THE 2004 INDIAN OCEAN TSUNAMI DISASTER

EVALUATION OF UNICEF’S RESPONSE (EMERGENCY AND INITIAL RECOVERY PHASE)

MALDIVES
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MALDIVES

EVALUATION OFFICE
MAY 2006

UNICEF
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The report was prepared by the team of: Sandra Allaire, Celia Male, Sheila Reed, Suzanne Reiff and Lewis Sida, contracted by the Evaluation Office. Wayne MacDonald, Senior Project Officer in the Evaluation Office at UNICEF Headquarters provided guidance and oversight of the process.

The purpose of the report is to assess the situation, facilitate the exchange of knowledge and perspectives among UNICEF staff and to propose measures to address the concerns raised. The contents of the report do not necessarily reflect the policies or views of UNICEF.

The text has not been edited to official publication standards and UNICEF accepts no responsibility for errors.

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PREFACE

Located south of India, the Maldives is home to just under 350,000 people. The Maldives was among the hard hit by the December 2004 tsunami. All but nine of its 1,190 islands were flooded. Over 100 people are either dead or missing, and at the time of this evaluation, over 10,000 people remained displaced. The damage in the Maldives was considerable, and estimated in the order of 83% of GDP.

In terms of the emergency response, the Government of the Maldives (GOM) and the communities across the islands of the Maldives reacted quickly to save lives. Few international assistance organizations were present in the country pre-tsunami. The United Nations Children's Fund (UNICEF) is one of the longest serving UN agencies in-country, and continues to support the government in its reconstruction and recovery efforts.

This evaluation of UNICEF's tsunami emergency response in the Maldives was commissioned by the UNICEF's Evaluation Office in collaboration with UNICEF's Office of Emergency Operations (EMOPS) and UNICEF's Programme Division.

To ensure objectivity, the evaluation was conducted by a team of highly regarded, independent evaluators, with competence in health, nutrition, education, water and sanitation, child protection, and management. The evaluation team was competitively selected, and included Sandra Allaire (Health), Cecilia Male (Education), Shelia Reed (Deputy Team Leader), Suzanne Reiff (Water and Environmental Sanitation), and Lewis Sida (Evaluation Team Leader). Wayne MacDonald, Senior Project Officer in UNICEF's Evaluation Office provided guidance and oversight to the evaluation process.

This evaluation report of UNICEF’s tsunami emergency response in the Maldives is based on the independent findings and recommendations of the evaluation team. The Country Office for the Maldives has prepared a management response to the Evaluation which is found in Annex 7.

Taken together, this evaluation is also linked to a series of independent evaluations commissioned by UNICEF Evaluation Office that focus on UNICEF's emergency relief efforts in other tsunami affected countries – Indonesia and Sri Lanka. All three country evaluation case studies have been integrated into a separate Synthesis Evaluation Report prepared by Lewis Sida and Peter Wiles.

The purpose of the evaluations is to identify major achievements, to take note of any constraints and gaps in UNICEF’s response, and to highlight potential policy implications. The external experts assessed UNICEF's emergency response to meeting its “Core Corporate Commitments for Children,” paying particular attention to the relevance, appropriateness, impact, effectiveness and efficiency of that response.

The overall message from the evaluations is that UNICEF played an important and meaningful role in all the countries where it responded. The evaluations also indicate that there is still much to do in tackling some of the important programme and operational issues, both strategically and energetically.

Jean Serge Quesnel
Director
Evaluation Office
UNICEF New York Headquarters
ACKNOWLEDGEMENTS

We would like to thank the many people, too numerous to acknowledge individually, who have contributed their time, energy and thoughts to this evaluation, including those directly affected by the tsunami disaster, UNICEF staff, government officials and staff of other agencies.

Thanks must go to UNICEF’s staff in the Maldives; Martin Hart Hansen, Ken Maskall, Fathimath Shehezinee, Johan Fagerskold, Ameena Mohaned Didi, David Proudfoot, Unni Silkoset and Mohamed Naeem. Thanks must also go to the administrative staff who worked often at short notice to make things possible. In the government, thanks must go in particular to Honourable Aishath Mahamed Didi, Minister of Gender and Family and former UNICEF staff member who gave her time generously in an extremely busy period. The evaluation team would like to also mention Honourable Ahmed Abdullah, Minister of Energy, Water and Environment, Honourable Zahiya Zareer, Minister of Education and Honourable Hamdhoon Hameed Minister of Planning and National Development who also gave up their valuable time to meet us. Finally our thanks must go to all of the affected people who generously gave their time to patiently explain to the evaluation team their experiences.

Thanks also go to Wayne MacDonald, manager of the evaluation, for his sustained support and guidance throughout the evaluation process, and to his colleagues in the UNICEF Evaluation Office including Ada Ocampo, for her invaluable contribution to steering the document through the copy-edit and design phase, John Mark Tran for his tireless administrative support, and to Jean Quesnel, head of the Evaluation Office for his overall wisdom and guidance.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAP</td>
<td></td>
</tr>
<tr>
<td>LIST OF ACRONYMS AND ABBREVIATIONS</td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td></td>
</tr>
<tr>
<td>RÉSUMÉ ANALYTIQUE</td>
<td></td>
</tr>
<tr>
<td>RESUMEN EJECUTIVO</td>
<td></td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1 EVALUATION PURPOSE</td>
<td>1</td>
</tr>
<tr>
<td>1.2 EVALUATION TEAM</td>
<td>2</td>
</tr>
<tr>
<td>1.3 METHODOLOGY AND CONSTRAINTS ON DATA COLLECTION</td>
<td>2</td>
</tr>
<tr>
<td>1.4 EVALUATION ANALYSIS AND CONSULTATION</td>
<td>5</td>
</tr>
<tr>
<td>1.5 GUIDING PRINCIPLES AND STANDARDS</td>
<td>5</td>
</tr>
<tr>
<td>2. BACKGROUND</td>
<td>7</td>
</tr>
<tr>
<td>2.1 THE MALDIVES</td>
<td>7</td>
</tr>
<tr>
<td>2.2 THE EFFECTS OF THE TSUNAMI ON THE MALDIVES</td>
<td>8</td>
</tr>
<tr>
<td>2.3 RESPONSE BY THE GOVERNMENT AND INTERNATIONAL ORGANIZATIONS</td>
<td>8</td>
</tr>
<tr>
<td>2.4 UNICEF’S ROLE</td>
<td>9</td>
</tr>
<tr>
<td>3. OVERALL HUMANITARIAN RESPONSE</td>
<td>11</td>
</tr>
<tr>
<td>3.1 APPROPRIATENESS AND RELEVANCE</td>
<td>11</td>
</tr>
<tr>
<td>3.2 IMPACT AND EFFECTIVENESS</td>
<td>15</td>
</tr>
<tr>
<td>3.3 EFFICIENCY</td>
<td>20</td>
</tr>
<tr>
<td>4. PROGRAMME COMMITMENTS</td>
<td>25</td>
</tr>
<tr>
<td>4.1 HEALTH AND NUTRITION</td>
<td>25</td>
</tr>
<tr>
<td>4.2 WATER AND ENVIRONMENT SANITATION</td>
<td>34</td>
</tr>
<tr>
<td>4.3 CHILD PROTECTION</td>
<td>42</td>
</tr>
<tr>
<td>4.4 EDUCATION</td>
<td>48</td>
</tr>
<tr>
<td>ANNEXES</td>
<td>57</td>
</tr>
<tr>
<td>1 PROGRAMME ACHIEVEMENTS (COUNTRY SHEETS)</td>
<td>57</td>
</tr>
<tr>
<td>2 SUMMARY CHARTS FOR THE UNICEF RESPONSE ON HEALTH AND NUTRITION,</td>
<td>59</td>
</tr>
<tr>
<td>WATER AND SANITATION, CHILD PROTECTION AND EDUCATION</td>
<td></td>
</tr>
<tr>
<td>3 SUMMARY OF COMMUNITY INTERVIEWS</td>
<td>63</td>
</tr>
<tr>
<td>4 TERMS OF REFERENCE FOR THE EVALUATION OF UNICEF’S TSUNAMI RESPONSE,</td>
<td>71</td>
</tr>
<tr>
<td>EMERGENCY AND RELIEF PHASE</td>
<td></td>
</tr>
<tr>
<td>5 PERSONS CONSULTED DURING THE EVALUATION</td>
<td>79</td>
</tr>
<tr>
<td>6 DOCUMENTS CONSULTED DURING THE EVALUATION</td>
<td>81</td>
</tr>
<tr>
<td>7 MANAGEMENT RESPONSE MATRIX</td>
<td>86</td>
</tr>
</tbody>
</table>
# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>ADB</th>
<th>Asian Development Bank</th>
<th>MOGF</th>
<th>Ministry of Gender and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>ALNAP</td>
<td>Active Learning Network for Accountability and Performance</td>
<td>MOSS</td>
<td>Minimum Operating Safety Standards</td>
</tr>
<tr>
<td>CCC</td>
<td>Core Corporate Commitments for Children in Emergencies (UNICEF)</td>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on Elimination of Discrimination Against Women</td>
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<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>CF</td>
<td>Child Friendly</td>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs (UN)</td>
</tr>
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<td>CFS</td>
<td>Child-Friendly School</td>
<td>OECD–DAC</td>
<td>Organization for Economic Cooperation and Development – Development</td>
</tr>
<tr>
<td>CO</td>
<td>Country Office</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child (UN)</td>
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<td>DFID</td>
<td>Department for International Development (UK)</td>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
</tr>
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<td>ECD</td>
<td>Early Childhood Development</td>
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</tr>
<tr>
<td>EFH</td>
<td>UNICEF’s Emergency Field Handbook</td>
<td>RBM</td>
<td>Results-Based Management</td>
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<td>EMOPS</td>
<td>Office of Emergency Programmes</td>
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<td>EPRP</td>
<td>Emergency Preparedness and Response Plan</td>
<td>ROWPU</td>
<td>Reverse-Osmosis Water Purification Unit</td>
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<td>GOM</td>
<td>Government of Maldives</td>
<td>UNCT</td>
<td>UN Country Team</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
<td>UNDAC</td>
<td>UN Disaster Assessment and Coordination Team</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>Human Rights Based Approach to Programming</td>
<td>UNDMT</td>
<td>UN Disaster Management Team</td>
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<td>IASC</td>
<td>Interagency Standing Committee (UN)</td>
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<td>UN Environment Programme</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
<td>UNFPA</td>
<td>UN Population Fund</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
<td>UNOPS</td>
<td>UN Office for Programme Services</td>
</tr>
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<td>IT</td>
<td>Information Technology</td>
<td>WATSAN</td>
<td>Water and Sanitation</td>
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<tr>
<td>JBIC</td>
<td>Japan Bank for International Cooperation</td>
<td>WES</td>
<td>Water and Environmental Sanitation</td>
</tr>
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<td>MIDP</td>
<td>Managing IDP Unit (of the National Disaster Management Centre)</td>
<td>WFP</td>
<td>World Food Programme (UN)</td>
</tr>
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<td>MOE</td>
<td>Ministry of Education</td>
<td>WHO</td>
<td>World Health Organization (UN)</td>
</tr>
</tbody>
</table>

MALDIVES REPORT
Located south of India, the Maldives has 200 inhabited islands and is home to 349,000 people (July 2005). As a result of the December 2004 tsunami, 108 people are either dead or missing and damage of the order of 83 percent of GDP was caused. All but 9 of the 1,190 islands were flooded, and over 10,000 people remain displaced. The Government of the Republic of the Maldives (GOM) and the communities reacted quickly to save lives. The GOM immediately formed the National Disaster Management Centre (NDMC), which facilitated response and coordination and incorporated a section for assisting Internally Displaced Persons (IDPs). Few international assistance organizations were present in the country pre-tsunami. The United Nations Children's Fund (UNICEF) is one of the longest-serving UN agencies in the country, and will play a major role in supporting the GOM's National Reconstruction and Recovery Plan (NRRP).

**EXECUTIVE SUMMARY**

UNICEF/GIACOMO Pirozzi Maldives
EXECUTIVE SUMMARY

BACKGROUND

Located south of India, the Maldives has 200 inhabited islands and is home to 349,000 people (July 2005). As a result of the December 2004 tsunami, 108 people are either dead or missing and damage of the order of 83 percent of GDP was caused. All but 9 of the 1,190 islands were flooded, and over 10,000 people remain displaced. The Government of the Republic of the Maldives (GOM) and the communities reacted quickly to save lives. The GOM immediately formed the National Disaster Management Centre (NDMC), which facilitated response and coordination and incorporated a section for assisting Internally Displaced Persons (IDPs). Few international assistance organizations were present in the country pre-tsunami. The United Nations Children’s Fund (UNICEF) is one of the longest-serving UN agencies in country, and will play a major role in supporting the GOM’s National Reconstruction and Recovery Plan (NRRP).

THE PURPOSE OF THE EVALUATION, TEAM COMPOSITION AND METHODOLOGY

The purpose of this evaluation is to:

- identify major achievements during the emergency response phase
- take note of any constraints and gaps in that response
- highlight potential policy implications for the future.

Five independent experts in health, water and environmental sanitation, education, child protection and emergency management formed the evaluation team. The emergency response phase, and the period under examination in this evaluation, is from 26 December 2004 to 30 June 2005. Data collection methods included a desk review and structured, individual informant and focus-group interviews with affected communities, government officials, partner and similar organizations as well as UNICEF staff in the Maldives, the Regional and New York Head Offices. There were time and logistical constraints to pursuing all issues in depth, and to accessing a greater number of affected people and assistance organizations.

APPROPRIATENESS AND RELEVANCE

UNICEF’s response was both appropriate and relevant, particularly given the size of the office pre-tsunami, the geographical constraints and the completely unexpected nature of the event. The Maldives office was small and unprepared for a large disaster and was in the process of merging with sister UN agencies. Operational constraints were considerable, such as limited transportation to the islands and lack of traditional NGO partners.

UNICEF responded immediately, quickly distributing locally purchased items to displaced people in Male. Approximately 8,200 family water kits and hygiene kits were distributed throughout the islands, and reverse osmosis water purification units (ROWPU) filled critical gaps in water needs. Supplementary food was purchased for 1,750 infants for six months; cold-chain storage equipment provided and lost vaccines replaced. A successful back-to-school campaign was supported. UNICEF also acted as consignee for other donors’ shipments such as water (from the UK Government) and tarpaulins (from the US Government).
EXECUTIVE SUMMARY

The country office (CO) did not conduct a rapid assessment within 72 hours of the tsunami as required by the Core Corporate Commitments for Children in Emergencies (CCC), due to operational constraints. The GOM undertook the initial disaster assessment within 48 hours however, although it was largely damage-oriented. UNICEF participated in an education assessment, a joint government–UN field-assessment mission and the joint Government of Maldives/World Bank/Asia Development Bank/UN needs assessment. The assessments conducted mostly lacked involvement of affected communities and analyses on vulnerability.

UNICEF did not undertake a comprehensive process of strategy development beyond participating in the UN Flash Appeal and National Recovery and Rehabilitation Plan (NRRP). As there was no strategic planning for the emergency response (such as a plan of action) beyond the Flash Appeal, there were limited measurable objectives and indicators against which to monitor progress. For the recovery phase UNICEF participated in the NRRP, which served as a joint strategic plan for the GOM and the UN; even so, indicators and measurable results had not been developed in the period under examination. The Country Management Team (CMT) met irregularly.

UNICEF has the largest amount of funding of any UN agency in the Maldives, with $38 million for relief and recovery. In October 2005, UNICEF spending was largely on track covering two thirds of its 2005 allocation. UNICEF will provide significant support to the NRRP, with appropriately large roles in water and environmental sanitation (WES) and education. Some funding decisions are questionable, regarding volumes and items purchased such as ROWPU plants and cold-chain freezers. It is likely that perceived pressures to spend undermined planning and the best use of UNICEF funds. Furthermore, UNICEF’s funds exceeded its capacity to programme them.

In terms of coverage and targeting, UNICEF’s response covered all the affected islands and a significant number of other islands in affected atolls. The GOM had little experience of targeting vulnerable groups and managing IDPs, and initially used blanket distributions for host and affected islands. The numbers of IDPs were not ascertained for many months and were significantly less than originally estimated. Islanders interviewed indicated that the distribution times and assistance packages varied between islands, and over-distribution occurred.

IMPACT AND EFFECTIVENESS

UNICEF’s impact was significant in a number of areas. The highly successful back-to-school campaign meant the Maldives 100,000 school children returned only two weeks later than the usual start of term; UNICEF worked closely in support of the GOM to achieve this (and the government has commended UNICEF highly for this). UNICEF provided school supplies to 30,000 children and commenced the construction of 39 temporary classrooms almost immediately. Several islands with large IDP populations received critical water supply from the 20 ROWPU plants. There was no major outbreak of disease in any of the affected communities. Areas where UNICEF might have done more include HIV/AIDS, child protection and gender issues.

UNICEF’s response was most effective in sectors where it already had strong pre-existing programmes and capacity, such as in health and education. UNICEF had considerable problems scaling up WES activities. In WES, the management of the large volume of inputs (to the value of some US$7 million) overwhelmed the staff and GOM capacity. For instance, UNICEF distributed 4,000 rainwater-harvesting tanks but a significant number of these were unused through the rainy season because of installation problems. UNICEF did not have the human resources to enhance its capacity in child protection, a critical sector in the CCC.

Response in the Maldives experienced similar coordination issues to those in other tsunami-affected countries, including poor integration of participation, protection and gender, and the lack of an effective communication strategy with the affected population. The initial psychosocial support response was strongly coordinated among international and national agencies. UNICEF worked in close collaboration with the GOM in WES but did not effectively facilitate communication among other assistance providers (including OCHA, IFRC and UNDP). In education, there was confusion about roles and responsibilities.
Monitoring and evaluation (M&E) in the Maldives response was poor. Monitoring was limited by the lack of a plan, insufficient presence on the islands and lack of follow-up, although UNICEF staff had joined some multi-agency monitoring teams. Weak monitoring has resulted in a number of issues in programme implementation that were not resolved in the first six months. Communities and community leaders in conjunction with local administrations could have been more involved in such M&E activities.

The Maldives office generally followed the CCC and other humanitarian principles and standards. UNICEF had mixed results in meeting internationally accepted sector indicators, particularly in sanitation. UNICEF might have paid greater attention to building on local capacities as well as capacity development within the emergency response. UNICEF’s strong advocacy has led to changes in attitudes such as in promoting child-friendly schools (CFSs). However, it was unable to influence government to address fully the issues of violence and abuse. The role of the CCC needs further examination, as the formulaic approach may stifle both strategic analysis and creative thinking on the greater picture of needs.

Despite being unprepared for an emergency on this scale, the government and communities showed themselves capable of an effective first response. The GOM quickly set up the NDMC and communities conducted search and rescue, generously sharing resources. UNICEF Maldives has an Emergency Preparedness and Response Plan (EPRP), which was last updated in March of 2004 but did not have sufficient guidance or a strategy for surge capacity. The tsunami disaster has resulted in a re-analysis of preparedness, and the United Nations Development Programme (UNDP) is developing a coordinated disaster risk management (DRM) programme with the GOM. UNICEF might be instrumental in supporting WES preparedness as well as training for children in schools.

EFFICIENCY

The management challenges in the Maldives response were significant but the UNICEF sub-office performed relatively well. The sub-office was proactive in identifying and addressing needs using the CCC. Staff members asked for, and received, assistance early on from UNICEF’s New York HQ (NYHQ) and the UNICEF Regional Office for South Asia (ROSA) and recruited local staff quickly. They prepared fundraising information early and liaised well with key government counterparts. However, at the 6–8-week point, UNICEF/Maldives had not consolidated its focus and proceeded with many longer-term activities as set out in the CCC. Some of this drift was due to insufficient strategic planning and gaps in leadership coverage. UNICEF might have encouraged the GOM to widen participation in decision making to include island leaders and IDPs, to enhance capacity development for those groups and to follow international standards for emergency response.

The Maldives sub-office was promoted to a country office in February 2005. The number of staff members increased from 11 to 25. One of the largest constraints in the response was and continues to be understaffing. Programme funds are almost 40 times pre-tsunami levels with a four-fold increase in staff. Lack of a human resources plan early in the emergency resulted in some sectors being severely understaffed to the detriment of attention to critical child-rights issues. No child protection officers or specialists came to assist despite the understaffing in this sector, which is a major area of concern in the CCC. Efficiency and effectiveness in several sectors, such as WES, were affected by the lack of handover when seconded staff and consultants left.

Long-term national personnel who worked through the first six months experienced significant stress related to the changes in administration and office structure. Government counterparts suffered even more severe human-resources deficiencies. UNICEF was not always responsive to requests from the GOM for human-resource support.

The Maldives Country Office (CO) struggled with the dramatic scaling-up of operations, while at the same time ensuring that all financial and administrative procedures were followed. In the early part of the operation, the Programme Manager System (PROMS) was too complicated for staff to use effectively, and they lacked sufficient training. UNICEF needs to re-examine the balance between the necessary accounting of its use of funds and the achievement of results.
UNICEF did an excellent job of fundraising and media relations, and in the Maldives was internationally more visible than any other UN agency. UNICEF was not particularly effective, however, in disseminating information on its assistance activities to the people of the Maldives and in allowing them a greater stake in decisions.

It is clear that the Maldives staff worked tirelessly in a complicated and challenging environment to deliver supplies in a timely manner. UNICEF has procured goods worth almost US$12 million – roughly half purchased in country and half sourced outside. The items sourced outside arrived relatively quickly, starting on 7 January. There were no supply or distribution plans in place, however, resulting in some culturally and operationally inappropriate items. There were no records indicating the status of goods in government warehouses. Delivery of supplies like water tanks to the islands has been costly, as has air transport for staff. In the early phase of the response, transport constraints influenced the rate at which goods could be delivered.

HEALTH AND NUTRITION

The rapid response by the Maldives Ministry of Health achieved a significant impact on health and nutrition. Significantly, there was no major disease outbreak. There was an increase (133 percent) in diarrhoeal cases in the first month following the tsunami, but this improved over subsequent months. UNICEF supported this effort appropriately, replacing lost equipment and supplies where requested. Cold-chain equipment was provided, although not all was being effectively used at the time of the evaluation. No mass measles immunization was undertaken as coverage was high and government had resumed immunization services very quickly.

Post-tsunami, the risk of malnutrition was worsened by health risks, food security issues and disruption of normal living conditions. UNICEF procured food to help address both food security and nutritional problems, and conducted limited nutrition surveys. In a small nutrition survey, IDPs showed a greater improvement in nutritional status than non-affected children. Beyond the initial response, the implementation of activities slowed down due to the need for further assessments. UNICEF’s support for rehabilitation of five health posts and five other facilities has encountered administrative constraints and delays.

WATER AND ENVIRONMENTAL SANITATION (WES)

The tsunami disaster caused acute problems in the availability of safe drinking water. Communities lost large numbers of rainwater-harvesting tanks, septic tanks and toilets. UNICEF was the lead UN agency for WES. Within 48 hours, the UN Disaster Response Task Force prioritised water supply, and UNICEF quickly procured 8,200 family water and hygiene kits, which were appreciated by the affected people. The immediate needs for safe drinking water were difficult to meet due to constraints in transport. UNICEF and the GOM quickly deployed reverse osmosis water purification units (ROWPUs) to replenish supplies. UNICEF procured 20 ROWPUs, 4,000 rainwater-harvesting tanks and 1,500 septic tanks, 30 de-sludging pumps and 30 de-watering pumps with generators.

UNICEF offered uneven emergency support for WES due to a lack of capacity. Inappropriate items procured included 50 water bladders and 180,000 rolls of toilet paper. Broadcast hygiene messages were likely to have been effective but hygiene materials for schools were delayed. UNICEF did not successfully meet commitments for sanitation in schools.

Some WES sustainability issues include the introduction of different types of ROWPU plants by various donors, possibly requiring advanced technical support, high costs of fuel, and insufficient motivation and training for local ROWPU plant operators. Problems and delays in use of the rainwater and septic tanks persist due to poor communications between partners and local communities, planning and transport issues and changes in GOM ministerial oversight, which left capacity gaps.
CHILD PROTECTION

Following the tsunami, the GOM established the Psycho-Social Support and Counselling Services Unit to address post-traumatic stress. UNICEF was active in the protection of displaced children and helped the government to develop child protection guidelines. Psychosocial interventions were broadly and appropriately targeted, and all actors took a collaborative and coordinated approach in the first few weeks. UNICEF provided teacher training and conducted a follow-on assessment that provided valuable insights into the causes of stress in the population. Play kits were said to benefit 24,000 children, although instructions and training were not always provided, and play spaces were not available on all islands. No formal monitoring of distribution or teacher training was undertaken.

UNICEF did not provide additional emergency human-resources support for child protection in the Maldives office or to the GOM. Funds were only 10 percent expended by October 2005. No initial assessment was conducted regarding the potential for abuse in IDP situations, and regular programme initiatives were put on hold. Overall impact in child protection might have been increased by bringing in advisers to help navigate the complex set of issues regarding abuse, HIV/AIDS prevention and other aspects of protection of children in emergencies.

EDUCATION

More than one third of schools (approximately 100) suffered destruction or damage in the tsunami, and 30,000 students lost school supplies and uniforms. On 25 January, all primary and secondary students returned to school, a significant achievement led by the Ministry of Education with support from UNICEF. UNICEF took the UN lead role for education and used the CCC as an advocacy tool.

UNICEF funded the construction of 39 temporary classrooms, prioritised the introduction of child-friendly schools (CFSs) and helped prepare newly trained teachers to fill gaps. This education support was particularly helpful to host schools dealing with the influx of IDPs. Some temporary schools were substandard in construction, one being unfit for use at the time of visiting. Children and parents were very satisfied with the school materials procured by UNICEF, although the voucher system for purchasing uniforms was somewhat problematic (a cash system may have proved simpler). Delays occurred in receipt of supplies from UNICEF central stores and in distribution to the islands. Concerns have arisen over the quality of learning due to a dearth of qualified teachers and movement of trained teachers. UNICEF also might have included pre-school children in its emergency plan to achieve connectedness between early childhood development and education.

UNICEF will help with rehabilitation and reconstruction of schools in two phases, overseen by the United Nations Office for Project Services (UNOPS). There are delays in the process due to escalation of post-tsunami building costs; UNICEF might have partnered with other donors to share resources and expertise for greater efficiency. The ambitious plans for expansion of child-friendly schools (CFSs), and scale-up of construction will require sustained government commitment, well-trained teachers and participative approaches.

RECOMMENDATIONS

A Programme Summary and the Management Response are included in the annexes of the main report, including an action plan against the recommendations outlined below.
KEY RECOMMENDATIONS ON PROGRAMME APPROACHES AND SUPPORT

RECOMMENDATIONS FOR MALDIVES COUNTRY OFFICE

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring and evaluation</td>
<td>Develop a monitoring system with clear recommendations for action and agreed-upon timing for follow-up.</td>
<td>• Investigate joint monitoring with GOM and UNCT.</td>
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<tr>
<td></td>
<td></td>
<td>• Design a regular programme for community consultation as part of the monitoring system.</td>
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<tr>
<td></td>
<td></td>
<td>• Boost programme communications as part of the accountability component.</td>
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<td></td>
<td></td>
<td>• Ensure an adequate staff complement for monitoring, especially in WES.</td>
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<tr>
<td>Supply &amp; logistics</td>
<td>Boost transport and tracking capacity.</td>
<td>• Investigate dedicated, joint transport capacity especially within UNCT.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pilot the UNI-track system.</td>
</tr>
<tr>
<td>Preparedness</td>
<td>Strengthen community, CO and GOM capacity for future disaster response.</td>
<td>• Together with UNCT, support preparedness of GOM.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Update the EPRP along with plans for training, processes and reporting and make them part of all CO staff orientation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support development of community- and school-based planning and preparedness for WES on the islands.</td>
</tr>
<tr>
<td>Human resources</td>
<td>Ensure the stress burden of staff is adequately considered.</td>
<td>• Examine staffing levels to ensure they are adequate.</td>
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<tr>
<td></td>
<td></td>
<td>• Ensure staff leave is maintained.</td>
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</tbody>
</table>
### HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>Expand the programme and consolidate inputs.</td>
<td>• Expand the immunization programme to include mumps.</td>
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<tr>
<td></td>
<td></td>
<td>• Determine the status of cold-chain equipment and make a concrete plan with MOH for its use.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Consider assisting GOM with training of nutritionists.</td>
<td>• Examine feasibility within UNICEF practice and mandate of supporting higher-education/training for nutritionists.</td>
</tr>
</tbody>
</table>

### WATER AND ENVIRONMENTAL SANITATION

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Ensure a good overview of the current situation in WES.</td>
<td>• Support and promote joint needs assessment with GOM and IFRC, and develop tools for demonstrating the WES situation for affected populations.</td>
</tr>
<tr>
<td>MDGs</td>
<td>Support GOM to achieve MDG 8.</td>
<td>• Examine whether some tsunami funds can be used for rainwater-harvesting tanks for non-affected populations.</td>
</tr>
<tr>
<td>Hygiene</td>
<td>Support the Integrated School Health and Safety Project.</td>
<td>• Conduct a critical review of activities and the hygiene-promotion materials.</td>
</tr>
<tr>
<td>Sanitation</td>
<td>Boost technical capacity for sanitation.</td>
<td>• Consider engaging an engineering company or external consultancy services.</td>
</tr>
</tbody>
</table>
## EXECUTIVE SUMMARY

### CHILD PROTECTION

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
</table>
| Assessment           | Continue and expand assessments in this area with a view to supporting further work. | • Support a follow-on study to the ‘Violence’ study\(^1\) and a companion study on the extent of violence towards and sexual abuse of women, building on the UNFPA report\(^2\).  
• Conduct baseline psychosocial assessments (such as the Knowledge, Attitudes and Skills test), as a point of reference for psychosocial issues in the future. |
| Advocacy             | Continue to advocate at the highest levels for political support in regard to addressing the issues of abuse. | • Continue and expand support to the child protection unit within the Ministry of Gender and Family. |
| Abuse                | Consider issues of drug abuse. | • Continue to advocate on abuse within UNICEF and with government. |

### EDUCATION

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
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</table>
| Early child development (ECD) | Increase the priority and focus of ECD work within the education programme. | • Reinstate responsibility for ECD activities to the education officer, thereby ensuring joined-up decision making in child-friendly education.  
• Engage in policy-level discussions related to the involvement of parents affected by the tsunami in supporting ECD.  
• Finalise the draft ECD policy as soon as possible.  
• Transfer the lessons learned from the ECD Centres to the Quality Learning Environment in Priority Schools Project. |
| Teaching                    | Strengthen the supervision system and secure positions of teachers trained in child-centred methods. | • Strengthen the school-based supervision system.  
• Secure the posts of teachers trained in child-centred methodology and ensure that they remain in the project classrooms. |
| Materials                   | Develop teaching materials. | • Continue to develop materials for teaching and learning of the core subjects, and ensure that funds allocated for material development are planned thoroughly and spent appropriately. |

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\(^1\) Michalson, Reina Violence against Children in Schools and Families in Maldives with Focus on Sexual Abuse, Male, November 2003.
## RECOMMENDATIONS FOR UNICEF GLOBALLY

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>WHO</th>
</tr>
</thead>
</table>
| CCC   | Review the CCC and EFH. | • Look at issues such as participation.  
• Review whether there is sufficient guidance on scaling up logistics operations.  
• Make it clear that when countries have good measles-immunization coverage, there is no need to immunise.  
• Look at psychosocial response | EMOPS |
| M&E   | Invest in a range of M&E activities (such as those listed, right). | • Joint M&E.  
• Internal rapid reviews such as After Action Review.  
• Real-time evaluations.  
• Participatory M&E. | EMOPS, ROs, COs |
| HR    | Preparedness. | • Promote the development of staff-mobilization plans by Country Offices. | DHR, RO, CO |
Situées au sud de l'Inde, les Maldives comptent 349 000 habitants sur 200 îles habitées (chiffre de juillet 2005). À la suite du tsunami de décembre 2004, 108 personnes sont mortes ou ont été portées disparues, et des dégâts s'élevant à 83 pour cent du produit national brut ont été occasionnés. Seules 9 des 1 190 îles n'ont pas été inondées, et plus de 10 000 personnes sont toujours déplacées. Le Gouvernement de la République des Maldives (gouvernement) et les communautés ont réagi rapidement pour sauver des vies humaines. Le gouvernement a immédiatement constitué un Centre national de gestion des catastrophes (le NDMC : National Disaster Management Center), qui a facilité l'intervention et la coordination, et créé une section pour venir en aide aux personnes déplacées. Peu d'organisations internationales d'aide humanitaire étaient présentes sur le territoire avant le tsunami. Le Fonds des Nations Unies pour l'enfance (UNICEF) est une des institutions des Nations Unies les plus anciennement installées, et il va jouer un rôle prépondérant dans le soutien au Plan national de reconstruction et de relance (PNRR) du gouvernement.
RÉSUMÉ ANALYTIQUE

HISTORIQUE


OBJECTIF DE L’ÉVALUATION, COMPOSITION DE L’ÉQUIPE ET MÉTHODOLOGIE

Les objectifs de la présente évaluation sont les suivants:
- identifier les principaux résultats de la phase d’intervention d’urgence
- prendre note des contraintes et des insuffisances de cette réaction
- souligner les implications potentielles pour les politiques à venir.


QUALITÉ ET PERTINENCE

L’intervention de l’UNICEF a été à la fois adaptée et pertinente, compte tenu particulièrement de la taille du bureau avant le tsunami, des contraintes géographiques et du caractère totalement inattendu de la catastrophe. Le bureau des Maldives était petit, peu préparé à une grande catastrophe, et sur le point d’opérer une fusion avec les autres agences des Nations Unies. Les contraintes opérationnelles étaient considérables, tels que les moyens de transport limités vers les îles et l’absence d’ONG partenaires traditionnelles.
L’UNICEF a réagi immédiatement en distribuant rapidement aux personnes déplacées à Male des articles achetés sur place. Environ 8 200 trousseaux familiaux contenant de l’eau et des articles d’hygiène ont été distribuées dans les îles, et des systèmes de purification d’eau par osmose inverse ont permis de pallier des besoins cruciaux en eau. Des suppléments alimentaires ont été achetés pour nourrir 1 750 enfants sur une période de six mois ainsi qu’un équipement de stockage pour la chaîne de froid. Par ailleurs, les vaccins perdus ont été remplacés. L’UNICEF a apporté son soutien à une campagne de rentrée scolaire réussie. L’UNICEF a également fait office d’intermédiaire pour des envois provenant d’autres donateurs tels que pour les cargaisons d’eau (fournie par le Gouvernement du Royaume-Uni) et de bâches (fournies par le Gouvernement américain).

En raison de difficultés opérationnelles, le bureau de pays n’a pas procédé à un bilan rapide dans les 72 heures qui ont suivi le tsunami, ainsi que l’exige les Principaux Engagements de l’UNICEF pour les enfants en situations d’urgence. Toutefois, le gouvernement a entrepris dans les 48 heures de dresser un bilan initial de la catastrophe, largement consacré aux dégâts. L’UNICEF a participé à une évaluation sur l’éducation, une mission d’évaluation sur le terrain des besoins mené conjointement avec l’administration des Nations Unis, du Gouvernement des Maldives, la Banque mondiale, la Banque asiatique de développement et les Nations Unies. À ces bilans manquaient principalement une participation des communautés touchées et les analyses de leur vulnérabilité.

L’UNICEF n’a pas entrepris un processus complet d’élaboration de stratégie, au-delà de sa participation à l’Appel éclair des Nations Unies et au Plan national de relèvement et de reconstruction (PNRR). Comme il n’existait pas de planification stratégique pour les interventions d’urgence (tel qu’un plan d’action) au-delà de l’Appel éclair, cela limitait les objectifs et les indicateurs mesurables afin de suivre les progrès. Pour la phase de relèvement l’UNICEF a participé au NRRP, qui a servi de plan stratégique commun au gouvernement et aux Nations Unies ; bien que les indicateurs et résultats mesurables n’ont pas été définis dans la période considérée.


En termes de couverture et de ciblage, l’intervention de l’UNICEF a touché toutes les îles concernées et un nombre considérable d’autres îles dans les atolls frappés. Le gouvernement avait une expérience très limitée du ciblage des groupes vulnérables et la gestion des personnes déplacées, et avait initialement entrepris la distribution de couverture aux îles hôtes ainsi qu’aux îles affectées. Pendant de nombreux mois, le nombre de personnes déplacées n’a pas été déterminé. Il s’est avéré bien moindre que les évaluations de départ ne le laissaient augurer. Les insulaires interrogées ont indiqué que le temps de distribution et les colis distribués variaient d’une île à l’autre, et qu’une sur-distribution s’était produite.

La gestion des Nations Unies aux Maldives (CMT) ne s’est réunie que par intermittence. L’UNICEF a participé à une évaluation sur l’éducation, largement consacré aux dégâts. L’UNICEF a touché toutes les îles concernées et de bâches (fournies par le Gouvernement du Royaume-Uni) et de bâches (fournies par le Gouvernement américain).
IMPACT ET EFFICACITÉ

L’impact de l’UNICEF a été considérable dans un certain nombre de secteurs. La campagne très réussie de rentrée scolaire a permis à 100 000 élèves de retourner à l’école seulement deux semaines plus tard que le début habituel du trimestre ; l’UNICEF a œuvré étroitement avec le gouvernement afin de soutenir cet objectif (ce qui a valu à l’UNICEF les plus vifs éloges du Gouvernement). L’UNICEF a procuré des fournitures scolaires à 30 000 enfants et presque immédiatement commencé la construction de 39 salles de classes provisoires. Plusieurs îles avec un nombre important de populations déplacées ont reçu des approvisionnements en eau dont le besoin était crucial, grâce à 20 installations de purification d’eau par osmose inverse. Aucune épidémie importante ne s’est déclarée dans les communautés touchées. Les secteurs où l’UNICEF aurait pu en faire davantage sont entre autres ceux du VIH/SIDA, de la protection de l’enfance et des problèmes liés au genre.

