorination of water supply systems, drilling of emergency boreholes, and temporary power supplies where needed for water pumping. To maintain basic sanitation, the emergency response will also include the supply of basic family sanitation kits, temporary toilets for camps, etc. Some 3,600 family sanitation kits are ready for shipment on 3 January 2005.

These measures will be supported with active promotion of hygiene, focusing on the importance of using safe drinking water, using toilets, washing hands with soap and safely disposing of the excreta of young children. Assistance will also include water supply, sanitation and hygiene education for schools, as and when these are opened again. UNICEF will also support logistics, including storage, transportation, vehicles, motorcycles and coordination. UNICEF will provide Oral Rehydration Salts (ORS) to cover 250,000 people at risk of dehydration and will closely work with the Ministry of Public Works for urban water supply systems and with the Ministry of Health for rural water supply systems.

Education

UNICEF will provide a rapid education response for primary school children whose schools are destroyed by supplying the basic learning kit - "School in a Box" - which contains school supplies and learning materials for 50 children, and supplies for teachers. Since recreation and play are critical for children to recover from trauma and provide normalcy in abnormal situations, UNICEF will also provide toys, games and recreational materials as part of the package. It is necessary to provide a tent to accompany the emergency education kit, so that an emergency classroom can be established quickly.

Child Protection

UNICEF will assist in establishing 50 child/community activity centers in the IDP camps and affected communities in cooperation with the government and religious organisations. Psychosocial assistance to children and their families will be provided through these centers and by training other service providers such as teachers, community workers and youth to support the children's psycho-social recovery.

Protection of children from violence, abuse and exploitation (including sexual) will be strengthened through advocacy to ensure that women's and children's needs are addressed in the provision of relief services, especially camp management and distribution of supplies, and the orientation of service providers and communities on child protection in disasters. Support to public information systems to assist women and children to access information on relief services will be provided. Monitoring and reporting mechanisms for child abuse and exploitation will be established. Orientation of medical and relief personnel in the identification and referral of child abuse/exploitation will be carried out. Legal mechanisms will also be strengthened.

Operational Support

UNICEF has procured 40 sets of emergency health kits to benefit 40,000 people for three months. These supplies (medical equipment and medicines) arrived in Jakarta on 30 December 2004 and will leave for Banda Aceh on 1 January 2005 by Adam Air - a private airline providing free cargo space. In addition, 8,000 tarpaulins have been ordered. These are expected to arrive in Jakarta in three shipments. These will be dispatched depending on availability

of cargo space in aircrafts. Local supplies of hygiene kits (6,000) have been ordered and will be ready for consignment to Banda Aceh shortly. Currently there is a shortage of aircraft and cargo space resulting in a huge backlog of supplies.

IMPACT

The expected impact of the UNICEF interventions will be (1) a reduction in mortality from malaria through the provision of insecticide treated bed nets and anti-malarial drugs, (2) a reduction in diarrhoeal diseases including cholera through the distribution of educational materials advocating water treatment and hand washing, and through the provision of ORS salts, appropriate intravenous solutions, and antibiotics, (3) a reduction in the incidence of and deaths from measles through immunization programmes aimed at immunizing all children under 10, and provision of vitamin A capsules, (4) a reduction in the incidence of and deaths from tetanus through the provision of tetanus toxoid along with auto-disabled syringes, and safety boxes, (5) a reduction in the incidence of and deaths from ARI through the provision of appropriate antibiotics, (6) a reduction of prenatal infections through the provision of clean birth kits.

UNICEF inputs will result in the prevention of acute malnutrition through the provision of balanced fortified food supplements. In addition, disease morbidity and mortality will be prevented through the provision of iron/folate, vitamin A and zinc supplements. (n.b., multiple micronutrient supplements would be recommended under the circumstances). Absorption of these vitamins and minerals can be enhanced and further weight loss prevented through the provision of deworming tablets to all under five children.

