THE 2004 INDIAN OCEAN TSUNAMI DISASTER

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

SRI LANKA
EVALUATION REPORT

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SRI LANKA

EVALUATION OFFICE
MAY 2006
The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF’s response
(emergency and recovery phase). Indonesia Report.

UNICEF
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The report was prepared by five independent consultants contracted by the Evaluation Office - Lewis Sida (team leader), Jessica Alexander, Sandra Allaire, Sheila Reed and Suzanne Reiff. 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

The Tsunami of 26 December, 2004 impacted a large part of Sri Lanka (13 out of 25 districts) and caused substantial damage to life and property. Over 30,000 people died, a million (out of a population of 20 million) were initially displaced. Tsunami had a particularly severe impact in the north and east of the country that had been effected by a long-drawn conflict.

Working in partnership with the Sri Lankan government and other field players, UNICEF Country Office responded in 10 of the most severely effected districts. In response to a Flash Appeal, UNICEF received $ 137 million for its recovery program in the country. It undertook an initial, rapid assessment and crafted a recovery plan of action.

This evaluation of UNICEF's tsunami emergency response in Sri Lanka 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 Sri Lanka is based on the independent findings and recommendations of the evaluation team. The Country Office for Sri Lanka has prepared a management response to the recommendations of this Evaluation which is found in Annex 8.

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 Maldives. 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 evaluation findings show that UNICEF acted towards meeting the Core Commitments for Children in emergencies, and beneficially impacted the survival and rehabilitation needs of the disaster affected population. This report draws lessons for more effective and efficient performance of UNICEF's emergency response, and contribution to development.

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 Sri Lanka, in particular; Yasmin Haque, Indra Tudawe, Joanna Van Gerpen, Bo Viktor Nyland, Judith Bruno, Gabriela Elroy, Penny Brune, Andrea James, Sarah Graham, Jennifer Taylor, Pushpa Jayakody, Phillipe Barragne-Bigot and Dr Aberra Bekele.

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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 and his colleagues in the UNICEF Evaluation Office, particularly John Mark Tran for his tireless administrative support. Finally to Jean Quesnel, head of the Evaluation Office for his overall wisdom and guidance.
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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>ALNAP</td>
<td>Active Learning Network for Accountability and Performance</td>
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<td>CAGS</td>
<td>Cash Assistance to Governments</td>
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<td>CCC</td>
<td>Core Commitments for Children in Emergencies (UNICEF)</td>
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<td>CEDAW</td>
<td>Convention on Elimination of Discrimination Against Women</td>
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<td>CFS</td>
<td>Child Friendly Schools</td>
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<td>CNO</td>
<td>Centre for National Operations</td>
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<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>CRPO</td>
<td>Child Rights Promotion Officers of the Department of Probation and Child Care Services of Sri Lanka government</td>
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<td>CUE</td>
<td>Catch Up Education (CUE)</td>
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<td>CYPO</td>
<td>Sri Lanka’s Children and Young Persons Ordinance</td>
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<td>DPCCS</td>
<td>Department of Probation and Child Care Services under the Ministry of Social Welfare of Sri Lanka</td>
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<td>DFAM</td>
<td>Department of Finance and Administration</td>
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<td>DFID</td>
<td>Department for International Development (UK)</td>
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<td>DHR</td>
<td>Department of Human Resources</td>
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<td>DPDHS</td>
<td>Deputy Provincial Director for Health Services</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>
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<td>GoSL</td>
<td>Government of Sri Lanka</td>
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<td>HIC</td>
<td>UN Humanitarian Information Centre</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HRBAP</td>
<td>Human Rights Based Approach to Programming</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee (UN)</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>INGOs</td>
<td>International NGOs</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>JIBC</td>
<td>Japan Bank for International Cooperation</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MOH</td>
<td>Ministry of Health, Nutrition and Welfare</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MOSS</td>
<td>Minimum Operating Safety Standards</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>NCPA</td>
<td>National Child Protection Agency</td>
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<td>NDMC</td>
<td>National Disaster Management Centre</td>
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<td>MPO</td>
<td>Master Plan of Operations</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NYHQ</td>
<td>New York Headquarters</td>
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<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
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<td>ORS</td>
<td>Oral Rehydration Solution</td>
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<td>PBR</td>
<td>Programme Budget Review</td>
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<td>PD</td>
<td>Programme Division</td>
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<td>PHI</td>
<td>Public Health Inspectors</td>
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<td>PO</td>
<td>Probation Officers of the Department of Probation and Child Care Services of Sri Lanka government</td>
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<td>ProMS</td>
<td>Programme Manager System</td>
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<td>PTSS</td>
<td>Post Traumatic Stress Syndrome</td>
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<td>RBM</td>
<td>Results-Based Management</td>
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<td>ROSA</td>
<td>Regional Office for South Asia</td>
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<td>SCISL</td>
<td>Save the Children Sri Lanka</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Achievable, Realistic and Time-bound</td>
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<td>UNCT</td>
<td>UN Country Team</td>
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<td>UNDAC</td>
<td>UN Disaster Assistance and Coordination</td>
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<td>UNDMT</td>
<td>UN Disaster Management Team</td>
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<td>UNDP</td>
<td>UN Development Programme</td>
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<td>UNEP</td>
<td>UN Environmental Programme</td>
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<td>UNFPA</td>
<td>UN Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNOPS</td>
<td>UN Office for Programme Services</td>
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<td>UR</td>
<td>Underage Recruitment</td>
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<td>VCA</td>
<td>Vulnerability and Capacity Analysis</td>
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<td>WATSAN</td>
<td>Water and Sanitation</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WES</td>
<td>Water and Environmental Sanitation</td>
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<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>ZDE</td>
<td>Zonal Director of Education of Sri Lanka government</td>
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BACKGROUND

The Democratic Socialist Republic of Sri Lanka has a current population of approximately 20 million. Over 350,000 IDPs from civil conflict remained displaced before the tsunami. The UNICEF Country Office (CO) has responded in the past to a number of disasters such as droughts and floods, has zone offices in Jaffna, Kilinochchi, Trincomalee and Batticaloa, and has an ongoing programme working with children affected by the conflict. The Government of Sri Lanka (GoSL) had no comprehensive disaster management plan. The tsunami of 26 December 2004 affected 13 of 25 districts, many in former conflict areas. Over 30,000 people died and a million were initially displaced.

PURPOSE

The Purpose of the Evaluation, Team Composition and Methodology

- 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.

EXECUTIVE SUMMARY

OVERALL HUMANITARIAN RESPONSE

APPROPRIATENESS AND RELEVANCE

The UNICEF Country Office (CO) generally undertook timely assessments. Rapid assessments were initiated by zone offices on 27 December in nine districts. There were many other assessments, including a comprehensive survey of separated and unaccompanied children, nutrition surveys and a survey of the opinions of IDPs in three districts. A comprehensive water and sanitation survey in 10 districts was carried out in March 2005. UNICEF also contributed significantly to joint assessments, such as those undertaken by the Sri Lanka Government (GoSL) and the development banks. There were no standardized formats within UNICEF or with
other organizations, complicating internal and joint analyses. The assessment process did not always identify partner capacity, cultural preferences, gender differences and vulnerability.

The CO did not develop a strategic plan for the emergency response phase beyond the broad objectives outlined in the UN Flash Appeal and Donor Alert. This is understandable in an overwhelming emergency, although it has made measuring impact difficult. The Plan of Action outlined in the Core Commitments for Children in Emergencies (CCC) could have proved a useful tool in this regard. The CO developed a Recovery Plan of Action six weeks after the tsunami and then finalized it with all stakeholders, a process which effectively consolidated the initial phase and provided a clearer picture of recovery requirements.

The CO requested funding through the Flash Appeal of 5 January that was proportionate to both need and office capacity ($47,839,680$). By October, the CO had received $137 million as a result of overwhelming public generosity. This has given UNICEF the opportunity to become engaged in significant rehabilitation programmes. Construction forms a major part of this activity, something that UNICEF has been institutionally ambivalent about in recent years. As a result oversight capacity is still being put in place.

The CO responded in the 10 most severely affected districts and established zone offices in Galle and Ampara, meaning there was almost national coverage. The long-standing issues in the equity of development in Sri Lanka were highlighted in response operations. The CO advocated for equity in the response and expanded coverage to include other people in need in tsunami-affected districts (such as conflict IDPs and those in host communities).

**IMPACT**

UNICEF and partners had significant impact in the first six months. There were no serious communicable disease outbreaks, children got back to school relatively quickly, separated and unaccompanied children were registered promptly and measures to protect children and safeguard their psychological well-being were carried out rapidly. Impact could have been enhanced by timeliness of hygiene inputs, capacity development for partners, making WES consistently up to standard and enhancing monitoring.

Tsunami-affected areas in the east and north of Sri Lanka had already suffered the effects of conflict. A rigorous analysis of how tsunami response may have influenced the progress of peace is beyond the scope of this evaluation; however the CO was highly sensitive in dealing with issues of equity. Heads of zone offices played important roles in coordinating with the assistance community, the district authorities and the Liberation Tamil Tigers of Eelam (LTTE).

The tsunami struck in many of the areas where the CO had its regular programme and many of the planned activities for 2005 were put on hold. This was an appropriate re-ordering of priorities given the change in context. Plans for the next 18 months reflect a strengthening of previous activities and a renewed vigour and increased infusion of funds for pursuing existing and new goals.

**EFFECTIVENESS**

The initial response by UNICEF was timely. Staff members were assessing the situation within 24 hours and supplies reached affected communities immediately in Ampara, and within days across the country. Several plane loads of supplies arrived quickly from Copenhagen and there was some initial local procurement. These items were quickly distributed. Beyond this the response slowed due to supply delays and inappropriate internal procedures that often meant approvals for disbursements were delayed.

Much of UNICEF’s work is implemented through partners. The GoSL was the channel for the majority of UNICEF’s relief assistance in the first six months through relevant ministries. GoSL staff members interviewed were satisfied with partnerships with UNICEF with a few exceptions. UNICEF was most effective in working with government where they had capacity themselves; UNICEF also had international and local NGO partners. Local NGOs had the best links

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1 All monetary units in this report are in US dollars.
with the community but were of variable quality in implementing work. UNICEF’s cumbersome reporting requirements are often problematic for establishing and maintaining partnerships. The CO working with the United Nations Office for Programme Services (UNOPS) should promote even greater consultation at the community level to ensure satisfaction with ongoing construction projects.

The CO paid insufficient attention to issues of targeting and vulnerability. Although coverage of affected people was adequate, the most vulnerable were not specifically targeted. The CO’s activities contributed toward helping women recover following the tsunami, but there was not an explicit gender-based analysis. The CO participated in an important SGBV study and advocacy campaign.

There was little evidence of formal, standardized and routine monitoring of the distribution of UNICEF supplies and services. The CO has established an M&E plan for the recovery programme. Effective monitoring has to be coordinated between UNICEF and its partners – accountability requirements must be upheld by each actor. The UNHCR/UNICEF IDP survey was a good initiative with the potential to improve the impact of projects.

The CO effectively promoted best practices in psychosocial work and distributed guidelines on prevention and identification of abuse to zone offices. In WES, standards were developed for partners, but the opportunity to set standards for the entire WES sector was missed. In terms of meeting Sphere standards, the CO had mixed results. UNICEF needs to more effectively promote joint responsibility for setting and meeting standards. Few opportunities were created for beneficiaries to participate in activities aimed to benefit them.

The CO’s presence and familiarity with local conditions promoted its coordination role. UNICEF seconded staff to the Centre for National Operations (CNO) and played a high-profile role in the UN Country Team. UNICEF staff members were UN focal points and played much-appreciated roles in the North and East. In WES, the CO effectively organized meetings, but did not have a sufficient effect on improving performance across WES. In child protection, most interviewees were extremely happy with UNICEF’s coordination role. In education, the CO effectively supported the MoE in coordination, although not all actors participated in the forums. UNICEF must be prepared to support adequate human resources for coordination and develop tools to do the job.

EFFICIENCY

The management of the UNICEF response in Sri Lanka was proactive and effective, supported by an experienced senior management team that had worked together for almost a year. Four of the five UNICEF Heads of zone offices had been in post for two years or longer. The country representative was an experienced emergency manager, and promoted early initiatives. The respect that existed in Sri Lanka, from government, UN colleagues, donors and NGOs for the UNICEF programme and staff helped them in carrying out their important leadership role for children. Prior devolution of authority to the Heads of zones and installation of the Programme Manager System (ProMS) would have enhanced the response.

The CO faced human resource challenges in scaling up the programme to spend four times the 2005 budget. Initially, staff members were effectively re-deployed within the CO, quickly followed by deployments from NYHQ, ROSA and other offices. There were massive efforts to meet HR gaps through hiring consultants to fill interim needs. The Programme Budget Review of February approved 85 posts but only about half were in position in October. This put a huge burden on existing staff and also severely hampered the expansion of the programme. The human resource support for WES was unrealistic particularly to support UNICEF’s role in coordinating this complicated and highly technical sector.

The CO has procured $28 million worth of supplies since 26 December, of which $19 million were offshore and just under $7 million local procurement (the rest was freight). Constraints to procurement included the large number of suppliers procuring items from similar sources. A major issue in the supply chain was the stagnation at the ports, which
consumed a great deal of staff time and effort. Under these circumstances, UNICEF performed well initially, delivering basic relief items by 31 December. Following this initial burst of activity, the supply chain slowed down and this was reflected in reduced timeliness of assistance to affected people throughout the six-month period.

The financial and administrative (F&A) procedures used during the tsunami response seriously hampered the CO’s ability to respond in a timely and effective manner following the initial activity. Although the CO was able to introduce some mitigating measures, they were not able to ameliorate the effects. The F&A system is ill suited to emergency response and to the need for large amounts of money to be programmed in short periods. The F&A systems simply involve too many steps for emergency and subsequent recovery operations.

HEALTH AND NUTRITION

UNICEF’s initial response was both effective and timely, with the appropriate provision of emergency medical kits, hospital equipment and other supplies. Breastfeeding advocacy and support for control of infant formula was also timely. The decision to refrain from mass measles immunization was appropriate given the level of coverage. Above all, UNICEF and partners are commended for their achievement in designing and completing a nutrition survey in the first month post disaster, creating a baseline for ongoing activities and care.

Activities undertaken in the later phase should provide long-term improvements in health care. These include the re-establishment of basic health services such as infrastructure and human resources development. Similar long-term effects can be expected from the delivery of micronutrients with the re-establishment of iodination of salt, and a vitamin A campaign. The accelerated support to reduce communicable diseases through the provision of insecticide-treated mosquito nets and health information has also been effective as there have been no disease outbreaks.

The enhancement of nutritional surveillance through the provision of equipment and monitoring materials and the follow-up nutritional survey are commendable, given the prior precarious nutrition situation, and the risks associated with the population displacement. Given the findings of the second survey, which show a slight worsening of the wasting compared to the first survey despite a reduction in disease burden, there may be a need for increased supplemental food for young children.

WES

There were a number of achievements in the early UNICEF WES response. An experienced coordinator was deployed quickly from NYHQ to fulfil UNICEF’s responsibility for coordination. Latrines were built by the provincial health departments working in partnership with UNICEF. Tankers were hired to distribute water to IDP camps.

The target of achieving Sphere standards for water supply was quickly achieved, although this was not the case universally (for instance in Ampara and Trincomalee it took three weeks). This was due to good capacity of government, civil society, UN and NGOs and certainly contributed to the low incidence of communicable disease.

In UNICEF’s own programme supply delays, lack of staff and late approvals of partner activities slowed down an initially fast response. Hygiene kits arrived late, toilet construction was slow, inappropriate squatting pans were sent (and most had to be re-routed) and emptying pit latrines took time. Existing hygiene promotion materials were distributed within the first two months, but hygiene materials designed specifically for the tsunami response were only distributed six months after the tsunami.

While early coordination was adequate in the sector, there were also missed opportunities. UNICEF did attempt to set some standards and disseminate guidelines such as well cleaning procedures, but this was not effective. The transitional shelter project also suffered from poor or absent WES guidance and coordination. Sites were chosen without access to water, drainage was often poor and inappropriate latrines were constructed. This might have been avoided with better national and district coordination.
CHILD PROTECTION

Child protection programming immediately after the tsunami mainly focused on identification and registration of unaccompanied and separated children, advocacy around abuse and exploitation in the camps and transitional shelters, and working with local partners to provide psychosocial support to affected communities. Overall, these responses were effective and appropriate. As UNICEF already had a strong child protection presence in the conflict-affected North, existing partnerships were crucial to implementing a sound and comprehensive initial response.

Facilitating a nationwide survey to identify unaccompanied and separated children and trace relatives was an appropriate immediate response. UNICEF advocated for and effectively disseminated information on foster placements as opposed to adoptions abroad or the establishment of children’s homes. UNICEF launched a comprehensive abuse and exploitation awareness campaign and beneficiaries remember receiving key messages. Psychosocial needs were addressed by working through key partners and organizing forums and networks in which all actors could discuss their activities. UNICEF’s promotion of the psychosocial agenda ensured that needs were addressed in a systematic way.

Coordination of government, NGO and local actors was one of UNICEF’s greatest strengths. Staff brought partners together, maintained and disseminated information to them, mapped the field of work, especially in the psychosocial sector, and provided useful guidelines and implementation frameworks. Weaknesses in the response concerned processing payments and the monitoring of activities. Some partners waited months before funds were released causing delays in service provision and frustration amongst employees. Government partners were not always strong and needed greater support and closer monitoring to ensure that they carried out their roles. Their limited efficiency in following up on child protection issues has left a gap in the protection of children.

EDUCATION

UNICEF’s strong relationships with the Ministry of Education and other organizations strengthened the education response and facilitated advocacy for CFS and equity, and for IDPs living temporarily in schools. A major achievement by education actors was to return as many as 200,000 children to learning and stagger the re-opening of about 200 schools housing IDPs. MoE assessments were used to ascertain needs for school start ups and reconstruction.

UNICEF directed most education supplies through government partners, but they were under capacitated causing distribution delays and monitoring gaps. UNICEF’s financial and activity approval systems also caused delays and setbacks. Goods distributed late were often not needed or were duplicative. Programmes that sought to capture vulnerable children not receiving all the benefits of education lost momentum. Student and teacher attendance is still below 100 percent, particularly for IDPs. UNICEF’s coordination efforts were adequate but did not include all actors.

Temporary and semi-permanent schools, furniture, recreation kits, and Schools–in-a-Box were well appreciated by communities. Permanent school construction was delayed due to the need for design approval, land and contracting issues and the fact that donors did not cover all needed schools. Community members did not fully understand the functionality of proposed school designs; greater consultation and monitoring are required. The temporary schools need immediate attention for improvements in WES and roof quality.

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 on the next page.
## KEY RECOMMENDATIONS ON PROGRAMME APPROACHES AND SUPPORT

### Recommendations for Sri Lanka Country Office

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<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
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| Participation | Increase consultation with affected communities and public information on UNICEF’s work. | • Undertake further studies of tsunami- and conflict affected IDPs of the type that was conducted jointly with UNHCR looking at what priorities are.  
• Include youth in peace building.  
• Work with UNOPS to make consultation locally appropriate.  
• Structure feedback mechanisms on UNICEF activities, perhaps through local networks and NGOs.  
• Use mass media to regularly inform public of UNICEF work and plans. |
| Monitoring    | Strengthen monitoring of impacts and outcomes in all sectors.                  | • Conduct assessment with partners on needs for monitoring.            
• Undertake regular collection of data and feedback in order to steer activities to promote greater impact. |
| Health and Nutrition | Further investigate factors contributing to nutrition decline and discuss potential action with partners. | • Conduct further nutrition studies.  
• Discuss with WFP and GoSL. |
| Water and Environmental Sanitation | Increase staff capacity for coordination and implementation. | • Develop an emergency WES consultant roster. |
| HR            | Increase staff capacity for coordination and implementation.                  | • Urgently review the water trucking situation and find alternatives; rainwater harvesting techniques should be considered. |
| Water         | Seek sustainable solutions to meet drinking water supply needs.               | • Urgently review the water trucking situation and find alternatives; rainwater harvesting techniques should be considered. |
| Provision     |                                                                 | • Urgently review the water trucking situation and find alternatives; rainwater harvesting techniques should be considered. |
| Child Protection | Increase direct monitoring of children.                                        | • Put in place better structure for monitoring situation of children in camps, particularly with regard to abuse and exploitation (perhaps using networks and local organizations).  
• Increase support to partners for more direct monitoring of children with foster families (again, using non-government organizations if government unable).  
• Increase monitoring of children’s homes through support to partners. |
| Advocacy      | Advocate for Fit Persons support.                                              | • Continue to advocate on tsunami bill.  
• Advocate for retroactive payments so that families who have had to wait are recompensed appropriately. |
| Psychosocial  | Develop a holistic approach.                                                   | • Conduct a study across districts to determine which components of the various methods used by partners are most effective and develop an agreed-upon approach. |
| Education     | Upgrade those temporary schools that are sub-standard.                         | • Ensure roofs are appropriate and especially not too hot.  
• Ensure water and sanitation in temporary schools meet Sphere standards. |
| Advocacy      | Work with GoSL to ensure all schools destroyed by the tsunami are replaced.   | • Strongly advocate with donors to ensure commitments are fulfilled.  
• Act as interlocutor between government and donors to ensure policy is realistic. |
## Recommendations for UNICEF Globally

<table>
<thead>
<tr>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>ACTION</th>
<th>WHO</th>
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</thead>
<tbody>
<tr>
<td>Operations</td>
<td>Overhaul emergency operations approach and capacity to ensure administration supports the delivery of programmes rather than hinders it.</td>
<td>• Ensure adequate staff complement for the volume of work.</td>
<td>EMOPS, DFAM</td>
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<td></td>
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<td>• Collate financial and administrative procedures in an easy and accessible form.</td>
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<td>• Streamline finance and admin procedures for emergencies.</td>
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<td></td>
<td>• Ensure simple, effective and compulsory training package on procedures is available to all new emergency staff.</td>
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<tr>
<td>Coordination</td>
<td>UNICEF needs to strategize how to carry out its leadership and coordination functions.</td>
<td>• Develop tools for coordination including: sector wide assessment tools, data processing capability and sets of standards in sectors that can be deployed early.</td>
<td>PD, EMOPS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clarify accountabilities of UNICEF as sector leader.</td>
<td>EMOPS through IASC clusters.</td>
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<tr>
<td>HR</td>
<td>Speed up the hiring processes considerably.</td>
<td>• Seek innovative solutions to provide overlap with staff on mission by permanent staff and avoid the disruption caused by excessive turnover.</td>
<td>DHR, RO, CO</td>
</tr>
<tr>
<td>WES</td>
<td>Strengthen global capacity for emergency WES coordination and implementation.</td>
<td>• Urgently increase global human resource capacity especially for coordination.</td>
<td>PD, EMOPS Supply division</td>
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<td></td>
<td></td>
<td>• Ensure majority of country offices have WES programmes.</td>
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<td>• Develop standards in water and sanitation through IASC cluster that can be disseminated early and robustly.</td>
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<td>• Ensure standard items in Copenhagen (such as squatting plates) have geographical specificity.</td>
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<td>• Use substantial work on hygiene promotion to develop simple and effective emergency tools.</td>
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<tr>
<td>Health and Nutrition</td>
<td>Ensure that CCC cover various scenarios and areas of responsibility.</td>
<td>• Examine CCC in light of various scenarios that might occur to ensure coverage of responsibilities by UNICEF and partners, defining steps to be taken and monitoring activities to pursue.</td>
<td>PD, EMOPS selected ROs &amp; COs</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Increase opportunities and resources directed to adolescents in emergencies.</td>
<td>• Conduct needs assessments and provide support for adolescents to promote their participation, continuation of their education and prevention of negative impacts of emergencies, such as abuse, alcoholism and unemployment.</td>
<td>PD, EMOPS selected ROs &amp; COs</td>
</tr>
<tr>
<td>Education</td>
<td>Look at temporary school design to facilitate speedy construction.</td>
<td>• Develop simple plans for temporary schools that can be adapted to the local context using local materials.</td>
<td>PD, EMOPS selected ROs &amp; COs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Investigate feasibility of a temporary school ‘kit’ that can be quickly shipped and assembled.</td>
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</tbody>
</table>
RÉSUMÉ ANALYTIQUE

HISTORIQUE

La République démocratique socialiste du Sri Lanka compte actuellement environ 20 millions d’habitants dont plus de 350 000 de personnes déplacées, du fait de la guerre civile, avant que le tsunami ne survienne. Le Bureau de l’UNICEF au Sri Lanka, qui dans le passé avait réagi à toute une série de catastrophes naturelles, y compris sécheresse et inondations, dispose de bureaux de zones à Jaffna, Kilinochchi, Trincomalee et Batticaloa, où un programme en faveur des enfants touchés par le conflit est mis en œuvre. Le Gouvernement du Sri Lanka (GoSL) ne possède pas de Plan national de gestion des catastrophes. Le tsunami du 26 décembre 2004 qui a frappé 13 des 25 districts du pays, dont plusieurs dans les zones déjà affectées par le conflit, a fait 30 000 morts et a déplacé un million de personnes.

OBJECTIF DE L’ÉVALUATION

Objectifs de l’évaluation, composition de l’équipe et méthodologie

- Identifier les résultats principaux des interventions au cours de la phase d’urgence ;
- Prendre note de toutes les contraintes et lacunes relatives à ces interventions ;
- Souligner les implications éventuelles pour les politiques à venir.

L’équipe d’évaluation était composée de cinq experts indépendants de la santé, de l’eau, environnement et assainissement, de la protection de l’enfance et de la gestion des situations d’urgence. Parmi les méthodes de collecte de données, il y a eu une étude de dossiers et des entretiens structurés avec des informateurs individuels ainsi que d’autres entretiens avec des groupes de réflexion. Des problèmes de temps et de logistique se sont posés dans le processus d’analyse en profondeur des problèmes et dans l’accès à un plus grand nombre de personnes affectées et d’organisations d’aide humanitaire.

ENSEMBLE DE L’AIDE HUMA NIT AIRE FOURNIE QUALITÉ ET PERTINENCE

Le Bureau de pays n’a pas élaboré de plan stratégique pour la phase d’intervention d’urgence au-delà des objectifs généraux énoncés dans l’Appel éclair auprès des Nations Unies et dans l’alerte aux bailleurs de fonds. Ceci est compréhensible dans une urgence de cette envergure. Cependant, la tâche de mesurer l’impact des activités demeure difficile dans ces conditions. En l’occurrence, le Plan d’action contenu dans les Principaux engagements pour les enfants dans les situations d’urgence aurait pu s’avérer utile. Le Bureau de pays a élaboré un Plan d’action de relance six semaines après le tsunami, et l’a éventuellement finalisé avec toutes les parties prenantes, processus qui s’est révélé efficace pour consolider la phase initiale et fournir une image plus claire des conditions requises pour une relance.

Par l’Appel éclair du 5 janvier, le Bureau de pays a sollicité un financement qui correspondait à la fois aux besoins et à la capacité du bureau (47 839 680 dollars). Au mois d’octobre, le Bureau de pays avait reçu 137 millions de dollars, suite à un élan de générosité du public. Cela a donné à l’UNICEF l’occasion de s’engager dans des programmes importants de reconstruction. La construction, qui est une activité pour laquelle l’UNICEF continue d’afficher une certaine ambivalence institutionnelle au cours des dernières années, constitue la majeure partie des interventions. En conséquence, la capacité de supervision dans ce domaine est encore en voie d’élaboration.

