MSF Operations Overview
Three Months After The Asia Tsunami Disaster

MSF

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26 March 2005

In response to the unprecedented public support and generosity demonstrated for the tsunami victims, and in a spirit of accountability, MSF is presenting an overview of its activities and financial situation three months after the disaster.

Following the earthquake in the Indian Ocean and subsequent tsunami on 26th December 2004, Médecins Sans Frontières (MSF) offices worldwide sent over 200 international staff and more than 2000 metric tons of supplies to the region in support of the victims. The first MSF teams arrived in the affected areas within 24 hours of the tsunami hitting. They carried out needs assessments in Myanmar, Malaysia, Indonesia, Sri Lanka, India and Thailand, which resulted in MSF operations in the latter four. Assessments in Myanmar and Malaysia did not reveal any serious unmet medical needs.

In Thailand, MSF donated medical material to several hospitals in the province of Phang Nga and decided to start a program aimed at facilitating access to health care for the badly affected Burmese migrant community. In southern India, MSF set up psychosocial support programs to help survivors cope with the stresses caused by this traumatic experience. In the Indonesian province of Aceh and the coastal areas of Sri Lanka, where the death toll was particularly high and the damage immense, a local aid effort was well underway when MSF teams arrived on the spot. MSF sought to identify unmet medical needs while working alongside various other actors, from national medical staff to foreign armies. Knowledge of the context and a fast deployment of logistical means enabled MSF teams to provide aid to several isolated communities.

Start-up chronology:

- Sri Lanka - 27 December: simultaneous assessments and relief
- Southern India - 27 December : assessments followed by operations as of 4 January.
- Malaysia - 27 December: assessment, no activities
- Indonesia - 28 December: simultaneous assessments and relief
- Thailand - 29 December: assessments followed by emergency support to hospitals as of 30 December.
- Myanmar - 30 December: assessment, no activities
- Andaman Islands, India – 31 December: assessment, no activities

Over the last three months MSF's activities focused on:

- Primary health care through outreach mobile clinics: travelling to communities and organising consultations on the spot as well as support to community health centers.
- Secondary health care through the support of health structures and hospitals, mainly focusing on post-operation and nursing care which was identified as a major gap.
- Mental health was identified as one of the major health needs: MSF set up psychosocial programmes with, among others, individual as well as group therapies.

- Tetanus cluster : response through the care of tetanus patients and dressing of wounds, vaccination and provision of immune globulin, provision of boots, gloves and awareness information.
- Clearing up of debris on land parcels,
- Distribution of non-food items: included family tents, plastic sheeting, mosquito nets, sleeping mats, blankets, soap, towels, hygiene kits, sarongs, jerry cans and buckets, kitchen sets and reconstruction material.
- Semi-permanent shelters: construction of prefab dispensaries in Aceh, housing as well as dispensaries in Sri Lanka.
- Water and sanitation: water treatment and supply through water bladders and tanks, water trucking, the rehabilitation and/or cleaning of contaminated wells, installation of latrines.
- Targeted support to the most vulnerable: helping particularly vulnerable groups with reconstruction and reinstallation, establishing boat building community participation projects.
- Epidemiological surveillance.

Except for a tetanus cluster which resulted in MSF engaging in both prevention and care of patients, no outbreaks or life-threatening diseases (cholera and other diarrhoeal diseases, measles, dengue fever, malaria…) occurred.

After the initial emergency response, the emphasis today is on guaranteeing quality medical care via hospitals, health centers and MSF mobile clinics, as well as helping communities cope with post-traumatic stress, water and sanitation needs, and the loss of livelihoods. Targeted support is being given to particularly vulnerable groups through the provision of reconstruction tools and materials for rebuilding health centers, homes and boats. Because access to health care is unequal in certain areas of Aceh and southern Thailand, MSF remains committed to help the most excluded get affordable basic health care.

Today, 122 MSF international staff continue to work alongside more than 250 local staff in the Tsunami-affected areas.

1. Operations Overview Per Country

INDONESIA

Background

According to estimates from the Indonesian government, over 125,000 bodies have been retrieved to date and over 94,000 people remain missing in Aceh province. According to the same sources, there are currently an estimated 400,000 displaced persons.

Three months after the disaster and having entered a post emergency phase, MSF has scaled down its emergency operations. However, teams continue to address the basic health needs of affected communities with a partricular focus on mental health, as well as to rehabilitate health structures and carry out epidemiological surveillance.