Clean water and purification supplies will allow families to fulfill their basic needs for water in order to maintain life and health. Oral rehydration salts will save the lives of those stricken with diarrhea, cholera, and the resulting dehydration. Basic community education regarding hand washing and water purification will reduce the incidence of diseases and this, accompanied by nutritional interventions of fortified foods and supplements, can keep the underlying levels of malnutrition from getting worse. Taken together – clean water, sanitation, hygiene, and nutrition – form a powerful intervention to increase child survival in these areas.

Through the provision of 'school-in-a-box' kits, children will have the opportunity to attend classes, participate in organized recreational activities and receive psychosocial support. It is estimated that approximately 37,000 children in Indonesia will benefit from emergency education as a result of this support. Support to establish child/community centers will assist children in returning to a sense of security and normalcy in their lives in as short a time as possible. It is estimated that up to 50,000 children will be reached through recreational kits. Ensuring child friendly environments in IDP camps will be a top priority that will have direct impact on the children expected to be displaced as a result of the emergency. In addition, the psycho-social and counseling needs of approximately 50,000 children in temporary and permanent classroom facilities will be addressed through in-service teacher training and visits by out-reach teams to schools. Registration and protective environments for children separated from their families will result in their protection from abuse and exploitation.

SRI LANKA

ACTION

Health

UNICEF will support the Ministry of Health to undertake the following actions:

- Rehabilitate 10 affected hospitals to provide emergency health services for children and women, including provision of emergency drug supplies, oral rehydration salts and re-establishing emergency obstetric care.
- Rehabilitate at least 30 affected health centres to provide maternal and child health care.
- Reduce micronutritional deficiencies for mothers and their children through provision of micronutrients including iron, folate, vitamin C and mebendezole for all affected districts.
- Re-establish the cold chain system to enable vaccinations to be provided as required.
- Strengthen preventative and disease surveillance systems in affected areas.

Nutrition

Nutrition related interventions will be coordinated with WFP who has taken responsibility for high protein biscuits, blended foods and other basic food items. UNICEF will support the Ministry of Health to provide micronutrients including iron, folate and vitamin C to all mothers and their children in affected districts. Provision of cooking items for affected families will also help improve nutrition.

Water & Sanitation

UNICEF is the UN agency designated to support coordination of the response on water and sanitation at a national, provincial and district level. The following key actions will be undertaken to assist the one million affected persons:

- Support a renewed Government focus on effectively improving water and sanitation services in poorest areas and introducing strategic technologies.
- Provide communities with access to safe drinking water to households through the deployment of water bowsers, water storage tanks and water purification tablets.
- Construct new community sanitation facilities, rehabilitate existing facilities and promote safe hygiene practices including through the distribution of educational materials advocating for hand-washing and water purification.
- Rehabilitate damaged water systems focusing on IDP camps, primary schools and primary health care centres.
- Build the capacity of local authorities to rehabilitate and reconstruct community water and sanitation facilities and enhance emergency preparedness and response to natural disasters.
- Conduct detailed needs assessments and plan for rehabilitation as well as emergency preparedness.

UNICEF is also providing emergency survival items to affected areas in coordination with UNHCR. These include tents, tarpaulin, lanterns, buckets, children's clothing and other basic household items.

Education

UNICEF is coordinating the restoration of education services for approximately 200,000 school-aged children and key actions include:

- Provide 'school-in-a-box' to 200,000 children in approximately 2,500 schools to equip teachers and students with teaching aids, stationary, pencil and toys.
- Put in place strategies to ensure girls continue to attend and complete schooling especially in vulnerable family situations (i.e. that girls are not expected to take on a greater caretaker role at the expense of their education).
- Psychosocial support for school children and their teachers.
- Rehabilitate and repair approximately 100 damaged schools and replace basic school furniture.
- Conduct needs assessments and planning for rehabilitation as well as emergency preparedness.
- Build capacity of education authorities to rapidly respond to the education requirements at a local, district and national level and to enhance emergency preparedness.

