

**CHILDREN AND  
THE 2004 INDIAN OCEAN  
TSUNAMI:**

**Evaluation of UNICEF's  
Response in Indonesia,  
Sri Lanka and Maldives  
(2005-2008)**

**OVERALL SYNTHESIS REPORT**

**EVALUATION  
REPORT**

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**Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia, Sri Lanka and Maldives. Overall Synthesis Report.**

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This independent evaluation was commissioned by UNICEF Evaluation Office engaging an inter-divisional reference group that provided overall direction and support to the evaluation process. The synthesis report is based largely on the sector-specific reports that examine the impact and outcomes of the response on key sectors of UNICEF involvement. The synthesis report was prepared by Jon Bennett (Team Leader) and Jenny Reid Austin, drawing on sector reports. The sector reports were written by sector specific teams headed by: Neil Boothby (Child Protection), Richard Garfield (Health and Nutrition), John Ievers (WASH) and Anne Bernard (Education). Krishna Belbase, Senior Evaluation Officer in UNICEF's Evaluation Office, managed the evaluation with the involvement of the Indonesia, Sri Lanka and The Maldives Country Offices.

The purpose of the report is to facilitate the exchange of knowledge among UNICEF personnel and its partners. The content of this report does not necessarily reflect UNICEF's official position, policies or views.

The designations in this publication do not imply an opinion on legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

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## PREFACE

The international response to the Indian Ocean tsunami in Indonesia, Sri Lanka and Maldives—three of the hardest hit countries—was among the most ambitious and well-funded responses to a natural disaster. The emergency response and early recovery phases of UNICEF have been well documented through evaluation, but there has been no systematic evaluation of the recovery and early development phases. Focusing mainly on the sectors where UNICEF had extensive involvement—child protection; basic education; child and maternal health and nutrition; and water, sanitation and hygiene—this evaluation asks the following questions: In the spirit of building back better, what evidence is there indicating that the response (between 2005 and 2008) has resulted in better institutional capacities, systems, and services and contributed to the well-being and rights of children compared to the pre-tsunami situation? What role has been played by UNICEF programmes in achieving these results? What conclusions can be drawn regarding UNICEF programme performance? In addition, the evaluation draws lessons and recommendations for each sector and general lessons for recovery and transition programming.

To safeguard objectivity and independence of evaluation, the evaluation was conducted by a team of independent international consultants who were recruited and managed by the UNICEF Evaluation Office. The team of international consultants was supported by national teams who, in turn, supported data collection and analysis. The evaluation also benefitted from an inter-divisional reference group that included UNICEF Regional Office staff and country-specific reference groups.

The overall synthesis report, a culmination of the country and sector reports, is meant for use by national governments, United Nations organizations, the broader development community, and others interested in learning from the tsunami experience. A specific target group for the synthesis report is UNICEF senior management, given their particular interest in lessons and recommendations that can be used for corporate-level decisions.

Despite the unprecedented investments made, considerable effort is still needed to improve the well-being of children and women in the tsunami-affected areas and countries. It is our hope that the forward-looking lessons and recommendations presented in this comprehensive evaluation will positively contribute to the strengthening of ongoing efforts to build back better and to the sustainability of the achievements made. In addition, it is hoped that the evidence and learning from the evaluation will contribute to disaster preparedness planning efforts and responses to future emergencies in a variety of contexts.

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## ACRONYMS AND ABBREVIATIONS

|          |  |
|----------|--|
| AMPL     | Air Minum Penyehatan Lingkungan (a water supply working group)   |
| ASIA     | Analysis of Strategic Information on the Situation of Women and Children (a district situation analysis used in Indonesia) |
| BRR      | Indonesia's reconstruction and rehabilitation agency of Aceh and Nias  |
| CBO      | Community-Based Organization   |
| CFS      | Child-Friendly Schools   |
| CLCC     | Creating Learning Communities for Children   |
| GAM      | Gerakan Aceh Merdeka (Free Aceh Movement)  |
| GoI      | Government of Indonesia  |
| GoM      | Government of Maldives   |
| GoSL     | Government of Sri Lanka  |
| HRBAP    | Human Rights-Based Approach to Programming   |
| IDP      | Internally Displaced Person  |
| LTTE     | Liberation Tigers of Tamil Eelam (Sri Lanka)   |
| MDG      | Millennium Development Goal  |
| MoE      | Ministry of Education  |
| NAD      | Nanggroe Aceh Darussalam   |
| NGO      | Non-Governmental Organization  |
| OECD-DAC | Organisation for Economic Co-operation and Development - Development Assistance Committee                                  |
| PDAM     | A local government-owned water utility   |
| PPT      | Pusat Pelayanan Terpadu (Integrated Service Centre)  |
| SMC      | School Management Committee  |
| TERM     | Tsunami Education Rehabilitation Monitoring Trust  |
| TRC      | Teacher Resource Centre  |
| UN       | United Nations   |
| UNDP     | United Nations Development Programme   |
| UNFPA    | United Nations Population Fund   |
| UNICEF   | United Nations Children's Fund   |
| UNIFEM   | United Nations Development Fund for Women  |
| UNOCHA   | United Nations Office for the Coordination of Humanitarian Affairs   |
| UNOPS    | United Nations Office for Project Services   |
| US\$     | United States Dollar   |
| WASH     | Water, Sanitation and Hygiene  |
| WHO      | World Health Organization  |





## EXECUTIVE SUMMARY

This report is a summary of an extensive evaluation undertaken by the United Nations Children's Fund (UNICEF) of its response to the 2004 Indian Ocean tsunami. It focuses on Indonesia, Sri Lanka and Maldives—countries that had the most serious damage and received 84 per cent of UNICEF tsunami country-level funds. The evaluation mainly examines the recovery and early development phases and assesses outcomes and impacts of the response from 2005 to 2008 in the four major sectors of UNICEF involvement: child protection; basic education; water, sanitation and hygiene (WASH); and child and maternal health and nutrition. In addition, the evaluation provides lessons for each sector and for cross-cutting issues related to recovery programming.

Detailed evaluation findings, lessons and recommendations can be found in the following evaluation products: reports of each of the four sectors for each country (12 sector reports); three country synthesis reports; and this overall synthesis report. The overall synthesis draws upon the sector and country synthesis reports to present a broad set of findings, lessons and recommendations to strengthen ongoing programmes and future efforts in disaster preparedness planning and humanitarian and recovery response.

### Methodology

The evaluation was conducted by an international team of consultants who were supported by national teams. In each country, the focus was on changes and trends occurring in the conditions of children and women in tsunami-affected areas compared to the pre-tsunami situation. In Indonesia and Sri Lanka, variables with respect to the impact of conflict were taken into account. In some sectors and countries, data trends were readily available. However, where reconstruction was still underway, only predictive outcomes could be discerned.

Data collection methods included: desk reviews of pre- and post-tsunami documents and records from UNICEF and governments, field visits for observations, key informant interviews, and brief household and facility surveys. The evaluation confirmed findings in validation workshops in each country.

### Main findings

A challenge for the evaluation has been to set a suitable baseline from which to measure progress over the five-year period. Particularly in Aceh, pre-2005 data was sparse, and in Sri Lanka and Maldives, coastal and island data pertaining to those areas hit by the tsunami was also incomplete. The benchmarks for adequate response in an emergency of this kind are those set out in international guidelines and standards (for example, the Sphere standards), but the recovery-development phase is often new territory, not easily measured against predictive targets. The mantra 'build back better' anticipated that the well-funded international response would accelerate and improve upon nascent development plans in many areas, as was the case in some sectors.

**Child protection:** In Indonesia and Sri Lanka, the emergency response was an opportunity to build upon rudimentary systems of child protection, providing the impetus to develop or reactivate policies and approaches. Human capacity and budgetary resources improved, putting child protection issues on the national policy agenda and significant systemic development in Indonesia and Sri Lanka. The impact of these initiatives remains to be determined given their nascent development. In the Maldives, child protection systems remain particularly weak. The value of non-governmental organization services in child protection should not be underestimated.

**Education:** The Core Commitments to Children in Emergencies were largely met in the post-tsunami emergency phase as children were brought very quickly into safe learning spaces with teachers sensitized to dealing with trauma. The recovery focused on large-scale construction, especially in Aceh and Sri Lanka, and the majority of children in all three countries returned to better-built permanent schools within the first year. Innovation in teacher outreach training was introduced in the Maldives. In all

three cases, enrolment rates have recovered, and in Aceh they have improved beyond pre-tsunami levels. All three countries extended the child-friendly school concept by introducing child-centred physical structures, school management and teaching practices. Conflict mattered: the peace agreement in Aceh had a significant influence on all aspects of education recovery, especially for girls; and persistence of war in Sri Lanka appreciably delayed recovery for large numbers of children. The peace agreement in Aceh provided a conducive climate for improvements in the education sector and UNICEF was able to capitalize on this. There were gaps: greater attention to pockets of exclusion and community involvement in schools remain key to ensuring fully effective building back, as do strategies for consolidating and institutionalizing piloted child-friendly innovations.

**Health and nutrition:** Improvements in the sector included greater access to health services through new facilities and the encouragement of governments to expand their policies with respect to wide age-range immunization campaigns. UNICEF was a relatively small contributor to the overall health and nutrition response in all three countries, but its contributions to these issues resulted in the prevention of disease outbreaks and some improvements in district- and island-level capacity development. However, the tsunami response was a missed opportunity to more effectively address the underlying, pre-existing causes of malnutrition and maternal mortality in all countries primarily related to child and maternal health.

**WASH:** Across all three countries, the UNICEF emergency response in the WASH sector provided access to safe water and sanitation for the resettlement of internally displaced children and their families. In the recovery phase, it contributed towards the restoration of water and sanitation facilities for tsunami-affected families and improvements in water supply, particularly rural water supply. Some improvements can be seen in water security, basic sanitation and hygiene. However, efforts to build back better may have been over-ambitious, introducing concerns about maintenance and sustainability in new and sophisticated facilities.

## General lessons and recommendations

In addition to its sectoral focus, this report provides an analysis of recovery and transition related issues and draws lessons. The following are general lessons and recommendations distilled from the overall evaluation findings and conclusions.

- 1) **One of the key constraints for UNICEF was its focus on capital-intensive infrastructure rather than building institutional capacity.** Capital-intensive projects, such as construction and the purchase of significant assets entails high transaction costs for materials as well as staff and can distract from wider development concerns. **This was particularly the case with school building in Aceh and WASH hardware installation in the Maldives.** The pressure to spend large sums of public money raised for the tsunami would inevitably lead towards choosing these projects over others.

**Recommendation: Management of large-scale construction programmes should not be undertaken by UNICEF—this should be outsourced in its entirety.** UNICEF country staff should not be responsible for day-to-day management of contracts, procurement, etc. UNICEF's comparative advantage in policy development, and in working with governments to improve public finance management with respect to key sectors, would then become the focus, matched by appropriate in-country capacities.

- 2) **The move from emergency to recovery and development requires different sets of skills, and UNICEF can do better in managing human resources in this respect.** For example, strong contextual analysis (political economy, institutional analysis, etc.) can significantly improve the relevance, effectiveness and sustainability of interventions. Likewise, investments in planning and preparedness pay dividends economically, socially and in terms of speed of recovery. In the health sector, for instance, a clear lesson emerged particularly from Sri Lanka and the Maldives that the tsunami response had little impact on underlying chronic trends in nutrition and maternal mortality. However, incremental changes can be induced through judicious use of time-bound funds.

**Recommendation: Senior staff continuity over the transition period should be assured.**

Effective exit strategies for emergency programmes are unlikely to occur unless more development-oriented staff are in place at an early stage of the recovery.

- 3) **Building communication channels and dialogue with civil society (including community groups) can often fill a gap where decentralization, for instance, is still relatively new.** UNICEF has not always matched 'encouragement' of these mechanisms with actual funds. For example, promoting child-friendly school concepts through school and parent committees requires predictable and sustained funds to build these bodies into sustainable entities. Likewise, in child protection, there needs to be a systematic process for consultation with local communities to ensure long-term viability and, above all, ownership.

**Recommendation: Technical assistance offered to government ministries—and by extension to subnational and local authorities—should include means whereby a public communications strategy and community dialogue could increase demand and community ownership of any new services being offered. This should be complemented by assistance and resources offered to viable community groups.** UNICEF should thus encourage community linkages with schools, children's centres, disaster preparedness planning processes and risk reduction exercises.

- 4) **UNICEF-supported programming has in several instances jump-started favourable government policy.** However, the capacity of national and local institutions has held back progress in policy development and implementation. For instance, in child protection, UNICEF's early linkage of the dual objectives of responding to immediate needs, while helping build the welfare and legal systems for children has had positive and lasting results, notably in Indonesia. However, weaknesses continue to be apparent at subnational levels.

**Recommendation: A capacity needs assessment should be undertaken as soon as the acute emergency phase is over.** In particular, this should include analysis of capacities at provincial and district levels, cross-referenced with an understanding of work being undertaken by other agencies in relevant sectors. This is important not only for intervention strategy but also for sequencing of priorities in UNICEF's capacity work.

- 5) **The significant investment made in systems and equipment needs to be matched with an analysis of how best to maintain these in the long run.** Considerable concerns about the sustainability of infrastructure funded by UNICEF remain. The full and appropriate use of quality infrastructure in the education and WASH sectors was sometimes undermined by poor planning with respect to maintenance agreements.

**Recommendation: Investments in assets and infrastructure should be accompanied by longer-term capacity development and a clear outline of responsibilities towards maintenance.**

Greater attention should be paid to how recurring costs, in terms of management and maintenance, are to be met through either government or community budgets.

- 6) **Evidence-based data collection systems have been extremely useful for planning, implementation, and monitoring and evaluation.** UNICEF support to the DevInfo systems has been exemplary. Continued support is critical to ensure that information management and data collection systems are used to strengthen monitoring and evaluation, and to inform decision-making and strategic planning.

**Recommendation: Continue to support evidence-based systems to inform planning, implementation, and monitoring and evaluation.** Greater investment is needed in information management and data collection systems. Gender disaggregated data is one area of uppermost importance. Partners should be trained in the usage, search and analysis of such data and taught how monitoring and evaluation informs decision-making and strategic planning.

- 7) **Emergency response and assessment tools tended to be too generic, sometimes missing the inclusion of the most vulnerable children or population groups.** Country and area-specific methods for identifying the most vulnerable children, including strategies for reaching them and incorporating them into programming, were not developed fully. Although domestic and local safety nets will always be of paramount importance, adherence to human rights principles and international standards will only be assured through institutionalizing participatory methods of recognizing and measuring inclusion and exclusion.

**Recommendation:** The collection and analysis of disaggregated data on vulnerability—both qualitative and quantitative—should be promoted. This is called for in the emergency preparedness and response planning that is currently evolving and is an explicit requirement of a human rights-based approach to programming.

- 8) **The sometimes greater efficiency and sustainability of national NGO and community-based organizations in comparison to international NGOs requires more than *ad hoc* use of these institutions.** UNICEF has demonstrated how community linkages can be strengthened by engaging communities and non-governmental and community-based organizations in schools, children's centres, disaster preparedness planning and risk reduction exercises. In Sri Lanka in particular, women's grassroots organizations were identified as potentially useful partners.

**Recommendation:** UNICEF should positively discriminate in favour of grassroots and advocacy organizations as implementers and provide enabling and appropriate capacity assistance. This would counter inherent cultural and gender bias in the selection of partners. Resource commitments should, however, recognize that capacity provision, as well as capacity development, is appropriate in some cases to get programmes underway.

- 9) **The development of inter-agency sectoral guidelines in emergencies has advanced considerably in the years since the tsunami, and UNICEF has contributed to this. However, there are some sectors—notably WASH facilities within new housing schemes and child-friendly schools—where the preparation and dissemination of such guidelines in advance of construction work would ensure adherence to standards.** These could be included in preparedness plans and incorporated into existing long-term agreements.

**Recommendation:** Support the early development of guidelines appropriate to the hardware provided in emergencies, especially where expensive equipment is linked to other sectors.

- 10) Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD-DAC) guidelines<sup>1</sup> encourage the development of indicators appropriate to assessing the extent to which recovery and development programmes are 'conflict aware' and how measuring outcomes in this respect might be attained. The evaluation found, for instance, that **there was no 'do no harm' analysis apparent in the UNICEF analysis in Sri Lanka and Indonesia, despite the fact that the effects of conflict pervaded all programme areas.**

**Recommendation:** UNICEF should develop in-house capacity to assess and incorporate a peace-building (including a 'do no harm') perspective into all its existing planning vehicles in conflict countries.

- 11) **Overarching recommendation:** UNICEF should strengthen and revise its post-emergency recovery and transition strategy and guidelines to better address both strategic planning (including information needs assessment in various phases, targeting and capacity development) and management (human resource and operations) aspects. The lessons and detailed recommendations provided in this report offer considerable inputs for use in formulating revised guidance.

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<sup>1</sup> OECD-DAC, 'Guidelines Encouraging Effective Evaluation of Conflict Prevention and Peace-building Activities: Towards DAC Guidance', 2007.

## RESUMEN EJECUTIVO

El informe es un resumen de una amplia evaluación que llevó a cabo el Fondo de las Naciones Unidas para la Infancia (UNICEF) sobre la respuesta al tsunami de 2004 en el Océano Índico. Se centra en Indonesia, Sri Lanka y las Maldivas, los países donde se produjeron los daños más graves y que recibieron el 84% de los fondos para el tsunami de UNICEF a escala de país. La evaluación examina sobre todo las fases de recuperación y desarrollo temprano y evalúa los resultados y los impactos de la respuesta desde 2005 hasta 2008 en los cuatro principales sectores de participación de UNICEF: protección de la infancia; educación básica; agua, saneamiento e higiene (WASH); y salud y nutrición del niño y de la madre. Además, la evaluación ofrece lecciones para cada sector y temas intersectoriales relacionados con el programa de recuperación.

En los siguientes productos de la evaluación es posible encontrar en mayor detalle las conclusiones de la evaluación, las lecciones y las recomendaciones: informes de cada uno de los cuatro sectores para cada país (12 informes de sector); tres informes resumidos de país; y este informe general resumido. El informe general resumido se basa en los informes resumidos de los sectores y los países para presentar un amplio conjunto de conclusiones, lecciones y recomendaciones con el fin de fortalecer los programas en marcha y los futuros esfuerzos de planificación para la preparación en casos de desastres y la respuesta humanitaria y de recuperación.

### Metodología

La evaluación fue llevada a cabo por un equipo internacional de consultores que recibieron apoyo de los equipos nacionales. En cada país, el objetivo fue determinar los cambios y las tendencias que se están produciendo en la situación de los niños y las mujeres en las zonas afectadas por el tsunami, en comparación con la situación que había antes del desastre. En Indonesia y Sri Lanka se tomaron en cuenta las variables relacionadas con las repercusiones de los conflictos. En algunos sectores y países, resultó fácil acceder a las tendencias de los datos. Sin embargo, en los lugares donde todavía se llevan a cabo tareas de reconstrucción, solamente se pueden discernir predicciones de resultados.

Los métodos de recolección de datos incluyeron: estudios teóricos de documentos y archivos de UNICEF y de los gobiernos anteriores y posteriores al tsunami, visitas sobre el terreno para realizar observaciones, entrevistas con informantes clave y encuestas breves en los hogares y los establecimientos. La evaluación confirmó las conclusiones en seminarios de convalidación celebrados en cada país.

### Conclusiones principales

Un problema al que tuvo que hacer frente la evaluación fue el de establecer un punto de referencia adecuado a partir del cual fuera posible medir los progresos durante el periodo de cinco años. Especialmente en Aceh, los datos antes de 2005 eran escasos, y en Sri Lanka y las Maldivas los datos del litoral y de las islas relativos a las zonas afectadas por el tsunami estaban también incompletos. Los puntos de referencia para una respuesta adecuada en una situación de emergencia de este tipo son los que se establecen en las directrices y las normas internacionales (por ejemplo, las normas Esfera), pero la fase de recuperación y de desarrollo es por lo general una situación desconocida que no se puede medir fácilmente en relación a la predicción de metas. El lema “Reconstruir mejor” anticipaba que la respuesta internacional, bien financiada, aceleraría y mejoraría los incipientes planes de desarrollo en muchas zonas, como ocurrió en varios sectores.

**Protección de la infancia:** En Indonesia y Sri Lanka, la respuesta a la situación de emergencia presentó la oportunidad de basarse en sistemas rudimentarios de protección de la infancia, y sirvió de impulso para desarrollar o reactivar políticas y enfoques. La capacidad humana y los recursos presupuestarios mejoraron, situando las cuestiones de protección de la infancia en el temario nacional de políticas y un desarrollo sistémico significativo en Indonesia y Sri Lanka. Todavía es preciso determinar las repercusiones de estas iniciativas dado su desarrollo incipiente. En las Maldivas, los sistemas de

protección de la infancia siguen siendo especialmente insuficientes. No se debe subestimar el valor de los servicios de las organizaciones no gubernamentales en la protección de la infancia.

**Educación:** En la fase de emergencia después del tsunami se cumplieron los Compromisos Básicos para la Infancia en Situaciones de Emergencia, ya que se trasladó rápidamente a los niños a espacios seguros de aprendizaje con maestros capacitados para abordar los traumas. La recuperación se centró en la construcción a gran escala, especialmente en Aceh y Sri Lanka, y la mayoría de los niños en los tres países regresaron durante el primer año a escuelas permanentes mejor construidas. En las Maldivas se incorporaron innovaciones en la capacitación para la divulgación de los maestros. En los tres casos, las tasas de matriculación se han recuperado y en Aceh se han incrementado con respecto a los niveles que había antes del tsunami. Los tres países ampliaron el concepto de escuelas amigas de la infancia mediante la incorporación de estructuras materiales centradas en el niño, la gestión de las escuelas y las prácticas pedagógicas. Los conflictos tuvieron importancia: el acuerdo de paz en Aceh tuvo una influencia considerable en todos los aspectos de la recuperación educativa, especialmente para las niñas; y la persistencia de la guerra en Sri Lanka retrasó apreciablemente la recuperación de una gran parte de los niños. El acuerdo de paz en Aceh ofreció un clima propicio para realizar mejoras en el sector educativo y UNICEF fue capaz de aprovecharlo. Se produjeron deficiencias: una mayor atención a las bolsas de exclusión y la participación de la comunidad en las escuelas siguen siendo elementos fundamentales para garantizar una reconstrucción plenamente eficaz, así como las estrategias para consolidar e institucionalizar innovaciones amigas de la infancia que son por el momento una experiencia piloto.

**Salud y nutrición:** Las mejoras en el sector incluyeron aumentar el acceso a los servicios de salud por medio de nuevas instalaciones y alentar a los gobiernos a que amplíen sus políticas con respecto a las campañas de inmunización para un mayor número de grupos de edad. UNICEF contribuyó relativamente poco a la respuesta general de salud y nutrición en los tres países, pero sus contribuciones en estos temas dieron como resultado la prevención de brotes de enfermedades y algunas mejoras en el desarrollo de la capacidad a escala de distritos y de islas. Sin embargo, en la respuesta al tsunami se perdió la oportunidad de abordar con mayor eficacia las causas subyacentes y preexistentes de la desnutrición y la mortalidad derivada de la maternidad en todos los países, que se relacionan principalmente con la salud de los niños y las madres.

**Agua, saneamiento e higiene (WASH):** En los tres países, la respuesta de UNICEF ante la situación de emergencia en el sector de agua, saneamiento e higiene ofreció acceso a agua potable y saneamiento para el reasentamiento de niños internamente desplazados y de sus familias. En la fase de recuperación, contribuyó en el restablecimiento de las instalaciones de agua y saneamiento para las familias afectadas por el tsunami y en la mejora del abastecimiento de agua, especialmente en las zonas rurales. Es posible observar algunas mejoras en la seguridad del agua, el saneamiento básico y la higiene. Sin embargo, es muy probable que los esfuerzos para reconstruir mejor hayan sido excesivamente ambiciosos, al incorporar preocupaciones sobre mantenimiento y sostenibilidad en instalaciones nuevas y sofisticadas.

## Lecciones y recomendaciones generales

Además de su enfoque sectorial, este informe proporciona un análisis de los temas afines relativos a la recuperación y la transición y extrae lecciones. A continuación, algunas lecciones y recomendaciones generales derivadas de los hallazgos y las conclusiones de la evaluación general.

- 1) **Una de las limitaciones fundamentales de UNICEF fue centrarse en una infraestructura con un uso intensivo de capital en lugar de fortalecer la capacidad institucional.** Los proyectos con un uso intensivo de capital, como la construcción y la compra de valores considerables, requieren unos altos costos de transacción de materiales y personal y pueden ser una distracción con respecto a otras preocupaciones más amplias en materia de desarrollo. **Esto fue especialmente el caso de la construcción de escuelas en Aceh y la instalación de equipos para WASH en las Maldivas.** La presión para gastar amplias sumas de dinero público recaudadas para el tsunami llevó inevitablemente a elegir estos proyectos con respecto a otros.

**Recomendación:** UNICEF no debe asumir la gestión de los programas de construcción de amplia escala, que deben subcontratarse a compañías externas. El personal de país de UNICEF no debe ser responsable de la gestión diaria de los contratos, las adquisiciones, etc. La ventaja comparativa de UNICEF en formular políticas y en trabajar con los gobiernos para mejorar gestión de las finanzas públicas con respecto a los sectores clave, se convertiría por consiguiente en el principal objetivo, acompañado por las capacidades apropiadas dentro del país.

- 2) **La transición de la situación de emergencia a la recuperación y el desarrollo exige un conjunto de aptitudes diferentes, y a este respecto UNICEF puede ser más eficaz en la gestión de los recursos humanos.** Por ejemplo, un sólido análisis contextual (economía política, análisis institucional, etc.) puede mejorar considerablemente la pertinencia, la eficacia y la sostenibilidad de las intervenciones. De igual modo, las inversiones en la planificación y la preparación ofrecen dividendos económicos y sociales y en lo que se refiere a la rapidez de la recuperación. En el sector de la salud, por ejemplo, se produjo una lección clara especialmente en Sri Lanka y las Maldivas, en el sentido de que la respuesta al tsunami tuvo muy pocas repercusiones sobre las tendencias subyacentes crónicas en materia de nutrición y mortalidad materna. Sin embargo, es posible inducir cambios incrementales mediante la utilización prudente de fondos con un calendario preciso.

**Recomendación:** Es preciso garantizar la continuidad del personal superior durante el periodo de transición. Es poco probable que se produzcan estrategias eficaces de salida para los programas de emergencia a menos que en la primera etapa de la recuperación se disponga de personal más orientado hacia el desarrollo.

- 3) **Fomentar los canales de comunicación y el diálogo con la sociedad civil (incluidos los grupos comunitarios) puede a menudo resolver las lagunas allí donde la descentralización, por ejemplo, es todavía un concepto nuevo.** UNICEF no siempre ha equiparado la “promoción” de estos mecanismos con una financiación real. Por ejemplo, promover los conceptos de escuelas amigas de la infancia por medio de comités de la escuela y los progenitores exige que haya una financiación predecible y sostenida para consolidar estos organismos a fin de que se conviertan en entidades sostenibles. De igual modo, en la esfera de la protección de la infancia, es preciso que haya un proceso sistemático de consulta con las comunidades locales para garantizar una viabilidad a largo plazo y, sobre todo, una apropiación local de los programas.

**Recomendación:** La asistencia técnica que se ofrece a los ministerios gubernamentales —y, por extensión, a las autoridades subnacionales y locales— debe incluir medios por los cuales una estrategia de comunicaciones públicas y un diálogo comunitario pudiera aumentar la demanda y la apropiación por la comunidad de cualquier nuevo servicio que se ofrezca. Esto debe complementarse mediante asistencia y recursos dirigidos hacia grupos comunitarios viables. UNICEF debe por tanto alentar los vínculos de las comunidades con las escuelas, los centros infantiles, los procesos de planificación para la preparación en caso de desastre y los ejercicios de reducción de riesgos.

- 4) **La programación que recibe apoyo de UNICEF ha servido para impulsar favorablemente las políticas del gobierno.** Sin embargo, la capacidad de las instituciones nacionales y locales ha invertido la tendencia de los progresos en la formulación y aplicación de las políticas. Por ejemplo, en el caso de la protección de la infancia, el vínculo temprano de UNICEF con el doble objetivo de responder inmediatamente a las necesidades y fortalecer al mismo tiempo los sistemas jurídicos y de bienestar en favor de los niños ha dado resultados positivos y duraderos, especialmente en Indonesia. Sin embargo, sigue habiendo deficiencias aparentes a nivel subnacional.

**Recomendación:** Se debe llevar a cabo un examen de las necesidades de capacidad tan pronto como termine la fase de emergencia aguda. Especialmente, esto debe incluir un análisis sobre las capacidades a nivel provincial y de distrito, entendiendo también la labor que llevan a cabo otros organismos en sectores pertinentes. Esto es importante no solamente para la estrategia de intervención, sino también para establecer una secuencia de las prioridades en la labor de capacidad de UNICEF.



- 5) **La importante inversión realizada en sistemas y en equipos debe ir acompañada por un análisis sobre la mejor manera de mantenerlos a largo plazo.** La sostenibilidad de la infraestructura financiada por UNICEF sigue siendo un importante motivo de preocupación. La mala planificación con respecto a los contratos de mantenimiento menoscaba a veces el uso pleno y adecuado de la infraestructura de calidad en los sectores de la educación y WASH.

**Recomendación:** Las inversiones en bienes e infraestructuras deben ir acompañadas de desarrollo de la capacidad a largo plazo y un esquema claro sobre las responsabilidades de mantenimiento. Debería prestarse mayor atención a cómo se pueden satisfacer los gastos recurrentes, en términos de gestión y mantenimiento, por medio de los presupuestos del gobierno o de la comunidad.

- 6) **Los sistemas de recopilación de datos basados en pruebas empíricas han sido extremadamente útiles en la planificación, la ejecución, el seguimiento y la evaluación.** El apoyo de UNICEF a los sistemas DevInfo ha sido ejemplar. Mantener el apoyo es fundamental para garantizar que la gestión de la información y de los sistemas de recolección de datos se utiliza para reforzar el seguimiento y la evaluación, y sirven de base para la toma de decisiones y la planificación estratégica.

**Recomendación:** Seguir apoyando los sistemas basados en pruebas para que sirvan de base a la planificación, la ejecución, el seguimiento y la evaluación. Se necesita una mayor inversión en gestión de la información y en los sistemas de recopilación de datos. Los datos desglosados por género son un tema de la mayor importancia. Hay que capacitar a los aliados en el uso, la búsqueda y el análisis de esos datos y enseñarles cómo el seguimiento y la evaluación sirven de base para la toma de decisiones y la planificación estratégica.

- 7) **La respuesta de emergencia y las herramientas de evaluación tienden a ser demasiado genéricas, pasando por alto a veces la inclusión de los niños o los grupos de población más vulnerables.** Los métodos específicos por país y zona para identificar a los niños más vulnerables, incluidas las estrategias para llegar a ellos e incorporarlos en la programación, no están plenamente desarrollados. Aunque las redes de seguridad nacionales y locales siempre serán de suma importancia, la adhesión a los principios de derechos humanos y a las normas internacionales sólo se garantizará mediante la institucionalización de métodos participativos de reconocimiento y medición de la inclusión y la exclusión.

**Recomendación:** Es preciso promover la recopilación y el análisis de datos desglosados sobre la vulnerabilidad, tanto cualitativos como cuantitativos. Esto figura en la planificación para la preparación y respuesta en casos de emergencia que se está preparando actualmente y es un requisito explícito de un enfoque de la programación basado en los derechos humanos.

- 8) **La mayor eficiencia y sostenibilidad de las organizaciones nacionales no gubernamentales y las organizaciones comunitarias en algunos casos, en comparación con las organizaciones internacionales no gubernamentales, requiere algo más que utilizar a estas instituciones sólo en situaciones especiales.** UNICEF ha demostrado cómo es posible fortalecer los vínculos con la comunidad mediante la participación de las comunidades y las organizaciones no gubernamentales y de base comunitaria en las escuelas, en los centros infantiles, en la planificación para la preparación en casos de desastres y en la reducción de riesgos. En Sri Lanka, en particular, se determinó que las organizaciones de base de mujeres eran aliados potencialmente útiles.

**Recomendación:** UNICEF debe discriminar positivamente en favor de organizaciones de base y organizaciones de promoción como asociados en la ejecución y proporcionarles la asistencia apropiada en materia de capacidad para facilitar este proceso. Esto contrarrestaría los prejuicios culturales y de género inherentes en la selección de los aliados. Los compromisos de recursos deberían, sin embargo, reconocer que la prestación de capacidad, así como el desarrollo de la capacidad, es apropiada en algunos casos para mantener en marcha los programas.

- 9) **El desarrollo de directrices interinstitucionales sectoriales en situaciones de emergencia ha avanzado considerablemente en los años transcurridos desde el tsunami, y UNICEF ha contribuido a ello. Sin embargo, hay algunos sectores —en particular las instalaciones de WASH con nuevos esquemas de viviendas y las escuelas amigas de la infancia— en los que la preparación y la difusión de estas directrices antes de que se inicien las obras de construcción garantizaría el cumplimiento de las normas.** Estas directrices podrían incluirse en los planes de preparación e incorporarse en los acuerdos vigentes a largo plazo.  
**Recomendación:** Apoyar el desarrollo temprano de directrices adecuadas sobre los equipos que se distribuyen en situaciones de emergencia. Esto es particularmente importante cuando hay equipos costosos vinculados a otros sectores.
- 10) Las directrices de la Organización para la Cooperación y el Desarrollo Económicos - Comité de Asistencia al Desarrollo (OCDE-CAD)<sup>2</sup> fomentan la elaboración de indicadores adecuados para evaluar el alcance en que los programas de recuperación y desarrollo de los programas son “conscientes de los conflictos” y cómo es posible lograr la medición de resultados en este sentido. La evaluación constató, por ejemplo, que **no había un análisis aparente sobre el concepto “no causar daño” en el análisis de UNICEF en Sri Lanka e Indonesia, a pesar del hecho de que los efectos del conflicto dominaban todas las esferas del programa.**  
**Recomendación:** UNICEF debería desarrollar la capacidad interna para evaluar e incorporar una perspectiva de consolidación de la paz (incluido el concepto de no causar daño) en todos sus vehículos de planificación existentes en los países en conflicto.
- 11) **Recomendación general:** UNICEF debe fortalecer y revisar su estrategia y sus directrices de recuperación y transición después de una situación de emergencia para abordar mejor tanto los aspectos de la planificación estratégica (incluida la evaluación de las necesidades de información en las diversas fases, la selección de objetivos y el desarrollo de la capacidad) como los de la gestión (recursos humanos y operaciones). Las lecciones y recomendaciones detalladas que figuran en este informe ofrecen aportes importantes para su uso en la formulación de directrices revisadas.

