

## UNICEF Humanitarian Action 2010

# SRI LANKA

### SITUATION UPDATE

The 26-year long internal conflict between the Sri Lankan Government and the Liberation Tigers of Tamil Eelam ended in May 2009. As a result of the conflict, over 280,000 people suffered displacements in 2009 alone. Since August 2009, some 221,000 Internally Displaced Persons (IDPs) have returned to their places of origin. Out of these, approximately 68,000 live with host families and have yet to return to their own homes. Another 59,000 IDPs remain in Menik Farm Camp in Vavuniya. Both of these groups have not returned to their homes due to several reasons: their land is in a high security zone where they cannot access it, their land is still contaminated with land mines or other unexploded ordnance (UXO), or they do not own land. These vulnerable families will require continued humanitarian assistance.

In the now semi-open IDPs camps, NGOs and UN agencies are facing significant challenges in providing basic services to the remaining 59,000 IDPs due to funding constraints. Agencies are winding up their interventions despite the fact that IDPs are expected to remain in camps until the end of 2010. As a result, UNICEF, as the WASH Cluster lead, has taken on a bigger share of the support required for lifesaving water and sanitation interventions with increasingly constrained funds.

Access has improved steadily since the beginning of the year with the de-mining of residential land as a priority. This has been followed by land access for agricultural and livelihood purposes. Three Grama Niladhari Divisions from the buffer High Security Zone (HSZ) in Jaffna district were released for returnees in March 2010. UN staff have increased humanitarian access to areas of return, via UN security approved routes, while NGOs still only have access to the areas where they have Presidential Task Force (PTF) approval to implement projects.

Although there has been progress in the return areas, significant gaps remain with regards to infrastructure and basic services for women and children. School buildings, health centres, and other buildings need to be rebuilt or repaired. In parallel, many civil servants' posts remain vacant or are staffed with under-qualified staff. Access to schools and health services is inadequate and attendance is hampered by infrequent transportation services.

Protection needs remain at the forefront. Approximately 19 per cent of households are female-headed and require additional support. The last group of 562 children formerly associated with armed groups has finally been released. After rehabilitation they will require continued follow-up and assistance for full reintegration. Additionally, some 1,300 unaccompanied and/or separated children need continued support, including family tracing and follow-up at the family and institutional level. These activities will ensure they have access to adequate food, shelter, schooling and medical services.

### KEY RESULTS FOR CHILDREN

UNICEF responded to the most immediate needs of more than 106,000 IDPs who were in the Vavuniya, Jaffna and Mannar districts camps in January 2010; the caseload has since decreased to 59,000 as of late May. Humanitarian aid was provided to over 221,000 returnees who left for their districts of origin since August 2009.

**Health:** In the resettlement areas, Emergency Obstetric Care (EmOC) and newborn life support are now available following a UNICEF-supported training of 25 health staff, as well as the construction, refurbishment and equipping of an obstetric theatre; antenatal, postnatal, maternity paediatric wards; and a labour room. Prior to this intervention, there had been no EmOC services available in the Vanni region. To fill the human resources gap, 55 Rural Health Assistants were trained to fill vacant Public Health Midwife posts in northern district areas, exceeding the target of 30 by almost 100 per cent. To facilitate outreach activities, five vehicles were provided to medical staff in resettled areas. As part of strengthening health care delivery, two new Gramodaya Health Centres (GHC) were constructed and two non-functional GHC were refurbished. These facilities will play a key role in the provision of health services for over 3,000 women and 6,000 children.

**Nutrition:** In IDP sites, UNICEF-supported monthly Child Nutrition Campaigns identified 4,865 children with severe acute malnutrition (MAM), who have been provided with a monthly supply of High Energy Biscuits (HEB), and 1,025 children with severe acute malnutrition (SAM), who have been given a monthly supply of Plumpy Nut. From January to May 2010, over 250 children with SAM and medical complications have been referred to and treated at Therapeutic Feeding Centres (TFCs) in Vavuniya and Cheddikulam hospitals. Blanket supplementary feeding with Corn Soya Blend was given to 4,800 children under five and 200 pregnant and lactating women in order to prevent deterioration of their nutrition status. As a result, levels of global acute malnutrition (GAM) and SAM have been kept below national averages (with GAM at 14.1 per cent and SAM at 1.5 per cent).

The Nutrition Rehabilitation Programme (NRP) is being expanded in resettlement areas of the North, following the returnees. Over 150 health professionals from primary health services and hospitals in the North have been trained on outpatient management of acute malnutrition and a TFC is now functioning in Mannar hospital.

**WASH:** Adequate safe water, sanitation facilities, and hygiene assistance for the remaining IDPs in the camps was supported by UNICEF through the repair of 3,687 toilets, 52 toilets pits, 77 bathing spaces and 354 water tanks and the distribution of 24,832 hygiene kits. To ensure a continued healthy environment within the IDP camps, UNICEF supported the Government to consistently operate and maintain garbage collection and disposal facilities. Hygiene promotion activities continued through the distribution of 15,152 hygiene kits. In order to prevent any outbreak of waterborne diseases in resettlement areas, UNICEF also supported the provision of WASH related services for returning IDPs. To date, 2,915 dug wells have been cleaned and 515 upgraded to prevent any future contamination; 63 tube wells have been repaired and 19 new tube wells drilled. Some 1,095 new latrines have been constructed, and an additional 877 are being rehabilitated.