Child Protection

UNICEF's immediate action is focusing on protection of unaccompanied children and psychosocial care including:

- Assess the situation of unaccompanied children and support a coordinated response to tracing family members. In coordination with Probation and Child Care Services, Save the Children Sri Lanka and the National Child Protection Authority, UNICEF will support the fostering of unaccompanied children with extended families.
- Develop a strategic response to address the needs of unaccompanied children and to lead to a shift away from the existing bias towards placing children in institutional care.
- Provide emergency psychosocial care focusing on strengthening coping mechanisms for children and developing recreational activities in displaced communities.
- As there is a concern that landmine markings may have been lost in the tsunami, mine risk education will be scaled up in affected areas.

Advocacy & Communication

Professional communication is an essential part of the overall strategy. The considerable public interest in the situation means that communications to the local population and donors nations is critical. UNICEF's action in education, health, child protection and water and sanitation will include a programme communication components such as:

- Communication campaign on safe hygiene practices and health promotion.
- Radio broadcasts on psychosocial care of children and women.
- Mine risk education.

Partnership & Coordination

As part of the overall UN coordination efforts, UNICEF has been asked to support coordination by the Ministry of Education in education and the Ministry of Urban Development and Water Supply in water and sanitation. In this capacity, UNICEF will facilitate coordination of the emergency and rehabilitation response in the education and water and sanitation sectors while providing key support in the protection of children and women, health and nutrition, non-food relief items and shelter.

Operational Support

UNICEF has placed focal points in all affected districts who are working with local authorities to rapidly respond to urgent needs. Daily national coordination meetings are helping to ensure coordination between government, donors, UN agencies, internal and national agencies.

IMPACT

The immediate provision of safe drinking water is critical. UNICEF will supply drinking water through water bowlers, water storage tanks and water purification tablets. The construction of community sanitation facilities and the rehabilitation of damaged water systems will help prevent outbreak of diarrhoeal diseases, particularly among children and women. The provision of essential survival items (such as blankets, tarpaulins, buckets, clothes, cooking sets etc) to affected communities as well as the provision of essential drugs, health kits and vaccination services will also ensure that populations are stabilized and avoid exposure and disease outbreaks. Nutritional deficiencies in mothers and their children will be prevented through the provision of micronutrient supplements.

The rapid resumption of basic educational services for children through the provision of school kits, school materials and furniture and initial rehabilitation of school infrastructure will help ensure children's access to education and resume a sense of normalcy in their lives. The situation is also an opportunity to strategically enhance the overall emergency preparedness and response of the government and local authorities to respond to severe emergencies affecting health and education.

The reunification of separated children with their extended family members will avoid further trauma and institutionalization of children who have lost or been separated from members of their immediate family. In coordination with government authorities and NGOs, a strategy will be developed on protection of separated children which will have long term benefits. The rapid initiation of psycho-social support activities will help to alleviate any lasting negative impact of the trauma experienced by children and their families.

INDIA

ACTION

As agreed with the Government of India and the UN Country Team, UNICEF is leading state level coordination for UN Agencies and NGOs. Input from field teams indicates the following interventions are required in 7 districts; Chengalpattu, Thirukalukundram, Villupuram, Kanyakumari, Nagapattinam, Cuddalore and Pondicherry with a significant focus on the Cuddalore, Kanyakumari and Nagapattinam districts.

Health & Nutrition

Government of India, UNICEF and WHO are working on health programme activities together with State and district authorities and NGOs. Support will focus on general health programme coordination, catch up immunisation for measles and vitamin A supplementation in 11 districts, restoring routine immunization, prevention of micronutrient deficiencies, and prevention and treatment of diarrheal diseases, cholera, dengue and malaria. 70,000 oral rehydration packets have been distributed to Nagapattinam, Cuddalore, and Kanyakumari. An additional 1.85 million sachets of ORS have been ordered. UNICEF is procuring 5 cholera kits as a first deployment in key centres. 40,000 bed sheets and 30,000 sleeping mats have been ordered. A thorough nutritional assessment is planned using weight for height determination in the affected areas. Further assessment is ongoing regarding adequate general rations for vulnerable segments.