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<sup>2</sup> OCDE-CAD, 'Guidelines Encouraging Effective Evaluation of Conflict Prevention and Peace-building Activities: Towards DAC guidance', 2007.



## RÉSUMÉ

Le présent rapport est le résumé d'une évaluation approfondie de l'intervention menée par le Fonds des Nations Unies pour l'enfance (UNICEF) suite au tsunami de 2004 dans l'océan Indien. Cette évaluation, réalisée par l'UNICEF, met l'accent sur l'Indonésie, le Sri Lanka et les Maldives, pays qui ont subi les dégâts les plus graves et reçu 84 pour cent des fonds de l'UNICEF au niveau des pays. L'évaluation examine principalement les phases de relèvement et de développement initial ainsi que les résultats et les impacts des interventions menées de 2005 à 2008 dans les quatre grands secteurs d'intervention de l'UNICEF : la protection des enfants ; l'éducation de base ; l'eau, l'assainissement et l'hygiène (WASH) ; et la santé et la nutrition des enfants et des mères. En outre, l'évaluation donne des leçons à tirer pour chaque secteur et pour les questions intersectorielles liées à la programmation du relèvement.

Des conclusions, leçons et recommandations détaillées de l'évaluation peuvent être trouvés dans les rapports d'évaluation suivants : les rapports de chacun des quatre secteurs de chaque pays (12 rapports de secteur); les trois rapports de synthèse de pays, et le présent rapport de synthèse global. La synthèse globale s'appuie sur les rapports de synthèse de pays et de secteurs pour présenter un large éventail de conclusions, leçons et recommandations, le but étant de renforcer les programmes en cours et les efforts futurs dans la planification pour la préparation aux catastrophes et les interventions humanitaires et de relèvement.

## Méthodologie

L'évaluation a été menée par une équipe internationale de consultants qui étaient soutenus par des équipes nationales. Dans chaque pays, l'accent était mis sur les changements et les tendances survenant dans la situation des enfants et des femmes dans les zones touchées par le tsunami, par rapport à la situation d'avant le tsunami. En Indonésie et au Sri Lanka, on a tenu compte des variables dues à l'impact des conflits. Dans certains secteurs et pays, les tendances des données étaient facilement accessibles. Toutefois, lorsque la reconstruction était toujours en cours, on ne pouvait discerner que des résultats prédictifs.

Les méthodes de collecte de données comprenaient entre autres : des examens préliminaires de documents et dossiers de l'UNICEF et des gouvernements sur la situation d'avant et d'après le tsunami, des visites sur le terrain pour des observations et entretiens avec des informateurs clés et de brèves enquêtes auprès de ménages et de divers établissements. L'évaluation a confirmé les conclusions dans des ateliers de validation dans chaque pays.

## Principales conclusions

Un des problèmes en ce qui concerne l'évaluation a été de fixer une ligne de base appropriée à partir de laquelle on pouvait mesurer les progrès accomplis au cours de la période de cinq ans. À Aceh en particulier, les données d'avant 2005 étaient rares. Au Sri Lanka et aux Maldives, les données côtières et insulaires des régions frappées par le tsunami était également incomplètes. Les points de référence d'une réponse adéquate en cas d'urgence de ce type sont ceux énoncés dans les lignes directrices et normes internationales (par exemple, les normes de Sphère), mais la phase de relèvement-développement est souvent un « territoire inconnu », difficilement mesurable par rapport aux objectifs prédictifs. Le slogan « Reconstruire en mieux » prévoyait que l'intervention de la communauté internationale, bien financée, permettrait d'accélérer et d'améliorer les plans de développement en train d'émerger dans de nombreuses zones comme cela se passait dans certains secteurs.

**Protection des enfants** : en Indonésie et au Sri Lanka, l'intervention d'urgence a été l'occasion de s'appuyer sur des systèmes rudimentaires de protection des enfants, ce qui donné une impulsion au développement et à la réactivation des politiques et approches en la matière. Les capacités humaines et les ressources budgétaires ont été améliorées, permettant l'inscription des questions de protection des enfants à l'agenda politique national et la mise en route d'un développement systémique significatif en Indonésie et au Sri Lanka. L'impact de ces initiatives reste à déterminer compte tenu qu'elles

commencent à se développer. Aux Maldives, les systèmes de protection de l'enfance restent particulièrement faibles. La valeur du travail des organisations non gouvernementales dans le domaine de la protection des enfants ne saurait être sous-estimée.

**Éducation** : les Principaux engagements pour les enfants en situation d'urgence ont été largement respectés dans la phase post-catastrophe du tsunami, les enfants ayant été très rapidement amenés dans des espaces d'apprentissage sécuritaire avec des enseignants formés à s'occuper d'enfants traumatisés. Le relèvement s'est focalisé sur la construction à grande échelle, en particulier à Aceh et au Sri Lanka, et la majorité des enfants des trois pays ont retrouvé des écoles en dur et mieux reconstruites, en l'espace d'une année. Aux Maldives, on a innové dans la formation d'enseignants à même d'inciter les enfants à retourner à l'école. Dans les trois cas, les taux de scolarisation sont revenus à leurs niveaux antérieurs et à Aceh, ils les ont même dépassés. Les trois pays ont élargi le concept d'écoles amies des enfants, en introduisant des structures physiques, une gestion des établissements scolaires et des pratiques pédagogiques axées sur les besoins des enfants. Les conflits ont joué un rôle important : l'accord de paix à Aceh a eu une influence significative sur tous les aspects du relèvement de l'éducation, en particulier pour les filles, et la persistance de la guerre au Sri Lanka a sensiblement retardé la reprise des classes pour un grand nombre d'enfants. L'accord de paix à Aceh a créé un climat propice à des améliorations dans le secteur de l'éducation et l'UNICEF a été en mesure d'en profiter. On a cependant constaté quelques lacunes : il est primordial d'accorder une plus grande attention à des poches d'exclusion et de continuer à faire participer la communauté à la vie de leurs écoles pour assurer une reconstruction complètement efficace. Il convient également de souligner l'importance des stratégies visant à consolider et institutionnaliser des innovations pilotes tenant compte des enfants.

**Santé et nutrition** : au nombre des améliorations dans le secteur, on note un meilleur accès aux services de santé par le biais de nouvelles installations et l'encouragement des gouvernements à développer leurs politiques en matière de campagnes massives de vaccination en fonction de l'âge des enfants. La contribution de l'UNICEF a été relativement faible en ce qui concerne les interventions de santé et de nutrition d'ensemble dans les trois pays, mais elle s'est traduite par la prévention de flambées de maladies et par certaines améliorations au développement des capacités aux niveaux des districts et de l'île. Cependant, les interventions menées suite au tsunami étaient l'occasion de s'attaquer plus efficacement aux causes sous-jacentes, préexistantes, de la malnutrition et de la mortalité maternelle dans tous les pays, principalement liées à la santé infantile et maternelle, et cette occasion a été manquée.

**Eau, assainissement et hygiène (WASH)** : dans les trois pays, l'intervention d'urgence de l'UNICEF dans le secteur WASH a permis l'accès à de l'eau salubre et à des moyens d'assainissement pour la réinstallation des enfants déplacés et de leurs familles. Dans la phase de relèvement il a contribué au rétablissement des systèmes d'approvisionnement en eau et des installations sanitaires pour les familles touchées par le tsunami et à l'amélioration de l'approvisionnement en eau, en particulier l'approvisionnement en eau en milieu rural. On constate certaines améliorations dans la sécurité en eau, l'assainissement de base et l'hygiène. Toutefois, les efforts pour reconstruire en mieux ont peut-être été trop ambitieux, et l'on s'inquiète maintenant de l'entretien et de la durabilité d'installations nouvelles et plus complexes.

## Leçons et recommandations générales

Outre sa focalisation sectorielle, le présent rapport fournit une analyse des questions de relèvement et de transition et en tire des enseignements. On trouvera ci-dessous des leçons et des recommandations générales tirées des conclusions d'ensemble

- 1) **L'un des principaux problèmes pour l'UNICEF a été le fait qu'il s'est focalisé sur des infrastructures à forte intensité de capital plutôt que sur le renforcement des capacités institutionnelles.** Des projets à forte intensité de capital, comme la construction et l'achat de biens importants, impliquent des coûts de transaction élevés pour les matériaux ainsi que pour le personnel et peuvent avoir pour conséquence qu'on néglige les questions de développement plus

globales. **Ce fut particulièrement le cas pour les constructions d'écoles à Aceh et l'installation de matériel WASH aux Maldives.** La pression visant à dépenser de grosses sommes d'argent public obtenues pour le tsunami allait forcément entraîner à choisir ces projets de préférence aux autres.

**Recommandation :** la gestion des programmes de construction à grande échelle ne devrait pas être entreprise par l'UNICEF, elle devrait être sous-traitée dans son intégralité. Le personnel de l'UNICEF dans les pays ne devrait pas être responsable au quotidien de la gestion des contrats, achats, etc. L'avantage comparatif de l'UNICEF dans l'élaboration des politiques, et dans la collaboration avec les gouvernements pour améliorer la gestion des finances publiques à l'égard des secteurs clés, deviendrait alors la priorité, et les capacités appropriées dans le pays y correspondraient.

- 2) **Le passage de la phase d'urgence à celles du relèvement et du développement exige différentes séries de compétences, et l'UNICEF peut mieux faire en ce qui concerne la gestion des ressources humaines à cet égard.** Par exemple, une analyse contextuelle solide (économie politique, analyse institutionnelle, etc.) peut améliorer considérablement la pertinence, l'efficacité et la durabilité des interventions. De même, des investissements dans la planification et la préparation rapportent beaucoup de dividendes, sur les plans économique, social et pour accélérer le rythme du relèvement. Dans le secteur de la santé, par exemple, il est apparu clairement, au Sri Lanka et aux Maldives en particulier que la réponse au tsunami avait peu d'impact sur les tendances chroniques sous-jacentes en matière de nutrition et de mortalité maternelle. Cependant, on peut favoriser des modifications progressives en utilisant judicieusement des fonds assortis de délais.

**Recommandation :** il importe d'assurer la continuité du personnel d'encadrement pendant la période de transition. Il y a peu de chances que les programmes d'urgence soient pourvus de stratégies efficaces de sortie si ne l'on met pas en place au début de la phase de relèvement un personnel plus axé sur le développement.

- 3) **Mettre en place des réseaux de communication et de dialogue avec la société civile (y compris les groupes communautaires), cela peut souvent combler une lacune quand la décentralisation, par exemple, est un phénomène encore relativement nouveau.** L'UNICEF n'a pas toujours encouragé ces mécanismes en les dotant de véritables moyens financiers. Par exemple, pour promouvoir les concepts des « écoles amies des enfants », par le biais des comités scolaires et de parents, il faut donner à ces derniers des fonds prévisibles et durables pour les transformer en entités viables. De même, dans le secteur de la protection des enfants, il doit y avoir un processus systématique de consultation avec les communautés locales pour assurer la viabilité à long terme et, surtout, l'appropriation.

**Recommandation :** l'assistance technique offerte aux ministères du gouvernement, et par extension aux autorités infranationales et locales, devrait comprendre les moyens grâce auxquels une stratégie de communication avec le public et un dialogue communautaire pourraient accroître la demande et l'appropriation par la communauté de tous les nouveaux services offerts. Cela devrait s'accompagner d'une aide et de ressources offertes aux groupes communautaires viables. L'UNICEF devrait donc encourager les liens communautaires avec les écoles, les centres pour enfants, les processus de planification pour la préparation aux catastrophes et les exercices d'atténuation des risques.

- 4) **Une programmation soutenue par l'UNICEF a permis en plusieurs cas de relancer une politique gouvernementale favorable.** Toutefois, le manque de capacité des institutions nationales et locales a freiné les progrès accomplis dans l'élaboration et l'exécution des politiques. Par exemple, dans le secteur de la protection des enfants, le lien initial établi par l'UNICEF entre les deux objectifs de réponse aux besoins immédiats, d'une part, et de mise en place de systèmes de protection sociale et juridique pour les enfants, d'autre part, a eu des résultats positifs et durables, notamment en Indonésie. On constate cependant des faiblesses au niveau infranational.

**Recommandation** : une évaluation des besoins en matière de capacités devrait être entreprise dès que la phase critique de l'urgence est terminée. Cela devrait inclure en particulier une analyse des capacités aux niveaux provincial et de district tenant compte de la compréhension du travail entrepris par d'autres organismes dans les secteurs concernés. Ceci est important non seulement pour la stratégie d'intervention mais aussi pour déterminer l'ordre de priorité du travail de l'UNICEF en matière de capacité.

- 5) **Aux investissements considérables réalisés dans les biens et équipements doit correspondre une analyse de la façon de les maintenir le mieux possible sur le long terme.** Des inquiétudes significatives quant à la pérennité des infrastructures financées par l'UNICEF persistent. L'utilisation complète et appropriée d'une infrastructure de qualité dans les secteurs de l'éducation et WASH est parfois compromise par une mauvaise planification à l'égard de contrats de maintenance.

**Recommandation** : les investissements dans les biens et les infrastructures doivent s'accompagner du développement des capacités à plus long terme et d'une indication claire des responsabilités à l'égard de la maintenance. Il convient d'accorder une plus grande attention à la façon dont les coûts récurrents, en termes de gestion et d'entretien, doivent être financés, que ce soit sur les budgets du gouvernement ou de la communauté.

- 6) **Les systèmes de collectes de données factuelles ont été extrêmement utiles pour la planification, l'exécution et le suivi et évaluation.** L'appui de l'UNICEF aux systèmes DevInfo a été exemplaire. Poursuivre ce soutien revêt une importance capitale pour assurer que la gestion de l'information et les systèmes de collecte de données sont utilisés pour renforcer le suivi et l'évaluation, et éclairer la prise de décisions et la planification stratégique.

**Recommandation** : continuer à soutenir les systèmes fondés sur des données factuelles pour éclairer la planification, l'exécution et le suivi et l'évaluation. Il importe d'investir davantage dans la gestion de l'information et les systèmes de collecte de données. Les données ventilées par sexe sont un domaine d'importance cruciale. Les partenaires devraient être formés à l'utilisation, la recherche et l'analyse de ces données et avoir compris comment le suivi et l'évaluation éclairent les prises de décision et la planification stratégique.

- 7) **Les interventions d'urgence et les outils d'évaluation tendaient à être trop génériques, et quelquefois ils n'ont pas réussi à inclure les enfants ou groupes de population les plus vulnérables.** On n'a pas développé complètement des méthodes spécifiques à un pays ou une région pour repérer les enfants les plus vulnérables, notamment les stratégies pour les atteindre et les incorporer dans les activités de programmation. Certes les filets de sécurité nationaux et locaux seront toujours d'une importance primordiale, mais on n'assurera l'adhésion aux principes des droits de l'homme et aux normes internationales que par l'institutionnalisation des méthodes participatives permettant de reconnaître et de mesurer l'inclusion et l'exclusion.

**Recommandation** : il importe d'encourager la collecte et l'analyse de données ventilées par sexe sur la vulnérabilité — à la fois qualitatives et quantitatives. Cela est nécessaire dans la préparation aux situations d'urgence et la planification des interventions, qui sont en train d'évoluer et qui sont une exigence explicite d'une approche de la programmation fondée sur les droits de l'homme.

- 8) **L'efficacité et la durabilité parfois supérieures d'organisations non gouvernementales nationales et d'organisations communautaires, comparé à celles d'organisations non gouvernementales internationales, exige que l'on aille au-delà d'une utilisation ad hoc de ces institutions.** L'UNICEF a montré comment les liens communautaires peuvent être renforcés en faisant participer les communautés et les organisations non gouvernementales et les organisations communautaires à la vie des écoles, des centres pour enfants, à la planification de la préparation aux catastrophes et aux exercices de réduction des risques. Au Sri Lanka en particulier, les organisations locales de femmes ont été identifiées comme des partenaires potentiellement utiles.

**Recommandation :** l'UNICEF devrait établir une « discrimination positive » en faveur des organisations communautaires et de plaider en tant qu'agents d'exécution et fournir dans ce but une assistance en matière de capacité suffisante. Cela contrebalancerait les préjugés culturels et sexistes inhérents dans la sélection des partenaires. Les engagements des ressources devraient toutefois reconnaître que la fourniture de capacités ainsi que le développement des capacités sont appropriés en certains cas afin de lancer des programmes.

- 9) **Le développement de directives sectorielles interinstitutions dans les situations d'urgence a considérablement progressé depuis le tsunami et l'UNICEF a contribué à cette évolution. Cependant, il y a certains secteurs, notamment les installations WASH dans les nouveaux complexes pour logements et les écoles amies des enfants, dans lesquels on faciliterait le respect des normes si l'on préparait et diffusait ces directives avant le début des travaux de construction.** Ces normes pourraient être incluses dans les plans de préparation et incorporées aux accords à long terme existants.

**Recommandation :** soutenir le développement à un stade avancé des directives appropriées pour le matériel fourni dans les situations d'urgence. Cela est particulièrement important lorsque des équipements coûteux sont liés à d'autres secteurs.

- 10) Les directives<sup>3</sup> du Comité d'aide au développement de l'Organisation pour la coopération et le développement économiques (OCDE) encouragent le développement d'indicateurs permettant d'évaluer dans quelle mesure les programmes de relèvement et de développement tiennent compte des conflits et comment l'on peut mesurer ces résultats à cet égard. L'évaluation a permis d'observer, par exemple, **qu'il n'y avait apparemment pas eu d'analyse « d'abord, ne pas nuire » dans l'analyse menée par l'UNICEF au Sri Lanka et en Indonésie, alors que les répercussions du conflit touchaient tous les domaines des programmes.**

**Recommandation :** l'UNICEF devrait développer des capacités internes pour évaluer une perspective d'instauration de la paix (y compris l'approche « d'abord ne pas nuire ») et l'incorporer à tous ses efforts de planification dans les pays de conflit.

- 11) **Recommandation principale :** L'UNICEF devrait renforcer et réviser sa stratégie et ses directives concernant le relèvement et la transition après les situations d'urgence pour améliorer à la fois la planification stratégique (y compris les besoins en matière d'information lors des diverses phases, le ciblage et le développement des capacités) et la gestion (ressources humaines et opérations). Les leçons et recommandations détaillées figurant dans ce rapport sont une contribution considérable à utiliser pour formuler une orientation révisée.

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<sup>3</sup> CAD-OCDE : « Guidelines Encouraging Effective Evaluation of Conflict Prevention and Peace-building Activities : Towards DAC guidance », 2007.





# 1. INTRODUCTION

This synthesis report is the culmination of an extensive independent evaluation that assessed the United Nations Children's Fund (UNICEF) response in three countries that were hardest hit by the December 2004 Indian Ocean tsunami: Indonesia, Sri Lanka and Maldives. The evaluation focuses primarily on recovery and early development phases in four major sectors: water, sanitation and hygiene (WASH); education; child protection; and health and nutrition. It also covers a number of cross-cutting issues pertaining to the response. The three countries represented 84 per cent of donor contributions to UNICEF for the tsunami from 2004 to 2008.

The tsunami was the most destructive in history and the largest natural disaster ever to be experienced by most of the 11 countries it impacted. The devastation brought about an unprecedented financial response to the crisis for all humanitarian actors. The international and national post-tsunami operation constituted a systemic response to 'build back better' and to improve upon pre-tsunami conditions for the affected populations. With total funds in excess of US\$ 9 billion, and with a plethora of institutions having short- and long-term presences in the affected countries, it is appropriate to evaluate not only circumscribed, stand-alone UNICEF projects, but also outcomes across the sectors as a whole. In this respect, we present a summary of achievements and setbacks within the four major sectors and ask some broader questions about appropriate approaches in the transition from early recovery to development.

The immediate humanitarian relief phase—generally accepted as the first six months following the disaster—is not covered in detail in this report since this phase was subject to an earlier evaluation.<sup>4</sup> Rather, this report draws on findings and lessons obtained from each of the independent sector evaluations that collectively constitute the three country evaluations. Moreover, it examines cross-cutting issues related to the transition from recovery to longer-term development, addressing whether capacities, institutions and processes in Indonesia, Sri Lanka and the Maldives are, nearly five years later, as good as or better than they were prior to the 2004 tsunami. We seek to understand the ways in which UNICEF programming, interventions, partnerships, and capacity building for local and national government, civil society, and communities have strengthened the frameworks within which one would expect to find improvements in policy, services, and infrastructure necessary to the lives of children and women.

Widely varying contexts pre-existed in the three countries evaluated: in Aceh Province of Indonesia, the tsunami coincided with almost 30 years of conflict and isolation; in Sri Lanka, the 30-year civil conflict, which ended in May 2009, had been an even greater cause of displacement and hardship; and in the Maldives, chronic geographical vulnerability and underlying social problems were exposed. In all three countries, by 2009 a level of normality had returned to tsunami-hit communities. Outstanding challenges related more to underlying development shortcomings rather than to direct tsunami impacts. Given these contexts, we draw some broader conclusions with respect to future UNICEF responses in disasters, particularly for strengthening recovery and transition efforts, as well as for ongoing development programming and policies to improve the well-being and rights of children and women.

## 1.1 The Worst Disaster in Recent History

The December 2004 tsunami was the most catastrophic Indian Ocean tsunami in history. It directly affected nine countries—Indonesia, Sri Lanka, Maldives, India, Thailand, Myanmar, Malaysia, Somalia and the Seychelles—and killed an estimated 227,000 people, while displacing approximately 1.777 million others. More than 167,000 people died in Aceh Province—Nanggroe Aceh Darussalam (NAD)—and northern Sumatra in Indonesia,<sup>5</sup> the most heavily affected country. Approximately 35,000 people were killed or went missing in Sri Lanka, and 82 died in the Maldives.<sup>6</sup> The largest proportion of casualties

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<sup>4</sup> UNICEF, 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's response (emergency and initial recovery phase)—synthesis report', UNICEF Evaluation Office Evaluation Report, May 2006. See bibliography for additional, country-specific evaluation reports.

<sup>5</sup> The official figure was 130,000 dead and 37,000 missing.

<sup>6</sup> There were 82 deaths with an additional 26 people missing, presumed to have been killed by the tsunami.

was women. Approximately one-third of deaths in Sri Lanka and Indonesia, and one-half of deaths in the Maldives, were children. Tens of thousands of children were separated from their families or orphaned. Displacement impacted 500,000 people in Indonesia, one million in Sri Lanka, and 30,000 in the Maldives. In all three countries, the tsunami destroyed or damaged whole villages, natural ecosystems, and widespread infrastructure including homes, health facilities, schools, transportation and communications systems. The disaster caused profound losses in communities, livelihoods and local economies.

Indonesia and Sri Lanka were already under great strain due to the longstanding conflicts in Aceh—between the Government of Indonesia’s (GoI’s) national military and the separatist Free Aceh Movement, or Gerakan Aceh Merdeka (GAM)—and in the north and east of Sri Lanka, between the Liberation Tigers of Tamil Eelam (LTTE) and the Government of Sri Lanka (GoSL). The conflicts have both ended, but in Aceh, the conflict resulted in an estimated 300,000 internally displaced persons (IDPs) and 15,000 deaths,<sup>7</sup> and in Sri Lanka, more than 65,000 people were killed and there have been as many as one million IDPs.<sup>8</sup> Thus the tsunami added to existing conflict-induced stresses, including targeted violence, forced displacement, food insecurity, severe malnutrition, and extremely limited services and assistance. These conflicts—particularly in Sri Lanka—have had more profound long-term effects on the population than the tsunami.

## 1.2 From Relief to Recovery to Early Development

The tsunami directly affected nine countries bordering the Indian Ocean. Responses were specific to each country, with the exception of regional disaster preparedness and early warning systems. A brief outline of the response in the three countries covered in this evaluation follows.

### 1.2.1 The Emergency Phase

In **Aceh** Province, GoI provided immediate financial, administrative and military support for the emergency response, although its capacity was severely affected, as approximately half the civil service in Aceh had either died in the tsunami—more than 5,200 public sector employees died—or had left the area. Due to the conflict, few international aid agencies had prior presences in Aceh, so distance and logistical constraints (the ability to arrive quickly and offer assistance) were challenges for aid agencies, including UNICEF.<sup>9</sup> The initial search and recovery work involved military forces from across the globe, under the coordination of the GoI military. As is often the case in disasters, it was primarily spontaneous civilian groups that saved lives in the first two to three days,<sup>10</sup> along with the Indonesian Red Crescent Society and the Indonesian Army.<sup>11</sup> Villages and towns with strong leadership initiated rescue and relief efforts prior to the arrival of external assistance, aided by the Acehnese tradition of *gotong royong* (voluntary mutual assistance).<sup>12</sup>

The Presidential Secretariat initially coordinated the relief effort and within a week had created the Centre for National Operations with staff from the public and private sectors to act as a *de facto* National Disaster Management Authority.<sup>13</sup> The GoI’s relief agency, the National Disaster Management Board, subsequently established an *ad hoc* disaster management structure with special boards at provincial and district levels. However, Indonesia’s National Disaster Management Board lacked operational capacity

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<sup>7</sup> UNICEF, ‘The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF’s response (emergency and initial recovery phase)—Indonesia’, UNICEF Evaluation Office Evaluation Report, May 2006, p. 7.

<sup>8</sup> United Nations, ‘Common Country Assessment: Sri Lanka’, 2006, p. 3.

<sup>9</sup> At the time of the tsunami in Aceh, there were few existing aid agencies because of the violence and the institution of martial law that restricted their access. Source: Scheper, E., ‘Impact of the International Tsunami Response on National and Local Capacities in Aceh and Nias’, TEC Evaluation Report, January 2006, p. 2.

<sup>10</sup> A Fritz Institute survey found that 91 per cent of interviewees were rescued by community members. Source: Tsunami Evaluation Coalition, ‘Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report’, July 2006, p. 42.

<sup>11</sup> Norwegian Refugee Council, ‘We Landed On Our Feet Again: NRC’s reaction to the tsunami of December 26th 2004’, Evaluation Report, October 2005, p. 38.

<sup>12</sup> Scheper, op. cit., p. 3.

<sup>13</sup> Tsunami Evaluation Coalition, ‘Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report’, July 2006, p. 45.

because its disaster management structures at provincial and district levels were wiped out by the tsunami. Moreover, the national coordination procedures were unclear to both national and international actors, confounding the initial relief response. The GoI worked with the United Nations to establish a Joint Disaster Management Centre at the Office of the Vice President, which ensured day-to-day coordination for planning and operations between the government and the international response community.<sup>14</sup>

Immediately following the tsunami in **Sri Lanka**, the government reintroduced emergency regulations that secured the military's role in the relief phase.<sup>15</sup> Within days, GoSL established the Centre for National Operations, based in the Presidential Secretariat, which absorbed the Disaster Management Centre that initiated operations. The Centre became the national focal point for emergency management. However, the immediate life-saving and relief effort during the first two days was led almost entirely by the general public from adjacent areas. In the north-east province controlled by the LTTE, the Tamil Rehabilitation Organization headed relief efforts.

In the **Maldives**, the Government of Maldives (GoM) responded quickly after the tsunami with the establishment of an inter-ministerial National Disaster Management Centre to coordinate relief. This was later divided into three departments handling relief, reconstruction and logistics. A National Recovery and Reconstruction Plan, a special Ministerial Committee and Taskforce, and relief units to handle the emergency response in various areas were also established. The Tsunami Relief and Reconstruction Fund was established to harmonize donor budgets. Yet, there were significant challenges for agencies to overcome in the relief stage.

When the tsunami struck, there was a marked lack of disaster preparedness, both within the country and among UN organizations on the ground. Hitherto, UN organizations had for the most part undertaken direct implementation in addition to their more traditional roles as providers of technical assistance to the government.<sup>16</sup> There were no operational international non-governmental organizations (NGOs) in the country and few local NGOs or civil society organizations. International organizations in Maldives faced constraints related to national and local capacities, such as: ill-advised, confusing or bureaucratic official policies and procedures; politicized and centralized decision-making, particularly with respect to beneficiary targeting; and concerns about corruption and distrust of local leaders.<sup>17</sup> Moreover, ineffective communication not only presented a challenge to a coordinated response, but also hindered the participation of the local population.

### 1.2.2 The Recovery Phase

The emergency phase in **Aceh** was officially closed on 4 March 2005, when the Indonesian President declared the beginning of the recovery and reconstruction phase.<sup>18</sup> On 30 April 2005, the President established the Reconstruction and Rehabilitation Agency of Aceh and Nias (BRR) in order to focus on community-driven restoration of livelihoods and infrastructure.<sup>19</sup> As the preeminent authority in the region during the recovery and development period, BRR was tasked to coordinate all the response; it gradually was able to hand over implementation to agencies and line ministries.<sup>20</sup> The United Nations Development Programme (UNDP) worked to build the capacity of BRR's reconstruction mandate in 2005 by providing technical and operational assistance.

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<sup>14</sup> United Nations, 'Indian Ocean Earthquake-Tsunami: Mid-term review', Consolidated Appeals Process (CAP), 14 September 2005, p. 43.

<sup>15</sup> Tsunami Evaluation Coalition, 'Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report', July 2006, p. 45.

<sup>16</sup> *Ibid.*, p. 50.

<sup>17</sup> *Ibid.*, p. 92.

<sup>18</sup> United Nations, 'Indian Ocean Earthquake-Tsunami: Mid-term review', Consolidated Appeals Process (CAP), 14 September 2005, p. 46.

<sup>19</sup> BRR NAD-Nias, 'Aceh and Nias: Two years after the tsunami—2006 progress report', advance release version, December 2006, p. 7. See also, World Bank, 'Rebuilding a Better Aceh and Nias: Preliminary stocktaking of the reconstruction effort six months after the earthquake and tsunami', draft, 2005, p. 84.

<sup>20</sup> Channel Research, 'A Ripple in Development? Long term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)', draft report, 5 May 2009, p. 29.

Because of the vast loss of public-sector employees after the disaster and the ongoing conflict, the remaining civil service was far below the capacity needed to deal with reconstruction activities.<sup>21</sup> Meanwhile, the disaster in Indonesia created an unprecedented humanitarian response from the international community: 500 organizations from 40 countries took part in the post-emergency recovery effort, with pledges of more than US\$ 7 billion<sup>22</sup> to meet estimated costs of rebuilding in Aceh and neighbouring Nias of US\$ 4.9 billion.

The reconstruction effort presented a unique opportunity to facilitate the peace process between GoI and GAM by bringing communities together to plan for their futures.<sup>23</sup> On 15 August 2005, GoI and GAM signed the Helsinki Peace Agreement, an act that presented opportunities to bolster peace and undertake greater reconstruction than was previously imagined.

The United Nations reported that the recovery process was well under way by September 2005, with local populations reopening micro-businesses or taking advantage of the employment opportunities created by the presence of international agencies.<sup>24</sup>

In **Sri Lanka**, GoSL announced its three-year reconstruction plan<sup>25</sup> on 2 March 2005, an informal indication of its intention to move to the post-relief recovery phase.<sup>26</sup> The GoSL's initial coordinating body, the Centre for National Operations, was closed and was replaced by the Authority for Reconstruction and Development, a move that caused challenges to continuity in the early recovery period.<sup>27</sup> Further impacting the response was the government's lack of preparedness for an emergency of this magnitude and its lack of staff capacity and administrative resources to meet demands for distribution, implementation and monitoring.

In the early recovery period, not only were there too many actors on the ground,<sup>28</sup> but also there was a significant lack of coordination among the many agencies that arrived in Sri Lanka to provide assistance, similar to the experience in Aceh. Relief agencies had too few experienced humanitarian staff in the field, slow deployment of longer-term staff, and lacked sufficient resources for basic administration needs.<sup>29</sup> In some cases, inappropriate aid was sent to the country.<sup>30</sup> There was a lack of public consultation in recovery planning and policy development, and people were not informed of new policies directly affecting their lives, including cash assistance, relief programmes and the newly imposed coastal buffer zone.<sup>31</sup>

The response to some extent exacerbated conflict in the north and east of the country.<sup>32</sup> In conflict-affected areas, international agencies generally "paid little explicit attention to conflict-sensitive programming."<sup>33</sup> UNICEF found that some donors avoided reconstruction in former conflict areas, and

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<sup>21</sup> BRR NAD-Nias, 'Aceh and Nias: Two years after the tsunami—2006 progress report', advance release version, December 2006, p. 36. See also, United Nations, 'Indian Ocean Earthquake-Tsunami: Mid-term review', Consolidated Appeals Process (CAP), 14 September 2005, p. 44.

<sup>22</sup> BRR NAD-Nias, 'Aceh and Nias: Two years after the tsunami—2006 progress report', advance release version, December 2006, p. 7.

<sup>23</sup> Tsunami Evaluation Coalition, 'Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report', July 2006, p. 67. See also, World Bank and BRR, 'Aceh Poverty Assessment 2008: The impact of the conflict, the tsunami and reconstruction on poverty in Aceh', January 2008, p. 8.

<sup>24</sup> United Nations, 'Indian Ocean Earthquake-Tsunami: Mid-term review', Consolidated Appeals Process (CAP), 14 September 2005, p. 45.