L’intervention de l’UNICEF a été la plus efficace dans les secteurs où il disposait déjà de programmes et d’une capacité importante, comme dans la santé et l’éducation. L’UNICEF s’est heurté à des problèmes considérables pour augmenter les activités relatives à l’eau/assainissement et environnement. Dans ce secteur, la gestion du volume important d’intrants (qui s’élevait à environ 7 millions de dollars) a submergé la capacité du personnel de l’UNICEF et du gouvernement. Par exemple, l’UNICEF a distribué 4 000 réservoirs de collecte des eaux de pluie, mais un nombre significatif de ces réservoirs n’a pas été utilisé pendant la saison des pluies à cause de problèmes d’installation. L’UNICEF ne disposait pas des ressources humaines nécessaires pour accroître ses capacités en matière de protection de l’enfance, qui se trouve être un secteur crucial selon les Principaux Engagements de l’UNICEF pour les enfants dans les situations d’urgence.

L’intervention humanitaire de l’UNICEF dans les Maldives a révélé des problèmes de coordination semblables à ceux rencontrés dans d’autres pays touchés par le tsunami, y compris une mauvaise intégration de la participation, de la protection, des problèmes liés au genre et le manque d’une stratégie efficace de communication avec les populations touchées. La réaction initiale de soutien psychosocial a été étroitement coordonnée avec les institutions internationales et nationales. L’UNICEF a travaillé en collaboration étroite avec le gouvernement dans le secteur de l’eau/environnement/sanitation, mais n’est pas intervenue pour faciliter de manière efficace la communication avec d’autres agences d’aide humanitaire, y compris le Bureau de coordination des affaires humanitaires (OCHA), la Croix-Rouge et le PNUD. Dans le secteur de l’éducation, il y a eu confusion quant aux rôles et responsabilités de chacun.

Le suivi et l’évaluation (S-E) des interventions (aux Maldives a été médiocre. Le suivi a été limité par une absence de plan, une présence insuffisante dans les îles et une absence de mécanismes de suivi, bien que le personnel de l’UNICEF se fût joint à des équipes de suivi multi-agences. La faiblesse du suivi s’est soldée par un certain nombre de problèmes de mise en œuvre des programmes qui n’ont pas été résolus dans les six premiers mois. Les communautés et les dirigeants communautaires, en coordination avec l’administration locale, auraient pu être plus impliqués dans ces activités de S-E.

Le bureau des Maldives a dans l’ensemble suivi les Principaux Engagements pour les enfants dans les situations d’urgence et les autres principes et normes humanitaires. L’UNICEF a obtenu des résultats mitigés pour ce qui est d’indicateurs sectoriels acceptés au niveau international, et surtout dans le secteur de l’assainissement. L’UNICEF aurait pu prêter une attention plus grande au renforcement des capacités locales ainsi qu’au développement des capacités au titre de l’intervention d’urgence. La force du plaidoyer de l’UNICEF a conduit à des changements d’attitudes, tel que la promotion des écoles « amies des enfants ». Toutefois, il n’a pas été en mesure d’influencer le Gouvernement pour qu’il aborde de front la question de la violence et des sévices perpétrés à l’encontre des enfants. Le rôle des Principaux Engagements doit être davantage étudié car l’approche convenue peut étouffer à la fois l’analyse stratégique et la pensée créative sur le plan plus vaste des besoins.
RÉSUMÉ ANALYTIQUE

Malgré leur manque de préparation à une urgence de cette ampleur, le Gouvernement et les communautés se sont avérés capables d’une première intervention efficace. Le gouvernement a rapidement mis en place le NDMC, et les communautés se sont livrées à des activités de recherche et de sauvetage, partageant généreusement leurs ressources. UNICEF-Maldives avait un Plan de préparation et de réaction aux situations d’urgence dont la dernière mise à jour datait de mars 2004, mais ne disposait pas d’un encadrement suffisant ou d’une stratégie de capacité d’intervention immédiate. La catastrophe du tsunami s’est soldée par une nouvelle analyse de l’état de préparation, et c’est dans cette perspective que le Programme des Nations Unies pour le développement (PNUD) est en train d’élaborer un programme coordonné de gestion des risques de catastrophes avec le gouvernement. L’UNICEF pourrait y jouer un rôle dans le secteur de l’eau/ environnement/assainissement ainsi qu’en fournissant une formation aux enfants des écoles.

EFFICIENCE


Le sous-bureau des Maldives a été promu au rang de bureau de pays en février 2005. Le nombre de fonctionnaires a augmenté de 11 à 25. Un des plus grands obstacles à l’intervention humanitaire a été et reste l’insuffisance des effectifs. Les fonds de programmation ont été quasiment multipliés par 40 depuis le tsunami, alors que le personnel n’a fait que quadrupler. L’absence de plan de ressources humaines aux premières étapes de l’urgence s’est soldée par un manque sévère de personnel dans certains secteurs, ce qui est intervenu au détriment de l’attention apportée aux questions importantes liées aux droits des enfants. Aucun agent ou spécialiste de la protection de l’enfance n’est venu prêter main forte au bureau en dépit du manque d’effectifs dans ce secteur, qui pourtant est une des préoccupations essentielles énoncées dans les Principaux Engagements. L’efficience et l’efficacité de plusieurs secteurs, comme celui de l’eau et de l’assainissement, ont souffert de l’absence de passation des dossiers lorsque le personnel détaché et les consultants sont partis.

Le personnel national permanent qui a assuré la mise en œuvre des interventions pendant les six premiers mois a éprouvé un niveau de stress considérable en raison des changements d’administration et de structure de fonctionnement. Les hommes du Gouvernement ont connu des lacunes encore plus graves au niveau de leurs ressources humaines. L’UNICEF n’a pas toujours été sensible aux requêtes en terme d’appui en ressources humaines émanant du gouvernement. Le bureau de pays a eu des difficultés à passer à la vitesse supérieure tout en s’assurant que toutes les procédures financières et administratives soient suivies. Aux premières étapes de l’opération, le système informatique de gestion des programmes
(ProMS) était trop compliqué pour être utilisé efficacement par le personnel, qui n’avait pas reçu une formation suffisante. L’UNICEF doit réévaluer l’équilibre entre la nécessité de rendre compte de l’utilisation de ses fonds et l’obtention de résultats.

L’UNICEF a fait un excellent travail de collecte de fonds et de relations avec les médias, et a eu aux Maldives plus de visibilité internationale que toute autre institution des Nations Unies. Toutefois, l’UNICEF n’a pas toujours été efficace en ce qui concerne la diffusion des informations relatives à ses activités d’aide à la population des Maldives, et n’a pas su permettre à celle-ci de prendre une part plus active dans la prise de décisions.

Il est clair que le personnel des Maldives a travaillé de façon infatigable, dans un environnement complexe et difficile, pour livrer les approvisionnements à temps. L’UNICEF avait procédé à l’achat de presque 12 millions de dollars de marchandises, dont environ la moitié provenait du pays et l’autre moitié avait été achetée à l’extérieur. Les articles de provenance externe sont arrivés assez rapidement, à compter du 7 janvier. Toutefois, aucun plan d’approvisionnement et de distribution n’avait pas été mise en place, se soldant par l’arrivée d’articles inadéquats sur le plan culturel ou opérationnel. Il n’y avait aucune documentation disponible sur la situation des marchandises dans les entrepôts du Gouvernement. La livraison de certains approvisionnements dans les îles, tel que des réservoirs d’eau, s’est avérée coûteuse, de même que les transports aériens du personnel. Au début de l’intervention, les problèmes de transport ont influé sur la rapidité de livraison des marchandises.

**SANTÉ ET NUTRITION**

La réponse rapide du Ministère de la Santé des Maldives a eu un impact considérable sur la santé et la nutrition. Le fait qu’aucune épidémie majeure n’a éclaté est particulièrement révélateur à cet égard. Une augmentation (133 pour cent) des cas de diarrhées s’est produite à partir du premier mois qui a suivi le tsunami, mais la situation s’est améliorée dans les mois suivants. L’UNICEF a soutenu cet effort de la façon qui convenait, en remplaçant les équipements perdus et les fournitures lorsqu’il le fallait. L’équipement en chaine de froid a été fourni, bien qu’il n’ait pas été entièrement utilisé de la façon la plus effective au moment de l’évaluation. Aucune vaccination de masse contre la rougeole n’a été entreprise, compte tenu de la forte couverture vaccinale et le Gouvernement ayant repris très rapidement ses services de vaccination.

Dans la période qui a suivi le tsunami, le risque de malnutrition a empiré du aux risques sanitaires, aux problèmes de sécurité alimentaire et à la perturbation des conditions de vie normales. L’UNICEF a procédé à l’achat de nourriture afin de pallier à la fois au niveau de la sécurité alimentaire et des problèmes de nutrition, et a conduit des enquêtes sur la nutrition. Dans une enquête restreinte, les personnes déplacées ont démontré une amélioration plus importante de leur état nutritionnel que les enfants qui n’ont pas été touchés. Au-delà la réponse initiale, la mise en œuvre des activités a connu un ralentissement en raison du besoin de se livrer à d’autres bilans. Le soutien apporté par l’UNICEF à la remise en état de cinq postes sanitaires et cinq autres installations s’est heurté à des difficultés administratives et à des retards.

**EAU/ASSAINISSEMENT/ENVIRONNEMENT**

ont été appréciées par les personnes affectées. Les besoins immédiats d’eau potable ont été difficiles à satisfaire en raison des problèmes de transport. L’UNICEF et le gouvernement ont rapidement déployé des systèmes de purification d’eau par osmose inverse pour ravitailler les communautés. L’UNICEF a acheté 20 systèmes de purification d’eau par osmose inverse, ainsi que 4 000 réservoirs de collecte des eaux de pluie et 1 500 fosses septiques, 30 pompes de vidange des eaux usées et 30 pompes d’épuisement avec des groupes électrogènes.

L’UNICEF a offert dans le secteur de l’eau et de l’assainissement un soutien d’urgence inégal en raison d’un manque de capacité. Parmi les articles inadaptés, on peut citer 50 réservoirs souples d’eau et 180 000 rouleaux de papier hygiénique. Les messages radiophoniques sur l’hygiène ont probablement porté leurs fruits, mais la livraison de matériel hygiénique à destination des écoles a été retardée. L’UNICEF n’a pas été à la hauteur des engagements pris pour l’assainissement des écoles.

Certains problèmes de durabilité des mesures prises dans le secteur de l’eau et de l’assainissement résultent de l’introduction de différents systèmes de purification d’eau par osmose inverse apportés par divers donateurs. Ces systèmes nécessitent un soutien technique de pointe, un coût élevé du carburant, une motivation et une formation suffisantes pour les employés locaux chargés du fonctionnement de ces installations. Les problèmes et retards dans l’utilisation des eaux de pluie et des fosses septiques persistent en raison d’une mauvaise communication entre les partenaires et les communautés locales, de problèmes de planification et de transport, et de changements de supervision au niveau ministériel qui ont laissé des lacunes dans les capacités.

**PROTECTION DE L’ENFANCE**

À la suite du tsunami, le Gouvernement a créé l’Unité de soutien psychosocial et de services d’appui psychologique pour traiter du stress post-traumatique. L’UNICEF a été actif dans la protection des enfants déplacés et a aidé le gouvernement à mettre au point des directives pour la protection de l’enfance. Les interventions psychosociales ont fait l’objet d’un ciblage large et approprié, et tous les intervenants ont adopté une approche de collaboration et de coordination dans les premières semaines. L’UNICEF a fourni une formation aux enseignants et s’est livré à un bilan de suivi qui a donné un aperçu des causes du stress auquel était soumis la population. Des trousses de jeux auraient bénéficié à 24 000 enfants, bien que les modes d’emploi et la formation n’a pas toujours été fournis, toutes les îles ne disposant pas des espaces de jeux nécessaires. On n’a entrepris aucun suivi formel de la distribution de ces trousses ou de la formation des enseignants.

L’UNICEF n’a pas fourni de soutien supplémentaire d’urgence en ressources humaines pour la protection de l’enfance au bureau des Maldives ou au gouvernement. Seulement 10 pour cent des fonds (affectés pour la protection de l’enfance) avaient été dépensés au mois d’octobre 2005. Aucun bilan initial n’a été effectué sur la possibilité de mauvais traitements dans les situations où les populations étaient déplacées, et les initiatives de programmation normales ont été stoppées. L’impact global dans le secteur de la protection de l’enfance aurait pu être accru si on avait amené des conseillers pour mieux s’y reconnaitre dans l’ensemble complexe de problèmes liés aux mauvais traitements, à la prévention du VIH/SIDA et à d’autres aspects de la protection des enfants dans les situations d’urgence.
**EDUCATION**


**RECOMMANDATIONS**

Un Résumé de programme ainsi que la réponse de l’administration figurent aux annexes du rapport principal, y compris un plan d’action relatif aux recommandations énoncées ci-dessous.
**RECOMMANDATIONS ESSENTIELLES SUR LES APPROCHES PROGRAMMATIQUES ET L’APPUI**

**RECOMMANDATIONS POUR LE BUREAU DES MALDIVES**

<table>
<thead>
<tr>
<th>THÈME</th>
<th>RECOMMANDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suivi et évaluation</td>
<td>Elaborer un système de suivi avec des recommandations claires pour la mise en œuvre et un calendrier comme convenu.</td>
<td>• Étudier un suivi conjoint du gouvernement et de l’Équipe de coordination des Nations Unies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mettre sur pied un programme régulier de consultation communautaire au titre du système de suivi.</td>
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<tr>
<td></td>
<td></td>
<td>• Développer la communication des programmes en tant que composante du processus de responsabilisation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assurer un complément en personnel suffisant pour permettre le suivi, surtout dans le secteur de l’eau environnement/assainissement.</td>
</tr>
<tr>
<td>Approvisionnement et logistique</td>
<td>Stimuler les capacités de transport et de repérage.</td>
<td>• Étudier les capacités communes de transport spécialisé, surtout au sein de l’Équipe de coordination des Nations Unies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Piloter le système UNI-track.</td>
</tr>
<tr>
<td>Etat de préparation</td>
<td>Renforcer les capacités des communautés, celles du bureau national et celles du gouvernement, à faire face aux catastrophes qui pourraient survenir.</td>
<td>• De concert avec l’Équipe de coordination des Nations Unies, appuyer la préparation du gouvernement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mettre à jour le Plan de préparation et de réaction aux situations d’urgence en même temps que des plans de formation, de procédures et de mécanismes d’établissement de rapports, et les intégrer à l’orientation de tout le personnel du bureau de pays.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Soutenir le développement de la planification à base communautaire et scolaire et l’état de préparation aux problèmes d’eau/environnement/assainissement dans les îles.</td>
</tr>
<tr>
<td>Ressources humaines</td>
<td>S’assurer que le poids du stress qui s’abat sur le personnel fasse l’objet d’une évaluation exacte.</td>
<td>• Examiner les niveaux des effectifs pour s’assurer qu’ils conviennent.</td>
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<tr>
<td></td>
<td></td>
<td>• S’assurer que les congés du personnel soient maintenus.</td>
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### SANTÉ ET NUTRITION

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<tr>
<th>THÈME</th>
<th>RECOMMANDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisation</td>
<td>Elargir le programme et consolider les intrants.</td>
<td>• Elargir le programme d’immunisation pour y inclure les oreillons.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Déterminer l’état de l’équipement de la chaîne frigorifique et établir avec le Ministère de la santé un plan concret d’utilisation de ce matériel.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Envisager d’aider le gouvernement à former des nutritionnistes.</td>
<td>• Examinier, au sein de la pratique et du mandat de l’UNICEF, la faisabilité du soutien d’une éducation universitaire ou d’une formation dispensées aux nutritionnistes.</td>
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</tbody>
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### EAU/ASSAINISSEMENT/ENVIRONNEMENT

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<tr>
<th>THÈME</th>
<th>RECOMMANDATION</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>Bilan</td>
<td>Garantir une bonne vue d’ensemble de la situation actuelle en matière d’eau/</td>
<td>• Soutenir et promouvoir des bilans communs sur les besoins, avec le gouvernement et la Croix-Rouge, et mettre au point des outils décrivant aux populations touchées la situation en matière d’eau/environnement assainissement.</td>
</tr>
<tr>
<td></td>
<td>environnement/assainissement.</td>
<td></td>
</tr>
<tr>
<td>OMD</td>
<td>Soutenir le gouvernement pour atteindre l’Objectif du Millénaire #8.</td>
<td>• Examinier si certains fonds alloués au tsunami peuvent être affectés aux réservoirs de collecte des eaux de pluie pour les populations non touchées.</td>
</tr>
<tr>
<td>Hygiène</td>
<td>Soutenir le Projet intégré de santé et de sécurité dans les écoles.</td>
<td>• Se livrer à un examen critique des activités et du matériel de promotion de l’hygiène.</td>
</tr>
<tr>
<td>Assainissement</td>
<td>Stimuler les capacités techniques d’assainissement.</td>
<td>• Songer à engager une société d’ingénieurs ou des services de consultation externe.</td>
</tr>
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</table>
## PROTECTION DE L’ENFANCE

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<tr>
<th>THÈME</th>
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</table>
| Bilan               | Poursuivre et élargir les bilans effectués dans ce secteur afin de soutenir davantage d’activités. | • Soutenir une étude complémentaire à l’étude sur la violence\(^3\) et une étude parallèle sur l’étendue de la violence et des abus sexuels perpétrés sur les femmes, en s’appuyant sur le rapport du FNUAP\(^4\).  
• Se livrer à des bilans psychosociaux de base (comme le tests sur les connaissances, les attitudes et les compétences) qui serviront de référence pour traiter des problèmes psychosociaux éventuels. |
| Plaidoyer           | Continuer le plaidoyer au plus haut niveau pour obtenir des soutiens politiques sur la question des mauvais traitements. | • Poursuivre et élargir le soutien apporté à la cellule de protection de l’enfance au sein du Ministère de la femme et de la famille. |
| Mauvais traitements | Considérer les questions d’abus de drogues.                                     | • Continuer le plaidoyer contre les mauvais traitements au sein de l’UNICEF et auprès du gouvernement. |

## EDUCATION

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<th>THÈME</th>
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<th>ACTION</th>
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| Développement de la petite enfance | Accroître la priorité et la place des travaux de développement de la petite enfance au sein du programme pour l’éducation. | • Redonner la responsabilité des activités de développement de la petite enfance à l’agent chargé de l’éducation, assurant ainsi une prise de décisions commune pour une éducation amie des enfants.  
• S’engager dans des discussions au niveau des politiques sur l’implication des parents touchés par le tsunami dans le soutien au développement de la petite enfance.  
• Finaliser le projet de politique de développement de la petite enfance aussitôt que possible.  
• Transférer les enseignements tirés des centres de développement de la petite enfance et les appliquer à un contexte d’apprentissage de qualité dans le Projet des écoles prioritaires. |
| Enseignement                    | Renforcer le système de supervision et stabiliser la situation des enseignants formés aux méthodes axées sur les enfants. | • Renforcer le système de supervision à base scolaire.  
• Stabiliser la situation des enseignants formés aux méthodes axées sur les enfants et s’assurer qu’ils demeurent dans les classes concernées par le projet. |
| Matériel                        | Elaborer du matériel pédagogique.                                              | • Continuer à élaborer du matériel pour l’enseignement et l’apprentissage des matières principales, et s’assurer que les fonds alloués à l’élaboration du matériel font l’objet de prévisions extensives et sont dépensés de la façon qui convient. |

\(^3\) Michalson, Reina Violence against Children in Schools and Families in Maldives with Focus on Sexual Abuse, Male, Novembre 2003.  
## RECOMMANDATIONS POUR L’UNICEF AU NIVEAU GLOBAL

<table>
<thead>
<tr>
<th>THÈME</th>
<th>RECOMMANDATION</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>Principaux engagements pour les enfants dans les situations d’urgence</td>
<td>Revoir les Principaux engagements et le Manuel des opérations d’urgences sur le terrain.</td>
<td>• Considérer des questions telles que la participation.</td>
<td>Bureau des programmes d’urgence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Revoir s’il existe suffisamment de directives pour augmenter l’échelle des opérations de logistique.</td>
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<td></td>
<td></td>
<td>• Indiquer clairement que lorsque les pays ont une bonne couverture vaccinale de la rougeole, il n’est pas nécessaire de vacciner.</td>
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<td></td>
<td></td>
<td>• Examiner les réactions psychosociales.</td>
<td></td>
</tr>
<tr>
<td>Principaux engagements pour les enfants dans les situations d’urgence</td>
<td>Investir dans toute une gamme d’activités de Suivi et évaluation (telles que celles sur la liste à droite).</td>
<td>• Suivi et évaluation conjoints.</td>
<td>Bureau des programmes d’urgence, Bureauaux régionaux, Bureaux de pays.</td>
</tr>
<tr>
<td>Suivi et évaluation</td>
<td></td>
<td>• Examens internes rapides comme examen après action.</td>
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<tr>
<td></td>
<td></td>
<td>• Evaluations en temps réel.</td>
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<tr>
<td></td>
<td></td>
<td>• Suivi et évaluation participatifs.</td>
<td></td>
</tr>
<tr>
<td>Ressources humaines</td>
<td>Etat de préparation.</td>
<td>• Promouvoir l’élaboration de plans de mobilisation du personnel par les bureaux de pays.</td>
<td>Division des ressources humaines, Bureau régional, Bureau de pays.</td>
</tr>
</tbody>
</table>
Ubicadas al sur de la India, las Maldivas comprenden 200 islas pobladas y una población de 349,000 habitantes (a julio de 2005). El tsunami que azotó la zona en diciembre de 2004 dejó un saldo de 108 víctimas, entre muertos y desaparecidos, así como daños del orden del 83 por ciento del PBI. Las 1,190 islas fueron inundadas, y más de 10,000 personas permanecen desplazadas. El gobierno de la República de Maldivas y las comunidades actuaron rápidamente para salvar vidas. El gobierno formó de inmediato el Centro Nacional para el Manejo de Desastres (CNMD), que facilitó la respuesta y la coordinación de la emergencia e incorporó una sección de asistencia para las personas desplazadas internas. Antes del tsunami, las organizaciones internacionales de asistencia tenían una presencia reducida en el país. El Fondo de las Naciones Unidas para la Infancia (UNICEF) es una de las organizaciones de Naciones Unidas de más larga data en el país, y cumplirá un papel de envergadura apoyando el Plan Nacional de Recuperación y Reconstrucción (PNRR) impulsado por el gobierno.

El propósito de la presente evaluación es:
- Evaluar la respuesta a la emergencia y dar recomendaciones para el futuro.
RESUMEN EJECUTIVO

ANTECEDENTES
Ubicadas al sur de la India, las Maldivas comprenden 200 islas pobladas y una población de 349,000 habitantes (a julio de 2005). El tsunami que azotó la zona en diciembre de 2004 dejó un saldo de 108 víctimas, entre muertos y desaparecidos, así como daños del orden del 83 por ciento del PBI. Salvo nueve, las 1,190 islas fueron inundadas, y más de 10,000 personas permanecen desplazadas. Tanto el gobierno de la República de Maldivas como las comunidades actuaron rápidamente para salvar vidas. El gobierno formó de inmediato el Centro Nacional para el Manejo de Desastres (CNMD), que facilitó la respuesta y la coordinación de la emergencia e incorporó una sección de asistencia para las personas desplazadas internas. Antes del tsunami, las organizaciones internacionales de asistencia tenían una presencia reducida en el país. El Fondo de las Naciones Unidas para la Infancia (UNICEF) es una de las organizaciones de Naciones Unidas de más larga data en el país, y cumplirá un papel de envergadura apoyando el Plan Nacional de Recuperación y Reconstrucción (PNRR) impulsado por el gobierno.

PROPÓSITO DE LA EVALUACIÓN, COMPOSICIÓN DEL EQUIPO Y METODOLOGÍA
El propósito de la presente evaluación es:
- identificar logros de envergadura durante la fase de respuesta a la emergencia;
- tomar nota de cualesquier restricciones y vacíos en dicha respuesta;
- destacar las potenciales implicaciones en términos de políticas para el futuro.

Cinco expertos/as independientes en salud, agua y saneamiento ambiental, educación, protección infantil y gestión de emergencias conformaron el equipo de evaluación. La fase de respuesta a la emergencia – que es el periodo de estudio de esta evaluación – se extiende desde el 26 de diciembre de 2004 hasta el 30 de junio de 2005. Los métodos de recolección de información utilizados incluyeron una revisión de gabinete así como entrevistas, tanto estructuradas con informantes individuales como con grupos focales - con las comunidades afectadas, funcionarios/as del gobierno, organizaciones socias y otras organizaciones similares, así como con el personal de UNICEF en las Maldivas, la Oficina Regional y la Sede Central en Nueva York. Restricciones logísticas y de tiempo impidieron profundizar en todos los temas y acceder a un número mayor de damnificados y organizaciones de asistencia.

IDONEIDAD Y RELEVANCIA
La respuesta de UNICEF fue tanto apropiada como relevante, especialmente considerando el tamaño de la oficina antes del tsunami, las restricciones geográficas y la naturaleza completamente inesperada del fenómeno. La oficina de las Maldivas era pequeña, no estaba preparada para un desastre de grandes proporciones y se encontraba en proceso de fusionarse con organizaciones hermanas de Naciones Unidas. Las restricciones operativas fueron considerables, por ejemplo, el transporte limitado a las islas y la ausencia de socios tradicionales como ONG.

* Producto bruto interno.
UNICEF respondió de inmediato, distribuyendo rápidamente artículos adquiridos localmente entre las personas desplazadas en Male. Aproximadamente 8,200 equipos familiares de agua y de higiénene fueron distribuidos en todas las islas, y unidades de purificación de agua por ósmosis inversa supusieron vacíos críticos en las necesidades de agua. Se compró alimentación suplementaria para 1,750 bebés para un periodo de seis meses; asimismo, se proporcionaron equipos de almacenamiento para la cadena de frío y se repusieron vacunas perdidas. Se impulsó una campaña exitosa de retorno a la escuela. UNICEF actuó asimismo como consignaria para los envíos de otros donantes, por ejemplo, agua (del gobierno del Reino Unido) y toldos alquitranados (del gobierno de Estados Unidos).

La oficina nacional omitió realizar un diagnóstico rápido en un plazo de 72 horas después de ocurrido el tsunami, tal como lo exigen los Compromisos Corporativos Centrales de UNICEF para la niñez en emergencias (CCC), debido a las restricciones operativas. Sin embargo, el gobierno de Maldivas realizó un diagnóstico inicial del desastre, aunque centrado principalmente en los daños. UNICEF participó en un diagnóstico sobre el sector educación, una misión de evaluación de campo conjunta entre el gobierno y Naciones Unidas y el diagnóstico de necesidades realizado conjuntamente por el gobierno, el Banco Mundial, el Banco Asiático de Desarrollo y Naciones Unidas. La mayoría de los diagnósticos efectuados no incluyó la participación de las comunidades afectadas ni un análisis de vulnerabilidad.

UNICEF no acometió un proceso integral de diseño de una estrategia, más allá de participar en el Llamado Urgente (Flash Appeal) de Naciones Unidas y en el Plan Nacional de Recuperación y Reconstrucción (PNRR). La falta de planificación estratégica de la respuesta a la emergencia (por ejemplo, de un plan de acción), más allá del Llamado Urgente, hizo que el número de objetivos e indicadores medibles fuese limitado, obstaculizando el seguimiento de los avances. En lo que se refiere a la fase de recuperación, UNICEF participó en el PNRR, que sirvió de plan estratégico conjunto al gobierno y a Naciones Unidas; pese a ello, no se habían establecido indicadores ni resultados medibles en el periodo de evaluación. El Equipo Nacional de Coordinación (CMT, según sus siglas en inglés) se reunió en intervalos irregulares.

UNICEF cuenta con un financiamiento mayor que cualquier otra agencia de Naciones Unidas en Maldivas, con $38 millones para las fases de respuesta y recuperación. En octubre de 2005, el presupuesto de UNICEF se había ejecutado en gran medida de acuerdo a lo previsto, cubriendo dos tercios de la partida asignada para el 2005. UNICEF otorgará un apoyo significativo al PNRR, con roles apropiadamente considerables en los sectores de agua y saneamiento ambiental, y educación. Algunas decisiones financieras son cuestionables, en términos de los volúmenes y artículos adquiridos, como en el caso de las plantas de purificación de agua por ósmosis inversa y los congeladores para la cadena de frío. Es probable que la presión para gastar percibida haya afectado la planificación y el uso óptimo de los fondos de UNICEF. Más aún, los fondos de UNICEF excedieron la capacidad de la institución para programarlos.

En términos de cobertura y focalización, la respuesta de UNICEF cubrió a todas las islas afectadas así como a un número significativo de islas adicionales en los atolones afectados. El gobierno de Maldivas contaba con escasa experiencia en la focalización de grupos vulnerables y en el manejo de personas desplazadas internas, e inicialmente distribuyó frazadas tanto en las islas receptoras de personas desplazadas como en las islas afectadas. El número de personas desplazadas internas no fue establecido durante muchos meses y resultó ser considerablemente menor a los estimados originales. Los isleños entrevistados señalaron que los horarios de distribución y los paquetes de asistencia variaron entre islas, y hubo casos de sobredistribución.
RESUMEN EJECUTIVO

IMPACTO Y EFICACIA

El impacto de UNICEF fue significativo en diversas áreas. La altamente exitosa campaña de retorno a la escuela significó para la Maldivas que 100,000 niños y niñas en edad escolar volvieran a la escuela apenas dos semanas después del inicio habitual del semestre; UNICEF trabajó apoyando estrechamente al gobierno para lograr dicho resultado (y el gobierno ha prodigado grandes elogios a UNICEF por ello). UNICEF distribuyó suministros escolares a 30,000 niños y niñas y empezó a construir 39 aulas provisionales casi de inmediato. Varias islas con poblaciones altas de personas desplazadas internas recibieron un suministro crítico de agua de las 20 plantas de purificación de agua por ósmosis inversa. No hubo brotes serios de enfermedades en ninguna de las comunidades damnificadas. Algunas áreas en las que UNICEF podría haber tenido intervenido más decididamente incluyen: VIH/SIDA, protección infantil y problemas de género.

La respuesta de UNICEF obtuvo los mejores resultados en aquellos sectores donde ya contaba con una fuerte presencia y capacidad, como salud y educación. UNICEF tuvo considerables problemas para intensificar las actividades de agua y saneamiento ambiental. En dicho sector, la gestión del gran volumen de insumos (por un valor aproximado de US$7 millones) excedió la capacidad del personal y del gobierno. Por ejemplo, UNICEF distribuyó 4,000 tanques para cosechar agua de lluvia, pero un número considerable de ellos permaneció sin usar durante la temporada de lluvias debido a problemas de instalación. UNICEF no contaba con recursos humanos suficientes como para aumentar su capacidad en el área de protección infantil, un sector fundamental de los CCC.

La respuesta a la emergencia de Maldivas experimentó problemas de coordinación similares a los que sufrieron otros países afectados por el tsunami, entre ellos la falta de integración de aspectos tales como participación, protección y género, así como la ausencia de una estrategia eficaz de comunicación con la población damnificada. La respuesta inicial de apoyo psicosocial fue fuertemente coordinada entre las organizaciones internacionales y nacionales. UNICEF trabajó en estrecha colaboración con el gobierno de Maldivas en el sector de agua y saneamiento ambiental, pero omitió facilitar la comunicación entre otros proveedores de asistencia (incluyendo OCAH, FICR y el PNUD). En educación, hubo confusión respecto de los roles y responsabilidades.

El seguimiento y evaluación (SyE) de la respuesta de Maldivas fue precario. El seguimiento fue limitado debido a la ausencia de un plan, la insuficiente presencia en las islas y la falta de seguimiento de las acciones, aunque el personal de UNICEF se incorporó a algunos equipos de seguimiento interinstitucionales. La debilidad del seguimiento ha generado una serie de problemas en la ejecución del programa, que no fueron resueltos durante los primeros seis meses. Las comunidades y los líderes comunitarios, en conjunción con las administraciones locales, podrían haber participado más estrechamente en dichas actividades de SyE.

En términos generales, la oficina de Maldivas cumplió con los CCC y con otros principios y estándares humanitarios. UNICEF obtuvo resultados mixtos en lo que se refiere al cumplimiento de indicadores sectoriales internacionalmente aceptados, especialmente en el sector de saneamiento. UNICEF podría haber prestado mayor atención al aprovechamiento de las capacidades locales, así como al desarrollo de capacidades como parte de la respuesta a la emergencia. La intensa labor de abogacía de UNICEF ha generado cambios de actitud en áreas tales como la promoción de escuelas amigables con la niñez. Sin embargo, no pudo influir en el gobierno para que incidiera en los temas de violencia, abuso y maltrato. El rol de los CCC requiere mayor estudio, ya que el enfoque basado en fórmulas puede inhibir tanto el análisis estratégico como el pensamiento creativo en relación con el cuadro de necesidades más amplio.

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6 Oficina de Coordinación de Asuntos Humanitarios de las Naciones Unidas.
7 Federación Internacional de la Cruz Roja.
8 Programa de las Naciones Unidas para el Desarrollo.
RESUMEN EJECUTIVO

Pese a su falta de preparación para afrontar una emergencia de estas proporciones, tanto el gobierno como las comunidades probaron ser capaces de organizar una primera respuesta eficaz. El gobierno de Maledivas creó rápidamente el CNMD, y las comunidades llevaron a cabo acciones de búsqueda y rescate, compartiendo recursos generosamente. UNICEF Maledivas cuenta con un Plan de Preparación y Respuesta para Emergencias (PPRE) actualizado por última vez en marzo de 2004, pero no contaba con orientación suficiente o con una estrategia de capacidad de respuesta. El desastre del tsunami ha dado lugar a una revisión del área de preparación, y el PNUD está desarrollando un programa de gestión de riesgos de desastres (GRD) en coordinación con el gobierno de Maledivas. UNICEF podría jugar un papel central apoyando el área de preparación en el sector de agua y saneamiento ambiental, así como la capacitación de los niños y niñas en este campo en las escuelas.

EFICIENCIA

Los desafíos de gestión de la respuesta de Maledivas fueron considerables, pero la suboficina de UNICEF se desempeño relativamente bien. La suboficina adoptó una actitud proactiva, identificando y atendiendo las necesidades en concordancia con los CCC. El personal solicitó y recibió asistencia temprana de la sede central de UNICEF en Nueva York y de la Oficina Regional de UNICEF para Asia Meridional (ROSA), y contrató personal local rápidamente. Preparó la información para la recaudación de fondos tempranamente y estableció una buena coordinación con socios gubernamentales clave. Sin embargo, al cabo de seis a ocho semanas, UNICEF Maledivas no había consolidado su focalización y procedió a realizar numerosas actividades de largo plazo, tal como se encuentran descritas en los CCC. Una parte de esta falta de rumbo se debió a una planificación estratégica insuficiente y a vacío en la cobertura del liderazgo. UNICEF podría haber alentado al gobierno de Maledivas a ensanchar la participación en la toma de decisiones, de modo tal que se incluyera a los dirigentes de las islas y a las personas desplazadas internas, fortaleciendo el desarrollo de capacidades para dichos grupos y actuando en concordancia con los estándares internacionales para respuestas a emergencias.

En febrero de 2005 se promovió a la suboficina de Maledivas al rango de oficina nacional. Se aumentó el personal, de 11 a 25 miembros. Una de las restricciones más graves de la respuesta fue y sigue siendo la insuficiencia de personal. Los fondos del programa han aumentado casi 40 veces en relación con sus niveles pre tsunami, y hay cuatro veces más personal. La ausencia de un plan de recursos humanos en una etapa temprana de la emergencia hizo que algunos sectores adolecieran de una falta severa de personal, en detrimento de la atención a problemas críticos relacionados con los derechos de la infancia. Ninguna persona con cargo de oficial o especialista en protección infantil acudió a prestar asistencia, pese a la insuficiencia de personal en ese sector, considerado como una importante área de atención en los CCC. La eficiencia y la eficacia en varios sectores - por ejemplo, agua y saneamiento ambiental - se vieron afectadas por la ausencia de una transferencia de funciones y responsabilidades antes de la partida del personal destacado y consultores.

El personal nacional permanente que trabajó en la emergencia durante los primeros seis meses experimentó grandes presiones, debido a los cambios en la administración y en la estructura de la oficina. Los socios gubernamentales sufrieron deficiencias de recursos humanos aún más graves. UNICEF no siempre se mostró receptivo a los pedidos de apoyo del gobierno en términos de recursos humanos.

La oficina nacional de las Maledivas luchó con la dramática escalada de las operaciones, cerciorándose al mismo tiempo de que todos los procedimientos financieros y administrativos fueran observados. En la etapa inicial de operaciones, el Sistema de Gestión de Programas (ProMS, según sus siglas en inglés) fue muy complicado como para poder ser aprovechado por el personal, que no contó con capacitación suficiente. UNICEF tiene que reevaluar el balance entre la necesaria rendición de cuentas respecto del uso de los fondos y el logro de resultados.
UNICEF realizó un excelente trabajo de recaudación de fondos y relaciones con los medios, y en las Maldivas fue internacionalmente más visible que cualquier otra agencia de Naciones Unidas. UNICEF no fue particularmente eficaz, sin embargo, en la difusión de información sobre sus actividades de asistencia entre la población de las Maldivas, ni en darle a esta última una mayor participación en las decisiones.

Es evidente que el personal de Maldivas trabajó incansablemente en un entorno complicado y exigente, para distribuir los suministros de manera oportuna. UNICEF ha adquirido bienes por un valor aproximado de US$12 millones – cerca de la mitad en el país y la otra mitad, en el extranjero. Los productos adquiridos de fuentes externas arribaron con relativa celeridad, a partir del 7 de enero. No se elaboraron planes de suministro o distribución, lo cual dio lugar a la adquisición de algunos productos cultural y/u operativamente inapropiados. No se llevaron registros del estado de los productos en los almacenes del gobierno. La distribución de suministros como los tanques de agua a las islas ha sido costosa, al igual que el transporte aéreo del personal. En la etapa inicial de la respuesta, las restricciones de transporte influyeron en el ritmo al cual pudieron ser distribuidos los productos.

SALUD Y NUTRICIÓN
La rápida respuesta del Ministerio de Salud de las Maldivas tuvo un impacto significativo en las áreas de salud y nutrición. Significativamente, no hubo un brote importante de ninguna enfermedad. Hubo un incremento (133 por ciento) de enfermedades diarreicas durante el primer mes después del tsunami, pero la situación mejoró en el transcurso de los meses siguientes. UNICEF apoyó este esfuerzo apropiadamente, reemplazando equipos y suministros perdidos ahí donde le fuera solicitado. Se proporcionaron equipos para la cadena de frío, si bien al momento de la evaluación no todos estaban siendo efectivamente usados. No se emprendieron actividades de vacunación contra el sarampión porque la cobertura era alta y el gobierno reanudó sus servicios de inmunización muy rápidamente.