Water & Sanitation

Over 370 relief camps have been established on an ad-hoc basis. Without proper sanitation, hygiene and safe drinking water, the potential for disease and diarrhea outbreaks in the camps and surrounding areas are significant. UNICEF will collaborate with the Government of Tamil Nadu on a water safety assessment in the affected districts.

A total of 2,537 water storage tanks of 500 lt. capacity are being provided to relief camps in Chengalpattu, Thirukalukundram, Villupuram, Kanyakumari, Nagapattinam, Cuddalore and Pondicherry. 12,900 KGs of bleaching powder have been procured and are being distributed. 1,200 water cans of 10 lt. capacity are being sent to Pondicherry and Karaikal. 3 million chlorine tablets are being supplied – one million each for the districts of Nagapattinam, Cuddalore and Kanyakumari.

Education & Psychosocial Support

In Tamil Nadu, field teams have reported a significant number of traumatized children. UNICEF is advocating for schools to re-open on time in January 2005 and for schools that are being used as relief camps to have at least one room cleared so that classes can resume. In addition, UNICEF has contracted NIMHAN, India's leading organization on psycho-social support, to work with UNICEF and partners on an immediate programme covering children in the 380 camps and a medium term programme covering the most affected areas over the coming 6 months in schools.

Advocacy & Communication

UNICEF is launching a fleet of mobile vans across three disaster-hit districts of Tamil Nadu and Pondicherry on 1 January 2004 to help families in relief camps prevent and treat any outbreak of diarrhoea, especially among children. The 40 vans will cover 225 relief camps in Nagapattinam, Cuddalore, Kanyakumari and Pondicherry beginning on Saturday, 1 January for a two to three day blitz. Each van will have a small team of communicators who will distribute Oral Rehydration Salts (ORS), soap, water containers and easy-to-read leaflets about how to prevent or handle diarrhoea. While diarrhoea is particularly deadly for children as a result of dehydration and malnutrition, many cases can be treated with ORS.

Partnership & Coordination

UNICEF and other UN agencies have received clearance from the Government of India to work directly with the Governments of Tamil Nadu, Kerala, Pondicherry and Andhra Pradesh. Coordination mechanisms have been established and information is being shared. Primary rapid assessments were completed and projections are being prepared. Supplies are beginning to reach districts and bottlenecks at district level will be resolved to ensure supplies are reaching camps. WES teams have begun a major sanitation and clean up drive in Nagapattinam camps.

THAILAND

ACTION

Health

Government teams with the capacity to assess immunization needs, provide Vit A supplementation and on the spot immunization and offer referral services have been deployed into affected areas in all provinces. UNICEF is providing technical operational support as per diems, support for transportation, and some health supplies. Hospitals are running and are up to standard, with adequate supplies.

Nutrition

Nutrition will be assessed and referral services offered in case of malnutrition. Supplementary feeding and referral services will be made available depending on the outcome of nutritional surveys.

Water & Sanitation

In the three most severely affected provinces of Phang Nga, Krabi and Ranong, assessments is being carried out by UNICEF together with International Red Cross. Presently there is provision of water purifiers, chlorine, water container, and support to local truck transport.

Education

The Ministry of Education has stated that there are less than fifty schools that have been severely affected, including four schools that have been fully destroyed. Reconstruction work is under way, with the involvement of military, local volunteers brought in from other Provinces. The authorities aim at having these schools open within one week.

UNICEF will support these efforts as follows:

- support part of the cost of reconstruction and provide school materials, benches, desks.
- provide kits to communities whose schools have been destroyed or damaged
- Displaced communities have received kits to ensure that children can be reached by regular classroom instruction
- In addition to 'school-in-a-box', large tents will also be required to service the classroom setting
- 1,500 kits will be required for the region along with 300 large tents
- school uniforms will be provided to ensure normalcy of class attendance and feeling like a regular student
- classrooms, water/toilet facilities and playgrounds will be reconstructed

UNICEF has already initiated procurement of school supplies and sports equipment for 100 schools in the affected areas, and, in Ranong Province, provided essential relief commodities to disaster victims in collaboration with local government and NGO partners.