<sup>25</sup> 'Rebuilding Sri Lanka: Action Plan'.

<sup>26</sup> Bennett, J., et al., 'Coordination of International Humanitarian Assistance in Tsunami-affected Countries', Tsunami Evaluation Coalition, July 2006, p. 20.

<sup>27</sup> *Ibid.*, p. 40.

<sup>28</sup> Including a number of organizations set up by tourists who were present during the tsunami.

<sup>29</sup> Bennett, *op. cit.*, p. 42.

<sup>30</sup> Tsunami Evaluation Coalition, 'Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report', July 2006, pp. 52, 56.

<sup>31</sup> UNDP Bureau for Crisis Prevention and Recovery, 'The Post-Tsunami Recovery in the Indian Ocean: Lessons learned, successes, challenges and future action', April 2005, p. 3.

<sup>32</sup> Tsunami Evaluation Coalition, 'Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report', July 2006, p. 105.

<sup>33</sup> *Ibid.*, p.68.

there were barriers in getting supplies to conflict areas due to the strict access requirements, with goods being caught in customs for months.

While GoSL and LTTE both indicated a willingness to cooperate on post-tsunami reconstruction, their cooperation was short-lived, and the population in the conflict areas largely felt that their needs were unmet. Despite the UN Humanitarian Coordinator's emphasis on the need for equitable treatment of all IDPs, whether displaced by the conflict or by the tsunami, some political actors directed aid to particular geographical areas, which highlighted inequities and contributed to a sense of unfairness among conflict-affected populations, eroding public trust in the government.<sup>34</sup>

The Government of **Maldives** reported that the emergency relief phase was concluded by the end of January 2005, just more than one month after the disaster. The traditional funding gap between the relief phase and recovery was largely avoided due to significant financial resources donated, and recovery projects were able to start early.<sup>35</sup> With the assistance of UNICEF, World Food Programme, UNDP, World Health Organization (WHO), United Nations Population Fund (UNFPA), UN Office for the Coordination of Humanitarian Affairs (UNOCHA), the International Federation of Red Cross and Red Crescent Societies, international and national NGOs, and the private sector, GoM was soon able to shift its attention to the recovery stage.

It became evident that there were significant logistical challenges for rebuilding, particularly with transporting building materials. UNDP noted that access and communications were a significant problem due to widely dispersed outer islands.<sup>36</sup> Although UNDP helped to develop the first Early Warning System in the Maldives,<sup>37</sup> disaster risk reduction was a challenge during the recovery period and still remains one today.

In the recovery period, new problems relating to partner capacities came to light. Hitherto, UN organizations had for the most part undertaken direct implementation in addition to their more traditional roles as providers of technical assistance to government.<sup>38</sup> There were no operational international NGOs in the country and few local NGOs or civil society organizations. In the first year after the tsunami, international organizations were confounded by ill-advised, confusing or bureaucratic official policies and procedures. Decision-making was centralized and politicized—particularly with respect to beneficiary targeting—and concerns about corruption and distrust of local leaders emerged.<sup>39</sup> Moreover, ineffective communication not only presented a challenge to a coordinated response, but also hindered the participation of the local population. This lack of participation by the local population and community leaders resulted in limited monitoring due to the lack of planning, insufficient presence on the islands and poor follow-up.

The UNICEF response was to identify human resource and capacity limitations in government and civil society and focus on long-term development needs and national-level capacity development, particularly within ministries.

### 1.2.3 Current Challenges

This section provides a contextual overview and selection of current challenges facing each of the three tsunami-affected countries. As post-tsunami 'normality' was restored, the challenges facing each country became more broadly defined and related to the prevailing development environment.

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<sup>34</sup> Ibid, p.75.

<sup>35</sup> Ibid, p.71. See also, UNDP Bureau for Crisis Prevention and Recovery, 'The Post-Tsunami Recovery in the Indian Ocean: Lessons learned, successes, challenges and future action', April 2005, p. 2.

<sup>36</sup> UNDP Bureau for Crisis Prevention and Recovery, 'The Post-Tsunami Recovery in the Indian Ocean: Lessons learned, successes, challenges and future action', April 2005, p. 2.

<sup>37</sup> UNDP, 'Survivors of the Tsunami: One year later—UNDP assisting communities to build back better', 2005, p.12.

<sup>38</sup> Bennett, op. cit., p. 50.

<sup>39</sup> Tsunami Evaluation Coalition, 'Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report', July 2006, p. 92.

## Indonesia

The World Bank reports that the Indonesian economy has expanded by more than 6 per cent annually since 2007,<sup>40</sup> and the country is currently considered a lower middle-income economy.<sup>41</sup> UNICEF reports that the main constraint facing Indonesia in addressing the challenges and achieving its planned development outcomes is not the lack of financial resources but the need to translate the existing resources into better development outcomes as Indonesia moves closer to becoming a middle-income country.<sup>42</sup>

Some progress has been made with regard to poverty levels. In early 2008, Indonesia was gaining ground to eventually meet Millennium Development Goal (MDG) targets.<sup>43</sup> Yet, it is still behind on critical human development indicators. Reductions in malnutrition have halted, maternal mortality rates remain high, and there continues to be limited access to safe drinking water and sanitation services.

In Aceh, data from the World Bank and the Indonesian Census Bureau indicate that the effects of aid assistance on poverty levels have been largely positive. There were fewer poor households after the tsunami in 2005 compared to 2004.<sup>44</sup> However, three decades of conflict has resulted in direct damage as well as a reduction in trust within and between communities.

The advent of peace in Aceh Province in 2005 encouraged the participation of civil society, and the vast resources for post-tsunami recovery could now be used to rebuild infrastructure and public services devastated by the conflict. Direct elections for local heads of government, which brought former rebels into the political process, have given the new provincial governor a clear mandate for reform, but the legislature, the executive and the civil service face considerable challenges in dealing with Aceh's complex post-conflict and post-tsunami development challenges.<sup>45</sup>

Despite Aceh's significantly increased oil resources, the province remains economically stagnant. There is a need for greater diversification of the economy, modernization, and for remote areas to have access to markets. Since 2005, Aceh Province has seen an increase from 10 to 23 districts and a corresponding increase in civil service employment. The construction industry enjoyed a temporary boost in activity, with the greatest proportion of provincial funds allocated to this sector. Indeed, output-oriented data overrides all else; the District Development Planning Board only has mechanisms for monitoring completion of infrastructure. The dialogue over data trends sent from district to provincial level is said to be 'contaminated' by budget allocation lobbying—with the comparative attraction of high-budget construction projects—and often has little to do with actual needs in the districts.

Aceh had its first democratic elections in December 2006, and legitimacy of the elections was supported by UNDP. However, a subsequent major issue for all agencies, including UNICEF, was that newly elected ex-GAM officials in several areas began levying taxes from construction companies, particularly from the end of 2006, creating unforeseen challenges for implementers of construction projects and for various sub-contracted agents.

In November 2007, nearly three years after the disaster, approximately 20,000 families were still in tents and another 25,000 to 30,000 were living in barracks.<sup>46</sup> By August 2008, 10,000 families remained in barracks.<sup>47</sup> According to BRR this number dropped to just 346 by April 2009.<sup>48</sup>

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<sup>40</sup> World Bank, 'Indonesia and the World Bank', accessed August 2009, available online at: <http://go.worldbank.org/NSIOM0JBX0>.

<sup>41</sup> World Bank, 'Data & Statistics: Country groups', available online at: <http://go.worldbank.org/D7SN0B8YU0>.

<sup>42</sup> UNICEF, 'UNICEF Indonesia 2008 Annual Report', 2008, p.1.

<sup>43</sup> *Ibid.*, p. 3.

<sup>44</sup> Channel Research, 'A Ripple in Development? Long term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)', draft report, 5 May 2009, p. 45.

<sup>45</sup> United Nations, 'The United Nations in Aceh: 2005 to 2008 and beyond', draft, October 2008, p.10.

<sup>46</sup> UNICEF, 'Provincial Profile: Aceh', November 2007, p. 2.

<sup>47</sup> UNICEF, 'Aceh and Nias Programme Briefing: From relief to development', August 2008, p. 3.

<sup>48</sup> BRR NAD-Nias, 'Aceh-Nias Recovery Progress March 31, 2009', accessed 6 May 2009, available online at: [www.brr.go.id/brr/program.nsf](http://www.brr.go.id/brr/program.nsf).

By 2009, BRR was closed and its residual funds had passed to the new provincial government. Aceh's 'special autonomy' designation, its federal status, and the rapid introduction of decentralized government brought not only new-found wealth, but also a set of new problems. Decentralization, with its attendant increase in GoI staffing and in offices in new sub-districts, increased administrative and personnel costs and strained already low capacity. A substantial proportion of spending has been on infrastructure compared to relatively less investment in capacity development, policy formation, planning, effective resource allocation, accounting and reporting.

## **Sri Lanka**

Despite the development and political challenges faced by the country, the United Nations reported in 2006 that Sri Lanka made the transition from a low-income country to a middle-income country.<sup>49</sup> This was a considerable achievement considering the impacts of the tsunami and the civil conflict. In 2008, Sri Lanka remained on track toward achieving all of the MDG targets before 2015, despite the conflict and development needs in the country.<sup>50</sup> The end of the war in 2009 brings with it a level of optimism that hitherto neglected areas will now benefit from both post-conflict reconstruction funds and a redress of public expenditure in the GoSL. However, immediate problems include the large number of IDPs still held in camps in the north-east and access issues that reflect poor relations between civil society and the government during recent years. The war has had an adverse effect on the economy, with steady rates of impoverishment in rural areas, simultaneous increases in the cost of living, and decreasing tourism.

Tsunami recovery programmes continued, but the UNICEF humanitarian response shifted from a focus on stand-alone tsunami recovery efforts to addressing urgent concerns for the conflict-affected population after fighting intensified in 2008. After elections in the spring of 2008, former combatants from a separate faction of the LTTE moved into government structures.<sup>51</sup> UNOCHA reported that these developments allowed for humanitarian assistance to focus again on recovery and home construction, livelihoods development and community stabilization.<sup>52</sup> The severe 'endgame' battles of 2009 ultimately concluded the war but caused further displacement.

Ongoing challenges for the country include: limited planning to sustain interventions that can have a continuing impact to further building back better; capacity building for workers in each of the sectors, as well as civil society and local, district and national level institutions; limited coordination and collaboration among stakeholders; funding constraints to sustain and build upon existing initiatives valuable to the well-being of women and children; and sustainability challenges for systems developed during recovery and early development in each of the four sectors—including maintenance and repair of infrastructure and school facilities, including water and sanitation, the healthy development of children in institutional care, and child and maternal health targets. An additional issue that presents new opportunities to strengthen the country's normative and infrastructure frameworks relates to shelter and the construction of housing for the displaced. There are still outstanding land shortages, land rights disputes, and a shortage of contractors and building materials.

## **Maldives**

The economic impact of the tsunami in Maldives, a country highly dependent on tourism, was most keenly felt in the first two years after the tsunami. The country is on track to reach all the MDGs, but inequalities remain within the population, notably with respect to access to basic services. There are still significant income disparities between those working in tourism and fisheries and those employed in less successful sectors, and between inhabitants of Malé and those living in the atolls (the latter being largely cut off from the benefits of economic growth and having more limited access to income-generating opportunities, health services, nutrition, quality education and protection services).

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<sup>49</sup> United Nations, 'Common Country Assessment: Sri Lanka', 2006, p. 2. See also, United Nations, 'United Nations Development Assistance Framework: Sri Lanka 2008-2012', September 2007.

<sup>50</sup> United Nations, 'Common Country Assessment: Sri Lanka', 2006, p. 2. See also, UNICEF, '2008 Annual Report', 2008, p. 5.

<sup>51</sup> UNOCHA, 'OCHA Sri Lanka', Accessed 16 April 2009.

<sup>52</sup> Ibid.



The Maldives has the lowest elevation in the world, averaging just three feet above sea level. This makes the country vulnerable over the long term to erosion, natural disasters and climate change as sea levels rise. As part of its disaster risk reduction efforts, GoM proposed a resettlement programme in 2007—the Population and Development Consolidation Programme<sup>53</sup>—as part of a Safer Islands Strategy, whereby communities living on smaller, less inhabited, and potentially more vulnerable islands would be settled on larger islands with better natural protection and enhanced coastal defences. However, in 2008, it was found that the consolidation programme was hindered by land shortages, requiring the resettlement of small island populations to larger islands that had less developed facilities than the resettled populations were originally expected to receive.<sup>54</sup>

In 2008, the national elections signalled a political transition toward democratic principles, bringing increased enthusiasm for development in the social sector. At the same time, however, the social landscape in the Maldives has changed significantly. There has been rapid urbanization and overcrowding in the capital, erosion of traditional family arrangements and structures, increases in delinquency and drug use among children and youth, lack of access to good quality education and health care, and rising unemployment rates. Services and programmes for children and youth remain insufficient throughout the country, especially in more remote areas.

The 2008-2010 United Nations Development Assistance Framework highlighted major development challenges facing the Maldives, suggesting entry points for UN system support. This process has enabled UNICEF to look critically at vulnerability issues, introduce a more robust monitoring and evaluation system, and concentrate on scaling up infrastructure, which had some impacts on the effectiveness of capacity development, particularly in the highly centralized country.

Almost five years after the tsunami, capacity constraints—including staff numbers and the lack of technical and institutional know-how—remain a challenge for GoM. While housing and care for IDPs is generally regarded as one of the big successes of the relief and early recovery period, there are still IDPs in temporary shelter situations, and some IDPs are still receiving food aid.<sup>55</sup>

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<sup>53</sup> United Nations, 'Common Country Assessment: Republic of Maldives', 2007, p. 28.

<sup>54</sup> Government of Maldives Ministry of Planning and National Development, 'Project Summary: Host island development', 2008.

<sup>55</sup> Channel Research, 'A Ripple in Development? Long term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)', draft report, 5 May 2009, pp.18, 26.

## 2. EVALUATION FOCUS

### 2.1 Purpose, Management, Methodology and Limitations

#### 2.1.1 Purpose

The purpose of the evaluation was to assess the outcomes and impacts of the UNICEF response (between 2005 and 2008) to the Indian Ocean tsunami in Indonesia, Sri Lanka and Maldives, and to draw lessons and recommendations for strengthening the ongoing development work in those countries. In addition, the evaluation draws lessons and recommendations related to strengthening recovery and transition programming for wider use by UNICEF, governments and their partners.

Other evaluations have been conducted in the intervening years, yet this report seeks to understand the overall impact of the UNICEF tsunami response by focusing mainly on the recovery phase to the early development phase. In terms of sectoral focus, the evaluation has covered the following areas:

- **Water, sanitation and hygiene (WASH):** reconstruction and construction of water supply facilities including through water treatment plants; and provision of sanitation facilities and hygiene related behaviour change communication.
- **Basic education:** provision for basic education (school construction, teacher training, school supplies); and access to quality child-friendly schools (CFSs) and curriculum.
- **Child protection:** legal protection and development; and psychosocial care and support; monitoring and reporting of child rights' violations.
- **Child and maternal health and nutrition:** immunization; early child care and development; prevention of HIV/AIDS amongst mothers and children; health system improvement; and micronutrients.

#### 2.1.2 Management and Oversight

The UNICEF Evaluation Office commissioned the evaluation in 2008. The evaluation was conducted in several phases and was undertaken by a team of international and national consultants with expertise relative to each sector and to humanitarian programming. Field survey teams also collected data at the district and local levels.

Independence of the evaluation function was upheld with evaluation oversight from the country, Regional Office and Headquarters levels. An inter-divisional reference group was established at Headquarters level that included representation of the UNICEF Regional Office for South Asia, as well as for the Eastern Asia and Pacific Region. At the country level, reference groups were established with the participation of government counterparts, UNICEF, selected UN organizations and other stakeholders.

A Senior Evaluation Officer from the Evaluation Office at UNICEF Headquarters managed the evaluation, and global-level administrative support was provided by the Evaluation Office. Country-level administrative support was provided by the respective Country Offices.

#### 2.1.3 Scope, Methodology and Limitations

Although the UNICEF response to the Indian Ocean tsunami took place in eight countries, the focus of this evaluation is on UNICEF programme response in Indonesia, Sri Lanka and Maldives—the three largest programmes by monetary value.

To inform the evaluation design, a substantive scoping mission was undertaken for two months in 2008 to understand better the current tsunami and programme contexts, to review and finalize methodologies, and to identify pre-existing data constraints.

The evaluation analysed UNICEF achievements and performance against standard Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD-DAC) criteria—relevance, efficiency, effectiveness and (early) impact. The evaluation also sought evidence of significant changes in the target populations as criteria reflected in the MDGs or in human rights.<sup>56</sup>

The overall evaluation used mixed methods for data collection including: a broad review of literature and other evaluations; interviews with selected government officials, UN staff, members of the Inter-Agency Standing Committee Country Team, international financial institutions, international and national NGOs, civil society actors and other allies who played key roles during the response; and field measures conducted by national teams—such as focus groups, household visits, questionnaires, and site visits with organizations, public administration staff, and populations involved in the disaster and its response.

Any attempt at a sector-wide evaluation is limited by inconsistencies and capacity constraints in data collection. Specific tsunami-related data are understandably difficult to locate as the response is now history to a large extent, since many of the activities, although still geographically specific, became necessarily absorbed under regular development programming. As a result, qualitative rather than quantitative data assumes greater importance, and places emphasis on ‘change’ that looks at incremental and predictive outcomes and impacts that can be discerned from the process undertaken so far, including behavioural and attitudinal changes. Attempts to mitigate biases that may have influenced data collection or interpretation—including agency, memory and evaluator bias—were considered and factored into analyses.

Conceptual frameworks varied by sector and data collection methods were tailored accordingly.

The **WASH** sector evaluation used a number of indicators for water supply, concentrating on changes in source, water quality and cost, as well as on contamination levels and household water treatment. The results have been considered within the contexts and challenges of each of the three countries and affected regions.

The **education** sector evaluation in Sri Lanka and the Maldives considered progress within the framework of the CFS as the conception of what good MDG-oriented education should be. In Indonesia, the objectives were addressed within the framework of the Creating Learning Communities for Children (CLCC) concept of CFSs.

The **child protection** sector evaluation included a holistic analysis of programme results and an understanding of the context within which each work strand was implemented. Work strands were as follows: in Aceh, children without family care, and abuse and exploitation; in the Maldives, psychosocial support, and NGO and civil society development; and in Sri Lanka, children without family care, psychosocial programmes, and abuse and exploitation.

The **health and nutrition** sector evaluation used a causal framework to examine where, in the chain of events, various quantifiable indicators fall. In many cases, outcome data was limited or unavailable, so to some extent ‘predictive’ outcomes were posited, based on programme approaches, activities and a chain of events that led to changing outputs and potential outcomes.

## 2.2 Impact and Outcome Focus

A challenge across the entire development community is how and when to examine the impact of significant investments usually made in the few years after a disaster such as the tsunami. For UNICEF in

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<sup>56</sup> Per the evaluation Terms of Reference.

Indonesia, Sri Lanka and Maldives the challenge is deepened by the fact that when the evaluation was conducted, each of these countries' four sectors was at a different stage in its project cycle. For example, in some cases construction was still underway in 2009; in others, capacity development began very late in the project cycle. Ideally, impact would be measured some years after project completion (though this varies for each sector), but because the UNICEF approach has been sector-wide and purposely built into national planning priorities, it is important to identify the specificities of the programme now. A compromise over the parameters and definition of 'impact' has therefore been necessary.

There are some challenges to a strict interpretation of impact. OECD-DAC uses the following definitions:

**Outcome:** short-term and medium-term effects of an intervention's outputs (usually expressed in socioeconomic consequences)

**Impact:** long-term effects produced by a development intervention (effect on society)

As mentioned, the evaluation sought evidence of significant changes in the target population as indicators reflected in the MDGs or in human rights. At the host government level this might include changes in perspectives, priorities and decisions within the policy-making environment. Yet, relating this entirely to MDG baseline indicators may be premature. Therefore, greater emphasis was given to discernable progress towards wider goals—indicators of increased capacity of the system as an enabling environment to deliver the kind of services gradually able to realize longer-term goals.<sup>57</sup> These indicators are around policy, access to services, quality and community outreach.

The evaluation ideal was to find evidence of the overriding impact per sector and to work backwards to discover the extent to which these changes can be attributed to UNICEF interventions. Each of the four sector reports for the three evaluated countries focused on an analysis of change over time in impact/outcome and indicators/processes, and analysed the UNICEF contribution to this change. Reference was made to measurable or predictive outcomes in relation to sector-wide MDGs.<sup>58</sup>

It was important to deduce behavioural and attitudinal changes and changes in capacity (systems and policies) over the five-year period, rather than relying upon the more limited input-output analysis that inevitably characterizes early evaluations.

Within each sector study—and within the cross-cutting themes—there were essentially two lines of enquiry:

- To what extent did the tsunami response create opportunities for accelerated improvements in the sector? Did governments adequately use this opportunity, and the UNICEF contribution, to develop new approaches or to enhance an existing agenda?
- In terms of socioeconomic and demographic data, were we able to see significant changes pre- and post-tsunami that could be attributed to national or international responses? To what extent did UNICEF interventions contribute to these overall changes?

Early relief and reconstruction efforts have already been well documented. Drawing on these initial observations, the evaluation is couched in terms of 'lessons learned', with findings relating to a longer time-frame with more qualitative information. There is less emphasis on institutional processes. Rather, with the benefit of hindsight, the questions are whether appropriate decisions were made in a timely fashion and how these decisions ultimately impacted the sector and policy environment.

## 2.3 Recovery and Transition Programming Issues

The evaluation's 'cross-cutting' themes pertain to those recovery and transition programming issues that underlie all sector work. For example, the evaluation looks at the extent to which UNICEF interventions

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<sup>57</sup> Using a 'theory of change' methodology.

<sup>58</sup> See individual sector reports for detailed information, analysis and evaluation findings.

have effectively supported the restoration of public-service institutions (including their human resource capacity where this was depleted). Although each sector tangentially comments on the cross-cutting issues, the synthesis report pulls together some of the important findings, making recommendations accordingly. The themes are:

- **Conflict and tsunami response:** Relevant to both Sri Lanka and Indonesia, how UNICEF managed to deal with the differences and challenges between conflict-affected and tsunami-affected areas. In Sri Lanka, the sample areas include the east (conflict-affected), contrasting with the south (non-affected). In Indonesia, the sample areas include the coastal areas of NAD as well as inland areas affected mostly by conflict. It should be noted, though, that a demarcation of 'conflict-affected' and 'non-conflict-affected' is incorrect; the impact of the conflict was felt throughout the province. More particularly, for Sri Lanka and Indonesia, to some extent the target populations have been displaced both by tsunami and conflict. The extent to which UNICEF has been able to protect humanitarian principles and access.
- **National and local capacity development:** The extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity.
- **Partnerships:** The extent to which the UNICEF choice of, and relationship with, partners has contributed to positive (or negative) results and changes in the well-being of children.
- **Disaster preparedness:** The extent to which UNICEF contributed to disaster preparedness and risk mitigation, particularly in terms of enhanced capacity of national bodies.
- **Targeting the disadvantaged:** The extent to which marginalized populations—communities in remote islands with limited services, and women, including impoverished household heads—were identified and included in programmes, and evidence of improvements in this respect.
- **Human rights-based approach to programming (HRBAP):** Much of the programmatic approach to HRBAP is implicit or explicit in sector work. Here, we add only the broader contextual analysis, asking how adequately the various elements of HRBAP were applied, especially in the shift from humanitarian relief to the recovery phase.
- **Gender issues:** How the UNICEF programme has addressed gender inequities at sectoral and policy levels.

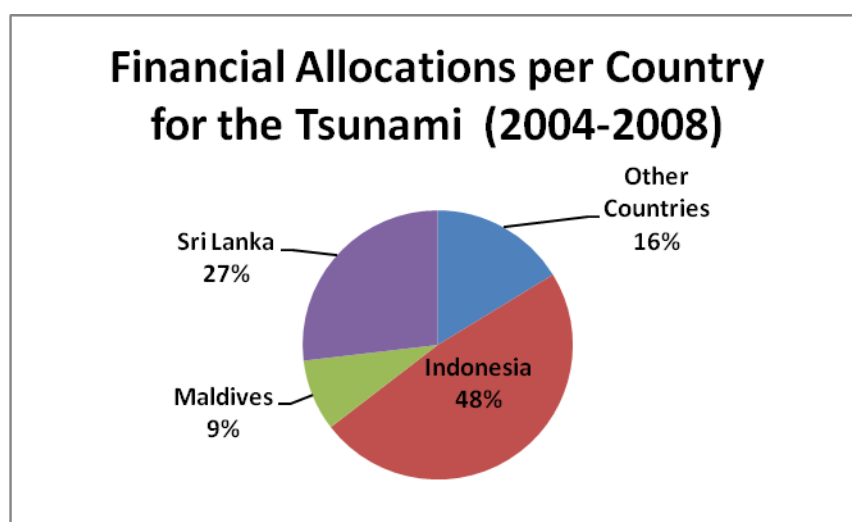
### 3. UNICEF PROGRAMMES IN INDONESIA, SRI LANKA AND MALDIVES

#### 3.1 Overview

The profound impact of the tsunami challenged UNICEF's ongoing programmes and commitment to children's well-being in the affected countries where the organization works—Indonesia, Sri Lanka, Maldives, India, Malaysia, Myanmar, Somalia and Thailand. UNICEF received a total of US\$ 694.7 million in donor contributions for the tsunami.

UNICEF programmes in Indonesia, Sri Lanka and the Maldives received 84 per cent of donor contributions for the tsunami throughout the relief, recovery and early development phases (2004 to 2008). Figure 1 shows the accumulative totals of funds received by each country. In all three countries, the greatest investment in programming was required during the relief and early recovery phases immediately following the tsunami and through 2005 (Table 1).

**Figure 1. Financial allocations per country for the tsunami (2004-2008)**



Source: UNICEF, 2009

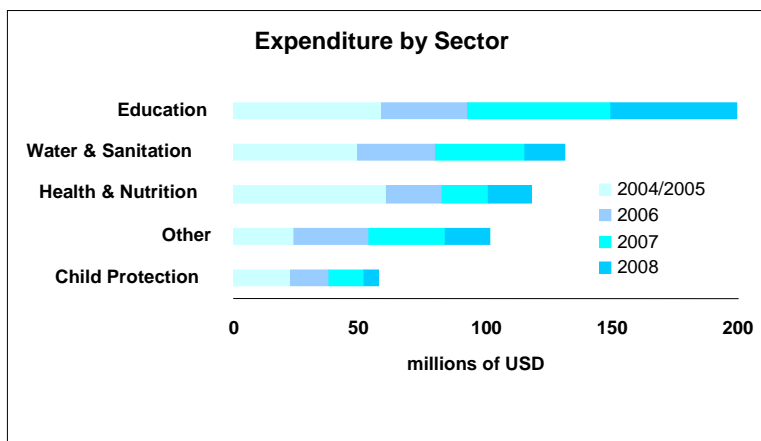
**Table 1. Expenditure per country by year**

|  | 2004/2005          | 2006               | 2007               | 2008              |
|--|--------------------|--------------------|--------------------|-------------------|
| Indonesia, US\$                          | 90,875,920         | 48,624,713         | 75,568,421         | 66,172,387        |
| Sri Lanka, US\$                          | 60,528,283         | 41,987,671         | 35,636,356         | 25,448,861        |
| Maldives, US\$                           | 23,935,554         | 15,472,201         | 14,387,351         | 3,457,867         |
| <b>Total expenditure, US\$</b>           | <b>175,339,757</b> | <b>106,084,585</b> | <b>125,592,128</b> | <b>95,079,115</b> |
| Percentage of total spent from 2004-2008 | 35%                | 21%                | 25%                | 19%               |

Source: UNICEF, 2009.

Figure 2 shows that in the relief and early recovery phases (2004 to 2005), 82 per cent of UNICEF programme expenditures went towards the health and nutrition, education and WASH sectors. Overall, the largest investment in the four post-tsunami years (2004 to 2008) was in re-establishing and expanding the education sector.

**Figure 2. UNICEF programme expenditures in Indonesia, Sri Lanka and Maldives for tsunami relief, recovery and early development (2004-2008)**



Source: UNICEF, 2009.

### 3.2 Indonesia

Prior to the tsunami, UNICEF had a small presence in Aceh—a field office in Banda Aceh with one national officer and with support staff—but had restricted travel to the districts due to the conflict. Many agencies, including UNICEF, did not gain access to Aceh in the first week after the disaster. The UNICEF response was not up to full scale until approximately three weeks later. UNICEF did, however, participate in a UN inter-agency rapid assessment on 31 December 2004. As lead agency in the coordination of the international response—and sub-lead in various sectors—UNICEF decided to focus its coverage on the most devastated areas and on where there were fewer agencies. This included urban areas in the severely affected west coast, Simeuleu and Nias. A positive outcome of the expanded presence of UNICEF in the region was its ability to respond very swiftly to the March earthquake in Nias.

UNICEF funding response to the tsunami was the largest in its history.<sup>59</sup> In the first year, this included a substantial amount of the total US\$ 474 million raised for Indonesia by the UN Consolidated Flash Appeal.<sup>60</sup> Pressure to spend the funds resulted in unrealistic time-frames for the completion of some development projects.<sup>61</sup> By 2006, UNICEF had spent just 25 per cent of allocated funds. Increases in expenditure between 2007 and 2008 led to the cumulative spending of more than US\$ 281 million through December 2008.<sup>62</sup>

<sup>59</sup> UNICEF, 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's response (emergency and initial recovery phase)—Indonesia', UNICEF Evaluation Office Evaluation Report, May 2006, p. iii. See also, UNICEF, 'UNICEF Indonesia 2005 Annual Report', 2005, p. 2.

<sup>60</sup> United Nations, 'The United Nations in Aceh: 2005 to 2008 and beyond', draft, p. 3.

<sup>61</sup> UNICEF, 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and initial recovery phases)—Indonesia', UNICEF Evaluation Office, Evaluation Report, May 2006, p. iii.

<sup>62</sup> UNICEF, 'The Governance of Tsunami Funding at UNICEF', July 2009, p. 3.

**Table 2. Expenditure by sector, Indonesia (through end December 2008)<sup>63</sup>**

|  | 2004/2005         | 2006              | 2007              | 2008              | 2004-2008          |
|--|-------------------|-------------------|-------------------|-------------------|--------------------|
| Education, US\$                              | 21,820,832        | 12,591,953        | 44,277,549        | 36,634,330        | 115,324,664        |
| Health and nutrition, US\$                   | 35,981,380        | 6,817,548         | 8,017,701         | 12,247,949        | 63,064,578         |
| Water and sanitation, US\$                   | 24,451,682        | 13,045,644        | 9,202,167         | 7,700,928         | 54,400,421         |
| Child protection, US\$                       | 8,622,026         | 7,446,884         | 5,047,454         | 2,192,607         | 23,308,971         |
| Other, US\$                                  | --                | 8,722,684         | 9,023,550         | 7,396,572         | 25,142,806         |
| <b>Total , US\$</b>                          | <b>90,875,920</b> | <b>48,624,713</b> | <b>75,568,421</b> | <b>66,172,387</b> | <b>281,241,441</b> |
| <b>Total allocations for Indonesia, US\$</b> |                   |                   |                   |                   | <b>336,059,203</b> |
| <b>Funds remaining at end 2008, US\$</b>     |                   |                   |                   |                   | <b>54,817,762</b>  |
| <b>Percentage remaining</b>                  |                   |                   |                   |                   | <b>16%</b>         |

UNICEF staffing levels in Aceh increased from 2 to 69 in the three months following the disaster, and the UNICEF Indonesia office expanded four-fold by May 2005.<sup>64</sup> By the end of 2005, UNICEF Indonesia staff numbered 263 and its budget had increased twenty-five-fold.<sup>65</sup>

In the **WASH** sector, the overarching goal of UNICEF was to support sustainable solutions for water security, basic sanitation and improved hygiene. In the emergency phase, this included helping to ensure the availability of minimum safe water supply, safe excreta disposal and solid waste disposal for displaced populations. UNICEF played a large coordination role in the WASH sector, developed standards and established guidelines, and made significant strides to build local government capacity.

In the **education** sector, UNICEF focused primarily on school reconstruction. It also supported the reestablishment of the Education Management Information System and was involved in the development of the Aceh Education Database. There was an early and ongoing focus on quality education via the CLCC approach, Early Childhood Development Centres, and training teachers.

In the **child protection** sector, UNICEF was the lead coordinator in Aceh, focusing on three areas of concern: children without family care; psychosocial support to vulnerable children; and prevention of abuse and exploitation. It was part of an established Inter-Agency Tracing Network for family tracing and reunification to assist separated and unaccompanied children and their families. UNICEF also supported advocacy, policy and coordination; trained service providers; and assisted in government capacity building.

In the **health and nutrition** sector, UNICEF was the health coordinating agency for six of the most affected districts in both Aceh and Nias. In less affected districts, it provided technical and logistic support to assist the district health authorities and WHO. UNICEF provided training for health care workers and midwives in managing illness and severe acute malnutrition, reproductive health, immunizations, and breastfeeding and child feeding practices. The agency co-produced guidelines for infant feeding in emergencies with WHO and distributed them to health partners, and supported the revision, printing and delivery of maternal and child health care handbooks to health authorities. In the development phase, UNICEF funded and monitored the 2007 Demographic Health Survey (DHS) in Aceh. In addition to training health workers, UNICEF programming since the emergency and early recovery phases has focused on the building and equipping of mother-and-child health centres and health facilities.

Since UNICEF is reliant on international partners to help implement its programmes, the limited presence of agencies in Aceh at the time of the disaster meant that it could not meet its intended response.

<sup>63</sup> UNICEF, 'Expenditure and Allocation Tables', internal document, October 2009.