En la etapa pos-tsunami, el riesgo de desnutrición se agravó debido a los riesgos de salud, los problemas de seguridad alimentaria y la interrupción de la normalidad en las condiciones de vida. UNICEF adquirió alimentos para ayudar a combatir los problemas tanto de seguridad alimentaria como nutricionales, y llevó a cabo encuestas de nutrición limitadas. En una encuesta de nutrición pequeña, las personas desplazadas internas acusaron una mejora de su nivel nutricional mayor que los niños y niñas no damnificados. Una vez concluida la respuesta inicial, la velocidad en la ejecución de las actividades se redujo debido a la necesidad de nuevas evaluaciones. El apoyo de UNICEF a la reconstrucción de cinco postas médicas y otros cinco centros de salud ha sufrido restricciones y retrasos administrativos.

AGUA Y SANEAMIENTO AMBIENTAL
El desastre ocasionado por el tsunami generó graves problemas de disponibilidad de agua potable segura. Las comunidades perdieron un gran número de tanques para cosechar agua de lluvia, tanques sépticos y letrinas. UNICEF fue la agencia de Naciones Unidas que lideró la respuesta en el sector de agua y saneamiento ambiental. En 48 horas, el Equipo Especial de las Naciones Unidas para la Reducción de Desastres priorizó el suministro de agua, y UNICEF adquirió rápidamente 8,200 equipos familiares de agua e higiene, que fueron apreciados por la población damnificada. Las necesidades inmediatas de agua potable segura fueron difíciles de atender debido a las restricciones de transporte. UNICEF y el gobierno de Maldivas rápidamente distribuyeron unidades de purificación de agua por ósmosis inversa para reponer las reservas. UNICEF adquirió 20 unidades de purificación de agua por ósmosis inversa, 4,000 tanques para cosechar agua de lluvia y 1,500 tanques sépticos, 30 bombas deslodadoras y 30 bombas desaguaroras con sus respectivos generadores.

UNICEF ofreció un apoyo de emergencia desigual al sector de agua y saneamiento ambiental, debido a la falta de capacidad. Algunos productos inapropiados adquiridos incluyeron 50 bolsas de agua y 180,000
RESUMEN EJECUTIVO

rollos de papel higiénico. Los mensajes de higiene propalados probablemente hayan sido eficaces, pero los materiales de higiene para las escuelas sufrieron un retraso. UNICEF no logró cumplir con los compromisos de saneamiento en las escuelas.

Algunos problemas de sostenibilidad en la respuesta de agua y saneamiento ambiental fueron: los distintos tipos de plantas de purificación de agua por ósmosis inversa proporcionados por diversos donantes, que posiblemente requieran soporte técnico avanzado; los altos costos del combustible; así como la falta de motivación y de capacitación de los operadores locales de las referidas plantas de purificación. Los problemas y retrasos en el uso de los tanques para cosechar agua de lluvia y tanques sépticos persisten debido a la falta de comunicación entre los socios y las comunidades locales, problemas de planificación y transporte y cambios en los equipos de supervisión ministerial del gobierno, que generaron vacíos de capacidad.

PROTECCIÓN INFANTIL

Luego del tsunami, el gobierno de Maledivas estableció la Unidad de Servicios de Apoyo Psicosocial y Consejería para el abordaje del estrés postraumático. UNICEF trabajó activamente en la protección de los niños y niñas desplazados y ayudó al gobierno a elaborar lineamientos de protección infantil. Las intervenciones psicosociales se focalizaron ampliamente y de manera apropiada, y durante las primeras semanas todos los actores adoptaron un enfoque coordinado y de colaboración. UNICEF ofreció capacitación docente y realizó una evaluación de seguimiento de las recomendaciones de una evaluación previa, que arrojó valiosos elementos de juicio en relación con las causas de estrés entre la población. Los equipos de juego beneficiaron señaladamente a 24,000 niños y niñas, aunque no siempre se proporcionaron instrucciones y capacitación, y no todas las islas disponían de espacios para juegos. No se realizó un seguimiento formal de la distribución de los equipos o de la capacitación docente.

UNICEF no brindó apoyo adicional a la oficina o al gobierno de Maledivas en forma de recursos humanos para protección infantil. A octubre de 2005 se había ejecutado apenas el 10 por ciento de los fondos. No se realizó una evaluación inicial respecto del potencial de abuso y maltrato en situaciones de desplazamiento interno, y las intervenciones programáticas regulares fueron temporalmente suspendidas. El impacto general en la protección de la infancia podría haber sido mayor si se hubiese introducido asesores/as para ayudar a transitar por el complejo grupo de temas relacionados con el abuso y el maltrato, la prevención del VIH/SIDA y otros aspectos relativos a la protección de la niñez en emergencias.

EDUCACIÓN

Más de un tercio de las escuelas (aproximadamente 100) sufrió destrucción o daños en el tsunami, y 30,000 escolares perdieron útiles y equipos escolares y uniformes. El 25 de enero, todos los alumnos/as de primaria y secundaria retornaron a la escuela, un logro significativo liderado por el Ministerio de Educación con apoyo de UNICEF. UNICEF asumió el liderazgo de Naciones Unidas en educación y recurrió a los CCC como una herramienta de incidencia.

UNICEF financió la construcción de 39 aulas provisionales, priorizó la introducción de escuelas amigables con la niñez y ayudó a preparar a maestros/as recientemente capacitados para llenar los vacíos. Este apoyo a la educación fue particularmente útil en el caso de las escuelas receptoras, que lidiaban con el infl ujo de personas desplazadas internas. Algunas escuelas provisionales no cumplieron con los estándares de construcción, y una no estaba apta para el uso al momento de la visita. Tanto los niños y niñas como los padres y madres estuvieron muy satisfechos con los materiales escolares adquiridos por UNICEF, aunque el sistema de comprobantes para la compra de uniformes resultó algo problemático (un sistema basado en dinero en efectivo podría haber sido más sencillo). Hubo retrasos en la recepción de los suministros de las tiendas centrales de UNICEF,
y en la distribución de los mismos a las islas. Han surgido preocupaciones en relación con la calidad del aprendizaje debido a la escasez de maestros/as calificados y a la rotación de docentes capacitados. UNICEF también podría haber incluido en su plan de emergencia a la niñez en edad preescolar, a fin de establecer una conectividad entre las áreas de desarrollo de la temprana infancia y educación.

UNICEF ayudará con la rehabilitación y reconstrucción de escuelas en dos etapas, bajo la vigilancia de la Oficina de Servicios para Proyectos de Naciones Unidas (UNOPS, según sus siglas en inglés). Se han producido retrasos en el proceso debido al escalamiento de los costos de construcción después del tsunami; UNICEF podría haber establecido alianzas con otros donantes, a fin de compartir recursos y experticia con miras a una mayor eficiencia. Los ambiciosos planes de expansión de escuelas amables con el niño/a e intensificación de las actividades de construcción requerirán de un compromiso sostenido por parte del gobierno, maestros/as adecuadamente capacitados y enfoques participativos.

RECOMENDACIONES

En los Anexos del Informe Principal se ha incluido un resumen del programa y la respuesta de gerencia, incluyendo un plan de acción basado en las recomendaciones que se consignan más abajo.
# RECOMENDACIONES CLAVE EN RELACIÓN CON LOS ENFOQUES Y EL APOYO PROGRAMÁTICO

## RECOMENDACIONES PARA LA OFICINA NACIONAL DE LAS MALEDIVAS

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<th>TEMA</th>
<th>RECOMENDACIÓN</th>
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| Seguimiento y evaluación  | Desarrollar un sistema de seguimiento, con recomendaciones claras de acciones y plazos acordados para su seguimiento posterior. | • Explorar posibilidades de seguimiento conjunto con el gobierno de Maldivas y el Equipo de País (UNCT).  
• Diseñar un programa regular de consulta con la comunidad como parte del sistema de seguimiento.  
• Reforzar las comunicaciones del programa como parte del componente de rendición de cuentas.  
• Garantizar un suplemento adecuado de personal para las funciones de seguimiento, especialmente en el sector de agua y saneamiento. |
| Suministros y logística   | Reforzar la capacidad de transporte y de rastreo.                            | • Explorar la posibilidad de una capacidad dedicada conjunta en materia de transporte, especialmente en el interior del UNCT.  
• Introducir de manera piloto el sistema UNI-track. |
| Preparación               | Fortalecer la capacidad de respuesta de la comunidad, la oficina nacional y el gobierno de Maldivas con miras a desastres futuros. | • Conjuntamente con el UNCT, impulsar la preparación del gobierno.  
• Actualizar el Plan de Preparación y Respuesta a Emergencias (PPRE), adicionalmente a otros planes de capacitación, procesos e informes y hacer que formen parte de todas las orientaciones para el personal de la oficina nacional.  
• Apoyar el desarrollo de planificaciones y sistemas de preparación basados en la comunidad y en las escuelas para el sector de agua y saneamiento ambiental en las islas. |
| Recursos humanos          | Cerciorarse de que la carga de estrés del personal sea considerada adecuadamente. | • Evaluar los niveles de dotación de personal para garantizar que sean los adecuados.  
• Asegurar que se respeten las vacaciones y licencias del personal. |
### SALUD Y NUTRICIÓN

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<th>RECOMENDACIÓN</th>
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<tr>
<td>Vacunación</td>
<td>Expandir el programa y consolidar los insumos.</td>
<td>• Expandir el programa de vacunación para que incluya las paperas.</td>
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<tr>
<td></td>
<td></td>
<td>• Determinar el estado del equipo de la cadena de frío y elaborar un plan concreto con el Ministerio de Salud para su uso.</td>
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<tr>
<td>Nutrición</td>
<td>Considerar asistir al gobierno con la capacitación de nutricionistas.</td>
<td>• Explorar la viabilidad, dentro de las prácticas y del mandato de UNICEF, de apoyar programas de educación superior/capacitación para nutricionistas.</td>
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### AGUA Y SANEAMIENTO AMBIENTAL

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<tr>
<td>Evaluación</td>
<td>Desarrollar una buena visión general de la situación actual en el sector de agua y saneamiento ambiental.</td>
<td>• Apoyar y promover un diagnóstico de necesidades conjunto con el gobierno y la FICR, y desarrollar herramientas para demostrar la situación del agua y del saneamiento ambiental para las poblaciones afectadas.</td>
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<tr>
<td>Objetivos de Desarrollo del Milenio (ODM)</td>
<td>Ayudar al gobierno a alcanzar el ODM 8.</td>
<td>• Evaluar si algunos fondos del tsunami pueden invertirse en tanques para cosechar agua de lluvia para poblaciones no damnificadas.</td>
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<td>Higiene</td>
<td>Respaldar el proyecto integral de salud y seguridad en las escuelas.</td>
<td>• Realizar una revisión crítica de las actividades y los materiales de promoción de la higiene.</td>
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<tr>
<td>Saneamiento</td>
<td>Fortalecer la capacidad técnica en el sector de saneamiento.</td>
<td>• Considerar contratar los servicios de una empresa de ingeniería o de consultoría externa.</td>
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### PROTECCIÓN INFANTIL

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| Evaluación            | Continuar y expandir las evaluaciones en esta área, con miras a apoyar intervenciones adicionales. | • Respaldar un estudio de seguimiento de las recomendaciones de un estudio previo sobre la violencia, así como un estudio comparativo sobre la magnitud de la violencia y el abuso sexual contra la mujer, tomando como referencia el informe del PNUD.  
• Efectuar diagnósticos psicosociales de línea de base (por ejemplo, un examen de conocimientos, actitudes y destrezas), como referentes para el abordaje de los aspectos psicosociales en el futuro. |
| Abogacía              | Continuar haciendo incidencia al más alto nivel en busca de apoyo político para el abordaje de los aspectos de abuso y maltrato. | • Continuar y expandir el apoyo a la unidad de protección infantil del Ministerio de Género y la Familia. |
| Abuso y maltrato      | Considerar problemas relacionados con el consumo de estupefacientes.          | • Continuar haciendo incidencia respecto del abuso y el maltrato tanto al interior de UNICEF como frente al gobierno. |

### EDUCACIÓN

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| Desarrollo de la primera infancia (DPI) | Aumentar la prioridad y la focalización en el trabajo de DPI dentro del programa de educación. | • Reinstaurar la responsabilidad sobre actividades de DPI en el oficio de educación, garantizando con ello una toma de decisiones conjunta en lo que se refiere a una educación amable con el niño/la niña.  
• Participar en discusiones a nivel de políticas en relación con la participación de los padres y madres afectados por el tsunami en el apoyo al DPI.  
• Concluir el primer borrador de la política sobre DPI tan pronto como sea posible.  
• Transferir las lecciones aprendidas de los Centros de DPI al proyecto “Entorno de calidad para el aprendizaje en escuelas prioritarias” |  
| Enseñanza                     | Fortalecer el sistema de supervisión y asegurar los puestos de los maestros/as capacitados en metodologías centradas en el niño/a. | • Fortalecer el sistema de supervisión basado en la escuela.  
• Asegurar los puestos de los maestros/as capacitados en metodologías centradas en el niño/a y cerciorarse de que permanezcan en los salones atendidos por el proyecto. |
| Enseñanza                     | Desarrollar materiales de enseñanza.                                         | • Continuar desarrollando materiales de enseñanza y aprendizaje sobre las materias medulares, y cerciorarse de que los fondos asignados al desarrollo de materiales sean cuidadosamente planeados y apropiadamente invertidos. |

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9 Michalson, Reina, Violence against Children in Schools and Families in Maldives with Focus on Sexual Abuse, Male, noviembre de 2003.  
### RECOMENDACIONES PARA UNICEF A NIVEL MUNDIAL

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<tr>
<td>CCC</td>
<td>Revisar los CCC y el “Manual de campo para emergencias” (EFH, por sus siglas en inglés).</td>
<td>▪ Revisar temas tales como la participación.</td>
<td>Programas de Emergencia (EMOPS)</td>
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<td></td>
<td></td>
<td>▪ Verificar si contienen orientación suficiente sobre el aumento de las operaciones logísticas.</td>
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<td></td>
<td></td>
<td>▪ Dejar claramente establecido que, cuando un país cuenta con una cobertura eficaz de vacunación contra el sarampión, no es necesario intervenir en inmunización.</td>
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<td></td>
<td></td>
<td>▪ Examinar la respuesta psicosocial.</td>
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<td>SyE</td>
<td>Invertir en un abanico de actividades de SyE (tales como las que figuran en la columna de la derecha).</td>
<td>▪ SyE conjunto.</td>
<td>EMOPS, oficinas regionales, oficinas nacionales</td>
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<td></td>
<td></td>
<td>▪ Evaluaciones rápidas internas (tales como revisiones después de la acción).</td>
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<td>▪ Evaluaciones en tiempo real.</td>
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<td></td>
<td>▪ SyE participativo.</td>
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<tr>
<td>Recursos humanos</td>
<td>Preparación.</td>
<td>▪ Promover la elaboración de planes de movilización de personal para cada oficina nacional.</td>
<td>Departamento de RR.HH., oficina regional, oficina nacional</td>
</tr>
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**RESUMEN EJECUTIVO**
1.1 EVALUATION PURPOSE

Through this independent evaluation of the tsunami response, UNICEF is seeking to demonstrate what was achieved on behalf of children during the first six months after the disaster in the Maldives. Subsequent and similar evaluations will be conducted in Sri Lanka and in Indonesia. The three country case studies will culminate in a synthesis report and summary. The evaluation is commissioned by the UNICEF Evaluation Office in New York Headquarters (NYHQ) and is being undertaken by an independent and external team.

The purpose of this evaluation is to:

In view of past, concurrent and planned review and assessment exercises, the evaluation seeks to add value to and avoid duplication of these efforts. The other reviews include:

1. INTRODUCTION
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The purpose of this evaluation is to:
- identify major achievements during the emergency response phase from 26 December 2004 to 30 June 2005
- take note of any constraints and gaps in that response
- highlight potential policy implications for the future.

In view of past, concurrent and planned review and assessment exercises, the evaluation seeks to add value to and avoid duplication of these efforts. The other reviews include:

- a UNICEF internal-audit process to examine financial systems, internal controls and risk management – this process has been completed for NYHQ and the Maldives.
- a strategic review which took place in September 2005 as a precursor to the mid-term review, scheduled for the end of November 2005.
- a documentation exercise commissioned by the UNICEF Regional Office for South Asia, completed on 30 September 2005, which covered all major sectors.
- lessons-learned exercises conducted by UNICEF (Global Tsunami Validation Workshop, 8–9 September 2005) and others conducted by UN OCHA for the region and by affected country.
- five thematic evaluations carried out by the Tsunami Evaluation Coalition (TEC), (supported by the ALNAP Secretariat and to which UNICEF is a major contributor) on coordination, needs assessments, impact on local and national capacities, Linking Relief, Rehabilitation and Development (LRRD) and the funding response; the TEC evaluations on coordination and on local and national capacities focus on the Maldives.
Anticipated clients of the present evaluation include UNICEF senior programme and operations management and staff at field level and at headquarters, in the Emergency Section (EMOPS), Programme Division (PD), Department of Human Resources (DHR) and the Programme Funding Office (PFO). Beneficiaries are primary clients and every effort has been made to include their voices in the findings and recommendations. Other stakeholders include UNICEF’s Executive Board, National Committees, donors and NGOs. As noted in the TORs (Annex 4), the intention is to make public the conclusions of this evaluation effort.

1.2 EVALUATION TEAM

The evaluation team is composed of five members who had not worked together previously, and who were selected via an open competitive process. None have been involved in the implementation of UNICEF tsunami programmes. Team members had expertise in health and nutrition (Sandra Allaire), water and environmental sanitation (Suzanne Reiff), education (Celia Male), child protection (Sandra Allaire and Sheila Reed) and emergency management (Sheila Reed and Lewis Sida). A brief description of each team member’s experience follows.

Lewis Sida (Team Leader, Emergency Management) is an independent consultant based in the UK who has conducted major evaluations for DFID, USAID, Red Cross, OCHA and a number of NGOs. He was formerly the director of Save the Children UK’s emergency response section.

Sheila Reed (Deputy Team Leader, Child Protection, Emergency Management) is an independent consultant from the US whose background is in nutrition and education. She has more than 20 years experience in capacity development and evaluating humanitarian activities, especially in areas related to crisis mitigation. From May to July 2005, she led a team to evaluate the tsunami response of CARE and World Vision in Thailand and Indonesia.

Celia Male (Education) is based in Sri Lanka and has extensive evaluation experience in Nepal and Sri Lanka in income recovery, needs assessment, social development, education and gender analysis. She has worked as a social-development expert for DFID in Sri Lanka.

Sandra Allaire (Health and Nutrition, Child Protection) is a medical doctor and consultant from Canada in the field of emergency response and assessment, largely with the Red Cross Movement (ICRC and IFRC).

Suzanne Reiff (Water and Sanitation) is a Dutch hygiene and public health specialist based in Paris, with eight years of water and sanitation experience with the World Bank. She has previous WES evaluation experience with UNICEF in Madagascar.

On behalf of UNICEF, the evaluation manager was Wayne MacDonald from UNICEF’s Evaluation Office, who has over 25 years of international development and humanitarian experience with the Government of Canada (Canadian International Development Agency) and the Red Cross Movement (ICRC, IFRC and Canadian Red Cross).

1.3 METHODOLOGY AND CONSTRAINTS ON DATA COLLECTION

The overall methodology of this evaluation includes the following.

- A desk review of existing documents and materials including strategy documents, plans, proposals, monitoring data, mission reports and previous UNICEF evaluations that focus on emergency response. The secondary sources included evaluations and studies conducted by other organizations.
- Preparation of an inception report at the start of the evaluation. The report pared down the areas of enquiry to a more reasonable number.
- Field visits to the country office and the affected area included:

Celia Male (Education)
- an initial introduction meeting with the UNICEF management and staff.
- interviews with key personnel, partners, officials.
- visits to selected project sites/areas.
- an ‘end of visit’ debriefing to share broad findings with senior UNICEF staff, and to note their comments.

- A focus on collecting views from affected people, including IDPs living in temporary accommodations, and host families and communities.
- Submission of a first-draft evaluation report to UNICEF’s Evaluation Office for distribution to stakeholders for factual corrections and other feedback.
- A validation workshop held in New York (17–27 January 2006), which included a briefing for global directors, sectoral staff and teleconferences between HQNY and country offices to discuss substantive issues emerging from the first draft.
- Incorporation of comments and production of a second draft.
- Contribution of the country report to a synthesis report which will cover the three country case studies as well as three others and will add another layer of analysis.
- Sign-off and submission to UNICEF’s Evaluation Office.

**Gender and cultural awareness**
The team used gender-aware approaches in arranging and conducting interviews. The views of women and children were sought whenever possible, and sensitivity used with regard to the feelings of interviewees concerning their situations.

**Confidentiality**
The evaluation team has pledged confidentiality to all interviewees and does not identify them in relation to their comments unless explicit permission was given.

**Sampling design**
Sampling was purposive, that is based on selection of interviewees based on previous considerations of who can provide valuable information and who will be representative of the population. The travel plan was designed to take into account several constraints and still cover a representative example. The team was specifically asked by the Country Office (CO) not to visit affected islands near to the capital, Male as these had already received many visitors. In addition, the cost of visiting islands was prohibitive, requiring specially chartered sea-planes. These factors combined meant that the team chose atolls at either end of the archipelago, and visited islands with high IDP populations. The intention was to visit a broad range of UNICEF activities, and to meet with as many staff as possible from UNICEF, partner organizations and other agencies.

The team spent three weeks in the Maldives, visiting the country office in Male for three days prior to the visit to the islands and for three days afterwards. The fieldwork for the Maldives evaluation took place over a two-week period. An additional week was devoted to report-writing. The team interviewed 57 staff members of the Government of the Republic of the Maldives, UNICEF, other UN organizations and local and international NGOs. Over 40 group and individual interviews were conducted with IDPs and members of host communities. The evaluation team has pledged confidentiality to all interviewees and does not identify them directly unless explicit permission was given.

The team visited Raa and Thaa Atolls. At Raa Atoll, the team visited Meedhoo, Maadhuvari & Hulhudafaru islands, staying overnight in Meedhoo. At Thaa Atoll, the team visited Buruni and Ungafaroo Islands. The islands were chosen for different reasons – some because they were relatively infrequently visited, some because they had high IDP populations (Buruni has twice as many IDPs as residents), and some because they had significant UNICEF projects.
While on the islands the team systematically covered as many different sections of the community as possible, including:
- island authorities (island chiefs, chiefs of evacuated islands, head of the IDP unit in Ungafaroo)
- teachers and teaching staff
- medical staff
- those responsible for the operation of water equipment where relevant
- host families and former host families
- people hosted by families
- IDPs living in temporary accommodation
- IDPs living in rented accommodation
- randomly selected islanders.

**Data collection techniques**
Data collection methods included:
- participation by the team leader in the lessons-learned exercise in September 2005
- individual informant and focus-group interviews using standard sets of questions
- meetings and briefings with UNICEF staff
- direct observation
- comparison of baseline data and post-intervention data where this was available.

**Constraints**
The team experienced the following constraints to data collection and analysis.
- The questions posed in the TOR were extremely broad. The inception report limited the scope of the study to what was thought to be achievable in the time allowed; however, not all areas were covered in depth.
- There was inadequate time allowed for the team to review the numerous relevant documents.
- Time and logistical constraints limited the coverage of potential interviewees. Staff on mission to the country office during the first six months had in some cases moved on and some were not contacted due to time constraints.
- The Maldives country office was hosting three overlapping studies and the team experienced some difficulty getting access to documents and staff.
- Transport was prohibitively expensive and so the team was able to visit only two atoll groups (the ideal would have been three). In addition the team was asked not to visit the nearest atoll group, considered by the UNICEF country office to have been over-assessed. A planned visit to the southernmost town of Gan was cancelled due to lack of available commercial flights.

**Triangulation and bias reduction**
All findings are triangulated (using three or more sources) to mitigate bias. The evaluators tried to mitigate the following biases in their research design.

- **UNICEF bias.** The majority of interviewees were staff of UNICEF or direct recipients of UNICEF assistance. UNICEF staff accompanied the team on all island visits. The evaluators attempted to include as many other actors as possible, to factor in the opinions of the wider assistance community, but there was limited time in which to do this.
- **Island bias.** The team went to islands less visited by international organizations and other evaluation teams. Criteria for selection included sites with IDPs, host communities and affected residents who were receiving UNICEF support and were willing to meet with the evaluators. Representation from both north and south was achieved. A selection of islands in one atoll was more logistically feasible than a scattering of islands across all affected atolls.
- **Memory bias.** People interviewed were asked to recall events taking place up to 10 months earlier. Many staff members present during the response had departed, and some were interviewed by phone or email. Situation reports and other documents were cross-checked in order to confirm dates and information.
1.4 EVALUATION ANALYSIS AND CONSULTATION

The evaluation process was designed to reflect as many opinions as possible, and to include several validation methods. Although evaluators studying the sectors often collected data on their own, these data were reviewed during regular team meetings and trends were identified. The team also discussed common issues between the three countries studied. The evaluators spent extensive time with UNICEF staff working in the Maldives reviewing findings and discussing problems and constraints. Qualitative data were triangulated to ensure validity and applicability. Cross-checks on data analysis, conclusions and recommendations were carried out through reviews of reports by UNICEF staff and teleconferences with the country offices.

1.5 GUIDING PRINCIPLES AND STANDARDS

The evaluation places major emphasis on UNICEF’s Core Corporate Commitments for Children in Emergencies. Also considered in the analysis are the IFRC Code of Conduct, Sphere standards, IASC and Maldives standards. The HRBAP approach used by UNICEF forms a frame of reference.

To ensure quality of the evaluation process and reporting, the country reports have been cross-checked against the ALNAP Proforma, which is a state-of-the-art guide to critical content for evaluations of humanitarian action. The UNICEF guidelines for evaluations (2004) were closely followed.
The Maldives was a sultanate under Dutch and later British protection. It became a republic in 1968, three years after independence. President Gayoom is currently in his sixth term, having served since 1978. Following civil disturbances in the capital, Male in August of 2004, the government has promised democratic reforms and a more representative political system.
2. BACKGROUND

2.1 THE MALDIVES

The Maldives was a sultanate under Dutch and later British protection. It became a republic in 1968, three years after independence. President Gayoom is currently in his sixth term, having served since 1978. Following civil disturbances in the capital, Male in August of 2004, the government has promised democratic reforms and a more representative political system.

The Maldives is composed of 1,190 coral islands grouped into 26 atolls, including 200 inhabited islands plus 80 tourist-resort islands. There are 20 atoll administrative divisions. Ethnic groups are South Indian, Sinhalese, and Arabs who practice the Sunni Muslim religion. Current environmental issues affecting the Maldives include depletion of freshwater aquifers, which threatens water supplies, global warming, erosion and coral-reef bleaching. The low level of the islands (80 percent of land is one metre or less above sea level) makes them very vulnerable to the effects of sea-level rise and tsunamis.

<table>
<thead>
<tr>
<th>Population (July 2005 estimate)</th>
<th>GDP</th>
<th>Infant mortality, HIV rate in population</th>
<th>Life expectancy</th>
<th>Literacy</th>
<th>Income and economy</th>
</tr>
</thead>
<tbody>
<tr>
<td>349,106</td>
<td>$3,900 per capita</td>
<td>14 deaths/1000 (MOH 2003) 0.1% (2001)</td>
<td>64.06 years</td>
<td>97.29%</td>
<td>Tourism (20% GDP), fishing, and industry (18% GDP). Agriculture plays a limited role due to limited arable land; most staple foods must be imported</td>
</tr>
</tbody>
</table>

Table 2.1 Development status of the Maldives Population

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BACKGROUND

2.2 THE EFFECTS OF THE TSUNAMI ON THE MALDIVES

On 26 December 2004, an earthquake measuring 9.0 on the Richter scale occurred 150 miles off the coast of Sumatra, Indonesia. The ocean floor was thrust up 20 metres and displaced billions of tonnes of seawater. Thirty minutes after the shaking stopped, the tsunami hit Sumatra, and then the coasts of Thailand, Sri Lanka, India and the Maldives, among other countries. A second earthquake occurred along the same fault on 28 March 2005, of 8.7 magnitude, but did not affect the Maldives. The stress along the fault indicates a significant risk of another major earthquake but the timing of a potential disaster is unknown.

Unfortunately, no system existed that could have warned the people in the Indian Ocean, although such a system is in place in the Pacific Ocean. (An ocean-wide international warning system is expected to be in place by 2006). Members of Maldivian communities interviewed said that they had received no warning and lacked plans for evacuation. Most were unaware of the characteristics of a tsunami. The Government of the Maldives (GOM) did not have updated natural-disaster-management plans as there had not been a major disaster since 1991. Communities responded effectively, sharing resources and using local fishing boats to rescue and transport survivors.

The Maldives suffered loss of life and substantial damage. One-third of the population of almost 400,000 was directly affected by the tsunami and all but nine islands were flooded. Eighty-two people died, including 17 children. More than 100 islands lost core education, health, transport and/or communications infrastructure. The total asset loss is estimated to be 62 percent of GDP. More than 26,000 people were originally estimated to be displaced, but internally displaced persons (IDPs) now officially number approximately 10,000.

2.3 RESPONSE BY THE GOVERNMENT AND INTERNATIONAL ORGANIZATIONS

Following the tsunami, the GOM acted swiftly and set up a Ministerial Committee and Task Force. A National Disaster Management Centre (NDMC) was established to facilitate response and coordination. The Ministry of Defence, Ministry of Finance and the Ministry of Planning and Development were established to facilitate response and coordination with other departments, agencies of the United Nations (UN) and other development partners. The NDMC later established a section for Managing IDPs (MIDP). IDP committees to represent both host and IDP communities on the affected islands were not established until July 2005. Each island had a pre-existing Island Development Committee that managed information and received goods. The NDMC was disbanded in February 2005 although weekly inter-ministerial meetings continued.

UN presence in the Maldives was limited to UNICEF, UNDP, WHO and UNFPA. Under the Chief Coordinator, the Ministry of Defence, the GOM prepared a joint needs assessment with the UN, the World Bank and the ADB, with the results published in early February 2005. This assessment formed the basis for the National Reconstruction and Recovery Plan (NRRP).

A country office of UNICEF was established in the Maldives and was looking at becoming part of a joint UN presence. At the time of the tsunami, the UNICEF office in Miri, the Maldives was a sub-office under the Sri Lanka Country Office, with about 11 staff. The UN was a key player in the response, having generous funding, and UNICEF, with its UN presence in the Maldives, was taking the lead roles in education and nutrition. The Maldives office of the UN was part of a joint UN presence.

The Pacific Tsunami Warning Centre (PTWC) estimated the magnitude as 8.5 on the Richter scale shortly after the earthquake. On the ‘moment magnitude’ scale, which is more accurate for quakes of this size, the earthquake’s magnitude was first reported as 8.1 by the US Geological Survey. After further analysis, this was increased to 8.5, 8.9, and 9.0 (USGS, 2004). In February 2005, some scientists revised the estimate of magnitude to 9.3. Although the PTWC has accepted this, the USGS has so far not changed its estimate of 9.0. The most definitive estimate so far has put the magnitude at 9.15 (Source: Wikipedia, The Free Encyclopedia).
published in March 2005, and which will cost $470 million. The Internal Displacement Division (IDD) of the Office for the Coordination of Humanitarian Affairs (OCHA) modified the Guiding Principles on IDPs for the Maldives and with UNICEF assisted the Government in registering IDPs.

2.4 UNICEF’S ROLE

At the time of the tsunami, the UNICEF office in the Maldives was a sub-office under the Sri Lanka Country Office, with about 11 staff. The UN was about to declare the Maldives a country with middle-income status in late 2004, and as a result UNICEF was looking at becoming part of a joint UN presence. Previously the UNICEF programme had concentrated on education, health and nutrition. The Maldives office was made a country office in February 2005.

UNICEF’s tsunami response was part of the multi-agency response led by the GOM. Joint planning under the UN Flash Appeal and the Maldives’ NRRP initiative determined to a large degree where UNICEF funds would be positioned in relation to those provided by other donors. UNICEF, with its generous funding, was a key player in the response by the international community to this disaster in the Maldives, and took UN lead roles in education and in water and environmental sanitation (WES), with key roles in child protection and nutrition. The World Health Organization (WHO) led in health. UNICEF’s normal NGO implementing partners stayed for a very short time in the Maldives or did not engage there at all, which limited UNICEF’s capacity for programme management and implementation.
This part of the report covers general issues regarding UNICEF's tsunami response. The OECD-DAC criteria used are appropriateness/relevance, efficiency, effectiveness, impact, sustainability, coordination, and coherence. The key sectors of health and nutrition, water and sanitation, child protection, and education, are analysed in detail in Section 4, using UNICEF's Core Corporate Commitments for Children in Emergencies (CCC) as the principal framework for this analysis. The CCC have also formed a key reference point for the generic discussions that follows.

3.1 APPROPRIATENESS AND RELEVANCE

"extent to which the objectives of an intervention are consistent with country needs, global priorities and partners' and donors policies" meet needs and respect priorities of the citizens and were they appropriate in the context of the disaster? The following topics are addressed in this section:
This part of the report covers general issues regarding UNICEF’s tsunami response. The OECD-DAC criteria used are appropriateness/relevance, efficiency, effectiveness, impact, sustainability, coordination, and coherence. The key sectors of health and nutrition, water and sanitation, child protection, and education, are analysed in detail in Section 4, using UNICEF’s Core Corporate Commitments for Children in Emergencies (CCC) as the principal framework for this analysis. The CCC have also formed a key reference point for the generic discussions that follows.

3.1.1 TIMELINESS AND INPUTS
UNICEF’s response was both appropriate and relevant, particularly given that the Maldives sub-office was small and unprepared for such a large disaster. All relief actors faced serious logistical constraints in the first two weeks. Much of the country’s transport infrastructure was damaged, and communication to some affected atolls was disrupted. Specialised (shallow-draft) boats or sea-planes are needed to reach most inhabited islands. The Government of the Maldives (GOM) had requisitioned most of this transport after the tsunami and after two months the GOM required external donors to use its system. UNICEF also did not have traditional NGO partners to assist in the response, as is typical in other countries.

UNICEF’s first response was almost immediate. UNICEF Maldives allocated residual funds from the 2004 budget along with special emergency funds as an ‘emergency pool’ to buy supplies locally. This action was a sound strategy as it allowed time for UNICEF’s international logistics and supply system to respond. In the first two days, UNICEF purchased food, toys, recreation equipment and hygiene items and distributed them to IDPs in Male and through the GOM to affected atolls. Within a week of this distribution, the first UNICEF charter flight
OVERALL HUMANITARIAN RESPONSE

containing family water kits, School-in-a-Box\textsuperscript{14} kits and recreation kits arrived; these were also quickly distributed through the GOM. In addition, UNICEF acted as consignee for two plane-loads of relief items, including bottled water, hygiene kits and plastic sheeting. (These shipments were organised by the UK Department for International Development and the United States Agency for International Development, off-loaded into a GOM warehouse and then onward shipped by the GOM to the atolls).

The initial response was complemented by a number of appropriate and relevant interventions in the following days and weeks. Water, sanitation and hygiene were immediately identified as priority needs by the UN Disaster Response Task Force. Family water kits (including collapsible jerry cans and purification tablets) and hygiene kits were rapidly distributed to 95 percent of the most severely affected people. The collapsible jerry cans were widely used and remain in use today — many people source their water from a neighbour’s tank or communal supply. Families also greatly appreciated the hygiene kits since many had left their devastated communities with few possessions.

UNICEF also procured and air-freighted several reverse-osmosis water purification units (ROWPUs) and made them operational. The ROWPU plants were critical in filling gaps in water needs for islands, particularly where the influxes of IDPs had greatly increased the population. In some islands with smaller numbers of IDPs, they were less useful and have essentially been maintained as back-up systems.

To support nutrition, UNICEF immediately purchased local supplies of supplementary food for 500 infants, and concurrently ordered cereals for long-term distribution. UNICEF supported the health sector with cold-chain storage equipment and replaced lost vaccinations. UNICEF made a significant contribution in helping children recover from psychosocial stress by facilitating early recognition of symptoms and supporting an in-depth assessment and training for psychosocial support groups. UNICEF made a strategic difference in the education sector where UNICEF’s support was critical in helping the GOM to open schools just two weeks later than usual.

UNICEF also used its large programme budget as leverage for effective advocacy. Long-term programme issues were pushed with success in the areas of education and nutrition. Advocacy was less effective in some areas of child protection, such as in addressing child abuse.

3.1.2 ASSESSMENT

The Maldives office did not conduct a rapid assessment within 72 hours of the tsunami as required by the CCC. The office faced several constraints to conducting its own rapid assessment, including shortages of staff, dearth of available transport and few potential partners in the country. The UNDAC team itself only arrived on day three. The GOM undertook the initial disaster assessments and it was able to ascertain the state of all the populated islands within 48 hours.\textsuperscript{15} UNICEF monitored secondary data from the GOM, and field trips to affected islands were undertaken to confirm conditions.

UNICEF Maldives participated in and also conducted a number of assessments. UNICEF led a joint field-assessment mission by the government and the United Nations (UN) on 6 January 2005 to four islands. Maldives staff participated in an education assessment that covered 200 schools, and in an Australian-led education damage and needs assessment. At the end of January 2005 the UNICEF office participated in the joint Government of Maldives/World Bank/ADB/UN System needs assessment. A certain amount of ‘rolling’ needs assessment is detailed in the situation reports issued frequently by the office during the first three months of the response. There were not, however, more in-depth comprehensive needs assessment exercises carried out by UNICEF either within sectors, or across the programme.

\textsuperscript{14} UNICEF has developed a ‘School-in-a-Box’ kit which contains supplies and materials for a teacher and up to 80 students, if taught in double-shift classes of 40.

The GOM’s and other initial assessments were largely damage-oriented and did not involve affected communities. Furthermore, the demographics and needs were likely to vary among islands, requiring a more in-depth vulnerability analysis. (Demographic data are currently submitted quarterly by each atoll administration and includes disaggregated data on sex, age, etc). In the case of nutrition, for example, no post-tsunami nutritional data were available and UNICEF launched a survey much later in the year, thus WFP proceeded to distribute food based on preliminary crude estimates that were available.