L’action du Bureau de pays a porté sur les 10 districts les plus sévèrement touchés. Avec l’ouverture de bureaux de zones à Galle et Ampara, la couverture était quasi nationale. Les anciens problèmes relatifs à l’équité du développement au Sri Lanka ont été mis en évidence dans les opérations de l’action humanitaire. Le Bureau de pays a plaidé pour l’équité dans les interventions humanitaire et a élargi sa couverture pour y inclure d’autres populations nécessiteuses qui se trouvaient dans les districts touchés par le tsunami (telles que les personnes déplacées du fait du conflit et celles qui se trouvaient dans les communautés hôtes).

IMPACT

L’UNICEF et ses partenaires ont eu un impact significatif les six premiers mois. Il n’y a pas eu d’épidémie grave, les enfants sont retournés à l’école assez rapidement, les enfants séparés de leur famille et non accompagnés ont été vite recensés, et des mesures destinées à protéger les enfants et à sauvegarder leur bien-être psychologique ont été rapidement mises en place. L’impact aurait pu être amélioré par l’arrivée opportune d’intrants relatifs à l’hygiène, au développement des capacités pour les partenaires, au respect permanent des normes en matière d’eau, d’environnement et d’assainissement et à l’amélioration du suivi.

Les zones frappées par le tsunami à l’est et au nord du Sri Lanka avaient déjà souffert des effets du conflit. Une analyse rigoureuse de la manière dont les interventions d’urgence suite au tsunami auraient pu faire avancer le processus de paix dépasse le champ de cette évaluation. Toutefois, le Bureau de pays a fait preuve d’une grande délicatesse sur les questions d’équité. Les chefs des bureaux de zones ont joué des rôles importants dans la coordination qui s’est opérée avec la communauté de l’aide humanitaire, les autorités de district et le mouvement Tamil Tigers of Eelam (LTTE).

Le tsunami a frappé dans beaucoup de régions où le Bureau de pays gérât ses programmes réguliers, et où un grand nombre d’activités prévues pour 2005 furent suspendues. Les priorités ont été redéfinies et reclassées, compte tenu du changement de contexte. Les plans pour les 18 mois suivants reflètent un renforcement des activités précédentes et une vigueur renouvelée, soutenus par une injection accrue de moyens financiers pour atteindre les objectifs existants et ceux qui ont été nouvellement définis.

EFFICACITÉ

La réponse initiale de l’UNICEF fut prompte. Les membres du personnel ont dressé un bilan de la situation dans les 24 heures, et les approvisionnements sont parvenus

3 La seule unité monétaire de ce rapport est le dollar des États-Unis.
immédiatement aux communautés touchées d’Ampara, et quelques jours plus tard au reste du pays. Plusieurs avions-cargos chargés de matériel et équipements sont arrivés rapidement de Copenhague, et certains achats ont été effectués localement. Ces marchandises ont été rapidement distribuées. L’action humanitaire s’est par la suite ralentie à cause de retards dans les approvisionnements et de retards dans les autorisations de décaissements résultant de procédures administratives et financières internes inadaptées.

Une grande partie des interventions de l’UNICEF sont mises en œuvre par des partenaires. La majeure partie des secours d’urgence fournis par l’UNICEF au cours des six premiers mois a été confiée au gouvernement du Sri Lanka et mise en œuvre par les ministères concernés. A quelques exceptions près, le personnel du Gouvernement interrogé s’est déclaré satisfait du partenariat avec l’UNICEF. Il s’avère que dans son partenariat avec le gouvernement, l’UNICEF a été le plus efficace dans les situations où ses capacités étaient déjà établies ; l’UNICEF a également travaillé en partenariat avec des ONG internationales et locales. Les ONG locales étaient celles qui entrenaient les meilleures relations avec la communauté, mais leur qualité dans la mise en œuvre des activités s’est avérée inégale. Les lourdes procédures de l’UNICEF relatives à l’obligation de rendre des comptes rendent souvent difficile l’établissement et le maintien de partenariats. Le Bureau de pays, qui travaille avec le Bureau des Nations Unies pour les services d’appui aux projets (UNOPS) devrait encourager une consultation encore plus élargie au niveau communautaire pour garantir la satisfaction des projets de construction en cours.

Le Bureau de pays n’a pas prêté une attention suffisante aux questions de ciblage et de vulnérabilité. Bien que la couverture des personnes touchées ait été adéquate, les plus vulnérables n’ont pas été spécifiquement ciblés. Les activités du Bureau de pays ont certes contribué à aider les femmes à récupérer suite au tsunami. Cependant, il n’y a pas eu d’analyse explicitement basée sur le genre. Le Bureau de pays a participé à une importante étude ainsi qu’à une campagne de plaidoyer sur le thème de la violence sexuelle et sexiste.

Il y a eu peu de traces d’un suivi de routine, formel et avec des normes bien définies, en matière de distribution des équipements et services de l’UNICEF. Le Bureau de pays a établi un plan de suivi/évaluation pour le programme de relance. Un suivi efficace doit être coordonné entre l’UNICEF et ses partenaires : les exigences de la responsabilisation doivent être maintenues par chacun. L’enquête sur les personnes déplacées menée par le HCR et l’UNICEF a été une bonne initiative, avec le potentiel d’améliorer l’impact des projets.


La présence du Bureau de pays avant le tsunami et sa connaissance profonde des conditions locales lui ont valu son rôle de coordination. L’UNICEF a détaché du personnel auprès du Centre National pour les opérations (CNO) et joué un rôle proéminent au sein de l’équipe des Nations Unies établie dans le pays. Les fonctionnaires de l’UNICEF se sont distingués en tant que chefs de file pour les Nations Unies et ont joué des rôles très appréciés dans le nord et l’est du pays. Dans le secteur de l’eau, de l’environnement et de l’assainissement, le Bureau de pays a été efficace dans l’organisation de réunions, mais n’a pas eu un effet suffisant sur l’amélioration des performances pour le secteur dans son ensemble. En matière de protection de l’enfance, la plupart des personnes interrogées se sont montrées très satisfaits du rôle de coordination joué par l’UNICEF. Quant au domaine de l’éducation, le Bureau de pays a apporté un soutien efficace au Ministère de l’Education en matière de coordination, bien que les
intervenants n’ont pas tous participé aux forums qui ont été organisés. L’UNICEF doit être prêt à appuyer les ressources humaines nécessaires à la coordination, et à élaborer des outils pour accomplir les tâches.

EFFICIENCE


Le Bureau de pays a dû faire face à des faiblesses en matière de ressources humaines dès que le programme fut hissé à un niveau reflétant quatre fois le budget régulier de 2005. Au début, des membres du personnel avaient été redéployés avec succès au sein du Bureau de pays, puis ont suivi des déploiements de personnel au niveau du Siège à New York, du Bureau régional et d’autres bureaux. De gros efforts ont été faits pour combler les lacunes et des consultants ont été engagés pour répondre aux besoins à titre provisoire. La réunion extraordinaire du Comité chargé de l’examen du budget du programme qui s’est tenue en février 2005 a approuvé la création de 85 postes, dont seulement la moitié avaient été pourvus en octobre. Cela a créé un fardeau de travail énorme pour le personnel existant, et se sont produits des problèmes avec le système d’approvisionnement de base et du haut niveau de la chaîne d’approvisionnement et qui a coûté temps et énergie au personnel, a été la stagnation dans les ports d’arrivée. Dans ces circonstances, le rendement de l’UNICEF a été bon au départ, et les articles de première nécessité pour les secours ont été livrés avant le 31 décembre. A la suite de cette explosion d’activité initiale, la chaîne d’approvisionnement s’est ralentie, et cela s’est traduit par une baisse de rapidité dans la livraison de l’aide aux personnes touchées tout au long de la période des six mois.

Les procédures financières et administratives employées pendant l’intervention humanitaire en réponse au tsunami ont sérieusement limité la capacité du Bureau de pays à réagir avec promptitude et efficacité au-delà de la réponse initiale. Bien que le Bureau de pays ait été en mesure d’introduire certaines mesures d’intervention d’urgence, celles-ci n’ont pas pu améliorer les résultats. Le système administratif et financier est mal adapté aux actions d’urgence et au besoin de programmer des sommes financières importantes sur des périodes courtes. Les systèmes financiers et administratifs, tout simplement, comptent trop d’étapes pour s’appliquer aux opérations d’urgence et aux activités de relèvement qui les suivent.

SANTÉ ET NUTRITION

Les interventions initiales de l’UNICEF ont été à la fois efficaces et opportunes, avec les quantités nécessaires de trousses médicales, de matériel hospitalier et autres équipements. Le plaidoyer pour l’allaitement maternel et le soutien au contrôle des préparations lactées pour nourrissons ont été également fournis en temps opportun. La décision de ne pas s’engager dans une campagne de vaccination contre la rougeole a été judicieuse compte tenu du niveau élevé de couverture vaccinale. Par-dessus tout, l’UNICEF et ses partenaires méritent d’être félicités pour avoir réussi à organiser et effectuer une enquête sur la nutrition dans le premier mois qui a suivi la catastrophe, créant ainsi des données de référence pour les activités et les soins en cours.
Les activités entreprises au cours de la phase suivante devraient fournir des améliorations durables dans le domaine des soins de santé. L’on compte à ce titre la restauration des services de santé de base, tels que le développement des infrastructures et des ressources humaines. Des effets à long terme similaires résulteraient de la distribution de micronutriments avec le retour à l’iodation du sel, et une campagne de distribution de vitamine A. L’appui accéléré à la réduction des maladies contagieuses, grâce à la mise à disposition de moustiquaires imprégnées d’insecticide et à la distribution d’informations sur la santé, a lui aussi été efficace car aucune épidémie n’a éclaté.

L’amélioration de la surveillance nutritionnelle grâce à la mise à disposition d’équipement et de matériel de suivi et à l’enquête nutritionnelle qui a suivi sont dignes d’éloges si l’on considère la situation précaire qui prévalait en matière de nutrition et les risques associés aux déplacements de populations. Compte tenu des constatations de la seconde enquête, qui indiquent une légère aggravation de la dénutrition par rapport à la première, en dépit d’une réduction du fardeau des maladies, le besoin d’augmenter les aliments de supplément à l’intention des jeunes enfants, pourrait se faire sentir.

**EAU, ENVIRONNEMENT, ASSAINISSEMENT**

Il y a eu un certain nombre de résultats dans ce secteur lors des premières interventions de l’UNICEF. Un coordonnateur expérimenté a été rapidement déployé à partir du Siège à New York pour s’acquitter des responsabilités de l’UNICEF en matière de coordination. Des latrines ont été construites par les services de santé provinciaux en partenariat avec l’UNICEF. Des camions-citernes ont été loués pour la distribution d’eau aux camps de personnes déplacées. L’objectif de respecter les normes SPHERE pour l’approvisionnement en eau a été rapidement atteint, bien que cela n’ait pas toujours été le cas partout (par exemple, à Ampara et à Trincomalee, il a fallu trois semaines). Ceci est dû aux bonnes capacités du Gouvernement, de la société civile, des Nations Unies et des ONG, et à très certainement contribué à l’incidence peu élevée de maladies contagieuses.

Le manque de personnel et l’approbation tardive des activités des partenaires ont été à la source du ralentissement des interventions initialement rapides de l’UNICEF. Les trousses d’hygiène sont arrivées tard, la construction de toilettes a été lente, des cuvettes hygiéniques qui ne convenaient pas ont été reçues (dont la plupart ont dû être re-acheminées) et la vidange des latrines à fosse a demandé beaucoup de temps. Le matériel existant de promotion de l’hygiène a été distribué dans les deux premiers mois, mais celui qui avait été spécialement conçu pour le tsunami n’a été distribué que six mois après.

Bien la coordination ait été adéquate dans ce secteur au cours de la première phase, il y eut également des occasions manquées. L’UNICEF a bien essayé d’établir quelques normes et de diffuser quelques directives, comme par exemple les procédures de nettoyage des puits, mais cela n’a pas été efficace. Le projet d’abris provisoires a également souffert de la mauvaise qualité ou d’absence d’orientation et de coordination dans le secteur de l’eau/environnement/assainissement. Des sites ont été choisis sans accès à l’eau, le drainage était souvent mauvais et des latrines qui ne convenaient pas ont été construites. Cela aurait pu être évité avec une meilleure coordination nationale et au niveau du district.

**PROTECTION DE L’ENFANCE**

La programmation pour la protection de l’enfance, immédiatement après le tsunami, s’est principalement axée sur l’identification et le recensement des enfants séparés et non accompagnés, le plaidoyer autour des thèmes des mauvais traitements et de l’exploitation dans les camps et les abris provisoires, et le travail avec des partenaires locaux pour fournir un soutien psychosocial aux communautés touchées. Dans l’ensemble, ces interventions ont été efficaces et appropriées. Comme l’UNICEF avait déjà une forte présence dans le nord du pays affecté par le conflit, les partenariats existants ont été d’une importance capitale pour démarrer et mettre en œuvre une intervention solide et extensive.

L’enquête à l’échelle nationale visant à identifier les enfants non accompagnés et séparés de leur famille et retrouver les membres de leur famille a été l’intervention immédiate qui convenait. L’UNICEF
a mené un plaidoyer et a communiqué avec efficacité les informations relatives aux placements en familles d'accueil par opposition aux adoptions à l'étranger ou à la création de maisons d'accueil pour les enfants. L’UNICEF a lancé une campagne extensive de sensibilisation aux mauvais traitements et à l'exploitation auxquels les enfants sont en butte, et les bénéficiaires se rappellent avoir reçu les messages-clés. Les besoins psychosociaux ont été abordés par l’intermédiaire de partenaires-clés et en organisant des forums et des réseaux dans lesquels tous les acteurs pouvaient discuter de leurs activités. La promotion par l’UNICEF du programme psychosocial a permis de s’assurer que l’on répondait aux besoins de manière systématique.

La coordination entre les participants du Gouvernement, des ONG et des associations locales a été une des plus grandes forces de l’UNICEF. Le personnel a réuni des partenaires, maintenu et diffusé des informations à leur usage, défini le champ des travaux à accomplir, surtout dans le secteur psychosocial, et fourni des directives utiles et des cadres de mise en œuvre. Les faiblesses constatées dans l’intervention humanitaire ont trait aux modalités de paiement et au suivi des activités. Certains partenaires ont dû attendre des mois avant le déblocage des fonds, ce qui a provoqué des retards dans la livraison des services et de la frustration parmi leurs employés. Les partenaires du Gouvernement n’ont pas été toujours performants et auraient eu besoin d’un soutien plus important et d’un suivi plus étroit pour s’assurer qu’ils remplissaient tous leur rôle. Leur efficience limitée dans le suivi des questions de protection de l’enfance a entraîné une lacune dans la protection des enfants.

EDUCATION


L’UNICEF a fait acheminer la plupart des fournitures scolaires par des partenaires gouvernementaux, mais ceux-ci ne disposaient pas des capacités nécessaires, ce qui a causé des retards de distribution et des lacunes dans le suivi. Les systèmes financiers et d’autorisation des activités de l’UNICEF ont eux aussi causé des retards et des échecs. Les marchandises distribuées tardivement n’étaient souvent plus nécessaires ou faisaient double emploi. Les programmes qui cherchaient à identifier des enfants vulnérables ne recevant pas tous les bénéfices de l’éducation ont perdu de l’élan. L’assistidité des élèves et des enseignants n’est toujours pas à 100 pour cent, particulièrement chez les personnes déplacées. Les efforts de coordination de l’UNICEF ont été corrects, mais n’ont pas été étendus à tous les partenaires.

Les écoles intérimaires et provisoires, les meubles, les trousses récréatives et les ‘Ecoles-dans-une-boîte’ ont été très appréciés par les communautés. La construction d’écoles permanentes a été retardée en raison du besoin d’autoriser les modèles, de régler des problèmes de terrains et de contrats avec les entrepreneurs, et du fait que les contributions des bailleurs de fonds ne couvrent pas encore la totalité des écoles prévues. Les membres de la communauté n’ont pas entièrement compris la fonctionnalité des modèles d’écoles proposées, ce qui exige une consultation plus étendue et un suivi plus étroit. Par ailleurs, les écoles provisoires ont besoin d’une attention immédiate pour que la situation de l’eau/ environnement/assainissement puisse être améliorée, ainsi que la qualité des toitures.

RECOMMANDATIONS

Un sommaire du programme et de la réponse de la direction sont inclus en annexe du rapport principal, incluant un plan d’action correspondant a chaque recommandations soulignées ci-dessous.
### RECOMMANDATIONS IMPORTANTES SUR LES APPROCHES DE PROGRAMMATION ET LE SOUTIEN AUX PROGRAMMES

**Recommandations pour le Bureau de pays du Sri Lanka**

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<th>THÈME</th>
<th>RECOMMANDATION</th>
<th>ACTION</th>
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| Participation          | Accroître la consultation avec les communautés touchées et dissémination de l’information publique sur le travail de l’UNICEF. | • Entreprendre études complémentaires sur les personnes déplacées par le tsunami et le conflit, du même type que celle qui a été effectuée en conjonction avec le HCR pour examiner les priorités.  
• Associer la jeunesse au processus de paix.  
• Travailler avec l’UNOPS pour rendre la consultation plus appropriée au contexte local.  
• Structurer les mécanismes de rétroinformation sur les activités de l’UNICEF, par exemple à travers des réseaux locaux et des ONG.  
• Utiliser les médias pour informer régulièrement le public du travail et des plans de l’UNICEF. |
| Suivi                 | Renforcer le suivi des impacts et des réalisations dans tous les secteurs.     | • Faire avec des partenaires le bilan des besoins de suivi.  
• Entreprendre une collecte régulière de données et de réactions enregistrées afin d’orienter les activités de façon à favoriser un plus grand impact. |

**Santé et nutrition**

| Nutrition             | Etudier davantage les facteurs qui contribuent à un déclin nutritionnel et discuter des actions potentielles avec les partenaires. | • Se livrer à d’autres études sur la nutrition.  
• Discuter avec le PAM et le Gouvernement du Sri Lanka. |

**Eau, environnement, assainissement**

| RH                    | Accroître la capacité du personnel pour la coordination et la mise en œuvre | • Elaborer une liste de consultants experts en d’urgence dans le domaine de l’eau, environnement et assainissement. |
| Approvisionnement en eau | Rechercher des solutions durables pour répondre aux besoins d’approvisionnement en eau potable. | • Revoir de façon urgente la situation de l’acheminement d’eau potable par camion et trouver des alternatives ; des techniques de collecte des eaux de pluie devraient être envisagées. |

**Protection de l’enfance**

| Suivi                 | Accroître le suivi direct des enfants.                                      | • Mettre en place une meilleure structure pour assurer le suivi de la situation des enfants dans les camps, particulièrement pour ce qui est des mauvais traitements et de l’exploitation (en utilisant peut-être des réseaux et des organisations locales).  
• Accroître le soutien aux partenaires pour assurer davantage le suivi direct des enfants placés dans des familles d’accueil (là aussi, en utilisant les organisations non gouvernementales si le Gouvernement n’est pas accessible).  
• Accroître le suivi des maisons où sont placés les enfants en soutenant les partenaires. |
| Plaidoyer             | Plaidoyer pour l’appui aux personnes engagées.                               | • Continuer le plaidoyer pour la cause du Tsunami.  
• Plaider pour des paiements rétroactifs de manière à ce que les personnes qui ont dû attendre reçoivent la compensation qui leur est dû. |
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<tr>
<th>THÈME</th>
<th>RECOMMANDATION</th>
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<tr>
<td>Psychosocial</td>
<td>Elaborer une approche holistique.</td>
<td>• Se livrer à une étude couvrant plusieurs districts pour déterminer quelles composantes des diverses méthodes utilisées par les partenaires sont les plus efficaces et mettre au point une approche commune.</td>
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<tr>
<td>Education</td>
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<tr>
<td>Ecoles provisoires</td>
<td>Remettre en état les écoles qui ne sont pas aux normes.</td>
<td>• S’assurer que les toits sont appropriés et surtout qu’ils ne sont pas trop chauds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• S’assurer que l’eau et l’assainissement dans les écoles provisoires répondent aux normes SPHERE.</td>
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<tr>
<td>Plaidoyer</td>
<td>Travailler avec le Gouvernement pour s’assurer que toutes les écoles détruites par le tsunami soient remplacées.</td>
<td>• Se livrer à un plaidoyer intense auprès des bailleurs de fonds pour s’assurer que leurs engagements soient respectés.</td>
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<td></td>
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<td>• Agir en tant qu’interlocuteur entre le gouvernement et les donateurs pour s’assurer que la politique appliquée est réaliste.</td>
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<tr>
<td>Compétences de la vie quotidienne</td>
<td>Elargir le domaine du travail effectué sur les compétences de la vie quotidienne.</td>
<td>• Reproduire les comités sanitaires des étudiants suivant le modèle de Trincomalee.</td>
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<tr>
<td>Opérations</td>
<td>Remanier l’approche et les capacités des opérations d’urgence pour s’assurer que l’administration soutient la livraison de programmes plutôt qu’elle ne l’entrave.</td>
<td>• Assurer le personnel supplémentaire qu’il faut pour le volume de travail.</td>
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<td></td>
<td></td>
<td>• Classer les procédures administratives et financières sous une forme simple et accessible.</td>
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<td></td>
<td></td>
<td>• Rationaliser les procédures financières et administratives pour les urgences.</td>
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<td></td>
<td></td>
<td>• S’assurer qu’une trousse de formation simple, efficace et obligatoire sur les procédures est disponible pour tout le personnel nouveau des urgences.</td>
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<tr>
<td>Coordination</td>
<td>L’UNICEF doit poser en termes stratégiques la manière dont il doit poursuivre son leadership et ses fonctions de coordination.</td>
<td>• Elaborer des outils de coordination (dont par exemple: des outils d’évaluation sectoriels, des capacités de traitement de données et des ensembles de normes) qui peuvent être déployés tôt dans les secteurs concernés.</td>
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<td></td>
<td></td>
<td>• Clarifier les responsabilités de l’UNICEF en tant que chef de file du secteur.</td>
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<tr>
<td>RH</td>
<td>Accélérer considérablement le processus d’embauche.</td>
<td>• Rechercher des solutions novatrices pour que le personnel en mission puisse «couvrir» pour le personnel permanent, et éviter ainsi les perturbations causées par une rotation excessive du personnel.</td>
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Division des programmes d’urgence, Bureau des programmes d’urgence, Bureau des programmes d’urgence à travers le Comité interagence de coordination

Division des ressources humaines, Bureau régional, Bureau de pays
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<th>THÈME</th>
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</table>
| Eau, environnement, assainissement | Renforcer les capacités globales de coordination et d’exécution d’urgence dans le secteur de l’eau/environnement/assainissement | • Accroître d’urgence les capacités globales de ressources humaines, surtout pour la coordination.  
• S’assurer que la majorité des bureaux nationaux a des programmes dans le secteur de l’eau, de l’environnement et de l’assainissement.  
• Elaborer des normes en matière d’eau et d’assainissement qui peuvent être diffusées tôt et de façon solide par le truchement du groupe du Comité permanent interorganisations.  
• S’assurer que les articles de Copenhague (bassines hygiéniques portables par exemple) respectent les normes établies et ont une spécificité géographique.  
• Utilisez les travaux substantiels réalisés sur la promotion de l’hygiène pour élaborer des outils d’urgence simples et efficaces. | Division des Programmes, Bureau des programmes d’urgence, Division des approvisionnements. |
| Santé et nutrition       | S’assurer que les Principaux Engagements couvrent divers scénarios et secteurs de responsabilité. | • Examiné les Principaux Engagements à la lumière des divers scénarios les plus fréquents pour s’assurer que toutes les responsabilités sont couvertes par l’UNICEF et ses partenaires, en définissant les mesures à prendre et les activités de suivi à exécuter. | Division des affaires administratives et financières (DFAM). |
| Protection de l’enfance  | Accroître les possibilités et les ressources orientées sur les adolescents dans les urgences. | • Effectuer des bilans des besoins et fournir un soutien aux adolescents pour favoriser leur participation, la poursuite de leur éducation et la prévention des impacts négatifs des urgences comme les mauvais traitements, l’alcoolisme et le chômage. | Division des programmes, Bureau des programmes d’urgence, bureaux régionaux et bureaux nationaux choisis. |
| Education                | Etudier un concept d’école provisoire pour en faciliter une construction rapide. | • Elaborer des plans simples d’écoles provisoires qui peuvent être adaptés au contexte local en se servant de matériaux locaux.  
• Etudier la faisabilité d’une « trousse » d’école provisoire que l’on puisse rapidement expédier et assembler. | Division des programmes, Bureau des programmes d’urgence, bureaux régionaux et bureaux nationaux choisis. |
ANTECEDENTES

La República Socialista Democrática de Sri Lanka tiene una población actual de cerca de 20 millones de habitantes. Más de 350,000 personas desplazadas internas a consecuencia del conflicto civil permanecían en calidad de desplazadas antes del tsunami. La oficina nacional de UNICEF ha respondido en el pasado a una serie de desastres, tales como sequías e inundaciones, tiene oficinas zonales en Jaffna, Kilinochchi, Trincomalee y Batticaloa y mantiene un programa de trabajo regular con niños y niñas afectados por el conflicto. El gobierno de Sri Lanka no disponía de un plan integral para el manejo de desastres. El tsunami que azotó el país el 26 de diciembre de 2004 afectó a 13 de 25 distritos, muchos en áreas anteriormente en conflicto. Murieron más de 30,000 personas, y un millón quedaron desplazadas inicialmente.

PROPÓSITO DE LA EVALUACIÓN, COMPOSICIÓN DEL EQUIPO Y METODOLOGÍA

El propósito de esta evaluación es:
- Identificar logros de envergadura durante la fase de respuesta a la emergencia, del 26 de diciembre al 30 de junio de 2005.
- 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. Los métodos de recolección de información utilizados incluyeron una revisión de gabinete así como entrevistas, tanto estructuradas con informantes individuales como con grupos focales. Restricciones logísticas y de tiempo impidieron profundizar en todos los temas y acceder a un número mayor de personas damnificadas y organizaciones de asistencia.

RESPUESTA HUMANITARIA GENERAL
IDONEIDAD Y RELEVANCIA

La oficina nacional de UNICEF realizó en general evaluaciones oportunas. Las oficinas zonales iniciaron diagnósticos rápidos, el 27 de diciembre, en nueve distritos. Se realizaron muchas otras evaluaciones, incluyendo un estudio exhaustivo de los niños y niñas no acompañados y separados de sus familias, encuestas de nutrición y una encuesta de las opiniones de las personas desplazadas internas en tres distritos. En marzo de 2005 se llevó a cabo un estudio exhaustivo sobre el sector de agua y saneamiento en 10 distritos. UNICEF contribuyó significativamente también a evaluaciones conjuntas como aquéllas emprendidas por el gobierno de Sri Lanka y los bancos de desarrollo. No se utilizaron formatos estandarizados, ni al interior de UNICEF ni en las investigaciones conjuntas con otras organizaciones, lo cual complicó los análisis tanto internos como conjuntos. El proceso de evaluación no siempre identificó la capacidad de las instituciones sociales, las preferencias culturales, las diferencias de género y la vulnerabilidad.

La oficina nacional no elaboró un plan estratégico para la fase de respuesta a la emergencia, más allá de los objetivos generales descritos en el Llamado
RESUMEN EJECUTIVO

Urgente y Alerta a Donantes emitido por Naciones Unidas. Esto es comprensible en una emergencia abrumadora, pero dificulta la medición del impacto. El plan de acción específico en los Compromisos Corporativos Centrales de UNICEF para los niños y niñas en emergencias (CCC) podría haber sido una herramienta valiosa en este sentido. La oficina nacional elaboró un plan de acción para la fase de recuperación seis semanas después del tsunami, y luego lo terminó junto con todas las partes interesadas, un proceso que consolidó efectivamente la fase inicial y arrojó una visión más clara de los requisitos para la fase de recuperación.