MSF Activity Overview in Aceh

- **Total current MSF staff:** 89 international staff and over 200 national staff
- **Total relief materials arrived:** over 1200 metric tons, excluding a significant amount of supplies which were bought locally
- **MSF teams currently active in:** Banda Aceh, Pidie, Aceh Jaya (Lamno sub-district), Aceh Barah, Aceh Barat Daya, Lhokseumawe (with sub-base at Biruen) Medan, Meulaboh, Sigli, Simeulue Island, Aceh Selatan.

Emergency response

An MSF team of eight people, including three nurses and two doctors, arrived in Banda Aceh on 28th December, two days after the tsunami struck, on a chartered aircraft also carrying 3.5 metric tons of medical and relief materials. They immediately set up a medical clinic in the city and began **assessments and relief operations** in Banda Aceh and, by helicopter, in locations along the western and northeastern coasts of Aceh province. Nearly 200 metric tons of additional medical, water/sanitation and relief materials, as well as dozens of additional MSF personnel, arrived in Aceh in the week following the tsunami.

During the first ten days of operations, MSF provided medical and sanitation support in one of the main **hospitals** in Banda Aceh and ran three **mobile medical clinics** to camps for displaced people in the city. In numerous locations along the hard-hit western and eastern coasts, including Batee, Bireuen, Breueh, Chalang, Lamno, Lampe-Ngo, Lam Teungoh, Legan, Lhok Timon, Meulaboh, Puleu-I and Sigli, MSF teams provided emergency medical care; donated rice, tarpaulins, and other medical and relief materials; carried out mental trauma counseling; and evacuated wounded people in urgent need of care.

Between the 1st and 9th of January, **mobile medical clinics** in the Cot Keung, Darussalam, Small Msjid, Desa Lam, Kota Baru and Leumpeng areas of Banda Aceh, as well as in the surrounding Aceh Besar district, provided over 1200 consultations, mainly for people suffering from wounds, respiratory tract infections, diarrhea, and skin diseases. MSF water and sanitation teams set up water bladders and water systems in IDP (internally displaced people) locations in the city as well as in one of the main hospitals. Over 500 body bags were distributed to workers collecting human remains in the city.

In the second week of operations, MSF began **supporting the main hospitals** in Meulaboh and Sigli, and began running **mobile medical clinics** in Lamno, Meulaboh, and Sigli, in addition to those continuing in Banda Aceh. Water and sanitation activities were carried out in all locations. Additional assessments and donations of medicines and relief materials were carried out between Bireuen and Lokseumawe on the eastern coast, where an estimated 38,000 IDPs had gathered, as well as in Aceh Selatan and Aceh Barat Daya districts, Krueng, Pulau Nasi, and 25 locations along the western coast.

3 months after - activities per location

- **Banda Aceh**

Mental Health Mobile Clinics are active in 5 displaced camps and/or relocation centers where they offer individual and group counselling for tsunami victims. Their aim is also to detect other health problems. A 'drop-in' center for psychosocial support was set up and has been operating since March 11th.

Water & sanitation activities have been taken over by the government and other actors. Hygiene conditions in displaced camps are improving, MSF now only monitors.

- **Lamno (Aceh Jaya district)**
  around 10,000 displaced people (about 7,000 staying in 15 camps and 3,000 living in the community).

Medical activities in referral health structures
As the referral hospital of Aceh Jaya district was totally destroyed, the 'Puskesmas' or health center became the 'referral hospital'. MSF has an official agreement for working in the operation theater and in-patients department after the Pakistani army finished its intervention on 3 March. MSF provided material, drugs and staff within one week and started surgerical activities on 9 March.

Medical Mobile Clinics
MSF teams are still running mobile clinics in 'SMP camp', in 3 relocation centers and in villages which are being reconstructed. They carry out an average of 135 medical consultations a week. The schedule of mobile clinics changes as people are continuously moving. Epidemiological surveillance is carried out through the medical consultations.

Reconstruction help

→ Boat construction project

After consulting with the community, MSF started a boat construction project for fishermen. MSF provided the tools and materials and set up a first boat factory in Bak Paoh, then a second one in Lambaroh. By the end of april 38 boats are expected to be built, which will be equipped with outboard engines and fishing nets. One boat will be managed by 3 families.