The effect of not having reliable data is that needs were more likely to be assumed and result in a more supply-driven assistance, producing a certain amount of duplication and waste (see Section 3.1.5 below, Coverage and targeting). The problems with assessment indicate the need for rapidly deployed joint initiatives to support government capacity to determine more accurately levels of need, as well as the supplementation or creation of baseline data analyses.

3.1.3 PLANNING PROCESS AND DEVELOPMENT OF STRATEGY
UNICEF Maldives did not undertake a comprehensive process of strategy development in the first six months. UNICEF participated in the development of the UN Flash Appeal in January and was involved in the GOM/World Bank/ ADB/ UN System needs assessment and in the subsequent National Recovery and Rehabilitation Plan (NRRP). Beyond these processes, it is difficult to determine the rationale for the allocation of UNICEF’s resources in the response. There is no written strategy document, or record of any strategic planning meeting. The CCC require a plan of action within 1–2 weeks. Although the Flash Appeal incorporates broad project goals, it could not be considered a detailed plan.

Since there was no results-based planning, there are limited measurable objectives and no indicators against which to monitor progress. This made it difficult for UNICEF to communicate its role to partners and stakeholders. The ad hoc nature of the UNICEF Country Management Team (CMT), which met irregularly in the initial phases, limited the potential for internal and external coordination, setting of programme priorities and monitoring of indicators. The CMT first officially met on 18 September 2005.

The GOM’s relief and rehabilitation approach involved a greater focus on replacement of damaged and lost items, and on reconstruction, with less of a focus on quality and monitoring of process. Nevertheless, in education, UNICEF was able to continue the focus on child-friendly schools (CFSs) and largely to follow the CCC. Commitment to large infrastructure projects in health and education will require UNICEF also to focus strategically on service quality in those two sectors. In nutrition UNICEF used its funding advantage to address and draw attention to long-term issues. In WES, UNICEF’s agreement to provide household water tanks, in order to uphold equity among the islands, resulted in UNICEF and GOM staff being overwhelmed by the enormous tasks involved in managing the large volumes of WES inputs. In child protection, attention was diverted from sensitive issues such as abuse, and towards psychosocial programmes that responded to urgent needs. UNICEF was not able to expand its capacity in child protection to give needed attention to other critical emergency issues.

See for instance preliminary findings of the TEC Needs Assessment study, December 2005.

There is the 90-day report and the 180-day report, but these are more ‘promotional’ pieces than serious strategy documents, in the opinion of the evaluation team.
3.1.4 FUNDING
UNICEF has the largest amount of funding of any UN agency in the Maldives, with $38 million over the next two to three years, compared to UNDP’s approximately $25 million. UNICEF’s funds for recovery are six times those of the World Bank. The amount received greatly exceeded the amount requested in the Flash Appeal (approximately $23 million). At the time of the evaluation UNICEF had spent about two thirds of its 2005 allocation; thus, spending was largely on track. The previous year’s budget had been in the region of $700,000.

UNICEF will provide significant support for the GOM’s National Recovery and Rehabilitation Programme (NRRP). UNICEF has committed to large roles in the WES and education sectors, both extremely relevant given the acute water needs in the Maldives and the strong relationship with the Ministry of Education. It has nearly covered all needs in these two sectors out of the 12 outlined in the NRRP. Due to its prominent role, UNICEF will be subject to concomitant scrutiny from stakeholders and possibly intense disbursement pressure, which will demand adequate monitoring and systematic performance review and independent evaluation.

Although UNICEF’s tsunami response was strong, the decisions made regarding fund allocation, concerning some inputs and the volume of inputs, are questionable. For example, many of the ROWPU plants are not being used to their full potential, and the same is true of freezers for the cold chain and of septic tanks currently awaiting distribution. Certainly, these inputs will eventually be used by the people of the Maldives but they may not be used for tsunami-related relief or recovery. It is possible that pressures to spend tsunami money led to a tendency to purchase more rather than appropriate amounts. Several staff felt that, on occasion, donor pressures to spend undermined rigorous planning and the best use of UNICEF funds.

UNICEF’s overall approach to using funds was not always efficient. General problems included inadequate capacity for implementation by UNICEF (see Section 3.3.3, Human Resources), logistical constraints and inadequate strategic planning. Given this set of circumstances, UNICEF should have either augmented its own capacity or not accepted the amount of funding it has received.

3.1.5 COVERAGE AND TARGETING
UNICEF’s emergency response covered all the affected islands and a significant number of other islands in affected atolls. UNICEF distributed some items, such as school bags, to both IDPs and host communities.

Figure 3.1: Budget allocation, UNICEF Maldives, September 2005 Source: UNICEF
This approach reduced the possibility of stigma associated with being tsunami-affected, as well as easing potential tensions and jealousies that may have occurred if some received resources while others did not.

The GOM had not managed a large disaster response and had little experience of targeting vulnerable groups and managing IDPs. The atoll administrations were not well trained in emergency response standards regarding participation, targeting and vulnerability analysis. In the initial months, the GOM used blanket distributions for host and affected islands. The numbers of IDPs were not ascertained for many months and registration was finally completed in August 2005. One reason for this was that the definition of IDP had to be agreed upon. When registration finally occurred, the numbers of IDPs dropped from 26,000 to 11,200. By November 2005 it was estimated that 5,243 IDPs remained in temporary accommodations and 3,909 were living with host families.

Islanders interviewed by the evaluation team contributed to the following impressions relevant to coverage.

1. People from different islands received outside assistance at various times. There did not seem to be a rationale as to who received assistance first. Most islands received shipments of goods between two days and one week after the tsunami.
2. In the four islands visited in Raa Atoll, each community had received a variation on the package of relief items. Although all families received a hygiene kit, some communities received, for example, wheelbarrows while others did not. There were perceptions in some communities that they had not received goods intended for them, or that other islands might have received more.
3. It is likely that over-distribution occurred but unlikely that people were completely missed for basic assistance. Communities normally share resources and cover basic needs for their most vulnerable members.

The role of UNICEF in targeting is mixed. UNICEF, with OCHA, supported the development of consensus on the definition of IDP, the registration of IDPs and the provision of identity cards. However, earlier vulnerability assessments were needed, with support for the GOM to conduct such assessments. UNICEF might have advocated among assistance organizations to unify their policies regarding distribution, to support more training for local administrations and to collect consistent feedback from affected people. By working through a government system of distribution that was not well developed and systematic, UNICEF’s assistance also appeared ad hoc. When the GOM eventually tried to limit distributions, it was difficult to change the attitudes in the islands where local administrations had become accustomed to blanket distributions.

### 3.2 IMPACT AND EFFECTIVENESS

“The impact criterion is used to assess the totality of positive and negative, primary and secondary effects produced by a development intervention, directly or indirectly, intended or unintended” (DAC, 2001). Outcome is related to impact in that it focuses on changes in behaviour, relationships, actions and activities of people and groups with whom a programme works directly.

“The effectiveness criterion is used to assess the measure or merit of an activity, i.e., the extent to which an intervention has attained or is expected to attain, its relevant objectives efficiently and in a sustainable way” (DAC, 2001). This criterion measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Issues of resources and preparedness should also be addressed under effectiveness.

This section covers the following topics:
- impact
- coordination
- monitoring and evaluation
- gender
- principles and standards
- emergency preparedness.
OVERALL HUMANITARIAN RESPONSE

3.2.1 IMPACT
UNICEF’s impact was significant in a number of areas. Some of the strongest outcomes were achieved through children returning to school by 25 January, only two weeks late (something like 30,000 children of a school population of 100,000 were significantly affected by the tsunami). All of those interviewed by the evaluation team, including high-level government officials, stated that the return to school could not have been achieved so quickly without UNICEF’s support. UNICEF distributed large quantities of school supplies and commenced the construction of temporary classrooms almost immediately. The return to school was important not only for resumption of learning, but also in terms of the positive psychosocial impact achieved by returning to a normal life.

The impact of UNICEF’s work in WES is harder to quantify. Several islands with high IDP populations received water from the mobile ROWPU plants that would have been extremely difficult to get elsewhere. On Buruni Island in Thaa Atoll, the population of 1,500 people was dependent on water from the ROWPU plant for months. Other WES inputs such as family water kits have been widely used. The large-scale distribution of rainwater-harvesting tanks has been less effective than it might have been. Problems with connecting them resulted in many being unused through the rainy season. The achievement of standards in WES was mixed.

The fact that there was no major outbreak of disease and minor outbreaks were controlled indicates that health coordination worked quite well. In a small nutrition survey in one atoll conducted in August 2005, IDP children showed less malnutrition than resident children (see Section 4.1 below, Health and nutrition, for more detail). The ongoing Knowledge Attitudes and Practice (KAP) survey on infant and young-child feeding practices will produce further information on how well UNICEF and its partners provided nutrition support to IDP communities. The KAP survey should also provide guidance on how the general population might be better assisted.

In child protection, UNICEF rapidly responded to symptoms of psychosocial stress, and the inputs provided by the GOM and UNICEF and other organizations were effective in addressing post-traumatic stress syndrome. Although there were no baseline surveys, affected people and trainees (teachers and mothers) later testified to the positive effects of the approach, and children felt that their fears had lessened.

UNICEF’s response with partners had the greatest impact where there were strong pre-existing capacities, baseline data, and relationships between organizations. The Ministry of Education led the strong response with UNICEF in education. Existence of baseline data and data collection systems in health and nutrition promoted good outcomes in those sectors. In WES, UNICEF and GOM partners had considerable problems scaling up and never managed to reach the needed level of competence and capacity. This raises the question of whether UNICEF’s global, deployable WES emergency capacity can produce the needed impact where country office and government WES capacity is limited. Similarly in protection, staff capacity was limited and was a major constraint in the establishment of partnerships. UNICEF’s collaboration with UNFPA, including previous collection of baseline data, allowed a semblance of focus on issues of abuse and violence, opening dialogue to some degree.

3.2.2 COORDINATION
There are relatively few assistance actors in the Maldives, in comparison with Sri Lanka and Indonesia, thus coordination may have appeared easier. However, the Maldives response experienced some similar coordination issues. These included: insufficient support to coordination and poor integration of approaches to address cross-cutting issues such as water supply, protection, and gender; lack of an effective communication strategy with the affected population; and insufficient support to improve local coordination capacity.19 The GOM refused the development of a Humanitarian Information Centre (HIC), which would have served to coordinate information from all actors, and disseminate maps, situation reports and emergency publications.

Within the UN country team, WHO was assigned the coordination and lead role in health, including the provision of medical supplies. UNICEF was confirmed as the lead in WES and education and tasked with emergency provision of food, non-food and shelter-related items. UNICEF also played leading roles in child protection and in nutrition. The initial psychosocial-support response was strongly coordinated among international and national

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3.2.2 COORDINATION

Monitoring (a working definition) is “The systematic and continuous assessment of the progress of a piece of work over time ... It is a basic and universal management tool for identifying the strengths and weaknesses in a programme. Its purpose is to help all the people involved make appropriate and timely decisions that will improve the quality of the work” (Gosling and Edwards, 1995, p. 81). Evaluation is “The process of determining the merit, worth or value of something or the product of that process” (Scriven, 1991, p. 139).

UNICEF is commended for its collaboration with the GOM in WES, although coordination with other partners (OCHA, IFRC, UNDP, etc) was less effective and meetings irregular. In education, there was confusion about roles and responsibilities. In June 2005 general coordination improved with the arrival of the new country representative.

In its rush to deliver goods, UNICEF had hired boats in the first weeks to get school supplies to children without coordinating with the NDMC, in the process driving up the price of transport at a time when government was trying to hold it down. Several ministries mentioned this poor coordination as setting a bad example and pre-empting the GOM’s priorities for distribution.

3.2.3 MONITORING AND EVALUATION

Within the Maldives response, monitoring and evaluation were poor. The country office did not have a monitoring and evaluation plan as set out in the CCC and in the emergency field handbook. Insufficient monitoring was apparent in both tracking of supplies and in follow-up of programme implementation. Monitoring was limited by insufficient presence and follow-up. UNICEF does not have staff posted on the islands, and trips from Male are costly. When programme-monitoring visits took place, the results were not always systematically written up, and actions were not always identified and followed up.

UNICEF personnel have joined multi-agency monitoring teams such as those organised by the national Managing IDP Unit (MIDP). MIDP staff felt that the combined trips served to share organizational perspectives and experience, share expenses, build multi-agency teams and that UNICEF’s participation was effective. However, there is little evidence that some of the major problems identified by this evaluation had been addressed in the early months of the response through a monitoring feedback loop. Weak monitoring has resulted in a number of issues in programme implementation that were not resolved in the first six months. This is most serious in the WES sector, as detailed in Section 4.2, where rainwater-harvesting tanks have not been connected and septic tanks remain in the supplier’s warehouse. For education, a number of temporary classrooms were sub-standard in construction.

UNICEF has produced extensive training materials on monitoring, and implemented various training strategies worldwide, but Monitoring and Evaluation (M&E) is often identified as a weakness, and this is the case in the Maldives. It is clear that systems must be established and incorporated into programme planning in the early months. In a country such as the Maldives where positioning staff on islands may be costly and impractical, communities and community leaders in conjunction with local administrations are the logical partners for M&E activities. Local M&E is likely to succeed as communication between Male and the islands is improving. These partnerships would enhance participation and contribute to the downward accountability feedback loop. A further means to enhance economy of M&E is to ensure funding for joint efforts.

3.2.4 GENDER AND PROTECTION ISSUES

Gains have been reported in recent years regarding women’s empowerment in the Maldives. For example, women are participating in public life in growing numbers and in 2004 constituted 39 percent of government employees. The literacy rate for women is 98 percent. A Gender Equality Council advises the government on policies and the GOM has signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). There are still many areas where improvement can be made however; a woman’s testimony is equal to half of that of a man in matters involving adultery, finance and inheritance. The divorce rate is very high, potentially increasing vulnerability of women and children.

Three studies conducted by UNICEF and UNFPA in 2003 and 2004 offer insight into the problems women face and constraints on their ability to protect their children (see also Section 4.3 below, on child protection). There are no firm data on the extent of physical and sexual violence against women. There are currently few effective approaches to protect women, or for their self-protection. The UNICEF studies on violence and abuse (2004) and on psychosocial issues (2005) exemplify an open approach that allows the gender related issues to surface.

20Monitoring (a working definition) is “The systematic and continuous assessment of the progress of a piece of work over time ... It is a basic and universal management tool for identifying the strengths and weaknesses in a programme. Its purpose is to help all the people involved make appropriate and timely decisions that will improve the quality of the work” (Gosling and Edwards, 1995, p. 81). Evaluation is “The process of determining the merit, worth or value of something or the product of that process” (Scriven, 1991, p. 139).

OVERALL HUMANITARIAN RESPONSE

The Maldives Country Programme of Cooperation (CPC) for 2003–2007 describes gender-related influences on the protection of children. The three programme areas of abuse and exploitation, juvenile justice systems and children with disabilities reflect attention to priority issues; however, this attention was diffused during the tsunami response and opportunities lost to promote, for example, attention to children with disabilities in emergencies. Work by UNICEF in coordination with the national Unit for Protection of Children (UPC) has increased the dialogue regarding child abuse. Discussions have also opened to some degree on drug abuse.

Given the tendency for problems such as child abuse and drug use to increase in IDP populations, insufficient resources were devoted by UNICEF as well as other organizations to assessing risk factors and gender-specific vulnerabilities during the emergency. One area that is notably absent from protection- and gender-related efforts is a focus on the prevention of HIV/AIDS in emergencies.

3.2.5 PRINCIPLES AND STANDARDS

The UNICEF programme in the Maldives was generally consistent with the spirit of humanitarian principles as set out in UN General Assembly Resolution 46/182 and in the Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief. The principal driving force for the response in the Maldives was to ensure that the lives of children were safeguarded and their suffering ameliorated. There was no obvious discrimination, and in some cases UNICEF actively pursued non-discriminatory policies such as in the back-to-school campaign. UNICEF attempted to give assistance to those in need, although it did not give sufficient attention to the needs of the most vulnerable. The action of UNICEF was largely neutral – it did not engage in political controversies or back a particular political faction.

UNICEF had mixed results in meeting internationally accepted sector indicators. For example, a Sphere indicator for minimum standards in water supply (15 litres of water/person/day) was met after a few weeks. However, with toilets in schools, over 300 children were using one toilet in Buruni, which is a serious concern when the Sphere indicator is 30 girls or 60 boys per toilet.

UNICEF did not meet standards for participation by affected people in the Maldives. Participation is an established principle in the Code of Conduct, the Sphere standards and UNICEF’s Human Rights Based Approach to Programming (HRBAP). Many beneficiaries interviewed had not been consulted regarding programme decisions made on their behalf or even in regard to their satisfaction with services. IDP committees were not established until July 2005, and although the Island Development Committees were tasked with distribution of aid, the relationships between the IDPs and local administrations were in the formative stages.

UNICEF might have paid greater attention to building on local capacities as well as capacity development within the emergency response. Some problems in WES relate to a lack of communication between UNICEF, government and the island administrations and communities. These include the delivery of water-harvesting tanks to the islands, and their subsequent non-installation, as well the inappropriate connection of water tanks to temporary shelters. A more participatory approach to WES may have helped UNICEF anticipate these problems. Greater capacity development for the Maldives Water and Sanitation Authority (MWSA) on how to proceed may have facilitated progress.

UNICEF’s strong advocacy has led to changes in attitudes, consistent with the HRBAP. In the education sector, UNICEF viewed the rebuilding and repair of schools as an opportunity to promote Child-Friendly Schools. UNICEF highlighted the poor nutrition of some island children, it had attempted to raise before the disaster. UNICEF has been instrumental in increasing dialogue on issues in child protection. UNICEF re-engaged the services of the consultant who had written the report on violence in 2004, and cleverly linked this with psychosocial studies; however, it was unable to influence government to

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21 The ‘Code’ sets out 10 humanitarian principles that guide relief agencies in their actions, combining fundamental principles and practical experience. The Code has over 300 signatories and is the most widely used of its type.

22 The Sphere project has elaborated a humanitarian charter based on existed human rights and humanitarian principles and in addition developed a set of minimum standards for key technical areas of disaster response (see www.sphereproject.org).

23 Core to UNICEF’s current strategic plan, the Human Rights Based Approach to Programming takes attainment of the most widely accepted human rights – especially those set out in the Convention on the Rights of the Child – as its main focus.

24 Violence against Children in Schools and Families in Maldives with Focus on Sexual Abuse, UNICEF, Male, November 2003.
fully address issues of violence and abuse. Greater attention should have been paid to the risks linked with HIV/AIDS in emergencies, especially given drug-abuse problems. The UNICEF office did not disseminate the Inter-Agency Standing Committee (IASC) Code of Conduct on sexual abuse and exploitation for staff signatures.

The role of the CCC in setting the framework for UNICEF’s emergency response needs further examination. The CCC are excellent tools for guiding country and regional offices in their initial responses, but there is a danger that the formulaic approach may stifle both strategic analysis and creative thinking on the greater picture of needs. The Maldives team tried to follow the CCC and was able to influence government priorities. However, the CCC set standards for requirements that may not exist (such as measles immunization) and do not address all relevant issues. A senior GOM official reflected that the substantial needs for livelihoods restoration might have been a bigger issue for protection of children than UNICEF realised.

3.2.6 EMERGENCY PREPAREDNESS
Other countries affected by the tsunami, such as India and Indonesia, have high risks of disaster and extensive experience in dealing with natural disaster. The last major disasters in the Maldives occurred in 1987 (severe storms), 1988 (high waves) and 1991 (high winds). Despite the moderate hazard risks in general, the vulnerability of the country is quite high due to its special characteristics such as people living on many very small, widely dispersed, low-lying islands. The GOM was unprepared to deal with an emergency on this scale. In addition the UN and NGO presence was very limited.

The GOM had an updated disaster management plan, but this was only for civil accidents such as an aviation disaster. There had been a planning exercise for such an event in November 2004, which certainly helped the NDMC to form so quickly. There was no national plan for managing internal displacement, however. The GOM and the communities showed themselves capable of an effective first response. The first responders were the island and atoll authorities that fortunately had walkie-talkies to communicate with fishermen in dhonies, the local boats. Fishermen raced to the affected islands and rescued survivors, bringing nearly everyone to safety by the evening of 26 December. Local communities made great efforts to provide shelter and basic needs for the IDPs.

The Ministry of Planning immediately gathered young professionals and scholars to collect and analyse data. Some were, for example, conducting marine research; few had any disaster training or experience. Data collection on the extent of casualties and damage began with a rapidly developed questionnaire on the night of 26 December but some atolls had lost communication with the capital, Male.

UNICEF’s Emergency Preparedness and Response Planning (EPRP) forms a significant part of UNICEF’s capacity development budget. The EPRP has been rolled out to more than 90 percent of UNICEF country and regional offices over the last five years. The Maldives has an EPRP that was last updated in March 2004; the office was a sub-office at that time. UNICEF’s internal evaluation in September 2005 found that internal preparedness was weakened due to lack of an updated plan. The plan itself had rather serious weaknesses. It did not provide guidance for response to different types of emergencies, a description of actions to be taken in the first 12 hours, or checklists for supplies and actions to be taken. EPRP planning, in any case, must be bolstered by a strategy for surge capacity (see under Human resources, Section 3.3.3).

The tsunami disaster has resulted in a re-analysis of preparedness in the Maldives. The Asian Disaster Risk Reduction Centre carried out a needs assessment for early warning systems in August 2005. UNDP’s Disaster Management Unit is developing a coordinated disaster risk management (DRM) programme with the GOM over the next three years to incorporate DRM into policy and planning. The UN country team will embark on a coordinated preparedness planning exercise in the near future, which will require an updated UNICEF EPRP. However, the wide dispersion of the islands and the need for the first response to be effective from communities would suggest that disaster-preparedness activities should quickly centre on the islands. UNICEF might be instrumental in supporting WES preparedness as well as training for children in schools.

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25 The Inter-Agency Standing Committee is the principal ‘sector-wide’ humanitarian policy-setting body, chaired by the emergency relief coordinator of the UN and comprising major UN agencies, the ICRC, IFRC and three NGO consortia – ICVA, Inter-Action and the SCHR.
3.3 EFFICIENCY

This criterion measures how economically resources or inputs (such as funding, expertise and time) are converted to outputs. This section covers the following topics:

- management and leadership
- support from the wider organization (NYHQ and ROSA)
- human resources
- fundraising and communications
- IT and telecoms
- finance and administration
- supply and logistics.

3.3.1 MANAGEMENT AND LEADERSHIP

The management challenges in the Maldives response were significant. Prior to the tsunami there were 11 staff members in the Maldives office and the budget was around 750,000. One month later the Maldives programme had increased its budget 25-fold and the staffing had doubled. Two-and-a-half months later the budget was 40 times its original size and the staffing complement had increased four-fold. Since there were few local or national NGOs, the partnership environment for UNICEF was unique. Finally, the regional impact of the tsunami disaster strained the organization’s capacity to cover all programme needs.

Given these constraints, the Maldives sub-office did a number of things extremely well. The sub-office was proactive in identifying and addressing needs within UNICEF’s areas of competence using the CCC. These were also used to some effect with government in explaining UNICEF’s role. Staff asked for assistance early on from NYHQ and UNICEF’s Regional Office for South Asia (ROSA) in Kathmandu, and recruited locally quickly. They prepared fundraising information early and liaised well with key national government counterparts.

However, at the 6–8-week point, UNICEF/Maldives had not consolidated its focus and proceeded with some longer-term activities as set out in the CCC. There was a continuation of the ‘emergency’-type programming, with each sector working largely on its own. This is evident in WES, health and education where cross-cutting issues in hygiene promotion and sanitation were not effectively addressed in schools. Some sectors were quite forward-looking and ‘strategic’, such as education and health, while others were much less so, such as WES and child protection. Lack of consolidation also lessened the opportunity for learning and resource sharing across sectors, such as with the potential for inclusion of ECD, abuse, violence, HIV/AIDS and emergency preparedness issues in education programmes.

Some of this drift was due to insufficient strategic planning and inconsistent leadership. The small country team, led by the assistant representative, responded well under the guidance of the country office in Sri Lanka. (The sub-office became a country office in February, and thus the assistant representative became the country representative). The team received timely support from experienced senior programme officers and emergency managers. In March of 2005, the country representative was required to fundraise in Europe and was therefore not running the programme for several weeks. UNICEF should have found someone to cover the key management role during this critical period.

As described above in this report, UNICEF’s response was intrinsically tied to the Flash Appeal and the NRRP and its role reflected the need to coordinate within those joint initiatives. However, UNICEF might have exerted stronger leadership to persuade the GOM to widen participation in decision making to include island leaders and IDPs and to enhance capacity development for those groups.

3.3.2 SUPPORT FROM THE WIDER ORGANIZATION (NYHQ AND ROSA)

The Maldives response was well supported initially from both ROSA and NYHQ. Personnel were rapidly deployed and supplies were sourced and flown in quickly by UNICEF’s supply division in Copenhagen. ROSA sent a senior programme coordinator to help manage the response in the Maldives, who was quickly followed by an emergency manager deployed from NYHQ. Seconded personnel were deployed from a number of UNICEF country and regional programmes, including Mozambique, Nepal, Iraq, Sierra Leone, Bangladesh and the East Asia and Pacific Regional Office (EAPRO). Despite pressing needs in Sri Lanka, Indonesia, India and Thailand, both ROSA and NYHQ recognised the importance of supporting a very small office in a large disaster, consistent with accountability under the CCC.

Nevertheless, there were shortcomings, especially in the area of human resources. The rigorous UNICEF system for recruitment makes the process slow to the point where positions are left vacant. In emergencies, barriers to expeditious recruitment are unhelpful. For example, a candidate identified by the Maldives office was ‘refused’ by NYHQ, and a person was diverted who had taken a job in the Maldives office, and had confirmed his flight arrangements, only to be given a more attractive job in Jordan at the eleventh hour. The few senior staff in the Maldives programme and the confusing turnover in the first few months of the response led to weaknesses in strategic planning and efficient management of systems (PROMS, supplies tracking, distribution plans, financial procedures). The ROSA with NYHQ should have made sure that there was a full staff complement and relative continuity following the first-phase response.

Another area where ROSA might have offered more input was in ensuring that there was sufficient planning and maintenance of systems. The CCC require a staffing plan to be issued by the country office, and the production of a plan of action one to two weeks after a disaster has occurred. The evaluators were unable to locate these documents and if they were not produced then the regional office should have offered support in developing them. ROSA might also have offered more support in training new and junior staff in the use of PROMS and ensuring that there was enough capacity in the medium term.

3.3.3 HUMAN RESOURCES
The Maldives sub-office was promoted to a country office in February 2005. The number of staff members increased from 11 to 25. In addition, 25 staff members from other UNICEF offices and numerous consultants had assisted through short-term visits in the areas of communication, human resources, supply/logistics, education, information technology, WES, operations and programme coordination. The CCC were met in terms of deployment of staff in the first 6–8 weeks, but longer-term staffing needs have not been met.

One of the largest constraints in the response was and continues to be understaffing. Staff needs evolved rapidly and there was excessive turnover. Given the scarcity of partners and underdeveloped GOM implementation capacity in some sectors, the numbers of staff were inadequate to cover the workload. In comparison, the Sri Lanka programme – with an annual budget three times higher than the Maldives – has 35 staff on its child-protection team alone. The Sri Lanka programme increased its budget four-fold as a result of the tsunami (from $15m to $60m approximately) but also doubled its staffing. Even now the Maldives country office is requesting staff to take minimal leave and most remain in the office long after regular working hours.

A critical deficiency in human resources (HR) was lack of a Staffing Mobilization Plan (SMP) that defines HR requirements early in the emergency and allows for contingency planning in terms of replacements. This deficiency resulted in some sectors being severely understaffed (as well as some staff being non-essential), to the detriment of attention to critical child-rights issues. No child-protection officers or specialists came to assist despite the understaffing in this sector that is a major concern in the CCC. Little relief was provided to child-protection staff until the recent arrival of a consultant.

Efficiency and effectiveness in several sectors, such as WES were affected by the lack of handover notes when seconded staff and consultants left. The Programme Manager System (PROMS) offers an excellent storage system for handover notes, which contributes to institutional memory and lessons learned. Some short-term advisers either did not write notes, or did not leave their notes for the system. The notes that were written generally offered substantive advice and some offered reflections and lessons learned, a significant contribution to institutional learning. Those who did not leave notes were frequently in higher-ranking positions. There is also an area for ‘activity progress reports’ for writing in monitoring notes and updates but this is highly under-utilised. It would be extremely helpful if reports submitted by consultants could be included in the record-keeping system. The current system contains only a contract and an evaluation, and results of the work performed must often be found through the supervisor at the time and could ultimately be lost to the institution.
OVERALL HUMANITARIAN RESPONSE

Long-term national staff members who worked through the first six months experienced significant stress related to the changes in administration and office structure brought about through tsunami-related programming. Stresses occurred when people were reassigned to different roles or were asked to take additional responsibilities by top management without adequate consultation. Some describe being left alone with more responsibilities, not enough experience and few sources of advice. The results of accumulated stresses were demonstrated in shortness of tempers, irritation and general frustration with the job.

Government counterparts suffered even more deficiencies in human resources. UNICEF was not always responsive to requests from the GOM for human-resource support. The Ministry of Health asked WHO for a hydrologist and UNICEF for a sanitation engineer. While WHO provided a consultant, UNICEF did not. This was also true in education where the MOE requested assistance with the rebuilding programme but felt that UNICEF was unable to provide support. UNICEF should factor in to its HR assessments the government capacity with which it will work and seek to support it in coordination with other UN organizations.

3.3.4 FINANCE AND ADMINISTRATION
The Maldives office has struggled to scale up its operations massively and at the same time ensure that all financial and administrative procedures are followed to the letter. Most offices experiencing such dramatic and sudden increases of scale require time to put in place new systems and staff. The recent internal evaluation offers valuable advice to help the office improve management. The upgrading office to country office in February 2005 was a sensible move and has helped to put some of the core systems on a stable footing.

A key evaluation question is whether UNICEF’s finance and administration procedures are appropriate for emergency response. Clearly, the Programme Manager System (PROMS) – which is a powerful tool for integrating results-based management and the financial and budgeting system of an operation – was too complicated for staff to use effectively in the initial response. Staff did not have time to process all of the information into PROMS in the detail required to make it a useful tool. Emergency programmes did not have clear objectives, almost none had measurable indicators to allow programme managers to determine progress against goals and objectives. This important information was not available to be stored in PROMS. The system is generally under-utilised; in one case the programme officer had never seen the PROMS print-out of the largest sub-project.

The evaluation team did not look into finance and administration in depth because the recent internal evaluation has examined these aspects in detail and made a number of recommendations. There has not been a substantial amount of grant-making ($0.8m up to the end of August 2005) due to UNICEF’s few partners and the fact that the office has done the majority of procurement and transport. There have not been substantial issues with Cash Advances to Government (CAG). Nevertheless, the internal evaluation was critical of the use of the contingency cash-requisition facility to pay contractors for work done on temporary classrooms. Although the correct method was to use direct-payment cash requisitions, or work through government using a CAG – the office was concerned with getting the job done as quickly as possible.

Recent evaluation reports have highlighted the ‘cumbersome’ nature of UNICEF systems, which are often so restrictive that they leave offices little choice but to bend the rules to get the job done quickly. UNICEF needs to examine again the balance between the necessary, proper accounting of its use of funds and the achievement of results.

3.3.5 FUNDRAISING AND COMMUNICATIONS
UNICEF did an excellent job of fundraising and media work in all of the tsunami-affected countries, and the Maldives was no exception. UNICEF in the Maldives was more internationally visible than any other UN agency and as a result attracted the largest share of resources. Donors saw UNICEF as the major UN partner in the Maldives. UNICEF, however, should have augmented communication and dissemination of the work of UNICEF to the people of the Maldives and allowed them a greater stake in UNICEF’s planning and operations. This is an area of future interest for UNICEF Maldives and should be encouraged.

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Not all fundraising activities were well balanced, given emergency response needs. In March, the country office took a photographic exhibition to Prague. The Czech National Committee had raised substantial funds for the Maldives programme but at this time the Maldives already had more funds than requested in the Flash Appeal. The country representative attended this activity, as described above.

3.3.6 IT AND TELECOMS
The very poor communications network between the islands and with the outside world before the tsunami was a major constraint for UN interventions. The negotiations with the GOM for the installation of a VSAT, which were started long before the tsunami, were very long and difficult but were ultimately successful. Beyond this, the Maldives operation was supported quickly by the ROSA office with a visit from the regional telecoms officer, and generally the office seems not to have experienced major issues with this important infrastructure.

3.3.7 SUPPLY AND LOGISTICS
UNICEF has procured goods to the value of almost $12 million since the beginning of the tsunami response, with roughly half purchased in-country and half sourced outside. This balance is good practice – allowing UNICEF to source locally appropriate material quickly and to import items that are more difficult to find. The items sourced from outside the Maldives also came relatively quickly with the first plane-load of supplies arriving in Male on 7 January 2005. This charter flight contained family water kits as well as school-in-a-box kits, recreation kits, weighing scales and a Rubb Hall warehouse tent for extra storage. The Rubb Hall was much needed, given the constraints on space in Male and the Maldives generally.

It is clear that the Maldives country-office staff worked tirelessly in a complicated and challenging logistics environment to deliver supplies in a timely manner. The difficulties in reaching hundreds of islands cannot be underestimated. Several seconded staff provided coverage for supply and logistics starting in early January but no permanent position was created in the country office. Few of the seconded staff working on supply and logistics left handover notes and there are questions about the effectiveness of this support given the range of logistics concerns that exist. Weaknesses in supply and logistics affected many aspects of the operation. There are no supply plans or distribution plans. Examples of inappropriate acquisitions include purchased or accepted donations of multiple models of ROWPU plants (creating great difficulties for spare-parts replacement and standardised training for operators), and a boat purchased for the mobile ROWPU plants that was entirely the wrong type.

The internal evaluation report attached a high risk to inadequate supply and distribution planning. Equipment for schools arrived late, for instance. Desks arrived in separate parts – the tops first, the legs later – complicating matters for an already stretched Ministry of Education. As noted by the lessons learnt/documentation team of the Regional Office a significant percentage of the supplies in the ready-made kits (school-in-a-box, recreation kits) were not culturally appropriate and therefore were not used.

To manage supply inputs, UNICEF hired two staff members locally to assist in the government warehouses early on, but although these individuals helped to get things moving, they did not have relief logistics expertise and did not keep records. As a result there have never been records showing the status of movement of goods in or out of government warehouses. When the internal evaluation team wanted a list of UNICEF goods kept in government warehouses, the Ministry of Education required several days to make an inventory manually.

The challenge of delivering relief items was especially complicated due to the islands being spread out over a large distance. In the first days following the tsunami, the international airport was closed and the National Disaster Management Centre (NDMC) had commandeered most of the available boats. This made it almost impossible for UNICEF staff to go out to remote islands to undertake assessments.

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4.1 HEALTH AND NUTRITION

4.1.1 COUNTRY CONTEXT

The Ministry of Health (MOH) is responsible for the majority of financing, provision and stewardship of public healthcare in the Maldives. The Department of Public Health within the MOH is responsible for prevention and control of communicable diseases, health promotion and delivery of services in the first three levels of care – health posts, health centres and atoll hospitals. Disease surveillance has been in place for years to track communicable diseases, and reporting is mandatory for significant infectious diseases. Increasingly complex cases are referred to the next or most appropriate (and accessible) level of care or hospital. Medical services are provided free of charge. At regional and central hospitals (levels four and five in the five-tiered public health system), the individual is expected to cover the costs of some investigations. Some drugs are provided free of charge but the cost of the majority is borne by the individual.
4. PROGRAMME COMMITMENTS

4.1 HEALTH AND NUTRITION

4.1.1 COUNTRY CONTEXT
The Ministry of Health (MOH) is responsible for the majority of financing, provision and stewardship of public healthcare in the Maldives. The Department of Public Health within the MOH is responsible for prevention and control of communicable diseases, health promotion and delivery of services in the first three levels of care – health posts, health centres and atoll hospitals. Disease surveillance has been in place for years to track communicable diseases, and reporting is mandatory for significant infectious diseases. Increasingly complex cases are referred to the next or most appropriate (and accessible) level of care or hospital. Medical services are provided free of charge. At regional and central hospitals (levels four and five in the five-tiered public health system), the individual is expected to cover the costs of some investigations. Some drugs are provided free of charge but the cost of the majority is borne by the individual.

The MOH has achieved significant improvement in the status of health. The infant mortality rate decreased 47 percent from 1992 to 2003, and the under-five mortality rate decreased by 60 percent in the same time frame. To achieve these gains, public health initiatives focused on prenatal care, safe delivery, and reducing childhood illnesses and communicable disease. Birth registration, trained birth attendants, expanded antenatal care and obstetric services at atoll levels have contributed to the improvement of natal statistics; health promotion, immunization (coverage 98 percent in 2004, according to the MOH) and good access to curative care have contributed to the improvement of childhood health.29

Malnutrition is a longstanding problem in the Maldives. Twenty-three percent of women of childbearing age have a body mass index (BMI) below 18.5 percent, and 51 percent are anaemic (defined as haemoglobin below 10gm). Fifty-five percent of pregnant women are anaemic. According to the last Mother Infant and Child Survey (MICS-2, 2001) there

is 13 percent wasting, 25 percent stunting and 30 percent underweight measurements in the young children under 5 years of age. In the Health Master Plan 1996–2005, the MOH identified the need to promote improved nutritional practices. Relative to other countries, the Maldives has the second-best statistics for underweight and stunting of the eight countries in South Asia. Wasting is about average for all the countries indexed.

UNICEF has been a longstanding partner to the MOH in its endeavours to improve healthcare, particularly for children and women. UNICEF’s support in medical initiatives slowly decreased as the MOH made gains, but support for nutritional programmes continued to be strong. Pre-tsunami, UNICEF targeted its support to continue advocacy, technical support and monitoring for immunization and ‘Immunization Plus’ services, and HIV/AIDS prevention. Work has been ongoing to reduce child malnutrition and iron-deficiency anaemia, and to promote exclusive breastfeeding and the use of iodised salt. The Maldives office had enough staff to ensure the expertise and experience to manage these programmes.