Child Protection

UNICEF Thailand has dispatched a team of five specialist pediatricians and five nurses to the affected areas to provide psycho-social care and support to affected children. In addition to focusing on the children's emotional well being, the doctors and nurses will also check the children's overall health and ensure they are up to date with vaccinations.

The Ministry of Social Development has set up Crisis Management Centres in all affected six provinces, and overall coordination will rest with the Centre in Phuket. UNICEF will provide operational and logistic support, to enable the functioning of the centres. Integrated specialist teams, with health training, social workers and teachers will work with reunification of families and psycho-social care and support to children and families. UNICEF will provide technical support and logistical support to these centres. UNICEF staff will be placed in the centres at the request of the government.

Advocacy & Communication

In Thailand, communication activities will continue ensure the effective flow of information on the immediate situation of children and what is being done to address to meet their needs. UNICEF is supporting the Government's Health Promotion Campaign with messages on water and sanitation.

Partnership & Coordination

UNICEF and the UN Country Team have been in close contact with the Government to coordinate relief needs assessment and mitigation efforts, as well as looking at longer term effects. As part of the UN Disaster Assessment and Coordination Team (UNDAC), UNICEF is currently conducting a rapid assessment of the six affected provinces. Each province is hosting on team of UNICEF Thailand Team to gather information on affected children. Particularly those who have been injured, separated from their parents or orphaned. The focus of the assessment is on remote areas, such as outlying small communities and small islands, where a large number of children are likely to have been affected.

IMPACT

The immediate provision of essential survival items (such as clothes, hygiene articles, cooking sets, food etc.) to affected communities as well as the health teams and vaccination services will ensure that affected populations are stabilized and avoid exposure and disease outbreaks.

The provision of safe drinking water through the supply of potable water, water tanks and water purification tablets, the promotion of sanitation services and the rehabilitation of damaged water systems will help prevent outbreak of diarrhoeal diseases.

The rapid resumption of basic educational services for children through the provision of school kits, school materials and furniture and initial rehabilitation of school infrastructure will help ensure children's access to education and resume a sense of normalcy in their lives. Through provision of 'school-in-a-box' kits, children will have the opportunity to attend classes and participate in organized recreational and play activities

The reunification of separated children with related caregivers will avoid further trauma and institutionalization of children who have lost or been separated from members of their immediate family. The rapid initiation of psycho-social support activities will help to alleviate any lasting negative impact of the trauma experienced by children and their families.

Approximately 75,000 children will benefit from regular classroom activities.

MYANMAR

ACTION

Health and Nutrition

UNICEF will support essential health emergency services and epidemic control in order to meet immediate survival needs of affected families. Focus will be on prevention and case management of diarrheal diseases including cholera (rehydration solutions), malaria control (treated bednets, anti-malaria drugs), and support for emergency resumption of child immunization services (measles immunization). All required health supplies are readily available in the country for immediate dispatch. 10,000 family survival kits comprised of bednet, blanket, basic clothing and cooking utensils are under preparation.

Water and Sanitation

Clean drinking water supplies (jerry cans, water purification tablets, alum, water pumps, pipes) and sanitation supplies (latrine pans, pipes, roofing, bleaching powder) will be provided.

Education

In order to assist the recovery of affected children, initial support to re-establish classroom activities in schools and affected villages will be provided through emergency education supplies and psycho-social recovery/recreational kits.

Child Protection

UNICEF is providing support to local counterparts and other partners to facilitate any necessary family reunification. This proposed set of activities reflects preliminary assessments of initial needs based on information provided by the Government, UN partners and international organizations, UNICEF Field Officers and other counterparts.

UNICEF will coordinate its response with other UN partners, international agencies and INGOs, and technical counterparts.

IMPACT

It is anticipated that clean water and sanitation support will protect families' health and help mitigate the effects of this disaster. Health and nutrition support will help protect affected children and their family members from illness and disease. Education support will help keep children from dropping out of school, and enhance their psycho social wellbeing, and child protection interventions will help keep children safe and reunify separated children from their family members.