La oficina nacional solicitó financiamiento a través del Llamado Urgente del 5 de enero, por un monto proporcional a la necesidad y a la capacidad de la oficina ($47,839,680$). Para octubre de ese año, la oficina nacional había recibido $137 millones, gracias a la abrumadora generosidad del público. Esto le ha permitido a UNICEF involucrarse en programas de reconstrucción significativos. La construcción forma parte importante de dicho esfuerzo, una actividad respecto de la cual UNICEF ha mantenido una actitud ambivalente a nivel institucional en los últimos años. Por esta razón, recién se está desarrollando una capacidad de supervisión.

La oficina nacional respondió en 10 distritos más afectados y estableció oficinas zonales en Galle y Ampara, con lo cual la cobertura fue casi nacional. Las operaciones de respuesta pusieron de relieve los problemas de equidad largamente presentes en el desarrollo de Sri Lanka. La oficina nacional abogó por la equidad de la respuesta y expandió la cobertura para incluir a otras personas necesitadas en los distritos afectados por el tsunami (por ejemplo, personas desplazadas internas a causa del conflicto y en comunidades receptoras).

IMPACTO

UNICEF y sus socios tuvieron un impacto significativo durante los primeros seis meses. No hubo ningún brote grave de enfermedades transmisibles, los niños y niñas retornaron a la escuela con relativa celeridad, los niños y niñas no acompañados y separados de sus familias fueron empadronados rápidamente, y se tomaron rápidas medidas para proteger a la infancia y salvaguardar su integridad psicológica. El impacto podría haber sido mayor si se hubiesen distribuido los insumos higiénicos oportunamente, implementado actividades de desarrollo de capacidad para los socios, cumplido con consistencia los estándares de agua y saneamiento ambiental y mejorado las acciones de seguimiento.

Las áreas afectadas por el tsunami en el este y el norte del país ya habían sufrido los efectos del conflicto. Un análisis riguroso de la forma en que la respuesta al tsunami podría haber influido en los avances hacia la paz trasciende el alcance de este estudio; sin embargo, la oficina nacional mantuvo una actitud altamente sensible en su manejo de los temas de equidad. Los coordinadores/as de las oficinas zonales desempeñaron importantes roles de coordinación con la comunidad de asistencia, las autoridades distritales y el movimiento Tigres de Liberación de Tamil Eelam (LTTE, por sus siglas en inglés).

El tsunami azotó muchas de las áreas donde la oficina nacional ejecutaba su programa regular, y muchas de las actividades programadas para 2005 fueron suspendidas temporalmente. Se trata de un reordenamiento apropiado de prioridades, dado el cambio de contexto. Los planes para los 18 meses siguientes reflejan tanto un fortalecimiento de las actividades previas como un vigor renovado y una mayor inyección de fondos para fines tanto preexistentes como nuevos.

EFICACIA

La respuesta inicial de UNICEF se condujo de manera oportuna. El personal se encontraba evaluando la situación en 24 horas, y los suministros llegaron a las comunidades damnificadas de inmediato en Ampara, y en cuestión de días a todo el país. Varias cargas de transporte aéreo de suministros arribaron rápidamente de Copenhague, y hubo

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1 Todas las unidades monetarias consignadas en este informe están en dólares estadounidenses.
cierta adquisición local inicial. Estos artículos fueron rápidamente distribuidos. Más allá de ello, la velocidad de la respuesta disminuyó debido a retrasos en los suministros y a procedimientos internos inapropiados, que a menudo generaron retrasos en la aprobación de los desembolsos.

Gran parte del trabajo de UNICEF se ejecuta a través de socios. El gobierno de Sri Lanka fue la instancia a través de la cual se canalizó la mayor parte de la ayuda humanitaria de UNICEF durante los primeros seis meses, por medio de los ministerios pertinentes. El personal gubernamental entrevistado aseguró estar satisfecho con las alianzas con UNICEF, salvo contadas excepciones. UNICEF fue más eficaz ahí donde el gobierno contaba con capacidad propia; UNICEF trabajó asimismo con ONG socias, tanto internacionales como locales. Las ONG locales tenían los mejores vínculos con la comunidad pero tuvieron un desempeño variable en cuanto a la ejecución de las actividades. Los engorrosos requisitos de informes de UNICEF constituyen a menudo un problema para establecer alianzas y mantenerlas. La oficina nacional, en coordinación con la Oficina de Servicios para Proyectos de Naciones Unidas (UNOPS), debería promover una consulta aún más extensa a nivel de la comunidad, para garantizar que la población esté satisfecha con los proyectos de construcción en marcha.

La oficina nacional no prestó atención suficiente a los aspectos de focalización y vulnerabilidad. Aunque la cobertura de la población damnificada fue adecuada, no hubo una focalización especial en los más vulnerables. Las actividades de la oficina nacional contribuyeron a ayudar a las mujeres a recuperarse luego del tsunami, pero no se realizó un análisis de género explícito. La oficina nacional participó en un importante estudio y campaña de incidencia sobre violencia sexual y de género.

Hubo escasa evidencia de un seguimiento formal, estandarizado y rutinario de la distribución de los suministros y servicios de UNICEF. La oficina nacional ha establecido un plan de SyE para el programa de recuperación. Un seguimiento efectivo tiene que ser coordinado entre UNICEF y sus socios – los requisitos de rendición de cuentas deben ser cumplidos por todos los actores. El estudio sobre personas desplazadas internas realizado por ACNUR6 y UNICEF fue una buena iniciativa, con el potencial para mejorar el impacto de los proyectos.

La oficina nacional promovió eficazmente prácticas idóneas de intervención psicosocial y distribuyó lineamientos sobre prevención e identificación del abuso y el maltrato a las oficinas zonales. En el sector de agua y saneamiento ambiental, se elaboraron estándares para las instituciones socias, pero se desaprovechó la oportunidad para establecer estándares aplicables a todo el sector. En cuanto al cumplimiento de los estándares “Esfera”, la oficina nacional tuvo resultados mixtos. UNICEF tiene que promover con mayor eficacia una responsabilidad conjunta respecto del establecimiento y el cumplimiento de estándares. Se crearon pocas oportunidades para que los beneficiarios participaran en actividades dirigidas a beneficiarlos.

La presencia y familiaridad de la oficina nacional con las condiciones locales favorecieron sus actividades de coordinación. UNICEF destacó personal al Centro de Operaciones Nacionales (CNO, según sus siglas en inglés) y mantuvo un perfil alto como parte del Equipo de País de Naciones Unidas. El personal de UNICEF fungió de punto focal de Naciones Unidas y desempeñó roles muy apreciados en el norte y el este. En el sector de agua y saneamiento ambiental, la oficina nacional organizó reuniones con eficacia, pero no tuvo un efecto suficiente en mejorar el desempeño a todos los niveles del sector. En el área de protección infantil, la mayor parte de los entrevistados se mostró extremadamente contenta con el rol de coordinación de UNICEF. En educación, la oficina nacional apoyó eficazmente al ministerio de educación en sus actividades de coordinación, aunque no todos los actores participaron en los foros. UNICEF tiene que estar preparada para apoyar recursos humanos adecuados en el área de coordinación y desarrollar herramientas para realizar esta función.

6 Alto Comisionado de las Naciones Unidas para los Refugiados.
RESUMEN EJECUTIVO

**EFICIENCIA**

La gestión de la respuesta de UNICEF en Sri Lanka fue proactiva y eficaz, respaldada por un equipo de gestión de alto nivel y experimentado, cuyos miembros llevaban trabajando juntos cerca de un año. Cuatro de los cinco coordinadores/as de oficinas zonales de UNICEF habían ejercido sus puestos durante dos años o más. El representante nacional era un experimentado coordinador de emergencias y promovió iniciativas tempranas. El respeto que existía en Sri Lanka por parte del gobierno, colegas de Naciones Unidas, donantes y ONG frente al programa y al personal de UNICEF los ayudó a llevar adelante su importante rol de liderazgo a favor de la infancia. Delegar autoridad antes a los coordinadores/as zonales e instalar antes el Sistema de Gestión de Programas (ProMS, según sus siglas en inglés) hubiera mejorado la respuesta.

La oficina nacional enfrentó desafíos en términos de recursos humanos para aumentar la escala del programa y ejecutar cuatro veces el presupuesto de 2005. Inicialmente, el personal fue eficazmente recontratado y reasignado a la oficina nacional, a lo cual le sucedieron rápidamente destacamientos de personal de la sede central de Nueva York, la Oficina Regional para Asia Meridional (ROSA) y otras oficinas. Se realizó un esfuerzo masivo para llenar los vacíos de recursos humanos, contratando consultores/as para cubrir las necesidades interinas. En la revisión del presupuesto del programa, realizada en febrero, se aprobaron 85 puestos, pero apenas alrededor de la mitad se encontraba en sus puestos en octubre. Esto representó una enorme carga para el personal existente y un serio impedimento para la expansión del programa. El apoyo al sector de agua y saneamiento ambiental en términos de recursos humanos fue poco realista, especialmente para respaldar el papel de UNICEF en la coordinación de este complejo sector, altamente técnico.

La oficina nacional ha realizado adquisiciones de suministros por un valor de $28 millones desde el 26 de diciembre, $19 millones de ellos en el exterior y casi $7 millones, localmente (el resto se invirtió en flete). Las restricciones a la adquisición de suministros incluyeron la adquisición de productos de fuentes similares por un alto número de proveedores.

Un problema de envergadura en la cadena de abastecimiento fue la paralización de los productos en los puertos, lo cual consumió una gran cantidad del tiempo y esfuerzo del personal. Bajo estas circunstancias, UNICEF tuvo un buen desempeño inicial, distribuyendo artículos de primera necesidad al 31 de diciembre. Luego de este despliegue inicial de actividad, la cadena de abastecimiento disminuyó su marcha, lo cual se reflejó en la menor oportunidad de la asistencia a la población damnificada a lo largo del período de seis meses.

Los procedimientos financieros y administrativos (FyA) empleados durante la respuesta al tsunami comprometieron seriamente la capacidad de la oficina nacional para responder de una manera oportuna y eficaz luego del despliegue inicial de actividad. Aunque la oficina nacional logró introducir algunas medidas para paliar este hecho, éstas no pudieron revertir los efectos. El sistema FyA no está preparado para respuestas a emergencias ni para la necesidad de programar grandes sumas de dinero en períodos breves de tiempo. Los sistemas FyA simplemente comprenden demasiados pasos para operaciones de emergencia y para el trabajo de recuperación subsiguiente.

**SALUD Y NUTRICIÓN**

La respuesta inicial de UNICEF fue eficaz y oportuna e implicó la distribución apropiada de equipos médicos de emergencia, equipamiento hospitalario y otros suministros. Las actividades de incidencia a favor de la lactancia materna y el apoyo al control de la fórmula infantil se realizaron también oportunamente. La decisión de abstenerse de intervenir en vacunación masiva contra el sarampión fue apropiada dado el nivel de cobertura. Por encima de todo, UNICEF y sus socios deben ser elogiados por su éxito en diseñar y aplicar una encuesta de nutrición en el primer mes posterior al desastre, creando una línea de base para actividades y atención permanentes.

Las actividades emprendidas en la etapa posterior deberían generar mejoras de largo plazo en el área de atención de salud. Entre éstas se encuentra el restablecimiento de servicios de salud básica tales como infraestructura y el desarrollo de recursos humanos. Efectos similares de largo plazo pueden...
esperarse de la provisión de micronutrientes gracias al restablecimiento de la yodización de la sal y a una campaña de promoción de la vitamina A. El apoyo acelerado para reducir las enfermedades transmisibles mediante la distribución de mosquiteros tratados con insecticida e información sobre salud también ha sido eficaz, ya que no se registran brotes de enfermedades.

La mejora de la vigilancia nutricional mediante la provisión de equipos y materiales de control y la encuesta nutricional de seguimiento son dignas de elogio, dada la precariedad de la situación nutricional anterior, así como los riesgos asociados al desplazamiento de la población. En vista de los resultados de la segunda encuesta, que revelan un ligero agravamiento del deterioro nutricional en comparación con la primera encuesta, pese a la reducción de la carga de enfermedad, es posiblemente que se requieran mayores suplementos alimenticios para los niños y niñas pequeños.

AGUA Y SANEAMIENTO AMBIENTAL

Hubo una serie de logros en la respuesta inicial de UNICEF en el sector de agua y saneamiento ambiental. Se destacó rápidamente a una persona experimentada de la sede central de Nueva York para asumir las funciones de coordinación de UNICEF. Las entidades departamentales de salud construyeron letrinas en coordinación con UNICEF. Se contrataron camiones cisterna para distribuir agua a los campamentos para personas desplazadas internamente.

La meta de cumplir con los estándares “Esfera” en materia de abastecimiento de agua fue rápidamente alcanzada, si bien éste no fue el caso a nivel universal (por ejemplo, en Ampara y Trincomalee tomó tres semanas). Esto se debió a la buena capacidad del gobierno, la sociedad civil, Naciones Unidas y las ONG, y ciertamente contribuyó a la baja incidencia de enfermedades transmisibles.

En el programa de UNICEF, los retrasos en los suministros, la falta de personal y la aprobación tardía de las actividades de los socios redujeron la velocidad de una respuesta inicialmente rápida. Los equipos higiénicos arribaron tarde, se enviaron bacínicas inapropiadas (y la mayoría tuvo que ser redireccionada) y el vaciado de las letrinas de pozo demandó tiempo. Los materiales de promoción higiénica existentes fueron distribuidos durante los primeros dos meses, pero los materiales higiénicos diseñados especialmente para la respuesta al tsunami se distribuyeron recién a los seis meses de ocurrido el tsunami.

Si bien hubo una coordinación temprana adecuada en el sector, también se perdieron oportunidades. UNICEF intentó establecer algunos estándares y difundir lineamientos y procedimientos de limpieza, sin embargo, dichas medidas no fueron eficaces. El proyecto de albergues transitorios también adolecía de falta de orientación y coordinación en materia de agua y saneamiento ambiental. Se seleccionaron sitios sin acceso a agua; el sistema de desagüe fue a menudo deficiente y se construyeron letrinas inapropiadas. Esto podría haberse impedido con una mejor coordinación a nivel nacional y distrital.

PROTECCIÓN INFANTIL

La programación en el área de protección infantil inmediatamente después del tsunami se concentró principalmente en la identificación y el empadronamiento de los niños y niñas no acompañados y separados de sus familias; acciones de incidencia en torno al abuso, el maltrato y la explotación en los campamentos y albergues provisionales; y el trabajo con socios locales para proveer apoyo psicosocial a las comunidades afectadas. En general, estas respuestas fueron eficaces y apropiadas. Dado que UNICEF ya contaba con una fuerte presencia en el área de protección infantil en el norte del país, afectado por el conflicto, las alianzas existentes fueron decisivas para ejecutar una respuesta inicial sólida y exhaustiva.

Facilitar una encuesta nacional para identificar a los niños y niñas no acompañados y separados de sus familias y promover la búsqueda de familiares representó una respuesta inmediata apropiada. UNICEF abogó a favor de, y difundió con eficacia información sobre, colocaciones de niños y niñas en familias sustitutas, en oposición a la alternativa de la adopción en otros países o al establecimiento de hogares infantiles. UNICEF lanzó una campaña exhaustiva de sensibilización contra el abuso, el
maltrato y la explotación, y la población beneficiaria recuerda haber recibido mensajes clave. Las necesidades psicosociales fueron atendidas interviniendo a través de socios clave y organizando foros y redes en los cuales todos los actores pudieran discutir sus actividades. La promoción de la agenda psicosocial por parte de UNICEF garantizó que las necesidades fueran abordadas de un modo sistemático. 

La coordinación entre el gobierno, las ONG y los actores locales fue una de las mayores fortalezas de UNICEF. El personal juntó a instituciones socias, mantuvo información y la difundió entre ellas, mapeó el área de trabajo, especialmente en el sector psicosocial, y proporcionó valiosos lineamientos y marcos de implementación. Las debilidades observadas en la respuesta tienen que ver con el procesamiento de los pagos y el seguimiento de las actividades. Algunas instituciones socias esperaron meses antes de que los fondos fueran liberados, generando demoras en la provisión de los servicios y frustración entre el personal. Los socios gubernamentales no siempre eran fuertes y requirieron de un apoyo mayor y un seguimiento más estrecho para garantizar que llevaran a cabo sus actividades. Su limitada eficiencia en hacer un seguimiento de los aspectos de protección infantil ha dejado un vacío en la protección de la infancia.

**EDUCACIÓN**

Las fuertes relaciones de UNICEF con el Ministerio de Educación y otras organizaciones reforzaron la respuesta en el área de educación y facilitaron la incidencia a favor de escuelas amables con el niño/la niña y de la equidad, así como de las personas desplazadas internas residiendo temporalmente en las escuelas. Un logro de envergadura de los actores del sector fue hacer que 200,000 niños y niñas volvieran a la escuela y escalonar la reapertura de unas 200 escuelas receptoras de personas desplazadas internas. Se utilizaron evaluaciones del Ministerio de Educación para establecer las necesidades de puesta en marcha y reconstrucción de escuelas.

UNICEF canalizó la mayor parte de los suministros de educación a través de socios gubernamentales, que sin embargo carecían de la capacidad requerida, lo cual generó retrasos en la distribución y vacíos en el seguimiento. Los sistemas financieros y de aprobación de actividades de UNICEF ocasionaron asimismo demoras y contratiempos. Los productos que se distribuyeron tardíamente a menudo ya no se necesitaban o se repartieron en número duplicado. Los programas que buscaban captar a los niños y niñas vulnerables, que no estaban recibiendo todos los beneficios de la educación, perdieron impulso. La asistencia de los alumnos/as y profesores/as sigue encontrándose por debajo del 100 por ciento, especialmente en el caso de las personas desplazadas internas. Los esfuerzos de coordinación de UNICEF fueron adecuados pero no incluyeron a todos los actores.

Las escuelas temporales y semi permanentes, el mobiliario, los equipos de recreación y las “escuelas en una caja” fueron muy apreciados por las comunidades. La construcción de escuelas permanentes sufrió un retraso debido a la necesidad de aprobar el diseño, problemas de terreno y contratación y el hecho de que las instituciones donantes no cubrían a todas las escuelas necesarias. Las comunidades no entendieron plenamente la funcionalidad de los diseños propuestos para las escuelas; es necesario realizar mayores consultas y seguimiento. Las escuelas temporales requieren atención inmediata para mejorar sus sistemas de agua y saneamiento y la calidad de los techos.

**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.

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7 Se reparte una caja cerrada con suministros y materiales escolares para un máximo de 80 estudiantes (en salones de doble turno, de 40 alumnos/as cada uno), más suministros para el maestro o maestra. La caja puede servir de pizarra si se le pasa una capa de la pintura especial que viene con el equipo. Utilizando una guía para el maestro/a y un programa de estudios desarrollados localmente, los maestros/as pueden establecer salones de clases provisionales en casi cualquier parte, garantizando con ello el derecho de los niños y niñas a la educación, independientemente de cuán inestable sea la situación. Fuente: Intranet de UNICEF. Nota de la editora.
# RECOMENDACIONES CLAVE EN RELACIÓN CON LOS ENFOQUES Y EL APOYO PROGRAMÁTICO

## Recomendaciones para la oficina nacional de Sri Lanka

<table>
<thead>
<tr>
<th>TEMA</th>
<th>RECOMENDACIÓN</th>
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| Participación                 | Aumentar la consulta con las comunidades afectadas y la información pública acerca del trabajo de UNICEF. | • Emprender mayores estudios sobre las personas desplazadas internas a consecuencia del tsunami y del conflicto, del tipo que fuera realizado conjuntamente con ACNUR, examinando cuáles son las prioridades.  
• Incluir a los jóvenes en los esfuerzos por construir la paz.  
• Trabajar con UNOPS en el diseño de consultas localmente apropiadas.  
• Estructurar mecanismos de retroalimentación en relación con las actividades de UNICEF, quizás a través de redes y ONG locales.  
• Recurrir a medios de comunicación masivos para informar al público regularmente sobre el trabajo y los planes de UNICEF. |
| Seguimiento                   | Fortalecer el seguimiento de los impactos y efectos en todos los sectores.    | • Realizar una evaluación junto con los socios acerca de las necesidades de seguimiento.  
• Llevar a cabo actividades regulares de recolección de información y retroalimentación, a fin de dirigir las actividades hacia la promoción de un mayor impacto. |
| **Salud y nutrición**         |                                                                                |                                                                       |
| Nutrición                     | Realizar mayores investigaciones sobre los factores que contribuyen al deterioro nutricional y debatir potenciales acciones con los socios. | • Llevar a cabo mayores estudios de nutrición.  
• Discutir con el Programa Mundial de Alimentos (PMA) y el gobierno de Sri Lanka. |
| **Agua y saneamiento ambiental** |                                                                                |                                                                       |
| Recursos humanos              | Fortalecer la capacidad del personal en las áreas de coordinación y ejecución. | • Elaborar una relación de consultores/as especializados en agua y saneamiento en emergencias. |
| Suministro de agua            | Buscar soluciones sostenibles para satisfacer las necesidades de abastecimiento de agua potable. | • Revisar con urgencia la situación de los camiones cisterna y buscar alternativas; considerar técnicas de cosecha de agua de lluvia. |
| **Protección infantil**       |                                                                                |                                                                       |
| Seguimiento                   | Fortalecer el seguimiento directo de los niños y niñas                        | • Establecer una mejor estructura para el seguimiento de la situación de los niños y niñas en campamentos, especialmente en lo que se refiere al abuso, el maltrato y la explotación (quizás utilizando redes y organizaciones locales).  
• Aumentar el apoyo a lo socios para un seguimiento más directo de los niños y niñas viviendo con familias sustitutas (nuevamente, recurriendo a organizaciones no gubernamentales si el gobierno carece de capacidad).  
• Incrementar el seguimiento de los hogares infantiles a través del apoyo a los socios. |
| Abogacía                      | Hacer incidencia a favor del apoyo de Personas Aptas.                         | • Continuar incidiendo a favor de la ley que cancela la deuda externa de los países afectados por el tsunami.  
• Hacer incidencia a favor de pagos retroactivos para que las familias que hayan tenido que esperar sean recompensadas apropiadamente. |
### Recomendaciones para el Bureau de pays du Sri Lanka

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<tr>
<th>TEMA</th>
<th>RECOMENDACIÓN</th>
<th>ACCIÓN</th>
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<tbody>
<tr>
<td>Psicosocial</td>
<td>Desarrollar un enfoque holístico.</td>
<td>• Efectuar un estudio interdistrital para determinar qué componentes de los diversos métodos utilizados por los socios son más eficaces y desarrollar un enfoque consensuado.</td>
</tr>
<tr>
<td><strong>Educación</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escuelas temporales</td>
<td>Mejorar el estado de las escuelas temporales que se encuentran por debajo del estándar.</td>
<td>• Cerciorarse de que los techos sean apropiados y especialmente que no sean demasiado calurosos.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cerciorarse de que el agua y el saneamiento en las escuelas temporales cumplan con los estándares del Proyecto Esfera.</td>
</tr>
<tr>
<td>Abogacía</td>
<td>Trabajar con el gobierno de Sri Lanka para garantizar que todas las escuelas destruidas por el tsunami sean repuestas.</td>
<td>• Realizar fuertes acciones de incidencia frente a las instituciones donantes, a fin de asegurar que los compromisos sean honrados.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fungir de interlocutores entre el gobierno y las instituciones donantes, a fin de garantizar que las políticas sean realistas.</td>
</tr>
<tr>
<td>Destrezas para la vida</td>
<td>Expandir el trabajo en destrezas para la vida.</td>
<td>• Replicar los comités de salud estudiantil con base en el modelo de Trincomalee.</td>
</tr>
</tbody>
</table>

### Recomendaciones para UNICEF a nivel mundial

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<th>TEMA</th>
<th>RECOMENDACIÓN</th>
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<th>QUIÉN</th>
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<tbody>
<tr>
<td>Operaciones</td>
<td>Revisar el enfoque y la capacidad en el sector de operaciones de emergencia, a fin de garantizar que la administración apoye la ejecución de los programas en vez de obstaculizarla.</td>
<td>• Asegurar un suplemento de personal adecuado para el volumen de trabajo.</td>
<td>Oficinas de Programas de Emergencia (EMOPS), División de Gestión Financiera y Administrativa (DFAM).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cotejar los procedimientos financieros y administrativos en un formato fácil y accesible.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Depurar los procedimientos financieros y administrativos para emergencias.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Garantizar la disponibilidad de un módulo de capacitación sencillo, eficaz y obligatorio para todo el personal nuevo de emergencias.</td>
<td></td>
</tr>
<tr>
<td>Coordinación</td>
<td>UNICEF tiene que elaborar una estrategia indicando cómo ejercer sus funciones de liderazgo y coordinación.</td>
<td>• Desarrollar herramientas de coordinación, entre ellas las siguientes: herramientas de evaluación sectorial, capacidad de procesamiento de datos y grupos de estándares en sectores que puedan ser desplegados tempranamente.</td>
<td>División de Programas (PD), EMOPS, EMOPS a través de conglomerados del Comité Permanente Interagencias (IASC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Establecer claramente las responsabilidades de UNICEF en términos de rendición de cuentas en su calidad de líder del sector.</td>
<td></td>
</tr>
<tr>
<td>Recursos humanos</td>
<td>Accélérer considérablement le processus d’embauche.</td>
<td>• Buscar soluciones innovadoras para prevenir la duplicación de funciones entre el personal en misión temporal y el personal permanente y así evitar las interrupciones a causa de una excesiva rotación de personal.</td>
<td>División de Recursos Humanos (DHR), Oficina Regional, Oficina Nacional</td>
</tr>
<tr>
<td>TEMA</td>
<td>RECOMENDACIÓN</td>
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</tbody>
</table>
| Agua y saneamiento ambiental | Fortalecer la capacidad global en materia de coordinación y ejecución de actividades de agua y saneamiento. | • Incrementar con urgencia la capacidad global de recursos humanos, especialmente en el área de coordinación de actividades en el sector.  
• Asegurar que la mayoría de las oficinas nacionales cuente con programas en el sector de agua y saneamiento ambiental.  
• Desarrollar estándares para el sector de agua y saneamiento, mediante un conglomerado del IASC que pueda ser difundido tempranamente y con energía.  
• Asegurar que los artículos estandarizados en Copenhague (por ejemplo, bacinicas) posean especificidad geográfica.  
• Aprovechar el considerable trabajo realizado en promoción de la higiene para desarrollar herramientas de emergencia sencillas y eficaces. | PD, EMOP, División de Suministros |
| Salud y nutrición    | Cerciorarse de que los CCC cubran diversos escenarios y áreas de responsabilidad. | • Examinar los CCC a la luz de los diversos escenarios que podrían ocurrir, a fin de asegurar la cobertura de las responsabilidades por parte de UNICEF y sus socios, definiendo los pasos a adoptar y haciendo un seguimiento de las actividades a emprender. | PD, EMOPS, oficinas regionales y nacionales seleccionadas |
| Protección infantil  | Incrementar las oportunidades y los recursos dirigidos a los y las adolescentes en emergencias. | • Realizar diagnósticos de necesidades y brindar apoyo a los y las adolescentes, a fin de promover su participación, la continuación de su educación y la prevención de los impactos negativos de las emergencias, tales como el abuso y el maltrato, el alcoholismo y el desempleo. | PD, EMOPS, oficinas regionales y nacionales seleccionadas |
| Educación            | Considerar el diseño de escuelas temporales a fin de facilitar la rapidez de la construcción. | • Elaborar planes sencillos de escuelas temporales, que puedan ser adaptados al contexto local utilizando materiales locales.  
• Investigar la viabilidad de un “juego” de escuela temporal, apto para ser rápidamente transportado y ensamblado. | PD, EMOPS, oficinas regionales y nacionales seleccionadas |
1. INTRODUCTION

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 in Sri Lanka. An evaluation was completed in the Maldives in October and another evaluation was conducted in Indonesia in November. The three country case studies will culminate in a synthesis report and summary. The evaluation was commissioned by the UNICEF Evaluation Office in New York Headquarters (NYHQ).