**Education:** Approximately 40,000 students and 1,500 teachers in remaining IDP sites, host schools and resettlement areas have benefited from the distribution of school furniture, teaching and learning kits, blackboards and recreation kits. Training, materials development, and assessment interventions have complemented these hardware interventions. A learner competency assessment for approximately 150,000 school-aged children and a school profile assessment has been conducted. It will determine rehabilitation needs, teacher deployment/training patterns, support for school feeding programs and children with disabilities.

**Child Protection:** UNICEF has begun providing child protection assistance in the resettlement areas as well as continuing to support the children in camps. Some 35,000 children regularly used 400 Child Friendly Spaces (in camps) and Children's Clubs (in return areas) during the first part of 2010. Since January 2010, 86 children have been reunified with their families and 171 children were prevented from institutionalization. Each IDP leaving the camp participated in Mine Risk Education awareness which is being followed up by sessions in the villages. Overall, 185,604 persons from 111 villages benefitted from this activity during the first half of the year.

### KEY CHALLENGES

The Sri Lanka Humanitarian Action Plan was launched with three months delay in February 2010, which has affected donor response to the appeal. Additionally, the approval to carry out child protection programmes in areas of resettlement remains challenging, as implementing agencies are required to pass through multiple level of approvals. Similarly, lengthy and rigorous approval processes are required by the Government for NGOs, which limits their field availability. International staff continue to require Ministry of Defence clearance to travel to Jaffna via the A9 Highway, although national staff no longer do.

Livelihood activities are resuming very slowly due to continued mine contamination. The priority for clearance is being given to residential areas. Though there appears to be a flourishing small trade and service sector along main roads, livelihoods in rural areas remain a challenge for the returnees. Finally, the lack of transportation for families in resettlement areas is hampering school attendance and access to health care.

### INTER-AGENCY COLLABORATION

As Cluster lead, UNICEF supports the coordination of the WASH and Nutrition Clusters, while it co-leads the Education Cluster with Save the Children. UNICEF works closely with the Government, UN agencies, NGOs and community-based stakeholders. UNICEF actively collaborates with the United Nations High Commission for Refugees (UNHCR) on shelter, non-food items and the protection sector. UNICEF coordinates child protection-related interventions to harmonise the approach and services provided in children's clubs and child friendly spaces. UNICEF works closely with the World Health Organization (WHO) in the health sector and with the World Food Programme (WFP) in the nutrition sector. The Presidential Task Force requested UNICEF to assist the National Water Supply and Drainage Board in coordinating the WASH interventions in resettlement areas. The WASH Cluster avoided waterborne disease outbreaks during the period and the Nutrition Cluster maintained lower levels of malnutrition in the camps than in the non-conflict affected parts of the country.

### FUNDING REQUIREMENTS

As part of the Humanitarian Action Plan launched in February 2010, UNICEF requested US\$23,575,000. The requirements have been revised slightly downward to US\$20,082,000 due to the reduced remaining time frame to implement the planned activities. A shortfall of US\$15,580,222 remains to be covered for UNICEF to carry out critical activities benefiting the children and women in Sri Lanka.

Without adequate funding for WASH interventions, UNICEF will not be able to continue supporting the Government in the provision of safe water and maintenance of WASH facilities in the camps. Additionally, with the present funding gap in education, only 25 per cent of the temporary learning spaces can be provided and damaged schools repaired in areas of return. This will leave approximately 145,000 children without proper school shelter and learning materials. In Protection, limited resources have reduced the pace of the re-establishment of government and community-based child protection services, thus hampering family tracing of missing/separated children and reintegration programmes for vulnerable children and prevention interventions. Lack of funds for health interventions is resulting in resettled communities without access to health care health facilities because they cannot be repaired, and a lack of transportation provision for rural health teams.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	2,000,000	2,000,000	320,000	1,680,000	0	1,680,000
Nutrition	2,942,500	2,000,000	1,076,282	923,718	26,336	897,382
Water, Sanitation and Hygiene	10,432,500	7,990,000	1,885,557	6,104,443	193,981	5,910,462
Education	3,200,000	3,092,000	1,040,082	2,051,918	213,934	1,837,984
Child Protection	5,000,000	5,000,000	179,857	4,820,143	19,081	4,801,062
<b>Total*</b>	<b>23,575,000</b>	<b>20,082,000</b>	<b>4,501,778</b>	<b>15,580,222</b>	<b>453,332</b>	<b>13,126,890</b>

\*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Health

- An estimated 148,000 returnees will continue to benefit from the refurbishment of damaged health facilities in resettled locations.
- 150 Mopeds and 200 bicycles will be distributed for the grass root level health workers to provide outreach services to around 300,000 persons where there are no easily accessible facilities.

### Nutrition

- Up to 15,000 returnee and IDP children under five years will be treated for severe and moderate acute malnutrition.
- The Integrated Nutrition Programme will reach 148,000 women and children in return areas by the end of the year.

### Water, Sanitation and Hygiene

- Up to 50,000 IDPs will be provided with safe drinking water through trucking and deep tube well installations, and disposal and management of excreta.
- Up to 150,000 returnees will have access to safe water through continued cleaning and upgrading of dug wells, drilling of bore wells and installation of hand pumps.

### Education

- Formal education will be re-established for returnee children through the completion of rehabilitation of at least 50 permanent schools.
- Some 57 needs-based semi-permanent learning spaces in areas of return will be equipped with teaching, learning, and recreation kits; qualified teachers and administrators.

### Child Protection

- Psychosocial support will continue to be provided for an estimated 35,000 children through established child-friendly spaces and children's clubs in IDP sites and return communities.
- Vulnerable children will be supported to find a long-lasting family and community environment or referred to appropriate care provider.
- MRE will continue in schools and in communities to maintain the low level of UXO casualties and injuries.