MALDIVES

ACTION

Health and Nutrition

UNICEF immediately provided baby food and other essentials to displaced people who had been evacuated to Male.

Water & Sanitation

UNICEF is deploying a rapid response team to the Maldives, to organise and manage UNICEF's response in water and sanitation in the affected areas. This team will work closely with government and other agencies involved in water and sanitation, to ensure that work is well coordinated. UNICEF will carry out progressively comprehensive assessments of the situation, and prepare inventories of available resources.

UNICEF will provide leadership to ensure that the water supply and sanitation needs of the severely affected population are met. UNICEF will work with other organisations to ensure the provision of temporary water supplies, purification of water, water storage, family water kits, water quality testing kits, rehabilitation and chlorination of water supply systems. To maintain basic sanitation, the emergency response will include the supply of basic family sanitation kits, supported with active promotion of hygiene, focusing on the importance of using safe drinking water, using toilets, washing hands with soap and safely disposing of the excreta of young children. Furthermore, solid waste collection and disposal will be strengthened.

Assistance will also be given to ensure water supply, sanitation and hygiene education for schools in the affected areas. Where needed, UNICEF will also assist in improving logistics management.

Education

UNICEF provided books, children's play sets, school supplies and recreational equipment to the Ministry of Education for distribution to affected islands.

Other support to children

UNICEF provided immediate assistance in Male' to some 200 children evacuated from two islands whose families had lost everything and escaped the disaster only with the clothes they were wearing.

Partnership & Coordination

UNICEF and the UN Country Team have been in close contact with the Government and specifically the National Disaster Response and Mitigation Committee (NDRMC) to coordinate relief assessment and mitigation efforts. UNICEF and the UN Country Team were on-site to obtain essential information of relief efforts and determine UN support. UNICEF is also an active member of the UN Disaster Response Task Force (UNDRTF). UNICEF and the UNDRTF are currently working to prepare a consolidated plan to support the Government in its emergency response.

IMPACT

The initial provision of water, food and oral rehydration salt (ORS), as well as rapid support to the water and sanitation sector will help prevent deaths from dehydration caused by diarrhoeal diseases, which is already reported from one of the worst hit Atolls. The rapid importation of significant quantities of health supplies from UNICEF's Central Supply Unit in Copenhagen will help ensure the survival of children and prevent the outbreak of epidemics.

Re-starting basic schooling activities in affected communities will be essential to ensure that children's right to education is addressed despite the emergency conditions. This also serves to help restore a sense of normalcy and hope, essential elements for rehabilitation and reconstruction.

Rapid initiation of psycho-social support activities will be vital to avoid lasting negative impact of the trauma experienced by children and their families. The provision of recreational kits in shelters and the training of adolescents to support the children's psycho-social recovery will begin as soon as feasible.

Activities to ensure the protection of children's and women's rights, particularly in the context of displaced persons, separated family members and shelter-dwellers, constitute key elements of UNICEF's priorities. Past experience has shown that UNICEF intervention at the level of shelter management, local authorities and national media can have an important impact to prevent sexual abuse and violence against children.

MALAYSIA

ACTION

Health

The Ministry of Health deployed additional health personnel to all affected areas immediately after the emergency. According to the Ministry of Health, emergency relief items, including IV fluid, anti-biotic, and hygiene equipment, were sent to 13 health clinics.

Nutrition

The Ministry of Health in Kedah, and Penang indicate that emergency food has been sent to the areas affected and the enough food for the next two weeks is available. They are currently assessing if infant food is available. As necessary, UNICEF will mobilize its resource to purchase foods.

Water & Sanitation

The government has been supplying drinking water to the areas affected since the onset of the emergency. A recent assessment mission confirmed that an adequate amount of drinking water is available in the centre visited. UNICEF will follow up on daily basis. In terms of sanitation, chlorine and jerry cans have been procured by the State Government.

Education

Due to winter holiday, all schools in Malaysia are closed until the 3rd of January 2005. The assessment mission confirmed that no schools have been destroyed in the areas visited. Therefore, it is assumed that the schools will be opening on the above date except for the schools which have been converted into evacuation centres. UNICEF school-in-a-box will be procured if necessary.