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, this evaluation seeks to add value to and avoid duplication of these efforts, which include:
- A UNICEF internal audit process to examine financial systems, internal controls and risk management. This process has been completed for NYHQ, the Maldives, the Regional Office for South Asia (ROSA), Sri Lanka and Indonesia.
- 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) and others conducted by OCHA for the region and by the affected country.
- The Tsunami Evaluation Coalition, supported by the ALNAP Secretariat, to which UNICEF is a major contributor, will focus on five thematic evaluations in coordination, needs assessments, impact on local and national capacities, LRRD and the funding response.
Anticipated clients of this evaluation include UNICEF senior programme and operations management and staff in country offices, regional offices and NYHQ. These are the Office of Emergency Programmes (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 other organizations and NGOs.

1.2 EVALUATION TEAM

The evaluation team is composed of five members who were not involved in programme implementation and who were selected via an open competitive process. The evaluation team offered expertise in child protection (Jessica Alexander), health and nutrition (Sandra Allaire), education (Sheila Reed), water and environmental sanitation (Suzanne Reiff) and emergency management (Sheila Reed and Lewis Sida). A brief description of each team member’s experience follows.

Jessica Alexander (Child Protection) is from the US and recently a community services manager in Sudan (North Darfur) with the IRC. She has double master's degrees in international affairs and public health and has previously completed psychosocial evaluation work with Mercy Corp (Darfur, Sudan). She has worked with UNICEF on guidance publications regarding combating child trafficking.

Sandra Allaire (Health and Nutrition) 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).

Sheila Reed (Deputy Team Leader, Education and 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 CARE’s and World Vision’s tsunami response in Thailand and Indonesia.

Suzanne Reiff (Water and Environmental 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.

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.

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 - CIDA), and the Red Cross Movement (ICRC, IFRC and Canadian Red Cross).

1.3 METHODOLOGY AND CONSTRAINTS TO DATA COLLECTION

The methodology for the evaluation included:

- 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:
  - 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.
- Collection of 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, 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 split up to avoid placing too much burden on the zone offices and also to cover more territory. Special security arrangements were required for the north and east provinces. The intention was to meet IDPs living in various situations, view 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 Sri Lanka, visiting the CO in Colombo for three days prior to the visit to the districts and three days afterwards. An additional week was devoted to report writing. Three team members visited the Regional Office for South Asia (ROSA) in Kathmandu, Nepal to interview staff there. The team interviewed 146 staff members of the Government of the Republic of Sri Lanka, LTTE, UNICEF, as well as other UN organizations and local and international NGOs. Over 60 group and individual interviews were conducted with IDPs and members of host communities.

Team A deployed to Jaffna by plane and drove to Kilinochchi, Mullaitivu, Trincomalee, Batticaloa, Hambantota, Matara and Galle. Team B travelled in the opposite direction, visiting, Galle, Matara, Hambantota, Ampara, Batticaloa, Trincomalee and Jaffna. The teams met in a central location halfway through the travel to consult on findings.

The teams systematically covered as many community members as possible, including those in former conflict areas, such as:

- IDPs living in temporary settlements
- IDPs living with host families
- Former displaced people who had returned to their communities
- Host families and host community members
- Principals, teachers and students
- Medical staff
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, which allowed for compiling of basic statistics and the elucidation of trends;
- meetings and briefings with UNICEF staff;
- direct observation; and
- comparison of baseline data and post-intervention data where 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 CO during the first six months had in some cases moved on and some were not contacted due to time constraints.
- Travel in LTTE-held areas required a MOSS compliant vehicle escort and pre-arranged security clearances. Therefore, sampling in these areas was restricted.

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 community visits. The evaluators attempted to include as many other actors as possible, to factor in the opinions of the wider assistance community, but the time was limited to do this.

- **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 crosschecked in order to confirm dates and information.

1.4 EVALUATION ANALYSIS AND CONSULTATION

The evaluation process was designed to factor as many opinions as possible and 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 Sri Lanka reviewing findings and discussing problems and constraints. Qualitative data was triangulated to ensure validity and applicability. Crosschecks on data analysis, conclusions and recommendations were carried out through reviews of reports by UNICEF staff and teleconferences with the COs.
1.5 GUIDING PRINCIPLES AND STANDARDS

The evaluation places major emphasis on UNICEF’s Core Commitments for Children in Emergencies. Also considered in the analysis are the IFRC Code of Conduct, Sphere standards, IASC standards and Sri Lankan and local 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 crosschecked against the ALNAP proforma which is a state-of-the-art guide to critical contents for evaluations of humanitarian action. The UNICEF guidelines for evaluations (2004) were closely followed.

1.6 ACKNOWLEDGEMENTS

The evaluation team would like to express sincere thanks to the staff members of the CO in Sri Lanka for their generous support for the evaluation. Staff members generously gave of their time for interviews and to provide additional information. In Colombo, in particular, Indra Tudawe and Yasmin Haque spent considerable time to support the planning and logistics for the team. In zone offices, thanks are graciously offered to the Heads of the zones for all of their planning and accompaniment for interviews and ensuring safety for the team. The team sincerely appreciates the help received from staff in administration, communications, education, child protection, WES and health and nutrition for the data collection and in offering their expertise to the team. We also wish to thank all of the supporting staff members who helped us to function, including the drivers who helped us reach our destinations safely. Additionally, we offer our gratitude to all of the interviewees from among the IDPs and communities and staff from the GoSL, NGOs and UN organizations for contributing to the analysis.
2.1 SRI LANKA

The Democratic Socialist Republic of Sri Lanka is an island in the Indian Ocean with a population of approximately 20 million. Major religions are Buddhist (69 percent), Muslim (7.6 percent), Hindu (7.1 percent) and Christian (6.2 percent). Major languages spoken are Sinhala (74 percent), Tamil (18 percent) and English (10 percent). Sri Lanka is divided into eight provinces (the northern and eastern have been temporarily merged) and 25 districts. In November, Sri Lankans elected a new president and prime minister.

Tensions between the Sinhalese majority and Tamil separatists erupted into war in 1983. Tens of thousands have died in this conflict and tensions continue. In February 2002, the government and Liberation Tigers of Tamil Eelam (LTTE) formalized a ceasefire, which enabled hundreds of thousands of people uprooted by the conflict to return to their homes. Over 350,000 remain internally displaced. Peace talks broke down in 2003 and there have been intermittent violations. From March 2004, the LTTE in the eastern province split into two actively warring factions.

2.2 THE EFFECTS OF THE TSUNAMI ON SRI LANKA

On 26 December 2004, an earthquake measuring 9.0 on the Richter scale\(^\text{a}\) occurred 150 miles off the coast of Sumatra, Indonesia. The tsunami generated waves that struck Sri Lanka at around 9 a.m. Sri Lanka suffered serious loss of life and substantial damage. The tsunami devastated large parts of the northern and eastern coastal areas and affected 13 districts. Approximately 30,000 died and damages

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\(^{a}\)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 U.S. 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 Centre 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).
were estimated to be over $900 million. Over 100,000 houses were lost. A million people were displaced, adding a new IDP crisis to that caused by the long-running civil war. As of mid-2005, some 800,000 people remained displaced. Of the 457,500 tsunami IDPs, 64,500 were reported to be living in welfare centres as of June 2005, the remainder living with relatives and friends.

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 should be installed by 2006). Members of Sri Lankan communities interviewed said that they had received no warning and lacked plans for evacuation. Most were unaware of the characteristics of a tsunami. Although the Government of Sri Lanka, through its Disaster Management Centre, has been working on a comprehensive plan and had recently passed long needed legislation, the systems to support the plan remain weak.

2.3 RESPONSE BY THE CITIZENS, GOVERNMENT AND INTERNATIONAL ASSISTANCE ACTORS

The first response was largely carried out by local organizations, local governing bodies and citizens. Sri Lanka’s civil society, thousands of NGOs, private sector and communities supported search-and-rescue operations and distributed relief supplies for the first 72 hours. In sections of the northeast province controlled by the LTTE, the Tamil Rehabilitation Organization (TRO) took the lead. The Government of Sri Lanka (GoSL) established the Centre for National Operations (CNO) based in the Presidential Secretariat within days as the national focal point for emergency management. This body absorbed the Disaster Management Centre, which had initiated operations. Seventeen desks were staffed by government officials with UN support.

UNICEF deployed staff members and consultants to staff the water and sanitation desk, the education desk and the children’s desk, which focused specifically on protection issues. UNICEF was also the UN focal point for these sectors (including psychosocial support and care of unaccompanied and separated children). The CNO was disbanded after two months and its work taken over by the Task Force for Relief (TAFOR) and the Task Force for Rebuilding the Nation (TAFREN).

Since early 2005, the UN Humanitarian Coordinator has emphasized the need for equitable treatment of all IDPs, whether displaced by the conflict or the tsunami. A sub-group of the IASC Working Group on IDPs in Sri Lanka is working on guidelines to assist the government and NGOs in providing equal aid to all IDPs.
2.4 UNICEF’S ROLE

UNICEF has worked for over 30 years in Sri Lanka and has responded to children affected by both conflict and natural disasters during that time. Activities supported under the most recent five-year plan with the GoSL included reintegrating child soldiers back into society, supporting routine immunizations, improving health-care services and providing better nutrition for women and children. UNICEF Sri Lanka had an Emergency Preparedness and Response Plan (EPRP) but it was not suitable for such a large emergency.

In the disaster response, UNICEF was a major player in the joint emergency taskforce in Ampara, Batticaloa, Jaffna, Mullaitivu and Trincomalee. UNICEF Heads of zone offices were initially the UN focal points in Mullaitivu, Batticaloa and Trincomalee and actively supported the Heads of districts and Government Agents (GAs) in the establishment of coordination mechanisms. Later UNICEF staff became UN focal points in Jaffna and Galle. In Galle, Matara and Hambantota, UNICEF deployed staff members to the offices of the GAs and later established an office in Galle.
3. OVERALL HUMANITARIAN RESPONSE

This part of the report covers the 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, Health and Nutrition, WES, Child Protection and Education, are analysed in detail in part four.

3.1 APPROPRIATENESS AND RELEVANCE

“These criteria are concerned with assessing the extent to which the objectives of an intervention are consistent with country needs, global priorities and partners’ and donors’ policies” (DAC, 2001). Did the operations 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:
- assessment
- planning – process and development of strategy
- funding
- coverage

3.1.1 ASSESSMENT

The UNICEF CO generally undertook timely assessments in tsunami-affected districts and contributed significantly to joint assessments. Assessments were initiated on 27 December in nine districts using a format developed from an earlier effort in Bangladesh which incorporated the CCC (as of July 2005, there is a comprehensive rapid checklist in the Emergency Field Handbook¹), and were updated throughout the first week and periodically in later weeks. UNICEF drew on secondary data where possible, for example, assessments conducted by relevant line ministries, provincial and district government and the LTTE were used.

UNICEF participated in the UN joint assessment of 3 January 2005, and provided staff and information in Ampara, Batticaloa, Trincomalee, Killinochi/Mullaitivu and Jaffna. This assessment led by UNDAC formed the basis of the Flash Appeal, which was issued on 5 January. UNICEF provided technical input for the psychosocial, education and WES sectors for the ADB/ JBIC/World Bank needs assessments of 10 January. UNICEF also participated in a comprehensive joint UN/DFID assessment of the worst-affected Ampara district in the first few days. UNICEF worked with the MoE to assess school damages and to ascertain the number of schools being used as temporary shelters for IDPs.

The assessment process did not always flag important issues, which later became problematic. Specific requirements were not always indicated, for example, the School-in-a-Box did not contain the needed supplies in several districts and many items had to be supplied later. No assessments were conducted of partner capacity, which proved to be an issue in implementation in all sectors. Inappropriate squatting pans were ordered without due consideration of cultural appropriateness of the design.

In terms of UNICEF’s role in the rapid collection of emergency data, the lack of agreed upon formats within UNICEF and with other organizations resulted in unclear analyses. The UN Resident Coordinator’s Office collated assessments and produced a preliminary report in the first week of January – lack of common frameworks and templates were problematic. Data was not disaggregated and numbers of IDPs and levels of vulnerability not ascertained.⁵

OVERALL HUMANITARIAN RESPONSE

**CCC**

**Initial response (6-8 weeks):** Conduct a rapid assessment within 48-72 hours to determine programmatic needs in health, education, child protection, WES, HIV/AIDS, and ability to function including telecommunications, access and human resources (for UNICEF and partners).

**Beyond initial:** Conduct an expanded rapid assessment to feed into a 100-day plan.

<table>
<thead>
<tr>
<th>ASSESSMENTS</th>
<th>TYPE/SECTOR</th>
<th>TIMING</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Zone and with GoSL in the South</td>
<td>General checklist</td>
<td>Within 24 hours</td>
<td>Periodic</td>
</tr>
<tr>
<td>UNDAC/DFID</td>
<td>Ampara district</td>
<td>First few days</td>
<td>UNDAC assessment report</td>
</tr>
<tr>
<td>UNDAC Joint UN</td>
<td>Sector needs</td>
<td>3 January</td>
<td>Flash Appeal/UN synthesis report</td>
</tr>
<tr>
<td>UNICEF, 10 districts</td>
<td>WES needs survey</td>
<td>Early March</td>
<td>Follow on study in August</td>
</tr>
<tr>
<td>UNICEF, Tamil Eelam, MOH, ICRC, ZOA, FORUT and Oxfam</td>
<td>Rapid WES, IDP Camps in Kilinochchi and other areas</td>
<td>3 January</td>
<td></td>
</tr>
<tr>
<td>World Bank Joint Donor</td>
<td>Damage/needs, psychosocial, WES, education</td>
<td>10 January</td>
<td>Report, National Recovery Plan</td>
</tr>
<tr>
<td>UNICEF joint MOH, WFP</td>
<td>Comprehensive IDP nutrition</td>
<td>Second week, completed end January</td>
<td>Nutrition programme development; Follow-on study in May</td>
</tr>
<tr>
<td>UNICEF, SCiSL and DCPC</td>
<td>Comprehensive separated and unaccompanied children</td>
<td>January</td>
<td>Determination of numbers and registration</td>
</tr>
<tr>
<td>UNICEF</td>
<td>SGBV</td>
<td>Within first three months</td>
<td>Addressing increasing violence in camps</td>
</tr>
<tr>
<td>Joint UNICEF, GoSL, Local organizations</td>
<td>WES needs survey, 10 districts</td>
<td>Early March</td>
<td>Follow on study in August</td>
</tr>
<tr>
<td>UNICEF and UNHCR</td>
<td>Rapid IDP survey to determine resettlement preferences - Ampara, Galle and Jafna</td>
<td>March-April</td>
<td>Report highlighting deficiencies in service provision, WES issues</td>
</tr>
</tbody>
</table>
The CCC recommend developing a data collection plan within the first week, but a plan was not formalized. Planning was likely contingent on available partners and the time needed to implement the assessment strategy. Strengths in assessment included:
- Comprehensive survey of separated and unaccompanied children.
- Building on pre-tsunami and post-tsunami baseline studies in nutrition.
- Expeditious development of the nutrition survey.
- Rapid WES survey in 10 districts.
- Smaller assessments to fill gaps in WES data.
- Informal appraisals in child protection by partners.
- IDP survey centred on opinions of affected people.

The areas where assessment might have been strengthened included:
- Sector-wide WES assessments.
- Rapid child protection assessments to identify prevention needs (such as for violence, abuse and exploitation, HIV/AIDS).
- Rapid human/material resource appraisal for UNICEF and partners (see HR section).
- A comprehensive, structured and formal psychosocial study.
- Inclusion of quality aspects such as cultural appropriateness.
- Use of the Vulnerability and Capacity Analysis (VCA) tool developed by UNICEF or a similar approach.

3.1.2 PLANNING PROCESS AND DEVELOPMENT OF STRATEGY
The assessments undertaken by UNICEF and other organizations formed a generally solid foundation for longer-term strategy development. The country office staff did not develop a Plan of Action as recommended in the CCC, nor did they develop a monitoring plan early in the response. While this is understandable in view of the extraordinary workload emergencies generate, these two tools would have allowed UNICEF to measure both its impact and its progress more easily. The Donor Alert and the Flash Appeal contained broad goals and these are not always measurable (see matrices below under Impact).

UNICEF developed a draft Recovery Plan of Action in mid-February and by April had negotiated and finalized it with all stakeholders including the GoSL. This process effectively and efficiently consolidated the initial phase and moved into the recovery phase providing a clearer picture of requirements for the next 18 months.

3.1.3 FUNDING
In the Donor Alert of 31 December, UNICEF Sri Lanka requested $25,032,000. In the 5 January Flash Appeal the amount had risen to $47,839,680. The significant increase took place after the UNDAC assessment and the magnitude of the response and the potential resources became clearer.

The Sri Lanka tsunami relief and recovery programme had received $137 million (as of October) and funding continued to rise. This is a result of overwhelming public generosity around the world to support the tsunami disaster response. UNICEF NYHQ suggested to its national committees they stop new fundraising activities on 26 January. With hindsight even this date may have been late, although UNICEF did try and request of donors that they re-route funds to emergencies where funding had not been so generous.

As of October the CO had spent approximately $30 million and requisitioned about $40 million and is therefore on track to spend close to the original target of $47 million, but was short of the revised $63 million available for 2005.

One of the questions posed by such generous funding, in the case of some government donations given with relatively short time frames, is the pressure it exerts on country offices to go into infrastructure

11 MSF France publicly urged its donors on 4 January 2005 to stop sending them money specifically for the tsunami disaster, as they already had enough funding and were worried it would negatively impact on other parts of the world. Quoted from MSNBC on globalpolicy.org. http://www.globalpolicy.org/ngos/fund/2005/0104msf.htm. The DEC appeal (multi-agency in UK) closed on 25 February 2005. UNICEF stated on 26 January that its appeal was ‘close to being full’, however many national committees continued to fundraise for weeks after this (see for instance quote from Scotsman online 5 April stating UK appeal had closed “last month” i.e. March).
projects. UNICEF had not been involved in large-scale infrastructure pre-tsunami but is now involved in this type of work in all four of its sectors: health (clinic, hospital building), education (school construction), WES (pipelines) and child protection (government buildings). While there is no question as to the need of much of this construction work, UNICEF has been ambivalent in recent years about engaging in such work and as a result does not have widespread institutional expertise on which to draw.

3.1.4 COVERAGE
Coverage refers to the breadth of the emergency response and the extent to which different groups were served by the response. Proportionality is an important aspect of coverage and indicates whether resources were given in proportion to needs. Global and regional proportionality are important issues, which were not covered in depth in this evaluation.

In regard to national coverage, the UNICEF CO responded in the 10 most severely affected districts, although not in every sub-district or District Secretariat (DS), and was extenuated particularly in the South where it did not have pre-existing offices. In Galle, Matara and Hambantota, the CO deployed staff members to the offices of the Government Agents (GAs) and ultimately established zone offices in Galle and Ampara.

The coverage of the majority of the affected districts was effective for several reasons. First, this wide coverage helped to support equity and avoid the impression of favouritism toward any political or ethnic group. Second, the CO was able to speak with authority regarding the effects of the tsunami on Sri Lankan children. Third, donors found such coverage attractive as they were aware of the political sensitivities and vulnerabilities. Fourth, with a national role in coordination in three sectors, the CO needed to understand the situation in each of the affected districts.

The CO is also commended for broadening the scope of its coverage of vulnerable groups at an early stage. Coverage was expanded to include other people in need in tsunami-affected districts (such as conflict IDPs and those in host communities) in addition to those directly affected. UNICEF also ensured that regular project funds were reserved for non-tsunami-affected areas.

The long-standing issues in equity of development in Sri Lanka were highlighted in response operations. Since many tsunami-affected districts were located in underdeveloped areas, assistance actors tried to respond to some of the inequity issues by seeking coverage, but not all participated. For example, some donors avoided making commitments to building schools in former conflict areas. UNICEF's advocacy for equity in response was significant although there were barriers to be faced in getting supplies to LTTE areas. The LTTE had stringent requirements for access and many items were held up in government customs in Colombo due to disagreements over tax exemptions. To their credit, zone offices used stockpiled and local resources to the extent possible.

3.2 IMPACT

“This criterion assesses 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 behaviours, relationships, actions and activities of people and groups with whom a programme works directly.

This section covers the following:

- Targets achieved
- Conflict
- Sustainability

Targets Achieved
According to the Donor Alert of 31 January 2005, UNICEF aimed for impacts shown on the table below. The team's analysis on achievements is also included. (Also see the 'Compliance with CCC' matrices for each sector in the annexes).
The success of the post-tsunami relief effort was largely attributable to the collective effort of many organizations and communities and the relatively low risk of communicable disease outbreaks following natural disasters.12 The immediate success of the relief effort was avoidance of excess morbidity and mortality. Prompt action mitigated any potential risks; in particular that of the Sri Lankan health network (assisted by UNICEF).

UNICEF and its partners achieved the strongest impacts and outcomes in the following areas:

- Prevention and Preparedness: Enhanced MOH capacity to prevent communicable diseases;
- Vulnerability Reduction: Improved MOH service delivery; reduced incidence of seasonal diseases; rapid access to clean drinking water; evidence of psychosocial trauma recovery; increase in mine risk and SGBV awareness; some UR children returned home; separated and unaccompanied children rapidly identified; IDPs’ rights to emergency shelter in schools upheld; learning resumed expeditiously; the tsunami bill did not pass in original form.

### Table 1: Impact and Achievement against Donor Alert Objectives

<table>
<thead>
<tr>
<th>DESIRED IMPACTS</th>
<th>ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>To prevent disease outbreaks, exposure and nutritional deficiencies</td>
<td>Yes, although UNICEF was one of many players. Health kits for the MOH were probably the greatest contribution. Some relief items very quickly disbursed (those in stock, purchased locally) but mostly slow - other agencies were more efficient. WES work not strong.</td>
</tr>
<tr>
<td>The rapid resumption of basic education services</td>
<td>Yes. UNICEF played substantial role in supporting the MoE and provided impressive amount of back-to-school assistance. Sensitive to IDP issues.</td>
</tr>
<tr>
<td>To strategically enhance preparedness and response capacity of central and local government</td>
<td>Partially achieved. Support to CNO while it existed but follow-on mechanisms weak. District mechanisms supported; general coordination and child protection good, WES less so. UNICEF only one of many players and scale of crisis overwhelming. UNICEF itself grappled to establish capacity.</td>
</tr>
<tr>
<td>To protect separated children</td>
<td>Yes. A well-assessed and coordinated effort limited by inadequate monitoring of unaccompanied and separated children and payments for foster parents.</td>
</tr>
<tr>
<td>To rapidly initiate psychosocial activities</td>
<td>Yes. Good use of local networks and local knowledge. Good promotion of best practice.</td>
</tr>
</tbody>
</table>

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12 Seaman, J. Epidemiology of natural disasters, 1984 suggests that most natural disasters do not result in communicable disease outbreaks.
OVERALL HUMANITARIAN RESPONSE

- Coverage and Targeting: Enhanced MOH capacity to deliver health care in previously less-covered areas; increase in vitamin A supplementation coverage.
- Monitoring: Improved MOH health service monitoring; enhanced nutritional surveillance.

Areas where UNICEF and partners might have put more attention for greater positive impacts and outcomes included:

- Prevention and Preparedness: Providing timely and effective hygiene inputs relative to potential threats in initial phase; capacity development supplementation of human resources for the GoSL in districts.
- Vulnerability Reduction: Prevention of regression in breastfeeding prevalence; prevention of increase in numbers of underweight children; getting WES up to standard and consistent in all targeted schools; addressing alcohol abuse problems in welfare and temporary settlements; removing bottlenecks from payment and approval processes.
- Coverage and Targeting: Covering needs for strengthening health services in non-tsunami affected areas; making WES services consistent and bringing underserved areas up to standard; promoting proportional receipt of education supplies by students and schools; timely support for children needing Catch Up Education (CUE) CUE and dropout activities.
- Monitoring: Enhancing accountability from warehouse to end users; supporting adequate follow-up on cases of unaccompanied and separated children; closer monitoring of school staff and community satisfaction with school construction.

UNICEF needs to improve its methods of measuring impact and outcomes and reporting on them. The Sri Lanka nutrition surveys represent good practice in collecting baseline data for comparative purposes, but results/impact of the surveys must be carefully followed with all stakeholders. As described above in the planning section, indicators in the planning tools used in the initial phases are broad and difficult to measure and UNICEF should agree with partners on more effective measurements and the methods that will be used to collect the data. (See Monitoring and Evaluation section).

UNICEF's reporting does not do credit to impact, and particularly not to outcomes, as there is sometimes poor continuity between reports such as the 90-day and six-month reports, and impacts are hard to follow and ascertain. For example, achievements in the six-week report are largely listed as outputs, e.g. number of water tanks, latrine slabs, health kits or leaflets delivered to partners. Evidence for impact and potential outcomes is often anecdotal. This 'output' or numbers focus is connected to insufficient monitoring at the level of the targeted people, which should present a picture of the primary and secondary positive and negative effects of outputs for the people who receive them. UNICEF has little analysis on impact/outcome for the populations it is assisting, and since it works through partners, seems one step removed from the children it aims to assist.

Table 2 lists the aims set out in the UN CAP Flash Appeal of 5 January (initially a six-month appeal, extended to a year) and mentions the achievements related to those aims.