<sup>64</sup> UNICEF, 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and initial recovery phases)—Indonesia', UNICEF Evaluation Office, Evaluation Report, May 2006, p. iv.

<sup>65</sup> UNICEF, 'UNICEF Indonesia 2005 Annual Report', 2005, p. 2.



Moreover, UNICEF's limited capacity restricted its ability to build partner capacity and to work with and through local government. Like other agencies, it had to compete for qualified national staff, sites and partners. It also faced high staff turnover due to rotation, length of contracts and unqualified staff. While responding to the overwhelming needs on the ground, the UNICEF office in Indonesia was faced with managing and accounting for large funds, fulfilling donor requests, and attending to visits by donors and the media.

Outcomes and challenges are examined in more detail in the following sections. It is important to recall that UNICEF was one of hundreds of agencies on the ground in the first months of the response. The initial chaotic environment demanded a rapid learning curve for all involved. However, the main focus of this evaluation is the recovery and transition to development, rather than the emergency phase.

### 3.3 Sri Lanka

UNICEF Sri Lanka faced considerable challenges in staffing and technical capacity in coping with the magnitude of the disaster. In accordance with the Core Commitments for Children in Emergencies,<sup>66</sup> UNICEF developed a draft Plan of Action in mid February 2005 and finalized it with GoSL in April 2005. This mapped out the recovery plan for the following 18 months.

UNICEF had four established offices in Batticaloa, Jaffna, Kilinochchi and Trincomalee. Not only were staff numbers limited, but also technical expertise among staff was less than optimal. However, the offices received short-term assistance from various staff members and a great deal of support from New York Headquarters and the Regional Office. The emergency response required the fielding of staff in areas in the south where UNICEF previously had no offices.

By March 2005, UNICEF had received more than US\$ 115 million following the UN Consolidated Flash Appeal for Sri Lanka.<sup>67</sup> The Country Office received another US\$ 22 million by October 2005.<sup>68</sup> By December 2008, UNICEF had spent more than US\$ 163 million on programming.<sup>69</sup>

**Table 3. Expenditure by sector, Sri Lanka (through end December 2008)<sup>70</sup>**

|  | 2004/2005         | 2006              | 2007              | 2008              | 2004-2008          |
|--|-------------------|-------------------|-------------------|-------------------|--------------------|
| Education, US\$                              | 16,207,820        | 11,946,720        | 2,157,374         | 9,937,162         | 40,249,076         |
| Health and nutrition, US\$                   | 12,311,136        | 8,582,584         | 3,484,174         | 2,648,375         | 27,026,269         |
| Water and sanitation, US\$                   | 11,494,566        | 10,210,772        | 18,751,232        | 7,012,259         | 47,468,830         |
| Child protection, US\$                       | 11,271,288        | 3,050,640         | 4,269,691         | 2,046,919         | 20,638,538         |
| Other, US\$                                  | 9,243,473         | 8,196,955         | 6,973,885         | 3,804,146         | 28,218,459         |
| <b>Total , US\$</b>                          | <b>60,528,283</b> | <b>41,989,677</b> | <b>35,638,363</b> | <b>25,448,861</b> | <b>163,601,171</b> |
| <b>Total allocations for Sri Lanka, US\$</b> |                   |                   |                   |                   | <b>186,906,605</b> |
| <b>Funds remaining at end 2008, US\$</b>     |                   |                   |                   |                   | <b>23,305,433</b>  |
| <b>Percentage remaining</b>                  |                   |                   |                   |                   | <b>12%</b>         |

From the outset, UNICEF was conscious of the need for equitable resource distribution in a highly charged political environment and was challenged by limitations in distributing resources in conflict areas.

<sup>66</sup> UNICEF, 'Core Commitments for Children in Emergencies', March 2005, available online at: [www.unicef.org/emerg/files/CCC\\_EMERG\\_E\\_revised7.pdf](http://www.unicef.org/emerg/files/CCC_EMERG_E_revised7.pdf).

<sup>67</sup> UNICEF, 'Rebuilding with Children: Recovering from the tsunami disaster in Sri Lanka—The UNICEF supported response 2005-2007', Draft of 13 April 2005, p.10.

<sup>68</sup> UNICEF, 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and initial recovery phases)—Sri Lanka', UNICEF Evaluation Office, Evaluation Report, May 2006, p.ii.

<sup>69</sup> UNICEF, 'The Governance of Tsunami Funding at UNICEF', July 2009, p. 4.

<sup>70</sup> UNICEF, 'Expenditure and Allocation Tables', internal document, October 2009.

However, UNICEF was able to provide much needed supplies in tsunami-affected conflict areas and in resettlement areas and IDP camps.

In the **WASH** sector, the government led the sector response with the support of UNICEF and other agencies and actors. UNICEF facilitated coordination between agencies at the request of GoSL, and in the initial response phase, it provided emergency water supply and sanitation, as well as water quality monitoring and hygiene promotion. UNICEF also helped build water systems capacity, promoted household rainwater harvesting in some areas, and supported the establishment of a water quality surveillance programme. The agency provided immediate supplies such as hygiene kits and water testing kits. UNICEF later invested in the construction or expansion of two water supply and treatment plants.

In the **education** sector, UNICEF was a UN focal point for education and psychological support, and a member of multi-sectoral task forces at local levels to gear the response using child-friendly principles. It designed and constructed CFSs, scaling up the CFS approach and developing 'catch-up education' programming, while also developing an emergency education response capacity in schools. UNICEF goals were to build the capacity of partners to improve the quality of education and to focus on child-centred methodologies, emergency education, inclusive education and standardized catch-up education. The reconstruction of 11 schools was scheduled to be completed in 2009. Regular programming has resumed after some delays due to emergency interventions in former conflict areas. It is hoped that the end to the conflict will permit the rebuilding and development efforts to continue unimpeded.

In **child protection**, UNICEF was part of a multi-agency nationwide effort to survey separated and unaccompanied children in tsunami-affected areas and IDP camps. UNICEF provided support for raising public awareness about the risks of abuse, exploitation and trafficking for children. Its key focus was on three work strands: children without family care, psychosocial programmes, and exploitation and abuse. UNICEF worked to provide safe spaces for children with children's clubs and was a key part of the effort to provide social care centres for families and children. In the development phase, UNICEF focused on four thematic areas: legal protection, social protection, children affected by armed conflict, and the Monitoring and Reporting Mechanism for Security Council Resolution 1612.

UNICEF played a key role in the **health and nutrition sector** and conducted rapid assessment activities including leadership on nutrition assessments, with a strong focus on nutrition promotion. UNICEF supported the reestablishment of basic health services and provided key primary care supplies, as well as medical equipment, ambulances and staff. It focused on the capacity development of health workers as well as on the renovation and construction of health care centres in nine tsunami-affected districts.

### 3.4 Maldives

At the time of the tsunami, there were 11 staff members in the UNICEF Maldives sub-office. By February 2005, the number had increased to 25 and the office was upgraded to a Country Office, no longer linked to Sri Lanka and the area office structure. While the pre-tsunami annual programme budget was approximately US\$ 700,000, by May 2006, accumulative programme funds were almost US\$ 40 million with a four-fold increase in staff—46 employees by the end of 2006. Much of this was allocated to the humanitarian emergency. As a result, it obliged the team to make rapid high-volume procurements that put increasing strain on the weaker supply and logistics capacity of counterparts.<sup>71</sup> In the immediate post-tsunami phase, shelter and livelihoods were identified as the most pressing needs of survivors,<sup>72</sup> but the largest quantity of UNICEF funds in 2006 and 2007 was allocated to WASH. The adolescent livelihoods programme (part of the child protection programme) had not yet begun.<sup>73</sup>

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<sup>71</sup> UNICEF, 'Annual Report 2005: Maldives Country Office', 2005, p. 2.

<sup>72</sup> Tsunami Evaluation Coalition, 'Joint Follow-up Evaluation of the TEC LRRD Evaluation (LRRD 2)', revised document review, SIDA Ref. no 2008-001230, and Tsunami Evaluation Coalition, 'Joint Evaluation of the International Response to the Indian Ocean Tsunami: Synthesis report', July 2006.

<sup>73</sup> UNICEF, 'Limited Programme Review and Evaluability Assessment: UNICEF post tsunami recovery response', UNICEF Evaluation Office, May 2008, p. 13.

UNICEF was the lead agency in **water and sanitation** in the Maldives, providing 34 per cent of the total funding in the sector. Initially, UNICEF concentrated on supplying equipment and assets for emergency water supply systems—rainwater harvesting systems and reverse osmosis and desalination plants—helping to improve the population’s access to safe water. With GoM, UNICEF procured testing and sanitation equipment to support rebuilding and to foster long-term access to WASH facilities. UNICEF is currently piloting a school-based environmental awareness education programme to promote appropriate hygiene behaviour among children.

UNICEF took a lead role in the **education** sector, and was the primary donor for the sector. Teachers and community volunteers were trained to provide psychosocial support. UNICEF provided funding for a rapid expansion of the CFS teaching methodology and supported the development of Teaching Resource Centres (TRCs) to enable e-learning for teachers in all 20 atolls of the Maldives.

In the **child protection** sector, UNICEF focused on psychosocial support and NGO and civil society development. UNICEF financially supported a government psychosocial course for teacher training and supported the Psychosocial Support and Counseling Unit at the National Disaster Management Centre to conduct various activities in the four relief camps in Malé and in tsunami-affected islands. UNICEF provided training and technical support to key protection staff. Its early development response focused on consolidating its support for a more comprehensive child protection system for the country. The three focus areas included: child protection services; justice for children; and the HIV/drug prevention project. The UNICEF child protection programme raised the importance of drug abuse and child rights on the national agenda and contributed to key public awareness campaigns on these issues.

The **health and nutrition** programme focused on assessments, procurement of needed supplies, food for IDPs, awareness about the importance of breastfeeding, and school-related actions. UNICEF led in the area of nutrition and re-established pre-tsunami nutritional interventions. UNICEF also provided support for the construction of temporary health posts and the rehabilitation of damaged health facilities. In the development phase, UNICEF has continued its development of the MaldivInfo database and has provided technical support, training and health facilities equipment for the establishment of the Online Nutrition and Child Health Surveillance System.

The need to rapidly disperse funds, and the spending of funds on high technology, expensive and visible infrastructure projects, reduced attention to the less visible social sector and community-level programmes that would have required country- and region-specific expertise.<sup>74</sup> For example, although local and women’s development committees were consulted to ensure project buy-in, rarely were they involved in decision-making regarding the more expensive infrastructure equipment. The evaluation is aware, however, that the government *modus operandi* at that time was very top-down and infrastructure-driven.

Rapid fund disbursement also created a tendency to allocate programme funds to the general population rather than to direct them to more vulnerable groups such as IDPs, women-headed households or adolescents.<sup>75</sup> Social problems soon arose among IDPs living in overcrowded conditions—including children living in tsunami IDP camps almost three years after the disaster—with increased levels of drug abuse and domestic violence.<sup>76</sup>

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<sup>74</sup> Ibid, pp. 12-13.

<sup>75</sup> Ibid, p. 12. We note, however, that the GoM actively discouraged segmentation of the target group due to acute political sensitivity at the atoll levels to the safe island policy initiative. There was considerable political tension between the ruling government party and emerging opposition groups from mid 2005 onward—a major disturbing factor when seeking closer community input to UNICEF’s work.

<sup>76</sup> These problems were identified early on. See, for example, the independent evaluation report, ‘The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF’s Response (Emergency and initial recovery phases), Maldives’, UNICEF Evaluation Office, May 2006.

**Table 4. Expenditure by sector, Maldives (through end December 2008)<sup>77</sup>**

|   | <b>2004/2005</b>  | <b>2006</b>       | <b>2007</b>       | <b>2008</b>      | <b>2004-2008</b>  |
|---|-------------------|-------------------|-------------------|------------------|-------------------|
| Education, US\$                                 | 10,348,223        | 5,776,653         | 3,304,326         | 1,437,964        | 20,867,166        |
| Health and nutrition, US\$                      | 2,059,289         | 892,390           | 2,576,911         | 599,395          | 6,127,985         |
| Water and sanitation, US\$                      | 9,207,178         | 6,458,719         | 5,300,600         | 165,765          | 21,132,262        |
| Child protection, US\$                          | 289,335           | 915,283           | 1,199,625         | 444,175          | 2,848,418         |
| Other, US\$                                     | 2,031,528         | 1,429,156         | 2,005,889         | 810,568          | 6,277,141         |
| <b>Total , US\$</b>                             | <b>23,935,554</b> | <b>15,472,201</b> | <b>14,387,351</b> | <b>3,457,867</b> | <b>57,252,972</b> |
| <b>Total allocations for the Maldives, US\$</b> |                   |                   |                   |                  | <b>59,568,338</b> |
| <b>Funds remaining at end 2008, US\$</b>        |                   |                   |                   |                  | <b>2,315,366</b>  |
| <b>Percentage remaining</b>                     |                   |                   |                   |                  | <b>4%</b>         |

In the post-tsunami years the GoM has given increasing priority to health services, nutrition rates, employment, education, access to safe water and protection services. Child nutrition, high rates of substance abuse, and unemployment—particularly among women, whose unemployment rate is 23 per cent compared to 7.9 per cent among men<sup>78</sup>—remain major challenges. These concerns are particularly acute at the island level. The challenge now is to promote diversification and pro-poor growth that addresses inequality, regional and gender disparities, and age considerations. In the following chapters, we describe the successes and challenges in more detail.

<sup>77</sup> UNICEF, 'Expenditure and Allocation Tables', internal document, October 2009.

<sup>78</sup> UNICEF, 'Limited Programme Review and Evaluability Assessment: UNICEF Post-tsunami Recovery Response', UNICEF Evaluation Office, May 2008, p. 9.



## 4. EVALUATION FINDINGS PER SECTOR

The following section assesses evaluation findings in the four sectors central to UNICEF programmes in the three countries. While it is early to measure impact in some areas because key components of UNICEF programmes are still at or approaching output states, there are indications of potential impact. The following highlights achievements, gaps, and sustainability issues, as well as the role and performance of UNICEF in contributing to improvements in the lives of children and women.

### 4.1 Water, Sanitation and Hygiene (WASH)

Across all three countries, UNICEF emergency response in the WASH sector provided access to safe water and sanitation for the resettlement of IDP children and their families. Water and sanitation facilities for tsunami-affected families were restored and water supply improved, particularly the rural water supply, leading to some improvements in water security, basic sanitation and hygiene. Early efforts to address contamination and isolate disease resulted in the containment of any potential disease outbreak that could have occurred in each of three countries.

#### 4.1.1 Outcomes, Impacts and UNICEF Contributions

##### *Water supply and usage*

In **Aceh**, severely tsunami-affected areas now have almost 100 per cent coverage in improved water sources, while those in conflict-affected areas have 50 per cent to 80 per cent coverage. People use more refill water for drinking than before. Although there is an increased cost in purchasing refill water, this is due to increased income, access and habits from earlier (emergency) trucking operations.

In **Sri Lanka** there has been a switch from household-managed to communally managed water supply, accelerating a long-term trend. As a result, people have more and better access to water supply. The number of people receiving piped water has risen by 30 per cent since 1993. In 2007, more than 50 per cent of Sri Lankan households depended on protected wells for their water requirements, while almost 30 per cent of people had access to pipe-borne water and 4 per cent used other improved sources. The amount of time women and children spend collecting water has decreased as water sources have changed. Before the tsunami, 25 per cent of households spent more than five minutes collecting water, and now less than 2.5 per cent of rural households do so. The evaluation survey found that two-thirds of water collection is the responsibility of women, and children in 8 per cent of tsunami-affected households are responsible for collecting water, with girls carrying the largest burden.

In **Maldives**, support to rainwater harvesting accelerated an ongoing development programme and was in line with government policies. The quality and coverage of the UNICEF rainwater systems—both at household and community storage levels—have had a significant impact on the water supply for the wider population and have increased effectiveness, equality and sustainability. These improvements are expected to reduce water-fetching time with the near complete coverage of rainwater harvesting. Further, the post-tsunami response for desalination water supply helped address emergency needs and increased the supply potential for the designated ‘safe’ consolidation islands for the future.

In **Maldives and Aceh**, despite the rapid installation of water systems, no effective system for water quality assurance yet exists. In Maldives, although UNICEF sourced water testing equipment, it remains largely unused. By contrast, in **Sri Lanka**, laboratories are being upgraded to improve surveillance in rural areas and the government and implementing partners have agreed to establish institutional mechanisms and to build capacity for drinking water supply regulation.

## Sanitation

**Aceh** has shifted from household to community-managed WASH systems, which are assured for short-term sustainability. There is an upward trend in household access to improved sanitation (an increase of 15 per cent), as more people now own their own sanitation facilities. The urban-rural divide is also narrowing. The housing sector played a pivotal role in providing and rehabilitating household sanitation. Though many people in rural areas continue to burn or bury their waste as before, some behavioural changes resulted from the response, such as fewer people throwing away garbage, and more urban households are now benefiting from organized waste collection.

In **Sri Lanka**, GoSL, supported by international and local actors, brought sanitation systems to Sphere standards within a few weeks of the tsunami. The current household sanitation situation is similar to the pre-tsunami state, though with a reduction of open defecation among tsunami-affected people. The housing sector played a pivotal role in providing and rehabilitating household sanitation.

As with Aceh, the sanitation infrastructure built after the tsunami in the **Maldives** is radically changing household-managed sanitation systems to community systems, and sustainability is a large concern. The new sanitation systems have the potential to improve groundwater quality if maintained. Partly as a response to opportunities from the tsunami, GoM's Seventh National Development Plan (2006-2010) requires that all islands with populations of more than 2,000 people have adequate sewage treatment facilities.<sup>79</sup>

## Hygiene

In **Aceh**, knowledge of good hygiene practice remains high, though this is rarely translated into practice. Because of the destruction of key hygiene facilities, open disposal of human waste and poor practices increased. Women and children were provided priority access to toilets and bathing facilities, and were given hygiene kits. Significant differences in practice remain between districts, as well as between urban and rural areas. The UNICEF hygiene programme was fragmented and did not include a robust engagement with the government for long-term institutional building for change. Generic hygiene-related messages were distributed, with too many messages per poster and isolated training provided. Systematic analysis of constraints in changing practice and follow-through programming was not part of the UNICEF programme. In tsunami areas, transient NGOs are now the main trusted source of hygiene information, replacing the role traditionally held by local health centres and workers. This may affect continuity and sustainability of interventions.

In **Sri Lanka**, a multitude of actors disseminated generic hygiene messages both directly and within the established GoSL structure. However, public health inspectors were overburdened and unable to adapt to the increased work demands during the emergency and early recovery periods. Interviews with public health inspectors identified some good practices in improving hygiene and environmental sanitation in model villages. UNICEF trained public health inspectors in assessing new relocation sites and in water testing; other organizations provided training in hygiene promotion and environmental management. However, public health inspectors have limited capacity due to staff shortages, which affects their ability to scale up initiatives or to respond to large-scale emergencies and prevents them from visiting camps frequently, a problem still apparent four years after the tsunami.<sup>80</sup>

In **Maldives**, UNICEF is undertaking a project related to environmental awareness in schools.<sup>81</sup> The project is expected to increase environmental and hygiene awareness among school children and in the community through child-to-parent learning. If coupled with appropriate facilities for hygiene and waste management, there will likely be positive changes in practice.

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<sup>79</sup> Maldives Water and Sanitation Authority, 'Maldives Water and Sanitation Authority Five-year Activity Plan 2006-2010', May 2006.

<sup>80</sup> UNICEF six-month tsunami evaluation; government two-year tsunami evaluation.

<sup>81</sup> The modules were developed with the NGO 'Live and Learn', available online at: [www.livelearn.org/resources/manuals.asp](http://www.livelearn.org/resources/manuals.asp).

## *WASH in schools*

In **Aceh**, most investments in the WASH in schools programme were infrastructure-based. Yet, long-held behaviour traits in the use and maintenance of both water and sanitation facilities in schools has led to a low impact of these facilities. In almost all cases, children do not use school water sources for drinking but bring their own water or purchase it from local vendors. Schools use water facilities only for washing and non-drinking purposes. Sustainability remains a significant problem. More schools have written plans to maintain structures, but as before the tsunami, only one in five actually has a person responsible and even fewer have allocated a budget. Although schools now have more facilities that separate boys and girls as well as teachers, more than three quarters of children still prefer to go home to use the toilet, complaining that school toilets are “dirty and smelly.” It should be noted that only 62 percent of newly constructed UNICEF schools have separate facilities for girls and boys. Indications are that only one in five sanitation facilities have soap in the new facilities.

In **Sri Lanka**, the evaluation found that in schools, the goal of building back better may be compromised by the inability to maintain over-designed school facilities. WASH facilities provided by UNICEF in schools were over-designed relative to pre-tsunami levels and non-affected schools. The type and quality of construction and standard of finishing provided by UNICEF was higher than that provided by other agencies. District-level Ministry of Health workers emphasized the need for more school latrines, but there is little change between current and pre-tsunami systems and behaviour. Students continue to drink refill water brought from home; most do not purchase water at school; and fewer still drink water provided by the school facilities. Few schools have a sustainability plan beyond cleaning or have assigned budgets for consumables such as soap. There was little variation in schools’ waste management practices, and few have facilities for sanitary napkin disposal in secondary schools—indicating that the situation has remained unchanged by general trends or the tsunami response. Almost three-quarters of schools sampled still do not treat water.

In **Maldives**, six months after the tsunami, islands that hosted IDPs experienced enormous pressure on facilities, especially in schools. Some schools had ratios of one latrine to 300 or more students—a ratio that met neither UNICEF nor international standards. The situation improved during the reconstruction phase when schools on some islands received two latrines regardless of size, which resulted in inappropriate ratios. The current situation is not known, as at the time of the evaluation, the most heavily impacted islands remained in flux with significant displacement and the government did not have a systematic method to provide this information.

## *Capacity building*

In **Aceh**, the emphasis on capital-intensive projects by all actors including UNICEF was driven by the large sums of money available and the pressure to spend within a limited and arbitrary time-frame. The result is that longer-term, comprehensive capacity-building and policy-changing initiatives received comparatively less attention and, hence, stated goals and objectives were not always met. An additional challenge in Aceh was the under-availability of suitable partners, which limited the efficient use and management of equipment during the emergency and early recovery phases.

UNICEF made significant efforts in **Sri Lanka** to improve policies in relation to WASH and is working to bring models of good practice—particularly with water quality surveillance—to scale at a national level. UNICEF has agreed with the National Water Supply and Drainage Board to implement sector-wide approaches for future interventions and developmental progress.

As with Aceh, UNICEF in the **Maldives** chose to invest in capital-intensive inputs rather than to take a wider sector approach. Human and institutional capacity, rather than funding, were limiting factors in effective programming in all phases.



#### 4.1.2 UNICEF Performance

The UNICEF role as coordinator and sector leader in **Aceh** provided the opportunity to influence effectively the sector as a whole. It addressed gaps and challenges, and influenced the decisions of major actors. The role also enabled UNICEF to support the housing sector as the most significant driver of change in sanitation. In its own programmes UNICEF built latrines, provided the housing sector with guidelines and standards, and advocated for houses to be built with sanitation facilities. Some influential changes were made, but some organizations had committed to a certain course of action by the time final guidelines were produced, which reduced their ultimate effectiveness.

Effectiveness was compromised by the fact that UNICEF managed and conceived the programme on a project-by-project basis, resulting in a lack of focus and not allowing essential components of the programme to be brought to an appropriate scale. UNICEF was able to concentrate on direct, output-level interventions, but this was sometimes at the expense of effective and sustainable solutions.

Likewise in **Sri Lanka**, the UNICEF role as WASH coordinator was useful in terms of leveraging resources and influencing the sector: approximately 273,000 children were reached with hygiene information; people now have increased access to improved sources relative to their non-tsunami affected neighbours; 77 per cent of people now treat water at a household level, more than the national average; an ongoing water and distribution programme continues to provide water supply and sanitation services to IDPs; new water systems have reduced the amount of time people spend collecting water; and more than 86 per cent of households have access to improved sanitation. The programme and large-scale infrastructure investment, in particular, also benefited non-tsunami affected people and will have a lasting benefit. Nevertheless, the timeliness of some interventions, such as guidelines, reduced their potential impact. Increased linkages and earlier engagement with the housing sector would have increased both quality and coverage. Likewise, when measured against Sphere standards, quality and coverage of service in the WASH sector was not always optimal, notably in relation to the provision of basic services for people in IDP centres.

The WASH sector was largely reactive rather than proactive in raising and addressing key issues. Efficiency was reduced as a result of under-investment in analysis and planning for the transition towards development. To some extent this was understandable. The tsunami stretched both UNICEF and other key actors' capacities during this period—the demand for suitably qualified people and institutions was considerable and outweighed supply. What was lacking was a convincing strategy for change in management and support as the programme focus shifted towards mainstream development concerns.

In **Maldives**, UNICEF emphasis on producing water as opposed to shipping in water or to supporting the continued use of military systems was appropriate. Supporting multiple pre-existing systems to enhance household and back-up community rainwater harvesting systems permitted more effective use of resources. Interventions were within existing development frameworks, not only for tsunami-affected households but also for the entire atoll population. Changes in water supply and sanitation from household-managed to communal systems required increased capacity at all levels. UNICEF increased the governmental capacity to manage, for example, the desalinization plants.

However, although UNICEF used the Core Commitments for Children in Emergencies guidelines extensively, the quality and coverage of sanitation in the initial period neither met these nor Sphere standards due to the lack of leadership and available capacity in Maldives. The UNICEF choice to invest in capital-intensive programming was not balanced with appropriate national capacity development. The scarcity of local NGO capacity in the emergency and early recovery stages meant that construction tasks were not completed satisfactorily in later stages. Further, despite the rapid installation of water systems, no effective system for water quality assurance yet exists in the atolls.

### 4.1.3 Sustainability Issues

In **Aceh**, the government and other actors, including UNICEF, invested heavily in the construction and reconstruction of water supply and sanitation infrastructure. Even before the tsunami, these systems had suffered from inefficient usage or had fallen into disrepair. In fact, on a provincial scale, the lack of maintenance has caused the same level of damage to infrastructure as the tsunami did. Protecting these investments requires consistent support and resources to invest in long-term strategies. The high number of actors involved in the sector and the ongoing decentralization policies have led to confusion in responsibilities compounded by weak leadership.

Emptying septic tanks, water quality and usage patterns are development concerns not addressed through time-limited interventions. Although some UNICEF systems were viewed as stop-gaps, the distribution infrastructure of UNICEF-supported systems may be used to build upon in the future. Ultimately, however, political will and evolving policy frameworks to improve effectiveness and sustainability are required. The response to the tsunami has given momentum to build the sector and its institutional capacity. Having helped establish the water supply working group Air Minum Penyehatan Lingkungan (AMPL), UNICEF is well placed to provide greater long-term development support.

In **Maldives**, UNICEF did not sufficiently support the transition from humanitarian action to long-term sustainable interventions. For example, the change in sanitation systems from household to community management has not yet addressed the failure of all previous attempts at communal sanitation systems. This new method necessitates cooperative management and financial recovery, which is not yet available on the islands. The lack of capacity by GoM or communities to manage the more than 70 desalination water supply and sanitation systems built by the sector is apparent. UNICEF has assured the short-term sustainability of these systems but not the medium- or long-term sustainability. The systems were also over-designed and over-resourced relative to government standards. Complex planning by 10 agencies placed considerable demands on the Ministry of Energy, Environment and Water and Maldives Water and Sanitation Agency. A more comprehensive needs analysis and planning period would have forced prioritization and more pragmatic solutions.

Similarly, in **Sri Lanka**, UNICEF WASH facilities in schools were found to be over-designed. In the early recovery stages when surviving inland and temporary schools hosted IDP children, these additional facilities were critical, but in later phases, new WASH facilities in schools were designed to higher standards and sampled schools stated that they preferred to use either pre-tsunami facilities or facilities provided by other organizations due to lower maintenance costs, thereby challenging usage and sustainability.

### 4.1.4 Lessons Learned

- One of the key constraints for UNICEF was its focus on capital-intensive infrastructure rather than on building institutional capacity. **There is a need to scale up institutional capacity for the sustainability of large-scale investments in WASH infrastructure and equipment.**

While significant investments were made in systems and equipment, in order to attain long-term impact, adequate attention needs to be paid to institutions' abilities to maintain those investments. The sector has taken initial steps, but UNICEF and other actors need to invest time and other resources to ensure that gains are not lost.

- **Similarly, WASH equipment, where aligned with existing institutional capacity and needs, has the potential to have a significant long-term impact.**

Mobile water treatment plants, vehicles and trucks can be essential equipment. High levels of investment in equipment can serve a second use after the recovery period and can contribute to development, if supported by institutional capacity.

- **Lack of investment or plans to build school capacity for maintaining existing WASH facilities indicates that too much attention and investment was given to investing in new facilities.**
- **Early engagement of the WASH sector with the housing sector can reduce groundwater contamination, improve quality, enhance the availability of sanitation and hygiene technology, and better address long-term issues.**

The housing sector played a pivotal role in providing household sanitation. The WASH sector did engage with the housing sector to develop guidelines, but this was done late. Opportunities to reduce groundwater contamination by better separating waste from groundwater could have been more effective if seized earlier. Closer ties with the private sector and government regulators will improve the quality and availability of materials, especially of septic tanks and hand washing facilities.

- **Greater focus on hygiene in the emergency phases and during early recovery is needed.**

While hygiene knowledge is high among tsunami-affected groups, the evaluation found that practice was low, particularly in the relief stage. Attention must be given to the prompt distribution of hygiene kits, as well as to ensuring that WASH facilities are equipped in order to enable good hygiene practices, which require adequate water, soap and hand washing facilities.

- **Strategies employed by some NGOs have undermined long-term local health workers' capacities to operate as a source for hygiene information and other local systems.**

Transient NGOs are now the main trusted source of hygiene information, replacing the role traditionally held by local health centres and workers. Their strategies have to some extent undermined the pre-existing systems of voluntary community work that are often employed in the maintenance of WASH systems, which may have a negative impact on long-term development.

- **UNICEF can do better in managing material and human resources to promote contextual analysis at critical stages that can significantly improve effectiveness, relevance and sustainability.**

Investments in planning and preparedness pay dividends economically, socially and in terms of speed of recovery.

- **When implementing agencies are financially independent, it is more effective for UNICEF to invest in coordination, quality oversight and the identification and filling of gaps and opportunities.**

Opportunities exist for UNICEF to use its leadership role in similar, heavily funded emergencies to support and assist implementing agencies in programmes and to retain funds to address longer-term challenges.

- **Supporting existing developmental initiatives—notably those supported by the World Bank—is more effective than initiating new ones.**

The transition to development is most effective and sustainable when aligned with existing developmental initiatives and systems.

## 4.2 Education

All three countries did well in returning children to school very quickly after the tsunami and in meeting the Core Commitments for Children in Emergencies in the emergency phase. During recovery, the focus was on large-scale construction (in Aceh and Sri Lanka) and on some innovation in teacher training (in the Maldives), with the added opportunity to strengthen the CFS concept.

## 4.2.1 Outcomes, Impacts and UNICEF Contributions

### *School enrolment and participation*

In **Aceh**, 90 per cent of children resumed schooling within weeks of the disaster. Access has improved and gross enrolment rates have remained fairly stable, slightly better than the national level. Progress for girls has been good, with their enrolment slightly higher than boys, although it has been suggested that this can largely be attributed to the region's newly established peace that occurred shortly after the tsunami rather than to specific post-tsunami actions. There has been slow but important movement toward the achievement of quality outcomes of the MDG and Education for All targets. Completion rates are rising, and literacy rates are slightly improving for students ages 15 to 19, while dropout rates have declined. Aceh is making slow but steady progress toward MDG targets.

In **Sri Lanka**, the enrolment rate reached 95 per cent within 12 months of the tsunami. While transfers to better-built schools were high, dropout was rare. A strikingly positive feature of the post-tsunami response was the large number of students that transferred to good schools rather than dropping out of school. School access outcomes were initially mixed due to delays in the rehabilitation and reconstruction of some damaged or destroyed schools. Overall, though, access to learning spaces in the immediate relief to recovery period was successful. Provision of academic and personal supplies to students and schools, even in makeshift accommodation, and the 'back-to-school campaigns' informed communities of the availability of safe learning spaces, and reinforced the importance they gave to children returning to a normal life.

In **Maldives**, the rapid response by the GoM and donors, including UNICEF, in rebuilding, rehabilitating and re-supplying schools enabled a swift return to normal enrolment and participation levels by 2006. The country continues to be on track to realize the second MDG by 2015, based on a literacy rate of 98 per cent and a net enrolment rate of 100 per cent. There was also an increased transition rate to secondary school in 2007, which rose for the first time in six years.

### *Healthier, more protective schools*

In **Aceh**, the provision of access to good quality learning spaces has been a significant outcome of national and international efforts. Most donors, including UNICEF, focused primarily on school reconstruction, with the transition to development characterized by successful construction of permanent schools with child-friendly standards. These were built in locations that were, for the most part, approved by communities, earthquake resistant, and with partial disability access and physical qualities appreciated by children, including: pleasant, sufficient and reasonably sized classrooms; textbooks for almost every student; and secure play areas. Despite the building of separate latrines for teachers and students, and boys and girls, there have been problems in their appropriate use with facilities often locked to children for teachers' use or to "keep them clean." By the end of 2009, UNICEF was expected to have completed 345 permanent schools (from a sector-wide built or repaired target of almost 1,000). However, the UNICEF target had not yet been reached, and construction was extended into 2010.

In **Sri Lanka**, child-friendly criteria for school reconstruction and rehabilitation were adopted, adding significant value to existing assets. UNICEF was the UN focal point for education and psychological support and a member of multi-sectoral task forces at local levels. As such, it was able to orient much of the overall Ministry of Education (MoE) response toward child-friendly principles, including school reconstruction and rehabilitation. The Tsunami Education Rehabilitation Monitoring Trust (TERM) evolved from simply a coordinating mechanism to become a development agency engaging in a wide range of actions to enhance social participation. TERM proved a necessary actor in school rebuilding, working closely with the MoE and core donors to enable child-friendly standards. In the sector as a whole, 125 of 182 of schools (69 per cent) had been rehabilitated by the end of 2008, with construction on 27 new schools having been completed by the end of 2009.