4.1.2 INITIAL RESPONSE (APPROXIMATELY 4–6 WEEKS)

Immediately following the tsunami, treatment of the injured, the first priority in health emergencies, was managed through the MOH system. All people with significant injuries or conditions had been evacuated and were being treated within 24–48 hours. No support from the UN agencies (or any other) was required. The MOH, housed with other Ministries in the National Disaster Management Centre, became operational to coordinate the emergency health response. Disease surveillance reports were collected daily to monitor any outbreaks and to expedite identification and interventions. Based on locally reported needs, the MOH provided essential medical supplies, including oral rehydration salts (ORS), through the immediate distribution of its own stocks to affected health facilities. Lists of medical supplies needed and disbursed were developed. The MOH accepted donations of essential medicines after its own stocks were depleted, quantities and type were determined based on assessed need (as reported from the islands) and perceived risk.

Given constraints of limited warehousing and logistics bottlenecks, the MOH made it clear that supplies not requested or approved were unwelcome. Drugs, typically purchased by individuals, were provided free of charge in the initial stage. Essential medicines, supplied by WHO and IFRC, were distributed by the MOH throughout the country and were supplied free while stocks lasted. As reported in beneficiary interviews, supplies lasted some 4 to 6 months on the different islands.

Within the UN country team, WHO was assigned the coordination and lead role in health, including the provision of medical supplies. UNICEF was confirmed as the lead in water and sanitation, and tasked with emergency provision of food, non-food and shelter-related items. UNFPA was to procure safe delivery kits for the estimated 4,000 expectant mothers. These three agencies then liaised with the MOH in the Health Task Force to support the national emergency response.

31 Master Plan of Operations 2003 – 2007, CPC between the Government of Maldives (GOM) and UNICEF.
Internally, the UNICEF staff person responsible for health (of all but the immunization programme) was given duties in WES. Other tsunami health programme development/support was assigned to the person responsible for nutrition. Given strong internal nutrition expertise, the strength of the MOH leadership, and the few obvious issues in health, a request for additional seconded staff was deemed unnecessary.

Post-tsunami, the risk of malnutrition was worsened by health risks, food security issues and disruption of normal living conditions. A limited nutritional assessment on January 13–14 of 55 children in Dhaalu Atoll indicated 24 percent stunting, 13 percent wasting and 54 percent underweight. The percentage of stunted and underweight was higher than the norm from the MICS 2001 survey, although the wasting rate was similar. This level of malnutrition was not due to the tsunami effects, and reflected the findings of a 2004 Vulnerability and Poverty Assessment Study in the same atoll. However, it suggested a precarious situation and substantiated the need for continued growth monitoring, for early identification of children with growth faltering (although capacity to correct faltering was limited in-country). The study confirmed the need for appropriate foods for children aged 6–24 months.

UNICEF’s activities in this period included:
- replacement of vaccines and syringes (lost through power outage and flooding) as requested by MOH, including BCG, TT, DPT, DT, measles, hepatitis B and polio
- procurement of first-phase cold-chain equipment, including 40 freezers, thermometers, cold-boxes, vaccine carriers, refrigerators and generators
- procurement and distribution of scales for infants, and children/adults
- cereal-based baby food, biscuits, juice and powdered milk procured initially from local sources for immediate distribution to IDPs in Male and most affected islands
- cereal-based food for 1,250 children aged 6–24 months to supplement WFP food rations
- cooking sets for 5,000 affected families procured and distributed to IDPs in Male and most affected islands
- technical support provided to the GOM on the use of infant formula in emergencies (obtained by request from NYHQ), Food Ration Guidelines, developed by WFP and UNICEF, and needs assessment of baby-food requirements for people dependent on food aid
- advocacy and capacity building promoted on issues of breastfeeding, food safety and child development through the provision of leaflets, posters, growth charts and health cards
- collaboration with WFP and Ministry of Education to start a nutritional snack of fortified high-energy biscuits to schoolchildren when school re-started.

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4.1.3 BEYOND THE INITIAL RESPONSE

Communicable disease concerns

There was a significant increase (133 percent) of diarrhoeal cases in the first month, which improved over the subsequent months, but still demonstrates an increase of approximately 50 percent over 2004 (Table 4.1). The trends of increase in May/June are the same for both 2004 and 2005. Although the same statistics are not available for earlier years, MOH reporting identifies an annual trend in increases of diarrhoeal disease in the middle of the year. No deaths from diarrhoea have resulted. The increase was higher among those over five years old, rather than in the younger age group. This suggests that care for younger children was more (but not entirely) effective in preventing diarrhoea than was self-care in older age groups (Figure 4.1).

The MOH surveillance data demonstrate that there were no disease outbreaks in the first three months. Although UNICEF offered to support a measles immunization campaign (as per the CCC), no extra immunization rounds were initiated in the initial phase. The MOH and WHO judged that since the last round of immunizations were completed in November and coverage for measles was measured at 98 percent, resumption of regular immunization was instead the priority. The regular monthly immunization rounds were resumed with a 4–5-week delay.

Measles cases reached concerning levels in April, resulting in an extra immunization round on two islands (Alif Fenfush and Maamigili in Alifu atoll). However, 51 percent of the measles cases occurred in the population over 15 years of age, and 80 percent of the cases in those over 10 years of age. Therefore, even if extra immunizations (as per the CCC) had been administered, the most vulnerable population would not have been covered. The outbreak was benign; there were no fatalities and no encephalitis. Male residents, rather than the IDPs, were the most affected. Significantly, there have been other outbreaks of measles; the last one, of equal magnitude and also with no fatalities was in 2002 when measles immunization coverage was 97 percent. Again, the age groups most affected were over 10 years. And similarly, there is a trend for increased cases in the mid-year, including for years without significant outbreaks (Table 4.2).

The other infectious-disease outbreak immediately after the tsunami was of mumps, for which the population is not vaccinated. The disease was reported before the tsunami; it did not start increasing until March 2005. As with measles, the incidence of mumps is highest in Male residents, not the IDPs. The clinical course of cases to date has been benign. Case incidence, which reached a peak in June 2005, has not fallen off significantly to date. By October 2005, 4,540 cases had been reported, with over half the cases in the age range of 5–14 years. Immunization should be useful to protect the younger children if the outbreak can be contained.

Facility/equipment rehabilitation and re-supply

Over the first six months, ongoing issues in the health sector included the damage to health infrastructure, which was significantly compromised as a result of the tsunami. Damage included breach of building integrity, loss of supplies and equipment, and more rapid consumption of medical materials because of subsequent illnesses and injuries. It took some time before the MOH developed the Health Sector Funding Gap Analysis as part of the National Recovery and Reconstruction Plan which delineated a list of reconstruction, rehabilitation and re-supply needs to replace, and in some cases ‘build back better’ the healthcare infrastructure.

In conjunction with other donors, UNICEF agreed to support the MOH’s plan through the rehabilitation of five health posts and five other facilities (including health centres and hospitals) through a contract with UNOPS. The process to reach this agreement took over six months and revealed several administrative bottlenecks. These included the MOH finalizing the list and processes for confirming actions, and with UNICEF procedures including those contracting UNOPS and gaining approvals from Copenhagen. Although this project has been agreed and signed
The disease was reported to have an incidence that reached a peak in June 2005. Over the first six months, ongoing issues in the health sector were evident, necessitating further intervention.

**Funding Gap Analysis as part of the National Recovery Programme Commitments**

Data from Figure 4.1: Diarrhoeal disease rates, by age group, 2004 and 2005

Source: Ministry of Health, Maldives

**Table 4.1:** Diarrhoeal Disease Jan-June, 2004 & 2005 by < or > 5 years

Source: Ministry of Health, Maldives

<table>
<thead>
<tr>
<th>Year (Age) / Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 (&lt;5 yr.)</td>
<td>276</td>
<td>238</td>
<td>237</td>
<td>240</td>
<td>293</td>
<td>248</td>
</tr>
<tr>
<td>2004 (&gt;5 yr.)</td>
<td>603</td>
<td>565</td>
<td>538</td>
<td>565</td>
<td>819</td>
<td>763</td>
</tr>
<tr>
<td>2005 (&lt;5 yr.)</td>
<td>518</td>
<td>372</td>
<td>281</td>
<td>250</td>
<td>391</td>
<td>450</td>
</tr>
<tr>
<td>2005 (&gt;5 yr.)</td>
<td>1532</td>
<td>1055</td>
<td>951</td>
<td>800</td>
<td>1226</td>
<td>1356</td>
</tr>
<tr>
<td>% increase &lt;5 yr.</td>
<td>88%</td>
<td>56%</td>
<td>19%</td>
<td>4%</td>
<td>33%</td>
<td>81%</td>
</tr>
<tr>
<td>% increase &gt;5 yr.</td>
<td>154%</td>
<td>87%</td>
<td>77%</td>
<td>42%</td>
<td>50%</td>
<td>78%</td>
</tr>
<tr>
<td>Overall increase</td>
<td>133%</td>
<td>78%</td>
<td>59%</td>
<td>30%</td>
<td>45%</td>
<td>79%</td>
</tr>
</tbody>
</table>

**Table 4.2:** Measles cases reported to the Ministry of Health 2002 - 2004

Source: Ministry of Health, Maldives

<table>
<thead>
<tr>
<th>Year (Age) / Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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</table>
now, the undertaking did not commence in the period under review of this evaluation, nor is it yet underway at the time of writing in September 2006.

Additionally, UNICEF agreed to ‘build back better’ by supplying further cold-chain equipment as requested by the MOH, including replacement of the central cold room and the provision of two additional cold rooms for deployment in the north and south. Purchase of this equipment was made in the period under review but the assessment of need is not fully documented.

Nutrition
Pre-tsunami nutritional interventions were actively pursued, to minimise the potential impact post-tsunami. Vitamin A supplementation and de-worming, a regular UNICEF-supported programme, was initiated in February 2005, earlier than the planned April–May schedule. In April 2005, UNICEF carried out clinical testing of the WHO Child Growth Standards, planned pre-tsunami, to validate the most appropriate tool for ongoing growth monitoring. This was undertaken in Raa Atoll, because it had a significant malnutrition problem and a sufficient sample size. The findings do not replace or parallel the need for a full, random nutritional survey, nor was this the intention of the survey. Although the MOH had made a priority of nutrition prior to the tsunami, the paucity of nutritional expertise in the country meant that UNICEF needed – and needs – to be more operational than had been the case in the past.

Determining, advocating and planning health and nutrition activities have taken a significant effort. Implementation will occur later in the year. Activities planned and budgeted for included:
- capacity building in nutrition in the MOH structure, including training programmes and tools for GOM officials, health workers and caregivers
- re-establishing school and community gardens as part of a collaborative effort to increase availability of fruit and vegetables, while providing an educational tool which can contribute to the capacity of the population in the long term
- increasing awareness of school children regarding nutrition, hygiene and healthy living, as part of a long-term investment in improving the populations’ knowledge
- continued support of vitamin A and de-worming campaigns.

4.1.4 EVALUATION ANALYSIS
RELEVANCE AND APPROPRIATENESS
Overall, UNICEF’s response in the initial emergency phase was effective and appropriate in health and nutrition. The activities pursued were most appropriate for the needs and UNICEF’s experience and role in the country – support for the re-establishment of the cold chain so that EPI activities could resume as rapidly as possible; food support for young children; advocacy and dissemination of information on breastfeeding and appropriate use of infant formula, for example.

The MOH provided strong leadership in the emergency response for health, having developed strong health management over several decades and some experience in disaster response for aeroplane catastrophes in November 2004 as part of the IATA requirements. UNICEF personnel were active in supporting the MOH, as befits their technical advisory role, without distracting with significant new initiatives simply because funding was available. The decision not to request extra health expertise was appropriate.

No mass measles immunization was undertaken (as per CCC) but there was no outbreak resulting. The cases that did occur were not likely to have been prevented, as the target group for immunizations...
then was different from the affected group now. Food – initial rations, and ongoing cereal supplements for toddlers – was procured and distributed to help address both food-security and nutritional problems.

In the longer term, (6 weeks to 6 months) the UNICEF health impetus slowed down. This slowdown was partly due to lack of demand – immediate needs were met and the subsequent demands required more assessment and analysis for the replacement of equipment and refurbishing of buildings. Progress, however, was further slowed by bureaucracy within both the MOH, which took some time to define needs and request processes, and UNICEF, whose processes and procedures, somewhat expedited (or bypassed) in the initial phase, were restored.

In nutrition, the opportunity presented by increased attention to food security and malnutrition risks has been grasped and utilised. Since the three MOH nutrition personnel were not diverted to the emergency response, they were able to pursue the regular programme activities, which has enabled the maintenance of planning and provided a basis for expanded (or at least highlighted) programmes to continue.

**Funding**

The total budget for Nutrition, Health and Water & Environmental Sanitation for 2004 was $154,700, of which $118,000 was devoted to two nutrition/health projects. After the tsunami response UN Flash Appeal targeted $2,520,000, health and nutrition funds topped $4,758,235 at 90 days. Some reports suggest that 34 percent of targeted funds (but only 18 percent of total funds) were spent by 90 days. Unfortunately in other reports this was revised so that it appears that only 23 percent of target was spent by the end of six months. The large amount of funds could not be appropriately absorbed, based on assessed needs in the six-month period. Staff noted that meetings became spending-focused rather than programme-oriented.

One case arising from the apparent push to spend is the use of the cold-chain freezers, which were ordered in the initial phase as a priority. UNICEF’s internal evaluation notes the lack of installation of the cold rooms and under-utilization of the cold-chain freezers. However, the freezers were ordered at a time of great uncertainty (the first three weeks) when a complete assessment of functioning equipment was very difficult to achieve and thus incomplete. The decision at the time was to replace all rather than try to determine what was salvageable. This decision was appropriate in terms of priorities and the surplus of funds, and resulted in building back better.

**Assessments**

No formal systematic initial assessment was performed within 48–72 hours, but an ad hoc assessment process was immediately in place. Secondary data from the NDMC were constantly monitored, field trips to affected islands were undertaken within the three days to confirm conditions, and regular meetings apparently provided feedback and planning opportunities. Certainly actions arose from the assessments performed. Slightly later, more thorough assessments were conducted, the earliest including UNICEF health and nutrition representation on the joint needs assessment performed in January by the World Bank-Asian Development Bank-United Nations System.

**Targeting**

The activities undertaken by UNICEF in this period were appropriate to the needs. The targets set were not all formatted to be SMART, but all were achievable.

**EFFICIENCY AND EFFECTIVENESS**

**Partnerships**

UNICEF continued its partnership with the MOH, and within the UN family with UNDP and UNFPA. New linkages were formed with other UN agencies such as WFP, and FAO in nutrition projects and UNOPS for reconstruction. Coordinated activities with the IFRC and other NGOs were also pursued. Key stakeholders felt that the UNICEF response was generally good, especially in the initial phase. Some slowness of response was noted in later months.

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<sup>35</sup> Specific, Measurable, Achievable, Realistic and Time-bound.

<sup>36</sup> There were no previous interagency linkages in the Maldives.
A frustration noted by the MOH with the UNICEF partnership was the delay in committing in writing to verbal agreements for support. This had not been previous practice and necessitated formalization of the MOH’s processes. It was also noted that entrepreneurship by UNICEF in hiring their own (local) boats to deliver education materials to expedite the UNICEF programme was not appreciated as it drew down the boats available for the GOM supply chain, increased the cost of transport (UNICEF paid a premium) and pre-empted the GOM’s priorities for distribution.

Monitoring/accountability
Monitoring systems could be strengthened. For example, monitoring of the distribution of medical equipment – at least the cold-chain equipment – was poor, and resulted in under-utilization of the equipment. Monitoring and surveillance of growth monitoring has been noted to require improvement and is now a planned activity.

Timeliness
Initial responses (such as the provision of food for IDPs, cooking sets, cold-chain equipment) were very timely for the issues arising from the tsunami disaster. This level of timeliness was not maintained in re-supply of medical equipment and in re-construction.

Coordination
UNICEF did not have a lead coordination role in health. UNICEF tried to provide coordination in nutrition but there were few other agencies involved and it did not seem to be a priority for the MOH.

Impact
There were five significant outcomes of UNICEF’s activities.

1. The resumption of the regular immunization schedule only 4–5 weeks delayed, with resultant protection of children against childhood diseases. Although a measles outbreak occurred, the immunised age group (lowered to 6 months) shows some resistance with low rates of infection (3.3 percent in those aged 9 months or under, and 8.3 percent in those aged 10 months to 4 years).

2. Provision of appropriate infant food for IDPs to help maintain their nutritional status and mitigate the risk of complications from inappropriate food. Preliminary data from a nutrition survey conducted in September in an affected atoll show that in under-5-year-olds, underweight and wasting were higher in non-IDP children than in IDP children. This suggests that the food supplements issued to IDPs, including cereal-based baby food, may have contributed to improved nutritional status. This needs to be confirmed with a larger study, ideally with a MICS.

3. Capacity to monitor children’s growth and weight, important for monitoring any nutritional deterioration (and perceived risk) was restored and enhanced.

4. Advocacy for breastfeeding and guidelines for controlled use of donated infant formula was supported by the GOM and rolled out to community/family health workers. (The ongoing KAP study may show results of this intervention).

5. The cause of the increase in diarrhoea is likely to have been multi-factor, and the contribution of ORS, supported by UNICEF in the later part of this reporting period, is likely to have helped to contribute to the decrease, as would hygiene and sanitation initiatives (as described in Section 4.2 below).
4.1.5 CONCLUSIONS AND RECOMMENDATIONS

Conclusions
Mass immunization campaigns are most appropriately implemented when there is significant risk because of poor or uncertain coverage and disease presence, which was not the case in the Maldives post-tsunami. While consideration of the need must always be undertaken (and indeed, was), the decision not to conduct a mass measles immunization was appropriate. Mumps has proved a more significant disease post-tsunami and, while not currently focused in the IDP groups, there is an increased risk because of proximity in the current living conditions.

The re-establishment of the cold chain with the provision of freezers and vaccines was achieved at the expense of some efficiency. While increased earlier monitoring of the distribution and utilization of the equipment is likely to have improved efficiency, it must be noted that achieving exactly the right inputs for the need in periods of uncertainty (as initial phases post-disaster usually are) is an art not yet perfected. Generally, for servicing beneficiaries’ priority needs, some excess (especially when funding allows) is better than under-responding, from an operational perspective.

The heightened attention on food security following the disaster refocused attention on malnutrition, a significant issue in the Maldives, and the increased funding available provides an opportunity to support the government to tackle the situation aggressively.

Specific organised processes were not clearly in place throughout the first six months of the disaster response, including planning, monitoring and reporting. Although a good result was achieved for the affected population in the health and nutrition sector, this was the product of a practical rather than an organised approach.

Recommendations
1. As countries achieve good immunization coverage, and reach the standards set for eradication of measles, the CCC should be considered as guidelines, not directives, or else revised.
2. Since the objective is to prevent deaths from communicable disease arising as a result of the tsunami, UNICEF support for expansion of the immunization programme to include mumps this year, given the outbreak, could be of value.
3. A functional, complete (not sampling) audit should be conducted of the cold-chain freezers, to determine the optimum sites for maximum utilization. Additional resources to increase functionality should be considered (in particular generators, as incomplete electricity supply is cited as one reason for lack of utilization). If necessary and if feasible, use of the cold-chain equipment for other medical requirements should be considered so that the machinery is not idle, and other expenses for UNICEF partners are not incurred.
4. The opportunity to expand nutrition programmes in view of funding available should be aggressively pursued, beyond current UNICEF mandates. Two areas of potential engagement are: funding of a full-length degree course (not just one year) in nutrition, to enhance the capacity of the MOH; and some longer-term agricultural activities (probably in partnership with other agencies) to increase diversity of available food.
4.2 WATER AND ENVIRONMENTAL SANITATION

4.2.1 CONTEXT

The UNICEF Maldives programmes for water and environmental sanitation (WES) for 2003 and 2004 were relatively small, with budgets of US$34,200 and US$36,600 respectively.\(^37\) Focus was largely on hygiene-promotion activities and studies on low-cost technological options for sanitation. Relatively few activities were carried out to improve the water supply. When the tsunami hit, only one staff member in the UNICEF Maldives office was responsible for water and sanitation, which falls under the larger programme area of nutrition, health, water, and environmental sanitation.

The tsunami disaster gave rise to acute problems in the availability of safe drinking water. A large percentage of the population relies on rainwater harvesting, and more than 6,000 tanks had been destroyed or swept away to sea. On 5 January 2005, the GOM reported that 79 islands lacked access to sufficient safe drinking water. Another major problem was appropriate sanitation for the population of the most affected islands.

Response to the disaster by the communities, government, UNICEF and other UN agencies and NGOs was immediate. The Maldivian communities were the first to respond and were instrumental in rescuing and housing the affected people, many of whom had lost their homes, livelihoods and family members. UNICEF was mandated to be the lead agency for Water and Environmental Sanitation (WES). Furthermore, it was agreed with the Ministry of Health, which was responsible for water and environmental issues, that UNICEF would control all the resources for this sector and would be responsible for convening regular meetings to provide direction to partner agencies.\(^38\)

UNICEF’s initial response (6–8 weeks)

Within 48 hours, UNICEF as part of the Maldives United Nations Disaster Response Task Force developed immediate and intermediate support plans and prioritised water, followed by food, ORS and transport. In the following days and weeks, several ad-hoc needs-assessment missions were carried out to the most affected islands. Water supply remained a major concern for most islands visited. Sanitation and hygiene were also flagged as major issues. Many islands reported broken septic tanks and sewerage systems, and increases in the number of diarrhoeal cases were reported within the first 10 days by the most affected islands.

Ten days after the tsunami, UNICEF met with the Maldives Water and Sanitation Authority (MWSA) to take decisions on supplies that needed to be immediately procured for WES. These included family water kits (with water purification tablets and collapsible jerry cans), family hygiene kits, clean-up items such as shovels, wheelbarrows, rakes, dustbins and dustbins bags, as well as supplies needed for the longer term reconstruction and rehabilitation.

On 5 January, hygiene promotion was flagged as an important activity due to the destruction of many toilets and the potential for diseases due to poor sanitation and hygiene. Basic hygiene messages were broadcast on local radio and TV and preparations for the production of hygiene-promotion material was launched to focus on some key messages relating to hand-washing, diarrhoea prevention, safe disposal of excreta and safe handling of water in the household. No direct action, however, was taken to install safe excreta-disposal facilities. Since there were no alternative toilet facilities on some of the most severely affected islands, people resorted to using the beach as a defecation area, causing a proliferation of flies. Fortunately, most IDPs regained fairly rapid access to toilets as they found shelter with host families and later in the newly built temporary housing that has running water and flush toilets.

Beyond the initial response (9 weeks to 6 months)

Due to the wide dispersion of people among 200 islands, and damages to rainwater-harvesting tanks as well as the infiltration of seawater into the...
underground water lens by the tsunami, distribution of safe drinking water continued to be a major issue. Twenty-three ROWPU plants were purchased and installed, including five mounted on boats which supply water to a number of islands. Since rainwater harvesting is the traditional source of fresh water for Maldivians, 2,500 rainwater tanks (2,500–5,000-litre capacity) were procured and distributed to schools, health centres and mosques, and 1,500 rainwater tanks (2,500-litre capacity) procured for distribution to households at the request of the GOM to ensure equity and household access.

At the request of MWSA, 30 de-sludging pumps and 30 de-watering pumps with generators were procured as well as 1,552 plastic septic tanks for communities and households. Following a change in line Ministry for the water and sanitation sector from the Ministry of Health to the newly created Ministry of Energy, Water and Environment, the equipment was handed over to the new Ministry in charge. Presently this equipment is not being used, as there is no capacity within the new line ministry to manage it. No training has been provided. Furthermore, the 1,500 plastic septic tanks which were effectively procured in June 2005 are currently still at the supplier’s warehouse. According to planning documents, the septic tanks will be installed on the two islands that the Government has assigned to UNICEF for sanitation and sewerage development.

The distribution of the hygiene-promotion materials, described above, to schools and health centres started in mid-September 2005. Water-testing kits were also procured for testing the groundwater quality. The distribution and training on the use of these kits also started in mid-September 2005.

A comprehensive needs assessment conducted by the Ministry of Education in January 2005 (see Section 4.4, Education, below for more information) reported that many of the affected schools had suffered severe damage to water and sanitation services. UNICEF assured the MOE that it would target 60 of the most affected schools with provision of water, sanitation and cleaning materials, with excreta-disposal facilities to be reconstructed in 56 schools. During the first six months, however, priority was given to the schools hosting IDPs. Seven schools equipped with additional classrooms to support the influx of students also benefited from new latrines. It seems however that a standard was applied of two new toilets per school (one for girls and one for boys). This number was consistent regardless of the number of existing toilets and the total student population of the schools.

4.2.2 RELEVANCE AND APPROPRIATENESS

The GOM responded rapidly to the post-tsunami WES situation with support from UNICEF. Water, sanitation and hygiene were clearly and immediately identified as priority needs. Family water and hygiene kits were rapidly distributed to 95 percent of the worst-affected populations. UNICEF generally followed the guidelines in the CCC with respect to activities to be undertaken in the medium- to long-term for WES. However, problems and delays plagued many of these activities due to slow procurement, incomplete needs assessment and the lack of an M&E system.

The immediate needs for adequate safe drinking water for the affected populations were not effectively met. Drinking water, both bottled (1.5 litres) and packed (5–10 litres) was only just enough for many of the neediest households two to three weeks after the tsunami, due to constraints in transport. The government and UNICEF responded to the shortages by deploying available mobile reverse osmosis water purification units (ROWPUs) to replenish supplies. Procurement was rapidly launched for additional water-supply distribution and storage systems such as ROWPUs, bladders and rainwater-harvesting tanks. Nevertheless, the transport issue was not directly addressed, which slowed down the overall response to providing the goods to the population in a timely fashion.

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39 UNICEF Response at 90 days.
Most of the actions undertaken were relevant, with the exception of the distribution of 50 water bladders which were meant for water storage. The bladders require a platform for support and adequate shading to prevent the water from heating up and affecting the rubber. The water took on a rubbery taste and some people interviewed complained about the taste of the water. Also, 180,000 toilet rolls were procured but were not appropriate as Maldivians are Muslims and use water for anal cleansing.

The hygiene kits were appropriate and much appreciated, especially by the women who were particularly happy to receive products such as sanitary napkins, soap and shampoo. The family water kits were also appreciated by the families that had received them.

Assessment
A rapid needs assessment was carried out based on the compiling of secondary data reports provided by the government as well as site visits to some of the most affected islands. Following the immediate emergency stage, a more comprehensive needs assessment was carried out in January–February 2005 in collaboration with the World Bank and ADB, as proposed by the CCC. Water, sanitation and waste disposal was one of the sectors covered in this assessment. However, the report states that the data available during the mission were limited for the water and sanitation sector and it was proposed that a more detailed assessment should be carried out upon receipt of all information from the surveys which, when the report was written, had not been completed. From documents received for this evaluation, there is no evidence that a further analysis of this information was carried out.

Principles and standards
The CCC for water, sanitation and hygiene were relatively well followed during the first 6–8 weeks. UNICEF did not undertake any early-on actions for the provision of safe excreta disposal; although toilets were well integrated into the temporary housing constructions for the IDPs, this activity was led by the GOM. Furthermore, the high water table means that there is no easy solution for construction of toilets. The pit latrines as proposed in the CCC are not appropriate for the Maldivian context. The hygiene-promotion messages communicated through the radio and TV were also appropriate in advising people to manage and handle excreta safely.

Monitoring and evaluation
No adequate monitoring and evaluation plan was developed to support the management of the medium- to long-term response as suggested in the CCC. This gave rise to a number of problems with procurement, coordination and sustainability of actions, which will be detailed in the following sections.

4.2.3 EFFICIENCY, EFFECTIVENESS, IMPACT AND SUSTAINABILITY
The ROWPU plants
UNICEF procured 20 reverse-osmosis water purification unit (ROWPU) plants, and three were donated by a Danish firm. The ROWPU plants provide an alternative and additional source of drinking water for the Maldives where people rely largely on rainwater harvesting. With an increasing population and thus increase in demand for drinking water as well as changes in weather patterns, rainy seasons are becoming more intermittent and less reliable. Hence the ROWPU plants are a valid solution. Furthermore, since a large number of rainwater tanks have been destroyed and wells are contaminated by sewerage and seawater, ROWPU plants have addressed both shorter- and longer-term needs.

However, UNICEF may have overestimated the number of ROWPU plants needed, in particular when considering that other NGOs and partners were also purchasing ROWPU plants for the Maldives. Rainwater harvesting is likely to remain the main source of drinking water for the Maldivians, hence the probability that many ROWPU plants will not be effectively used is high. A more cost-effective solution could have involved better coordination with sector partners to estimate actual and future needs for ROWPU plants to serve the Maldivian populations.

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UNICEF has introduced three different types of ROWPU plants (Nirosoft, Degremont and Danfoss), and reportedly there are at least five other types of plants now in the country. This situation may cause problems, particularly in securing spare parts from different countries, affecting timeliness of repairs and increasing cost. Again, better coordination on the part of UNICEF might have ensured that ROWPU plants were ordered from only a few manufacturers. UNICEF as the lead sector agency could have advised the Government to set key specifications and standards for the procurement of ROWPU plants. This would have enabled a more cost-effective supply-chain mechanism in the long term. One ROWPU plant manufacturer, Aquatech, which has supplied the IFRC with ROWPU plants, is setting up a workshop in Male. This will allow IFRC to have easy access to spare parts and technical support and would have been a sustainable choice of ROWPU plant for the Maldives.

ROWPU plant operators were identified and trained on two occasions. The first training occurred with the installation of the plant and the second training was provided for one week in mid-September 2005 with the support of South African water-sector professionals. According to the operators interviewed, this training provided them with a good background for operating the system and carrying out basic maintenance. However, highly specialised technical support is required for advanced repairs of the plants, as the plants are too complex for the current operators to carry this out, and so the hiring of foreign experts may also be necessary. This will put a burden on the government and/or UNICEF to provide this technical support. From discussions with the UNICEF WES team, technical and logistic services from the manufacturers are considered under a servicing contract for 2006–2007 work plans. However, this type of dedicated support is costly and will be needed on a long-term basis; the other option would be to have local engineers trained in the advanced operation and maintenance of the plants.

Currently the operators of the ROWPU plant are working on a voluntary basis. Operators have been told that the ‘government will give them something for this’ but they had received no official contract at the time of this evaluation. Thus there is a risk of losing the trained operators if they no longer wish to work on a voluntary basis. Furthermore, without a contract between the government and the operator, the operator can stop his/her work without notice and the government will need to find and train a qualified replacement.

Fuel is costly to run the ROWPU pumps. At the time of the evaluation field visits, many pumps were not in operation as people were using rainwater which remains a preference among the Maldivians. Nevertheless the ROWPU plants need to be run on a regular basis as part of their maintenance. This consumes additional fuel and may become a financial burden on the government. Staff at the Ministry of Energy, Water and Environment expressed concern at the recurrent fuel costs that the plants need to operate. Alternatives for sources of energy to operate the plants, such as solar power, should be investigated as a more sustainable and low-cost option.

Rainwater-harvesting tanks

UNICEF has supplied 2,500 rainwater tanks for community buildings and 1,500 rainwater tanks for households. These tanks are highly appropriate and appreciated by the communities and households alike. However, distribution of the tanks needs closer follow-up.

In several of the islands visited in Raa and Thaa Atolls, rainwater tanks (between 10 and 40 observed) were not hooked up and were lying on the beach unused. The reasons given for the non-use of these tanks were twofold. First, no guttering and fittings were provided with the tanks and hence they could not be hooked up to the roofs. Second, a platform needed to be built for the tanks, which was seen by government as a community contribution, and the communities felt they could not afford to do this.
The main problem with regard to the tanks seems to be inadequate communication between the different partners. In some cases, the island chief did not even know the source of the tanks and was given no instruction on their use. Furthermore, there seems to have been some misunderstanding concerning the provision of guttering and hook-up equipment for the tanks which was provided by the IFRC for a certain number of UNICEF’s tanks. However, not all the tanks could benefit from this equipment, which led to the non-use of the tanks.

UNICEF needs to look more closely at these issues and jointly prepare with partners a distribution list for the tanks, including explicit instructions for their use (community or household). With the rainy season coming to an end, it is unfortunate that the tanks were not made operational earlier to provide maximum capacity for drinking-water storage.

WES partners see UNICEF as a key actor with the potential to provide household rainwater-harvesting tanks to the remaining 50 percent of the population (IFRC provided 15,500 tanks, which covers approximately half of the Maldivian population). Given the positive funding situation, this may be the opportunity for UNICEF to help complete drinking-water coverage for the country and would be a tremendous step in achieving the MDGs in the Maldives.

Hygiene kits and hygiene promotion
As previously mentioned, the hygiene kits were both useful and appreciated particularly by women and girls. The kits were provided to each person and were essential for hygiene during the initial phase. Messages broadcast on the radio and TV about hand-washing and disposing of excreta were heard by about 75 percent of the households interviewed. However, there is no evidence that the people changed their hygiene behaviours as a result of the messages. To assess these changes would require undertaking a baseline study on behavioural practice prior to the broadcasting of the hygiene-promotion messages.

Although the incidence of diarrhoea increased significantly during the first months, MOH’s well-established disease surveillance system promoted swift response. Cases of diarrhoea decreased in subsequent months (as detailed in Section 4.1 above). The initial broadcast messages were a good way to remind people of key hygiene behaviours. Furthermore, UNICEF’s and MOH’s previous work (2003–2004) on hygiene promotion may also have been a contributing factor to the awareness of the population with respect to personal hygiene. There is however no means to verify this due to unavailable data.

Solid waste
Items such as shovels, wheelbarrows, rakes, dustbins and dustbins bags were distributed to the most affected islands. This was useful to start the initial clean-up. Nevertheless, problems remain regarding the management of the solid waste in the long term. Initial discussions and planning have been undertaken by UNICEF and sector partners to carry out feasibility studies on waste-management programmes.

Sanitation
UNICEF initially considered the construction of household toilets, but this did not take place. Toilets for the IDPs were constructed within the temporary housing by the Disaster Management Team, and other IDPs used the toilets of the host families. Hence, there were no emergency needs with respect to toilets. Nevertheless, future planning is being carried out by the UNICEF WES team for the development of sanitation and sewerage systems for two major islands of the Maldives. For this purpose UNICEF purchased 1,500 septic tanks as requested by GOM. However, as with the solid-waste activities, these fall outside the scope of the evaluation of the first 6 months.

**Water supply, sanitation and hygiene promotion in schools**
During the first six months, UNICEF provided toilets for the schools that had received temporary classrooms to host IDP students. Seven schools benefited from new classrooms, and six of these received two additional toilets each. However, it is of concern that standards for adequate toilets were not met. From reports and field visits carried out in the schools, the best ratio of students per toilet was 67.5 students/toilet and the most sub-standard was 341.6 students per toilet. The Sphere guidelines specify a maximum of 30 girls or 60 boys per toilet. None of the host schools were able to achieve the national standard of 50 students per toilet. In order to provide adequate toilets, UNICEF should have considered both the existing number of toilets and the total number of students using the toilets in host schools.

In one school in Buruni Island (with the most sub-indicator ratio of students per toilet), additional toilets had been built although the student population had grown from 600 to 1025. The students had to rely on the three existing toilets, which had full septic tanks and presented an environmental and health hazard. Although a contract is pending for the construction of the toilets in this school, the budgeted amount for this contract is inadequate as prices have risen sharply, and hence no contractor has taken up the contract. Hand-washing basins could not be found in two of the visited schools (Hulhudhafaaru and Ungafaaru).

School hygiene-promotion material was identified as a key need as early as the first week after the tsunami took place. However, due to the time taken to produce and print the material, their distribution did not take place until September 2005. The evaluation team found that none of the schools visited had received the materials so far. Hence, impact and effectiveness of the school hygiene-promotion activity cannot be assessed. However, review of the materials indicates that although the key messages are appropriate, they are not conveyed in the most appropriate manner: the images could have benefited from a more positive and child-friendly approach.

To improve efficiency and effectiveness, the UNICEF WES team should carry out an in-depth review of the needs of the schools with regard to toilets, hand-washing facilities and hygiene promotion. As work in schools is part of UNICEF’s core mandate and this is an area where UNICEF is visible, more attention should be given to improving the WES situation in schools.

**4.2.4 TARGETING AND COVERAGE**
Although drinking water was scarce in the early stages of the emergency, UNICEF and its partners were able to respond to government requests and meet the needs. Water distribution was targeted for the most affected islands as well as the islands that had received an influx of IDPs. Targeting was appropriate and urgent water needs were being met because of the continued support from UNICEF.

In the longer term, however, targeting and coverage has been less effective due to insufficient monitoring. UNICEF has relied too much on secondary reporting from the government structures on the islands without verifying the information provided. Some random field visits would have enabled them to have a better grasp of the situation. Consequently, islands which had leaders who were most vocal about their needs were targeted with more assistance. The net result has been unequal coverage and weak targeting. Some islands are able to meet their water needs while others could still benefit from additional water facilities.

**4.2.5 COHERENCE AND COORDINATION**
UNICEF worked in close collaboration with the MOH and MWSA for planning of the water and sanitation activities, and UNICEF is commended for its collaborative approach. UNICEF had to cope with the unforeseen changes in roles and responsibilities within the government: in July 2005, WES became the responsibility of the Ministry of Environment, Water and Energy. WES teams had to be re-established and trained and oriented to the ongoing activities as well as those planned for the next two years.
Coordination with other partners (such as OCHA, IFRC and UNDP) active in the water and sanitation sector was less effective. Although UNICEF had committed to convening regular meetings to guide the partners and to ensure coordination of activities in the sector, these meetings took place on a regular only basis only from June 2005 with the arrival of the new country representative who is also a water and sanitation expert.

It is duly noted that coordination of the sector was carried out by only one staff member who was also responsible for health and nutrition. Although consultants supported the sector, they were often present for only one to three months. There was often no overlap between consultancies to ensure a smooth handover. This led to programmatic inefficiencies. Few consultants left hand-over notes, which made it difficult for the arriving consultants to understand the scope of the activities and what had been achieved so far.

**Use of funds**

The Flash Appeal, developed in January 2005, stated that USD$8 million was required to support the WES sector. These funds were rapidly obtained and by the end of June 2005 funds allocated to the sector were over USD$11 million; the requisition amount was for USD$6.7 million and expenditures stood at USD$4.3 million. As of September 2005, UNICEF has more than USD$16 million allocated for the sector.