Conflict Sensitivity and Equity
As described earlier, the 2002 ceasefire between the GoSL and the LTTE did not result in a stable peace. To further complicate matters, the LTTE has split into two actively warring factions. Over 350,000 people remain internally displaced from conflict. In the first few weeks of the response, the Sri Lankan armed forces and the LTTE worked together to rescue people and the LTTE was included in civilian response committees in the Northeast. Unfortunately, this détente did not last for long and the pattern of distrust re-established itself. The LTTE claimed that the GoSL has not been fair in the allocation of tsunami resources to Tamil areas, an allegation the government denies.14

14 TEC Coordination in Sri Lanka, draft report, November 2005.
<table>
<thead>
<tr>
<th>PROJECT – FROM FLASH APPEAL</th>
<th>OUTPUTS/ACHIEVEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project title:</strong></td>
<td>Shelter and non-food relief items.</td>
</tr>
<tr>
<td><strong>Aim:</strong></td>
<td>To provide essential shelter and non-food relief items to one million affected persons including 300,000 displaced persons in 781 camps (500,000 women, 360,000 children).</td>
</tr>
<tr>
<td></td>
<td>• Relief items for 30,000 people purchased and distributed rapidly.</td>
</tr>
<tr>
<td></td>
<td>• 70,000 sanitary pads for women distributed.</td>
</tr>
<tr>
<td></td>
<td>• 10,000 family kits purchased and distributed in first six months.</td>
</tr>
<tr>
<td><strong>Project title:</strong></td>
<td>Restoration of basic health and nutrition for women and children affected by the tsunami.</td>
</tr>
<tr>
<td><strong>Aim:</strong></td>
<td>To provide basic health and nutrition services for one million affected persons including 300,000 displaced persons in 781 camps (500,000 women, 360,000 children), and to prevent disease outbreaks.</td>
</tr>
<tr>
<td></td>
<td>• Reduction in disease burden of tsunami-affected under fives.</td>
</tr>
<tr>
<td></td>
<td>• Basic drug kits to MOH estimated to serve 150,000 people for three months.</td>
</tr>
<tr>
<td></td>
<td>• Support of MOH actions to control and prevent communicable disease.</td>
</tr>
<tr>
<td></td>
<td>• Restoration of the vaccination cold chain.</td>
</tr>
<tr>
<td></td>
<td>• Improvement of service delivery and health monitoring.</td>
</tr>
<tr>
<td></td>
<td>• Enhancement of nutritional surveillance.</td>
</tr>
<tr>
<td></td>
<td>• Promotion of appropriate infant and young child feeding through advocacy for breastfeeding.</td>
</tr>
<tr>
<td><strong>Project title:</strong></td>
<td>Provision of water and sanitation to families affected by the tsunami.</td>
</tr>
<tr>
<td><strong>Aim:</strong></td>
<td>To provide safe drinking water, hygiene and sanitation to one million displaced persons, with particular focus on 360,000 children and 500,000 women.</td>
</tr>
<tr>
<td></td>
<td>• Water trucking effective but Sphere standards not met in all areas for water or hygiene.</td>
</tr>
<tr>
<td></td>
<td>• Design and provision of gully suckers good and appropriate initiative but late.</td>
</tr>
<tr>
<td></td>
<td>• The first phase of well cleaning was inefficient as it led to increased salinity of well water.</td>
</tr>
<tr>
<td></td>
<td>• Construction of many latrines. Some were delayed, pits inadequate.</td>
</tr>
<tr>
<td></td>
<td>• The hygiene materials arrived late in some cases.</td>
</tr>
<tr>
<td><strong>Project title:</strong></td>
<td>Restoration of basic education for children affected by the tsunami.</td>
</tr>
<tr>
<td><strong>Aim:</strong></td>
<td>To support the restoration of basic education for approximately 200,000 affected children.</td>
</tr>
<tr>
<td></td>
<td>• Substantial role in getting children back to school.</td>
</tr>
<tr>
<td></td>
<td>• Provision of basic school supplies, 1,350 recreation kits, 227,000 school uniforms, 52,000 desks and chairs, 480,000 textbooks and over 114,000 school bags. Clean up in 172 schools and building 104 temporary teaching facilities.</td>
</tr>
<tr>
<td></td>
<td>• Many schools opened several weeks late. Attendance still not 100% by pupils and teachers.</td>
</tr>
<tr>
<td></td>
<td>• Learning was constrained in some schools due to psychosocial and adjustment problems.</td>
</tr>
<tr>
<td></td>
<td>• Schools-in-a-Box (3,109) were essential to getting some schools started. Did not contain all needed items, and Sri Lanka office supplemented.</td>
</tr>
</tbody>
</table>
Table 2: Outputs/Achievements against Flash Appeal Objectives continued

<table>
<thead>
<tr>
<th>PROJECT – FROM FLASH APPEAL</th>
<th>OUTPUTS/ACHIEVEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project title:</strong> Protection of children and women for one million displaced person incl. 300,000 displaced persons in 781 camps. Women: 500,000 Children: 360,000 (36%).</td>
<td>• Fast registration of separated and unaccompanied children. Excellent promotion of solutions rather than institutionalization for many. • Reduction in psychosocial impact of tsunami; prevention of some long-term effects. • Expansion of coordinated and trained actors, especially local NGOs, in psychosocial activities; extension of impact. • Awareness raised in regard to child abuse and domestic violence. • Some improvement in case monitoring and police protection for children in foster care and in camps.</td>
</tr>
<tr>
<td><strong>Aim:</strong> To provide and develop mechanisms to provide psychosocial support. To develop a system that ensures that unaccompanied children are reunited with their families and to assist in the reunification of unaccompanied children.</td>
<td></td>
</tr>
<tr>
<td><strong>Project title:</strong> Mine Risk Education.</td>
<td>• MRE was successfully extended in Kilinochchi and in Batticaloa. The risk proved to be lower than anticipated.</td>
</tr>
<tr>
<td><strong>Aim:</strong> To scale up mine risk education to affected communities.</td>
<td></td>
</tr>
<tr>
<td><strong>Project title:</strong> Strengthening disaster management capacity in key social service sectors.</td>
<td>• Excellent support of some district coordination. Robust support to central government and UNCT. • Excellent lead in child protection, good support to education coordination. • Sensible supporting role in health and nutrition. • WES coordination not supported adequately and many missed opportunities.</td>
</tr>
<tr>
<td><strong>Aim:</strong> To support coordination of humanitarian response in the water and sanitation sector, the education sector and the child protection sector.</td>
<td></td>
</tr>
</tbody>
</table>

Organizations with response programmes in the Northeast had to deal with two major challenges. The first, and most important in humanitarian terms, was how to achieve equity. Many conflict IDPs of the last 30 years lived in extremely poor conditions. Assistance provided to tsunami-affected people was initially profuse creating a two-tiered class of IDPs. The second challenge was negotiating the political landscape where districts had authorities representing GoSL and LTTE.

UNICEF was highly effective in dealing with both equity and political issues. Senior management in the CO and the EMOPS in NYHQ decided in the initial phase to focus on tsunami-affected districts. This decision allowed the CO to target people affected by the conflict as well as the tsunami-affected. In coordination terms, UNICEF Heads of zone offices were in contact with all parties in the Northeast, and in places such as Trincomalee played a ‘neutral’ role. Both district government and LTTE had confidence that collective decisions would be respected. However, one incident eroded trust with the LTTE somewhat. A public statement was made by UNICEF that the LTTE was recruiting child soldiers from tsunami IDP camps. A more detailed analysis of this incident is beyond the information available to the evaluation team.

Impact on Ongoing Programmes
The emergency diverted CO staff from long-term goals to relief activities. In the Learning, Adolescence and HIV/AIDS section, two of the three senior staff members were diverted to manage general emergency activities. Although many projects approved in the Master Plan of Operations 2002-2006 (ECD, Learning Years, adolescence and protection of children and women from abuse, violence and

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16 The suggestion that this soured relations with LTTE was put forward during confidential interview with a humanitarian inter-governmental organization that is involved in protection and conflict issues, and has good links with all parties.
child labour) had slowed down due to problems with unaccounted/unliquidated Cash Assistance to Governments (CAGS) in late 2004, and some effectively ceased post-tsunami, advocacy continued to some degree in these domains. The priority in Sri Lanka was certainly to help those affected by the tsunami, and response work overlapped with some previous activities in the North and East. Plans for the next 18 months reflect a strengthening of previous areas and a renewed vigour and increased infusion of funds for pursuing these and new goals.

3.3 EFFECTIVENESS

“This 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. Implicit within the criteria of effectiveness is timeliness. Issues of resources and preparedness should also be addressed under effectiveness.

- Timeliness
- Partnerships
- Targeting and vulnerability analysis
- Gender
- Monitoring and evaluation
- Principles and standards
- Coordination

Timeliness
UNICEF responded immediately, particularly through zone offices in the North and East. The zones initially used items stored in GoSL and other warehouses. Relief items were dispatched from Colombo the day after the tsunami and were being distributed within a few days. Within 72 hours, emergency health kits were provided to all affected areas. Additional batches of essential drugs were handed over to the Ministry of Health on 12 January. Child protection partners were mobilized to start registration of children who had lost parents and spread messages about their care.

Following this initial excellent response, activities slowed markedly. Supplies did not come on time, human resources were inadequate and proposals were not approved quickly enough. These constraints reduced the relevance of UNICEF's response. Hygiene kits arrived much later than planned, by which time other organizations had stepped in to fill this gap. Approvals for funding sometimes took many months. The evaluation team received multiple accounts (see sector reports in part four) of delayed approvals, which resulted in planned activities being no longer relevant to the situation, partners giving up and looking for other sources of funding, or relevant activities simply not being carried out.

Partnerships
Much of UNICEF's work is implemented through partners in three general categories: government, non-governmental organizations (NGOs) and sister UN agencies. The GoSL is responsible for setting standards and guidelines and approving the final products for all actors. The GoSL was the channel for the majority of UNICEF's relief assistance in the first six months through ministries (education, social welfare, health), parastatals (e.g., the national water board) or through the local administration. The GoSL staff members interviewed were satisfied with partnerships with UNICEF with few exceptions.

The tsunami disaster response was extremely challenging for GoSL staff in the provinces and districts. Although some civil service staff had dealt with periodic flood and cyclone disasters, most were not prepared for the scale of response needed. In northern and eastern areas, there was a history of experience in managing large-scale displacement. The GoSL offices were under capacitated in terms of human and administrative resources relative to the needs for distribution, implementation and monitoring. For example, probation officers had difficulties following up the child protection case load, public health inspectors could not adequately monitor sanitation in camps, and management of the distribution of education supplies was uneven. Progress was often slow where government was responsible for implementing construction activities for temporary classrooms or wells, for example.
The CO did not conduct an emergency assessment of capacity except for the MOH chain of delivery assessment. The CO tried to supplement government capacity, but this was often done in a piecemeal fashion rather than according to an agreed upon plan. For example, the CO provided numerous vehicle and equipment inputs to support staff in the health sector, but transportation was a major constraint for GoSL district staff who had monitoring and oversight responsibilities, particularly in child protection and education.

When the CO used ‘special cash’ to support GoSL activities, progress was expedited. This special cash was effectively targeted, for example, to facilitate transport of probation officers, or to hire contractors to dig latrines.

The CO's approach of supplementing the government response complies with GA resolution 46/182 and was widely appreciated by GoSL partners interviewed. This approach was possible only where the CO had sufficient capacity itself, generally where there were existing offices. This approach removes some of the pressures from the government for reporting. Government departments had difficulty making the deadlines to account for cash assistance in pre-tsunami times. This situation was exacerbated by the chaotic and fast-moving nature of the emergency response, which brought with it an enormously increased workload.

NGOs had mixed results in partnership with UNICEF. In general Sri Lankan NGOs were effective in community activities, such as psychosocial work and children's clubs. Communities expressed trust in local organizations and felt they were attuned to their needs and concerns. Local NGOs sometimes required substantial technical input from the CO for infrastructure activities, such as latrine construction in Ampara. Partnerships with international NGOs have generally yielded good results such as water provision with ACF in Trincomalee and in setting standards in WES with Oxfam.

UNICEF's cumbersome administrative procedures were problematic for establishing and maintaining partnerships. Many international NGOs did not apply for funding from UNICEF as most benefited from generous funding, and UNICEF's onerous reporting requirements and low allowances for administrative overhead were not attractive. Due to their limited cash flow, local NGO partners often could not pre-finance initiatives and relied on advances from UNICEF. Local NGOs experienced problems when there were delays in advances or payments.

A large percentage of funding was allocated to the construction of schools and clinics. UNICEF contracted UNOPS to manage the construction. Planning for these inputs was initiated in early months. The evaluation team found that some communities did not have a full grasp of planned designs and functionality of the proposed construction. The CO needs to ensure that adequate consultation takes place and should monitor understanding at the community level to ensure satisfaction with the construction process. (See Education section).

**Targeting and Vulnerability Analysis**

UNICEF paid insufficient attention to issues of targeting and vulnerability. Blanket distributions were undertaken in most of the worst-affected districts, but communities and individuals were generally not prioritized according to need. The GoSL provided similar cash payments to all tsunami-affected people and together with WFP provided an additional dry ration plus a cash monthly ration. Fortunately, few if any people affected by the tsunami were not helped in some way. Nevertheless, some families, schools and communities needed relatively more assistance to attain self-sufficiency. In former conflict areas affected by the tsunami, people were likely to be more vulnerable, having had a lower standard of living. Some had been displaced many times, eroding their assets. The poorest in all areas were likely to have suffered disproportionately, particularly women and children.

Although UNICEF has many publications on vulnerability, an agreement by UNICEF with partners regarding who is most vulnerable has still not been attained. Some partners, such as WFP, found that their priorities in determining vulnerability were not necessarily the same as UNICEF’s resulting in delays in initiating joint activities. The Sri Lankan

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17 GA resolution 46/182 of 1992 lays out how the United Nations’ system should respond to humanitarian crises. Articles four and five establish national governments as sovereign, bearing primary responsibility for the welfare of their citizens, but also establishes the principle that UN agencies and others can supplement government where it is appropriate.
government’s categorization for targeting is based on damages to houses: completely destroyed or partially destroyed. This type of categorization does not take into consideration the status of other assets, such as livelihoods and physical possessions or the structure of the family.

The lack of an agreed-upon approach to targeting and vulnerability analysis led to feelings of inequity. For example, schools that could afford to provide transport for supplies to their schools were likely to receive them earlier than poor or rural schools. In one zone, a total of 5,000 family kits were distributed to families whose homes had been totally destroyed regardless of any other criteria.

UNICEF places children in categories that reflect greater vulnerability (in armed forces, separated and unaccompanied, subject to exploitation and abuse, malnourished) but does not seem to apply other levels of criteria such as socio-economic or previously disaster or conflict affected. These categories are also not preventive but rather are curative. UNICEF generally participates in country-specific vulnerability analyses, which help to target and also predict effects of disasters. The CO should work with WFP and other partners to agree upon vulnerability criteria.

Gender
Sri Lanka ratified the 1979 Convention on Elimination of Discrimination Against Women (CEDAW) in 1981. Although the CEDAW has not been translated into national legislation, it created the basis of the 1993 Women’s Charter of Sri Lanka. The GoSL has also established institutions such as the Women’s Bureau, the Women’s Ministry and the Presidential National Committee on Women, however policies are rarely referred to them. Recently the Domestic Violence Bill was shelved.

The tsunami disaster provoked a great number of gender concerns. UNFPA pointed to “gender-specific aftershocks” which ranged from women becoming widows and heads of households, giving birth in unsafe conditions and increased cases of rape and abuse.

The immediate need for gender-disaggregated data was identified in early January as being critical to effectively address the concerns of women and girls at every stage of the relief and recovery efforts. There was difficulty in ascertaining the numbers of deaths due to lack of gender differentiation in statistics and lack of reliable census information in many of the Tamil regions. The tsunami took a disproportionate toll on women and girls. According to a list of deaths received by the evaluation team from a school in the Trincomalee district, 75 percent of deaths were girls.

At the community level women are still underrepresented as evidenced in the IDP situations where they are generally not included on the IDP committees. Due to a dearth of participatory and consultative mechanisms with assistance organizations many IDP women have been excluded from participation in decisions regarding their relief and recovery assistance, and often suffer the consequences of this lack of consultation. For example, women complained that there was little privacy afforded in the design of the bathing units, some provided by UNICEF, and they felt uncomfortable using them.

The CO’s activities contributed to shielding women from the aftershocks and provoking national and international responses regarding gender issues. UNICEF and UNFPA provided hygiene kits and supported the MOH for obstetric care. UNICEF sponsored an SGBV study in the first three months and participated in a large-scale advocacy campaign in the temporary settlements and welfare camps. Issues of sexual abuse and domestic violence are now more openly discussed. In March, an interagency set of Guiding Principles was issued regarding equity, gender sensitivity, protection and assistance to tsunami victims, derived from the ADB/JBIC/World Bank needs assessment. More than 60 women’s groups have formed the Coalition for Assisting Tsunami Affected Women (CATAW) to address threats to the physical and psychological safety of women and children who survived the tsunami.

Interestingly the rapid assessment checklist in the Emergency Field Handbook asks ‘who are the most vulnerable groups’, but beyond this the concept is not developed. UNICEF appears to pre-define vulnerability: children in armed forces, separated and unaccompanied, subject to exploitation and abuse, children who are malnourished, but does seem to have an approach that defines vulnerability across a range of factors (including socio-economic).

In terms of protection in the temporary and welfare settlements, UNICEF could have provided more solid support to ensure a regular police monitoring presence. More attention is needed on problems faced by men and adolescents who are relatively neglected groups in the tsunami response. Many men suffered from widowhood and the loss of livelihood and require support to continue to protect their children, especially as single parenthood is a new and unfamiliar role for them. Adolescents suffer from few options for their futures. (See Child Protection section).

**Monitoring and Evaluation**

The team found little evidence of formal, standardized and routine monitoring of the distribution of UNICEF-sourced supplies and services to ensure receipt and satisfaction by the end users to feedback into activity design. There was no comprehensive M&E framework, although the CO developed one later in the six-month period based on the two-year plan. Constraints to monitoring included lack of dedicated human and funding resources, staff who were generally spread thin among tasks and coverage of geographic areas, security precautions in the North and East which limited travel and, probably, the organizational attitude toward monitoring which is noted to need strengthening in several reports.

Effective monitoring has to be coordinated between UNICEF and its partners – accountability requirements must be upheld by each actor. Paradoxically, UNICEF was quick to penalize its partners if they submitted the smallest invoice late or incorrectly added, while goods were delivered to partners with little follow up. There was often no means of determining who was supposed to receive goods, whether they really received them or whether they were genuinely in need. In the South, targeting criteria were broad and there were limited attempts at post-distribution monitoring or to support GoSL partners to take this responsibility.

There were cases of disproportional distribution of supplies in the response as well as uneven services, especially in WES where quality varied considerably. Comprehensive monitoring should pick up the discrepancies and strive to determine the impact on the people as well as encourage follow up to bring services up to acceptable standards. The UNHCR/UNICEF IDP survey was a good initiative in this regard. A budget is important to support regular staff monitoring visits to affected people, and these efforts are more economically carried out as joint monitoring activities. A strong accountability feedback loop with the affected people improves impact, reduces the possibility of misuse of resources and protects the rights of people to receive the assistance they need. The CO might consider sub-contracting some of the monitoring functions to local organizations.

**Principles and Standards**

The CCC provide the basis of UNICEF’s response, but their limitations are noted in several evaluation reports. This evaluation noted issues with the CCC as follows:

- They may indirectly impose borderlines such that needs in areas outside UNICEF’s normal activities are not met.
- Joint areas of responsibility with other organizations may need more clarity as to how they should be shared in order to cover the needs of affected peoples.
- The draft CCC indicators (August 2005) lack monitoring guidance and are low on quality and process indicators.

The CO applied efforts to meet international standards and to develop norms. The CO effectively promoted best practices in psychosocial work and distributed guidelines on prevention and identification of abuse to zone offices. In WES, standards were developed for partners such as for latrine construction and well cleaning, but unfortunately were not vetted until months after the tsunami. The opportunity to set standards for the entire WES sector was missed.

In terms of meeting Sphere standards, the CO had mixed results. Health standards were generally met, but numbers of underweight children were at an unacceptable level (although this was the case pre-tsunami, complicating the case for intervention). An assessment of IDP camps in Trincomalee in February (with technical support and training by UNICEF) indicated that only 10 percent of IDPs were receiving 15 litres of water per day and in 24 of 49 camps surveyed, fewer than 50 percent had access to functioning toilets at the standard of 20 persons.

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In the course of a few months, the situation improved. Although numerous organizations supported water and sanitation, a joint responsibility for setting and meeting standards is critical. As UN leader in WES, UNICEF needed to influence others to perform responsibly (something it did not manage, despite efforts in this direction).

The evaluation team was concerned that few opportunities were created for beneficiaries to participate in activities aimed to benefit them. Affected people sometimes behaved as passive recipients, expected to absorb inputs but not consulted as to their opinions. The CO has a strong record of working with communities, but during the emergency staff members were often too busy to spend significant time in communities. More participation in follow-up assessments by affected people on the services most appropriate to address their problems would have enhanced the impact of activities.

**Coordination**

The GoSL CNO held several advantages for coordination. It had strong government support and senior leadership and was located in one building. The CNO disbanded after a few weeks, leaving TAFOR and TAFREN to handle tsunami recovery. When the CNO closed, actors lamented its loss as responsibilities were poorly delegated at district level and thus coordination was still dominated centrally.

As was the case with other organizations, the CO’s former presence and familiarity with local conditions promoted its coordination role. In both Colombo and in the districts, UNICEF management staff either led or facilitated coordination of the overall response. The UN in Sri Lanka has ‘focal points’ in the districts, whereby the most senior officer is in effect a mini-resident coordinator as well as the area security coordinator. In the immediate aftermath of the tsunami, focal points convened local meetings of UN agencies, liaised with the Government Agent and often hosted and chaired meetings of the local humanitarian community.

UNICEF staff members were focal points and played much-appreciated roles in Kilinochchi/Mullaitivu, Trincomalee and Batticaloa. In Trincomalee, the former GA told the evaluation team that the support of the UN agencies and the UN focal point in particular had taken “70% of the stress away.” Similar praise was given to the other Heads of zones. UNICEF’s excellent support of the UN system, adding to a favourable image, is directly attributable to an experienced and respected staff. The CO’s involvement in coordination was highlighted as one of the key added values of UN agencies in emergency response. Both government and NGOs feel that UN agencies serve as necessary interlocutors, bringing NGOs and government together.

Of UNICEF’s three sectoral coordination roles, there was a mixed record of performance. In WES, the CO effectively organized meetings in the initial phases, but ultimately did not sufficiently influence the sector actors in terms of setting policy, meeting standards and providing adequate coverage. UNICEF did not have consistent technical personnel to undertake the complex coordination tasks, nor did it have the advantage of a pre-existing programme. Inter-sectoral coordination was also inadequate. There were many inexperienced actors in the shelter sector who built settlements without factoring in needs for water sources and maintenance of toilets. It was not until the end of June that the shelter and water/sanitation groups met, resulting in some expensive last minute solutions to water provision in new settlements, such as trucking in tankers on a daily basis.

In child protection, most interviewees were extremely happy with the coordination role that UNICEF played. Coordination was enhanced by pre-tsunami experience and a strong group of actors that supports unaccompanied and separated children. UNICEF with UNFPA successfully coordinated large numbers of agencies involved in psychosocial work.

In education, the CO again received praise for its support for the MoE in coordination. The large number of actors in education did not all participate in the formal coordination mechanisms and this was likely a cause of duplications mentioned above. UNICEF
might have tried to employ a strategy to influence the disparate actors, perhaps through local initiatives such as the Mangrove in Batticaloa, which was effective in local coordination of psychosocial actors.

The UNICEF Emergency Field Handbook (EFH) lists core activities for coordinating a sector, including data collection and dissemination, leading the planning of interventions with key partners and setting standards and guidelines. (The CO undertook many of these tasks). The EFH mentions resources required - the “minimum infrastructure for coordination” - which are substantial. UNICEF needs to bear in mind that where it takes the coordination role it must be prepared to support adequate human resources and develop tools to do the job. In WES, the “minimum infrastructure for coordination” equivalent to the task in Sri Lanka was probably the following:

- One high-level (P4/P5) coordinator at a national level
- An international staff person for each of the eight districts
- Staff assigned to data collection, processing and dissemination (either UNICEF staff or through an inter-agency body such as the UN Humanitarian Information Centre HIC).

**Recommendation:** UNICEF should develop a toolkit for coordination. This should give country offices responding to disasters guidance on what the minimum infrastructure (HR, equipment, etc.) is for sector coordination in a given size of disaster. UNICEF should also urgently review the roster of people available and expand this, or train a new cadre.

### 3.4 EFFICIENCY

*This criterion measures how economically resources or inputs (funding, expertise, time, etc.) are converted to outputs.*

This section covers the following topics:

- Management and leadership
- Human resources
- Supply and logistics
- Finance and administration

In examining efficiency, the evaluation team did not and was not expected to conduct in-depth research in each of the topic areas (see TOR in the annexes).

The analysis of the team focuses on UNICEF’s administration in terms of how well it served the affected people and discusses ways that barriers can be removed so that activities to benefit UNICEF’s target groups can be carried out more efficiently and effectively. The data collected in the CO, the districts with partners and with affected people in temporary and welfare settlements provide a basis for the analysis.

Two major issues emerged:

- An initially rapid response became bogged down at district and community levels as partners waited for activities and funding to be approved and payments to be made. This effect was confirmed through numerous interviews.
- Interviews with permanent and internal staff on mission indicated that they experienced significant stress, some due to extensive crosschecking for proposals and liquidations. Examination of the effectiveness of coordination and coverage of areas in terms of monitoring and participation indicated that human resources were strained.

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<table>
<thead>
<tr>
<th>TYPE</th>
<th>ROLE</th>
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<tbody>
<tr>
<td>Overall response</td>
<td>UN leadership role in three districts, supporting role at national level.</td>
</tr>
<tr>
<td>Water &amp;Sanitation</td>
<td>UN leadership role at national level and in nine districts.</td>
</tr>
<tr>
<td>Education</td>
<td>UN leadership role supporting the Ministry of Education at national level and in nine districts.</td>
</tr>
<tr>
<td>Child Protection</td>
<td>UN leadership role at national level and in nine districts.</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>Supporting role at national level to Ministry of Health, Nutrition and Welfare (MOH) (WHO was lead UN organization).</td>
</tr>
</tbody>
</table>
Management and Leadership
Management performed well during the UNICEF response in Sri Lanka. The senior management team mobilized staff and resources within hours of the tsunami. The CO was fortunate to have a senior management team that had been in place for almost a year before the tsunami, and a number of extremely experienced Heads of zone offices. The CR had previously been a regional emergency officer and the CO had responded to a number of natural disasters as well as worked in a conflict environment in the North and East. There was thus a robust management platform from which to respond, as well as a sense of confidence among staff that judgement would be sound.

Limited devolution of responsibility to zone offices was an issue during the tsunami response, in particular the absence of ProMS outside of Colombo. This meant that zone offices did not have complete control over their programmes, but instead relied on Colombo-based colleagues for data input. This added pressure to an already tight system. In addition the Heads of zone offices did not have the authority to process many proposals. Every NGO proposal over the value of $20,000 had to be reviewed by the Contracts Review Committee, and between $10,000 and $20,000 initially required a peer review. Although the process was simplified using fast track procedures, proposals had to go to Colombo for approval by the programme coordinator and the operations officer. Proposals may have needed some clarifications requiring time for communications. Zone staff sometimes did not know where the proposals sat in the process and proposals may have had to wait for Colombo staff to return from field visits before they were acted upon. These processes delayed assistance to affected people and detracted from a more sustained response.

Human Resources (HR)
Emergency response is akin to starting an entirely new programme within a few days and building it to a point that would normally take years in a matter of weeks. The country budget quadrupled from $15 million in 2004 to $63 million in 2005. The amount of extra work generated by the tsunami was enormous and remains so.

The CO faced a major challenge in getting skilled people into place. Following the launch of the global trigger, 64 staff were deployed, 36 of them from UNICEF. Initially staff members were effectively deployed from NYHQ, ROSA and other offices. The regional emergency and communications officers arrived on 28 December; the senior WES advisor from New York arrived on 30 December. A logistics officer arrived in the first week of January. Staff members were recalled from leave and a Nepal operations officer came for two weeks to cover while the Sri Lanka operations officer was on leave. There were massive efforts to meet HR gaps through hiring consultants to fill interim needs.

<table>
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<th>Type of post</th>
<th>Approved in PBR</th>
<th>EOD/posts filled</th>
<th>Received offer letter</th>
<th>% of February posts still vacant</th>
<th>Recruitment in progress</th>
<th>Post structure changed</th>
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<td>7</td>
<td>9</td>
<td>6%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>22</td>
<td>13</td>
<td>9</td>
<td>0%</td>
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<tr>
<td>GoS</td>
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<td>29</td>
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<td>2</td>
</tr>
<tr>
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<td>49</td>
<td>25</td>
<td>13%</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 4: Number of Posts Approved in February Filled by September (Amended by data provided by DHR for September).

The Programme Budget Review (PBR) of February approved 85 posts, but only about half were in position in October, almost 10 months after the tsunami. Of these, 30% had arrived in August or September meaning that for almost the entire period under examination the CO operated without adequate additional staff. This put a significant burden on existing staff members who were still working unreasonable hours at the time of the evaluation, and also hampered the expansion of the programme.