In **Maldives**, similar attention was paid to ensuring child-friendly classrooms and hygiene facilities in the rebuilding of schools. Promoting child rights, gender equality and social cohesion have been messages promoted to teachers and administrative officers in CFS training. School facilities available to children—both primary and preschool—have improved, in particular child-friendly furniture, teaching devices and learning materials. Forty-one new schools have been built post-tsunami.

### **Capacity and human resources**

**Aceh** still requires adequate numbers of qualified and effective teachers—distributed in both rural and urban areas—and more training and supervision are required to gain teaching competence. Teacher qualifications in Aceh's primary schools continue to be poor. Progress in creating a solid base of permanent teaching competence is likely to be limited until there are more graduates of the secondary system in Aceh and until Faculties of Education begin to graduate larger cohorts of well-trained active, joyful and effective learning teachers. A balanced distribution of teachers in rural and urban concerns is also much needed. The situation is exacerbated by poor school management and supervision. School-based management as a means of ensuring more context-specific, transparent and accountable decision-making in Indonesia is a core feature of both education decentralization and the CLCC approach. School-based management is improving, but it is largely closed to oversight and participation by teachers and the community. The Active, Joyful and Effective Learning (AJEL) component of the CLCC continues to struggle as the reach of teachers' in-service training has remained at the level of occasional workshops with little in-class follow-up and supervision.

An additional constraint in Aceh is that unreliable and inconsistent education outcome statistics impede effective planning. In almost every education office, especially at the district level, the collection and management of core school efficiency data were inconclusive. Few offices reported having any training in using data as a planning or monitoring tool. The value of observed action and results has not yet been established.

In **Sri Lanka**, the UNICEF CFS initiative—bolstered by additional resources from the tsunami response—has been the most important success. Carried out at the national level in 2008, along with the professional development of teaching and administrative officials, it aimed to build capacity for access to and quality of education. Its extension from the original 124 schools in North Western Province in 2002 to 1,400 primary schools nationally is an important outcome, reflecting a measure of official acceptance.

There has been a convergence of CFS with a range of MoE reforms, policies and programmes since the late 1990s aimed at improving the quality of learning through changes to curriculum and teaching-learning methodologies. At the primary level, these have been conceptualized and enforced grade-by-grade toward a more child-centred approach. Reforms at the junior secondary level, though more diffuse and inconsistent, have had the complementary objective of moving from book- and examination-centred teaching to active learning. There are early signs of CFS concepts at the secondary level.

In **Maldives**, there is a need for more and better-trained teachers with a deepening understanding of child-friendly principles, yet the use of child-centred teaching and learning materials have begun to make inroads in this respect. The use of teaching devices and learning materials appear to have been effective in producing initial changes in more child-centred and facilitative teaching and in enhancing children's learning-to-learn behaviour. By the end of 2005, there was a decrease in the ratio of students to under-trained teachers from 40:1 to 35:1. Yet, there are still large numbers of undertrained and untrained teachers with limited pedagogical knowledge and skills. The construction of UNICEF-supported TRCs on each atoll has begun to address this gap, but reach to teachers on the islands has been limited due to time and cost of travel and the still-limited capacities of TRC coordinators in guiding teachers as in-class professional learners.

The substantial loss of expatriate teachers—60 per cent—who did not return to Maldives after the tsunami was alleviated in part by a UNICEF and GoM collaboration to use 180 final-year students from the College of Higher Education Faculty of Education to fill their places. Called 'tsunami teachers' by the schools, they were in place very quickly, they brought improvised teaching aids with them, and they had

the advantage of speaking Dhivehi. They appear to have also provided much-needed psychosocial assistance for children and community members.

### *Government commitment to education*

New financial and technical resources available in **Aceh** have provided a fillip to building a more child-friendly, policy-enabling environment, thus enhancing capacity to implement already existing policies. The 2005 peace agreement further enhanced the policy environment. The NAD Education Strategic Plan was a key policy output, resulting from the collaboration of many actors from the education sector and further defining directions and actions to realize children's right to education.

In **Sri Lanka**, the rapid response of the government, the availability of funds and expertise from a wide spectrum of donors, and the resilience of communities enabled the country to cope with the effects of the disaster with relative speed and success. A key enabling factor in all of these was coordination: a Children's Desk at the Centre for National Operations collected and updated data from local government authorities, supplied schools and negotiated interventions; and an MoE/UNICEF Steering Committee monitored progress. Funded chiefly by UNICEF, Save in Sri Lanka, and World Vision, the NGO, TERM, was mandated to coordinate and monitor the overall construction programme and was responsible for implementing the requirements and standards for repair and reconstruction developed by the Planning and Performance Division of MoE.

In **Maldives**, the UNICEF and GoM partnership introduced new ideas and programmes that were to influence longer-term policy. These included the effective uptake and expansion by the MoE of innovations in quality, child-friendly and child-centred education. Before the tsunami, such innovations had been limited to pilot sites. Public spending on education has been increasing year by year. It has risen from an estimated value of US\$ 19 million in 1998 to US\$ 98 million in 2007.

### *Support to vulnerable children in education*

In **Aceh**, endemic pockets of exclusion remain for children affected by poverty, socio-cultural discrimination and disability. Especially at risk in the excluded children population are those with physical, intellectual or emotional conditions that make it difficult for them to attend or to learn in a traditional classroom setting. The National Education Law commitment to ensure the right of these children to participate and obtain an education has been unable to fulfil its purpose. This is a commitment also made by the law Qanun #5/2008, which allows free education for those with mental disabilities. Unfortunately, parents continue to withhold their affected children from public exposure in schools and schools do not have expertise to tailor to their special learning needs.

In **Sri Lanka**, there has been a gradual increase in parent and community responsibility for school access and quality, and more School Attendance Committees have been active in keeping children in school and in bringing them back. With UNICEF support, units in the MoE, provinces and zones have identified out-of-school children—those affected by the tsunami, as well as those from vulnerable groups such as children with disabilities and 'street children'—and have brought them back to school. The third MDG, which aims to promote gender equality, has been met at all school levels.

Non-formal education units in the MoE, provinces and zones have improved the identification of vulnerable, excluded children and have exceeded yearly inclusion targets since 2006 for affected children. UNICEF focus on the most vulnerable children was well articulated within the Education Sector Development Framework Programme's commitment to develop at least one 'quality school' in the 100 most disadvantaged divisions and to highlight the situation of children affected by natural disaster as a vulnerable group. Annual reviews of the Education Sector Development Framework Programme indicate that the enrolment of out-of-school children has exceeded targets, and programmes to improve the quality of education are being implemented with increasingly wider reach. There has, however, been some degree of exclusion on the basis of definition: those children directly affected by the tsunami were considered appropriate targets for intervention, while those who were affected by the conflict and perhaps equally as vulnerable were not, although UNICEF focused on the latter where there was access.

Nevertheless, some efforts were made to tailor to specific need, such as the Catch-Up Education Programme.

Attention to internally displaced children in the **Maldives** has not been consistent. No thorough situation analysis of this target group was undertaken. IDP students were consistently found at or near the bottom of all school indicators with: the highest drop-out rates, frequent and lengthy absenteeism, low enrolment and commonly referenced disruptive behaviour. By contrast, UNICEF advocacy and technical support for children with disabilities opened a policy window. A special educational needs strategy and implementation plan had been expected to be approved by 2008, but it experienced significant delay.

#### 4.2.2 UNICEF Performance

In **Aceh**, the Core Commitments for Children in Emergencies pertaining to education were effectively met and a baseline was set for the later development of child-friendly approaches to building back the sector. There was good coordination within and among government offices and with donor agencies and NGOs, resulting in improved collaborative assessments and coordinated planning of interventions. In particular, development initiatives were given an extra impetus from the peace agreement that allowed community engagement as the province established a viable, constructive level of autonomy.

Reconstruction and access outcomes were realized through improved transparency and consistent and regulated action by the BRR. The Education Sector Working Group, set up early under the authority of the Ministry of National Education, and with UNICEF assigned as secretary, mitigated competition and improved strategy instigated under the CLCC umbrella. It also provided accurate information and open communication on process, progress and constraints to good practice. This established a basis for the transition from recovery to development in the form of an increasingly coherent network of in-service teacher and management training activities and a potentially self-correcting and evidence-based 'data friendly' system.

Two issues of contention remain. First, there has been arguably an over-emphasis on construction and on the technical specifics thus entailed. Second, an over-reliance on western technical standards in pushing for classroom-level change—the largely trickle-down approach to promoting change in teaching and learning—has not proven sufficient to enable or consolidate fundamental learning outcomes on the part of teachers.

In **Sri Lanka**, programming was inevitably impaired by the ongoing war. The system-focused, capacity-oriented and community-based approach to children's psychosocial stability and reintegration into formal education used by UNICEF was sound. However, the quest to develop comprehensive institutional and human resource capacity, especially at the local level, has not yet been realized. TERM went a long way to enabling a reasonably sound transition process in a situation of considerable uncertainty. However, approximately 40 tsunami-affected schools and 200 out of 459 IDP-damaged schools remained without donors. The very serious gaps created by donors withdrawing from conflict areas remained. At the request of the MoE, UNICEF took up reconstruction of many of these schools in late 2008 in addition to its initial commitment.

In **Maldives**, the January 2005 joint needs assessment formed the basis of the MoE and UNICEF agenda throughout the post-tsunami period. UNICEF education and child protection units collaborated in training teachers on all affected islands in psychosocial counselling and in remedial activities for teachers, children and parents. UNICEF championed CFSs, child-centred teaching and learning, early child care and development, and TRC innovations that enabled stronger learning outcomes, building community interest and participation in schools. The weaknesses were insufficient monitoring of assumptions about the results chain (underlying fairly complex innovations like e-learning) and failure to move with vigour from a largely infrastructure-based CFS approach to one requiring sustained new learning in teachers' knowledge and behaviour. Training has been short-term, and there is not yet in place coherent or consistent in-service support to teachers.

### 4.2.3 Sustainability Issues

The **Aceh** Provincial Office of Education and UNICEF plan to facilitate stronger, more sustainable CLCC outcomes through continuity of training and by introducing CLCC principles and practices into pre-service teacher education programmes. Meanwhile, school maintenance is a critical issue that is necessary to sustain access, but it is not yet fully resolved, as communities are not taking ownership. Through 2007, with the encouragement of UNICEF and others, the Office of Education worked to build community ownership and to promote ongoing maintenance. Communities began more actively to assume responsibility for oversight of schools through School Development Societies and more *ad hoc* community committees.

One of the problems for sustainability in the education sector in the **Maldives** is the extent to which teachers equate both the CFS and child-centred teaching and learning approaches more with resources and materials than with their own thinking and behaviour in the classroom. In preschools, insufficient salaries and conditions of service have now begun to be resolved through a better rationalization of credential requirements and corresponding pay levels. In TRCs, relatively few teachers are receiving the breadth and depth of support needed to constitute effective professional development, and concerns were expressed among teachers, principals and TRC coordinators about both funding for maintaining the centres and the impact on the schools that house them.

In **Sri Lanka**, UNICEF supported much of the overall Sri Lanka MoE response toward child-friendly principles, including school reconstruction and rehabilitation. Yet, there remain sustainability concerns involving the need for community ownership in the upkeep of schools. More rapid in-service teacher education is also needed.

### 4.2.4 Lessons Learned

- **A focus on vulnerable and excluded children is needed in all three countries, beginning from the initial needs assessment, to distinguish varying causes and effects of vulnerability and to tailor differentially to these sub-groups of children throughout the recovery, especially with respect to developing the capacity of service providers (school managers, teachers and local education offices).**

This is particularly the case for work amongst IDP children in Maldives and for overcoming constraints by identifying all vulnerable children in Sri Lanka. There is also a need for advocacy and community mobilization to support marginalized children in Aceh.

- **Negotiated adaptation to the needs of the community can help establish innovations like CFSs, as well as better reflect established norms that will then make CFSs more acceptable to parents, teachers and children.**

Such adaptation is more likely to promote ownership of the innovation and sustained implementation—and local knowledge is highly instrumental to programme development. Negotiated adaptation to the needs of the community is critical to establishing innovations like the CFS insofar as communities, teachers and children need to define what ‘friendliness’ means with respect to issues like use of positive discipline and codes of conduct; strategies for realizing gender equality where tradition secludes girls; what level of school infrastructure can be maintained (e.g. not always the ‘gold standard’ in latrines); and appropriate themes of life and livelihood skills training.

- **‘Building back better’ is not as straightforward as external or foreign logic might conclude; defining what ‘better’ means will always need to be negotiated locally if it is to be sustained.**

Community participation and ownership will sometimes force an adjustment in thinking toward alternative, locale-specific arrangements that are key to actually building back better, but that central ministries and the international community are sometimes loath to slow down and make room for.



- **Mechanisms that link schools to communities remain necessary constituents of effective child-friendly learning, but are typically expected to act with resources that are technically too limited and short term.**

Structures like School Attendance Committees, School Development Societies or School Management Committees (SMCs) require sustained development support, including assured financial probity and continuity, if they are to perform their functions of school management oversight effectively—seeking excluded children, promoting enrolment, maintaining viable conditions of service for teachers (e.g., secure accommodation for female teachers), and ensuring appropriate standards of teaching and protection in the school.

- **A dedicated coordinating and oversight body—with an independent mandate, resources and room to adapt—has proven successful.**
- **Developing a counterfactual analysis of post-tsunami impacts in the education sector was an academic and uncertain exercise given the lack of comparable sites where intervention had not occurred.**

In Sri Lanka, the creation of TERM and in Aceh the BRR provided an interesting model, not only in coordinating and monitoring the school reconstruction programme, but also in addressing hurdles such as identifying and securing land and negotiating contending priorities with the community.

### 4.3 Child Protection

In two of the three countries (Indonesia and Sri Lanka), the tsunami experience suggests that the response to the tsunami, particularly the recovery phase, was an opportunity to build upon rudimentary or underdeveloped elements of child protection and pave the way for a strengthened child protection system. All three countries achieved progress in this sector by institutionalizing child protection capacity with human, as well as budgetary, resources and by putting child protection issues on the national policy agenda. The impact of these initiatives on the right to protection remains to be determined given their nascent development.

#### 4.3.1 Outcomes, Impacts and UNICEF Contributions

##### *Children without family care*

In **Aceh**, an inter-agency effort undertook a nationwide survey to identify separated and unaccompanied children in tsunami-affected areas in order to facilitate their identification, documentation, tracing and reunification. The evaluation found that the ‘separated, unaccompanied and orphaned’ categorization employed globally was not a helpful guide to addressing cultural, social and economic underpinnings of vulnerability.

UNICEF and others formed the Inter-Agency Tracing Network, and the Family Tracing and Reunification Programme was started and housed in the temporary children’s centres established adjacent to IDP camps. By April 2005, more than 1,000 separated and unaccompanied children had been registered in the system and 29 had been reunited with their families.

Placement of children with families was the first priority, while orphanages (*panti*) or other institutions were only to be used as a last resort. In August 2005, Dinas Sosial (the NAD Office of Social Welfare), with technical support from Save the Children and financial support from UNICEF, formally took over administration of the Family Tracing and Reunification Programme, including database maintenance and case management. By the end of 2005, 2,494 cases of separated, unaccompanied and single parent households had been registered with the network. There was also an increase in the number of orphanages and children’s homes.

A concern was secondary separation of children due to both the financial strains placed on families fostering children and the generally poor economic conditions of most families in the immediate aftermath of the tsunami. An estimated 83 per cent of all children placed were outside of the formal inter-agency programme.<sup>82</sup> It is estimated that more than 15,000 children placed in Islamic boarding schools (*dayahs*) were victims of the tsunami. More technical support and advocacy is needed to reach legal guardianship for children fostered by extended family or members of the community.

In **Sri Lanka**, the rate of children entering institutional care facilities has declined—an impressive achievement given the continuing armed conflict over the years. Promising practice exemplars have emerged in both the south and the east that have resulted in a significant reduction in children entering institutional care, specifically case conferencing and the use of safe houses and social service centres.

Provincial policy action in the east, coupled with case conferencing and district-level review committees, has begun to level the rate of children entering institutional care facilities, which is an impressive achievement given the conflict that has occurred in the country. Case conferencing, employed in the south, addressed family problems that led to child separation and has been used in hospitals to determine placements for exploited and abused children. However, the lack of policy compliance has limited the application of case conferencing for a wider group of children in need of care and protection.

The safe house mechanism for protecting children who have been abused, exploited or neglected has been an effective means of providing an immediate, temporary solution. When coupled with case conferencing, it also helps to promote long-term family care alternatives. Of the 171 children who stayed in Batticaloa's Safe House from 2005 through 2008, 59 per cent were returned to family care after one or two case conferences.

In the south, social service centres facilitate case conferencing and integrate social service assistance for abused, exploited and neglected children. However, a number of centres are in remote locations, limiting their utility.

As with Aceh, the 'separated, unaccompanied and orphaned' categorization employed globally was not helpful. Early response assessment approaches and methodologies were limited, and the absence of an inter-agency agreement between UNICEF, Save the Children in Sri Lanka, the National Child Protection Authority and other actors about how to gather data was a major shortcoming. Additional shortcomings were evident, such as: inaccurate early estimations of separated children; under-preparedness to deal with secondary child-family separations; and the limited scope of the children without a family care programme.

In **Maldives**, early response directives determined that the country did not have a significant problem in the numbers of separated and unaccompanied children affected by the tsunami. Rather, increased capacity needs were focused on strengthening psychosocial programmes, decentralized social services and civil society development.

### **Psychosocial programmes**

In **Indonesia**, well-being and school performance are better if children live with families rather than in orphanages or boarding schools. While girls in family care perform better than those in institutional care, boys are generally doing better than girls—they are better off in families and boarding schools than they are in orphanages.

Significant progress has been made since the tsunami to establish an effective, professional mental health system in NAD. UNICEF's 21 children's centres have helped improve psychosocial outcomes, such as cognitive competencies, mental health and post-traumatic memory. These centres correctly targeted the most vulnerable children, supporting more tsunami-affected, underprivileged and displaced children.

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<sup>82</sup> Based upon a 2006 study by the Department of Social Affairs and Save the Children.

Safe space programmes in **Sri Lanka** were an effective means of reaching large numbers of tsunami-affected children in camps and displaced communities. By June 2005, approximately 10,000 children in 53 camps in Galle and Batticaloa were engaged in safe space programmes, which also provided psychosocial support for more than 4,000 children. The evaluation identified three key challenges to programme effectiveness:

- A holistic approach must be maintained to maximize support to children.
- Principal support and proper guidance on teacher-student ratios must be maintained.
- The professionalization of psychosocial teachers is required.

These school-based programmes evolved into village-based children's clubs. By 2008, there were approximately 130 children's clubs in the east and south. The evaluation found that children's clubs address two or three of the top five child well-being criteria as determined by children and parents. These criteria are: school performance, supportive family, non-alcoholic father, recreation and play, and peer friendships. Most of these clubs, however, have had to reduce their activities since the end of tsunami funding. Community-based organization (CBO) involvement, livelihoods and self-help fundraising are key to sustaining this vital community support for children.

In **Maldives**, the emergency and early recovery response by UNICEF and its partners addressed psychosocial distress. Community members from atoll capitals reported that their capacity to care for children was back to where it was before the tsunami but not better than before. In contrast, community members on outer islands perceived that their capacity to care for and protect their children immediately after the tsunami was significantly 'diminished' with little to no improvement to date (2008). Psychosocial programmes may have provided relief to disaster victims, but they did not strengthen community capacity to support children long-term.

### **Exploitation and abuse**

Basic steps taken in the aftermath of the tsunami to prevent exploitation and abuse were especially fruitful in **Aceh**. They have not only provided immediate protection but also evolved into a much-needed justice programme. During the emergency phase, police helped to protect children by patrolling exit points, such as airports and ports, and crowded living areas, such as camps. Subsequent interactions between child protection actors and police created new entry points to strengthen the juvenile justice system in NAD, including the establishment of women and children police units in all district police offices. A diversion and restorative justice programme working group was formed to support this successful initiative. NAD now has one of the most innovative restorative justice programmes in Indonesia. The statistics for late 2008 underline the success: 16 per cent improvement in the professional treatment of the child (84 to 100 per cent); 80 per cent improvement in the use of a private room for questioning (0 to 80 per cent); 66 per cent more children have a lawyer or NGO representative present during questioning (8 to 76 per cent); and 92 per cent increase in the use of a non-formal justice means to resolve a problem (4 to 96 per cent).

Likewise, the Victim of Violence programme in Aceh is proving a success: 13 per cent improvement in incidents documented by an officer in charge; 100 per cent of all victims now receive a medical report that is submitted to the court (13 per cent increase post-PPT); 46 per cent increase in the purpose of the interview being explained (7 to 53 per cent post- *Pusat Pelayanan Terpadu* (PPT) Integrated Service Centre; 67 per cent improvement in follow-up monitoring of cases (from 0 per cent pre-PPT); and privacy maintained during the interview at 100 per cent.

### **Social services**

The early development response in the **Maldives** focused on revitalizing the government's pre-existing plans to decentralize child protection services. The establishment of 21 social service centres—family and child services centres—and new social work trainings are the most significant outcome. Family and child services centres, however, face challenges. They are primarily staffed by young adults with limited training and experience. Their work remains largely centre-based and focuses on: case management, workshops about the centre's role in the community, counselling and participation in community events.

Community mobilization, linkages with CBOs, and advocacy and prevention programmes are not evident. Almost all island participants throughout the atolls were aware that the centres existed, but they were largely unaware of their purpose or services. The absence of a community engagement strategy and civil society involvement limits the effectiveness of family and child services centres.

### **Civil society development and government commitment to child protection**

In **Indonesia**, UNICEF worked closely with GoI to develop the government policy on ‘Separated Children, Unaccompanied Children and Children Left with One Parent in Emergency Situations’, issued in February 2005. Additionally, Dinas Sosial—the Provincial Office of Social Welfare—established the Child Protection Secretariat for all child protection activities in NAD. Since 2005, there has been a dramatic increase in national, provincial and district-level policy as well as in coordinating mechanisms. NAD is also supporting human resource development through a new university-based social work training programme that will be key to ensuring a steady stream of competent social workers for years to come.

In Aceh, government budgetary commitments to child protection programmes increased dramatically after the tsunami and continue to grow—increasing more than 90 per cent since 2006. In addition to increased financial commitments, the government is also partnering with NGOs to deliver social protection services. The Indonesian Child Protection Commission in NAD similarly receives joint support from GoI and NGOs.

In **Maldives**, there has been significant work and progress with NGOs and the government placing drug abuse and child rights on the national agenda. NGOs are still active, but some have suspended their operations or have seen their capacity significantly reduced due to a lack of resources. There is a lack of coordination, cooperation and pooling of resources.

### **4.3.2 UNICEF Performance**

In **Indonesia**, child protection system advances are being achieved and sustained. Rudimentary emergency responses have evolved into substantial protective systems for children in tsunami-affected areas. UNICEF’s early linkage of the dual objectives of responding to immediate needs of vulnerable groups of children while helping build the welfare and legal systems for children has paid dividends. Early response tracing and reunification and safe-space programmes that UNICEF had led and contributed to paved the way for:

- New child care and child placement policies and practices
- A favourable shift in government policy away from financial support only for orphanages to substantial support of livelihoods to prevent child-family separations
- New government-civil society partnerships to provide integrated social services at the subdistrict level
- Emerging professional social service staff: 240 subdistrict social workers covering 215 subdistricts paid under the provincial parliament budget
- A new university-based school of social work (human resource development)

In **Sri Lanka**, the UNICEF early response programme offered entry points into broader protective system developments for all children. By mid-2005, UNICEF and its partners were moving from direct service delivery activities to strengthening government and community protective capacities. UNICEF leveraged existing partnerships with government and child protection NGOs to identify separated and unaccompanied children, trace family members, strengthen GoSL response mechanisms, and advocate for a national policy of community placement rather than institutionalization or outside adoption. Sri Lanka demonstrates how system flexibility is a hallmark of a responsive child protective system in a chronic humanitarian emergency and that generous funding, shared priorities between emergency and development actors, and a dialogue between actors at all levels can render results.

UNICEF **Maldives** played a supportive role within the UN family as UNFPA led protection and psychosocial responses. Yet, UNICEF Maldives could not take a lead on child protection. Unique risks faced by children in response to this disaster were joined—and in some cases subsumed—under

concerns related to women and older persons.<sup>83</sup> Although the recovery phase work on drug prevention among youth was strategic, the lack of a systems perspective to address child protection was a missed opportunity.

The government's programme to decentralize social services to the atolls through the establishment of family and child services centres would not have had as much momentum without UNICEF support and advocacy. The child protection programme's technical and financial support to the Advanced Social Service Worker Certificate has provided Maldivians with an opportunity to be trained locally in social service delivery that is contextually relevant.

The UNICEF child protection programme and country director worked hard to put the issue of drug abuse and child rights on the Maldives' national agenda, and they have promoted a growing dialogue between government, NGOs and civil society. These partnerships resulted in efforts to raise the consciousness of Maldivians about the issue of drug abuse in their communities, as well as to build local capacity to respond to this problem.

### 4.3.3 Sustainability Issues

Remarkably, child protection efforts by UNICEF and partners in **Aceh** have resulted in it becoming one of "the most advanced in all Indonesia with respect to the legal protection of children."<sup>84</sup> A Child Protection Secretariat was established within the Department of Social Welfare,<sup>85</sup> which will help ensure ongoing capacity development and institutional ownership at the provincial level.

Sustainability of child protection systems in **Sri Lanka** depends on their ability to address poverty and livelihood imperatives. This requires networking more actively and selecting partner organizations that can supply a livelihood component with funds from other donors. A holistic approach to child protection requires a commitment to ensure that all components of child rights and well-being are addressed across all sectors, such as: survival needs; developmental needs; protection from violence, abuse and neglect; and participation and non-discrimination.

The evaluation found stronger outcomes resulted from projects that were adequately linked to traditional, community, subdistrict or district mechanisms. Children's clubs in Sri Lanka that are nurtured by local organizations have fared better over time than those piloted by international organizations. Many of the CBO-supported clubs have benefited from built-in sustainability strategies, such as village-led fundraising activities and continued mentorship of local organizations.

In **Maldives**, the merging of departments and ministries that followed the change in government has raised concern among child protection advocates that child protection and welfare concerns will be marginalized within larger bureaucracies. Key legislation, such as the Children's Act and Juvenile Justice Act, remains in draft form, awaiting further consultation with appropriate government officials and other stakeholders.

A flaw in almost all protection programmes, including those of UNICEF, was the lack of a systematic process for consultation with local communities. This would have required dedicated human resources, country-specific social sector expertise, community development and gender specialization, review and support analysis, and programme planning. Social sector expertise is also necessary for strengthening the qualitative aspects of monitoring and evaluation. The current approach of relying solely on short-term consultants for assessment and research purposes is not optimal, and may be one reason for the fragmented and over-ambitious nature of previous programmes.

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<sup>83</sup> Patel, S., 'Impact of the Tsunami Response on Local and National Capacities: Maldives country report', Tsunami Evaluation Coalition, 2006; and UNFPA Maldives, 'Response to the Psychosocial Impact of the Tsunami', 2006.

<sup>84</sup> United Nations, 'The United Nations in Aceh: 2005 to 2008 and beyond', draft, p.14.

<sup>85</sup> UNICEF, 'Aceh and Nias Programme Briefing: From relief to development', August 2008, p.16. See also, BRR NAD-Nias, 'Aceh and Nias: Two years after the tsunami', 2006 Progress Report, advance release version, December 2006, p. 37.

#### 4.3.4 Lessons Learned

- **Protective systems for children are national in scope and require active government involvement, ownership and responsibility.**

Building linkages between the different levels—national, provincial and district—of the protective environment is key. While external agencies may enhance the development of a protective environment through projects aimed at one or more elements of this system, they cannot, as short-term actors, build a protective environment system by themselves.

- **A common constraint for protection programmes is the lack of a systematic process for consultation with local communities.**

The extent of local buy-in and ownership of projects is one of the most important determinants of the long-term viability and sustainability of social welfare and child protection programmes.

- **CBOs, NGOs and international NGOs play a key protective role.**

National and international NGOs played important protective roles during the emergency response—and continue to play key roles in national efforts to strengthen the protective environment for children. Disaster preparedness and future planning could usefully build on these protective synergies through explicit public-civil society partnerships.

- **Community-based child protection mechanisms need support and capacity building.**

Experience has shown that community-based child protection mechanisms initially require a large input of time and human resources to develop commitment and capacity. Some type of income generation is also required to provide committees with funds to sustain their work and to respond to protection concerns. Project agreements should reflect those components necessary for sustainability.

- **Child protection actors are able to promote rudimentary elements of a child protective system by ensuring ongoing service provision is built around approaches already in place or under development.**

The dual objectives of responding to immediate needs and systems-building can be seen as two complementary work strands. Capacity building becomes more essential as child protection agencies reorient themselves toward systems building.

- **Building or strengthening a protective environment system is a long-term venture.**

This cannot be achieved in a matter of one or two years. Priorities should be shared between emergency and development actors, including the government, United Nations, NGO and donor communities, and dialogue on transitions to a national development track needs to take place during the emergency phase.

#### 4.4 Health and Nutrition

The financial value of UNICEF's contribution was small relative to overall funding of health and nutrition programming in all three countries, but its contributions of new health facilities improved access to health services, and its support to governments in immunization campaigns are associated with the prevention of predicted disease outbreaks. However, tsunami response was also, in part, a missed opportunity to address more effectively the underlying causes of malnutrition and maternal mortality in these countries.

There were no major outbreaks of communicable diseases in Indonesia, Sri Lanka or the Maldives. There has been an increase in breastfeeding in the Maldives with the coordinated support of UNICEF. Breastfeeding is common for the first six months of life in Sri Lanka, but in Aceh where pre-tsunami data

on breastfeeding are non-existent, 22 per cent of mothers stopped breastfeeding by six months. The duration is longer in rural and conflict-affected areas (2006 surveys data).

In Maldives, the completion of most of the rehabilitation and reconstruction of health facilities for the national health system shows considerable benefit to the country. Survey results show that people found health facilities to be the same or better than pre-tsunami standards in Sri Lanka in 2007.

Pre-existing contextual and developmental issues in Aceh—due to the long conflict and lengthy isolation—were the greatest constraints on recovery. In Sri Lanka, constraints were centred around factors related to the broad institutional, cultural and political setting of the country more than to limitations in project intervention. In Maldives, progress in the health and nutrition sector has been very good, but as in the other two countries it too could have been better if more attention had been devoted to strengthening planning based on the actual epidemiologic burden, training according to the resources of the health system, and policy development based on underlying financial and cultural conditions.

#### 4.4.1 Outcomes, Impacts and UNICEF Contributions

##### *Mortality trends*

In **Aceh**, child mortality is declining, but not at the pace required to achieve MDG targets. Maternal mortality is estimated at 307 per 100,000 live births, one of the highest rates in Association of Southeast Asian Nations (ASEAN) countries, with a slow decline that makes it unlikely to reach the MDG target of 110. A higher percentage of all births are attended by health personnel in Aceh than in Indonesia overall, but maternal mortality is also higher. Sixty per cent of reported maternal deaths in 2005-2006 occurred prior to reaching health facilities. Most service sites are not equipped, and most nurses and midwives are not trained in the management of serious birthing complications.

Where training and equipment for emergency obstetrical care was provided, the case fatality rate among women with complications was reduced from 36 per cent in 2005 to 17 per cent in 2006. These epidemiologic data should drive the health system, yet the training and coordination of midwifery and back-up surgical services are not among the topics of major focus in training or supervision.

In **Sri Lanka**, an efficient maternal mortality ratio surveillance system managed and coordinated by the Family Health Bureau under the Ministry of Health Care and Nutrition has been in place since 2001. Yet inter-district variations in maternal mortality ratios and prevalence of malnutrition remain serious. Maternal deaths are higher in the poorest areas. Similar to child mortality, maternal mortality is highest in the estate sector (not affected by the tsunami). The 2006-2007 DHS did not survey the conflict-affected north. Data from the DHS shows maternal deaths to be highest among: those with emergency caesarean sections, young women, and those with a short duration between births. In 2005, 63 per cent of all maternal deaths were the result of delayed and inadequate medical attention.

**Maldives** has already reached its MDG goal of decreasing the child mortality rate to 16 per 1,000 live births by 2015. There are no notable differences in child mortality between the rural (atoll) and urban (Malé) populations, or between genders. The maternal mortality ratio has declined from more than 400 per 100,000 live births in the early 1990s, to 160 per 100,000 live births by 2002, and 72 per 100,000 live births by 2005. The proportion of deliveries attended by qualified staff was reported to be 94 per cent in 2006. The decline in mortality among children is a major achievement that results from advances in immunization, education, primary health care, nutrition and poverty reduction. The tsunami was a short-term detour rather than a long-range impediment to social progress that had already been gaining momentum in the years before, and the country has continued to show progressive results in the years since the tsunami.

## *Health outcome indicators as a result of the tsunami response*

**Aceh**, along with Indonesia overall, is not on track to achieve its infant mortality, maternal mortality and malnutrition MDG targets. The slow decline in child mortality is due both to continuing high levels of malnutrition and to slow improvement in immunization levels, especially in remote areas of the province. These areas especially include the former conflict areas, rather than tsunami-affected areas, as they are among the most remote.