→ Reinstallation kits

Most people don't want to go to relocation centers, they want to rebuild their villages. MSF provides them with tool kits for house construction.

Water & Sanitation
MSF provides water and sanitation support in displaced camps around Lamno, ensuring storage capacity and water distribution in 13 different locations. Water and sanitation facilities were also installed also at the Lamno health center. In total, around 60,000 liters of water storage capacity was installed.

- **Aceh Barat district**
  Target population in Aceh Barat district: approx. 77.000 displaced and local vulnerable population

Medical

→ **Meulaboh hospital.** Activities were stopped in February, as numerous NGOs were working already in the hospital. The 14 Indonesian nurses hired by MSF to help the hospital staff (as a number of them had died in the tsunami) went home progressively during February. Main activities before leaving were at the post op level. In all : 61 patients hospitalized including 30 post operation patients and 5 tetanus cases.

→ Rehabilitation of several health centers or 'puskesmas' and set up of temporary pre-fabricated ones, including water and sanitation facilities and health waste disposal systems.

→ Providing primary health care in these various health centers (Drien Rampak, Meureubo, Peurenum, Cot Pluh…).

→ Untill local health facilities are restarted, MSF mobile clinics continue to be held at several health centers.

→ Staff training and supervision with respect to standard case definition and epidemiological surveillance.

→ Provision of medical materials and drugs.

Mental health

→ Individual and group consultations, including for MSF national staff.
→ five MSF psychologists are setting up provision of community or health center-based mental health care.

Water & Sanitation
→ By 20 of March 2005 a total of 180 wells have been cleaned, 63 wells have been constructed or rehabilitated, and 113 latrines have been set up; water trucking and provisions of water bladders.
→ Community based teams have been cleaning up debris, helping with roofing and burial.

Distribution
Two rounds of distributions were set up : a first round answering to basic needs, a second round giving tools for cleaning up and reconstruction of family houses.
All distributions were done directly to the affected persons, with as much flexibility as possible, adapting the distributed items to the needs as much as possible.

6 099 families were concerned in Meulaboh area. 3419 family tents were handed out. Plus kits including soaps, jerry cans, rope, saw, hammer, shovels, nails, plates, cups, gayong, buckets. 5120 cooking sets. 4892 hygiene kits

→ Ongoing for non-food items and water and sanitation materials such as jerry cans for family use, tents, family kitchen, hygiene-, and construction-kits, sleeping mats, oil lamps, matches, oil, undergarments, flip-flops, …

- **Sigli (Pidie district)**

  MSF provides assistance to 15,045 displaced in Pidie district.

Medical

→ Mobile clinics

The medical team continues to run mobile clinics twice a week in 10 displaced camps carrying out an average of 350 consultations a week.

→ Sigli hospital

This is the only hospital in Pidie-District. It has 170 beds in medical, gynecological, pediatric, neurological and surgical wards.
MSF first started involvement in the hospital in January 2005, supplying both medical expertise (doctors, surgeons, nurses) and technical supply (drugs, medical material, logistics).
In march, an agreement was signed for a one-year involvement of MSF in the structure.
MSF will concentrate its activities in 3 departments : ER, ICU, and surgery.
Watsan activities are also planned.
Despite the extensive structure of the hospital with plenty of trained staff and technical support, the quality of health care given to the population is seriously lacking, in this civil war context.
Psychological support also given via consultations.

→ Beurenoun Health Center.

After having done small donations of drugs to Beurenoun pukesmas, MSF began to work in a health center facing the pukesmas. The aim is to be able to hospitalize emergency cases there (15 beds), or to stabilize and then refer to Sigli hospital the most severe patients. Medical material is being brought in by the teams.
Psychological support also given via consultations.

→ Mental Health care

Mental health activities continue in 10 displaced camps and in health centers through individual consultations. The situation is confusing because some people are moving from the emergency camps, either into relocation camps or back to their villages.

A psychological support is also given, via consultations, in Sigli hospital and in a health center in Beurenoun.
The MSF team in Sigli has been asked to train doctors with regard to psychological disturbances and trauma.

Distributions
Two rounds of distributions were set up : a first round answering to basic needs, a second round giving tools for cleaning up and reconstruction of family houses.
All distributions were done directly to the affected persons, with as much flexibility as possible, adapting the distributed items to the needs as much as possible.