According to the PROMS, from the USD$8 million spent to date on WES, more than 50 percent was spent on ROWPU plants and rainwater-harvesting tanks, as well as the costly transport needed for the delivery of these items. Nonetheless, the funds spent directly address the needs of the most affected populations and constitute a good long-term investment for the country with respect to access to safe drinking water. In particular the rainwater-harvesting tanks procured are a cost-effective investment, as people can use these for a long period of time.

With the continually growing budget for the sector, UNICEF has been able to commit for the next two years to undertaking much larger activities then originally planned. However, the planning process for spending this money efficiently needs to be scrutinised. It is important that UNICEF bears in mind its comparative advantage and sector knowledge. Where there are requests from government for large-scale infrastructure such as sewerage systems, appropriate feasibility studies and needs assessments should to be carried out. In-house and local capacity needs to be built or specialists need to be hired in order to assess and plan appropriate technologies for the Maldives while keeping in mind that the government and the Maldivian people will need to maintain, operate and pay for this system in the long term.

**4.2.6 CONCLUSIONS AND RECOMMENDATIONS**

**Conclusions**

A more comprehensive needs assessment after the first three months would have allowed for better planning, procurement and distribution plans for WES items. Lack of a monitoring and evaluation plan for the tsunami-response activities carried out by UNICEF has led to inadequate distribution and non-installation of many water storage systems (rainwater tanks). Poor coordination of sector partners and poor information flows has led to gaps in procurement items such as guttering and other equipment to hook up water tanks to the roofs, which was seen to be IFRC’s responsibility.

Although distribution and installation of rainwater tanks may not be entirely adequate at the moment, UNICEF did provide numerous community buildings and households with safe drinking water – an achievement that needs to be underlined. UNICEF in collaboration with the GOM may want to spend some time reallocating rainwater tanks to the areas most in need. Furthermore, UNICEF has the unique opportunity to increase coverage rates to 100 percent for safe drinking water in providing rainwater-harvesting tanks to the 50 percent of the population in the Maldives that is still without an adequate supply of safe water.
Improving school sanitation and hygiene should remain a focus for UNICEF and should be its priority. It is unfortunate that only six schools were provided with some sanitation facilities, which did not respect specified ratios of children per toilet and which did not all include access to hand-washing facilities. Furthermore, hygiene-promotion materials were not received in a timely manner by the schools.

Although there were no large hardware components to the sanitation activities that were carried out by UNICEF in the first six months of the response, the items distributed for personal care and clean-up of the islands were both appropriate and appreciated by the people. Planning for the future, however, diverges from UNICEF’s mandate as it involves large-scale sanitation components on two islands, as requested by GOM.

Recommendations
A joint needs assessment with all partners working in the WES sector is required to provide a good baseline for planning and for monitoring and evaluation. A sector-wide meeting should be convened by UNICEF with all key partners and Government counterparts to plan for sector work during the next two years.

A request should be made to donors for permission to spend funds that have been made available through the Flash Appeal on completing coverage of needs for safe drinking water for the Maldivian population, and which will help to avoid any inequities of distribution of safe drinking water and will support the achievement of the MDGs on provision of water.

UNICEF should clearly support the Integrated School Health and Safety Project. In particular, the water and sanitation activities planned in the project need to be reviewed and supported by the WES team. The hygiene-promotion materials would benefit from a comprehensive review to improve the nature and tone of the messages which do not seem child friendly.

UNICEF needs to clarify the activities within its mandate with the government and other stakeholders. As funds are being directed to UNICEF for WES-sector work in the Maldives, it may be appropriate for UNICEF to hire an additional team member for the WES team. Considering the future activities planned by UNICEF, a sanitary engineer would be a good addition to the team. Alternatively, it would be possible to outsource the advisory work on sanitation to a specialised consultancy or engineering firm.
4.3 CHILD PROTECTION

4.3.1 DESCRIPTION OF CONTEXT

The Government of the Maldives has adopted the UN Convention on the Rights of the Child. In addition to setting up a National Council on the Protection of the Rights of Children, it has also created a Unit for the Rights of the Child (URC). The URC responds to reports of violence and abuse of children, offers counselling services and has been piloting a social-work centre on the atoll of Addu, supported partly by UNICEF.

The UNICEF, URC and Ministry of Education report ‘Violence Against Children in Schools and Families in Maldives with Focus on Sexual Abuse’ (November 2004) suggests that child sexual abuse is a significant problem for children of both genders. The government has passed a Law on the Protection of the Rights of Children (Law 9/91), which protects children from both physical and psychological abuse, including at the hands of teachers or parents. Penalties for the sexual abuse of children range from up to three years imprisonment to banishment. However, children do not often disclose abuse, and, when they do, legal interventions and outcomes are rare. Furthermore, adults, if they are the perpetrators, generally have the legal advantage. Incidences of abuse are generally considered a private family matter. Thus, essentially, the Law 9/91 is ineffective in bringing perpetrators to justice. Other approaches such as restraining orders are difficult to enact and enforce. The Ministry of Gender and Family (MOGF) has the authority to enforce this law. A recently assigned new minister aims to address the issues of abuse more openly.

4.3.2 UNICEF AND PARTNER CHILD PROTECTION PROGRAMMES

UNICEF has been the only donor agency that has cooperated with the government since 1999 to work for protecting children’s rights that fall in the complex grey areas beyond survival and development. Three priority areas were identified for intervention in the UNICEF/Maldives Master Plan of Operations (Country Programme of Cooperation) 2003–2007: abuse and exploitation, juvenile justice systems for children in conflict with the law, and children with disabilities. During the tsunami response, OCHA and UNICEF were active in child protection of displaced children. UNICEF assisted the NDMC MIDP Unit to develop child-protective guidelines.

This report covers two aspects of child protection: advocacy against violence and exploitation and psychosocial support. Firstly, despite the continual increase in reports of violence against children and of child sexual abuse, and persistent advocacy by UNICEF, the government has been slow to respond with preventive and curative action.

Secondly, in terms of psychosocial support, the Maldives has neither a formal social welfare system nor a developed mental-healthcare system, leaving a large segment of the population highly vulnerable to the impact of material loss, dislocation and post-traumatic stress reactions which could be expected following the tsunami. There are significant social problems such as increasing numbers of elderly people, drug addiction, family violence and child abuse. The country has only one psychiatrist and one clinical psychologist, and counselling is subject-specific, for example in relation to drug addiction or family violence. This relative scarcity of social and mental health resources increased to the risk of psychological and social problems arising as a result of the natural disaster.

Following the tsunami, the GOM established the Psycho-Social Support and Counselling Services Unit in the NDMC MIDP to facilitate provision of immediate psychosocial support. The country has only one psychiatrist and one clinical psychologist, and counselling is subject-specific, for example in relation to drug addiction or family violence. This relative scarcity of social and mental health resources increased to the risk of psychological and social problems arising as a result of the natural disaster.

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4.3.3 CHILD PROTECTION: RELEVANCE AND APPROPRIATENESS

FUNDING
UNICEF funding for child protection shot up from around US$110,000 in 2004 to US$1.9 million for 2005, an exponential increase. The extremely low utilization of the funds, 10 percent to date, is not surprising given the inadequate numbers of staff and delayed planning of tsunami activities until June–September.

ASSESSMENT

Violence and exploitation
There was no initial assessment conducted by UNICEF regarding the potential for abuse, nor any other vulnerability assessment of the IDP situation. The initial joint assessments conducted by the GOM (as described above in Section 4.2.2) focused mainly on damage assessment.

Psychosocial assessment
Defusing the psychological impact of the disaster was identified as a priority need by the Maldivian government in the first week. There were many cited examples of stress/anxiety reactions, all anecdotal but extensive, across numerous ministries (including Health, Education, Gender and Youth). The need was confirmed by the UN agencies who had been to the field, and subsequently by other observers (such as IFRC and the World Bank) in the field performing assessments.

According to MOH statistics, at least 11 percent of the conditions presenting at nine days after the disaster were anxiety/shock. If vague presentation complaints, which might be psychological, are factored in, the percentage rose to 16 percent. The MOH established an estimate of some 7,000 affected people, mostly women and children, ‘traumatised’ by the tsunami events.

The primary need identified by the MOH was for a more trained psychosocial-support response for the most affected population, to identify and mitigate post-traumatic stress reactions. A collaborative and coordinated approach was taken by the National Task Force, UNFPA, IFRC and UNICEF, in addition to relevant government ministries, to expedite psychological first aid in the first few weeks. In addition, a follow-on psychosocial situation and needs assessment was conducted by UNICEF between February and June 2005 to identify needs for increased crisis-intervention technical skills, especially at local levels, to compensate for some of the paucity of resources in the social and mental health systems.

Targeting
Psychosocial interventions were broadly and appropriately targeted as all members of the affected populations suffered. Adults as well as children benefited from psychosocial interventions. UNICEF supported the training of one teacher (minimum) per island to expand every island’s teachers’ capacity to draw out children and identify those at risk. Support was later provided for mothers to help them to deal with their children’s anxiety.

The numbers of IDPs were not fixed until August 2005. The MIDP unit of the NDMC needed to identify IDPs and categorise them and worked on a definition to which the government and OCHA agreed. The number was gradually reduced from 26,000 to 11,200.

4.3.4 EFFICIENCY

Use of funds
UNICEF purchased play or recreational kits (sports equipment) and early childhood kits (including drawing materials, books and clay) benefiting an estimated 24,000 children. Some of the supplies were procured locally. However, instructions and/or training were not included with the recreation kits, causing some supplies to be unused or to be under-used. The team found mixed reviews of their use in the communities. Some schools and communities said the items were put to good use. One constraint to use of the recreational items was the lack of playing space on some islands. UNICEF conducted an assessment with the MOGF to determine the needs for play in August of 2005. Overall impact on child protection may have been increased by use of funds to bring in advisers to help navigate the complex set of issues regarding abuse and other aspects of protection of children in emergencies.

43 Medical Relief, National Disaster Management Centre, Summary Report on Disease & Injury, 4 January 2005.

MALDIVES REPORT 43
Partnerships
UNICEF has developed numerous partnerships with various government ministries involved in child protection. Its key contact, however, at the management level of the Ministry of Children and Family, the Unit for the Rights of the Child, was seen to have created barriers rather than facilitating progress on the issues of abuse. In August 2005, under new leadership in the MOGF and URC, the Multi-Sector Working Committee on Child Protection, a coordinating group which meets regularly was established in 2004 by the URC/MOGF. It is composed of more than 10 members, representing UNICEF, government ministries, local NGOs and the Indira Gandhi Memorial Hospital.

The partnership with the NDMC in regard to psychosocial support was reportedly good and resulted in multi-agency visits to the islands, which allowed a cross-cultural perspective. Reports were prepared from the trips but could not be located in either the MIDP office or the UNICEF office.

Monitoring and accountability
The recreational and early childhood kits were provided by UNICEF to the Social Support and Counselling Services Unit within the MIDP unit of the NDMC, and were distributed to 66 islands affected by the tsunami. No formal follow-up or monitoring of this distribution, or the initial teachers’ training was undertaken. The efficacy and effectiveness of the programme is therefore difficult to establish.

4.3.5 EFFECTIVENESS

Timeliness
Contrary to findings in the ROSA report, interviewees in this evaluation said that the psychosocial implications of the disaster were anticipated and immediately recognised. Immediately after the tsunami and in anticipation of the need for play, UNICEF purchased toys and books for the IDPs entering Male and delivered them to the places used for shelter. Girl Guides were asked to follow the inputs and note their acceptability.

As noted above, UNICEF’s response was well targeted to try to strengthen basic skills of teachers to draw out children and identify individuals at risk who might require further care. Although some teachers noted that the training was not enough, it was never intended, nor designed, to cover counselling for any problems arising. The speed with which this support was rolled out was commendable, and the support materials were, by anecdotal reporting, useful. The return to school, albeit two weeks late, probably contributed more to the overall psychological well-being of the children than any other single action.

Principles and standards
In the area of child protection in emergencies, the CCC clearly do not cover all of the principles required. A body of guidelines related to psychosocial response is critical. This is under discussion among involved organizations. UNICEF has drafted expanded CCC which include psychosocial interventions and also provide indicators.

Human resources
The reassignment of the lead on child protection to education/child protection in UNICEF/Maldives created a capacity problem. The staff member who was tasked with overseeing child protection had only a few months of hands-on experience. Although he took the initiative to seek advice, education was clearly a larger concern for the office. A person with legal and political experience was needed to help push through the protection agenda and gain attention for it in the midst of the more visible sectors. No assistance was provided by NYHQ, although the RO sent an officer (not a protection officer) for a brief visit. It was thought that assistance was sent preferentially to larger emergencies even though there may have been significant protection expertise already in the other countries. The shortage and over-extention of government staff working on protection issues in the Maldives was even more severe.

Cooperation
One strength of the initial psychosocial-support response in the Maldives was the coordinated approach among international and national agencies...
In the area of child protection in emergencies, the CCC education/child protection in UNICEF/Maldives created a capacity problem. The staff member who was tasked (UNICEF, UNFPA, IFRC, MOH, MOE, for example, as major players), thereby bypassing some of the confusing differences, cultural naivety and multiple approaches which occurred in some other countries. It is recommended that this coherence and coordination is maintained across future programme activities.

**Advocacy**
The post-tsunami situation increased the risk of sexual abuse and violence but there was limited capitalization on advocating and implementing interventions. IDP children increasingly had to fend for themselves as their parents made arrangements for temporary shelter. Older children were often obliged to help meet livelihood deficits. The influx of both foreigners and people from other islands posed potential threats. Yet the response of the country office did not adequately address the potential vulnerabilities. Impenetrable barriers were perceived to discussing the issues with communities, particularly as people sought to recover from the immediate stress and in view of the reticence on the part of local and national government to vet the issues. A two-day training on sexual and gender-based violence (SGBV) took place as part of the pilot education workshops supported by UNICEF, OCHA and UNFPA but with only five participants who were preparing to train communities. This part of the training was reduced by the government to only one half-day. OCHA’s IDP protection function was largely diverted to other areas of concern as it was not able to make progress regarding the abuse issues.

**4.3.6 IMPACT**

**Psychosocial support achievements**
The impact of the psychosocial first aid training of teachers was deemed to be good, although no formal evaluation was undertaken. Through the process, children with problems were identified, and they received formal psychological support. The teachers’ training was nationwide, although thinly spread among teachers, so coverage was essentially achieved. The initial response was not meant to be sustained indefinitely, but rather to serve as preliminary support until longer-term, more far-reaching activities could be defined by assessment and implemented in the recovery phase. A more comprehensive assessment was conducted by a consultant, Dr Reina Michaelson, who was familiar with the country context. The assessment not only collected information but also provided support through the process, and also information dissemination (feedback was included in the Post-Tsunami Psychological Needs Assessment by Dr Michaelson, January–June 2005).

Beneficiaries interviewed offered some evidence of usefulness of the teachers’ training. Children suffering from severe PTSS, for example two siblings who were unable to hold a third sibling from being swept away in the tsunami and who subsequently died, and a child who had seen a grandparent swept away, were identified through the system and brought to Male for psychiatric care (as reported in discussion with the MOH). Some beneficiaries mentioned that children who had initially experienced PTSS found the support provided very useful to help them realise that their feelings were normal.

**Violence and exploitation**
The psychosocial assessment report notes that community participants in the study were exceptionally concerned about the potential for abuse. While an assumption was made that physical abuse of children has probably decreased, there was no substantive evidence offered. The incidences of sexual abuse are unknown but based on discussions are already being experienced. The report states: “It is essential that public education on these issues be introduced in order to promote a protective environment for children amongst IDP communities, and that a child protection system is put in place to deal effectively with cases when they arise. The protection of children and young people from abuse and exploitation must be of the highest priority in post-tsunami Maldives.”

UNICEF’s relationship with UNFPA helped to keep the discussion of abuse issues on the table during the emergency.

Another potential contributing factor is the tensions that are emerging between host and IDP communities and in some cases increasing antagonism between the groups over time. The team found worrying tensions on Buruni Island in Thaa Atoll where the number of IDPs surpasses the number of the local population.

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45 Michalson, Reina, Post-Tsunami Psychosocial Needs Assessment, Maldives, June 2005.
46 Ibid.
Gaps in assistance
In addition to lack of needed attention to the issues of abuse of children, another area requiring consideration is the potential for the spread of substance abuse following the emergency. UNDP and the Government’s Narcotics Control Board conducted a Rapid Situation Assessment on Drugs in 2003, which identified significant problems pre-tsunami that might be magnified with the displacement arising from a disaster. The Maldivian society is a young population with a median age of around 17 years. Although the assessment did not study the relationship between crime and drug abuse, it notes the growing problem of juvenile delinquency, the presence of sex workers and the increases in lifestyle problems, such as smoking and psychosocial issues. The report studies the scenario of drug abuse and mentions the strategic location of the islands near the golden triangle and daily arrivals of hundreds of tourists. The study found that drug use (mainly opioids and cannabinoids) is initiated at a very young age. Drug use is associated with petty crime and risky sexual behaviour.

As with sexual and physical abuse, drug abuse was a hidden problem in the community, and threatens the social fabric that supports children, but is more openly discussed today. The movement of people following the tsunami and the relocation of IDPs to other islands is creating social climates and psychosocial problems not experienced before. With these changes have come reports of alcohol and drug abuse.

Impact on ongoing programmes
The cooperative programmes planned through the Country Programme of Cooperation (CPC) 2003–2007 suffered as a result of the tsunami response. The three programmes planned had essentially $110,000 allocated and, according to the PROMS, most of this money was not drawn upon. The mid-term review currently underway will be looking closely at the progress made on CPC programmes.

4.3.7 SUSTAINABILITY AND CONNECTEDNESS
UNICEF followed the immediate response with the in depth Post-Tsunami Psychological Needs Assessment, mentioned above. The assessment was carried out in conjunction with the Unit for the Rights of Children in the Ministry of Gender and Family (MOGF) and other national agencies. It was structured as both an information-gathering and dissemination activity. The methodology for the study was extremely participative and served as a capacity-development experience for participating staff, local professionals and community members. It did not, however, collect baseline data. Rather, the study sought out psychosocial problems in the population. Nonetheless, it provided significant insights.

The study identified significant ongoing psychological effects of the disaster across all sectors of the population, including children and parents. Social situations arising from the loss of homes, savings and livelihoods, social networks, and from negative impacts on standard of education, all contributed to the difficulties with coping with the psychological effects of the trauma, especially the anxiety and new phobias related to the tsunami. Additional concerns raised in the course of the focus groups included issues around malnutrition, impacting resilience, and greater vulnerability to abuse/exploitation especially in the most vulnerable IDP populations. Short-, medium- and long-term recommendations were made for future action, and should be considered in UNICEF’s planning process for the recovery stage.

Various sources of information prioritise the need for psychological support services including trained counsellors. Re-establishment of homes and livelihoods are also imperative; disaster preparedness is another aspect that will engender confidence and comfort in the population. UNICEF’s support is clearly needed in more long-term programming to support national initiatives.

46 EVALUATION OF UNICEF TSUNAMI EMERGENCY RESPONSE
4.3.8 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

For future emergencies, child protection, particularly regarding issues of abuse, should not be relegated because it is not one of the more visible sectors. Rather, it should be balanced and integrated with other sectors in regard to its potential to enhance recovery and its connection to long-term initiatives to prevent abuse and discrimination.

Given UNICEF’s global mandate for child protection and the immediate weak post-tsunami capacity of the Maldives UNICEF office, a member of NYHQ Child Protection staff or a consultant should have been sent to lead an assessment covering all protection issues in the first 6–8 weeks.

Recommendations

Assessment

- Office capacity should be immediately assessed for handling initial assessments of the changing demographics and effects of population movements on women's and children's rights, as well as offering support for forward-planning exercises.
- Questions of child protection should be included in general assessments and in joint assessments. This was mentioned at the ROSA Validation Workshop.
- A follow-on to the Violence study should be supported. The sample should be expanded to include other islands and follow-up done on cases reported in the initial study. The recommendations of the Violence study should be carefully followed with action plans.
- A study should be conducted to determine the extent of violence towards and sexual abuse of women, building on the UNFPA report.\(^{48}\)
- Baseline assessments (such as the Knowledge, Attitudes and Skills test) should be conducted as a point of reference for psychosocial issues in the future.

Planning

- UNICEF should advocate for the allocation and development of spaces for play in the initial stages of the emergency and as temporary settlements are planned.

Human resources support

- A human-resources assessment should be conducted pre-disaster in anticipation of the need to increase capacity and in the early stages of the emergency to determine capacity needs, for both UNICEF and government partners.

Advocacy and identification of vulnerable people

- As part of its protection responsibilities, in the absence of a traditional provider of registration assistance, and upon government request, UNICEF should continue to support early registration of all affected people in emergencies.
- UNICEF should continue to advocate at the highest levels against political interference and for political support in regard to the issues of abuse. This includes the revision of Law 9/91 or creation of a new law that substantiates the means to prosecute perpetrators.
- Long-term monitoring mechanisms should be supported to allow timely preventive actions and to contribute to a database for ongoing learning regarding psychosocial and abuse issues.

Other child protection issues

- The country office should assume a role in the prevention and treatment of drug abuse in order to address a broad and increasing range of the inter-related effects of the globalization of Maldivian society.

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\(^{48}\)Fula, Emma, Gender Based Violence in the Maldives, Ministry of Gender, Family Development and Social Security, September 2004.
4.4 EDUCATION

4.4.1 CONTEXT
As of 2000, all children in the Maldives had access to the first seven years of formal schooling. Education is tuition-free, for primary and secondary schooling. In 2004, according to the Ministry of Education (2004) there were 104,214 pupils in 315 schools spread across 199 inhabited islands. UNICEF was already well positioned in the education sector, with a good working relationship with the Ministry of Education (MOE) and the Educational Development Centre (EDC) developed over a number of years.

Schools were closed for the holiday when the tsunami struck: 9 schools were completely destroyed; 31 suffered heavy damage to structures, toilets, boundary walls, furniture and equipment; 24 suffered damage to lesser degree in all these areas; 52 suffered damage to boundary walls and sustained 10 percent loss of furniture and teaching materials; and 199 schools were unaffected. Almost 30,000 students lost books, school uniforms, and other supplies that their families could not readily replace.

On 25 January 2005, all primary and secondary students returned to school (9 January 2005 was the normally scheduled day for re-opening). The evaluators wish to congratulate the staff of the Government of the Maldives (GOM) on this major achievement, for a swift and impressive response and for the dedicated and professional way in which they carried out their work, showing their ability to be responsive and flexible. The ‘back to school’ initiative was led by the Ministry of Education (MOE) Sector Task Force, supported and assisted by UNICEF staff and financial resources. UNICEF’s education work during the response was praised by several high-ranking Government officials who said that without UNICEF’s assistance children would not have been back to school so early. UNICEF was perceived as being ‘on the spot’, reacting quickly and urgently and getting things done.

4.4.2 PROCESS AND DEVELOPMENT OF STRATEGY
UNICEF’s response was immediate and took precedence over regular programming. UNICEF pursued its mandate proactively, and by responding to GOM’s request for assistance during the emergency and recovery phases. The 12 January aide memoir initiated by the World Bank and ADB gave UNICEF the lead-agency role for education in the tsunami response. UNICEF’s education officer used the Core Corporate Commitments for Children in Emergencies (CCC) as an advocacy tool with the government and partners to restore children’s access to schooling.

On 4 January, UNICEF agreed to assist the government in funding the construction of 73 temporary classrooms for 1,200 children, plus 8 toilet blocks and 15 teacher quarters on six islands, to enable all children to return to school on 25 January, the date set by the government. This decision, to ‘set up temporary learning spaces’ along with the ‘resumption of schooling’ and ‘the provision of teaching/learning materials’ conforms to the CCC in the first 6–8 weeks of an emergency.

UNICEF responded swiftly to a shortage of 250 expatriate teachers who had not reported for duly at the beginning of term. UNICEF provided funding for final-year teacher-training students to fill the gap for one month until more teachers could be recruited from India and Sri Lanka, both hit by the tsunami with losses of considerable lives and property.

RELEVANCE AND APPROPRIATENESS
Funding
Before the tsunami, the bulk of funding for UNICEF’s education strategy was directed toward early childhood development (ECD) through three mutually supportive programmes: the National Movement for ECD, Family/Community Based ECD, the Integrated Child Development Centres, with a total budget of US$8,220,000 over five years.

There are two other programmes directed at improving the quality of primary schooling: Quality Learning Environment in Priority Schools and Promotion of Quality Education, with a budget for both of US$774,000 over five years (Master Plan
of Operations 2003–2007, Country Programme of Cooperation between The Government of Maldives and UNICEF). As a result of the tsunami, the education budget rose to over US$11.646 million. To date, US$9,649,929 has been requisitioned (annual programme budget).

The bulk of spending to date has been $1.9 million on school supplies, including computers, printers, photocopy equipment, with $465,000 for temporary classrooms and school toilets, $224,000 for transport and distribution of supplies and $846,000 on textbooks, school uniforms and shoes. The estimates do not include expenditure on monitoring distribution and impact.

Available funds were spent on time for children to re-commence school four weeks after the tsunami. The division of funds was appropriate although there was an overestimate for provision of curriculum packs and teaching materials lost during the tsunami. There is an under-spend of US$870,433 that could be used to procure much-needed teaching materials for child-friendly (CF) classrooms established in host schools.

Assessment
The Education Task Force, which formed following the tsunami, conducted a rapid assessment of material, equipment and furniture losses (not buildings). The assessment began on the fourth day after the tsunami and covered 200 schools. This exercise was completed by the end of January, and plans for the procurement of equipment were swiftly put in place.

The process of data collection and analysis was rigorous. The Education Task Force used its own assessment tool to collect data from every school in 2004, thereby providing them with baseline information. After the tsunami, questionnaires were faxed to principal and headteachers across the country. Data-validation trips were undertaken to various islands by six teams of 2 or 3 people from UNICEF, MOE and the Physical Planning Unit (G-section) of MOE. This was a major achievement considering the distances and time taken to travel around the islands.

Despite the rigour of the initial assessment, there is no evidence that, when ordering the replacement equipment, losses were cross-checked against the school inventory. In early January UNICEF funded a consultant to undertake an independent damage and needs assessment. This consultant joined the Australian damage assessment team, which conducted technical assessments of structural damage on the 35 most affected islands, so that safety assurance could be given before pupils reoccupied school buildings. The attention to safety is commendable so that, despite the objective of returning children quickly to school, the pupils’ safety was not compromised.

Future planning for rehabilitation of schools
The MOE requested rehabilitation and reconstruction works for a number of schools damaged by the tsunami. Based on funds available in April 2005, all requests could not be accommodated, and so two phases of rehabilitation were planned.

Phase 1: As a priority, UNICEF with UNOPS will rehabilitate 35 schools, the Education and Training Centre for Children at Kaafu Maafushi and 21 pre-schools damaged by the tsunami.

Phase 2: Subject to availability of additional funds, 55 schools not included in the immediate-needs category will be rehabilitated. (Project Proposal for Rehabilitation and Reconstruction of schools by UNICEF and UNOPS, with a cost estimate of US$2.9 million).

UNOPS agreed to oversee the construction work with every effort made to have the all work completed by December 2005. However, construction has yet to start although the bidding process has commenced. Some reasons for the delay are the escalation of post-tsunami building costs and requests from MOE for additional rehabilitation work in Phase 1. The position with regard to funding remains fluid; additional funds have also become available with reserved funds in the APB dated 29 September 2005 of US$11 million for reconstruction.
UNICEF decided to fund the rehabilitation of schools in response to a request by the GOM early in the emergency phase, when no other donors were coming forward. The World Bank is presently the only other donor in the sector to have committed $5 million for secondary schooling. UNICEF/Maldives was eager to undertake this task, although staff members confirm that there was some internal debate around UNICEF’s comparative advantage in the provision of quality education and their entry into a new high-cost area where they have no expertise.

NYHQ was fully supportive of school rehabilitation, probably seeing the need to spend available resources. There was, however, a precedent set when UNICEF funded the expansion of education across the islands some 20 years ago, including the construction of 15 schools, all of which survived the tsunami. This decision would have been more effectively and efficiently made had UNICEF spent more time in discussions with other possible donors (e.g. World Bank, ADB, UNDP, OPEC and JICA). These donors are all active in the sector and more collaborative relationships may have been developed with possible sharing of resources and expertise for greater efficiency.

Recovery issues
Given the time needed for recovery from the tsunami, it is not surprising that there are still several factors affecting the overall learning environment of children. For the first few months, while the temporary classrooms were being constructed (those on Raa Ungafaroom took three months to be built) children were provided with two-and-a-half hours of education daily, and teachers covered three sessions daily. In host schools, the pupil-teacher ratio has risen, raising concern about the quality of education. Overcrowded housing conditions either with host families or in newly constructed semi-permanent housing units is having an effect on pupils’ ability to study. Punctuality, due to sharing bathrooms and toilets, has lapsed and children complain that lack of sleep is affecting their ability to study.

Improving the quality of education
In the longer term (over the next two years), UNICEF plans to expand child-friendly schooling (CFS) in priority and tsunami-affected schools through improvements in water and sanitation, quality of learning and overall safety. As part of this effort UNICEF will train teachers and develop new learning/training materials and curricula through participatory approaches that involve the community. UNICEF will also support the establishment of 20 Teacher Resource Centres (TRCs) to provide the nexus for continuous professional support to teachers working on remote islands, acting as a place to train teachers and develop learning materials.

Early childhood development
Given the UNICEF and GOM emphasis on getting children ‘back to school’ and to provide a safe and caring environment to minimise psychosocial trauma, it is disappointing that UNICEF did not include pre-school children in its emergency plan. This might have been partly due to lack of policy guidelines for preschools in the Maldives (although UNICEF has been advocating for guidelines). Another reason is because ECD is not the mandate of the MOE, although it has funded the training of some ECD teachers, pays a few ECD teachers’ salaries in Male and provides some financial support for community self-start pre-schools. Pre-schools are established and maintained by community members who, through media campaigns supported by UNICEF, are increasingly aware of the importance of ECD. A separate needs assessment for ECD was undertaken at the end of January 2005. Many pre-schools re-started late due to destroyed facilities and materials.

Tsunami reconstruction funds have also provided the opportunity for UNICEF to scale up its pre-school activities as part of improving the quality of education in the Maldives, setting the stage for activity-based learning in primary schools. In April, a project proposal was developed for the ‘Restoration and Quality Improvement of the Schools of Tsunami Hit Pre-schools’ for US$884,359. There has been
additional funding from IKEA. UNICEF now plans to rehabilitate 21 community-owned pre-schools and transform them into integrated early childhood development centres.

Since the tsunami there has been a lull in ECD activities, and a subsequent dip in programme spending, with the exception of the transformation of 30 tsunami-affected schools into child-centred and activity-based learning environments, and the training of 24 teachers.

**Targeting**
UNICEF rightly gave priority to the construction of temporary classrooms in host schools with an influx of internally displaced children from nearby islands that had been devastated. An example is Ungafaroo School, which had more then doubled its enrolment at the start of term with 500 additional pupils. UNICEF funds provided nine temporary classrooms, two new toilets and five teachers’ quarters. Prioritizing the introduction of child-friendly schools to tsunami-affected host schools is also an appropriate targeting of resources to those in most need.

Teachers interviewed said that pupils had quickly settled into their new schools and parents interviewed appreciated that their children had been accommodated in host schools, saying that the routine of schooling had helped them to re-settle. Although in Buruni, where a school with 45 Buruni students is now accommodating 402 from a nearby devastated island, there have been disputes between children and parents over changing the name of the school and school badges on uniforms. MOE acted to replace both headteachers.

**Gender**
There was no evidence of gender- or vulnerability-specific assessments having been undertaken. UNICEF provided gender-neutral school materials and equipment to children. Additionally, gender-separated toilets were provided with each set of temporary classrooms.

**Reporting**
A review of UNICEF situation reports pertaining to activities in the education sector clearly indicates considerable activity: meetings with government officials and other donors and efforts to coordinate the responses; details of initial and follow-up needs assessments; visits to affected islands; and advocating and planning for the introduction of child-friendly environments (CFEs) into the temporary classrooms. The reports show clear, appropriate and timely decision-making.

**4.4.3 EFFICIENCY AND EFFECTIVENESS**

**Use of funds**
As an immediate response, UNICEF reserved US$5,578,000 towards getting children ‘back to school’. Activities included the purchase of educational kits, replacement supplies, school furniture, teaching materials and equipment. Also included were transport and distribution of ‘School-in-a-Box’ kits, school bags, books and recreational kits, plus support for the construction of temporary classrooms and to the re-establishment of early learning centres. School uniforms and shoes were provided thorough vouchers that were redeemed in Male.

Children and parents consulted were very satisfied with the school materials procured by UNICEF. For example, parents said the school bags were of ‘good quality. School principals and teachers praised the contents of the School-in-a-Box and said they had been rapidly utilised. Although the boxes did not include instructions, teachers were able to use them and found the contents relevant and helpful. In-depth assessment of individual items in the bags and boxes has been undertaken by ROSA in the documentation exercise. Findings included: the lack of instructions to paint the lid of the box for a chalkboard with the paint provided, that clay for modelling was dry and could not be used, and the supplies were insufficient for all the class.
The evaluation team received mixed reports from parents about the voucher system for school uniforms. Parents were provided with a sheet of paper with a list of items (e.g., shirt, trousers, blouse, socks, shoes), with a pull-off strip at the bottom to be retained by the merchant, who in turn claimed for the goods from the government, and government from UNICEF. The idea was that the pull-off strip would provide government with an invoice for UNICEF, but unfortunately the wrong piece of paper was retained in some cases and this has led to accounting problems between the government and UNICEF, and delays in payments to merchants.

Those with access to Male were able to select their own uniforms and shoes. Those living on more remote islands often gave their vouchers to merchants or island leaders to claim merchandise on their behalf. There were significant numbers of complaints that uniforms and shoes were purchased in the wrong sizes. Some people said they would have preferred to receive cloth that could be sewn to size.

**Procurement**
The Education Task Force needs assessment provided ‘rough estimates’ for replacement of equipment and materials. Given the imperative to get children back to school, officials felt that it could not have been done better, although they agreed that quantities were ‘not underestimated’. A review of the supply requisition forms indicates the purchase of 22,000 UNICEF logo t-shirts. Apparently, some were distributed to children to wear back to school, while others were worn by UN loaders at the airport and jetties, giving high profile to UNICEF on television.

Principals and teachers consider the equipment (computers, printers, photocopiers, TVs, DVDs, music equipment) provided by UNICEF to be of good quality and suitable. However, government officials commented that procurement specifications needed to be targeted for pupils’ desks and teachers’ desks and office tables. Desks for primary students were chosen from a catalogue and have telescopic legs (that were sent in different containers at a later date from the tops). This seemed a good idea for classrooms used by primary students in the mornings and upper primary students in the afternoons; however, raising or lowering the legs is not an easy task and requires a spanner.

**Building contracts**
Contracts for temporary classrooms were awarded following hurried public tendering. Some details were not clearly specified in the contracts and this has led to disputes between the contractors and the Physical Planning Department (G-Section) of MOE. G-Section has overall responsibility for the distribution of UNICEF-procured goods and services for monitoring construction. The construction of temporary classrooms has provided employment for the local community, along with the construction of temporary housing.

Two of the five schools visited by the evaluators (Buruni and Ungafaaroo) are poorly constructed (with cracked walls and floors, crumbling verandas, damp patches on the walls and ceilings) with unacceptable electrical installation, (switch boxes not covered, cables and leads not boxed and wires hanging from the ceiling) that are considered to be unsafe and definitely not child-friendly. G-Section is aware of the defects but has already paid 95 percent of the contractors’ payment, thus there is a likelihood that contractors will not be held accountable for the poor work and new contracts will have to be issued for repairs.

**Timeliness**
There were a number of issues regarding supply and delivery. Delays occurred in delivery of supplies from UNICEF central stores, once stocks were depleted. Desks and tables ordered in April arrived in Male in late July and August. Replacement supplies have not been systematically sent out to the islands because UNICEF provided funds for transportation to islands but not for loading and unloading, and these costs have had to be met by government.

Tremendous effort was made and no cost spared to ensure timely distribution of materials for the beginning of the school term. School bags and teacher
and pupil materials arrived before or shortly after the commencement of the new school term. Other organizations complained that UNICEF had pushed up the price of transport to the islands in eagerness to get supplies to schools.

**Human resources**
In January, the UNICEF education officer was relieved of her responsibility for ECD, because it was assumed she was over-committed. This meant that the insights gained by staff members who participated in the development of ECD were lost to its implementation. This was probably the right decision at the time, although now that the emergency phase is over, responsibility for ECD should revert to the education officer to ensure connectedness between the activities.

There were no emergency funds earmarked for pre-school activities directly after the tsunami, only regular resources. The newly designated ECD officer was not part of the Education Task Force, whose focus was on formal education. Two additional programme staff joined the Maldives UNICEF office during the emergency for periods of two to three months after the initial emergency. Technical support requested by MOE and by G-Section has not been forthcoming. UNICEF Headquarters and ROSA were both supportive.

**Coordination and partnership**
Government officials reported that coordination could have been better, and there was confusion about roles and responsibilities. UNICEF worked directly with MOE independent of the Disaster Management Unit, Ministries of Planning and Finance. Although the proposal for rehabilitation of schools is in the NRRP, the other three planned UNICEF initiatives are not.

There are few NGOs in the Maldives, and UNICEF is in partnership with the two most prominent and which were part of the relief effort. No new partnerships were formed at this time but possibilities of support from the private sector could be investigated, especially for ECD.

**Principles and standards**
The CCC for education provided a clear direction and were appropriately met within a reasonable time frame given the destruction caused by the tsunami and the geographical and logistical problems pertaining to the Maldives. UNICEF’s actions met the needs of school staff, parents and children. They contributed towards meeting the global priorities of the MDGs and UNICEF’s own commitments to children. UNICEF’s response was initially driven by identified needs, and tsunami funds were used to purchase school supplies and essential equipment to meet the GOM’s goals of reopening schools. The establishment of CFE in the temporary classrooms, along with getting children back to the security and routine of school as soon as possible has contributed greatly towards preventing long-term psychosocial effects from the tsunami.

**Impact and sustainability**
The decision to use additional tsunami funds is commendable for expansion of CFS from the 5 pilot schools to 90 schools. However, these plans are extremely ambitious and not without high risk. They will require sustained government commitment and considerable resources at a time when the GOM has taken over 87 community schools. The decision also poses concerns given the findings of the Evaluation of Quality Learning Environment Primary Learning Project. The issues identified include: lack of ownership by GOM; little professional guidance for teachers due to lack of staff; travel and communication limitations; and serious lack of resources for both teachers and students. Although the expanded programme seeks to address these issues, UNICEF’s resources are limited. The GOM also must fund introducing child-friendly classrooms and methodologies to an additional 225 schools to make the approach accessible to all.