Improving sanitation and decreasing crowding in camps in **Sri Lanka** correlate with a decline in the incidence of diarrheal disease and of acute respiratory infections among IDPs in 2005. Sri Lanka's incidence of acute respiratory infection among children under age five dropped from 69 per cent in January 2005 to 41 per cent in May 2005 (as compared with a national average of 4.3 per cent in the national DHS survey of 2006-2007). The incidence of diarrheal disease among Sri Lankan tsunami-affected children under five in these surveys dropped from 18 per cent in January 2005 to 10 per cent in May 2005.

**Maldives** experienced a short-term increase in child mortality in 2004 due to tsunami related deaths but, overall, maintained its relatively stable and successful MDG targets in child and infant mortality. A rapid development process over the last 20 years has enabled Maldives to successfully reach its child mortality MDG target with no differences between sexes or urban or rural populations, and has enabled the country to surpass its MDG expectation for infant mortality, with little to no change in subsequent years.

Since the tsunami, an increase in the proportion of deliveries attended by qualified staff, which was reported to be 87 percent in 2004 and 94 percent in 2006, has contributed to a decline in maternal mortality. Such improvements in deliveries have resulted in a maternal mortality rate of 72 per 100,000 in 2005.

### *Nutrition*

In **Aceh** in January 2005, the prevalence of global acute malnutrition was 12.7 per cent, and severe acute malnutrition was 1.5 per cent. The prevalence of wasting was similar between IDP and non-IDP children but underweight, stunting and anaemia were higher in IDP children, indicating problems in access to food and feeding habits. This information was highly relevant for the design of intervention programmes but did not generate stepped-up actions by UNICEF.

Serial nutrition assessments among displaced people in **Sri Lanka** showed that in January 2005 malnutrition among children less than five years old was moderately elevated in comparison to the national baseline rates for underweight and stunting. Four months later, this difference had disappeared.

In **Maldives**, malnutrition is declining but remains relatively high for its economic level—21 per cent of children under five years are underweight, 13 per cent wasting, and 16 per cent stunting. Children between the ages of 24 to 35 months are most vulnerable, indicating improvements in breastfeeding in comparison to the 2001 Multiple Indicator Cluster Survey, but revealing a continuing problem with low-quality complimentary foods later in the weaning and post-weaning period. A survey carried out by UNICEF three months after the tsunami indicated that the nutritional status of IDPs was notably worse than national averages. These differences subsequently disappeared, and those with poorer nutrition now are those in remote areas where access to markets is limited.

### *Breastfeeding*

Advocacy for breastfeeding and guidelines for controlled use of donated infant formula supported by UNICEF were in place in all three countries after the tsunami and are seen as important in preventing breastfeeding from declining.

Breastfeeding practices are slightly poorer in **Aceh** than in Indonesia. Overall, 22 per cent of mothers discontinued breastfeeding before their babies were six months of age. Breastfeeding duration was



longer in rural areas and in conflict-affected areas. Only 24 per cent of respondents reported exclusive breastfeeding (though health personnel believe that exclusive breastfeeding has risen modestly in the last few years). This might demonstrate an ineffective policy focus and poor use of health service data in management.

In **Sri Lanka**, breastfeeding is common for the first six months of life and coverage is nearly universal. There were no clear differences between tsunami affected and unaffected areas that were identified.

In **Maldives**, with the coordination support of UNICEF, there has been an increase in breastfeeding.

### *Immunization*

In **Aceh**, the government had been reluctant to conduct wide age-range immunization campaigns. This reluctance changed with the large-scale and widespread international participation in immunization activities following the tsunami. A measles vaccination as per Sphere guidelines targeting children aged six months to 15 years was undertaken and has since become a national norm. But the coverage of all immunizations after the tsunami still lagged behind national levels.

In **Sri Lanka**, two clusters of scabies and acute hepatitis were identified and controlled in IDP camps. However, disease outbreaks were low and a reporting system—placed in every zone with IDPs within two weeks of the tsunami—showed a remarkable level of capacity, efficiency and commitment.

In **Maldives**, there were no major outbreaks of communicable diseases in IDP camps or among other affected populations following the tsunami. A quickly controlled measles outbreak among older children showed that the potential for infectious disease transmission was enhanced by tsunami-related crowding but subsequent campaigns were timely, appropriate and effective.

### *Health facilities*

In **Maldives**, the completion of high-quality rehabilitation and reconstruction of health facilities for the national health system shows considerable benefit to the country. Tsunami recovery funding was provided at the same time that rapid economic growth was occurring, which facilitated the creation of better infrastructure and services, where the population is concentrated, and of more effective administration.

A 2007 survey in each of **Sri Lanka's** three districts in the Southern Province found that more than 90 per cent of people in tsunami-affected areas reported that the condition of health facilities at that time was similar to or better than before the tsunami.

### *Government capacity development*

In **Aceh**, decentralization of administration, ineffective human resource policies, and a long history of isolation and war reduced recovery capacity and prevented the government and UN organisations from moving beyond the 'emergency mentality' of the immediate post-tsunami period. Substantive articulation of how these actions should contribute to the staged subsequent development of the health system is needed for greater capacity development to occur. The tsunami response, however, did result in a substantial change in the government's previously reluctant stance towards immunization, as seen by the important national policy shift to conduct wide age-range immunization campaigns that resulted from the large-scale and widespread international participation in immunization activities following the tsunami.

In **Sri Lanka**, the impediments to capacity development are primarily evidenced in the broad institutional, cultural and political economy rather than in limitations in project intervention.<sup>86</sup> These impediments included the too-early dissolution of the Task Force for Rebuilding the Nation coordination body and the

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<sup>86</sup> Weerakoon, D., Jayasuriya, S., Arunatilake, N., Steele, P., 'Economic Challenges of Post-Tsunami Reconstruction in Sri Lanka', Asian Development Bank Institute, Tokyo, 2007, p. 33.

failure to address the greater needs of disadvantaged people in the estate sector compared to those affected by the tsunami on the coasts. The challenge is to develop and maintain a system that is responsive to the needs of the disadvantaged groups and those who are affected by natural disasters. Staff absenteeism and lack of retention was particularly acute in the war-torn north.

In 2003, the Government of **Maldives** launched a National Nutrition Strategic Plan 2002-2006. The plan mainly focuses on health education, promotion of healthy diets, and the identification of priority groups such as children under the age of five, school-age children, adolescents, women of childbearing age, and older adults. Despite rhetoric by international organizations and health leaders, participatory involvement of displaced people in their own care and in helping to address their social and mental health needs has not been instituted as part of the Plan. Although programme actions went well, leading to rapid reestablishment of facilities and health programmes in the 24 months after the tsunami, assistance to enable national planners with medium- and long-term planning skills has not been forthcoming.

In all three countries, progress could have been even better if more effective attention had been devoted to training focused on the actual epidemiologic burden, and to policy development based on historic cultural and financial conditions. A key challenge in all three countries is to develop and sustain a system that is responsive to the needs of the disadvantaged groups and less reached regions as well as those who are affected by future natural disasters.

#### 4.4.2 UNICEF Performance

UNICEF's early tsunami recovery activities in **Aceh** were well focused on emerging needs—building and equipping health facilities and training health workers. Considerable progress has been made in re-establishing health facilities and replacing lost personnel. However, the coherence and connectedness of programmes have not been adequate. For example, the opportunity to develop new approaches and to train new staff in IDP camps was not seized. UNICEF also should have paid greater attention to training health workers who supervise primary care personnel and to engaging health policy actions at higher levels. Further, the articulation of how actions should contribute to the staged subsequent development of the health system was missing.

In **Sri Lanka**, the government's designation of UNICEF as the key partner in rebuilding the primary health care system in affected areas strongly assisted continuity in the absorption of UNICEF initiatives into the national health system. Immunization and primary health care programmes, for example, are now fully integrated into the governmental system. Regional differences currently drive limitations to the health outcomes of the country. UNICEF has fewer funds today and must be very strategic in prioritizing its programmes within the overall priorities set by the government and partners. Good immunization and nutritional outcomes in the south reflect the relevance of UNICEF health activities. Here, the programme concentrated on redeveloping facilities, strengthening preventive health programmes, and assessing needs. Less relevant have been the activities to support training among health workers. What is needed now is the integration of programmes with communities in areas that were isolated because of the war, as well as a renewed focus on quality and coverage of health services in estate areas.

In **Maldives**, activities in the health and nutrition sector have been highly effective. Yet, UNICEF had only a limited impact on emergency preparedness, mental health, and meeting the needs of people in displaced communities. It did, however, initiate sensitization and dialogue regarding health and social risks among youth and among HIV and drug clinical programmes. These activities are successful examples of seizing opportunities that arise in the recovery process. Likewise, MaldivInfo became a flagship informational tool, and UNICEF continued to lead in the development of a national Online Nutrition and Child Health Surveillance System, which is necessary for strengthening primary health care and preventive care actions.

The health posts and health centres funded by UNICEF were all built and put into operation during 2006 and 2007. This support has not yet been complemented by the retraining of health workers, except in the narrow areas of breastfeeding support and immunization promotion. The challenge is for the national authorities to reach a coherent strategy in this respect. The methods by which health and health services

were addressed before the tsunami established a high-cost approach that focused heavily on high clinical skills and not enough on the development of primary care, health promotion and community participation. The availability of large-scale tsunami funds to some extent postponed addressing problems in the country's overall approach to health service delivery.

#### 4.4.3 Sustainability Issues

During the early stages of tsunami recovery in **Aceh**, international staff members were more engaged in direct implementation than in strengthening local planning and management capacities. This necessarily re-established at least a minimal system of care, but more attention to the development of district- and provincial-level capacity for planning and administration could have led to greater integration of externally driven programmes. Today, Aceh retains a high level of public funding of the health system, with expectations of continuing good finance from provincial and national sources. To take full advantage of these opportunities, more attention needs to be given to the training and employment of health personnel in primary care as well as in senior management. This training and employment is key to realizing desired increases in coverage and effectiveness.

In **Sri Lanka**, individual programme priorities in immunization, maternal health and primary health care are among the top priorities of the government and have been for decades. However, GoSL has not permitted the creation of foci for autonomy among local beneficiaries and leaders in former areas of conflict, or among the estate sector, where health outcomes in the country are poorest. These are areas of poverty greater than anything caused by the tsunami. To sustain the overall gains achieved through the tsunami response and to improve the overall national performance in the health and nutrition indicators, it is important to accord priority to these needy areas and population groups.

The programmatic focus of UNICEF in the **Maldives** addresses key health and nutrition issues, yet there is a lack of funding for longer-term priorities. Such priorities include continued support for the development of surveillance systems for primary health care, training Maldivian health personnel beyond short-term capacity development, and the elaboration of health and development policy. These priorities should have been accounted for earlier in the recovery process, with funding made available over the full five years. The limited value and high cost of employing foreign medical workers presents another sustainability challenge; it incurs high and rising costs in the years ahead.

#### 4.4.4 Lessons Learned

- **The rapid needs assessment carried out in the immediate aftermath of an emergency is too soon and too superficial to guide actions for the entire recovery period.**

A two-stage planning is required, with a further assessment undertaken six to eight months later to develop a more substantive strategy for the move from emergency actions to recovery and development.

- **Nutrition indicators in each of the three countries—and mortality indicators to a lesser degree—demonstrate that malnutrition concerns were chronic, pre-existing conditions that were not the result of the tsunami.**

These are underlying issues that must be dealt with more consistently by addressing root causes. The recovery phase of an emergency response should be planned to address key underlying causes in a systematic manner.

- **Training health managers who supervise primary care personnel and engaging in health policy actions at higher levels would have strengthened the relief-to-recovery transition. Beyond relief, the need to move systematically into capacity development, policy reform and system strengthening should not be undermined.**

Coordination of actions in the construction of facilities and training of personnel and management and policy would constitute a recovery strategy distinct from an extension of a programme of emergency response.

## 5. RECOVERY AND TRANSITION PROGRAMMING ISSUES

In all three countries, the evaluation assessed the relevance and appropriateness of efforts made in the transition between the emergency relief period and the period when programmes became more embedded in government-led priorities in the recovery and development phases. Put simply, efforts undertaken during the initial phase of response should lead to strengthening recovery efforts. Following a brief relief phase, the question of alignment with national development plans becomes central.

In **Indonesia**, the UNICEF Multi-Year Plan 2006-2010, the GoI-UNICEF Child Protection Programme, the Country Programme Action Plan 2006-2010 and the report on the meeting for the Mid-term Review<sup>87</sup> reflect a concerted effort to realign programme strategies with a shift from recovery and reconstruction to sustainable development. However, **there was a lack of strategic thinking regarding: specific interventions, the extent to which they complement one another, and whether or not there was a logical sequencing of inputs.** Emergency staff were unable to move beyond providing assistance toward a more strategic developmental approach to programming. Despite strong technical skills demonstrated by staff at all levels, a lack of continuity was evident at the level of strategic decision-making.

For example, the UNICEF WASH programme continued to deliver water to barracks for displaced families until mid 2007—more than two and a half years after the tsunami. The preoccupation in maintaining this programme and the lack of an exit strategy was at the expense of developing a strategy to move programming to the next stage, thus perpetuating a dependency syndrome and delaying government ownership of this responsibility. Likewise, in Aceh in particular, **UNICEF was overwhelmed by the administration and management of a massive school construction project that diverted valuable staff energies away from pressing needs for capacity building, community preparedness and participation.** The management of infrastructure requires its own set of capacities, thus creating an even greater gap. The broader lesson here is one of over-ambition and of stretching the UNICEF mandate. This was undoubtedly due to unprecedented funding levels and to the demands from donors.

BRR was mandated to hand over its responsibilities to the Aceh government in April 2009, following its five-year rehabilitation and reconstruction programme. The process of transition began in 2007, when its mandate was first transferred following the establishment of a joint secretariat in all districts in the province. Yet a recent joint evaluation found that the provincial government was not able to “manage the transfer of large public assets as well as recovery projects created by BRR.”<sup>88</sup> By 2009, there remained approximately US\$ 1 billion unspent external funds in the BRR, though carry-overs are frequent due to the fact that the approval of annual provincial budgets by parliament can often be delayed until the third quarter of the year.<sup>89</sup> One outcome is that local government often does not have the means to assume full ownership of programmes and continues coming to UNICEF whenever a problem arises. **There is concern over whether the Aceh government will follow the development mandate left by BRR** and effectively use the public resources from oil profits to provide much-needed public services and to develop capacity and accountability.

In **Sri Lanka**, once the two national institutions set up for tsunami response—the Reconstruction and Development Agency and the Task Force for Rebuilding the Nation, the national and regional coordinating body—were dismantled, there was a **gap in institutional memory** and a weakened sense of accountability at the local level.<sup>90</sup> UNICEF had played a leading role in the Task Force for Rebuilding the Nation, yet coordination was affected by its abrupt and premature closure. Perhaps most importantly, there was a subsequent lack of local ownership of recovery planning.<sup>91</sup> Capacity constraints have

<sup>87</sup> ‘Mid-term Review’, Aceh, October 2007.

<sup>88</sup> Channel Research, ‘A Ripple in Development? Long-term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)’, draft report, 5 May 2009, p. 29.

<sup>89</sup> For example, Aceh’s 2008 provincial budget of US\$ 1.5 billion was not approved until September.

<sup>90</sup> Channel Research, ‘A Ripple in Development? Long term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)’, draft report, 5 May 2009, p. 29.

<sup>91</sup> ‘Health and Nutrition Sector Report’, p. 31.

particularly affected the development of civil society, regions impacted by conflict have posed challenges for programming to meet the needs of the country's most vulnerable populations, and at times in the past, relations between government and NGOs have been strained.<sup>92</sup> Sri Lanka also has a low representation of women in parliament, local government and private-sector leadership. However, the tsunami presented the largest opportunity for non-state agencies to demonstrate not only their assistance, advocacy and implementation capabilities, but also the importance of their role in the tsunami relief, recovery and development.

In **Maldives**, UNICEF benefited from having had a long-established presence in the country. In the post-tsunami recovery period, it was able to build quickly upon existing relationships with government ministries and agencies. UNICEF's longer-term contribution to development will probably be recognized less for its high-expenditure infrastructure than for public awareness initiatives and the strengthening of legislation on child protection and education. By its own admission, UNICEF overall efforts to 'build back better' may have been over-ambitious, particularly in the WASH sector. Some of the critical needs and negative social developments arising in the camp-based, aid-dependent IDP population were underserved.

Again, the **attention to large-scale infrastructure development provoked a disjuncture between such development and the development of expertise and capacities necessary for the needs of more vulnerable tsunami-affected households**. This disjuncture may have been exacerbated by a high turnover of short-term and inexperienced consultants during the transition out of an emergency relief mode of operation into a mode of development programming. Staff capacities with respect to policy and programme design at the national level—and planning for the transition from relief through recovery to development—were thus inadequate. By contrast, in the education sector, the transition was relatively smooth because it was built upon established relationships between the MoE/Educational Development Centre and UNICEF, and elaborated on reasonably well-proven—albeit still developing—CFS and quality of education actions.

This chapter examines selected cross-cutting themes that relate to recovery and transition programming in the three countries. These themes include: conflict and tsunami response, national and local capacity development, partnerships, disaster preparedness, the disadvantaged, HRBAP and gender.

## 5.1 Conflict and Tsunami Response

In the rush to get assistance to those displaced by the tsunami, the juxtaposition of conflict and natural disaster in Sri Lanka and Indonesia was at first not fully appreciated, other than in terms of international agencies not having access to war zones. However, it soon became apparent that the residual effects of war had not only left deep political divisions and disparities of wealth across ethnic and political boundaries, but also impaired the ability of the war-affected populations to receive assistance from the tsunami response and to respond adequately to this unexpected natural calamity.

Out of 25 districts in **Sri Lanka**, 14 were affected by the tsunami, with nine of the districts designated as those in need of the most recovery assistance. Six of these nine tsunami-affected districts were simultaneously impacted by the conflict. The tsunami affected only approximately 5 per cent of Sri Lanka's population. By contrast, the conflict in the north and east has had a much more profound impact on depleted livelihoods and increased vulnerability, particularly as a result of protracted displacement on a massive scale. Of particular concern to UNICEF has been the infamous forced recruitment of children during the conflict. UNICEF therefore developed a strategy for tsunami recovery that was inclusive and looked towards addressing selected chronic issues that affected the country as a whole.

Despite the initial post-tsunami cooperation between the armed forces of GoSL and the LTTE in the emergency rescue phase, this cooperation quickly ended. The allocation of tsunami resources,

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<sup>92</sup> Ibid, p. 30.

infrastructure and economic development were all subsequently challenged.<sup>93</sup> The LTTE controlled an estimated 6,000 square kilometres of land in the north, which caused challenges to infrastructure and economic development for all those providing aid assistance.<sup>94</sup>

In the last four years, the civil war has undergone various waves of intensity, notably in 2006 and again in 2009. Each upsurge not only diverted resources, but also provoked tensions between GoSL and the international community over access, protection and issues of displacement. **The continuing cost of the conflict curtailed the level of sustainable public expenditure,<sup>95</sup> with government spending on defence being at the expense of the critical need for social infrastructure.<sup>96</sup>**

In **Aceh**, the tsunami is widely thought to have brought the peace process to a rapid closure. The government worked with GAM in its relief and reconstruction efforts and the presence of large numbers of international aid agencies was a public relations opportunity for the government to bring a peaceful end to an otherwise almost hidden conflict. The Tsunami Evaluation Coalition found that it also exposed “the hitherto closed region to new participatory development approaches and good governance concepts, which may have a positive impact on the downward accountability and inclusive, rights based development processes in the new autonomous region of Aceh.”<sup>97</sup>

Years of conflict, with little UN or international NGO presence, limited access to and development of social services. Following the tsunami, UNICEF was to scale up rapidly its own human resources and institutional capacity. Beyond its effort to address immediate disaster requirements, **in the recovery and development phases, UNICEF focused largely on capital investment, which, in the post-conflict context, was critical for both long-needed and post-tsunami infrastructure development. Yet, with the exception of child protection, strategic long-term planning, systems building and capacity development were relatively neglected.**

This neglect was not entirely the fault of UNICEF. Capacity development always experiences a longer timeline at odds with the pressure to spend more ‘visible’ funds. Also, to some extent, the BRR—the government’s reconstruction agency—had fixed resources earmarked by international donors, albeit channelled mainly through a trust fund. This body had far greater resources than were ever envisaged for the Reintegration and Peace Fund, a civil society initiative created to attend specifically to war-affected communities but soon co-opted by the government. The Reintegration and Peace Fund was primarily involved in demobilization and reintegration of former combatants, but it has also attempted to extend the peace process in order to address the social, political, legal and economic legacy of the conflict. Yet, lacking financial and human resources, it has done little other than provide financial support to former combatants and conflict victims, and has not created any other programmes to support the peace process.

The evaluation did not examine the impacts of war in any detail. However, it did note disparities in levels of development between conflict and non-conflict areas, though often the distinction was not clear-cut. It also noted a wider issue of concern in post-conflict communities—that years of war inhibit ownership of and trust in the development process. Redressing this lack of trust requires more than technical assistance to government ministries, even at provincial and district levels. The evaluation found, for instance, that such **assistance could have been complemented by a more robust public communications strategy to increase demand and community ownership of new services on offer.** This strategy may be difficult in countries where top-down delivery of services is the norm, but the new decentralized governance structures in Aceh and the political reform process in Maldives present opportunities for UNICEF to help build regular mechanisms for consultation between local officials and

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<sup>93</sup> UNICEF, ‘The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF’s response (emergency and initial recovery phase)—Sri Lanka’, Evaluation Office, May 2006, p. 8.

<sup>94</sup> United Nations, ‘Common Country Assessment: Sri Lanka’, 2006, p. 3.

<sup>95</sup> Tsunami Evaluation Coalition, ‘Joint Follow-up Evaluation of the TEC LRRD Evaluation (LRRD 2)’, revised document review, SIDA Ref. no 2008-001230, p. 17.

<sup>96</sup> UNICEF, ‘2004 Annual Report’, 2004, p. 10.

<sup>97</sup> Scheper, E., op. cit., p. 5.

community representatives. Such building might include not only town hall meetings, but also the dissemination of written materials for increasingly literate and media-aware populations.

## 5.2 National and Local Capacity Development

Capacity development entails more than simply training. It is central to recovery and includes attitude changes, empowerment and ownership, and the reflection of these traits in regular public-sector budgets. The oft-stated comparative advantage of UNICEF is in policy development and advocacy where developing capacities in government bodies and civil society is the ‘software’ necessary to pursue such agendas. In the post-tsunami recovery period this comparative advantage was, however, overwhelmed by the huge resources available for infrastructure and the transaction costs thus entailed. At the same time, particularly in Maldives and Indonesia, UNICEF staff skills appropriate for a programme based around capacity development were simply not there.

In **Maldives**, there has been an increasing openness to institutional development initiatives, but the focus has been almost entirely on national-level strategy.<sup>98</sup> For instance, the tsunami has necessitated a rapid scale-up of GoM capacity in critical WASH infrastructure, due mainly to the supply of new equipment and systems. Such levels of technical expertise—including maintenance financial recovery—are not available on some islands. UNICEF has provided training and equipment, but the solutions have been very technical, and even the national **NGO partners were not attuned to the needs of community-based sustainability and capacity building**. Further, the private sector played an important role in response and equipment supply in the immediate post-tsunami period, but its role should be more widely recognized and developed for future planning.

Civil society has been encouraged through recovery implementation, but levels of community ownership are not yet clear. UNICEF could build on the successful use of students from the Faculty of Education in 2005 to fill emergency capacity needs. In a severely under-employed country, a strategy that links higher education training to island-based initiatives could again be productive. The paradox is that despite severe under-employment in the national population, the health and education sectors are largely run by foreign workers (mostly from the Indian sub-continent)—a historical anomaly pointing to the inability to attract skilled nationals to the atolls and to the pervasive ambition of educated Maldivians to seek work abroad.

One significant outcome applauded by the government was the development by UNICEF and the Ministry of Planning and National Development of MaldivInfo,<sup>99</sup> a software system that permits a critical look at vulnerability indicators from multiple data sources and surveys to **strengthen monitoring and evaluation**. As a flagship information system, MaldivInfo is able to trace 30 years of development improvements in the country and to reveal the challenges that a more responsive government is now able to address. However, there are still some gaps. Child protection indicators, for example, are more difficult to incorporate and will need to be developed more fully.

In **Aceh**, provincial capacity development was impacted by the deaths of more than 5,200 civil servants<sup>100</sup> and corresponding losses in leadership, local knowledge and institutional memory. The **depletion of human resource capacity** added to chronic problems caused by decades-long armed conflict. Moreover, government agencies and CBOs lost critical infrastructure, telecommunications, organizational records and protocols. Under these formidable circumstances, agencies did not merely have to scale up local capacity but rather had to develop it, in some cases, from the ground up. An additional constraint on provincial capacity has been the more than doubling of local governments from 10 to 23, and the increase of subdistricts from 140 to 235 between 1999 and 2005 due to decentralization.<sup>101</sup> The result of this is

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<sup>98</sup> Channel Research, ‘A Ripple in Development? Long term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)’, draft report, 5 May 2009, p. 82.

<sup>99</sup> An adapted version of the global United Nations DevInfo software.

<sup>100</sup> UNICEF, ‘Provincial Profile: Aceh’, November 2007, p. 2.

<sup>101</sup> *Ibid.*, p. 3.

increased administrative and personnel costs, which have reduced the already low capacity of local governments.

A significant increase in the provincial government budget in the last three years has further exposed capacity constraints. Although there have been positive individual initiatives related to institutional capacity building, little overall capacity needs analysis was undertaken. UNICEF was unsure what work was being done by other organizations at district or provincial levels. In the absence of such information, **the strategic direction of specific interventions, the extent to which they complement one another, and whether there was a logical sequencing of interventions could not be known.** One potential recent opening is the Aceh Provincial Government's support for human resource development through a new university-based social work training programme, something that could have significant implications for the provision of welfare services at district levels.

In **Sri Lanka**, national capacities are generally higher. During the four post-tsunami years, **UNICEF made a timely and appropriate contribution towards capacity development at national, district and local levels.** Building on a 30-year presence in the country, UNICEF worked in partnership with multiple ministries to implement considerable services in its four sectors, while also contributing both hardware and training towards enhancing government staff capacity. For example, capacity development of emergency education focal points within the MoE was supported in 2006 and 2007 as a first step to ensuring a sustainable and comprehensive system to plan and respond to educational needs. In 2007 in war-affected areas, mine-risk education as well as regular educational, recreational and counselling services in child-friendly spaces, was provided to 240,000 community members through 5,600 trained field staff and volunteers (from a range of government and NGO providers).<sup>102</sup> In the health sector in 2008 and 2009, approximately 3,500 health professionals were trained on health- and nutrition-related subjects such as the Integrated Nutrition Programme, infant and young child feeding practices, emergency obstetric care, and newborn life support, including more than 900 health staff.<sup>103</sup>

### 5.3 Partnerships

UNICEF Indonesia worked with various NGOs and CBOs in each of the four sectors in both **Aceh and Nias**, in addition to working with dozens of national line ministries and local government agencies. Within the United Nations, the Office of Recovery Coordination for Aceh and Nias was established to facilitate a unified UN approach for coordination and cooperation among UN organizations.

Through building networks of local NGOs, UNICEF conducted an intensive campaign of advocacy and liaison with local communities. Local agencies were supported to establish child-friendly spaces and registration centres with community outreach programmes. Local NGOs were more trusted and accepted by the community,<sup>104</sup> and were willing to integrate within the camps to access community structures and local knowledge.

In the recovery phase in health and nutrition, much coordination fell on the shoulders of UNICEF, with limited leadership in a newly developing and abruptly decentralized public health system. The system's needs for capacity development in the context of radical decentralization, physical isolation, labour migration, and the lack of effective prioritization and supervision was greater than UNICEF had recognized, resourced or budgeted. As a result, the plans on paper that UNICEF organized for recovery went largely unrealized.

Some key lessons emerged from the UNICEF partnership with United Nations Office for Project Services (UNOPS) for what was to be the largest school construction programme in its history. The poor completion rates in the first year pointed to the inexperience of UNOPS and the fact that the contract with UNOPS had been signed at UNICEF's Headquarters in New York with little consultation with the Aceh

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<sup>102</sup> UNICEF, 'UNICEF Humanitarian Action', Sri Lanka, 2008, available online at: [www.unicef.org/har08/files/har08\\_Sri-Lanka\\_countrychapter.pdf](http://www.unicef.org/har08/files/har08_Sri-Lanka_countrychapter.pdf).

<sup>103</sup> UNICEF, 'Tsunami Report, 5-year Anniversary', December 2009.

<sup>104</sup> Hudspeth, C., 'Accessing IDPs in post-tsunami Aceh', *Forced Migration Review*, 2008.



Office. No prior review was made of UNOPS capacity. By contrast, Save the Children and World Vision brought in external contractors and more progress was made. Despite UNICEF's adequate knowledge at country and regional levels, the technical team in UNICEF was also ill-equipped to undertake the management and oversight of such a rapid scaling up of construction outputs. The situation improved after September 2006 with an enhanced capacity of UNOPS, but the overall completion rate for schools was still slow. By the end of 2008, 170 permanent schools from a projected total of 367 were completed. Of these, UNOPS was responsible for 133 schools. The remainder were outsourced to two supervisory groups managed by UNICEF.

UNICEF was not unique in being overwhelmed by the administration and management of a massive construction workload, but it did signal a disjuncture between strategies professed in UNICEF literature—capacity building, community preparedness and participation—and actual realities on the ground, with a great deal of staff energy being directed elsewhere.

In **Maldives**, the heavily centralized government curtailed potential new partnerships with local NGOs during the relief and recovery phases. Where NGOs existed at all, they worked hand-in-hand with GoM, which determined the allocation of responsibilities. Although programme development included consultation with women's NGOs and women's development communities at the island and atoll levels, the extent to which this entailed genuine participatory decision-making is difficult to discern. GoM is still highly centralized, but there is now promise of atoll-level ownership of development initiatives due to the recent change of government and increase in national NGOs. While local NGOs have limited relationships with GoM, they are seeking credibility and support, something gradually being recognized by the international community.<sup>105</sup> These organizations will need more than just 'projects' to sustain their role in development—capacity development of the NGO sector (management, strategic development, etc.) is much needed.

In both the Maldives and Sri Lanka, **due to the increased funding availability and programming by international actors, there was an exponential growth in the number of NGOs and CBOs post-tsunami**. Government institutions began to explore and link with these organizations in order to capitalize on efforts to build up a protective environment for children, including through the establishment of 'safe spaces', in some locations. Unfortunately, with the corresponding decreases in funding, NGO and CBO presence and capacity has subsequently decreased, with some associated loss of services. Moreover, UNICEF found that although local NGOs had advantageous linkages in the community, their capacities were not always conducive to required reporting and accountability.

## 5.4 Gender and Vulnerability

In Indonesia and Sri Lanka, needs assessments immediately following the tsunami were varied, often rushed, or did not occur at all, and while some areas had a surplus of agencies, other more remote areas did not have enough coverage. In **Aceh**, UNICEF did not conduct a comprehensive vulnerability analysis, arguing that due to time and staff constraints, a 'numbers-oriented' and 'one-size-fits-all' approach was initially inevitable.<sup>106</sup> The Tsunami Evaluation Coalition points out that Indonesia's massive international tsunami response exposed structural weaknesses in the humanitarian aid systems that provide valuable lessons for future crises.<sup>107</sup>

To strengthen monitoring and evaluation functions in Indonesia, UNICEF provided training for a human rights-based approach to situation analysis of women and children using DevInfo—a database with MDG-related data introduced in 23 districts—in order to identify priority areas and strategies for development planning.<sup>108</sup> Yet despite being a powerful tool, DevInfo is only as good as the information put into it. The challenge has been to get all agencies to have regular input and to improve the quality of data.

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<sup>105</sup> Ibid, pp. 30, 84.

<sup>106</sup> UNICEF, 'Provincial Profile: Aceh', November 2007, p. 1. See also, UNICEF, 'The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's response (emergency and initial recovery phase)—Indonesia', Evaluation Office, May 2006, p. 12.

<sup>107</sup> Bennett, J., op. cit., 2006.

<sup>108</sup> Ibid. See also, United Nations, 'United Nations in Aceh: 2005 to 2008 and beyond', draft, October 2008, p. 11.

Meanwhile, there was a more tsunami-specific tool: the Tsunami Recovery Impact Assessment and Monitoring System. This was a project initiated by the International Federation of Red Cross and Red Crescent Societies and WHO in 2005 and supported by other UN organizations, including UNICEF, using a common analytical framework to assist governments, aid agencies and affected populations to assess and monitor the rate and direction of tsunami recovery.

**Gender equality still requires much work in Aceh.** Since the tsunami and the end of the conflict, there have been a number of important capacity building, training, advocacy and rights-based efforts by UNICEF, UNFPA and UN Development Fund for Women (UNIFEM). However, gender-based violence and gender equality in employment, leadership and decision-making are still areas of concern for women and young girls. In the recovery period, many agencies reported limited opportunities, capacity and leadership of women's grassroots and advocacy organizations to influence mainstream relief and reconstruction efforts in Aceh.<sup>109</sup> In addition to its support of the newly created Aceh Women's Empowerment Bureau, UNIFEM established a Gender Rights Watch mechanism that serves as a province-wide sustainable network to monitor and ensure that recovery and peace-building policies, plans and programmes take into account women's needs, concerns and rights.<sup>110</sup>

In **Sri Lanka**, challenges with progress in eradicating poverty and child malnutrition, and in improving the quality of education, have been compounded by the **inadequate quality and quantity of required data available through the government to inform the design of the tsunami recovery.**<sup>111</sup> As in Indonesia, UNICEF has worked to improve GoSL Department of Census and Statistics in managing DevInfo.