In Pidie District, 6 500 family tents, 8 000 first necessity kits, 7 500 tool kits have been distributed. 3 boats a week are being build by MSF-supported factories. 40 boats have already been given.

Reconstruction of health structures
MSF was requested by local health authorities to support the building of temporary pre-fabricated health centers in Pante Raja and Trienggadeng sub-districts. MSF has started conducting primary health care activities in the Pante Raja center. Medical material and drugs are being provided by MSF and training of health staff is also ongoing.
In other less damaged health centers, MSF has supported necessary repairs which became evident during its medical activities.
The rehabilitation and reconstruction of water and sanitation facilities, including for waste management, is planned in all health centers where MSF works.

MSF is implementing water and sanitation activities in 16 displaced camps where approximately 13,000 people are staying. Latrine construction is ongoing. MSF provides the camps and health centers with water storage facilities.

- **<u>Simeulue Island</u>**

Medical
→ Rebuilding 3 health centers in the northern part of the island
→ Provision of medical materials and drugs
→ A large-scale measles vaccination campaign covering 5 districts has ended this week.

Mental Health
→ An MSF psychologist has been evaluating the needs and will be putting into place social activities for persons still suffering from traumatic disorders.

Water & Sanitation
→ 271 wells have been cleaned or rehabilitated.
→ Two water treatment plants with 15,000 liter capacity have been installed
→ Safe water provision to 9,285 people in isolated villages in eight sub-districts
→ Construction of latrines

Distribution
→ of non-food items and water and sanitation materials is on-going (including tents and shelter, blankets, mosquito nets, kitchen items, hygiene kits and construction kits.)

- **Northeastern coast: Aceh Utara, Lhokseumawe and Bireuen districts**
  Target population in Aceh Utara, Lhokseumawe and Bireuen districts: approx. 50.000 displaced and local vulnerable population

Medical
Training seminars on standard case definitions and epidemiological surveillance completed for 47 staffers in 22 health centers.

Mental health
→ Support to four trauma centers and their eight psychologists
→ Outreach to villages and displaced camps to provide support and/or supervision to community mental health volunteers
→ Individual consultations by international staff (psychologists), but also group counseling, childrens' activities sessions, group training for key staff (midwives, trauma centre psychologists…).

Water & Sanitation
→ a total of 49 drinking water tanks, 94 latrines and 12 wells set up, 247 wells cleaned and 1 borehole repaired.
→ Average of 85.000 liters of drinking water per day provided through water trucking
→ Water and sanitation support to temporary displaced camps was extended to villagers returning to their homes with set up of water and sanitation service points.

- **Tapaktuan (Aceh Selatan district)**

Vaccination
→ Tetanus vaccination of more than 6200 people in Aceh Selatan and Aceh Barat Daya districts.
→ Measles vaccination in collaboration with the Ministry of Health (February to mid-April)

Distribution
→ of non-food items and water and sanitation materials is on-going in the entire district (including tents and shelter, blankets, mosquito nets, kitchen items, hygiene kits and construction kits.)

Water & Sanitation
→ initial water & sanitation support to small temporary displaced camps (including improvement of general sanitation and drainage)

- **Blangpidi (Aceh Barat Daya district)**

Vaccination
→ Tetanus vaccination of more than 6200 people in Aceh Selatan and Aceh Barat Daya districts.
→ Measles vaccination in collaboration with the Ministry of Health (February to mid-April)

Distribution
→ of non-food items and water and sanitation materials is on-going (including tents and shelter, blankets, mosquito nets, kitchen items, hygiene kits and construction kits.)

SRI LANKA

Background

The official tsunami death toll in Sri Lanka is approximately 30,947, with 5000 to 6000 people still missing and around 900,000 displaced persons. The entire coastal area from the north to the south west was affected. Whilst some villages and towns were worse hit than others, none of the larger towns were completely destroyed.

Unlike Indonesia, Sri Lanka was affected by the three tsunami waves, but not by the earthquake which caused most of the destruction in Indonesia. The initial emergency response was carried out by the Sri Lankan authorities and local NGOs.

Three months later, Tsunami-related consultations have decreased and the health system is more or less back to its normal activity. MSF has considerably scaled back operations, but continues to provide shelter, water and sanitation facilities, psychosocial support and epidemiological surveillance through mobile clinics and at hospital level. Most frequent diseases reported are chronic ones such as diabetes, hypertension, viral fever and upper respiratory tract infections. No measles, cholera, encephalitis or dengue suspicion at mid-March.