In addition, world interest meant the CO had an almost non-stop succession of high-level visitors and missions. The majority of surge staff members (14) were deployed in communications to meet high demands for information from the press, donors and others. A media expert from ROSA came immediately to assist, as the head of communications was ill. Nevertheless, staff members describe the influx of visitors, including those conducting evaluations, as disruptive. The communications department has recently received new permanent staff. As the evaluation team left Colombo, the country representative was at the airport picking up a Danish princess who had come with the national committee and a TV crew. This visit was managed with a minimum of extra supporting staff.

The inadequate staffing was probably felt most acutely in the WES section. Of 11 established WES posts advertised by the PBR, only six had been recruited by October. With hindsight the staffing level approved in the PBR was low. Coordination duties alone in the districts necessitated sustained full-time support from at least four international staff, and this is without considering the implementation of the UNICEF programme. Another issue has been the lack of consistent leadership within the country office. The head of the new WES section arrived in August - eight months after the tsunami. WES had a budget for 2005 of $12 million - almost as much as the entire Sri Lanka programme in 2004. Not surprisingly the budget was only 35% spent by mid-September.

The lack of timely staff recruitment was not just restricted to the WES sector. In Trincomalee, six posts were established but only three were EOD by the end of October. Both the Heads of the newly opened zone offices (Galle and Ampara) arrived in August.

The reason for the slow scale-up is not straightforward and thus the solution is not simple either. The CO asked for extra staff from day one - calling in resources from the regional office and NYHQ. One of the common errors made by country offices in scaling up post emergency is that they ask for too few staff - this was not the case in Sri Lanka.

Constraints to implementing interim support and staff scale-up included:
- The multiple demands from tsunami-affected countries for staff - needs for NYHQ sourcing - could not be met 100 percent.
- It was difficult to get staff released for three months, each case had to be negotiated.
- There was fierce competition in the international realm for WES experts.
- High turnover of interim staff made continuity in recruitment difficult especially in the first two to three months.

The CO did not have a professional HR officer in place at the time of the tsunami. Ironically, the human resource officer only arrived in post in June. Recruitment was managed by a series of HR professionals deployed for an average of five weeks. Recruitment of staff was well documented and competitive.

Problems identified internally were as follows:
- The CO did not manage to convene selection panels quickly enough to fast track the new recruitments.
- HR staff, both CO and internal staff on mission, experienced difficult workloads to process new staff and conduct recruitment activities.
- When staff were interviewed and selected, they then took far too long to arrive.

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Despite a realistic assessment of staffing needs early in the response and an approval of the new level, UNICEF was unable to effect a timely increase in staffing, which seriously affected capacity to scale up for emergency programming. This systemic issue will be addressed in the synthesis report covering UNICEF’s tsunami response as a whole.

Recommendation: The system for HR in emergency response needs strengthening. The global trigger allows people to be deployed rapidly in the first weeks, but if overlap cannot be ensured, rapid turnover creates disruptions in services to affected people. The current process needs to be speeded up considerably and innovative solutions found.

Supply and Logistics
The CO has procured $28 million worth of supplies since 26 December, of which $19 million were offshore and just under $7 million local procurement (the rest was freight). Approximately 1,400 were items procured in 639 separate purchase orders. Items procured included vehicles (169 currently), relief items (hygiene kits, clothing, cook sets, bed sheets and so on), health kits and additional medical supplies, school equipment, water and sanitation supplies (pipes, testing kits, gully suckers, latrine slabs and so on) and office supplies.

This large-scale procurement operation included both items in stock and non-standard items. Procurement took place against the backdrop of emergency operations in several other countries, as well as a large number of suppliers procuring items from similar sources. A major issue in the supply chain was the stagnation at the ports, which consumed a great deal of staff time and effort.

Under these circumstances, UNICEF performed well initially. Several charters were flown in almost immediately (two arrived on 30 December, just four days after the tsunami) and some local procurement was rapidly implemented. The combination of local supplies, stocks in warehouse from the previous flood response and the initial charters contributed to an efficient immediate response. Relief distributions started the day the tsunami struck and were being undertaken nationally within a matter of days. UNICEF was able to supply the Ministry of Health with essential medical items within the first week. These had been chosen jointly from the supply catalogue and arrived on the first charter. Schools-in-a-Box, plastic sheeting, latrine slabs and water purification material also arrived on initial charter flights.

Following this initial burst of activity the supply chain slowed down and this was reflected in reduced timeliness of assistance to affected people. Items continued to be procured and received throughout the six-month period being examined, however essential relief items arrived late. Many situation reports from the district offices that the evaluation team analysed start with “urgently awaiting supplies.” For instance, Trincomalee 27 January issued the following request to Colombo.

“Many of the below supplies are crucial for us to continue our work – particularly in watsan.”

“Requests from Muthur and Trinco ZEO with regards to white washing, minor repairs and temporary structures were sent to Cbo and we urgently need approval to proceed with the work.”

“Supplies – Urgently waiting for:
1) family packs;
2) 36 chlorine testing equipment;
3) 2 gully emptiers;
4) 5 diesel driven water pumps (4”);
5) 50 kerosene water pumps (2”);
6) 50 gallons lysol detergents;
7) 5 megaphones;
9) additional recreational kits
10) family tents
11) Chlorine powder”

Examples of other messages include one sent repeatedly from Ampara (11, 18 and 25 February) “urgently awaiting earlier requested gully emptiers,” or from Jaffna 12 January “Supply & Logistics – awaiting delivery of various supplies: family kits, education and recreation kits, IT equipment and admin supplies.”
These delays caused UNICEF severe embarrassment in the districts and the organization lost the credibility gained in the early days with the initially swift response. Most of the counterparts the evaluation team interviewed identified slow supplies and slow approval of activities as key UNICEF weaknesses. Staff also identified these aspects as major frustrations. UNICEF staff made commitments and then had to explain in meetings for days and sometimes weeks that items were on their way. When supplies did finally arrive, they were sometimes too late to be relevant and government chose to store them for a later date (especially non-food items).

The supply delays can be attributed to a mix of local and international forces, some events beyond UNICEF's control, as well as areas within the UNICEF system that can be improved. Mostly the delays occurred in the procurement of ‘non-standard items.’ These could not be procured locally because the UNICEF office did not have the staff to handle a larger volume of local procurement and because the local market was saturated.\(^{27}\) In Copenhagen the delays were related to the need to source the items at a time when many agencies were buying similar goods, and the natural time delay of assembling large orders (especially over the Christmas period). UNICEF should seriously consider either expanding stock or investing more in rapid local procurement capacity.

**Finance and Administration**

The financial and administrative procedures used during the tsunami response seriously hampered the CO's ability to respond in a timely and effective manner. The evaluation team repeatedly heard about proposals that were not approved in a timely manner and from partners who had not received timely payments, as well as from staff on SSA contracts who had not been paid on time. In some districts, GoSL counterparts had many activities on hold because of one outstanding CAG. Although the CO staff members were able to introduce some mitigating measures, they were not able to ameliorate the effects.

The CO can be held partly responsible for inefficiency - the fact that field offices had no authority meant that all proposals for funding had to come to Colombo both for authorization and for liquidation. Nevertheless, the F&A system itself is ill suited to emergency response and to the need for large amounts of money to be programmed in short periods. The requirement that partners should liquidate cash advances outstanding for more than six months (including the time it takes for the office to process) may be appropriate for the financial management of an ongoing, non-emergency country programme, but clearly does not take into account the chaotic and fast-moving nature of emergency response.

In addition to a lack of flexibility, the F&A systems simply involve too many steps for emergency and subsequent recovery operations. The diagram below sets out the work process for approving cash assistance advances to government. This is the simplest form of approval and requires the activity to be already agreed upon in the annual work plan (AWP). This process involves five different levels of authorization (project officer, Head of zone office, technical advisor at national level, section chief and SPO or CR). There are eight or nine steps in the process. See Figure 1.

Once the partner’s cash assistance has been approved there is a separate process for payment. See Figure 2.

In the six-month period under consideration there have been 227 CAG approvals (including grants to NGOs). Eleven of these were over $40,000 and just seven were over $100,000. To manage these requests, there have been 38 Contracts Review Committee meetings in Sri Lanka to date this year (one a week) and 136 submissions have been reviewed.

If a given proposal has not been developed within the framework of an annual work plan, then there are additional layers of authorization and approval. Every proposal submitted by a partner over the value of $20,000 has to be reviewed by a committee (the Contracts Review Committee). This can be extended to $40,000 in an emergency (and was in Sri Lanka), but in the context of a large-scale emergency, this amount is still too small.

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\(^{27}\)UNICEF staff in Colombo.

\(^{28}\)Ibidem.
Requests for CAG as per the AWP. With budget breakdown 3 month tranches

Budget Breakdown must be provided in a standard format

Stamps the request Provides workplan reference and funding details and reserves funds

IF YES

IF NO

CRQ Draft/Finalise/Authorise

Finalizes CRQ

Files duly signed CRQ Or starts PRQ process

Authorised CRQ 10 K

Authorise CRQ SPO for > 10 < 25 K

REP for > 25 K

Government proposals approved at national level (Sections at CO)

Makes inputs ready for requisition

If no outstanding CAGs - Drafts CRQ

If no outstanding CAGs - Drafts CRQ

Pre-certified partner request and other related documents

Drafts prq

Checks prq for validity of supporting documents

Pre-certified partner request and other related documents

Drafts prq

Checks prq for validity of supporting documents

Finance Assist Registers prq & issues PV

AFO Reviews and signs PV

Finance Asst prepares Cheque or Wire transfer

Cheques for Zonal offices are sent thr. Pouch services

Wire transfer sent thr Bank courier. Cheques sent thr - Registered mail or vehicle movement

Signatory panel signs cheque of the wire transfer

Acknowledgement letter is sent by the partner

Figure 1. Partner Request for Cash Assistance

TIME INTERVALS: 3 DAYS 2-3 DAYS

Figure 2. CAG Payment Request

Draft Finalise/Approve Check and Verification Payment

Pre-certified partner request and other related documents

Drafts prq

Checks prq for validity of supporting documents

All Partners will be notified officially on the release of funds together with copies of wire transfers and/or cheque and are required to acknowledge receipt in writing

Pre-certified partner request and other related documents

Drafts prq

Checks prq for validity of supporting documents

Finance Assist Registers prq & issues PV

AFO Reviews and signs PV

Finance Asst prepares Cheque or Wire transfer

Cheques for Zonal offices are sent thr. Pouch services

Wire transfer sent thr Bank courier. Cheques sent thr - Registered mail or vehicle movement

Signatory panel signs cheque of the wire transfer

Acknowledgement letter is sent by the partner

TIME INTERVALS: 3-4 DAYS 1-2 DAYS 5 DAYS
The liquidation process also involves many steps and, as already discussed, does not seem realistic in the context of a fast-moving emergency. For Sri Lanka there was the added complication that many of their potential government partners already had CAGs blocked when the tsunami struck. This made their work with UNICEF even more complicated. See Figure 3.

CAG liquidation process at the zone-office level. Once the CAGs have been checked at the zone-office level, they are forwarded to Colombo (in Sri Lanka’s case) for the final liquidation. See Figure 4.

What the above discussion demonstrates is that a) there are many steps needed just to approve the smallest proposed activities, and b) the UNICEF system is complex. The latter observation may in fact be the more pertinent. Where there are experienced UNICEF staff members who know the system well, and where there are no added complications from previous programming, the system is possible to operate in an emergency context. There are some small fast-track procedures, and those very familiar with the system can often expedite the process quickly. In an emergency however, it is inevitable that many new staff will come on board, and will be faced with many other tasks. This combination means the F&A system will almost inevitably slow down any emergency response.

There is the need for operations to be able to shift gears quickly and to suspend or override the layers of checks and crosschecks that are the hallmark of ProMS. At present, ProMS is a one-size-fits-all tool preponderant in its stability, integrity and mastery of detail. In times of emergency where the role of UNICEF starts with emergency response, then passes to subsequent phases of recovery, rehabilitation and reconstruction, there is a clear and urgent need to properly calibrate UNICEF’s response capability.

One measure taken by the CO that proved successful was the raising of the special cash limits for the zone offices. This allowed UNICEF offices to spend up to $5,000 and later $10,000 to make things happen such as transporting government officials, digging latrines and procuring local supplies. Even so this amount was too small in the context of the extraordinary events brought on by the tsunami.

Ultimately much of this discussion is about risk. UNICEF veers towards being risk averse with its current systems, especially in emergencies. This is not a zero sum game however - the reputation risk from delivering projects late and being seen as unreliable by partners may in fact be greater than the financial risk involved in loosening some of these procedures.

**Recommendation:** As a priority, UNICEF should urgently develop a revised and effective emergency fast-track procedure for approvals and disbursements. Ideally this will be achieved by a staff member rather than a consultant. This task should include a review of evaluations on ProMS since its inception, and consultation with experienced emergency operations officers. Training and dissemination of such procedures is a major component of this work.
Figure 3. Liquidation Work Process (Zonal Office Level)

<table>
<thead>
<tr>
<th>Partner</th>
<th>Project officer</th>
<th>Zonal Office Head</th>
<th>Prog. Section Nat’l level</th>
<th>Auditors/Finance Asst.</th>
<th>A.A. Finance Officer/Ops Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit original financial docs. With itemized statement of expenditure as per the approved budget</td>
<td>Scrutinise supp. Docs. checks validity of expenditure</td>
<td>Review and check docs. by signing the invoices receipts, etc.</td>
<td>Thr. Pouch, received by Snr. Prog. Asst. Budget</td>
<td>Review and check docs. as per the auditors report</td>
<td>Review and check docs. by signing the invoices receipts, etc.</td>
</tr>
<tr>
<td>Thr. Zone Ops Secretary</td>
<td>Thr. Zone Ops Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sign Manual Liquidation form in ProMs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>Certification</td>
<td>Certification</td>
<td>Certification</td>
<td>Certification</td>
<td>Certification</td>
</tr>
</tbody>
</table>

Assuming that partners & Unicef staff are well aware of CAG procedures & requirements. Training has been provided to both partners & Unicef staff.

TIME INTERVALS: 5 DAYS - Zone Office Review & Appr. 10 DAYS - POUCH DELIVERY 1 DAYS - APPROVAL BY PROG. SEC. 10 DAY - In Auditors/Finance

Figure 4. Liquidation Work Process (National Level)

<table>
<thead>
<tr>
<th>Partner</th>
<th>Project officer</th>
<th>Prog. Assistant</th>
<th>Head of Section</th>
<th>Auditors/Finance Asst.</th>
<th>A.A. Finance Officer/Ops Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit original financial docs. With itemized statement of expenditure as per the approved budget</td>
<td>Draft liquidation in ProMs and attach necessary supp. docs. PCA. Budget etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thr. Zone Ops Secretary</td>
<td></td>
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<td>Certification</td>
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<td>Certification</td>
</tr>
</tbody>
</table>

Assuming that partners & Unicef staff are well aware of CAG procedures & requirements. Training has been provided to both partners & Unicef staff.

TIME INTERVALS: 4 DAYS 1 DAY 14 DAYS

SRI LANKA REPORT 31
4. PROGRAMME COMMITMENTS

4.1 HEALTH AND NUTRITION

4.1.1 DESCRIPTION OF CONTEXT
The government of Sri Lanka (GoSL) Ministry of Health, Nutrition and Welfare (MOH) is responsible for the delivery of curative and preventative health care through an extensive network of government services and institutions from national to provincial, district and community levels. Significant continuous gains in health status have been achieved over the last five to six decades: as per UNICEF Sri Lanka statistics, in 2003 life expectancy was estimated at 73 years; infant mortality was 13 per 1,000 live births (down from 83 per 1,000 in 1960); under-five mortality was 15 per 1,000 live births (compared to 133 per 1,000 in 1960). Maternal mortality, as per 1998 reporting from the MOH, has decreased to 60 per 100,000. Immunization coverage, financed by the GoSL, is estimated at 98 percent.

Health care is provided essentially free of charge through the national system, although some drugs are purchased by the individual. There is a deficiency of trained staff in certain areas; like many countries, retention of trained personnel in remote localities is a problem. The conflict in the North and East has made coverage and access in those regions more complex. Disease surveillance systems are in place, arising from institutional and public health reporting, but do not cover the private sector, and may be less than optimal in areas of poor staff coverage.

UNICEF, WHO and UNFPA have been active partners in supporting the MOH deliver and improve health care, with UNICEF’s role most focused on the issues of children and women. Health and nutrition (H&N) issues confounding early childhood development prior to the tsunami included poor maternal and child nutrition, while childhood diseases, notably acute respiratory infections (ARIs) and malaria, significantly contributed to infant and under-five mortality and morbidity. There was also concern over poor cognitive and psychosocial development of the young child.

As per the GoSL-UNICEF Master Plan of Operations in the Programme of Cooperation 2002-2006, the objectives for the five-year term were focused on:

- Improving the situation of mothers so that anaemia (present in 36 percent in 1996) was reduced by one third, pregnancy weight gain (average of 7.5kg) was increased to 10kg at least, iodine deficiency was eliminated and domestic violence and stress were reduced.
- Improving the status of under-five year olds by reducing neonatal and infant mortality by 25 percent of 1999 levels, reducing prevalence of low birth weight of 17.8 percent (1999) to below 10 percent, reducing under-five mortality rates from 19 per 1,000 live births by 25 percent, virtual elimination of vitamin A deficiency and improved cognitive and psychosocial development.

Projects were designed to deliver integrated interventions, targeting duty bearers through four levels including national, sub-national, service delivery and community caregivers. Strategies were largely based on capacity building, training support, advocacy and policy development. The overall programme focused on coordination capacity and intellectual and financial contributions from the country office, rather than goods and services delivery. Material inputs were mostly contributed by partners, such as the MOH for health care and WFP for food.

The tsunami disaster impacted the health structure and country partnership heavily in the affected areas. Unfortunately, tsunami made health facilities in the affected areas more vulnerable to staff shortages and conflict. As per OCHA,\(^{30}\) deaths totalled 31,229, with 4,100 persons missing. The number of injured requiring immediate care was high. The displacement of the surviving population (516,150) created higher health risks while the destruction and loss of health facilities, equipment and drugs diminished the immediate response capacity.

4.1.2 THE INITIAL RESPONSE: SIX TO EIGHT WEEKS

Within an hour and a half of the tsunami landfall, regular GoSL services provided care to the injured. The MOH deployed staff and equipment immediately to the most affected areas as reports came in. UNICEF immediately deployed staff from the Colombo and zone offices to assess needs and transport the injured. Staff liaised closely with the GoSL and the MOH at national and district levels, identifying needs and resources, responding to MOH requests and advocating for appropriate care for women and children. UNICEF’s main response in health and nutrition was continuous support to the Ministry of Health (MOH). UNICEF helped to enhance the GoSL’s capacity to protect the health of survivors and vulnerable people, through supporting the existing health systems, providing technical expertise and replacing lost assets.

Health Care Issues: Coordination and Communicable Diseases

Initially, delivery of health care was somewhat chaotic, as aid agencies poured into the country, establishing operations including medical care before there was an effective mechanism for coordination. There was overlap, and in some areas as many as three different agencies held mobile clinics in the same camp, on the same day, at different times. This led to some overdosing of IDPs as each clinic could give treatment, which was not refused by the recipients. The evaluation team received information of the death of a young child attributed to a paracetamol overdose. This situation highlights the need for immediate coordination among assistance providers in health.

The MOH brought the health assistance actors under control by the end of the first six months, assigning appropriate agencies to provide mobile care where its own infrastructure was damaged or deficient. The MOH was supported by WHO, the UN lead agency in health, and UNICEF where needed. By March to April most international medical groups had withdrawn, and those remaining had designated areas of operation defined by the MOH.

Although there was concern for communicable disease outbreaks, essentially none of significance occurred. There were no deaths attributable to diarrhoeal disease although there was likely some under reporting in the initial phase and cases were probably higher than initially reported. Disease monitoring was put in place in the IDP camps, and combined with the existing reporting system so that statistics on communicable diseases were tracked. No major outbreaks occurred, and the reported cases including diarrhoea, measles, meningitis, hepatitis, malaria, fever of unknown origin, acute lower respiratory infection and tetanus, were rapidly brought under control.

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\(^{30}\)OCHA Post-Tsunami Update of June 2005.
Nutrition Issues: IDP Malnutrition and Supplementation Coverage

As early as 14 January, the Medical Research Institute, UNICEF and WFP launched a one-week nutrition survey of under-five year olds in the camps hosting the tsunami affected, which established a baseline on the nutritional status of the children. All indicators were less adequate than national averages; underweight in the affected group was 34.9 percent against a national average of 29 percent, a significant difference. There was a significant disease burden - two thirds of children were suffering from respiratory tract infections. Vitamin A coverage, although available, was only 23 percent in the children surveyed. Given these findings, supplemental feeding was recommended and a vitamin A mega-dose campaign was planned.

UNICEF’s main contributions (in the initial six weeks):

1. Provision of 15 emergency health kits containing supplies and drugs for 10,000 people for three months would have supported care for 150,000 people.

2. Additional batches of essential drugs including ORS, intravenous fluids, antibiotics and antiseptics were delivered to the MOH by 12 January.

3. Support of MOH actions to control and prevent communicable disease through (in addition to WES initiatives) provision of insecticide-treated mosquito net and rapid malaria diagnostic kits, and the development of public information messages on health issues in both Tamil and Sinhala, with delivery of some 200,000 leaflets.

4. Placement of orders for materials to restore the immunization cold chain, including vaccine carriers, cold boxes, refrigerators, deep freezers, generators and transport vans and lorries for the MOH.

5. Further commitment to the improvement of service delivery and health monitoring was supported by the ordering of 19 double cabs, seven ambulances, and 124 motorbikes for the use of local MOH staff to provide outreach and care.

6. Zone/site specific provision of some materials for hospitals such as bedsheets, soap, etc., was undertaken initially.

7. Nutritional surveillance was enhanced - through the provision of monitoring materials and equipment (scales, growth chart records, etc.) and through the joint nutrition survey conducted 14-21 January to obtain a baseline of nutritional status in the IDP camps.

8. Promotion of appropriate infant and young child feeding through advocacy for breastfeeding, promotion and regulation of the distribution of infant formula and bottles, and support of the printing and delivery of 200,000 leaflets on this to relief camps and surrounding communities.

4.1.3 BEYOND THE INITIAL PHASE: NINE WEEKS TO SIX MONTHS

Following the very early response activities in health and nutrition, UNICEF subsequently worked to consolidate actions initiated in the delivery phase, such as delivery of items ordered and dissemination of training/promotion materials. UNICEF also participated with Pfizer and WHO in a joint needs assessment of the MOH medical supply chain from central to district levels. A follow-up nutritional survey was performed, again in partnership with WFP and the Medical Research Institute. Training for health staff was facilitated to improve capacity. Towards the end of the six-month period, there was a transition from emergency relief activities to longer-term recovery and reconstruction management. Regular planned activities received more attention.

Health Care Issues: Rebuilding Infrastructure

As noted in many reports, there were no further tsunami-related deaths and there were no significant communicable disease outbreaks. Health services to the affected population were regularised by the end of June. One benefit of the tsunami response was better coverage by MOH in some of the previously under-serviced areas. The MOH planned construction of clinics in previous conflict areas and made further improvement in health staff deployment.
Rebuilding infrastructure became one of the major issues for interventions. UNICEF’s contribution to health care infrastructure renovation/rebuilding was formalised through MOUs with the MOH on the facilities to be targeted, and with UNOPS for the construction work. The scope of the project includes hospital wards, primary health clinics and regional medical supply centres. The exact number of facilities varies from report to report and has, in fact been revised through this period due to better needs assessments, failure of other donors, etc. As per the recovery plan of action of March 2005, UNICEF’s commitment covered reconstruction/rehabilitation of 34 health facilities by the end of the year.

Nutrition Issues: Need for Continued Supplementation
The GoSL provided food to IDPs through food vouchers. WFP primarily provided staple food rations and supplemental feeding material, and some NGOs also provided food. UNICEF’s traditional role in supporting nutrition to promote knowledge and behaviour changes for appropriate dietary intake was continued in the tsunami response.

A second, extended nutritional survey was undertaken from 10 May to 28 May 2005. The IDP population initially studied was included, as were two additional groups, tsunami-affected children not in camps, and non-tsunami-affected children (Graph 1). Non-affected children were generally better nutritionally than the two affected groups, although there was significant stunting compared to the 2000 figures. In the affected groups, there was a slight worsening of the percentage of underweight children surveyed.

This suggests that the nutritional status of the tsunami-affected children was not largely changed over the first four months post tsunami, and that there was little difference between affected children in camps and those in host housing.

Graph 2 suggests that there was some improvement in severe wasting, which appears to have been reduced slightly over the interval from the first to the second survey, but the numbers are not truly significant. However, the increase in moderate wasting becomes more worrisome. It does suggest that mass therapeutic feeding is not and will not be required, but that ongoing supplemental feeding will need consideration.

Of interest and concern arising from the two surveys is the information that there has been a significant reduction in the disease burden in the affected population since the first month to May 2005 (Graph 3). While this speaks well for the success of the prevention and care initiatives to protect the health of the affected people, it raises a concern about the adequacy of their nutrition. Generally, when nutrition status is precarious (as Sri Lanka’s was noted to be pre-tsunami) reduction in the disease burden will likely result in some improvement in the nutrition indicators, except stunting. This has not happened in the tsunami-affected population, and suggests other significant factors including inadequate dietary intake.

UNICEF’s main contributions beyond the initial phase include:

1. Vitamin A supplementation was supplied for all children age six months to five years, achieving an estimated 90 percent coverage for 463,000 children.
2. De-worming tablets for 10,000 pregnant and lactating women were planned for distribution.
3. Additional insecticide-treated mosquito nets were supplied so that UNICEF’s contribution totalled 61,560 nets. (Some of these were not distributed until October as the MOH concurrently received nets from other donors and were therefore able to meet the tsunami-affected requirements while ensuring provision based on malaria surveillance data in this period, which is the highest season for outbreaks).
4. The cold-chain equipment ordered in the first phase was made available to promote more effective immunization. One hundred thousand Child Health Development Record Cards to include vaccination information were printed and distributed.
5. Dispatch of obstetric-care equipment to hospitals and government health centres was planned.
6. Further support to strengthen the delivery of health services through provision of more transportation support to include 400 bicycles.
7. The re-establishment of iodination of salt to prevent deficiencies was undertaken through the provision of support to replace lost equipment and materials to previously supported partners.

4.1.4 APPROPRIATENESS AND RELEVANCE

Assessment

Although UNICEF was directly involved in rapid assessments concerning WES, education and IDPs in the first few days of the response, assessments in the health sector were not undertaken until the second week. The combined Flash Appeal included needs assessed by the GoSL and UNICEF, but the objectives set were very broad and were to be met by WHO, UNICEF and UNFPA. No specific rapid assessment was performed within the first 72 hours, but the MOH reports confirmed by zonal office feedback are appropriate, and were underway within that time frame. The speed with which the nutritional survey was developed and conducted in the third week post-tsunami, was commendable.

Planning

UNICEF’s immediate response, including assessment at the zonal level and deployment of staff, stocks and emergency medicines, was appropriate. The documentation was not always apparent to the reviewer. A more formal planning process was conducted and documented within six weeks. In H&N, the identified needs were addressed and together with partners, the activities were determined. Not all objectives were Specific, Measurable, Achievable, Realistic and Time-bound (SMART). A results framework for planning would have made tracking progress much more efficient.

Funding

The budget for health was $28.6 million, although this did not include the nutritional aspect of food assistance, which was covered by WFP and drawn from other sources. UNICEF sought $8.4 million or 34 percent of the total health budget. The health and nutrition activities undertaken were largely appropriate for the assessed needs, and do not appear to have been determined in an effort to spend funds.

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The scope of the response matched the funding available. In health, expenditures were appropriate including the upgrading of health clinics, for example, to include wheelchair access and the provision of more expensive items such as vehicles. In fact, more provision was possible in the field of nutrition but not undertaken; one example of constraints to maintain planned activities.