In the rush to provide blanket services and supplies to affected populations, achieving equality in responding to all populations in need was a significant challenge, and some families had unmet needs. **UNICEF did not systematically identify or target vulnerable groups** in its programme response, in part due to a lack of agreement among organizations in categorizing vulnerable populations. **There appears to have been some degree of exclusion on the basis of definition:** those children directly affected by the tsunami were considered appropriate beneficiaries while those who were perhaps equally as vulnerable—from the conflict—were not. UNICEF has tried to redress the balance through its catch-up education programming, which was instrumental in providing inclusive, targeted support to conflict-affected children. The UNICEF focus on vulnerable children was well articulated within the Education Sector Development Framework Programme commitment to develop at least one 'quality school' in the 100 most disadvantaged divisions and to highlight the situation of children affected by natural disaster as a vulnerable group. UNICEF has subsequently begun to develop criteria for vulnerability with other agencies so that it can effectively develop joint initiatives.

In **Maldives**, the high prevalence of sexual abuse of young girls and physical abuse of children and youth are urgent protection concerns. Gender-based violence is under-reported and "often considered a 'private' matter."<sup>112</sup> **Because gender issues are rooted in the complex socio-cultural, economical, institutional and judicial environment, advocacy and gender-sensitive programming must remain a priority.** The UN system has committed to mainstreaming gender into all policies and programmes.

More positively, there has been no discrimination in terms of girls' and boys' equal access to educational facilities. This may, in part, be attributable to the promotion of gender equality in CFS training for teachers and administrative officials. In health and nutrition, most of the health issues addressed by UNICEF relate most directly to women and children. Despite this, there are challenges to be overcome that are primarily related to child and maternal health. Some health issues, such as malnutrition which affect women, were pre-existing issues prior to the tsunami, and so require a longer-term development approach.

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<sup>109</sup> Bennett, J., op. cit., 2006.

<sup>110</sup> United Nations, 'United Nations in Aceh: 2005 to 2008 and beyond', draft, October 2008, p.16.

<sup>111</sup> Tsunami Evaluation Coalition, 'Coordination of International Humanitarian Assistance in Tsunami-affected Countries', July 2006, p. 69.

<sup>112</sup> United Nations, 'Common Country Assessment: Republic of Maldives', 2007, p. 55.

## 5.5 Human Rights-based Approach to Programming (HRBAP)

The United Nations Programme for Reform launched in 1997 included a call by the UN Secretary-General for all entities of the UN system to mainstream human rights into their various activities and programmes within the framework of their respective mandates. As such, HRBAP provides a critical policy framework within which UNICEF humanitarian and post crisis response is placed. A May 2003 Inter-Agency Workshop identified three areas of common understanding for all agencies:

- All programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.
- Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.
- Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and of 'rights-holders' to claim their rights.<sup>113</sup>

In **Maldives**, the challenge has been in harmonizing its international legal obligations with national laws and ensuring that members of society understand their rights. UNICEF anticipates a need for ensuring the protection of access to social services amongst the significant child and youth population, as 56 per cent of the population is less than 25 years of age.

In **Indonesia**, human rights are still under-realized, especially for the marginalized living in rural areas.<sup>114</sup> In Aceh, human rights are of particular concern, given the 30-year armed conflict between GAM and the Indonesian military and the civilian casualties that resulted from the war. Current violations include female genital mutilation, lack of birth registration, child marriage and child pregnancy. Following the 2005 peace agreement, UNICEF partnered with the Ministry of Justice and Human Rights to assist children affected by armed conflict.<sup>115</sup>

Since 2006, UNICEF Indonesia has strengthened its efforts to enhance staff understanding on the principles of HRBAP. In 2008, with UNICEF technical assistance, district government staff in 24 pilot districts throughout the country learned to conduct the district situation analysis (Analysis of Strategic Information on the Situation of Women and Children—ASIA) using the human rights-based approach. Selected UNICEF staff also participated in training sessions on human rights organized by the UN Human Rights Advisor and donors. In December 2008, UNICEF began updating the guidelines for ASIA to make them more in line with HRBAP. They will be accompanied by guidelines on how to use data from ASIA for human rights-based planning.

In **Sri Lanka**, an area of particular concern for UNICEF that relates to children's right to protection has been the high number of child soldiers. Using an evidence-based strategy, UNICEF has advocated the enforcement of the UN Convention on the Rights of the Child, and specifically the Optional Protocol related to children and armed conflict, which obliges states to prevent child recruitment and to provide rehabilitation support for children leaving armed groups. The recruitment of child soldiers was the paramount child-rights concern during the conflict, and the focus can now shift to disarmament, demobilization, rehabilitation and reintegration for former child combatants.

In all countries, UNICEF had a mixed experience with respect to the application of HRBAP. This is an area that will need to be addressed more explicitly in the recovery phase of future responses, including the need to focus more explicitly on disadvantaged groups and more systematically on the participation and empowerment of the rights holders while enhancing the capacity of the duty bearers.

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<sup>113</sup> UNICEF, "Concept Note for Humanitarian Action: 2009-2012, Strengthening (national level) humanitarian action and post-crisis recovery," draft, 16 April 2009, p. 4.

<sup>114</sup> UNICEF, 'UNICEF Indonesia 2006 Annual Report', 2006, p. 2.

<sup>115</sup> Ibid, p. 42.

## 5.6 Disaster Preparedness

**Aceh** has started good capacity-building initiatives in disaster preparedness, such as establishing regulations for school construction that require structures to be designed according to earthquake resistant building standards. However, awareness of such standards is low and not always upheld. 'Building back better' preparedness capacity would enable better response to surges in demand; this is a basic tenet of disaster risk management. To do this, UNICEF has enhanced its internal capacity in the region by establishing trained zonal emergency response teams and establishing the Indonesian Institute for Disaster Management and the National Coordinating Agency for Disaster Management with other UN organisations. However, disaster risk reduction can be strengthened by planning immediately planning for recovery, by encouraging adherence to building requirements in schools according to earthquake preparedness standards, and by adding preparedness planning and training throughout the health system.

In **Sri Lanka**, the Disaster Management Council established a Road Map for a Safer Sri Lanka, which provides a comprehensive framework for disaster risk reduction from 2006 to 2016. GoSL has also created a separate Ministry of Disaster Management. Tsunami warning centres now exist along the coastline with several regional Disaster Management Centres.<sup>116</sup> **There is fairly strong disaster preparedness at the national level** (and at the Indian Ocean regional level); **yet there is still a need for improvements in dissemination in schools and at the community level.** The UNICEF Emergency Preparedness and Response Programme has been updated during the four-year period, notably to reflect the previously deepening conflict situation. Programmes have trained principals and teachers, but teachers have indicated that there have not been significant changes with respect to their own or students' precautionary behaviour.

In **Maldives**, the focus is shifting towards joint assessment of 'slow' emergencies—such as rising sea levels and climate change—and resulting mitigation strategies. The government has developed the safe and consolidation islands plan as a long-term strategy. Yet, the precarious geographic situation of the Maldives does not have any realistic sustainable solutions. While the National Disaster Management Centre established post-tsunami is meant to address disaster risk reduction and response, the country's Disaster Management Act remains in draft form<sup>117</sup> and a national preparedness plan is only now being finalized.

It is important for UNICEF in all countries to define more clearly its role in strengthening national- and local-level disaster preparedness and risk reduction measures, and to improve its advocacy and capacity-development effort at all levels with particular focus on children's and women's needs and participation.

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<sup>116</sup> Channel Research, 'A Ripple in Development? Long term perspectives on the response to the Indian Ocean Tsunami, 2004—A joint follow-up evaluation of the links between relief, rehabilitation and development (LRRD)', draft report, 5 May 2009, pp. 75-76.

<sup>117</sup> *Ibid.*, pp. 71-72.



## 6. KEY LESSONS AND CONCLUSIONS

In the four sector studies summarized in this report—and in the discussion of accompanying recovery, transition and cross-cutting issues—we have examined linkages between post-tsunami international efforts, national government, local civil society and community capacities. In each sector, we have traced how the state and civil society adapted to new challenges, changes in the governance and participation that relate to development policy and social services, and the institutional dimensions that support this. In exploring outcomes, we have commented on the sustainability of social capital at individual and community levels, and emphasized the centrality of capacity development at government, national and local levels, including issues of risk reduction and management. These tasks are a central strategy of humanitarian action and of the UNICEF partnership role with national governments, bilateral donors, other UN organizations, NGOs, CBOs and civil society.

In returning to a regular—and much reduced—programme after almost five years of unusually high financial inputs, a key question is the extent to which the UNICEF strategic approach complements, enhances and influences the efforts of the governments and development agencies, which, like UNICEF, will remain in the countries for the foreseeable future.

Attributing change to any one agency would be inaccurate, but the sizeable interventions of UNICEF over more than four years, and the encouraging manner in which it has assimilated lessons from these interventions, have given it a unique opportunity to guide and influence national and subnational government. The lessons, conclusions and recommendations from this evaluation relate both to government practice and to UNICEF.

### 6.1 General and Cross-cutting Lessons

- 1) **One of the key constraints for UNICEF was its focus on capital-intensive infrastructure rather than building institutional capacity.** Capital-intensive projects, such as construction and the purchase of significant assets, entail high transaction costs for materials as well as staff and can distract from wider development concerns. **This was particularly the case with school building in Aceh and WASH hardware installation in Maldives.** The pressure to spend large sums of public money raised for the tsunami would inevitably lead towards choosing these projects over others.
- 2) **The move from emergency to recovery and development requires different sets of skills, and UNICEF can do better in managing human resources in this respect.** For example, strong contextual analysis (political economy, institutional analysis, etc.) can significantly improve the relevance, effectiveness and sustainability of interventions. Likewise, investments in planning and preparedness pay dividends economically, socially and in terms of speed of recovery. In the health sector, for instance, a clear lesson emerged from Sri Lanka and Maldives: the tsunami response had little impact on underlying chronic trends in nutrition and maternal mortality, yet incremental changes could be induced through judicious use of time-bound funds.
- 3) **Building communication channels and dialogue with civil society (including community groups) can often fill a gap where decentralization, for instance, is still relatively new. UNICEF has not always matched ‘encouragement’ of these mechanisms with actual funds.** For example, promoting CFS concepts through school and parent committees requires predictable and sustained funds to build these bodies into sustainable entities. Likewise, in child protection, there needs to be a systematic process for consultation with local communities to ensure long-term viability and ownership.
- 4) **UNICEF-supported programming has, in several instances, jump-started favourable government policy.** However, the capacity of national and local institutions has held back progress in policy development and implementation. For instance, in child protection, UNICEF’s early linkage of the dual objectives of responding to immediate needs while helping build the welfare and legal

systems for children has had positive and lasting results, notably in Indonesia. However, weaknesses continue to be apparent at subnational levels.

- 5) **The significant investment made in systems and equipment needs to be matched with an analysis of how best to maintain these in the long run.** Considerable concerns about the sustainability of infrastructure funded by UNICEF remain. The full and appropriate use of quality infrastructure in the education and WASH sectors was sometimes undermined by poor planning with respect to maintenance agreements.
- 6) **Evidence-based data collection systems have been extremely useful for planning, implementing, and monitoring and evaluation.** UNICEF support to the DevInfo systems has been exemplary. Continued support is critical to ensure that information management and data collection systems are used to strengthen monitoring and evaluation, and to inform decision-making and strategic planning.
- 7) **Emergency response and assessment tools tended to be too generic, sometimes missing the inclusion of the most vulnerable children or population groups.** Country-specific and area-specific methods for identifying the most vulnerable children, including strategies for reaching them and incorporating them into programming, were not developed fully. Although domestic and local safety nets will always be of paramount importance, adherence to human rights principles and international standards will only be assured through institutionalizing participatory methods of recognizing and measuring inclusion and exclusion.
- 8) **The fact that national NGOs and CBOs may be more efficient and sustainable than international NGOs requires more than just *ad hoc* use of these institutions.** UNICEF has demonstrated how community linkages can be strengthened by engaging communities, NGOs and CBOs in schools, children's centres, disaster preparedness planning, and risk reduction exercises. In Sri Lanka in particular, women's grassroots organizations were identified as a potentially useful partners.
- 9) **The development of inter-agency sectoral guidelines in emergencies has advanced considerably in the years since the tsunami, and UNICEF has contributed to this. However, there are some sectors—notably WASH facilities within new housing schemes and CFSs—where the preparation and dissemination of such guidelines in advance of construction work would ensure adherence to standards.** These guidelines could be included in preparedness plans and incorporated into existing long-term agreements.

## 7. RECOMMENDATIONS

Since the evaluation covered three countries, four sectors and cross-cutting issues, we have extracted only those key recommendations that refer to more than one country or are germane to the wider issue of how UNICEF responds to an emergency of this nature. The remainder of the country-specific recommendations can be found in Annex 1.

### 7.1 Global UNICEF Recommendations

- 1) **The management of large-scale construction programmes should not be undertaken by UNICEF. This should be outsourced in its entirety.** UNICEF country staff should not be responsible for day-to-day management of contracts, procurement, and the like. The comparative advantage of UNICEF in policy development and in working with governments to improve public finance management with respect to key sectors would then become the focus, matched by appropriate in-country capacities.
- 2) **Senior staff continuity during the transition period should be assured.** Effective exit strategies for emergency programmes are unlikely to occur unless more development-oriented staff are in place at an early stage of the recovery.
- 3) **A capacity needs assessment should be undertaken as soon as the acute emergency phase is over.** In particular, this should include analysis of capacities at provincial and district levels, cross-referenced with an understanding of work being undertaken by other agencies in relevant sectors. This assessment is important not only for intervention strategy but also for sequencing of priorities in UNICEF capacity work
- 4) **Technical assistance offered to government ministries—and by extension to subnational and local authorities—should include means whereby a public communications strategy and community dialogue can increase demand and community ownership of any new services being offered. This should be complemented by assistance and resources offered to viable community groups.** UNICEF should thus encourage community linkages with schools, children's centres, disaster preparedness planning processes, and risk reduction exercises.
- 5) **The collection and analysis of disaggregated data on vulnerability—both qualitative and quantitative—should be promoted.** This is called for in the emergency preparedness and response planning that is currently evolving and is explicit as a requirement of HRBAP.
- 6) **UNICEF should favour grassroots and advocacy organizations as implementers and should provide appropriate capacity assistance to enable this.** This would counter inherent cultural and gender bias in the selection of partners. However, resource commitments should recognize that capacity provision and capacity development are appropriate in some cases in order to get programmes underway.
- 7) **The development of inter-agency sectoral guidelines in emergencies has advanced considerably in the years since the tsunami, and UNICEF has contributed to this. However, there are some sectors—notably WASH facilities within new housing schemes and CFSs—where the preparation and dissemination of such guidelines in advance of construction work would ensure adherence to standards.** These could be included in preparedness plans and incorporated into existing long-term agreements.
- 8) **Investments in assets and infrastructure should be accompanied by longer-term capacity development and a clear outline of responsibilities towards maintenance.** Greater attention should be paid to how recurring costs, in terms of management and maintenance, are to be met through either government or community budgets.



- 9) **UNICEF should support evidence-based systems to inform planning, implementation, and monitoring and evaluation.** Greater investment is needed in information management and data collection systems. Gender disaggregated data is one area of uppermost importance. Partners should be trained in the usage, search and analysis of such data, and in how monitoring and evaluation informs decision-making and strategic planning.
- 10) **UNICEF should develop in-house capacity to assess and incorporate a peace-building (including a 'do no harm') perspective into all of its existing planning vehicles in conflict countries.** OECD-DAC guidelines<sup>118</sup> encourage the development of indicators appropriate to assessing the extent to which recovery and development programmes are 'conflict aware', and how measuring outcomes in this respect might be attained. The evaluation found, for instance, that there was no 'do no harm' analysis apparent in UNICEF analyses in Sri Lanka and Indonesia, despite the fact that the effects of conflict pervaded all programme areas.
- 11) **UNICEF should develop a clear strategy and guidelines for its role and involvement at national- and local-level capacity development in disaster preparedness planning.** The strategy should consider issues related to children's vulnerabilities, needs and participation.
- 12) **UNICEF should strengthen and revise its post-emergency recovery and transition strategy and guidelines to better address both strategic planning (including information needs assessment in various phases, targeting and capacity development) and management (human resource, operations) aspects.** The lessons and detailed recommendations provided in this report offer considerable inputs for use in formulating revised guidance.

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<sup>118</sup> OECD-DAC, 'Guidelines Encouraging Effective Evaluation of Conflict Prevention and Peace-building Activities: Towards DAC guidance', OECD, 2007.

## ANNEX 1. SECTOR RECOMMENDATIONS BY COUNTRY

The detailed recommendations provided in this section cover sector-specific areas for improvement in the three countries and include broader recommendations. However, the recommendations provided here are only a selection of the sector recommendations. The complete recommendations can be found in the country synthesis reports and sector-specific reports.

### A.1 Water, Sanitation and Hygiene Sector Recommendations

#### A.1.1 Indonesia

##### WASH Recommendations to Government of Indonesia and Partners

- **Air Minum Penyehatan Lingkungan (AMPL), the water supply working group, should facilitate a programme supported by local regulation or ordinance to test, monitor and ensure the quality of refill water.**

AMPL should pilot this in tsunami-affected districts and municipalities with high refill water use, such as Banda Aceh and Aceh Jaya. The regulation should focus on quality but be designed to motivate the treatment of water before selling it or promote household water treatment of refill water.

- **Facilitate increased support to new districts to develop policies along with human resource capacity in water supply and sanitation.**

AMPL should start developing these policies based on an analysis of the current district situation and the potential economic gains from improving water and sanitation systems. Current policy at the national level supports this recommendation.

- **Facilitate a technical consensus between public works and local government-owned water utilities. This should focus on documenting potential economic gains for both capital and current expenditure.**

The starting point for this recommendation should be an analysis of potential economic gains from better collaboration and regulation, including an analysis of capital expenditure, operations and maintenance, as well as current expenditure and potential gains. The AMPL should facilitate this process, ensuring clarity and openness. This recommendation supports current national directives in investing in the efficiency of existing water supply systems.

- **Facilitate the development of district-level plans to sustain small town and rural communities' water supply systems.**

The main organizations that funded the water supply systems, as well as PDAM<sup>119</sup> and representatives from the communities, should develop these plans, which should then be legitimized through local ordinance. The AMPL should facilitate plans among stakeholders to have a transition strategy for sustaining water supply. This should involve international donors, UN organizations and international NGOs, before they exit. Relatively small investments will be required to ensure increased sustainability of these expensive investments. PDAM manages the most effective systems in Indonesia but currently has neither the mandate nor the human and financial resources to ensure the continuance of these systems. This recommendation supports current national directives.

- **Provincial and district-level education units should establish a system for the management and sustainability of existing WASH in school facilities, including clarity on budget responsibilities.**

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<sup>119</sup> A local government-owned water utility.

Despite the large investment by UNICEF and other organizations in building schools and WASH facilities, school children often choose not to use these facilities. Most schools have not budgeted to sustain these facilities, and cleaning and sustainability initiatives have had a limited effect on this situation. The provincial and district-level education units should prioritize the development of plans to sustain and increase the use of these facilities over the construction of new facilities.

- **The province should evoke different strategies in different districts to improve and sustain household access to sanitation.**

Districts with low sanitation coverage and isolated communities, such as those found in the central mountainous areas, should focus on community-led total sanitation methodologies as piloted with UNICEF funding. The community-led total sanitation initiative demands more involvement from district-level government and partnership with the private sector. This should draw on UNICEF experience in other parts of Indonesia and include a focus on local ordinance and monitoring capacity to develop appropriate quality and priced sanitation solutions.

### **WASH Recommendations to UNICEF-Indonesia and Partners**

- **UNICEF should consider additional direct technical support to AMPL including evidence-based learning from other parts of Indonesia. This should concentrate on new districts.**

UNICEF should invest further in Aceh to harness learning from the country programme and help facilitate AMPL progress. This would require a relatively small investment, primarily in human resources and time. This would help ensure the continuance of the large investments already made by the sector, retaining some UNICEF positioning and learning derived from the last four years of its post-tsunami programming.

- **UNICEF should increase its support to the government to address the sustainability of all new rural water supply systems before a significant proportion fail.**

UNICEF should prioritize a relatively small investment in supporting the Gol in addressing the issue of sustainability for all of the post-tsunami water supply systems. The sector has invested millions of dollars in small town and rural water supply systems, yet the sustainability measures that were promoted are failing.

- **UNICEF should prioritize the promotion of a sustained investment in community-led total sanitation in Aceh and Nias. This should build upon evidence-based programming from other parts of Indonesia. It should focus on new districts with high levels of open defecation.**

UNICEF should support the government and partners in investing in community-led total sanitation and/or market-based strategies to improve sanitation coverage and quality. UNICEF should apply its learning from other parts of Indonesia.

- **UNICEF should invest in building the capacity of schools to maintain existing WASH facilities before investing in new facilities.**

UNICEF should increase its support to the local education department in developing further usage and sustainability plans for WASH in school facilities. UNICEF should prioritize this support over the current school building WASH programme.

### **A.1.2 Sri Lanka**

#### **WASH recommendations for the Government of Sri Lanka and Partners**

- **Preparedness plans, country-level standards and guidelines for WASH should be hazard-specific.**

The evaluation found that opportunities were lost due to a lack of timely hazard-specific technical guidance and oversight. Guidelines were produced only after the event, and some are still not hazard-specific.

- **Preparedness plans should include a national inventory to source vehicles for emergency use.**

The WASH sector and UNICEF incurred significant delays and expense in sourcing sufficient quantities of suitable vehicles to ensure water supply and sanitation in the aftermath of the tsunami. This issue needs to be addressed as part of the future emergency preparedness planning exercise.

- **Preparedness plans should consider the capacity limits of public health inspectors during emergencies.**

The tsunami response increased technical capacities of public health inspectors at the district level, but these need to be brought to scale. Options might include a focus on monitoring and oversight, with division of tasks for scale-up and implementation.

- **The water quality surveillance programme supported by UNICEF should include point-of-use analysis. It should also consider differences in household water treatment practices by source.**

With more than half of all households treating drinking water, and with proper storage of water varying widely according to household income levels, this will become increasingly important.

#### **WASH Recommendations to UNICEF-Sri Lanka and Partners**

- **Preparedness plans, guidelines and strategic options should:**
  - Encourage collaboration between the WASH cluster and shelter and housing clusters
  - Consider cash grants, market sources for hygiene and water kits, or agree with other WASH cluster partners to provide these
  - Include context- and hazard-specific guidelines and standards
- **There should be a closer alignment with the World Bank's Water and Sanitation Programme if large-scale water supply schemes are financed in future emergencies.**

UNICEF rightly invested in large-scale infrastructure, but to have a greater influence on equitable distribution, inclusion of poorer households, and water usage patterns, it should draw on the expertise of the World Bank.

- **Develop guidelines and changes in management practices for WASH in school facilities, initially with pilot schools and district level education departments.**

UNICEF should support district public health inspectors and education authorities to undertake a problem analysis and develop sustainable strategies for all aspects of WASH in schools.

#### **UNICEF-specific recommendations:**

- In the recovery to development period, invest in analysis and programme development, especially for (post) conflict scenarios.
- Use comparatively small investments in WASH to leverage resources from the government and other stakeholders.
- Work more closely with the housing sector on sanitation, including developing guidelines prior to construction.
- Investments in expensive large-scale water infrastructure should only be considered if accompanied by end-user social and economic analysis.

## WASH Recommendations to UNICEF-Global

- **As sector leader, UNICEF should not enter the development phase 'by accident'. A focus on process and analysis is required.**
- **The WASH cluster and UNICEF water and environmental sanitation section should develop further strategies and guidelines to influence the shelter cluster or housing authority supplying relocation housing.**
- **The WASH cluster should continue to make efforts to be proactive in identifying context- and hazard-specific guidelines, including those in country-specific preparedness plans.**

Notable issues here include the excessive pumping of wells, leading to increased saline incursion, and steps in the management and treatment of effluent.

- **UNICEF should further support and develop guidelines for providing equipment and materials during emergencies, including criteria for implementation capacity and decision-making regarding high-value items in an environment with high staff turnover.**
- **UNICEF should include the World Bank's Water Sanitation Programme in developing guidelines for decision-making on investments in large-scale infrastructure.**

Investments that support pre-existing development plans obviously provide increased sustainability, impact and the potential to leverage funds. Future collaboration with the Water Sanitation Programme, especially with large-scale inputs, is advised.

### A.1.3 Maldives

#### WASH Recommendations for the Government of Maldives and Partners

- **Initiate a round table discussion and action plan on sustaining desalination and sanitation systems.**

GoM and funding partners should develop an action plan to build GoM capacity to manage and maintain WASH systems to ensure long-term sustainability. This will be critical for planning around island consolidation. Plans should include the efficient use of resources for disaster risk reduction and preparedness, focusing on slow on-set disasters and risks of climate change, environmental degradation and migration.

- **Establish a system for water quality assurance and monitoring for rainwater harvesting and desalination.**

The water quality assurance system should be decentralized and linked with established national disease control mechanisms. The water testing capacity developed in response to the tsunami can contribute to initial requirements. The low levels of household water treatment should be considered a significant factor in water quality assurance.

- **Combine water supply and sanitation systems with other utilities on populous islands to gain synergies, support sustainability, reduce costs and allow for easier cost recovery.**

Water treatment and sanitation systems have similar power generation capacities as other utilities, and when not in use, stored energy can be reused. Similarly, maintenance of all utilities requires a specialized set of core competencies. Combining utilities will reduce these overall requirements at the island and atoll level. If the burden of cost recovery is too great, people on less densely populated atolls will retain or revert to ineffective pre-tsunami systems. Utility bills should be combined to facilitate payments and enhance collection, as in Malé.

- **Use renewable sources of energy for utilities to reduce vulnerability to international fuel price fluctuations.**

Maldives island water supply, sanitation and utility systems are energy-intensive and vulnerable to fuel price fluctuation. In line with the GoM commitment to become carbon neutral in 10 years, renewable energy sources should be rapidly developed. Both wind and solar sources of energy are being explored. However, it should be considered whether smaller communities can support these systems.

- **Include the water supply capacity of the military and private sector as well as more traditional humanitarian actors in preparedness planning.**

The military and private sector—primarily fishing fleets and resorts—played an important informal role in the supply of desalinated water in the immediate post-tsunami period. This residual capacity could be used during seasonal shortages and emergencies.

- **Reverse agreements (May 2009) on groundwater recharge in favour of sea disposal.**

This needs to be renegotiated with the key actors. The gains from recharging the groundwater are insignificant and treated effluent should be disposed of in the sea.

#### WASH Recommendations for UNICEF-Maldives and Partners

##### UNICEF should invest in:

- coordination, leadership and sector quality
- context and stakeholder analysis
- Planning and preparedness
- Building capacity, not just donating equipment
- Supporting existing developmental initiatives rather than initiating new ones

#### WASH Recommendations for UNICEF-Global

- **Involve the private sector and concerned citizens in the cluster system. Use the capacities of the national and regional private sectors.**

The private sector and citizens made a fast and significant contribution to the emergency response, showing that established systems for water supply and distribution are ingrained in the country. However, the impact of their involvement was reduced as it was largely outside the organized response. Greater involvement of these groups would significantly enhance the humanitarian capacity during the response by increasing coordination and using existing capacity. This is also valid for the military, which is more involved in government coordination mechanisms.

- **Further develop decision-making criteria and protocols for large-scale investments.**

To fully utilize the relief and humanitarian benefits of interventions and investments, a good contextual analysis is required. Rainwater catchment interventions enhanced existing systems, providing longer-term benefits. The same is true of reverse osmosis plants, though management constraints reduced gains. Both the private sector and the military had water production capacities that were only used in the emergency period.

- **UNICEF and the cluster system should work more closely with the housing sector, especially for sanitation and hygiene technology.**

UNICEF should reinforce its support to cross-sectoral collaboration, providing guidelines and technical assistance. Closer ties with the private sector and government regulators will improve the quality and

availability of materials, especially septic tanks and hand washing facilities. The existing systems for emptying and disposing of sewage should be analysed as a priority to inform solutions.

## A.2 Education Sector Recommendations

### A.2.1 Indonesia

#### Education Recommendations for Government of Indonesia, Aceh (NAD) and Partners

- **Maintain high public expenditures on education, with more affirmative support to areas of poverty and isolation.**

Progress in realizing high enrolment rates, especially at the primary school level, has been possible in part through “relatively high education spending” that enabled “relatively high enrolments of lower [versus upper] income groups” by helping to keep family spending on education low.<sup>120</sup> Maintaining and improving this pattern, and increasing enrolment in higher grades—a key condition for eventually increasing teacher quality and lowering poverty levels—will depend on continuing to apply the required 30 per cent of gas revenues to education and seeking ways to spend it efficiently on encouraging poor families and children to participate in education.

- **Improve allocation and use of teachers in poor and remote areas.**

Incentives for teachers to accept deployment to less desirable locations—such as housing support, extra training, and higher certification and salary compensation—are essential to realizing equality and effectiveness in education. The World Bank Poverty Report’s suggestion that schools be given their own budget for hiring teachers<sup>121</sup> may serve as a way to encourage principals and more engaged SMCs to look critically at the kind of teachers they need and create packages of in-kind and salary support to attract them. Further, the NAD Education Strategic Plan recommendation for innovative organizational models to make more efficient use of those teachers who are available remains sound. School consolidation, multi-subject teachers, and multi-grade teaching are all sound in principle but will require systematic trialling in collaboration with the affected schools, teachers, SMCs, and parents and students.

- **Build permanent mechanisms for the professional development of teachers.**

The development of the education sector is dependent upon teacher training. Thousands of under-qualified and untrained teachers have been given short courses in basic pedagogical practice and psychosocial support for children. In the process, practicing teachers were used as mentors, materials were developed, and the conception of school clusters revived. All of these actions represent significant human resource and delivery system potential that needs to be consolidated and institutionalized as quickly as possible in ways that will make the continuing professional development of teachers a core of the system. It will be particularly important to continue strengthening the use of school clusters as channels for all teacher professional development and the plan to revive and link TRCs to the clusters. These actions are very promising and will need to be coupled with focused support to: strengthening the quality of pre-service teacher education; building on the capacities already in the Faculties of Education through their involvement with CLCC and active, joyful and effective learning; and incorporating those principles and practices into the teacher training curriculum. Using the CLCC pilot cluster network as a base for student-teacher practicums is also recommended as a way to consolidate key active, joyful and effective child-centred learning methods.

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<sup>120</sup> World Bank Poverty Report, 2008, p. 46.

<sup>121</sup> Ibid, p. 47.

- **Enhance the capacity of SMCs by developing on-site support for them, linking training specifically to the application of functions.**

SMC tasks are critical to effective schools: ensuring teachers work effectively; organizing school-community communication; and discussing and monitoring school plans and their application. Significantly more work will be required within the system and through donor partner support to address the gap between expected and actual SMC action and outcomes.

### Education Recommendations for UNICEF-Indonesia and Partners

- **Move away from piloting the CLCC in a few targeted areas and expecting automatic scale-up, toward a strategy that supports scaling-up.**

Such an action suggests reconsidering the plan to significantly cut back on-the-ground staff and following an expressly development agenda through a critical mass of professional staff able to engage policy and programme officers, teacher educators, and database and education management information system managers in long-term organizational change.

- **Consolidate and institutionalize an ‘information culture’ in the education sector.**

UNICEF and Provincial Office of Education collaboration on generating, managing and using information in the sector has been among the most important building back better strategies. Further, data packs, support to the education management information system, and building the database have created an embryonic data-friendly information culture from schools through to policy levels. It will be crucial to consolidate these efforts by providing sufficient hardware and systematic delivery of in-service training and informal on-the-job mentoring at all levels in how to manage, manipulate and use data; and to institutionalize it through procedures for ensuring that the results of all data processing activities are fed continuously back into the system as a means of upgrading and renewing it.

- **Work with the Provincial Office of Education and the Faculties of Education in Aceh to create a professional development programme for supervisors.**

Development of active, joyful and effective learning, thinking and practice is still preliminary. While the numbers of teachers trained are growing, quality remains fragile without greater attention to shoring up the weaknesses inherent in the cascade model. In-service arrangements should aim at consolidating teachers’ learning through: facilitating in-class application of the new ideas and skills; and institutionalizing active, joyful and effective learning through a comprehensive, system-wide programme to upgrade supervisors in capacities for mentoring and monitoring these consolidation efforts. Further, a certification programme should be developed that would include a comprehensive analysis of the current status of supervision and supervisors: their current knowledge and skills; capacities they need now and will need in the next 5 to 10 years as the NAD Education Strategic Plan moves into a second phase; the quality and relevance of their current training; and financial and technical resources needed for professional development.

- **Identify and engage local CLCC ‘champions’ in a best-practice network.**

CLCC champions are the individuals in any system who, irrespective of their official authority or resources, engage quickly with an innovation, commit to it, and move it forward. These people need to be sought out and supported with opportunities to spread their enthusiasm and develop their capabilities—for example, helping them set up networks, mentor peers, participate in exchange visits, and contribute to policy making and strategic planning.



- **Expand the concept of peace education in primary schools.**

The inclusion of a peace education and conflict resolution component into the primary curriculum is appropriate. However, the concept and focus of teacher-student training should be expanded to include issues such as: corporal punishment, bullying and sexual harassment; children's capacity to explore, test, negotiate and adapt ideas; and linking with parents and the community through SMCs as a means of ensuring both on- and off-campus protection of children. These are integral components of the CFS concept, recognizing that in any school and community, children can be at risk, especially those marginalized by gender, disability or socio-cultural differences.

### Education Recommendations for UNICEF-Global

- **Actively promote and support action research on the innovations introduced by Country Offices and partners, especially as these relate to the transition from recovery to development.**

In Aceh as in all of the tsunami-affected countries, UNICEF and its partners have been attempting to build back better by piloting innovative ways of moving from emergency intervention to the structures and practices of permanent improvement. Significant value could be added by doing these in ways that capture what is being done, how it is being done, and to what effect, through the systematic collection and analysis of data, use of case studies or action research.