MSF Activity Overview in Sri Lanka

- **Total current international MSF staff:** 29
- **Total relief materials arrived:** over 500 metric tons, excluding a significant amount of supplies which were bought locally

Emergency response

The first of several teams arrived in Colombo on 27 December and reached Batticaloa and Trincomale three days later. During the 10 to 12 days following their arrival, MSF teams carried out assessments along 200 kilometers of the eastern coast from Pulmodai to Koddaikalar, and covered approximately the same distance between Galle and Poituvil, on the south coast. They visited the most affected areas from Point Pedro to Colombo.

The **assessments** revealed an uneven destruction of the coastal villages, with those closest to the sea being partially or totally destroyed. The survivors lived in public buildings or with neighbours and family. Livelihoods - boats, fishing nets, fisheries, hotels, restaurants etc - had been destroyed. Access was often difficult during the first week due to destroyed roads and bridges.

The teams found local people to be very active in rebuilding and cleaning up. They discovered no medical emergency, but did **treat some specific medical needs**. The Sri Lankan medical system was well organized and remained efficient after the tsunami hit the coast. Vaccination coverage was also relatively high. Respiratory tract infections and diarrhea constituted the most common problems. By mid-January more than 160 non-governmental organizations (NGOs) were present on the ground.

After having provided emergency medical aid through **mobile clinics** and **existing medical facilitaties** as well as distributed **relief goods** during the first weeks after the tsunami, MSF orientated activities towards supporting the most vulnerable people in rebuilding their lives. MSF provided **psychosocial support** in collaboration with the local NGO Shade and the NGO Payasos Sin Fronteras (‘Clowns Without Frontiers’) and **helped families re-establish their livelihoods**. Operations are being finalised.

3 months after - activities per location

Ampara district

Medical
→ Support to Ministry of Health in organising mobile clinics and epidemiological surveillance in 10 areas.
→ Support to temporary hospitals (Nintavur, Karaitivu, Marathamunai, Saintamarutu, Tirukkovil) including installation, drugs, water and sanitation, training of staff in waste management is being finalised by mid-April.

Mental Health
MSF supported the NGO Payasos Sin Fronteras to give performances in camps and schools. They performed for over 7500 people.

Shelter
MSF built over 1000 temporary shelters in displaced camps in Thirukkovil, Potuvil and Kalmunai.

Water & Sanitation
MSF set up latrines and water tanks in the camps.

Distribution
Non-food items were distributed in two stages: first kits to 6000 displaced families incluging jerrycans, buckets, blankets, soap, and mats, followed by a reinstallation kit as MSF finished temporary shelters (kitchen items, mosquito nets, hygiene items…).

Batticaloa district

MSF teams are currently based in Batticaloa, and Vakkharai.

Medical
Medical activities (mostly mobile clinics in remote and inaccessible areas) have stopped since January 12th. All medical material and medicine that have been sent to Sri Lanka during the emergency will stay in Sri Lanka : MSF is making donations to health structures based on evaluations of needs by our medical team

Mental health
An MSF psychologist has done an evaluation and made propositions. ACF will take over from there and set up a program.

Cleaning land plots/parcels
MSF teams are in the process of cleaning up land parcels, still filled with debris/wreckage from the destructions. With caterpillars and other engines, local daily workers clean up land parcels so that families can start rebuilding their homes. Already 2375 people have had their land parcel cleaned up that way in the area of Batticaloa (including Periakallar and Panichankerry areas) This is about half of what is planned.

This part of the program is also a way of re-injecting some money in the local economy, to help people gain some form of independence.

Distributions
Vakkarai : 1286 families received tents, hygiene kits, 3 blankets and jerricans
Batticaloa town : 1918 tents.

Reconstruction kits : carpenter kits and mason kits.
Widows received a special kit : including knife, metallic bucket, cooker, panel, pot

Fishing in Batticaloa
Fishing kits : 880 fishing kits were handed out. Estimated people : 8 215.
Fish selling kits : (bicycle/scale/knife) 87. Estimated people : 435.
Boats : 20 to fishermen who do not belong to any corporation + 4 motor boats.