**Targeting**

It is not clear if UNICEF had a systematic approach to targeting, as it relied on the MOH to identify the beneficiaries of materials and services provided. This is appropriate for individual utilization of medicines, insecticide-treated mosquito nets, etc., but may require more in-depth evaluation when, for example, infrastructure sites are determined.

**4.1.5 IMPACT**

While outputs are identified in UNICEF’s 90-day and six-month updates, impacts and outcomes are less clear at this time. To date, the clear positive impacts demonstrated include:

1. A reduction in the disease burden of the tsunami affected under-five year olds, as evidenced in the nutrition survey. This is likely attributable to multiple factors, including the re-establishment of health care services, supported by UNICEF through provision of essential drugs, safe water, health and hygiene promotion and advocated control of distribution of infant formula, to name a few.
2. The enhanced capacity of the MOH to deliver health care in previously less covered areas, as evidenced by the building of primary health clinics in several ‘uncleared’ areas (conflict related).
3. Reduced incidence of seasonal diseases to date (including malaria and dengue) indicates that the initiatives to control infectious diseases are having some long-term success.

Unfortunately, there are also indications that some activities have not had any positive impacts to date, including maternal and child nutrition promotion. The findings of the nutritional survey suggest an increase, not decrease, in underweight children. Further findings from that study suggest that breastfeeding is also reduced in the affected population. Only 59 percent of babies were found to be exclusively breastfed at six months in the second study, while the baseline estimate was 80 percent. The reasons for these trends are multi-factorial. Further elucidation may be forthcoming from the third study, which should be ongoing.

**4.1.6 EFFECTIVENESS**

UNICEF’s initial response was effective, especially from the viewpoint of the MOH. UNICEF was particularly responsive to requests for supplies and training materials, which were much appreciated. There were constraints, but those were identified as coming more from the GoSL, as in the case of the motor vehicles being held at the docks while the issue of tax payment (from which UNICEF should be exempt) was settled.

The provision of medical materials including equipment was appropriate also in regards to the needs initially identified. The response to withhold mass immunization was also appropriate given the immunization coverage attained within the country, and prevented both the risks of vaccination and the unnecessary use of resources.

In the later phase, the response was not necessarily emergency focused. Most notably in nutrition, UNICEF’s role for supporting maternal and child health has traditionally been one of training and advocacy for appropriate dietary management. This is a development approach; in emergencies, where there are multiple acute problems, significant stress and dislocation and potential decreased access to food inputs, good nutrition promotion may not be appropriate, because those resources could best be deployed elsewhere.

While UNICEF Sri Lanka did not supply food supplements, since WFP filled that role, UNICEF has played such a role in other parts of the world. The emergency nutrition needs arising from the tsunami disaster appear to be continuing, as per the second nutrition survey. Supplemental food provision would be an appropriate and potentially very effective response, especially as the funding seems to be sufficient. This could be an opportunity to innovate appropriate actions to support the vulnerable children.
**Partnerships**

UNICEF continued with pre-existing partnerships in the emergency response, especially with the MOH. Some new partnerships were developed such as with UNOPS for infrastructure reconstruction, and the relationship with WFP was formalized. The MOH's satisfaction with UNICEF's partnership was extremely high. All GoSL staff felt that UNICEF's support nearly reached the limits of its capacity. However, some interviewees felt that UNICEF support could have been more widely extended to address similar problems in the non-tsunami-affected areas. Some partners, such as WFP, found that their priorities, notably in the areas of determining vulnerability, were not necessarily the same as UNICEF's, resulting in delays in initiating joint activities.

**Monitoring**

The team found little evidence of formal monitoring of UNICEF-sourced supplies distributed. Distribution/supply lists were only produced in a few places. UNICEF delivered resources to the MOH for distribution but follow-up monitoring by the MOH or UNICEF to ensure receipt by the end user was variable. The nutrition survey mentioned above highlights problems in accountability even pre-tsunami. Vitamin A provision has been a longstanding project under the MPO, and was supposedly in place pre-tsunami, but the survey identified that there was only 23 percent coverage. This finding was apparently not discovered earlier through monitoring.

Although in H&N there is little provision of materials directly to beneficiaries, in the course of beneficiary interviews, feedback from one community group of 20 people strongly suggested the presence of an expatriate during distributions, to “decrease corruption.” This suggestion may have arisen because of insecurity, it might be group specific, but it may correctly identify a problem, and if it is not UNICEF's practice to do such monitoring, it may need to be considered.

**4.1.7 EFFICIENCY**

**Reporting**

Reports reviewed in this evaluation were not sufficiently accurate to obtain a clear understanding of the activities undertaken in H&N. Some reports were not easily available - ProMS, for example. Combined reports (UNICEF's 90-day and six-month reports, for example) did not always delineate between who, what, when and where across all the affected countries and between all the UN partners. This imputes results to offices that have not contributed, and should be an issue for follow up. Finally, initiatives identified in early planning documents were not necessarily accounted for in subsequent reports, so it is unclear if the activity took place. The provision of de-worming tablets for 10,000 pregnant and lactating women was identified in two reports as an upcoming activity, but there is no mention of it being fulfilled. It was only possible to confirm this verbally as ProMS documentation was not easily available and there was no log frame.

**4.1.8 CONCLUSIONS**

UNICEF's initial response was both effective and timely in the initial phase, with the appropriate provision of emergency medical kits, hospital equipment, bed sheets, etc. to address initial health care problems. Breastfeeding advocacy and support for control of infant formula was also timely. The decision to refrain from mass measles immunization was highly appropriate given the level of coverage in the country. Above all, UNICEF and its partners can be commended for their achievement in designing and completing a nutrition survey in the first month post disaster, creating a baseline for ongoing activities and care.

Activities undertaken in the later phase should provide long-term improvements in health care and re-establish basic health services including infrastructure and HR development. Similar long-term effects can be expected from the effective delivery of micronutrients with the re-establishment of the iodination of salt and the vitamin A campaign. The accelerated support to
reduce communicable disease transmission through the provision of insecticide-treated mosquito nets and the dissemination of health information, in addition to the infectious-disease-control initiatives from partners, has also been effective; there have been no disease outbreaks.

The enhancement of nutritional surveillance through the provision of equipment and monitoring materials, and the follow-up nutritional survey are commendable undertakings, given the prior precarious nutrition situation in the county, and the risks associated with the loss and displacement arising from the tsunami. In spite of a reduction of disease burden, the findings of the second survey show a slight worsening of the wasting compared to the first survey, suggesting a need for increased supplemental food for young children.

4.1.9 LESSONS LEARNED AND RECOMMENDATIONS

Lesson Learned: Immunization

Sri Lanka had an estimated 98 percent measles immunization coverage, and was already into the eradication cycle of booster dosages. Mass immunization campaigns are not without potential problems, and are appropriately implemented when there is significant risk of disease expression, which should not be the case if eradication is underway and methodology is to be trusted. Indeed there was no outbreak. Therefore, as in the Maldives, the decision NOT to conduct a mass measles immunization was appropriate. However, because the direction for mass immunization is in the CCC, some effort was required to uphold the non-vaccination decision at a time when the effort might best have been directed to other activities.

Recommendation for UNICEF’s Emergency Response

As noted in the Maldives report, when countries achieve good measles immunization coverage and reach the standards set for eradication, the CCC should be considered as guidelines, not directives, and should be revised accordingly. While consideration of the issue should always be undertaken, defence of a withholding of mass immunization for measles should not draw down resources.

Lesson Learned: Monitoring

Monitoring projects is vital to track the activities, outputs and eventually the impacts obtained. Lack of monitoring affects UNICEF’s credibility in the long term, makes tracking its activities more difficult, and most importantly, may have adverse results on affected people and targeted beneficiaries. In some instances, this evaluation identified a tendency to consider goods as distributed once delivered to the MOH. This does not provide clear accountability to the beneficiaries. For example, vitamin A was provided under the regular country programme, yet only 23 percent of the young children in the tsunami-affected population had received the micronutrient; without monitoring, this poor coverage might not have been identified and addressed.

Recommendation for UNICEF’s Emergency Response

Monitoring processes need to be more developed in the health and nutrition sector to track activities, outputs and, where possible, impacts.

Lesson Learned: Nutrition Assessment and Provision

In an emergency affecting a population with a precarious nutritional status, the provision of adequate nutritious food is critical. While relying on partners maximizes the inputs to the beneficiaries, follow up must be maintained to assure adequacy of response, as has been done in this instance with the two nutritional surveys. The lesson arises when the outcome is found to be less than optimal as the second nutrition survey suggests; the next steps need to be clearly defined to reverse the trend noted.

Recommendation for the Sri Lanka Recovery Effort

Further investigation is clearly needed in order to determine the factors contributing to the decline in nutritional status. If inadequate dietary intake is a significant part of the problem, agreement should be reached on corrective action. UNICEF needs to consider more tangibly supporting the activity.

Given its mandate for supporting maternal and child health, UNICEF has a role in supporting nutrition for the affected. Although this is not an activity UNICEF Sri Lanka normally undertakes, provision of food supplements in emergency situations has...
been conducted by other UNICEF country offices. It is an appropriate emergency response. If partners do not meet the need in Sri Lanka, or do not meet it adequately, it will be an opportunity in which UNICEF might well serve the affected population.

**Lesson Learned: Overlapping Agency Roles**

UNICEF is one of several UN agencies that has a role in promoting the health of the vulnerable in developing and emergency situations. There is, to observation, increasing overlap in the activities of the various agencies. Although some of the overlap has been acknowledged, the potential for adverse results remains, suggesting further definition is needed. Examples include support for improved obstetric care, in which both UNICEF and UNFPA are involved and, as noted above, support for maternal and child nutrition falls to both UNICEF and WFP.

Two types of issues can arise - one of commission, with competition for activities between agencies (both UNFPA and UNICEF were in a position to support the rebuilding of labour wards, for example) and those of omission - as per the second survey findings, the supplementary food utilized by tsunami-affected under-five years olds was not clearly adequate. The reasons for the apparent inadequacy may be multiple (sharing outside the target group, diversion of food, etc.), but given that the disease burden had been reduced, inadequate volumes of food supplies appear to be a very real factor. UNICEF’s role in identifying the problem was appropriate; the efficacy of their role in addressing that problem is not as clear.

UNICEF has a role in the provision of health and nutrition especially for women and children in emergencies. The CCC identify a role in supporting (with partners) supplemental nutrition and emergency obstetric services. To effectively fulfil this role, steps need to be identified and taken to prevent competition or bolster support. UNICEF may find it useful to review the CCC with a view to clarifying its responsibilities and defining its approach to those activities which have de facto been assumed by other agencies.

The simple approach would be to delete those things for which UNICEF is not responsible; it is unfair to measure the agency against outcomes for which they are not, in practice, the prime providers. However, it is of note that the activities defined are those that should be met if the needs of the affected women and children are of primary importance. Therefore, it may be inappropriate for UNICEF to delete them.

The challenges of this clearly need to be evaluated and understood. If such activities are left in the CCC (or anything else that implies responsibility for UNICEF), the next steps need definition. First, how can the needs of the vulnerable be met when such are not clearly fulfilled by partners? Second, how can UNICEF acceptably monitor and feedback on the adequacy of other UN agencies? (The second is a wider UN issue, and may be addressed in the long term with integrated UN initiatives).

**Recommendation for UNICEF Emergency Preparedness**

UNICEF needs to evaluate the ramifications of having activities in the CCC that they do not directly address, but rather leave to partners. A consolidated approach to monitoring a partner’s activities and filling any gaps identified needs to be developed. Above all, any processes developed to address the CCC or make deletions from them to more realistically reflect responsibilities must prioritize meeting the needs of the vulnerable, even if it requires crossing agency lines.
4.2 WATER AND ENVIRONMENTAL SANITATION

4.2.1 CONTEXT

According to the Master Plan of Operations for 2002-2006 in Sri Lanka, the UNICEF programme for water, sanitation and hygiene promotion falls under the larger programme of early childhood development (ECD). (In the UN CAP Flash Appeal of January 2005, provision of water and sanitation is a project title that is tracked by the UN OCHA financial tracking system). The work programme for WES focused mainly on increasing access to safe water and sanitary facilities in 25 estates and 100 Divisional Secretariats (DS) early through the construction of latrines, protection of water sources and production of communication tools on hygiene promotion. These activities were to be facilitated through community dialogue, advocacy at the sub-national level and the support of the coordination of these activities at the national level. The overall budget for the implementation of these activities was just over $1 million, of which $321,000 was for capacity building at sub-national and national levels, and $768,000 was divided for implementation of activities in the 10 districts where UNICEF is active. Forty-five percent of the sub-national budget was allocated to the regions of Jaffna and Batticaloa, the biggest UNICEF district programmes.

The impact of the tsunami on water and sanitation services was vast. The population living in the coastal areas depends mainly on hand-dug wells. According to the ADB/JBIC/WB assessment carried out in January 2005, more than 60,000 wells were salinated or abandoned; at least 12,000 wells required cleaning. Nine pipe-borne water supply systems operated by the National Water Supply and Drainage Board (NWSDB) were damaged. Sanitation facilities on the coast were severely damaged, however many low-income families did not have access to sanitation facilities prior to the tsunami and were using the beach. The tsunami highlighted this situation and both latrine construction and hygiene promotion were identified as key needs by the assessment cited above.

Post-tsunami, UNICEF was designated as the lead UN agency responsible for coordinating the water and sanitation sector. Furthermore, as mentioned in the document: Rebuilding with Children: Recovering from the Tsunami disaster in Sri Lanka, the Government of Sri Lanka (GoSL) requested UNICEF to facilitate a coordination mechanism for all other partners working in the WES sector in the country.

UNICEF’s Overall Response

UNICEF helped to address drinking water needs by hiring and purchasing water bowsers (tankers) and water tanks and supplying water purification tablets. UNICEF assisted the water board to repair broken pipelines. In sanitation, UNICEF provided swift cash assistance to the Deputy Provincial Director for Health Services (DPDHS) to construct latrines, and hired gully suckers to clean pit latrines. Later they distributed hygiene kits and designed, purchased a deployed appropriate technology gully suckers. Hygiene promotion material was designed, printed and distributed.

In the Ampara and Trincomalee districts, beneficiaries mentioned that there was often a shortage of drinking water and that sometimes they had to walk far (more than two km) to fetch drinking water. Furthermore, some of the items ordered were inappropriate such as the plastic squatting pans for the toilets and this led to non-use of toilets. Some of the urgent supplies arrived late, and this led to the items being less effective such as water bladders, the hygiene kits and the hygiene promotion posters.

4.2.2 UNICEF’S INITIAL RESPONSE: SIX TO EIGHT WEEKS

The GoSL, NGO’s, international agencies and communities responded immediately to the disaster. Many of the affected people found refuge with family and friends whilst others converged to public places like schools, stadiums and temples.

Provision of Water, Sanitation and Hygiene Promotion

Drinking water and sanitation were both identified early on as urgent needs by UNICEF and other
organizations. Six water bowsers were requested from Copenhagen immediately\(^3\) and six were rented from local providers. Local procurement for basic supplies like jerry cans and water tanks enabled quick distribution to the affected populations. Water purification tablets with user instructions in local languages also arrived early on and distribution started by 4 January to supplement tablets that were handed out by the NWSDB on 27 December. Squatting pans were ordered offshore as a first response to the emergency sanitation needs and arrived in the first week of January.

Sanitation quickly became a problem due to the type of pits constructed (with no run-off systems), and the particularities of the soil (high water table). Pits filled up very quickly and there was an urgent need for gully suckers to empty the pits. UNICEF provided some rented gully suckers and purchased two, but was slow in providing the amount committed to, in part due to a lack of such items in the world market. A solution was found through local design and construction, but these local gully suckers did not become operational until April.

Hygiene kits both for adults and babies were ordered early on, however they arrived late (around mid-February to late July 2005 depending on district) in most of the districts. Nevertheless, most beneficiaries spoken to did recall receiving this type of kit from the Red Cross.

\[4.2.3\] UNICEF’S MEDIUM/LONG-TERM RESPONSE (NINE WEEKS TO SIX MONTHS)

**Water Trucking**
Delivering drinking water to emergency shelters is still mainly undertaken through transporting it with water bowsers to tanks (1,000 litres) placed within the affected communities. After the first two to three weeks, people started moving out of emergency shelters to transitional housing as it became available. In the South, due to a lack of space to build larger camps of transitional housing, many of the transitional houses built were clustered for two to four families; this meant that the number of areas to serve water grew tremendously as people had previously been grouped together in much larger camps. Hence, the challenge to adequately serve the people in need also grew for the NWSDB (officially responsible for organizing the water trucking) as well as for other NGOs and sector partners who were trucking water to the affected populations.

**Well Cleaning**
The rehabilitation of existing water supply services was an appropriate first response. Unfortunately this activity was initially poorly implemented and coordinated, and excessive pumping of some of the wells led to the increase of the salinity of the water. Once the issue of increased salinity of well water was known, this information was slow to get to all the partners active in the sector due to weak coordination and information sharing. Furthermore, many NGOs did not have the expertise to follow the guidelines on well cleaning procedures despite the attempts by UNICEF to clarify procedures. Clear and easy-to-follow well cleaning procedures have now been developed by UNICEF with support of the i present in the field, and well cleaning is now done with care by most partners.

**Pipeline Extensions and Other Supply Options**
The tsunami destroyed sections of six water supply schemes in the affected areas. These were all repaired within four days by the National Water Supply and Drainage Board (NWSDB) with the exception of the scheme in Trincomalee, which was more severely affected. UNICEF supported the NWSDB with the provision of extensions of the pipelines to the IDP camps. Pipes and fittings were rapidly purchased on the local market and contributed to the supply of drinking water to the affected people. As per the MoU signed between the Ministry of Urban Development and Water Supply, the NWSDB and UNICEF on 6 June 2005, UNICEF committed to supporting extensions of piped schemes and the development of new piped water schemes in Tangalle (Hambantota), Thirukkovil (Ampara) and Mullaitivu. UNICEF has contracted UNOPS to design and implement the projects. These schemes will provide water supply to over 130,000 people in these districts.

\(^3\) Supply status list for WES activities, 30 December 2004.
Sanitation and Hygiene Promotion

In several districts, UNICEF's work in the sanitation sector is carried out through the DPDHS under the Ministry of Health (MOH). UNICEF supported DPDHS to construct toilets through the Cash Assistance to Government (CAG) system. The DPDHS then contracted local NGOs or the small private sector to construct these toilets. According to the DPDHS interviewed in Ampara, this system is slow and burdensome and has led to delays in construction and the payment of contractors. Today DPDHS still contracts the constructors on behalf of UNICEF and carries out the supervision; however payment is done directly by UNICEF to the contractors upon the DPDHS’s advice for payment.

Water-seal toilets continue to be constructed in both IDP transitional shelters and schools. Toilets in Trincomalee are being upgraded by UNICEF as many were not up to Sphere standards. Construction of latrines in Ampara showed that most toilets were constructed on a semi-permanent basis with cement superstructures and tiled floors. In Ampara, UNICEF faced a tremendous challenge to construct 1,700 toilets to serve the 2,300 transitional shelters built by UNHCR. The slow response was exacerbated by the change in the sites identified for the latrines. The construction of these toilets has been very slow, and UNHCR staff members in both Colombo and Ampara are extremely frustrated by the slow rhythm of execution. In Ampara UNHCR contracted the NGO Solidarité to construct 146 urgently needed toilets, as UNICEF was not delivering. Since June 2005 the pace of toilet construction has improved, however a large backlog remains which UNICEF is currently addressing.

During visits to the districts, several pits with run-off systems were observed, which has reduced the rate at which gully suckers need to come and empty the pits. However this pit design was not consistent in all toilets observed. Many toilets observed still presented full pits and beneficiaries confirmed that gully suckers had to come and empty them on a weekly basis. Problems with the procurement of gully suckers led UNICEF to support the design of a local gully sucker, which is simple and highly appropriate as it is more manoeuvrable and cheaper than the gully suckers procured offshore. This kind of innovation in technology is to be commended, particularly in times of emergency when searching for creative solutions is challenging.

In many cases the gully suckers still carry out erratic dumping of sludge on the beach or in the jungle. There are too few districts with appropriate dumping sites. A sanitation task force team including Oxfam, World Vision and UNICEF has been set up to look at these issues, however there are no clear activities within UNICEF's reconstruction plans to assist in developing sludge treatment facilities. According to the NWSDB, no donor has as yet been identified to take up the sanitation studies and financing of construction of treatment facilities.

Another problem, which was raised by the beneficiaries, is the lack of adequate drainage from the washing areas in the transitional camps. In many of the camps visited water was stagnating around the washing areas due to oversaturated soil from the rains. Very few areas had adequate drainage systems.

Public Health Inspectors (PHIs) are the operational arm of the MOH. When a new transitional shelter is planned, the PHIs are responsible for verifying the adequacy of the site for WES structures and making a recommendation to the MOH. They are responsible for carrying out regular assessments of the WES situations in the camps. UNICEF conducted training for PHIs in March 2005 to support the assessment work that PHIs need to carry out. An assessment format was also developed to help the PHIs enter data systematically for each camp. During discussions with PHIs in Trincomalee they reported that they had appreciated the training and the support UNICEF gave them. However, the PHIs stated that there were too few of them to carry out the work in all the areas with transitional shelters. This information was verified through discussions with camp leaders who mentioned that they had rarely had a visit from PHIs in the last six months.
**Water and Sanitation in Schools**

From the documentation received (work plans, progress reports, etc.) it is difficult to get a clear picture of how many schools and temporary classrooms benefited from water and sanitation services through UNICEF. As per the document: “Indian Ocean Earthquake and Tsunami UNICEF Response at 6 Months Update”, 1,150 temporary and permanent toilets were built in communities, camps and schools, however it does not give a specific figure for schools. In the work plan for 2006, it is proposed that 1,200 schools will benefit from improved water supply and sanitation services.

The WES situation in the schools visited was very unequal, ranging from highly child-friendly permanent toilets with separate facilities for girls and boys, adequate hand-washing facilities and water supply and easy maintenance to inadequate and low-quality facilities. In Point Pedro in Jaffna, toilets were still in construction even though temporary classrooms had been operational for at least three months. Children in this school used the nearby transitional camp toilets and hence this situation was not as problematic as it seems. However, discussions revealed that the teachers felt uncomfortable using the camp toilets and most of them waited to get home to go to the toilet. In Ampara, some toilets had no hand-washing facility or water supply. In one school visited, the toilet block was raised and in full view of the entire school and passers by. As a result, female students interviewed confirmed that girls generally did not use these toilets unless absolutely necessary.

In Trincomalee one of the schools visited had an inadequate number of toilets for the number of students (150 per toilet). Furthermore, the toilets were locked to keep passers by from a nearby community from using the toilets and taking the buckets in the toilets meant to store water.

Access to water in schools was also disparate as wells had been built for some schools to provide enough water whilst water provided to the tanks in schools in other areas was not sufficient as water was taken by a close-by community. (See also the Education Sector report).

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**4.2.4 RELEVANCE AND APPROPRIATENESS**

Supplies delivered by UNICEF were relevant when they arrived and were implemented in a timely fashion such as water purification tablets, water tanks and water bowsers. At the time of implementation these were also highly appropriate as they served an immediate need for the provision and stocking of drinking water. The late arrival of supplies such as hygiene kits reduced their relevance as their distribution and use no longer served an emergency purpose.

Several items that arrived were considered inappropriate, most obvious were the plastic squatting pans, which had not been ordered by most of the zonal offices. This created problems as the acceptance of this type of pan is very low with the Sri Lankan communities. However, because no alternative types of squatting pans were provided, the plastic ones were used. Only in Jaffna were the squatting pans not used as the office manager clearly identified them as being inappropriate. Thousands of toilet rolls were also received by most Zonal Offices, which were also clearly inappropriate as anal cleansing is done with water.

**Assessments**

Several in-depth assessments were carried out to evaluate the post-tsunami situation. The first was launched on 3 January when UNICEF, together with the Tamil Eelam Heath Services, the Ministry of Health, ICRC, ZOA, FORUT and Oxfam, participated in a rapid needs assessment of water and sanitation needs in the IDP camps in Kilinochchi. Another assessment was conducted by the ADB, WB and JBIC in early January 2005 with support from government and UN agencies including UNICEF. Another in-depth assessment was carried out in 319 camps in March 2005 by UNICEF the GoSL, donors and local stakeholders and focused more on the beneficiaries' needs in the different regions for the longer term. All of these assessments were relevant and highlighted WES issues; other smaller assessments were carried out to fill the gaps of information needed by both UNICEF and other partners.
4.2.5 EFFICIENCY, EFFECTIVENESS, IMPACT AND SUSTAINABILITY

Water Trucking
Water trucking was both appropriate and effective in getting much needed drinking water to the affected populations. In some cases (Ampara and Trincomalee) beneficiaries reported inadequate coverage (fewer than 15 liters per day/person) although this was quickly resolved. This system was not efficient however, as poor coordination meant the efficiency of trucking services was not maximized (overlap, gaps). Furthermore, it is clear that this service is not sustainable and an exit strategy needs to be developed to move away from trucking services to alternative water supply methods. A paper provided by Oxfam in Ampara drafted in September 2005 underlines the need to phase out water trucking and find alternative solutions using existing water sources or developing new surface water or ground water solutions.

Pipeline Extensions and Other Supply Options
Many donors and sector partners including UNICEF are investing in the development and extension of piped water schemes for the more urbanized areas. This is appropriate for an urban context, however this service will only be effective in a year or two as it will take time to construct the schemes. Water trucking services may need to continue in the interim unless alternative sources of drinking water are identified. Furthermore, most of the people that will benefit from this piped water supply were previously using well water, which is free, for drinking purposes. To ensure the long-term sustainability of this service there is a need to study what tariff structures can be applied in this situation and to what extent these schemes will be cost effective to operate and maintain.

UNICEF has proposed to rehabilitate 12,000 damaged wells, but the construction of new additional wells may be necessary where rehabilitation is not possible. The joint programme with WHO to work on water quality surveillance is also appropriate as people have lost confidence in the quality of well water. With adequate water quality monitoring and clear promotion and information about the quality of well water to the beneficiaries they may regain confidence in using this water.

Sanitation
The main obstacle faced by UNICEF in the construction of toilets (and in other sectors) is the lengthy procedure of signing sub-agreements with partners who execute the work. This process hampers carrying out activities in a timely manner and is not efficient within the context of an emergency. Toilet construction with water seal bowls is continuing for the transitional shelters as well as for schools and health centres. The toilets provide an adequate solution for the affected people when they have been built near a water source and with consideration of gender and privacy issues. The child-friendly toilets are not widespread in Sri Lanka. Future payment for piped water supply may push people to use rainwater for other purposes like cleaning and washing, and continued promotion may lead to the acceptability of rainwater for drinking purposes.
that were observed in schools in Ampara were solidly built and are sustainable.

UNICEF should review issues of impact and long-term sustainability with respect to the types of pits constructed for toilets. Many of the pits are unlined and are a potential hazard for the ground water due to the high water table. New toilets being constructed have brick-lined pits or cement rings with soak-aways, which will somewhat improve the situation, but this type of pit construction was not observed in all districts. Plastic septic tanks were used by Oxfam as an alternative for areas with high water tables and may avoid contamination of the water table. Furthermore, additional long-term environmental hazards were created through the random dumping of sludge waste by the gully suckers. A solution needs to be found urgently to respond to this issue.