- **Develop a training programme for Country Office professional staff in the theory and practice of mentoring and legitimize it by formally encouraging its use with partners.**

Based on comments from respondents and informal observation, the informal mentoring of policy makers, education officers, and teachers by UNICEF and other international agency staff has probably had a more significant and lasting influence on the substance and viability of building back a better sector than direct, typically cascaded, training. Making more effective use of mentoring as a way of using the knowledge and skills of local and international UNICEF staff could be done through more explicit planning, resource allocation and, most critically, creating an in-house culture that officially recognizes the time and effort made by staff to engage as mentors.

### A.2.2 Sri Lanka

#### Education Recommendations for the Government of Sri Lanka and Partners

- **Strengthen mechanisms for decentralized systems monitoring, from central Ministry of Education offices to local authorities.**

Effective use of monitoring will ensure speed and sustained quality in school construction, integrating the various physical, educational and psychosocial interventions being provided to children into the mainstream curriculum. Better use should be made of the Divisional Education Office as a monitoring agency.

- **Increase coordination at the local level with respect to issues of child abuse, child labour and sexual harassment.**

Strengthening District Children's Committees, established with officials of relevant agencies as members, is one possibility. So too would be increasing collaboration between Zonal Education Offices and the areas of non-formal education, probation, child care, child rights, labour and health.

- **Designate the TERM community participation programme as a permanent responsibility of local education administrative units.**

The aims of the TERM programme are to promote greater cooperation between schools and their communities, build a sense of community ownership of schools, and facilitate child-seeking and

monitoring. These will all be critical to sustaining effective decentralized education management and CFSs.

- **Support Zonal Education Offices and schools in finding ways to promote a healthy school environment.**

Managers, teachers, students, families and the community should be encouraged to assume greater ownership in promoting high standards.

#### Education Recommendations for UNICEF-Colombo and Partners

- **Support the Ministry of Education in mainstreaming tsunami-generated innovations into education policy and planning.**

In education, UNICEF appeared to make the transition reasonably systematically from relief through recovery to a broader development focus largely in the way it handled the CFS framework, bringing much of its other work in the sector within this scope. The same principle of integration could be applied by the MoE in making explicit the underlying consistencies in terms of CFS-oriented objectives among psychosocial, disaster management, health and hygiene, and community outreach, and working to ensure the human resources and delivery mechanisms are in place to implement them. This implies increasing support to long-term professional development strategies for building relevant capacities of education officials, school managers and teachers; and confirming and reinforcing the structures and functions of mechanisms like Teacher Centres, District Children's Committees, School Attendance Committees and School Development Societies.

- **Support Zonal Education Offices to clarify responsibilities and strengthen the capacities of the In-Service Advisor and Teacher Centres.**

Together, these actions constitute a potentially crucial and sustainable means of overcoming the inherent weaknesses of the cascaded training model by working with teachers directly in the classroom to apply CFS teaching principles and encouraging teacher-teacher mentoring.

- **Review the quality of collaboration between the Child Protection and Education Programmes, especially under the Child-Friendly Schools umbrella.**

The kind of psychosocial support interventions required for children in moving from relief through recovery, and moving the system from there to development, requires creating links for children between school and home. Cross-sectoral collaboration within UNICEF to analyse the situation for children, conceive and design methods and materials, and deliver interventions in a coherent way is critical to ensuring, from the child's side, that support is seamless and integrated.

- **Consider a revised nomenclature for the Child-Friendly Schools programme to encourage an increasingly holistic application of the concept.**

CFS as an organizing principle and set of good practices has been welcomed. Reference to a child-friendly 'approach' could reduce the current challenge of an overly narrow and exclusive demarcation of the concept and allow the framework introduced in 2007 to be extended to the whole school system, including integration into the secondary school reforms directed by the National Institute of Education.

#### Education Recommendations for UNICEF-Global

- **Actively promote and support research on transition lessons and innovations introduced by UNICEF-Colombo and partners.**

Systematic collection and analysis of data, and use of case studies or action research, will capture some of the important lessons learned from post-tsunami interventions.

- **Develop a training programme for county office professional staff in the theory and practice of mentoring, and formally encourage its use with partners.**

Informal mentoring of policy makers, education officers, and teachers by UNICEF and other international agency staff has probably had a more significant and lasting influence than has direct, typically cascaded, training. This can be more embedded in UNICEF culture by more explicit planning and resource allocation that officially recognizes the time and effort made by staff to engage as mentors.

- **Systematically review the factors that have made the UNICEF experience in setting up and working with emergency coordinating agencies like TERM at times effective, and at others, ineffective.**

In Sri Lanka, this has proven a crucial mechanism for ensuring smooth relief through recovery transition in terms of education access and is beginning to do the same with community linkages. It could have done more with respect to education quality. The aim is not to replace MoE line units but to recognize that, especially in an emergency, creating holistically CFSs necessarily implicates other sectors, such as health, women's affairs and child protection. Making such horizontal communication work often requires a third-party mechanism with specifically tailored human and financial resources and administrative systems.

### A.2.3 Maldives

#### Education Recommendations to Government of Maldives and Partners

- **Begin a review of all curriculum materials to assess their consistency with Child-Friendly Schools principles and child-centred teaching-learning methods.**

Poor and insufficient materials do not help untrained and inexperienced teachers. The MoE should review, revise and create curriculum materials consistent with CFS principles. Teachers should be encouraged to engage directly in this process, perhaps working through the auspices of their respective TRCs.

- **Align preschool teacher conditions of service, as well as access to available in-service supports, with those for primary teachers.**

Preschool teachers need to be retained through professional development support, monitoring of conditions and mobilizing community recognition of the importance of children's early learning.

- **Revisit the relief strategy of 'twinning' between strong schools in Malè and weaker ones in the islands to identify cost-effective options for establishing medium- to long-term peer mentoring arrangements between respective principals, teachers and School Management Committees.**

Though the evaluation has no data on outcomes of this approach, it suggests a potentially highly effective strategy for complementing Teacher Resource Centres in long-term in-service support of teachers' professional development. It could help retain more isolated, qualified teachers in the classroom through professional mentoring and moral support, and help upgrade the skills of unqualified teachers.

- **Build on the experience of assigning Faculty of Education students as emergency teachers to explore options for longer-term involvement of the Faculty with schools.**

'Tsunami teachers' were much appreciated. Formalizing a 6 to 12-month attachment programme with the Faculty of Education—recognized as a practicum credit and mentored and monitored in conjunction with Teacher Resource Centre coordinators—could serve students well. Isolated schools and teachers could gain exposure to energized young professionals and opportunities to exchange ideas and experience.

## Education Recommendations for UNICEF-Maldives and Partners

- **Collaborate with the Educational Development Centre to broaden the meaning and application of Child-Friendly Schools to a whole child and whole school approach.**

It is important to introduce awareness-building, training, mentoring and materials in order to shift thinking from CFS largely as a physical system to a more comprehensive concept comprising: multiple kinds of inclusion; critical thinking and life skills; and children's wider role in society. This may best be done by moving from a gradual class-by-class expansion of CFS to one aimed at changing how teachers and school managers as a whole think about teaching, learning and the place of children. Options should be explored for introducing CFS to lower secondary schools and for involving parents in the pedagogical—as well as management—side of school activity.

- **Continue to encourage and build on the directions taken by the new government in its education policies, particularly concerning strengthening the child-centred qualities of the system and the potential for elaborating and reinforcing the Child-Friendly Schools framework.**

System support is needed to: provide required technical assistance and facilities to achieve and monitor implementation of the GoM mandate; establish local education authorities in each regional zone to ensure access to primary and secondary education; build preschools of similar quality throughout the country; and implement comprehensive professional development programmes for teachers. Specifically, seek participation on the technical committee being created to deliberate and advise on a long-term vision for education.<sup>122</sup>

- **Take advantage of new policies and openings for decentralized management to strengthen the autonomy of the TRC.**

Train TRC coordinators on adult education and participatory programme planning and management in order to enable them to generate and implement joint professional development strategies with their referent teachers. Along with continuing to place computers and internet facilities in schools, help clarify and support the role of principals as pedagogical guides for teachers, and explore options for teacher-teacher twinning or mentoring to complement, extend and consolidate the human resource development inputs provided by TRC coordinators.

## Education Recommendations for UNICEF-Global

- **Actively promote and support action research on the innovations introduced by Country Offices and partners, especially as these relate to the transition from recovery to continued sector development.**

Several innovations were introduced in Maldives, including the use of student teachers as emergency replacements, development of the TRC and e-learning, and initiating CFS in schools through classroom set ups. All such initiatives warrant a thorough assessment in terms of assumptions made and validated, breadth and depth of reach, cost-effectiveness, and implications for both long-term development and future emergencies.

- **Specifically compare the role of Child-Friendly Schools in the rebuilding experiences of Sri Lanka, Thailand and Maldives as middle-income countries with quite different tsunami responses.**

The present set of impact evaluations has generated country-specific information about the ways CFS was interpreted in the countries' transition processes, the progress of its implementation, and the outcomes and impacts it produced in the sector. They have not, however, looked at whether or how the CFS model, trajectories and 'place' in the national education policies and agendas changed in the

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<sup>122</sup> Presidency of the Maldives website, 'The First 100 Days', accessed June 2009, available at: [www.maldivesinfo.gov.mv](http://www.maldivesinfo.gov.mv).

process, in the context of well-developed education sectors. Any such country and regional analyses should be undertaken by or through the UNICEF officers and country partners involved.

## A.3 Child Protection Sector Recommendations

### A.3.1 Indonesia

#### Child Protection Recommendations for Government of Indonesia and Partners

- **Ensure that all components of the child protective systems continue to develop.**

Promote effective regulation and oversight to ensure standards are upheld at all levels and across all sectors. Currently, Dinas Sosial may be the only agency with the means, authority and responsibility to ensure the overall working of the child protective system.

- **Strengthen public-civil society partnerships.**

Dinas Sosial should ensure that the Puspelkessos Initiative (public and civil society partnership) concept becomes fully operational. In order for this to occur, Puspelkessos must establish standard operation procedures including formal plans that outline how they will engage communities. Subdistrict level social workers (employed by the government) are critical to this process. Community engagement and referral mechanisms should be prioritized and sufficiently funded in order for Puspelkessos to reach their full potential and not remain centre-based.

- **Strengthen the Pusat Pelayanan Terpadu Integrated Service Centre and Pelayanan Perempuan dan Anak Service Unit for Women and Children programmes.**

Continued support and expansion of the Pusat Pelayanan Terpadu Integrated Service Centre programme is clearly warranted. Consult with national standards in this field and determine how the current programme can include important health components. The same is true for the Pelayanan Perempuan dan Anak Service Unit for Women and Children Programme. Successful rollout appears to be tied to active technical assistance.

- **Translate the Provincial Child Protection Qanun into a plan of action.**

In order to ensure that this important provincial legislation becomes fully operational, the government needs to ensure that the Child Protection Qanun is translated into action plans with appropriate district level budgets. High-level technical support for this critical process along with civil society involvement is a key requirement.

- **Initiate universal birth registration procedures.**

NAD has been slow to initiate programmes to comply with this important policy directive. In moving forward, the government may want to review two important pilot projects launched in other provinces—one in an urban area and one in a rural area—that moved birth registration compliance from 25 per cent to 75 per cent in one year.

- **Improve child protection data collection, analysis and dissemination.**

A first step towards the development of a comprehensive child protection information system would be to obtain a clear understanding of the current child protection information system in NAD. It may therefore be useful to engage a competent agency to undertake a comprehensive exercise of mapping and analysis of the existing information system, including the availability, analysis and use of key child protection and social welfare data.

## Child Protection Recommendations for UNICEF-Indonesia and Partners

- **Upgrade child protection capacity in NAD to continue to provide the NAD government with critically needed technical support for the next three years.**

Few protective programmes were in place prior to the tsunami, and awareness of child rights was low among government agencies and local organizations. UNICEF raised the profile of child protection by successfully advising the government, providing technical support and funding programmes. Due to significant strides made in this sector during the past four years, systems have emerged and continue to evolve. The government has taken ownership of these programmes, as is evident by its strengthened coordinating structures, new policy developments, and increasing budget allocation for child protection activities. UNICEF no longer needs to play a major funding role in NAD. Nonetheless, while capacity in the child protection sector is improving, it is still nascent and vulnerable to setbacks.

UNICEF should strongly reconsider its extensive downsizing of the protection sector in NAD. The current staffing levels (and staffing numbers) are inadequate to meet technical assistance requested by the Head of Dinas Sosial to continue professionalization of this key child protection actor and the critical tasks of translating the Qanun into pragmatic action plans, budgets and standard operational procedures. UNICEF should maintain strong support for the protection sector in NAD for the next three years—when the current cohort of social workers are scheduled to graduate from the new university studies programme. Anything short of this increased support runs the risk of undermining important achievements to date, while also missing important new opportunities to promote a protective environment for children. A new senior protection officer position and one to two support staff are required.

- **Ensure the protection sector is included in future programme planning and policy development activities.**

The 2007 UNICEF evaluation that led to recommendations to downsize all sectors in NAD failed to carefully consider key protection achievements or to consult with key government protection actors. The protection sector has in fact achieved something unique in the annals of disaster response to systems development. A more restrained approach to downsizing would have been more appropriate. To avoid misjudgements in the future, it is recommended that the protection unit be fully engaged in subsequent decision-making activities and senior protection officers be included in subsequent 'all sector' assessments and evaluations.

- **Promote a systems-building approach to emergency preparedness nationally.**

There is considerable evidence to suggest that countries with well established child protective systems are better able to respond to the stressors that accompany sudden emergencies, and UNICEF Jakarta is well positioned to champion disaster preparedness through the lens of child protective systems development. Ongoing development work on child protective systems, prior to a crisis but with specific emergency provisions, may be especially important in the Indonesia context. Use of lessons learned in NAD would be most helpful. Another key would be to encourage relevant agencies and their staff to put less emphasis on national emergency response mechanisms for use in exceptional circumstances and more emphasis on building solid policy and practices at all levels, so that the overall national systems are better able to respond to episodic disasters.

## Child Protection Recommendations to UNICEF-Global

- **Promote child protection systems as a key concept in the humanitarian sector.**

Entering the protective environment paradigm through the narrow focus of an emergency response can jump start protective systems advances. UNICEF, NGOs and other global partners can study these lessons critically and increase global commitment to building and strengthening child protection systems in emergencies.

- **Commitment to child protection systems building will require rethinking emergency policies and practices. This will be accompanied by the need to rethink emergency response policy and practices, including how UNICEF:**
  - Understands core commitments to child protection in emergencies
  - Designs and implements emergency assessments
  - Plans and implements emergency programmes
  - Anticipates required funding from amount and duration perspectives
  - Uses advocacy in humanitarian emergencies
  - Trains and orients emergency staff
  - Approaches early recovery and redevelopment work
  - Approaches child protection research and evaluations
  
- **Promote a skills-based capacity-building initiative for child protection staff as part of the ongoing inter-agency child protection in emergency assessment initiative.** Methodologies are being employed to:
  - Establish prevalence rates on key child protection concerns
  - Engage affected populations in identifying what risk and resilience means in a given culture and a given crisis

Emergency standby roster workshops could be arranged, regional learning initiatives promoted, and distance training packages developed to ensure the critical skills are promoted in a timely and relevant manner.

### A.3.2 Maldives

#### Child Protection Recommendations to Government of Maldives and Partners

- **Implement a comprehensive prevention, care and treatment programme for drug addiction.**

There is an urgent need for the government and communities to address drug—specifically heroin—addiction among children and youth, while promoting the understanding that this poses a significant child protection and public health problem.

- **Reorient the role of staff in the social service centres towards facilitation of community prevention, awareness and mobilization.**

In addition to providing remedial services, the service providers would play key roles in the community mobilization campaign, and support and supervise NGO work on children’s activity programmes. Given the lack of service providers per island, those present must be willing (and mandated) to address a range of community concerns. Specialization is not currently feasible. An important aspect of this reorientation will be retraining away from a service-delivery model and towards community development and mobilization methodologies. In the short-term, this could be accomplished through in-service training. In the long-term, it should be built into future social work training and degree programmes.

- **Establish minimum child security and well-being standards and ensure that the community mobilization campaign addresses them.**

Through an interactive process with communities, the government should establish a mandated set of achievable minimum child security and well-being standards for all outer islands. The following set of child and parent priorities were identified through this evaluation, and each requires monitoring of progress:

- Sports and playground space: established, equipped, and maintained by the community and safe
- Activities programmes: three to four organized activities offered on a weekly basis
- Safe school standards: zero tolerance for physical abuse, emotional abuse and bullying
- Awareness and surveillance programmes: initiatives on key concerns, such as drug addiction in schools; roles and requirements for island authorities, religious leaders, parents and others are established and maintained on a regular basis

- **Consolidate support for at least one ‘child well-being’ NGO per island to implement activity programmes.**

It is time to refocus civil society support for children, especially on the outer islands. Provide ongoing and sustained support for at least one community designated NGO, which would emerge from the mobilization exercises discussed above. The NGO, with government budgetary support and high-quality community mobilization training, would be responsible for implementing the island activity programmes, supervising standards established for sports and playground space, and contributing to safe school and awareness and surveillance programmes. Communities should be expected to support—and contribute—to their island’s child well-being NGO.

### Child Protection Recommendations to UNICEF-Maldives and Partners

- **Build internal child protection capacity.**

UNICEF’s Maldives child protection programme must upgrade its competence—especially in social sector, gender and socio-legal expertise. Ensuring community development perspectives and better access to local knowledge is also required.

- **Continue to enhance existing government partnerships.**

Political changes in the past year present new opportunities to work with the government on setting child protection priorities. These opportunities must be capitalized upon in order to achieve the goals set forth in the 2008-2010 UNICEF Country Programme. UNICEF Maldives must be the key government partner to implement the government recommendations noted above. UNICEF Maldives should continue to enhance its existing partnerships with multiple government agencies and build new partnerships as needed. Each sector’s programme should provide both strategic direction and technical support for sustainable developments in a way that ensures government responsibility and accountability over emerging social protection systems.

- **Support NGO development and capacity building.**

The burgeoning civil society within Maldives requires additional support, and UNICEF should continue to assume a leadership role in engaging government, NGO and private-sector partnerships. Sustainable and ongoing partnerships should be encouraged to exist and continue. The child protection programme, in particular, should support NGO capacity building and technical knowledge as part of the government’s mobilization strategy.

## A.4 Health and Nutrition Sector Recommendations

### A.4.1 Indonesia

#### Health and Nutrition Recommendations for Government of Indonesia and Partners

- **Train health workers according to the epidemiologic burden of the province.**

In Aceh, with high maternal mortality, midwives should be trained to care for women with emergency obstetric needs.

- **Develop policy to more effectively recruit and retain midwives to work in remote or isolated areas.**

A serious constraint for the health and nutrition sector is the lack of adequate training among midwives for working with traditional birth attendants and for managing obstetric emergencies. Together with nurses,



midwives need to focus much more on maternal and child nutrition if mortality rates are to fall. Career advancement schemes—where health care workers do not need to leave rural primary care and Aceh to seek career advancement—are needed.

- **Train district and provincial health authorities in managing the public health system and promoting more effective health policies.**

District and provincial authorities should be responsible for and promote health-related communication to patients and communities.

- **Target health programmes more modestly, according to measurable criteria, and use those criteria in managing the health system.**

The biggest weakness in the health system is in the supervision of primary care providers. The high number of health workers present in Aceh can improve coverage and quality of services, thus reducing mortality and malnutrition—if training, information systems and supervision are improved. Further, there is a need to better target a limited number of actions by primary health personnel. This will be possible as a result of improved supervision, stronger management and the improved collection and analysis of health service information.

- **Develop stronger normative leadership at the level of the provincial health office, while establishing a stronger system of direct supervision at the district level.**

The global, integrated goals for primary health institutions in Aceh appear to be overambitious relative to the level of skill, coordination and coverage currently available. More modest global goals should be specified for the health system, and political leaders should become involved in helping focus local leadership and budgetary participation in: insuring good delivery care; promoting universal immunizations; and supporting improved nutrition for children and women. Until these three objectives are achieved, other goals of the health system should become second in priority.

### Health and Nutrition Recommendations for UNICEF-Indonesia and Partners

- **Prepare, in consultation with national authorities, the basic elements of an inter-sectoral assessment tool to facilitate future emergency assessments.**

An initial assessment in the first weeks is necessary to guide the first call for mobilizing resources and personnel, and should be used to guide a more comprehensive inter-sectoral assessment to be carried out with other partners. Good assessment activities will require such a two-stage activity to be more effective for major disasters. This division into initial and comprehensive assessment activities, carried out in the first weeks after an emergency and then six to eight months later, may assist in developing a more substantive strategy to move from emergency actions to recovery and development. In the tool, be sure to include the ability to identify local needs in affected areas, highlight existing capacity, and the capacities that need strengthening.

- **Adapt recovery goals to the particular underlying and current conditions of the area. General recovery plans are a good guide for first steps but should not act as a one-size-fits-all guide.**

UNICEF relief programme activities are most successful when they take into consideration health issues that were in place prior to the tsunami and are implemented in a way that facilitates both the short- and long-term responses needed. General recovery plans should be reviewed and revised, according to local conditions, within 12 months of a disaster if they are to provide an effective strategic guide to recovery.

- **Prepare funding requests that provide flexibility to modify focus areas as needs change during recovery, which address not only the new emergency-related needs but also underlying needs, especially those resulting from exclusion or social inequalities.**

Negotiate generic pre-existing parameters and standard language for this flexibility with funders to assist in a shared understanding and facilitate the preparation of effective funding requests.

- **Push for the establishment of laws or administrative rules consistent with the International Code of Marketing of Breast-milk Substitutes<sup>123</sup> to promote breastfeeding.**

Efforts to promote exclusive breastfeeding cannot be realized solely through health education and village midwives alone, particularly as the legislative environment does not limit the distribution or sale (by these same health workers) of formula. This is where national and provincial legislation is needed to support effective decentralized health care.

- **Disaster risk reduction goals that were not achieved during recovery should be part of the ongoing work agenda.**

There is still important work to do to improve preparedness in Aceh and other parts of Indonesia. Until these are done, they remain priority goals in this natural disaster-prone country.

#### A.4.2 Sri Lanka

##### Health and Nutrition Recommendations to Government of Sri Lanka and Partners

- **Focus in-service training activities for health workers according to priority health problems in that local area. This especially includes a focus on nutritional status in urban areas and maternal health in the estate sector.**

In-service training activities have too often been carried out without strategic consideration for the key programmatic needs in local areas. In-service trainings should be prioritized on the basis of the evolving epidemiologic conditions of the country.

- **Take better advantage of the many strengths of Sri Lanka's health system to tailor programmes more toward current local needs.**

Sri Lanka has a strong and capable system of primary health care. But there is a need to tailor programmes, particularly in northern and eastern zones that have not yet fully recovered from the tsunami. Recommendations:

- **Infant mortality:** Focus on extending current program coverage in high mortality districts.
- **Maternal health:** Post senior specialist physicians and nurses, promote family spacing, and improve in-patient transport and training for early recognition of obstetric emergencies.

##### Health and Nutrition Recommendations to UNICEF-Sri Lanka and Partners

- **Train an officer in communications for improved policy and coordination during future emergencies, especially stressing this role to promote in-country communications for potentially disempowered groups and for coordination with local and national groups.**

Programme communication plays a key role in creating awareness and behaviour changes on child care and protection messages both to the public and to the government, and in coordinating UNICEF staff activities in response to an emergency.

- **Adapt recovery goals to the particular underlying and current conditions of the area. General recovery plans are a good first step guide, but one size does not fit all. General recovery plans should be reviewed and revised, according to local conditions, within 12 months of a disaster if they are to provide an effective strategic guide.**

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<sup>123</sup> World Health Organization, 'International Code of Marketing of Breast-milk Substitutes', Geneva, available online at: [www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf).

Relief, reconstruction and rehabilitation efforts do, and must, overlap. The identification of phases must be understood to constitute the major current focus but be involved in the continuing resolution of issues from a prior phase and the emergence of issues for the coming stages.

- **Create an emergency human resources post to develop and manage roster and surge capacity. Among those recruited to take part in the emergency response, include regular members of UNICEF staff, contracts and posts that will last at least one year to preserve institutional memory and effective relations with national authorities.**

Those contracted to respond to emergencies should be brought in for a longer period to facilitate the transition from stage to stage and to assist in trust building, communications and institutional memory. In addition, regular staff should be given priority for mobilization, and short-term staff brought in should be considered to assume the regular tasks of those mobilized from the ranks of UNICEF regular staff in the countries from which they came.

#### Health and Nutrition Recommendations to UNICEF-Global

- **Develop a cadre of personnel with specialized expertise in addressing psychosocial aspects of maternal child care for emergency response and recovery.**
- **Develop expertise to better connect the current and evolving epidemiologic burden of a country to its organized health service and finance systems.**

Despite Sri Lanka's many advances in good, low-cost health care, epidemiologic and health service expertise has not yet been adequately applied to address the mental health needs of tsunami-affected groups.

- **UNICEF should work more with the national-level government on its health and development policies.**

Sri Lanka's advances and strengths in health have not yet fully come to force in addressing the combined tsunami and conflict recovery needs in the north, as evidenced by the recent rise in malnutrition in urban areas and the historical health disparities in the estate sector.

- **UNICEF should give more attention to continuous, multi-stage training and policy development.**

When a major disaster occurs, a planning cycle over five years should be anticipated. This should include long-range human resources plans, the decentralization and development of local and regional government capacity, and training of local health workers to capitalize on learning acquired during the emergency.

#### A.4.3 Maldives

##### Health and Nutrition Recommendations to Government of Maldives and Partners

- **Organize a strong, ongoing programme of continuing education for primary health care personnel.**

Shortages in professionally and technically skilled national health manpower in almost all areas and levels of the health sector have been addressed by hiring expatriates. This results in a high financial burden for the government. Health staff development plans can set a goal of training staff from each island to work in that island.

- **Implement and use the evolving information management systems.**

There is a need for enhanced information management, especially related to maternal and child health concerns in primary care. The national Online Nutrition and Child Health Surveillance System is an excellent tool and should be widely used and adapted to the needs of the health system. The online system should collect data on country priorities—such as food security, breast-feeding, health of pregnant mothers, use of iodized salt, deworming and micronutrients—to guide key actions, most of which have to do with education and promotion at the community level.

- **Revisit and redirect policy toward primary health care.**

The country has limited staff development activities, with a lack of planning for development of national staff combined with an excessive reliance on hiring physicians from other countries to provide primary care. The country has a well-developed system of health care facilities, but its effectiveness is limited by its poor articulation of the actions of health workers with the actual epidemiologic burden of the country. Specifying priorities and roles from the Ministry of Health in the elaboration of a more cogent plan for primary health will help to address these issues.

- **Better articulate health policy between primary and secondary care services.**

The most critical intervention needed to reduce infant mortality is to reduce neonatal mortality, which will require more sophisticated medical equipment, specialized nursing and other paramedic care, and better articulation of the health system between primary and secondary care. Yet, this should not deprive primary care and health promotion of its central role in the health system. It will require improved management training, skilled use of data for guiding the health system and expanded use of the Internet for in-service education and clinical care of health personnel.

- **Improve training and policy regarding health education and promotion.**

One of the main constraints for implementing integrated early childhood development initiatives is the ineffective and incomplete efforts on community mobilization. This is mainly due to poor communication skills of health care providers and poor networking with mothers and influential people in the community. This is perhaps inevitable without clear health development priorities, leaving the largely expatriate physicians to respond spontaneously to patient demand for curative health services in both primary and secondary care. The great national resources of community health workers and nurses are left underutilized where they could contribute the most—in health education and promotion and in developing positive career and social development models for national youth.

## **Health and Nutrition Recommendations to UNICEF-Maldives and Partners**

- **Programmatically support the work of Island Development Committees, Women's Development Committees and Atoll Development Committees.**

UNICEF should continue its support to community groups and their instrumental activities and expand its support for training and policy development at the ministry level to integrate these innovations into the national system.

- **Train an officer in communications for improved policy and coordination during future emergencies. Stress this role in promoting in-country communications to potentially disempowered groups and for coordinating with local and national groups.**

A key aspect of this was the weakness in creating an effective communications programme in tsunami response. These communications included activities related to health promotion and reconstruction, coordination with other agencies, and characterization of the key issues in each stage of recovery. Such programme communication plays a key role in creating awareness and behaviour changes in child care,

developing protection messages for both the public and the government, and coordinating UNICEF staff activities in response to an emergency.

- **In consultation with national authorities, prepare the basic elements of an inter-sectoral assessment tool and the ability to identify local needs in affected areas, highlighting existing capacities as well as capacities that need to be strengthened.**

Preparation and training are needed in order to lead or take part in rapid assessments using either the standardized initial rapid assessment or other nationally agreed-upon tools. A rapid needs assessment carried out in the first 72 hours of an emergency is too rapid and too superficial to guide actions for the first six to eight weeks following a major emergency. Such an initial assessment is necessary to guide the very first mobilization of resources and personnel, and should be used to guide the organization of a more comprehensive inter-sectoral assessment. Good assessment activities will require such a two-stage activity to be more effective for major disasters.

- **Engage women, children and adolescents more thoroughly in the preparedness and response planning.**

Limitations in engaging these groups appeared as emergent or continuing health issues. Expertise in this area of work is scarce in Maldives. UNICEF can and should assist the country by providing such expertise to enhance national emergency preparedness planning.

- **Reassess the content of health-related kits.**

The clinically oriented kits are basically adequate (women's health, children's medical kits, surgical supplements, etc.) However, kits could further contain materials for program coordination with communications equipment, administrative materials on paper and software to facilitate cluster coordination.

- **Prepare funding requests that provide flexibility to modify focus areas as needs change during recovery, which address not only the new emergency-related needs but also underlying needs, especially those resulting from exclusion or social inequalities. Negotiate generic pre-existing parameters and standard language for this flexibility with funders to assist in a shared understanding and to facilitate the preparation of effective funding requests.**

### Health and Nutrition Recommendations to UNICEF-Global

- **Train a cadre of UNICEF personnel skilled in psychosocial aspects of maternal and child care for emergency response and recovery.**

The nutritional and health status of young children is the outcome of three underlying factors: access to and use of adequate foods (considering quantity, quality, safety and socio-cultural acceptability); effectiveness of health services and healthiness of the environment (considering resources, opportunities and the roles and responsibilities of duty bearers); and quality and level of maternal and child care. Today we know far better how to assess and intervene to address the adequacy of foods and the effectiveness of health services. A similar need exists for specialized staff in emergency preparedness, which is still lacking in the health system in Maldives.

- **Better connect the current and evolving epidemiologic burden of a country to its organized health service and finance systems.**

Despite Maldives excellent health advances, epidemiologic and health service expertise has not yet been adequately applied to address some critical needs of tsunami affected groups, particularly pertaining to mental health.

- **UNICEF should work more with the national-level government on developing its health and development policies, giving more attention to continuous, multi-stage training and policy development.**

Meaningful participation and capacity building can help equip families and women with the knowledge required to make informed decisions about adequate day-to-day caring behaviour, the provision of life-saving interventions and adequate care-seeking behaviours.



## ANNEX 2. SUMMARY DATA ON KEY OUTCOMES AND OUTPUT INDICATORS PER COUNTRY\*

| Description   | Indonesia | Sri Lanka | Maldives |
|---|-----------|-----------|----------|
| <b>Health and nutrition</b>   |           |           |          |
| Children 12-23 months old who are fully immunized, %                      | 67%       | 96%       | 85%      |
| Children 12-23 months old who are immunized against measles, %            | 65%       | 96%       | 97%      |
| Children 12-23 months who are immunized against polio, %                  | 69%       | 99%       | 98%      |
| Health facilities where UNICEF construction completed                     | 34        | 34        | 8        |
| People benefiting from anti-malaria bednets                               | 3,069,008 | 132,000   | NA       |
| Health facilities provided with equipment                                 | 598       | 506       | 14       |
| Health staff in target areas trained in healthcare practices              | 9,106     | 3,538     | 761      |
| Children aged 6-59 months receiving vitamin A supplement last 6 months, % | 75%       | 95%       | N/A      |
| <b>Water and sanitation</b>   |           |           |          |
| Estimated people benefiting from restored/reconstructed water points      | 149,087   | 129,030   | N/A      |
| Estimated people benefiting from new sanitation facilities                | 141,745   | 73,785    | 6,000    |
| Estimated people benefiting from restored water systems                   | 195,300   | 155,500   | 54,000   |
| Schools equipped with both improved water and sanitation facilities       | 208       | 714       | 8        |
| School children benefiting from the school WES facilities                 | 45,829    | 145,840   | NA       |
| School children reached with hygiene education                            | 42,726    | 273,000   | 300      |
| <b>Education and early childhood development</b>                          |           |           |          |
| Permanent schools where UNICEF construction completed                     | 291       | 27        | 41       |
| Children benefiting from these permanent schools                          | 58,677    | 13,651    | 8,216    |
| Children benefiting from semi-permanent or repaired schools               | 21,150    | 91,060    | 1,365    |
| Children ever having received emergency education supplies                | 861,100   | 421,498   | 28,636   |
| Principals/teachers trained in child-centered learning approaches         | 9,067     | 3,578     | 2,590    |
| <b>Child protection</b>   |           |           |          |
| Child protection centres where UNICEF construction completed              | 4         | 27        | 1        |
| Children benefiting from UNICEF-assisted psycho-social activities         | 73,259    | 85,000    | 21,000   |
| <b>HIV/AIDS</b>   |           |           |          |
| People reached with HIV education   | 13,916    | NA        | NA       |

Source: UNICEF, 'Tsunami Report 5 Year Anniversary: December 2009', New York, 2009, p. 31, available online at: [http://www.unicef.org/media/files/UNICEF\\_Tsunami\\_5yr\\_Report\\_Final.pdf](http://www.unicef.org/media/files/UNICEF_Tsunami_5yr_Report_Final.pdf). Data were self-reported by each UNICEF Country Office and represent the latest available figures per indicator as of 31 October 2009.





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