Despite the above constraints, teachers are highly motivated and report that children are making significant progress in creative writing and reading. Teachers, school heads and parents all agree that the children in CF classrooms seem more independent.

and their levels of self-confidence are higher than in the conventional classrooms. Because children are constantly occupied with a number of activities to choose from throughout the day, teachers report a positive impact on student behaviour. All parties consulted stressed that the relationships between students, and between students and teachers, are stronger in these classrooms.

There were some initial concerns from parents about the new child-centred methods but parents have been convinced and are now supportive. In some of the pilot schools it is reported that they have provided resources and funding for the classrooms to continue each year. Although UNICEF should continue to develop community support and involvement, UNICEF and the MOE should not depend on financial contributions from poor and tsunami-affected communities. Ways should be sought of involving parents in school-based management and decision making related to the education of their children.

UNICEF support for the establishment of 20 Teacher Resource Centres (TRCs) for continuous professional support to teachers working on remote islands is seen as essential for the success of the CFS methodology. However, considerable recurrent financial resources will be required for maintenance and initial support is inadequate. The TRCs will be used for in-service training of untrained teachers and equipped with a library, audio-visual equipment, radio and Internet equipment, donated by UNICEF.

UNICEF’s mid-term review provides the opportunity for staff members to reassess the balance between high-cost construction and improving the quality of education. There is a need for a budget revision. Estimates for quality improvement seem unrealistically modest at US$1,317,700. On-going work on the seventh 5-year National Development Plan also provides UNICEF with the opportunity to strengthen its relationship with other government departments and ensure the sustainability of programmes past its two years of surge funding.

UNICEF should grasp the opportunities to be more innovative and creative. For example, e-learning through Internet connections is presently being installed in schools throughout the Maldives; there exists the possibility of e-links with EDC, and interactive e-learning through prepared materials. This could be supplemented by atoll-based radio and television programmes, the promotion of local drama and literacy. In addition the promotion of inter-school sports and competitions would enhance national pride and identity, especially in host schools where communities may need to be brought together.

Monitoring and accountability
There is no evidence that “a valid and reliable system to monitor and evaluate the impact of the response” was put in place as outlined in the CCC. This omission needs to be rectified as soon as possible.

Equity, coverage and coherence
Issues of equity, coverage and coherence have been taken into consideration in rehabilitation plans, including priority support to schools with host children and schools with the most need thereafter. UNICEF has endeavoured to promote an equitable approach to the rehabilitation of schools affected by the tsunami, while taking advantage of additional funding to ‘build back better’. Buildings will be comparable to those of schools not affected by the tsunami but with windows rather than open sides, to protect children from sun and rain. Foundations will be stronger and comply with international standards. Schools already have library and computer rooms but there is a shortage of computer teachers.
Of particular note has been UNICEF’s and the government’s efforts to integrate internally displaced children into host schools and communities by providing school bags to all grade 1–7 students in host schools. However, the fact that replacement books and materials were provided only to those directly affected by the tsunami has been accepted by those consulted as ‘fair’ use of available funds.

**Policy issues in scaling-up quality education**

- Many teachers and supervisors trained by the pilot CFS project are no longer involved in teaching the younger classes; due to the shortage of trained teachers throughout the primary system, they are teaching older grades.
- Planned training for untrained island teachers has not taken place because they do not have the necessary entry qualifications.
- Most primary teachers are untrained and have to re-apply for their posts each year. This calls into question the cost-effectiveness of training untrained teachers and highlights the need for validation of proposed in-service training of untrained teachers at Atoll Resource Centres.
- Teachers consulted expressed a need for ‘their own’ (not shared) child-friendly classrooms. (Schools have two daily sessions, Primary and Upper Primary, and Secondary). This would require twice as many classrooms, as CFS progresses through the system.

**Recommendations**

- UNICEF along with partners should urgently put in place a monitoring and evaluation system to capture the impact of tsunami-related funds.
- UNICEF and partners should undertake a social audit and update school inventory lists to monitor the distribution of equipment against the needs assessment.
- Roles and responsibilities of UNICEF and GOM should be clarified in monitoring the quality of construction to acceptable international standards.
- UNICEF should reinstate responsibility for ECD activities to the education officer thereby ensuring joined-up decision making in child-friendly education, but with a dedicated official to oversee its development and progress.
- UNICEF and its partners should engage in policy level discussions related to the involvement of parents affected by the tsunami in supporting ECD.
- The draft ECD policy, which was put on hold because of the tsunami, needs to be finalised as soon as possible to dispel anomalies regarding government support and recognition.

**Recommendations on the development of quality education**

- Learning from the community-based ECD Centres should be used to inform the Quality Learning Environment in Priority Schools Project, bridging the pre-school with grades 1 and 2 to create quality learning in the early years.
- The project monitoring and external supervision system should be improved.
- The school-based supervision system should be strengthened.
- The posts of teachers trained in child-centred methodology should be secured, ensuring that they remain in the project classrooms.
- The development of materials for teaching and learning of core subjects should be continued and included in the on-going professional development programme.
- Funding allocated for material development should be planned thoroughly and spent appropriately.
Ineffective: Did not meet the majority of the CCC or help children
MALDIVES REPORT

ANNEX

ANNEX 1
PROGRAMME ACHIEVEMENTS
(COUNTRY SHEETS)

MALDIVES: SUMMARY OF FINDINGS

<table>
<thead>
<tr>
<th>Programme commitments</th>
<th>Mostly effective</th>
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<tbody>
<tr>
<td>Appropriateness</td>
<td>Mostly effective</td>
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<tr>
<td>Effectiveness</td>
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<td>Efficiency</td>
<td>Adequate</td>
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<tr>
<td>Overall</td>
<td>Mostly effective</td>
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</tbody>
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+++ Effective: Met CCC / provided excellent outcome for children
++ Mostly effective: Met sufficient of CCC/ helped children
+ Adequate: Mixed performance in meeting CCC/ helping children
- Ineffective: Did not meet the majority of the CCC or help children

SUMMARY OF PROGRAMME COMMITMENTS

<table>
<thead>
<tr>
<th>PROGRAMME COMMITMENTS</th>
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<tbody>
<tr>
<td>Health and nutrition</td>
<td>• The health response was rapid and disease surveillance reports were collected daily. There were no major outbreaks of disease reported in any communities. The UNICEF health response slowed after initial response as further assessments were undertaken. • UNICEF provided leadership in nutrition, procuring food to help address both food security and nutritional problems, and conducted limited nutrition surveys.</td>
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<tr>
<td>CCC met</td>
<td></td>
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<tr>
<td>Water and environmental sanitation (WES)</td>
<td>• UNICEF was the lead UN agency for WES and worked closely with government, but less so with other assistance providers. Assessments were ad hoc rather than comprehensive. • UNICEF distributed over 8,000 family water kits, which were widely used. Several islands with large IDP populations received critical water supply from reverse osmosis plants. Distribution of over 4,000 household water tanks led to unmanageable programme expansion. UNICEF did not successfully meet its commitments for sanitation in schools.</td>
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<tr>
<td>CCC partly met</td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>• Psychosocial interventions were broadly and appropriately targeted, and all actors took a collaborative and coordinated approach in the first few weeks. • UNICEF was understaffed in child protection in the first phase of the emergency. There was little activity on issues of abuse, although many issues are sensitive in island societies.</td>
</tr>
<tr>
<td>CCC partly met</td>
<td></td>
</tr>
</tbody>
</table>
### PROGRAMME COMMITMENTS

| Education | • On 25 January, all primary and secondary students returned to school (only two weeks late), a significant achievement led by the Ministry of Education with support from UNICEF and a major contribution to children’s psychological well-being. UNICEF took the UN lead role for education and used the CCC as an advocacy tool.  
  • UNICEF funded the construction of 39 temporary classrooms, prioritised the introduction of child-friendly schools (CFSs) and helped prepare newly trained teachers to fill gaps. In the rehabilitation phase, UNICEF has responded to GOM requests for school repairs and rebuilding. |
| --- | --- |
| Appropriateness and relevance | • UNICEF’s response was appropriate and relevant, particularly given that the Maldives sub-office was small and unprepared for a large disaster. Lack of transport and traditional NGO partners were major challenges.  
  • Other than in education, UNICEF did not formally plan systematic comprehensive needs assessments in the first six months.  
  • UNICEF did not undertake a comprehensive process of strategy development beyond participating in the UN Flash Appeal and NRRP.  
  • UNICEF’s response covered all the affected islands and a significant number of other islands in affected atolls. |
| Impact and effectiveness | • UNICEF’s impact was significant in a number of areas, as outlined in the programme sections above. The ‘back-to-school’ campaign was the most notable success.  
  • UNICEF’s response was most effective in sectors where it already had strong pre-existing programmes and capacity, such as in health and education.  
  • UNICEF’s monitoring and evaluation in the Maldives response was poor.  
  • The Maldives office generally followed the CCC and other humanitarian principles. UNICEF had mixed results in meeting internationally accepted sector standards, particularly in sanitation. UNICEF did not meet standards for participation in the Maldives.  
  • UNICEF's strong advocacy has led to changes in attitudes, such as in promoting child-friendly schools (CFSs). However, it was less successful in influencing government to address issues of violence and abuse.  
  • In emergency preparedness, UNICEF Maldives had an EPRP last updated in March 2004, but this did not provide sufficient guidance or a strategy for surge capacity. |
| Efficiency | • The management challenges in the Maldives response were significant, but the Maldives sub-office performed well in relation to its size and lack of preparedness.  
  • The lack of senior staff and the confusing turnover in the first few months of the response led to weaknesses in strategic planning and in the efficient management of systems.  
  • One of the largest constraints in the response was and continues to be understaffing.  
  • Supplies were generally delivered on time, but in-country logistics proved more challenging. |
ANNEX 2
SUMMARY CHARTS FOR THE UNICEF RESPONSE ON HEALTH AND NUTRITION, WATER AND SANITATION, CHILD PROTECTION AND EDUCATION.
These charts summarise response in the Maldives in terms of unicef’s core corporate commitments (CCC).

### A2.1 HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>(CCC) FIRST 6–8 WEEKS</th>
<th>MEETING THE CCC: COMMENTS</th>
</tr>
</thead>
</table>
| 1. Vaccinate all children between 6 months and 14 years of age against measles. At a minimum all children from six months through four years of age must be immunised. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise and financial support for advocacy and operational costs. Along with the vaccination, provide Vitamin A supplementation as required. | a) Vaccination was determined not to be necessary (decision, MOH) because coverage was 98 percent. Focus was instead placed on resumption of regular immunization schedule.  
b) Supplied all necessary cold-chain equipment and vaccines to replace those lost in the tsunami.  
c) Supplied Vitamin A supplementation. |
| 2. Provide essential drugs, emergency health kits, post-rape-care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements. | a) Drugs, ORS, kits, etc. were initially supplied by WHO and UNFPA, so UNICEF did not duplicate.  
b) UNICEF supported the supply of cereal-based baby food and fortified biscuits for schoolchildren through WFP programme. |
| 3. Provide other emergency supplies such as blankets, tarpaulins and cooking sets. | a) Supplied 5,000 cooking sets. |
| 4. Based on rapid assessments, provide child and maternal feeding and support. | a) Appropriate infant-feeding guidelines were disseminated, and support was implemented as in 2b above. |
| 5. Introduce nutritional monitoring and surveillance. | a) Growth charts and scales were obtained and distributed to maintain monitoring. Nutritional status was assessed intermittently. |
| 6. Support the establishment of essential healthcare services by providing outreach services and home-based management of childhood illnesses and emergency obstetric care services, and treatment for malaria, diarrhoea and pneumonia. | a) Essential healthcare services were appropriately restored by MOH. UNICEF contributed with provision of new-formulation ORS.  
b) Increased capacity of MOH healthcare workers by supporting workshops for training in health promotion.  
c) Malaria has been eradicated in the Maldives and ARI did not become a problem post-tsunami. |
| 7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural-change expertise, and financial support for advocacy and operational costs for immunization of pregnant women and women of childbearing age. | a) First-phase cold-chain equipment and vaccine provision was included in the initial response.  
b) Second-phase cold-chain equipment was provided in the second phase. |
| 8. Support infant and young-child feeding, complementary feeding, and when necessary support therapeutic and supplementary feeding programmes with World Food Programme and NGO partners. | a) Continuing support for cereal-based infant food was maintained in the later phase.  
b) Therapeutic feeding needs in the IDP population were not clearly identified and a national policy has not been determined. Monitoring and discussion were ongoing. |
| 9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices. | a) Ongoing activities. |
## A2.2 WATER AND SANITATION

<table>
<thead>
<tr>
<th>CCC: FIRST 6–8 WEEKS</th>
<th>MEETING THE CCC: COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure the availability of a minimum safe drinking-water supply, taking into account the privacy, dignity and security of women and girls.</td>
<td>a) The minimum safe drinking-water requirement was met for households including women and girls, although exact amounts per person differed from island to island, households on the furthest islands from the capital Male having only just met the needs for drinking water (according to interviews).</td>
</tr>
<tr>
<td>2. Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.</td>
<td>a) Purification tablets were provided to the populations most in need, most of the households interviewed had received a sanitation kit including these tablets. User instructions in the local language were also provided.</td>
</tr>
<tr>
<td>3. Provide jerry cans, or an appropriate alternative, including user instructions and messages in the local language on handling water and disposal of excreta and waste.</td>
<td>a) Collapsible jerry cans were provided and could be viewed in 50 percent of the households visited and interviewed. Water bladders were also provided for water storage but were less effective due to the infrastructure needed to support and house the water bladders.</td>
</tr>
<tr>
<td>4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.</td>
<td>a) Soap, shampoo and other key hygiene-related items had been received in 100 percent of the households visited. Key hygiene messages were broadcast on radio and TV, and recall of these messages was reported in 50 percent of cases during the interviews with households.</td>
</tr>
<tr>
<td>5. Facilitate safe disposal of excreta and solid waste by: providing shovels or funds for contracting local service companies; spreading messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminating messages on disposal of human and animal corpses; and giving instructions on, and support for, construction of trench and pit latrines.</td>
<td>a) 3,000 shovels were procured and distributed to the islands; no additional information was provided on safe excreta disposal apart from the TV and radio messages mentioned above. b) School toilets were built in 6 of the 7 islands that housed the IDPs; no household toilet construction for the temporary houses was undertaken as this was taken care of by another agency. c) Trench and pit latrines are not appropriate for the Maldivian context.</td>
</tr>
</tbody>
</table>

### Beyond initial response

<table>
<thead>
<tr>
<th>Meeting the CCC: comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability.</td>
</tr>
<tr>
<td>7. Define UNICEF’s continuing involvement beyond the initial response by:</td>
</tr>
<tr>
<td>a) establishing, improving and expanding safe water systems for source development, distribution, purification, storage and drainage, taking into account the evolving needs, changing health risks and greater demand</td>
</tr>
<tr>
<td>b) providing a safe water supply, and sanitation and hand-washing facilities at schools and health posts</td>
</tr>
<tr>
<td>c) supplying and upgrading sanitation facilities to include semi-permanent structures and household solutions, and providing basic family sanitation kits</td>
</tr>
<tr>
<td>d) establishing regular hygiene promotion activities</td>
</tr>
<tr>
<td>e) planning for long-term solid waste disposal.</td>
</tr>
</tbody>
</table>
### A2.3 CHILD PROTECTION

#### CCC: FIRST 6–8 WEEKS

<table>
<thead>
<tr>
<th>1. Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.</th>
<th>a) Despite the pre-tsunami findings regarding existence of physical and sexual abuse and the potential risks imposed by the movement of IDPs to other islands, UNICEF conducted no post-tsunami assessment in the first 6–8 weeks to ascertain risks for abuse and initiate appropriate preventive action.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.</td>
<td>a) Initial vigilance regarding separation by UNICEF and the DMC indicated that affected children stayed with parents during the disaster and relocation. Deaths mainly occurred among infants and the elderly.</td>
</tr>
<tr>
<td>3. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
<td></td>
</tr>
<tr>
<td>4. Prevent sexual abuse and exploitation of children and women by:</td>
<td>a) UNICEF staff initially advised police on affected islands to be vigilant regarding sexual abuse. Due to the government’s lack of acceptance of the sexual abuse study supported by UNICEF and the Unit for Child Protection, ‘Violence Against Children in Schools and Families in Maldives with Focus on Sexual Abuse’ (November 2004) and subsequent barriers imposed, little progress was made in prevention and reporting in the response.</td>
</tr>
<tr>
<td>a) monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others.</td>
<td>b) The UNICEF office did not disseminate the IASC Code of Conduct on sexual abuse and exploitation, and did not require staff to sign this.</td>
</tr>
<tr>
<td>b) providing post-rape health and psychosocial care and support. Internally with regard to humanitarian workers and staff:</td>
<td></td>
</tr>
<tr>
<td>a) undertake and promote humanitarian activities in a manner that minimises opportunities for sexual exploitation and abuse</td>
<td></td>
</tr>
<tr>
<td>b) have all UNICEF staff and partners sign the code of conduct and make them aware of appropriate mechanisms for reporting breaches of its six core principles.</td>
<td></td>
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</tbody>
</table>

#### Beyond initial response

<table>
<thead>
<tr>
<th>5. Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.</th>
<th>a) No systematic monitoring system has been established.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. In cases where children are separated or at risk of being separated from caregivers working directly or through partners to:</td>
<td>a) UNICEF missed the opportunity to support early registration for IDPs in general, which would have promoted protection of women and children and helped to establish a monitoring system. Although this falls outside the CCC, it is related to identification of parents and children mentioned in 6 opposite. UNICEF with OCHA ultimately supported registration and definition of an IDP in the Maldives setting.</td>
</tr>
<tr>
<td>a) assist in preventing the separation of children from their caregivers</td>
<td></td>
</tr>
<tr>
<td>b) facilitate the identification, registration and medical screening of separated children, particularly those under five and adolescent girls</td>
<td></td>
</tr>
<tr>
<td>c) facilitate the registration of all parents and caregivers who have lost their children</td>
<td></td>
</tr>
<tr>
<td>d) provide support for the care and protection of separated children, including shelter</td>
<td></td>
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<tr>
<td>e) support partners involved in tracing and reunification, and provide tracing equipment.</td>
<td></td>
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</tbody>
</table>

| 7. Provide support for the care and protection of orphans and other vulnerable children. | a) UNICEF has developed five-year CPC plans (2003–2007) for programmes in the areas of abuse and exploitation, juvenile justice systems and for disabled children. These programmes were interrupted by the tsunami emergency. |
To promote access to quality early learning and education for all children in affected communities, with a specific focus on girls, UNICEF, in collaboration with partners will:

<table>
<thead>
<tr>
<th>CCCs: FIRST 6–8 WEEKS</th>
<th>MEETING THE CCCs: COMMENTS</th>
</tr>
</thead>
</table>
| 1. Set up temporary leaning spaces with minimal infrastructure. | a) Infrastructure of islands was destroyed, as waves washed over low-lying land. IDPs were shipped to neighbouring islands and enrolled in host schools.  
b) Temporary classrooms were built to accommodate additional pupils through all grades.  
c) Agreement and tenders within 6–8 weeks, buildings completed within three months.  
d) Schools ran three daily sessions to accommodate extra children. |

2. Resume schooling by re-opening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities. | a) Schools re-opened two weeks after the start of the new term.  
b) Temporary teachers were provided from final-year teacher training college to fill gaps until new expatriate teachers could be recruited.  
c) Teaching and learning materials were provided, along with boxes of recreational sports and games equipment for the start of term, or just afterwards. |

Beyond initial response

<table>
<thead>
<tr>
<th>Meeting the CCC: comments</th>
</tr>
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</table>
| 3. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training. | a) Primary schooling was re-established.  
b) Educational kits and boxes of recreational sports and games equipment were supplied.  
c) Ongoing teacher training was maintained in ECD and child-friendly schools (CFSs). |

4. Promote the resumption of quality educational activities in literacy, numeracy and life-skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene. | a) Recovery planned through scaling-up existing quality education programmes and ECD to cover host schools.  
b) Materials for hygiene promotion late to schools. |

5. Establish community services around schools (such as water supply and sanitation) where appropriate. | a) Not appropriate in the context. |
# ANNEX 3
## SUMMARY OF COMMUNITY INTERVIEWS

<table>
<thead>
<tr>
<th>PERSONS INTERVIEWED/ CONTEXT</th>
<th>UNICEF PROGRAMMES OR INPUTS</th>
<th>FINDINGS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maadhuvari Island, Raa Atoll: previous population 2,300; number of IDPs 171</td>
<td>Maadhuvari School</td>
<td>• Damage report sent to school within week.</td>
</tr>
<tr>
<td>Head teacher</td>
<td>Photocopier, printers, TV, video, water tanks, books, School-in-a-Box, teaching/learning materials, computers.</td>
<td>• No distinction between government and UNICEF.</td>
</tr>
<tr>
<td>An IDP host school with additional children</td>
<td>Community school recently taken over by Government now covering all costs.</td>
<td>• IDP host school with 200 additional children from Kandaharu.</td>
</tr>
<tr>
<td>Enrolment: 675 pupils, aged 6–20 years</td>
<td></td>
<td>• Equipment not all replacement; some new items.</td>
</tr>
<tr>
<td>Teachers – focus group</td>
<td></td>
<td>• Three or four children initially showing signs of distress, but no longer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Not a lot of damage to the exterior, ‘water went through’.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Block of four boys’ and four girls’ flush toilets back to back with pedestal wash-hand basin.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Temporary classrooms with one boys’ and one girls’ flush toilet.</td>
</tr>
<tr>
<td>Parents – focus group</td>
<td></td>
<td>• Some children withdrawn from the school.</td>
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<tr>
<td></td>
<td></td>
<td>• Curriculum not always relevant to Maldives and experiences (trade unions, banks, post office); revision in some areas.</td>
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<td></td>
<td></td>
<td>• Don’t yet have Internet; 14 computers only for Grade 10.</td>
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<td></td>
<td></td>
<td>• Drug abuse on the increase, school has awareness programmes.</td>
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<td></td>
<td></td>
<td>• One-day awareness of psychosocial 2–3 weeks but not used.</td>
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<tr>
<td></td>
<td></td>
<td>• Community school recently taken over by government.</td>
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<tr>
<td></td>
<td></td>
<td>• PTA involved in all fundraising. Already provided child-friendly (CF) flooring and materials, now improving with increased budget, administrator, cleaners.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Parents’ CFS awareness training, provided flooring for CF classroom.</td>
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<tr>
<td></td>
<td></td>
<td>• No problem with voucher system, good-quality school materials and bags provided.</td>
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</tbody>
</table>
### PERSONS INTERVIEWED/ CONTEXT

<table>
<thead>
<tr>
<th>Maadhuvare Island, Raa Atoll: previous population 2,300; number of IDPs 171</th>
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</table>

Maadhuvare community

#### Island Chief

- Food and water was provided. After 3 months the 30 tanks of desalinated water for the health centre were provided.
- No RO plant provided but they rely on mobile RO plant.
- Not enough water for everybody in the first couple of weeks; then later they received so much water they had to ask people to stop sending it as there was no storage space for it.
- Assistance arrived in three days, unsolicited, then boats every one or two days; at first hosts not assisted; so many supplies – could not distribute, no system, only a small stock of baby food – had to request more.
- More government support needed: a plan and information.

#### IDP family from Kandaharu in temporary housing

- Two 2,500-litre tanks provided for the family. Hygiene kits received.
- Toilets, shower facilities and running water are provided in the temporary housing and are of good quality.

#### IDP family from Kandaharu in host family house

- Hygiene kits received. Collapsible jerry cans received.
- Not enough drinking water in the first couple of weeks, drank chlorinated well-water.
- No rainwater tank provided for this IDP family in host house, they had to go and get water at the mosque.
- No running water in the kitchen.
- Toilet is a flush toilet with no roof and no seat.

#### Medical doctor – key informant

- EPI has resumed.
- Was on Khandholhudoo Island (destroyed) at time of tsunami; treated injured as stores not destroyed (upstairs); transferred to another island after one week and to Maadhuvare after about two months.
- Some diarrhoea cases.
- Some psychosocial complaints – nightmares, distress, etc; resolving.
- Common conditions: URTI, viral fever.
- Sees an average of 10–15 patients/day.

#### Two IDP families (one in temporary shelters; one in house loaned) – beneficiary interviews

- Immunization of children re-instituted; new health cards to replace old (lost). Cereal-based baby food received.
- One male householder was angry; would have denied aid except that audience kept correcting him.
- One child still emotionally labile, but doing better.
- Family in loaned house also expressed some anger as they have no electricity, being unable to pay for it; they can’t get temporary shelter, in which electricity is provided.
Maadhuvvari Island, Raa Atoll: previous population 2,300; number of IDPs 171

<table>
<thead>
<tr>
<th>PERSONS INTERVIEWED/CONTEXT</th>
<th>UNICEF PROGRAMMES OR INPUTS</th>
<th>FINDINGS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maadhuvvari community</td>
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</tbody>
</table>
| Two resident families, houses damaged – beneficiary interviews | Immunization of children re-instituted; new health cards to replace old (lost). | • Families healthy.  
• Received little in supplies but not complaining. |
| Women’s focus group; hosted families | Comprehensive basic needs. | • Concerns regarding loss of job and income.  
• No participation in their relocation decision; no consultation on their satisfaction.  
• They carry water on their heads from mosque, have to walk 15 minutes and wait 15 minutes; received no jerry cans. |
| Women’s focus group – host families | Hygiene kits. | • Felt distribution unequal among hosts, no wheelbarrows but other islands got them.  
• The government should monitor the distribution. |
| IDP committee member | Hygiene kits, bottled water, school uniforms. | • Worried about lack of income and need to pay rent.  
• Some of the uniforms were the wrong sizes.  
• The IDP committee finds the Island Committee unresponsive. |
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<thead>
<tr>
<th>PERSONS INTERVIEWED/ CONTEXT</th>
<th>UNICEF PROGRAMMES OR INPUTS</th>
<th>FINDINGS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meedhoo Island, Raa Atoll: previous population 1,692, Number of IDPs 235</td>
<td>Raa Atoll Education Centre, Meedhoo</td>
<td></td>
</tr>
</tbody>
</table>
| Headteacher | School-in-a-Box, recreational materials, equipment, computers, copier, photocopier, printers. | • Provided integration programme for children and parents.  
• Can mobilise parents easily, one night’s fishing contributed 1 lak.  
• Two extra classes were formed, using lab as classroom; will be short of space from June.  
• CFS requires ‘own’ classrooms, will need to look again at classroom situation for IDPs.  
• 100 IDPs from Kandhulholdhoo.  
• Five girls’ and five boys’ toilets, wash-hand basins for each; two staff toilets.  
• No temporary classes provided using existing buildings, but thinking about needs.  |
| Enrolment: 669 | | |
| Teachers | | • Not clear what was from UNICEF or GOM.  
• Red Cross psychosocial training useful but no time to use, teaching extra classes.  
• Pre-school received box, insufficient for all.  
• CF methodologies in the 1970s, then government formalised, so parental awareness.  
• Told parents UNICEF will provide all for CFS.  |
| Parents | | • Extensive community involvement in school contributions in kind and cash to building two new classrooms, purchase of 15 computers.  
• Little knowledge of UNICEF contribution.  
• Concerned about pre-school, lack of space, toilet.  |
| Meedhoo community | | |
| Two health workers: one community health worker and one family health worker | Relied on mobile RO plant for provision of drinking water; 275 sanitation kits received and distributed; 4 rainwater tanks received for schools but no guttering equipment so tanks are not hooked up to the roofs. | • Not enough water in first couple of weeks of emergency.  
• Six months afterwards, still not enough water.  
• IDP communities did not receive any rainwater tanks, which created community stress on water.  
• No hygiene-promotion material.  |
| IDP family in temporary housing | Hygiene kits received; get water at the rainwater tank at the mosque. | • IDPs in temporary housing have constructed platforms for rainwater tanks; waiting for the tanks to arrive.  |
| IDP family in host family house | Initially received some bottled water (1.5 litres per family). Get water from rainwater tanks at the mosque. Hygiene kits received. | • Did not receive a rainwater tank but brought their own from the island that was destroyed.  
• During the dry season they had to drink well-water, which they treated.  |
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Meedhoo community continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male head of household, rebuilt his house</td>
<td>Uniforms, rainwater tanks.</td>
<td>• He is not employed, has eight children; would have liked cash distribution, can’t pay electric bill.</td>
</tr>
</tbody>
</table>
| Community health worker, family health Worker – key informant interviews | EPI re-instituted and medicines supplied, including ORS. | • Took six weeks to get stock.  
• Some psychosocial issues initially.  
• Still some free drugs but most consumed in four months.  
• Would like more training. |
| Two IDP families; one in temporary shelters; one in house loaned – beneficiary interviews | Receive healthcare free; immunization of children re-instituted; cereal-based baby food received in one family (other has no small children). | • Families generally healthy.  
• Biggest issue is water supply.  
• IDP in loaned house noted desire for temporary shelter because of free electricity. |

**Hulhudafaaru Island, Raa Atoll: previous population 1,226; number of IDPs 740**

**Hulhudafaaru School**

| Head teacher | Photocopier, six computers, copy printer, bindings machine, overhead projector. All children years 1–7 had bags, paper and pens better than parents usually provide. Vouchers, four water tanks. | • Teacher shortage.  
• Open-sided classrooms, need protection from rain and sun, especially in child-friendly (CF) classes where pupils decorate walls.  
• Already established CF classes on own initiative following training.  
• IDPs now regularly attending on their home island.  
• Fifteen percent untrained teachers.  
• Need additional classrooms for next year.  
• Temporary classrooms completed 6 March, good standard; average class size 22.  
• Two new toilets. |

| Teachers | • Mainly expatriate teachers.  
• Want Internet access.  
• Received training materials/books, clock, maps good because they show divided USSR.  
• Other items direct to children, good quality bags for all.  
• CFS more motivated.  
• Needed more sports materials and library books.  
• Meedhoo Atoll centre over 20 hours boat ride away, cost rfs1,000.  
• No maths models, graph boards or markers. |

| Parents | Needs computer lab; parents bought six computers.  
PTA officials | • PTA built four classrooms with government-provided materials.  
• Visit homes to check on homework facilities (lights, tables); will assist with provision.  
• IDP families have shelter but not adequate furniture to do homework.  
• IDP parents gave spare sleeping mats for CFS, children more motivated than previously.  
• Vouchers not always used, parents bought own uniforms, too far to travel to Male. |
### Evaluation of UNICEF Tsunami Emergency Response

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Hulhudafaru community</td>
<td>Received initial two-day training. Was supposed to get more training but two other people from the island were identified as they had a more extensive education.</td>
<td>• Operator is doing this job voluntarily, does not know for how long he will do this. • Operator would have benefited from the additional training, the two others who were trained never come to the RO plant and operate it hence they have no experience working on it. • The RO plant has been operated for only around 40 hours for the past five months; people rely mainly on rainwater.</td>
</tr>
<tr>
<td>RO plant operator</td>
<td>Received hygiene kits. Received one tank for rainwater collection.</td>
<td>• Have never been to the RO plant for water, as she has enough for the moment; and can only carry 20 litres at a time, which is not efficient. • Thirty rainwater tanks need to be hooked up to the roofs but there is no guttering and hook-up equipment.</td>
</tr>
<tr>
<td>IDP family in temporary housing</td>
<td>Received hygiene kits. Received one tank for rainwater collection.</td>
<td>• Have never been to the RO plant for water, as she has enough for the moment; and can only carry 20 litres at a time, which is not efficient. • Thirty rainwater tanks need to be hooked up to the roofs but there is no guttering and hook-up equipment.</td>
</tr>
<tr>
<td>Expatriate doctor (in country for two months)</td>
<td>EPI and essential medications, including ORS through MOH. Two freezers (different size) not in use (not plugged in).</td>
<td>• Sees an average of 20–25 patients/day. • Common conditions seen: skin infections, ARI, and PUD. • Can’t get ‘simple’ antibiotics (cipro), and also cloxacillin. • Anaemia rate high.</td>
</tr>
<tr>
<td>Health clinic (5 in-patient and 2 maternity beds)</td>
<td>Immunization of children re-instituted; new health cards to replace old (lost). Cereal-based baby food received.</td>
<td>• Cost of food increasing, especially vegetables, but even fish is costing more. • No illnesses in families except URTI.</td>
</tr>
<tr>
<td>Two IDP families, one hosted, one in temporary shelter – beneficiary interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ugoafaaru Island, Raa Atoll: previous population 1,308; number of IDPs 2,008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ungafaaru School</td>
<td>Stationery, sport items, teaching aids, school bags. No uniforms. Copy printer, 8 computers.</td>
<td>• Not informed of construction plans, contractor subcontracted and changed plans without consultation. • Returned twice to repair cracks and veranda. • Six existing and two new toilets almost adjoining new classrooms school building, took three months to build. • Teachers’ quarters occupied by others. • Poor construction. • Unacceptable electrical installation.</td>
</tr>
<tr>
<td>Ungafaaru community</td>
<td></td>
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</tr>
<tr>
<td>IDP family in temporary housing</td>
<td>Hygiene kits received. Rainwater collected from the mosque. Use of the RO plant intermittent as you need to carry the water.</td>
<td>• Too few rainwater tanks received; large influx of IDPs has put stress on water, hence water is now controlled by the Mosque so that people don’t come and serve themselves but need permission from Imam. • Inequity between temporary houses as some have rainwater tanks hooked up and some do not.</td>
</tr>
<tr>
<td>PERSONS INTERVIEWED/CONTEXT</td>
<td>UNICEF PROGRAMMES OR INPUTS</td>
<td>FINDINGS/COMMENTS</td>
</tr>
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<td>-----------------------------</td>
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</table>
| Ungafaru community continued | Cold-chain equipment: three freezers – two in use for vaccines and some other materials, and one for freezing icepacks not currently in use, as no need for icepacks at this time. Vitamin A supplementation and de-worming is done twice a year. | • Normally have paediatrician and physician (internist) but not at present.  
• OPD visits in 2004 were 22,000; by September 2005, also 22,000.  
• (Atoll hospital: 30 general beds; 2 ICU beds; 2 labour & delivery beds. Specialism in O&G; surgeon, anaesthesia). |
| Community health worker | Boxes from UNICEF; hygiene kits. | • No money and no jobs, one fisherman supporting all of host family and IDPs.  
• No water containers received; walk 15 minutes to source.  
• Never asked about their satisfaction with assistance.  
• Some islands received wheelbarrows but they didn’t; they think the central government should monitor. |
| Women’s focus group; hosted IDPs (5 in host family plus 2 IDP families) | Received many things but don’t know source. | • Unable to sleep because of worries.  
• Uniforms were the wrong sizes.  
• It is now difficult to pay the rent, no longer subsidised.  
• The IDP committee is not effective, weak representation. |

**Vilafushi Island (destroyed); previous population 1,800; current population 20**

<table>
<thead>
<tr>
<th>Ungafaru School</th>
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</thead>
</table>
| Assistant Chief | All people evacuated and received assistance on other islands, mainly Buruni. | • There was no plan for evacuation.  
• Island will be re-inhabited using a land-reclamation plan and population will be expanded.  
• Rainwater harvesting. |

**Buruni Island, Thaa Atoll; previous population 567; IDP population 1,400**

<table>
<thead>
<tr>
<th>Buruni</th>
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</table>
| School Administrator | So many things, not sure who they are from, still getting things (computers, books, teaching aids, desks, chairs (over-supply), photocopier, printers). | • Problems with teacher getting housing because of IDPs.  
• No new toilets, unable to contract builder.  
• 1–10 classes.  
• IDPs refusing to sit exams in host school; will wait until they can sit in their own school.  
• Staff room, computer room and storeroom in large containers. |
| Enrolment: 45; 402 IDPs with own teachers and headteacher; 12 new classrooms | Two days training in psychosocial first-aid. | • Training regarded as insufficient.  
• Passed on skills to others, use in the classroom. |
## PERSONS INTERVIEWED/CONTEXT

<table>
<thead>
<tr>
<th>Buruni community</th>
<th>UNICEF PROGRAMMES OR INPUTS</th>
<th>FINDINGS/COMMENTS</th>
</tr>
</thead>
</table>
| Assistant Island Chief, with IDP committee | They can’t point out what UNICEF gave among others (play equipment, hygiene kits). | • There is a women’s committee from Vilafushi. IDP committee.  
• Water-supply issues; electricity issues, RO plant kept by police.  
• Very hot in IDP units. |
| Woman, hosted IDP, girl student | Drinking water, baby food. | • There is harassment of people using island houses.  
• Students from Vila can’t understand local teachers; tensions in the schools.  
• The well water smells bad. |
| Medical doctor | EPI re-established. | • Sees an average of 20–25 patients/day.  
• Needs more advanced medications for chronic conditions (e.g. nitroglycerine; furosamide).  
• No oxygen available.  
• Initially saw significant psychological distress (depression, hysteria, behaviour problems), which still occurs but less so. Elderly most affected.  
• Measles cases – was seeing one new case per day for about two weeks. |
| Two female IDPs (850 in camp) | Uniforms, shoes, RO plant. | • Shortages of school books, no teachers’ quarters, poor sanitation in school, no hygiene material received.  
• Shortage of electricity.  
• Well-water not good. |
| IDP woman in host family | Hygiene kit and jerry can, uniforms. | • Loss of livelihood in family, no livelihood support yet. |
| One IDP family in temporary shelter | EPI re-established for children. | • One child still has anxiety/depression but pre-dates tsunami; has rheumatic heart disease and needs operation.  
• No major health concerns in rest of family. |
| Host family and IDP family | EPI re-established for children. Cereal-based baby food received. | • One child (older) initially had nightmares and avoided the water’s edge, but not now.  
• No major health concerns in family. |
ANNEX 4

TERMS OF REFERENCE FOR THE EVALUATION OF UNICEF’S TSUNAMI RESPONSE, EMERGENCY AND RELIEF PHASE

A4.1 BACKGROUND

The scale of the international response to the Indian Ocean tsunami (26 December 2004) has been unprecedented. Because of the high levels of funding from individual private and government donors (US$ 585 million), demand has been growing for systematic and independent evaluation that gives evidence of institutional performance in achieving results.