Temporary shelters
Already build : 15 ie 75 people
Planned : 500 ie 1 500 people

Water & Sanitation
Well rehabilitation : 222 ie 1110 people, in Periakallar, Kodaikallar, Punachimunai.
Well cleaning : 648 ie 3240 people, in Periakallar, Kodaikallar, Punachimunai.
Water trucking for 4750 people in Periakallar, Kodaikallar, Punachimunai. This will be handed over to ACF.
Individual latrines on private land parcels are now being built. By mid april, 300 will have been built.

Re-injecting some cash in the local economy
Through cleaning up land parcel, the support of a brick factory which had been severely affected by the tsunami, and other work. Our focus is on the most affected/vulnerable people. We plan touché, through this program, 10 000 people living in camps, mostly.

Hambantota district

Medical
medical consultations took place in the first weeks

Shelter
In Rekawa an MSF team is building 60 semi-permanent shelters on land allocated to the beneficiaries or on privately owned land.

Water & Sanitation
→ Support in rehabilitating water systems, distribution of water tanks and water trucking. Donated water pumps and 15000 liter MSF water bladders.
→ Construction of 70 toilets/showers .

Distribution
→ MSF distributed non-food items to over 100 families in Rekawa (blankets, sheets, beds, mosquito nets, tables, chairs, cooking sets, cookers.).
→ Distribution of sheets, blankets, vaccine fridge to hospitals.

Targeted support to displaced families including psychosocial assistance
→ MSF continues to give support to a number of families including helping them to obtain land allocated by the government, or an agreement to construct on private owned land.
→ A mental health assessment resulted in a short-term psychosocial support program. The program targets people who will resettle into semi-permanent structures. MSF facilitated local mental health workers by identifying people in need and enrolling them in group counselling sessions. The team also stimulated sports activities, activities involving photos for children to discuss their present life, and hosted the NGO Payasos Sin Fronteras (Clowns Without Borders) to give performances.

- **Matara district**

Shelter, Water & Sanitation
MSF renovated two schools providing shelter for 37 families in Matara and 66 families in Dickwella, including water and sanitation facilities.

Mental Health
MSF facilitated local mental health workers by identifying people in need and enrolling them in group counselling sessions. The team also stimulated sports activities, activities involving photos for children to discuss their present life, and hosted the NGO Payasos Sin Fronteras (Clowns Without Borders) to give performances.

INDIA

Total current MSF staff: 4 international staff, 13 national staff and 52 volunteers (only MSFB)

Emergency response

A first team of two people arrived in Chennai (formerly known as Madras), the state capital of Tamil Nadu, on December 27. Shortly afterwards, other **assessment teams** arrived on the Andaman islands and in cape Kanniyakumari, the southern most tip of mainland India.

Initially, they found the situation to be better than expected. The damage to the coastal area was limited and the authorities and local population were organizing health care, food distribution and clean-up activities. The team found no shortage of safe drinking water in Chennai. During the two days following the tsunami, 220 wounded arrived at the government hospital with minor injuries.

On December 28th and 29th the MSF team went further south to Cuddalore and Nagapattinam, the districts that had been hit the hardest. The coastal areas had been severely affected and families were still searching for missing people. The government and local communities had quickly mobilised: bodies had been collected and incinerated; electricity supplies were being re-established, enabling water pumps to run and provide clean water; the Ministry of Health had employed extra staff and set up 'health camps' with free access for all. Hospitals seemed well supplied with drugs and materials. The needs for epidemiological surveillance were covered by the authorities, and no major outbreaks were reported.

The principal problem for the community was found to be psychological trauma, with some people suffering from post-traumatic stress disorder (PTSD). MSF decided to offer **psychosocial support** by training NGO community volunteers as counsellors.

3 months after - activities per location

- **Cuddalore and Nagappatinam districts**

Mental Health
→ 13 MSF counsellors are working with 27 psychosocial workers to provide counselling in 32 villages.

Medical
Mobile clinics continue in 5 villages carrying out medical consultations, detecting people suffering from post-tramautic stress disorder, and gathering epidemiological data.

THAILAND

Total current MSF staff: 3 national staff.

Days after the tsunami, teams provided **emergency support** to several hospitals and carried out **assessments** in Phang Nga, the most heavily affected province north of Phuket, in Ranong province and on islands in the Andaman sea. The team also visited the region of Takuapa, where fishing villages had been devastated and were almost completely empty.