SOMALIA

ACTION

Health

- Rapid measles immunization as well as vitamin A supplementation for children

- Establishment of health centres on site and distribution of health supplies including cholera kits
- Distribution of plastic sheeting and family relief kits

Nutrition

- Distribution of BP 5 nutrition supplies for children under 5 and other supplies for targeted feeding

Water & Sanitation

- Massive chlorination of all water sources, including chlorination of water tankers and water bladders
- Immediate mobilisation of water tankers and distribution of clean drinking water
- Provision of sanitation facilities including pit latrines

Education

- Establishment of temporary schools wherever feasible

Child Protection

- Registration of all the children, including those separated from their families

Partnership & Coordination

UNICEF is working in close collaboration and partnership with local authorities in Puntland and international agencies including OCHA, WFP, WHO and a variety of NGOs.

Operational Support

- Redeployment of supplies from other field offices
- Cash assistance

IMPACT

- Further deaths will be prevented as the basic needs of the affected population are met and access to clean drinking water, food and shelter is secured
- Outbreaks of waterborne and other diseases will be prevented through provision of medical supplies and sanitation facilities
- Injured survivors will have access to health care and medical supplies
- The psycho-social impact of the disaster on children will be addressed through the establishment of temporary schools and a return to some level of normalcy for affected children

III. Estimated Financial Needs (\$US)

This is a first estimate of immediate needs, based on initial assessments. UNICEF is co-ordinating its response with other agencies and will also participate in any consolidated appeal prepared by the UN system in which longer term strategies and needs will be identified. The following table includes the cost of items sent to date and initial expenditures.

SECTOR	SRI LANKA	INDONESIA	MALDIVES	THAILAND	GLOBAL & REGIONAL SUPPORT	TOTAL
Health	3,950,000	4,000,000	1,000,000	500,000*	1,000,000	10,450,000
Nutrition	50,000	3,000,000	200,000	–	500,000	3,750,000
Water & Sanitation	8,500,000	10,000,000	5,600,000	200,000	1,000,000	25,300,000
Education	2,000,000	4,200,000	6,000,000	450,000	500,000	13,150,000
Child Protection	500,000	2,000,000	500,000	300,000	500,000	3,800,000
Advocacy & Communication	200,000	200,000	100,000	100,000	500,000	1,100,000
Non Food & Other Items	5,000,000	2,000,000	200,000	300,000	–	7,500,000
Operational & Logistical Support	2,000,000	2,000,000	1,000,000	500,000	1,300,000	6,800,000
Monitoring & Evaluation	150,000	200,000	75,000	75,000	500,000	1,000,000
Sub-total	22,350,000	27,600,000	14,675,000	2,425,000	5,800,000	72,850,000
Recovery Cost 12%**	2,682,000	3,312,000	1,761,000	291,000	696,000	8,742,000
TOTAL	25,032,000	30,912,000	16,436,000	2,716,000	6,496,000	81,592,000

(*) Covers Health & Nutrition

(**) The actual recovery cost applied will be in accordance with UNICEF Executive Board Decision 2003/9 of 5 June 2003.

There is a critical need for further assessment and UNICEF is actively engaged in this process as part of UN interagency efforts. There has never been a disaster of this magnitude spread over such a vast area. As a result, the situation is constantly changing and assessments are being updated as more information becomes available from less accessible areas. The ongoing assessments will lead to a more comprehensive proposal for recovery and rehabilitation in the medium term. Continuing support for assessment teams currently in the field is the first order of business. Depending on the results of these assessments, priorities and budgets may need to be revised.

UNICEF has declared this disaster as a global emergency priority. Staff have been mobilised from around the globe to support relief efforts and stockpiles and equipment are being released. In addition, technical support will continue to be provided for ongoing assessments in collaboration with UN and NGO partners and for monitoring and evaluation of the emergency as it unfolds. Central and regional support hubs are being mobilised and further strengthened to ensure adequate and timely response to the crisis.

Further information can be obtained from:

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