Over the next two years, UNICEF will face pressure to demonstrate what was achieved on behalf of children during the emergency, recovery and development phases. The overarching goal for UNICEF is to produce credible, valid and usable evaluation products for learning and accountability purposes. These deliverables must demonstrate clear linkages to results for children and improved information and reporting on tsunami-related programming and activities.

A4.2 UNICEF’S PERFORMANCE REVIEW FRAMEWORK – TSUNAMI RESPONSE

UNICEF is committed to continuous monitoring of its tsunami-related activities, to implementing systematic evaluations and lessons-learned reviews, and to active support of external joint evaluations and monitoring initiatives over the next three years.

Within a broad performance-review framework, each phase of a corporate-level evaluation process will be coordinated by the Evaluation Office. Each phase will have a different focus as UNICEF’s response progresses from immediate relief, to transitional activities, and then to longer-term development assistance.

• 2005 Timeliness, effectiveness and relevance of immediate relief effort; progress towards longer-term objectives; and lessons learnt by theme/country/agency.
• 2006 Thematic results in key sectors such as health, education, water and sanitation, and protection.
• 2007 Country programme evaluations to examine overall impact and results as well as the extent to which vulnerabilities have been reduced.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>2005 EMERGENCY &amp; RECOVERY</th>
<th>2006 TRANSITION (REHABILITATION RECONSTRUCTION)</th>
<th>2007 DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF regional &amp; country office</td>
<td>Monitoring frameworks</td>
<td>Monitoring &amp; data collection by sector (health, WES, education, protection)</td>
<td>Complementary data collection &amp; analysis (results &amp; outcomes tracking)</td>
</tr>
<tr>
<td>Lessons learned (emergency phase)</td>
<td>Synthesis and consolidation of lessons learned</td>
<td>Lessons learned revisited</td>
<td></td>
</tr>
<tr>
<td>United Nations</td>
<td>UN Special Envoy &amp; Global Consortium - Framework &amp; systems for reporting and tracking results</td>
<td>Data collection and tracking performance</td>
<td>TCPR – Tsunami Evaluation</td>
</tr>
<tr>
<td>Other donors &amp; international organizations</td>
<td>External thematic evaluations (TEC)* on coordination, capacities, needs assessment, funding and LRRD</td>
<td>Multi-partite longer-term evaluation (agreed core topics)*</td>
<td></td>
</tr>
</tbody>
</table>

Where the Evaluation Office has direct responsibility for delivering results for children with or on behalf of others.

Where the Evaluation Office had indirect responsibility and acts with or on behalf of others.

*Under discussion in the Tsunami Evaluation Coalition (TEC) and other inter-agency forums.
UNICEF’s evaluation activities conducted by the Evaluation Office are situated within a broader context of performance-review initiatives within UNICEF at the regional and country level and at the institutional corporate level. At the same time UNICEF will also participate in initiatives at the United Nations level, and beyond – at the donor and international organization level.

**A4.3 EVALUATION PURPOSE**

The Evaluation Office has been requested to launch an evaluation of UNICEF’s activities during the emergency and relief phase. This evaluation will take place at roughly the same time as several other reviews and assessments scheduled to take place at the regional, country and at headquarters level. These include studies by Communications, Supply, Human Resources, and Water and Sanitation. As well, UNICEF is also launching an audit process to examine financial systems, internal controls, and risk management.50

The overall purpose of the evaluation to be carried out by UNICEF’s Evaluation Office is to:

- identify major achievements during the emergency-response phase from 26 December 2004 to 30 June 2005
- take note of any constraints and gaps in that response, and
- highlight potential policy implications for the future.

The evaluation will look at headquarters, regional and country offices’ relief and recovery activities in the Maldives, Sri Lanka and Indonesia. Contributing to UNICEF’s overall commitment to accountability and improved performance, the evaluation will document lessons learned and provide recommendations for the country programme and for UNICEF emergency response and recovery programmes in general.

The evaluation will be carried out by independent experts and will consist of a series of rapid country case studies. The country case studies are to be completed by mid-November 2005. The evaluation will take place from 12 September to 9 December 2005.

**A4.4 EVALUATION CLIENTS**

The primary client for the evaluation will be UNICEF senior programme and operational management and staff, both in the field and at headquarters. Specifically, key stakeholders include UNICEF’s Emergency Section (EMOPS), Programme Division (PD), and the Programme Funding Office (PFO). At the same time, UNICEF must also reflect the face of beneficiaries affected by this disaster. It is important, within very tight time constraints, to give recipients as much of a stake as possible in the evaluation process, and a clear voice in its conclusions and recommendations.

Important secondary stakeholders include a wide array of external audiences. These include UNICEF’s Executive Board, national committees (who collected over US$ 400 million from the individual public and private donations), government donors (who provided over US$ 155 million), and other UN organizations and NGOs. Given the diverse range of internal and external clients, evaluation products must be able to withstand outside scrutiny for comprehensiveness and meet international recognised professional standards for rigour.

In order to complete the work quickly, the evaluation will draw on the perspectives of UNICEF staff and those of partners and beneficiaries. ‘Partners’ refers to national and government organizations, UN agencies, international and national NGOs, and civil-society organizations – according to the context.

**A4.5 EVALUATION SCOPE AND FOCUS**

The evaluation should endeavour to highlight best practice as well as shortcomings, for dissemination within and outside UNICEF. In this regard, the evaluation will place major emphasis on the following themes and criteria.

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50 UNICEF has mobilised three teams of three auditors who will travel to the region and will examine UNICEF’s financial systems and essential controls implemented during the tsunami response. The teams will travel to Indonesia, Sri Lanka and the Maldives between 5 September and 30 September 2005.
1) UNICEF’s core commitments for children in emergencies

These core commitments cover:
- a) overall humanitarian response, including operational approach, rapid assessment and coordination
- b) programme commitments in health and nutrition, water, sanitation and hygiene, child protection and education
- c) operational commitments, including security, fundraising, communications, human resources, information technology, supply and logistics, finance and administration
- d) organizational preparedness and support, at levels including regional, country-office and headquarters.

2) Lessons pertinent to emergency response

The above themes will be examined from the perspective of the OECD/DAC criteria for evaluating humanitarian action: relevance/appropriateness (including timeliness), efficiency, effectiveness, impact, sustainability and connectedness, coverage, and coherence. These have been expanded into a series of more detailed questions, listed as “Key Questions” below. Specific relevant criteria are listed in the following paragraphs in italics.

Overall responsiveness

- What has been achieved by UNICEF? In what sectors? Where? (impact, coverage)
- Who benefited and how? Were the ‘right’ people reached? Were efforts made to ensure that vulnerable groups were not overlooked? (impact, coverage)
- Was UNICEF’s overall response appropriate and timely?
- Was it coherent and connected (i.e. with appropriate coordination, functional/geographic coherence, long term and policy/practice issues addressed)?
- Did UNICEF meet its objectives within established timeframes? If not, why not?
- What were the major strengths and weaknesses of UNICEF’s response to date?

Adherence to international principles and standards

- Did UNICEF’s performance meet international principles and standards (Code of Conduct, Sphere, IASC Code)?
- Were local people involved in the response? What was their perception of UNICEF’s response and its impact?
- Were local capacities and disaster-preparedness capacities strengthened?
- How have human resources been managed, led, supported?
- Have interventions been sensitive to conflict contexts where applicable?

Use of funds

- How much money did UNICEF allocate, and spend, and where and on what? Was this reflected in programme plans?
- Did UNICEF add value to the overall response?
- Was the allocation of funds/spending in line with the needs of those affected?
- Were UNICEF’s interventions cost-effective?

Learning

- Is there evidence that UNICEF has learned from the response, and shared lessons from this and previous disasters?
- Does UNICEF have effective systems in place to monitor, evaluate, learn and adapt from its ongoing work?
- What are the main lessons acquired to date on how performance can be improved and risks mitigated?
A4.6 EVALUATION METHODOLOGY

The UNICEF evaluation should add value and build on, not duplicate, evaluations and learning exercises already carried out or planned within UNICEF at the regional and country offices or at headquarters. The results of the Maldives country case study are expected to feed into a larger country programme evaluation scheduled for October, also be led by UNICEF’s Evaluation Office.

The overall methodology for this evaluation will include:
1. A desk review of existing documents and materials including strategy documents, plans, proposals, monitoring data, mission reports, and previous UNICEF evaluations that focus on emergency response.
2. Field visits to three countries (Maldives, Sri Lanka, and Indonesia), including visits to the regional offices. Field visits will include:
   - an initial introduction meeting with the UNICEF management and staff
   - interviews with key personnel, partners, officials
   - visits to selected project sites/areas
   - an ‘end of visit’ debriefing to share broad findings with senior UNICEF staff, and note their comments.
3. ‘Beneficiary’ views should be gathered in selected countries, the purpose being to elicit feedback from local people about UNICEF’s performance.
4. Submission of a first-draft evaluation report to UNICEF’s Evaluation Office for distribution to a select number of stakeholders for factual corrections and other feedback.
5. A review workshop will be held in New York, led by the evaluators, to discuss substantive issues emerging from the first draft.
6. Incorporation of comments and production of second draft.
7. Sign-off and submission to UNICEF’s Evaluation Office.

The evaluation schedule, accommodation and transport arrangements will be finalised and communicated to all regional and country offices at least one week prior to the field visits. The evaluation process will be facilitated by appointed UNICEF contacts in each country covered.

A4.7 SUPPORT AND DOCUMENTATION

UNICEF regional offices, country offices and headquarters will provide the following material (in both hard copy and electronic format) to the evaluation teams to assist the evaluation:
- all relevant documents on the agency’s response and use of UNICEF funds, especially any appraisal, monitoring, evaluation or audit reports
- names, contact details and roles of key agency and partner personnel in the head office and in the field who can be interviewed by the evaluators.

The Evaluation Office will prepare a package of materials to be given to the evaluators, including appeal-related documentation on financial and other actions.

A4.8 THE REPORTS

The outputs of the evaluation will include several stand-alone reports.

1) Summary synthesis report
This summary should be addressed primarily to the senior executive management of UNICEF. It should be a maximum of 10 pages. It should be concise and based on the evidence of the full report and country case studies, on UNICEF’s response as a whole, focusing on the ‘core public accountability’ questions.
- how much was allocated and spent by UNICEF
- whether UNICEF achieved what it initially set out to do
- whether UNICEF’s response was appropriate to the need
- whether UNICEF performance was in line international standards
- major strengths of UNICEF’s response to date
- recommendations on how performance can be improved and risks mitigated.
2) Full synthesis report
This should not exceed 40 pages, with additional annexes permissible. This report should include key findings from regional and country case studies, plus:
- overview of UNICEF programmes and expenditure geographically and thematically
- analysis addressing the questions raised in the key questions, below
- conclusions and recommendations, with a section dedicated to drawing out specific lessons with suggestions for taking forward the lessons learned
- feedback from beneficiaries
- appendices, to include the final evaluation terms of reference, maps, list of interviewees, and bibliography of documents consulted.

The consultants will be bound by normal UNICEF rules of confidentiality and will be briefed on media sensitivities.

3) Regional and country case studies (Maldives, Sri Lanka and Indonesia)
These should not exceed 40 pages, with additional annexes permissible. These reports should include:
- overview of UNICEF country programmes and expenditure thematically
- analysis addressing the questions raised in the key questions, below
- conclusions and recommendations, with a section dedicated to drawing out specific lessons with suggestions for taking forward the lessons learned
- feedback from beneficiaries
- appendices, to include the final evaluation terms of reference, maps, list of interviewees, and bibliography of documents consulted.

The consultants will be bound by normal UNICEF rules of confidentiality and will be briefed on media sensitivities.

All material collected in the undertaking of the evaluation process must be handed over to the Evaluation Office prior to termination of the contract. The report and all background documentation will be the property of the UNICEF and will be promulgated as appropriate by the UNICEF Evaluation Office.

A.4.9 TIMEFRAME
It is anticipated that the evaluation will last around 13 weeks, with 1 week in New York at the beginning, up to 9 weeks of field visits across the three countries, and 3 weeks of writing up, feedback and revisions. UNICEF is working to a very tight schedule, and there is likely to be little flexibility in the following key dates (all 2005):

8–9 September
Country Team Leaders (2) participate in UNICEF lessons-learned Workshop in Colombo (Sri Lanka)

12–16 September
Literature review and field-visit preparation in New York for Evaluation Team 1 to the Maldives and Sri Lanka

19–30 September
Field visits and data collection by Evaluation Team 1 to the Maldives, including beneficiary feedback

3–7 October
First draft of Maldives country case study report submitted to UNICEF Evaluation Office

10–14 October
Literature review and field-visit preparation in New York for Evaluation Team 2 to Indonesia

10–28 October
Field visits and data collection by Evaluation Team 1 to Sri Lanka, including beneficiary feedback.

24 Oct. – 18 Nov.
Field visits and data collection by Evaluation Team 2 to Indonesia

1–7 November
First draft of Sri Lanka country case study report submitted to UNICEF Evaluation Office

7–14 November
Final draft of Maldives country case study report submitted to UNICEF Evaluation Office
14–18 November
Final draft of Sri Lanka country case study report submitted to UNICEF Evaluation Office

21–25 November
First draft of Indonesia country case study report submitted to UNICEF Evaluation Office

21–25 November
First draft of summary and full synthesis report to Evaluation Office

5–9 December
Final draft of Indonesia country case study report submitted to UNICEF Evaluation Office

5–9 December
Final draft of summary and full synthesis report to Evaluation Office

14 December
Review workshop in New York with UNICEF staff

The evaluator teams should alert UNICEF Evaluation Office immediately if serious problems or delays are encountered. Approval for any significant changes to the evaluation timetable will be referred to Director Evaluation Office.

A4.10 FOLLOW-UP

An advisory group drawn from Emergency Operations (EMOPS), Programme Division and Programme Funding Office (PFO) will review the findings of the evaluation. The Evaluation Office will monitor follow-up of the recommendations made to specific regional and country offices and to UNICEF as a whole. UNICEF will decide in what form to publish the evaluation and when, though any changes to the report will be agreed with the evaluation team leaders.

KEY QUESTIONS

Questions based on the OECD/DAC criteria for evaluating humanitarian action

Relevance/Appropriateness

1. To what extent was the Tsunami response driven by identified needs versus the need to utilize Tsunami funds? Was the balance between the two appropriately struck?

2. How well were needs assessed? Were needs assessments timely? What tools were used? To what extent were needs assessments undertaken with partners?

3. How well developed were UNICEF plans for Tsunami response? Were these plans drawn up in a timely way? How well did these plans fit the needs identified? Were objectives SMART and were the plans results-oriented? How well did UNICEF financial and human resource planning meet the planned activities and results? How well were partners consulted and integrated into UNICEF planning?

4. To what extent were targets appropriate and achievable? Were plans adjusted as the situation unfolded? How well were UNICEF plans communicated within UNICEF and beyond?

5. To what extent have achievements been gender sensitive?

Efficiency

6. Were goods and services procured for the Tsunami response at reasonable cost (value for money)?

7. How quickly was UNICEF able to establish the right people, right skills and capacity to mount and sustain a response to the Tsunami? (Right people, right place, right time). How effectively did the organisation mobilise personnel from Copenhagen? What provision was made for support to staff coping with stress and how effective was this?

8. Was a monitoring system already in place or was a monitoring system developed to track changing needs, funds available, programme processes and systems help or hinder efficiency?

9. How clear were the accountabilities and responsibilities of CO/RO/HQ for the Tsunami response? Were there overlaps or gaps at different stages?

10. How well did UNICEF programme and financial management procedures applied to the Tsunami response? To what extent did UNICEF procedures, processes and systems help or hinder efficiency?

11. To what extent did reports, including donor reports, accurately describe the situation and UNICEF response - the achievements, constraints and outstanding needs? To what extent did reports provide an accurate picture of human resource deployment, financial commitments and funds remaining?
12. How well did the offices manage their inputs (fund disbursement, cash transactions, supply transactions/transportations etc.)? How did utilization rates at end-June [or other agreed end date] compare with planned commitments and expenditures? How well did the CO maintain sound financial management and records, and what adaptations were made to accommodate the Tsunami response? How well did the CO anticipate and meet cash and supply needs and logistic requirements for sub-offices?

13. How quickly was UNICEF able to establish the appropriate information technology systems and telecommunications equipment? Were these systems appropriate and cost efficient?

Effectiveness

14. From the perspective of external stakeholders, how effective were UNICEF emergency interventions? To what extent did the UNICEF response match the UNICEF Core Commitments for Children? How clear a mandate did the current formulation of CCC provide for UNICEF in the country context?

15. How well did UNICEF use lessons from past emergencies in the Tsunami response? To what extent did UNICEF use innovative approaches to address the challenges presented by the Tsunami?

16. How well were the distinct needs of women, men, and children identified and responded to?

17. What level of emergency preparedness did the CO have when the Tsunami struck? When was the last EPRP completed and what provisions did it make? How prompt was Country Office in recognizing the scale of need? How effective and timely was the support provided by the RO and HQ offices?

18. How well were funds mobilised for the Tsunami? How quickly were funds made available? Did/how well did UNICEF utilize the CERF and EPF facilities? How well did the CO/RO/HQs manage donor relations?

19. To what extent did UNICEF have the appropriate skills and capacity to mount and sustain a response to the Tsunami? (Right people, right place, right time). How effectively did the organisation mobilise personnel from neighbouring COs, regional offices and headquarters (New York, Geneva, and Copenhagen)? What provision was made for support to staff coping with stress and how effective was this?

20. How effective was UNICEF in fulfilling its sector coordination roles? How did UNICEF contribute to, and benefit from, interagency collaboration? How well did UNICEF establish a strategic overview of needs and resources available for each sector for which UNICEF had the coordination role?

21. How well did UNICEF identify vulnerable and excluded groups and make provision for their rights for assistance to be met? What role did UNICEF play in advocating for the needs of vulnerable or excluded groups? How well did UNICEF use the media to advocate for children’s rights? How well was the media used to promote visibility for UNICEF? Was the appropriate balance struck between advocacy and UNICEF profiling?

22. Were the supplies requisitioned for the Tsunami response appropriate to the needs, of adequate quality, and suitable to the local context? How well used were the goods supplied? How well did UNICEF’s procurement systems support the emergency response? How timely were supply deliveries to UNICEF, and from UNICEF to end users? How well was the end-utilization of supplies monitored?

23. To what extent did the CO and field offices comply with the Minimum Operating Security Standards (MOSS)? How aware was staff of UN/UNICEF security arrangements? How effective were the security provisions for protecting staff (international and national) and protection of supplies and assets? Has there been any conflict between the need for staff safety and security and meeting needs of affected populations? Has the balance been struck appropriately?

24. To what degree were preparedness and response affected by the DFID and ECHO programmes to strengthen UNICEF humanitarian response capacity?

Impact (early indications only)

25. To what extent have UNICEF targets been achieved? Are there gaps in UNICEF’s fulfillment of its CCC commitments? What results are attributable to UNICEF’s role and response?

26. Have there been unintended positive or negative impacts of the UNICEF (or UNICEF-coordinated) Tsunami response on affected or unaffected communities and their livelihoods?

27. For countries in conflict, what are the early indications, if any, of the effect of the UNICEF (or UNICEF-coordinated) Tsunami response on the environment for peace?
28. What was the impact of the Tsunami on UNICEF Country Programmes? To what extent have prior activities been replaced, redesigned? To what extent has UNICEF been diverted away from its support to populations not affected by the Tsunami?

Sustainability and Connectedness
29. How well has the CO used the experience from the Tsunami to build its recovery plans? Are the recovery plans appropriate to the country context? Are the plans likely to result in sustainable long term solutions? How well-integrated are UNICEF plans with those of the government and other actors (World Bank, ADB etc.)?

Coverage
30. To what extent have needs been met across the affected populations and areas? Were/are there geographic pockets remaining without adequate assistance?
31. To what extent has UNICEF been able to provide assistance free from political interference?

Coherence
32. How consistent was UNICEF planning and response with the Human Rights Based Approach to Programming?
33. How well has UNICEF and IASC policy on the use of civil military assets been applied? Has the policy proved relevant to the context?

SYNTHESIS REPORT
(EXTRACT FROM SYNTHESETEAM LEADER’S TOR)

- The evaluation synthesis is based on the findings of three country case studies as well as data collected from additional documentation and interviews regarding UNICEF’s overall response during the first six months. It is expected to distil lessons, good/best practices and practices to be avoided. As well, it is also expected that the evaluation synthesis report will highlight key recommendations to UNICEF on how to improve current and future emergency response efforts. The evaluation synthesis report is expected to be the primary output of the Evaluation, which is built on a base of three country case studies (Maldives, Sri Lanka, Indonesia) as well as additional information regarding other affected countries in the region.

- The synthesis report is expected to contribute to improved policy and performance within UNICEF with respect to humanitarian action. It aims to provide UNICEF with the means for assessing its own performance to the Tsunami, identify generic strengths and weaknesses and summarize main findings, conclusions and recommendations, generated primarily through the country case studies.

- In general, the synthesis report should include:
  - Situational analysis pre-tsunami, immediately post tsunami and after 6 months response by UNICEF.
  - Evaluation of UNICEF’s response plan and execution of that plan in terms of relevance, appropriateness, efficiency, effectiveness, impact (to whatever degree that can be qualitatively or quantitatively described), sustainability, connectedness, coverage, and coherence.
  - Recommendations and identification of successes, as well as issues/actions that would require remedial actions (e.g. updated planning based on lessons learned, etc).
ANNEX 5
PERSONS CONSULTED DURING THE EVALUATION

A5.1 UNICEF NYHQ

Wayne MacDonald  Senior Programme Officer, Tsunami, Evaluation Office
Manuel Fontaine  Senior Advisor, Child Protection, Children in Armed Conflict, Child Protection
Simon Lawry-White  Senior Programme Officer, Evaluation Office
Yin Yin Nwe  Senior Programme Officer, Tsunami

A5.2 UNICEF MALDIVES

Dan Martin  WES Project Officer
David Proudfoot  WES Project Officer
Mohammed Saeed  WES Coordinator
Ken Maskal  Country Representative
Johan Fagerskiold  Programme Officer
Ameena Mohamed Didi  Consultant, Education Programme Officer
Fathimath Shehezinee  Education JPO
Martin Hart Hasan  Monitoring, Evaluation and Reporting Officer
Unni Silkoset  Monitoring, Evaluation and Reporting Officer
Mohammed Naeem  Child Protection Officer
Laura Fragiacoma  Child Protection Officer

A5.3 GOVERNMENT OFFICIALS

Shaheeda Adam Ibrahim  Maldives Water and Sanitation Authority
Hussein Rachid  School Health Coordinator, Ministry of Education
Honourable Ahmed Abdullah  Minister of Energy, Water and Environment
Farooq Mohammed Hassan  Assistant Director General, Ministry of Energy, Water and Environment
Nathan Herbert  South African Water Sector – RO training coordinator
Adam Shareef Umar  Head Professional Development Unit, Education Development Centre
Ahmed Haleem  Coordinator, Curriculum Development, Education Development Centre
Honourable Zahiya Zareer  Minister of Education
Honourable Aisath Mahamed Didi  Minister of Gender and Family
Honourable Hamdhoon Hameed  Minister of Planning and National Development
Ibrahim Ismail Ali, Executive  Director, Ministry of Education
Hudha Ali Shareef  Director; Resource Management, Ministry of Planning and National Development
Hussain Niyaaz  Assistant Director General, Ministry of Planning and National Development
Shehanaz Abdulla  Project Manager, Project Management and Coordination Section, Ministry of Education
ANNEX

Mohamed Yoosuf Deputy Director, Physical Planning Unit, Ministry of Education
Dr Abdul Azeez Yoosuf Deputy Minister of Health
Ibrahim Shaheem Deputy Director General, Ministry of Health
Dr Sheena Moosa Director of Health Services, Ministry of Health
Honourable Ilyas Ibra Minister of Health
Aminath Rasheed Assistant Executive Director, Department of Public Health
Mohamed Shaheed Deputy Director, Department of Public Health
Arif Rasheed Volunteer, Coordinator, Social Support and Counselling Service, National Disaster Management Centre
Abdul Hameed Psychosocial Support Officer, Ministry of Health
Mariyam Abdullah Programme Coordinator, Nutrition, Department of Public Health
Zahiya Waheed Programme Officer, Managing Internally Displaced People (MIDP), National Disaster Management Centre

A5.4 OTHER ORGANIZATIONS

Selena Chan International Federation of the Red Cross
Magnus Wolfe Murray IDP advisor, OCHA
Stephanie Knell Head of Office, OCHA
Adam Cooper IDP advisor, OCHA
Dr Satyabrata Das American Red Cross, Country Manager
Dr Jorge Luna Country Representative, WHO
Dr Shalini Pooransingh Medical Officer (Epidemiologist), WHO
Dr Ohn Kyaw Medical Officer (Management), WHO
Dr Pelle Medical Officer, WHO
Dunya Maumoon Assistant Representative, UNFPA
Jerry Talbot Head of Delegation, International Federation of the Red Cross
Obaidur Rahman Programme Coordinator, International Federation of the Red Cross
Jim Robertson Relief Coordinator, International Federation of the Red Cross
Dr Satyabrata Das Country Manager, AmCross
Fathimath Thasneem Programme Officer, Disaster Risk Management Programme, UNDP
Rita Missal, Recovery Officer Disaster Risk Management Programme, UNDP

ANNEX 6
DOCUMENTS CONSULTED DURING THE EVALUATION

A6.1 GENERAL
UNICEF general
UNICEF regional
Global Tsunami Validation Workshop Report Regional Office for South Asia, South Asia, Tsu
Other
United Nations, Tsunami, Report and Summary of Main Conclusions
The World Bank Operations Evaluation Department, Reconstruction

80 EVALUATION OF UNICEF TSUNAMI EMERGENCY RESPONSE
ANNEX 6
DOCUMENTS CONSULTED DURING THE EVALUATION

A6.1 GENERAL

UNICEF general


_Humanitarian Principles Training, A Child Protection Approach to Complex Emergencies_.


_Monitoring and Evaluation Training Modules_ (draft), May 2005.

_Reference Kit No. 1 for Evaluators_, November 2004.


UNICEF regional


_Regional Office for South Asia, Documentation of UNICEF’s Child Protection Response in the Tsunami Disaster in South Asia_, October 2005.


Other


A6.2 MALDIVES

UNICEF/Maldives


SitReps from 28 December to August 2005.

Situation reports, assessment matrices and conference calls, February 2005.

‘Special PBR Indian Ocean Crisis’, Bangkok presentation, 4 February 2005.

UNICEF PFO, ‘Contributions to Tsunami Appeal as of 2 September 2005’.


Audit documents


‘Audit Workplan’.


‘Male PBR Submission’.


PROMS.

‘Table of authority’, July 2005

‘Tsunami Lessons Learned Exercises’ (draft outline), New York, 2005.


‘UNICEF Male Staff List’.
Programme documents


Annual reports


Child protection

Michalson, Reina, Post-Tsunami Psychosocial Needs Assessment, Maldives, June 2005.
Violence against Children in Schools and Families in Maldives with Focus on Sexual Abuse, Male, November 2003.

Education

‘Supply Requisition Formats’, UNICEF.
Series of undated and un-attributed short papers from UNICEF education officers.
Health, nutrition and water and sanitation


Other


# EVALUATION RECOMMENDATIONS

**RECOMMENDATIONS FOR MALDIVES COUNTRY OFFICE**

<table>
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<tr>
<th>#</th>
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</table>
| 1  | Monitoring and evaluation    | Develop a monitoring system with clear recommendations for action and agreed-upon timing for follow-up. | • Investigate joint monitoring with GOM and UNCT.  
  • Design regular programme for community consultation as part of monitoring system.  
  • Boost programme communications as part of accountability component.  
  • Ensure adequate staff complement for monitoring especially in WES. | Maldives CO      |
| 2  | Supply & logistics           | Boost transport and tracking capacity.                                         | • Investigate dedicated, joint transport capacity especially within UNCT.  
  • Pilot UNI-track system.                                                                                     | Maldives CO      |
| 3  | Preparedness                 | Strengthen community, CO and GOM capacity for future disaster response.        | • Together with UNCT support preparedness of GOM.  
  • Update the EPRP along with plans for training, processes and reporting and make them part of all CO staff orientation.  
  • Support development of community and school based planning and preparedness for WES on the islands. | Maldives CO      |
| 4  | HR                           | Ensure stress burden of staff is adequately considered.                         | • Examine staffing levels to ensure they are adequate.  
  • Ensure staff leave is maintained.                                                                            | Maldives CO      |
### MANAGEMENT RESPONSE

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<tr>
<td>Monitoring &amp; Evaluation functions have been significantly strengthened after the MTR with the addition of a Field database manager (P2), National Monitoring Coordinator (NOB) and ten Field Monitors (UNV). We plan to undertake regular joint monitoring exercises with all counterparts. A Programme Communication Officer (NOB) has also been recruited to boost community level feedback across all programme elements and should work closely with the Community Radio station start up project in building participation platforms for all programmes and partners.</td>
<td>M&amp;E Officer Communication Officer (leads a team including Programme Communication as a cross cutting service to all Clusters).</td>
<td>On-going, with the full staffing complement for the M&amp;E cluster to be on board by end April 2006.</td>
</tr>
<tr>
<td>UNITRACK pilot proposed for 2006 in partnership with Supply Division. Joint logistics exercises with both UNDP and WHO currently under assessment.</td>
<td>Supply Officer Andrey Demidovich</td>
<td>To be initiated during Q1 2006.</td>
</tr>
<tr>
<td>EPRP update exercise held during February 2006 with ROSA facilitation. UNICEF initiated joint UN Disaster Preparedness Planning exercise with UN DMT early March 2006. School based WES programme communication specialist recruited in March 2006 for initial six month capacity building exercise to promote environmental awareness and practical action for conservation and school gardening in partnership with FAO.</td>
<td>WES Cluster Chief, David Proudfoot</td>
<td>March/July 2006 with evaluation before extension.</td>
</tr>
<tr>
<td>Staffing levels increased by 25% following MTMR Regional Stress Counsellor has just completed a two week mission in country to highlight axes &amp; causes of tension and propose mitigating strategies. HR Officer (L3) currently under recruitment to provide more capacity in human resource management functions.</td>
<td>Operations Officer, Narayan Singh</td>
<td>On-going.</td>
</tr>
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<tr>
<td>5</td>
<td>Health and Nutrition:</td>
<td>Expand programme and consolidate inputs.</td>
<td>• Expand immunisation programme to include mumps.</td>
<td>Maldives CO</td>
</tr>
<tr>
<td></td>
<td>Immunisation</td>
<td></td>
<td>• Determine status of cold chain equipment and make concrete plan with MoH for use.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Health and Nutrition:</td>
<td>Consider assisting GOM with training of nutritionists.</td>
<td>• Examine feasibility within UNICEF practice and mandate of supporting higher education/ training for nutritionists.</td>
<td>Maldives CO</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td></td>
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<tr>
<td>7</td>
<td>WES: Assessment</td>
<td>Ensure good overview of current situation in WES.</td>
<td>• Support and promote joint needs assessment with GOM and IFRC and develop tool for demonstrating WES situation for affected populations.</td>
<td>Maldives CO</td>
</tr>
<tr>
<td>8</td>
<td>WES: MDGs</td>
<td>Support GOM to achieve MDG no. 8.</td>
<td>• Examine whether some tsunami funds can be used for rain water harvesting tanks for non-affected populations.</td>
<td>Maldives CO</td>
</tr>
<tr>
<td>9</td>
<td>WES: Hygiene</td>
<td>Support the Integrated School Health and Safety Project.</td>
<td>• Conduct a critical review of activities and the hygiene promotion materials.</td>
<td>Maldives CO</td>
</tr>
<tr>
<td>10</td>
<td>WES: Sanitation</td>
<td>Boost technical capacity for sanitation.</td>
<td>• Consider engaging engineering company or external consultancy services.</td>
<td>Maldives CO</td>
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<tr>
<td>Mumps (MMR) campaign undertaken in November 2005 with estimated 80% coverage achieved. Installation delays with Cold Rooms supplied during tsunami response currently under investigation. MoH requesting that two out of three items procured may be retained for stand by as original equipment was not deemed inoperable as first reported. Third Cold Room now being installed.</td>
<td>Health &amp; Nutrition Officer, Piyali Mustaphi</td>
<td>On-going.</td>
</tr>
<tr>
<td>2006 AWP includes two scholarships for training of senior nutritionists in the department of public health, MoH.</td>
<td>Health &amp; Nutrition Officer, Piyali Mustaphi</td>
<td>On-going.</td>
</tr>
<tr>
<td>UNICEF WES Cluster team is playing a critical Coordination role for this sector, involving both IFRC World Bank and ADB partners with Government in a lead role. WES Coverage mapping part of M&amp;E brief and will be integral to the DEVINFO exercise led by the Planning Ministry.</td>
<td>WES Cluster Chief, David Proudfoot</td>
<td>On-going.</td>
</tr>
<tr>
<td>All populations have been affected by the tsunami and we are already distributing household tanks to islands in an effort to boost household safe water access towards MDG Goal 8 achievement.</td>
<td>WES Cluster Chief, David Proudfoot</td>
<td>On-going.</td>
</tr>
<tr>
<td>WES School Environment specialist will conduct this assessment and will make recommendations for review of associated hygiene communication materials development.</td>
<td>WES Cluster Chief, David Proudfoot</td>
<td>On-going.</td>
</tr>
<tr>
<td>UNOPS to be contracted to assist WES Cluster in undertaking contract management functions for comprehensive sanitation upgrades on four designated pilot islands. UNICEF also cooperating with UNDP to provide household sanitation upgrades in line with shelter rehabilitation efforts.</td>
<td>WES Cluster Chief, David Proudfoot</td>
<td>On-going.</td>
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# EVALUATION RECOMMENDATIONS

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| 11 | Child Protection Assessment  | Continue and expand assessments in this area with a view to supporting further work. | • Support a follow-on study to the “Violence” study and a companion study on extent of violence towards and sexual abuse of women, building on the UNFPA report.  
• Conduct baseline psychosocial assessments (such as the Knowledge, Attitudes and Skills test) as a point of reference for psychosocial issues in the future. | Maldives CO |
| 12 | Child Protection: Advocacy   | Continue to advocate at the highest levels for political support in regard to addressing the issues of abuse. | • Continue and expand support to child protection unit within the Ministry of Gender and Family. | Maldives CO |
| 13 | Child Protection: Abuse      | Consider issues of drug abuse.                      | • Continue to advocate on issue within UNICEF and with Government. | Maldives CO |
| 14 | Education: ECD              | Increase importance and focus of ECD work within the education programme. | • Reinstate responsibility for ECD activities to the education officer thereby ensuring joined-up decision making in child friendly education.  
• Engage in policy level discussions related to the involvement of parents affected by the tsunami in supporting ECD.  
• Finalize the draft ECD policy as soon as possible.  
• Transfer the lessons learned from the ECD Centres to the Quality Learning Environment in Priority Schools Project. | Maldives CO |
| 15 | Education: Teaching         | Strengthen supervision system and secure positions of teachers trained in child centred methods. | • Strengthen the school based supervision system.  
• Secure the posts of teachers trained in child Centred methodology and ensure that they remain in the project classrooms. | Maldives CO |
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<tr>
<td>Violence study follow up exercise features within the 2006 AWP. Extensive KAP study on narcotic use planned for Q1-Q2, a key underlying cause of reported violence and abuse perpetrated against children and women in Maldivian society. Baseline psychosocial assessment referred to here is not yet under consideration because Government concern is overwhelmingly biased towards acute drug related social problems.</td>
<td>Child Protection Cluster Chief, Laura Fragiacomo</td>
<td>On-going.</td>
</tr>
<tr>
<td>Significantly expanded support to the Unit for the Rights of the Child in the Ministry of Gender and Family features within the 2006 CP AWP.</td>
<td>Child Protection Cluster Chief, Laura Fragiacomo</td>
<td>On-going.</td>
</tr>
<tr>
<td>Drug Abuse awareness, prevention and support for the development of community based rehabilitation facilities for juveniles features prominently in the 2006 AWP, including critical technical support to civil society NGO’s through south-south collaboration involving an Indonesian NGO.</td>
<td>Child Protection Cluster Chief, Laura Fragiacomo</td>
<td>On-going.</td>
</tr>
<tr>
<td>Pre-school development responsibility is now under the Education cluster, though early childhood nutrition and parenting skills remains a key element of the Health &amp; Nutrition programme. 2006 AWP includes an external consultancy to advance the ECD education policy draft exercise.</td>
<td>Education Cluster Chief, Ameena Didi</td>
<td>On-going.</td>
</tr>
<tr>
<td>Both of these recommendations are addressed within the Teaching Resource Centre project, with agreement reached among EDC officials for trained CFS teachers to be retained in post for a minimum of two years.</td>
<td>Education Cluster Chief, Ameena Didi</td>
<td>On-going.</td>
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## EVALUATION RECOMMENDATIONS

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<td>16</td>
<td>Education: Materials</td>
<td>Develop teaching materials</td>
<td>• Continue to develop materials for teaching and learning of the core subjects and ensure funds allocated for material development is planned thoroughly and spent appropriately.</td>
<td>Maldives CO</td>
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</table>
| 17 | Core Commitment for Children (CCC) | Review the CCC and Emergency Field Handbook (EFH) | • Look at issues such as participation  
• Review whether there is sufficient guidance on scaling up logistics operations  
• Make it clear that when countries have good measles coverage there is no need to immunise  
• Look at psychosocial response. | EMOPS            |
| 18 | Monitoring and Evaluation (M&E) | Invest in a range of M&E activities such as:  
• Joint M&E,  
• Internal rapid reviews such as After Action Review,  
• Real time evaluations,  
• Participatory M&E. |                                                                                                             | EMOPD, ROs, COs |
| 19 | Human Resources (HR)          | Preparedness                           | • Promote the development of staff mobilisation plans by Country Offices. | DHR, RO, CO      |
**MANAGEMENT RESPONSE**

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TRC initiative is the vehicle for both development and delivery of new teaching and learning materials – relying on web based delivery to internet linked centres in 20 atolls. Teachers are being trained in using this new approach and also IT skills training is planned for auxiliary staff.

External consultancy planned in 2006 to assist with the development of a Civic Education curriculum and to undertake a Human Rights based assessment of the national primary and secondary curriculum prior to wider curriculum reform efforts planned in 2007-2008.

Education Cluster Chief, Ameena Didi

On-going.