In general, the Thai emergency response was found to be fast and well organised, with enough resources and supplies reaching the region. The team found that the need for an MSF intervention was limited, but decided to help improve the situation of the affected **Burmese migrant workers.**

50,000 Burmese migrants are registered as workers in six provinces on the west coast of Southern Thailand, but in reality the number is much higher, possibly 500,000 or more. Following the tsunami more than 5000 Burmese went missing. Many others remain in a precarious situation having lost their papers or left without work as the tourist industry still has to fully recover from the disaster. MSF is collaborating with the local NGO Tsunami Action Group (TAG) by setting up **public health workshops** to educate migrants from 21 different areas in Phang Nga province about basic health care and sanitation and help them get better **access to health care.**

MYANMAR

Two MSF teams were deployed along the south coast of the country. One team arrived on 31st December in Kawthuang to begin an assessment. It found no serious unmet needs. The other team surveyed the Myeik archipelago from north to south using an MSF boat. It found some material damage but did not identify areas in need of emergency assistance.

MALAYSIA

In the days following the tsunami, two MSF medical doctors completed an assessment from Penang up to the Thai border. Although they found people grouped in schools and mosques, the authorities were providing clean water, various local organizations had mobilised aid to the displaced and affected populations and health facilities were not overwhelmed. It was decided that no MSF operation was required.

2. three months financial overview

In an extraordinary demonstration of public support, MSF offices worldwide saw an unprecedented surge of spontaneous donations. One week after the disaster MSF decided to stop accepting earmarked donations for tsunami-related relief operations, a decision which it communicated widely. At that stage, based on funds already received over the internet and through direct bank deposits, MSF estimated donations at over 40 M€ [4th Jan], enough to cover the likely costs of our immediate emergency response.

However, spontaneous gifts continued to arrive topping at approximately 100 M€ three months after the disaster. MSF is extremely grateful for this generosity, a sign of solidarity which has allowed our teams to bring medical, psychosocial, logistical and water and sanitation aid to the most affected people and help them recover from the devastations. Still, the amount of donations greatly surpasses our financial requirements for emergency medical relief in the Tsunami-affected regions. 100 M€ is equivalent to the entire 2003 annual budget for MSF operations in Angola, Afghanistan, Democratic Republic of Congo, Liberia, Sudan and Ethiopia - six countries with the highest concentration of MSF interventions that year - or more than double the 2004 budget for emergency operations in the Darfur region of Sudan.

To date, 25.57 M€ has been budgeted for operations in Tsunami-affected countries, 12M€ of which has already been spent

MSF Operational Budget	
- India	M€ 0.50
- Indonesia	M€ 19.60
- Malaysia	M€ 0.20
- Sri Lanka	M€ 5.17
- Thailand	M€ 0.10
Total	M€ 25.57

Although MSF is committed to continue working in Aceh and in other Tsunami-affected regions in future, our interventions will not require considerable more funding than budgeted. This is why MSF aims to derestrict 75% of the funds received. As MSF will not use earmarked tsunami donations for any other purpose without the consent of the donor, MSF offices worldwide have started to contact donors asking their consent to use gifts in other emergencies or forgotten crises. Overall, the reaction has been very positive and has enabled MSF to re-direct 23.2 M€ to other programs whereas 550.000 € was reimbursed on request.

MSF is a needs-driven humanitarian emergency medical organization dedicated to alleviating the most extreme suffering of the most vulnerable in the worst conflicts and disasters around the world. It would be unethical and inefficient to boost operations artificially in one context only on the basis of availability of funds, and leave urgent and massive needs unmet in less prominent crises where the immediate survival of tens of thousands of people continues to be at stake.

The strength with which the tsunami hit the worst affected regions meant help arrived too late for many who died during or immediately after the disaster. When MSF teams arrived in the worst affected regions within 72 hours, the local relief effort was already well underway. Many of the emergency needs were covered by capable national medical staff. In the absence of major epidemics or life-threatening diseases except for tetanus, MSF found post-traumatic stress, water

and sanitation and the loss of livelihoods the most urgent needs to be addressed in order for people to rebuild their lives.

However, when it comes to long-term development programs or more large-scale rehabilitation, reconstruction or infrastructure works, MSF is convinced that state actors and other organizations, specialized in development aid are better suited to undertake these essential tasks.

MSF runs programs in more than 70 countries and continues to need funds for its medical assistance in areas largely forgotten by the media, such as the Democratic Republic of Congo, Darfur, Somalia or the Caucasus.