Hygiene Promotion
The hygiene materials designed and developed for the response arrived late (end of July 2005), hence it is difficult to assess the impact they may have had. Due to the tardiness in the arrival of these messages, pre-existing leaflets with childcare, hygiene and nutrition messages were re-printed and distributed. The new materials are now being used in schools and transitional camps and the messages are adequate and the visuals are generally appreciated (in particular by the children interviewed). There is a risk of confusion, however, since one poster tries to convey four different messages. For optimum impact it is advised to have one message per image. Research has shown that each additional message within the same visual largely reduces assimilation and hence impact.

4.2.6 TARGETING AND COVERAGE
Although provision of water and sanitation services to the affected populations was adequate in the first weeks after the tsunami, targeting decreased in efficiency, notably in the water supply sector, when affected populations moved to temporary housing. A clear trucking scheme was not anticipated and the tracking of water provisions was inefficient due to poor monitoring tools. PHIs are responsible for assessing water and sanitation needs, but they are too few in number to carry out this job effectively. Monitoring of coverage for water supply and sanitation has now been established through data collected by the PHIs, and an analysis of the data collected is currently being used to target areas most in need.

Sanitation coverage is uneven. In some areas one toilet is provided per family, whilst in other areas one toilet is provided for five or more families. This is mainly due to the scattered nature of some of the transitional shelters, which does not allow for more than two or three transitional houses to be built in the same area.

4.2.7 COHERENCE AND COORDINATION
Although GoSL partners in the sector were generally satisfied with UNICEF’s support, many other sector partners (UN agencies, iNGOs) who were looking to UNICEF for guidance and coordination during this emergency were not. They perceived UNICEF to have been weak in carrying out its coordination role. Although partners mentioned that UNICEF effectively organised sector meetings early on and these meetings are still in effect today, the meetings were often led by sector specialists from other partner agencies as UNICEF did not deploy consistent technical advice for the WES sector to support the coordination.

In the early stages partners looked to UNICEF to provide them with norms and standards for latrine construction, well cleaning, etc. In some zones UNICEF hired adequate staff to support the coordination and leadership role (Trincomalee). However, this support came in late (February and March) and standards should have been vetted in the first weeks after the disaster. In Colombo, staff time was spent coordinating meetings, but the opportunity to set policies and norms for the entire sector nationwide was missed, which led to inadequate and uncoordinated responses in the sector. In many districts the standard setting was eventually taken up
by other sector partners such as Oxfam and World Vision which have the adequate technical staff to support the sector.

The main reason for inadequate coordination of the sector by UNICEF is linked to the slow recruitment of appropriate staff. Furthermore, consultants brought in were late, overwhelmed by the task and only came for short periods, often with no replacement when their consultancy came to an end. Today the staffing of the WES sector seems to be taken more seriously as the new head of section is working on getting a solid team together. However it may be difficult for UNICEF to reclaim its leadership role. Unfortunately, WES staff members are still hired largely on SSA contracts and this leads to difficulties in providing continuity for the sector. It is to be noted that WES staff on SSA contracts in Galle district had not received their wages for two months, which led to increased stress levels and staff discontent.

4.2.8 RECOMMENDATIONS

Recommendations for UNICEF’s Sri Lanka Recovery Programme

- The sanitation sub-sector has suffered from inadequate attention as focus has mainly been on water supply. A sanitation and hygiene specialist should be hired at the Country-Office level to provide technical support to the regional offices and a strategic vision for UNICEF in this sub-sector.
- UNICEF together with sector partners and the GoSL need to urgently review the water trucking situation and find sensible alternatives to the current drinking water supply which is unsustainable. Rainwater harvesting techniques should be considered as alternative solutions for household water needs.
- UNICEF must urgently review its human resource capacity in the WES sector. For coordination in particular, it is recommended that at least one sector specialist in each UNICEF regional office is solely responsible for coordination efforts, advocacy and lobbying with the partners.
- UNICEF is looked to by all water and sanitation sector partners to set norms and advise on policy development for WES services at a national level. This would have had a major impact in Sri Lanka had it been carried out early and the dissemination resourced adequately. This is a major area for improvement if UNICEF is to fulfil its responsibility within the IASC as lead in the emergency water and sanitation sector.
- Plastic squatting pans were a wrong choice as an emergency sanitation option for Sri Lanka. UNICEF should review the cultural adequacy and design for emergency sanitation in South Asia.
- Radio messaging could have been used to convey the most important messages on hand washing and water conservation in a timely manner. UNICEF should consider this option where printed materials are taking time. This type of promotion could have also been more flexible and targeted than posters. This type of hygiene promotion could be considered for the future. Posters could also gain in clarity if fewer messages are conveyed on the same poster. A review of the hygiene promotion materials produced for emergency situations needs to be undertaken.

Recommendations for UNICEF’s General Emergency Preparedness

- The tsunami response has highlighted deficiencies in UNICEF’s global emergency WES capacity. One solution may be to re-establish the WES sector as an independent programme within UNICEF rather than falling under the Early Childhood Development (ECD) programme.
4.3 CHILD PROTECTION

4.3.1 DESCRIPTION OF CONTEXT

Government Framework on Child Protection

Sexual exploitation, military recruitment, internal trafficking and child labour, including child prostitution, have consistently been some of the most pressing child protection issues in Sri Lanka. The GoSL has adopted the CRC and CEDAW.

The GoSL has two main bodies working on behalf of children: the Department of Probation and Child Care Services (DPCCS), under the Ministry of Social Welfare, and the National Child Protection Authority (NCPA). DPCCS has two categories of officers: Probation Officers (POs), and Child Rights Promotion Officers (CRPOs). POs are responsible for supervising cases of abuse and devising legal placement mechanisms for unaccompanied or separated children. POs sit in probation units in every Judicial Division. CRPOs, responsible for monitoring and implementing activities to advance child rights, are stationed at the Divisional Secretariat Offices and are supervised by the Commissioner of DPCCS at the central level. In theory, these two actors should work in close collaboration to implement protection services for children, but as has been observed by UNICEF staff and also by this team, this is not the reality on the ground.

At the district level, the NCPA has established District Child Protection Committees (DCPCs), which work to coordinate, monitor and support child protection activities in the districts. The committees are made up of government professionals from various sectors (law enforcement, education, health, human rights) and representatives from NGOs as well.

Law enforcement actions targeting protection of women and children have been enhanced over the years through the establishment of Women and Children’s Desks in police stations. These have been strongly supported by UNICEF.

Legal Background on Separated Children

Children in need of alternate care have been handled through Sri Lanka’s Children and Young Persons Ordinance (CYPO), which authorizes DPCCS, namely POs, to assess the situation for a child under 16 and make an appropriate placement if necessary. The CYPO provides for both residential care and a fostering scheme called a ‘Fit Person’ - “whether a relative or not, [a person] who is willing to undertake the care of the child.”

Under the new tsunami bill certified 13 June 2005, responsibility for separated children will shift from DPCCS to the NCPA. POs will have authority to only register families caring for separated children. New panels will be established through the NCPA to authorise Fit Person orders. Since the passing of this legislation, Fit Person orders have been significantly halted.

Psychosocial Context

It is estimated that some 376,000 Sri Lankans suffer from serious mental illness and the country has one of the highest suicide rates in the world, especially among conflict-affected displaced persons. Serious cultural stigmas exist around people with mental illness, and people report that they suffer more from this stigma than from the illness itself.

Mental health services in the country are limited; only 41 Ministry of Health and university psychiatrists are available for the entire country. Of these, they are only present in 14 of the 25 districts. Other mental health care professionals are in short supply and there are no psychiatric nurses. In addition, more than 90 percent of the mental health resources of the country are concentrated in Colombo, demonstrating an uneven distribution of service.

There are a large number of strong local actors working on psychosocial programming throughout the country. Within this field however, an ongoing lack of clarity exists around a common understanding of how psychosocial programming is defined. There are differing methods varying between direct counselling and more community-based approaches. This ambiguity over psychosocial programming has led to some misguided and inappropriate interventions in the past.

UNICEF and Partner Child Protection Programmes

Prior to the tsunami, UNICEF had a protection presence in the LTTE northern and eastern provinces.

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34 Section 35 of the CYPO.
36 Ibidem.
37 Ibidem.
38 Galappatti, Ananda, What is a Psychosocial Intervention? Mapping the Field in Sri Lanka.
working through its Children Affected by Armed Conflict programme. Main programme areas included raising awareness around child rights, mitigating child abuse and exploitation through community-based approaches, advocating against and prevention of underage recruitment, educating children and families on mine risk and providing psychosocial support to children and families.

4.3.2 UNICEF’S CHILD PROTECTION RESPONSE
Protection activities immediately after the tsunami mainly focused on identification and registration of unaccompanied and separated children, advocacy concerning abuse and exploitation in the camps and transitional shelters, and the provision of psychosocial support to affected communities.

Unaccompanied and Separated Children
Numbers of unaccompanied and separated children fluctuated over the months, but UNICEF statistics as of October 2005 show that the tsunami left 12 unaccompanied children, 967 separated children and 3,954 children in one-parent families throughout the country. Mobilizing partners to rapidly identify and register unaccompanied and separated children was an immediate first step to ensuring protection of children who had lost caregivers. Working with partners such as Save the Children Sri Lanka (SCiSL) the ILO, the NCPA and the DPCCS, UNICEF facilitated a nationwide survey to find these children and trace relatives who would be appropriate placements for them.

Assessment forms were prepared to assist tracing and a database was created and maintained for the DPCCS in Colombo that processed the information coming from the districts. UNICEF also provided transportation to POs responsible for registering children and other administrative assistance such as photocopying. Further, technical support was provided through development of guidelines on how to process the cases, which was appreciated by staff working in districts as many were overwhelmed by the enormity of the task.

Advocacy
Accessing suitable and safe placements for children who had lost parents was a priority for UNICEF. UNICEF strongly promoted foster placements as opposed to adoptions abroad or the establishment of new children’s homes. The GoSL concurred with these recommendations and banned adoption of children affected by the tsunami and the opening of new children’s homes.

UNICEF pushed the use of the existing CYPO and Fit Person systems so that children were placed with extended family and not placed in institutions. UNICEF, along with the NCPA and SCiSL, supported the identification and monitoring of illegal orphanages, which also helped mitigate placements of children in homes.

Violence and Exploitation
Early accounts of sexual and domestic violence were reported in the IDP camps. In a rapid assessment conducted by UNICEF and UNHCR on relocation it was noted that families living in camps regularly sent women and girls to relatives’ or friends’ homes at night to ensure their safety. While no specific figures exist, alcohol abuse reportedly increased as well in the camp settings making children more vulnerable to abuse and neglect within their homes.

UNICEF’s intervention mainly focused on raising awareness. Specific guidelines on the prevention and identification of abuse were distributed to field offices. In addition, early in January, UNICEF, in conjunction with UNHCR and the Centre for National Operations (CNO), launched a comprehensive awareness campaign in the camps. Pamphlets communicating messages on protecting women and children against sexual violence and exploitation were provided to a large local partner as well as police headquarters to distribute among the camp population. Campaigns to inform children and families of proper reporting mechanisms were also carried out. While accuracy of recall is difficult to determine at the time of this evaluation, it was mentioned by beneficiaries that they did in fact remember receiving messages about caring for their children.
Psychosocial Support
While UNFPA was the UN focal point for the psychosocial sector of the humanitarian response, UNICEF was also very active in this area. A major challenge in the area of psychosocial support provision was the number of agencies implementing a range of counselling and psychosocial support programmes. UNICEF responded quickly to this issue by helping to organize forums and networks in which all actors in this sector could meet and discuss their activities. Mapping exercises were initiated to identify gaps in service and duplication of activities. UNICEF distributed frameworks on psychosocial programming and guidelines on implementation to partners.

Mine Risk
In Trincomalee and Batticaloa, close monitoring of the landmine situation was also carried out as many were thought to have moved due to the tsunami. However, this concern was not found to be as great as was initially feared. In these areas, UNICEF closely monitored the situation and continued its strong education campaigns with local partners. Further, it produced and distributed through the School-in-a-Box kits, one million school timetables, which had mine risk awareness messages on them.

Underage Recruitment (UR)
Recruitment was reported in districts in the northeast such as Trincomalee. Parents also came to the office reporting fears of their children being re-recruited after the tsunami. UNICEF followed the UR cases through its database, met with LTTE representatives to advocate for their release and worked with partners like SCiSL to provide reintegration support to those released. According to UNICEF staff, recruitment rates were more tied to political on-goings than increased vulnerability due to the tsunami. As UNICEF already had a strong programme in place it was able to continue to closely monitor the situation and advocate through the appropriate channels.

Assessment
A comprehensive and timely countrywide assessment and registration was undertaken by UNICEF, SCiSL and DCPC to determine the numbers of separated and unaccompanied children. Outside of this, few formal assessments to specifically identify protection needs or potential for abuse and exploitation were carried out by UNICEF. One SGBV (sexual and gender-based violence) assessment was achieved within the first three months of the tsunami by a UNICEF consultant. The SGBV assessment was a positive initiative as an increase in violence towards women and girls in the camps was a main concern. UNICEF and UNHCR supported a rapid assessment in April to determine needs and preferences for relocation or resettlement of camp populations. While this assessment did not specifically target issues related to child protection, it did highlight some deficiencies in service provision to camp populations, namely lack of participation of and consultation with the communities.

Protection needs were largely identified through close collaboration with local partners who worked directly with the target populations and could identify issues and gaps in service. They reported back concerns and intervention needs during regular meetings. Since these partners had the closest and most regular contact with the population, their appraisals of the situation were probably most accurate.

However, a more widespread, uniform assessment methodology could have identified other prevention strategies. No formal psychosocial needs assessment was carried out as it was decided in Colombo that resources were better spent providing immediate support and implementing programming. This was fitting in the immediate stages as the decision was based on the accurate assumption that most people faced psychosocial distress. However, soliciting people’s feedback at a later point on what services would be most appropriate to address their problems would have imparted more community participation, helped inform programmes and could have launched a more consistent response.

4.3.3 RELEVANCE AND APPROPRIATENESS
Overall, UNICEF’s responses to the child protection concerns in the three areas were highly relevant and appropriate. The steps taken adequately addressed the immediate child protection priorities.
Response to Abuse and Exploitation
Campaigns to inform camp populations about reporting mechanisms if there were cases of abuse or exploitation were implemented by UNICEF and partner organizations. In some districts, UNICEF supported the distribution of complaint boxes in camps where residents could anonymously write complaints, which would be collected by an identified NGO. No one interviewed in the camps had reported using these boxes and outside reports also indicate underutilization.

Increasing awareness around the reporting channels for abuse and exploitation was a relevant response, but did not take into account the preferences of communities. Complaint boxes were not appropriate for the context as there is a weak reporting culture within Sri Lanka. Interviewees, while aware of the system to report cases of abuse or exploitation of children, had not utilized the existing law enforcement mechanisms. They preferred to speak with groups that were active in the camps. These channels of reporting should be formally recognized and enhanced.

Psychosocial Intervention
Even nine months post tsunami, mothers reported that their children are still frightened when they hear the word ‘tsunami’ and behave in ways that indicate continued fear and anger such as throwing stones at the sea and running away when there are big waves. Mothers also mentioned that upon learning of the recent earthquake in Pakistan, children were very frightened that another disaster would happen to them. Focus groups in welfare centres also highlighted the continued psychosocial burden on adults. Many commented that they lack hope for the future and only live for the present because they have such little faith in what tomorrow will bring. One mother in the North compared the war to the tsunami: “It's easy to live in war but a natural disaster; you don’t know when it's coming. There's no warning. When a bomber comes, you can run away, but with the tsunami, we didn’t know where to go or what to do. It still frightens us.”

UNICEF's strong intervention through organizing and supporting local groups to address psychosocial needs was highly appropriate and should be commended. UNICEF's promotion of the psychosocial agenda was effective in ensuring that needs were addressed in a systematic way. In Batticaloa, UNICEF worked with Mangrove, a temporary body set up to coordinate psychosocial actors. The group mapped district services and interacted with national processes providing a critical full-time coordinating function.

The tsunami response offered an opportunity for psychosocial actors to coordinate and collaborate in a way that they hadn’t before. The forums created a useful environment to share ideas, support work, provide updates and sustain momentum for psychosocial programming. Throughout the districts, beneficiaries repeatedly acknowledged the consistent support of local NGOs.

UNICEF's support for coordination of the many psychosocial actors was also vital to promoting best practices in this delicate work and minimising inappropriate interventions. Partners appreciated receiving guidelines but would have liked more training on the issues. Some partners felt that there still are misunderstandings around what psychosocial programming is.

Funding
The child protection budget increased from a 2005 planned projection of $5,065,000 to $8,392,000. As of the end of October 2005, $4,744,590 had been spent with approximately one million more to be spent this year on the building of new social development centres in 60 tsunami-affected districts, another million is projected to be spent on psychosocial materials in schools and $500,000 is to be used for other expenditures. Spending appears to be on track.
4.3.2 EFFECTIVENESS

Partnerships

UNICEF partnerships were crucial to implementing a sound and comprehensive initial response. In the northern and eastern provinces, previously existing relationships with government bodies and local partners were a strong asset. In places like Ampara where there was no UNICEF office prior to the tsunami, close partnerships, especially with GoSL were quickly formed and these were very effective in mobilizing action.

In the southern province, UNICEF also responded quickly and ensured that appropriate and professional partnerships were forged in the psychosocial sector. In Galle for example, the University of Rehuna was appropriately targeted to train medical interns to provide psychosocial support in welfare camps. These interns were highly regarded by the community, were familiar with traditional practices around grieving and could provide medical referrals where necessary.

The evaluation team found through interviews and documentary evidence that GoSL capacity needed strengthening in order to effectively and efficiently carry out its role in emergency child protection, as was the case prior to the tsunami disaster. The UNICEF Master Plan of Operations for 2002-2006 states: “There are still systematic gaps in the infrastructure of probation and care services which cause delays in the legal processes dealing with child labour and other cases of abuse as well as the juvenile justice system.”

Given these realities, UNICEF should have provided more support to the GoSL in the early days of the response.

The GoSL protection system is plagued with insufficient human resources, minimal training, poor working conditions, lack of mobility and low motivation, and minimal supervision and management from central bodies. The increased work burden brought on by the tsunami disaster added to the stresses. For example, the POs had difficulty in handling all of the follow-up work with unaccompanied and separated children. There were low numbers of Fit Person orders processed. As one previous evaluator has observed, “In the Western and Southern provinces, where the state should have responded directly and immediately to the needs of the affected people, the state machinery took in most instances five to seven days to reach stricken communities. Local officials, when interviewed, revealed that they were extremely reluctant to take any initiative on their own, because of fear of making mistakes that would bring rebuke from central government.”

Due to the efforts of UNICEF and partner organizations like SCiSL, initial follow up and registration of unaccompanied and separated children was expeditiously carried out. However, this efficiency was short lived; there were lags in monitoring cases and long procedures for obtaining Fit Person orders. As of the end of May of the 1,482 separated children identified at that point, only 333 had been processed through the courts for fostering. These foster families did not receive the monthly stipend of 500 rupees. Since this allocation is not retroactive, they were left without assistance until these orders were processed. With the new tsunami bill there will be even more significant delays for many families to receive this disbursement. UNICEF should advocate for these payments to be retroactive so that families who missed out because of these delays can be compensated.

UNICEF has supported training for Probation Officers and Child Rights Promotion Officers, however, interviewees said that while there is a noticeable difference in the confidence and organization of these officers, the training has not had the overall planned impact of boosting capacity. There are fundamental issues that need to be addressed in the system. POs and CRPOs are often inappropriately hired, without the needed background and motivation. The management structures are also weak and disconnected from protection activities and thus progress goes unmonitored.

39 Uyangoda, Jayadeva, ‘Ethnic Conflict, the Sri Lankan State and the Tsunami’, Forced Migration Review.
40 Report on Unaccompanied and Separated Children, UNICEF.
Addressing the Needs of Vulnerable and Excluded Groups
Programming has focused mainly on the protection of women and children; men are a neglected group. Men suffered loss of livelihoods, and in some cases were widowed and took on the new and unfamiliar role of being a single parent. Two suicides among male survivors indicate the distress facing this population. As part of a holistic strategy for child protection, programmes need to target men.

Alcoholism in welfare and temporary settlements has not been directly addressed. Sri Lanka had one of the highest rates of alcoholism in the world prior to the tsunami. In UNICEF’s SGBV assessment, affected people repeatedly cited alcohol abuse as a problem. Social workers interviewed reported that alcoholism was a problem among adults, mainly men. In some camps, people were brewing beer as an income-generating activity. UNICEF should initiate a systematic response to alcoholism, perhaps incorporated with other programmes for men.

Adolescents were not specifically targeted in interventions. Interviews revealed that there is concern for this group as few are going on to higher education and idleness is a serious problem. Mobilising adolescents to participate in programming for younger children is one example of a way to include this population and provide them with activity.

Advocacy
UNICEF has been an active advocate of child rights to the GoSL, especially at the central level. Although the tsunami bill was passed, UNICEF is commended for its strong advocacy against the bill and specifically those provisions that would have negative implications for children. As the new fostering system under the tsunami bill is implemented, UNICEF should maintain its important advocacy role to ensure that Fit Person orders continue to be processed under the new scheme and that the government is more diligent in following up on children who have been placed in alternative care.

Monitoring Distribution
Relevant government agents or a partner NGO were responsible for distribution of UNICEF items. Situation reports from some districts reveal that staff visited camps to see that psychosocial materials distributed were being used properly and oversee programme implementation. This was an important step. However, there was no indication that at the time of distribution monitoring occurred to ensure equality. More systematic oversight of the distribution of items should take place in future emergencies.

Unaccompanied and Separated Children
Across the districts, UNICEF protection staff held regular meetings with DCPC, SCiSL and other relevant partners to discuss updates, referrals and cases of unaccompanied and separated children. International NGOs (iNGOs) such as SCiSL or Christian Children’s Fund (CCF) were responsible for doing follow-up social work activities for these children to complement the government’s role. In some districts, UNICEF protection staff conducted site visits to children supported by Fit Person orders to assess the quality of placement. However, only a few orders had been approved in the courts, and other children whose orders were not yet processed or were pending were not systematically visited. Whichever partners are responsible for monitoring the foster placements for children, UNICEF must ensure that these are regularly monitoring the situation and that holistic care is being given.

GoSL staff needed support to undertake their work and regular monitoring by UNICEF should have identified capacity needs. Women and children’s police officers were responsible for protection monitoring within the camps, however interviewees stated that there was no regular police presence. Monitoring was vital to investigate reports of sexual and alcohol abuse. Police lacked transport to reach the camps. In Ampara a protection survey was developed by UNICEF two months after the tsunami and was to be implemented by the women and children’s desk. At
the time of this evaluation, the results of this survey were still not compiled. This important initiative therefore did not result in useable information for programme development.

**Safe Houses**
Closer monitoring of the situation for children placed in safe houses remains critical. UNICEF supports a number of safe houses or child homes, which serve to temporarily house children who have experienced domestic abuse until a more durable solution is established. Many studies, including a recent study conducted by SCiSL on institutionalization in Sri Lanka, have indicated that there is a low quality of care for children and that placement has had a “definite negative impact on the emotional and psychological development of children.” Further, the assessment revealed that no one took “ultimate and overall responsibility for dealing with a child’s situation in an integrated and coordinated manner. Probation officers were expected to make this assessment, but they were often not supported or supervised adequately to conduct this assessment thoroughly.”

**Coordination**
UNICEF’s coordination in child protection was one of its greatest strengths. It served as a link between government, NGO and local actors and effectively brought these partners together, maintained and disseminated information to them, mapped the field of work, especially in the psychosocial sector, and provided useful guidelines and implementation frameworks to partners. This coordination role was particularly important in the early phases as tension among implementing organizations arose as they began to trip over each other in wanting to work with particular populations and in similar capacities.

### 4.3.3 EFFICIENCY

**Use of Funds**
As of 29 March, 3,850 family packs consisting of cookware, personal hygiene supplies, insecticide-treated mosquito nets, floor nets and other items were distributed to separated children and families caring for them. In addition, when Fit Person orders were complete, foster families were entitled to receive payments of 500 rupees of which UNICEF provided 200 rupees.

UNICEF had supplied 1,350 recreation kits, which were estimated to have benefited 81,000 children. They also provided guidelines to the field offices about usage and distribution of recreation activities. Local partners mentioned that the kits distributed in January need to be replaced as now many of the items are damaged.

UNICEF has embarked on a three-year project to establish 60 new Social Development Centres. Over three years, UNICEF will spend $2,203,858 to build 30 centres (SCiSL is funding the construction of the other half) and an additional $156,000 for capacity building and training. These centres provide a good opportunity to revamp the GoSL’s social services structure. Sufficient resources will be allocated for the ‘software’ of the centres including management plans, training and new practices for outreach services. Careful planning to ensure that these new management structures address the weaknesses of the GoSL system are necessary and are being closely considered.

**Procedures, Processes and Systems**
UNICEF was particularly weak in terms of processing payments. The overwhelming majority of partner agencies interviewed reported a lag time of from three to seven months for payments to be received. Local partners had to divert funds from other projects or were not able to pay staff on time creating low morale. In some cases, by the time the funding or supplies had come through, the project was either irrelevant, or the programme already had ended. In one case a local organization in Ampara, the Social

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42 Save the Children Study on Institutionalization, August 2005.
43 Ibidem.
Welfare Organization of Ampara District (SWOAD) had applied for funding to implement child-friendly spaces in camps. By the time the money came through, the camps no longer existed. UNICEF and SWOAD staff members are now designing ways to implement a similar programme in the new transitional shelters.

While this was the most repeated problem for partners working with UNICEF, they did say that UNICEF staff members were transparent about the process and kept them informed about the reasons for the delays. This was appreciated by partners, and despite their continual frustration kept relations with UNICEF positive.

Local partners complained about low levels of payment for staff. UNICEF’s payment to ‘volunteer’ workers of partner organizations was so low that staff members were easily poached by organizations paying up to twice as much. In some cases, investment in training for local NGO partners was lost. The success of psychosocial programmes relies to a large degree on relationships between social workers and the community. High turnovers are counterproductive to the nature of the work.

Partners also complained that reports were cumbersome and difficult to complete in accordance with UNICEF regulations. This caused significant delays as partners went back and forth with UNICEF correcting forms and reports. Valuable time and resources required for the reporting were taking away from their work and partners questioned whether UNICEF cared more about the reports than the actual programmes. UNICEF has implemented training for partners on how to fill out forms, produce budgets and proper reports, which was mentioned as useful.

4.3.4 RECOMMENDATIONS FOR THE UNICEF SRI LANKA

Recovery Programme
- More direct monitoring of children is needed in all settings: in camps, with foster families and in children’s homes.
- Greater support after the initial registration was completed in terms of human resource capacity and consistent on-the-job training should have been implemented for responsible government counterparts.
- Local partners are a huge asset in filling in where the government actors have not. They are in regular contact with the affected populations, are invested in their well-being and have proven track records in working together. UNICEF should enhance support to local partners to help supplement government capacity to protect children.
- UNICEF should continue to push the GoSL and provide support to the NCPA so that it can more rapidly establish the new panels and processing of Fit Person orders can resume. It should also advocate for retroactive payments so that families who have had to wait are compensated appropriately.
- Greater opportunities and interventions targeting adolescents and men are needed. Alcoholism in the camps must also be more directly addressed.
- Participation has been deemed to be minimal in camp settings. UNICEF should ensure participation in its own programmes and lobby for it with government and other partners as it is important for psychosocial well-being.
- Psychosocial responses among partners have varied across districts from counselling to more community-based approaches. While UNICEF promotes a community-based approach, it might consider performing a study across all districts to determine what components of each method have been most effective and develop a holistic approach around those.
4.4 EDUCATION

4.4.1 CONTEXT

Several factors influence education in Sri Lanka: the medium of instruction (Sinhala, Tamil), the ethnicity of schools (Sinhala, Tamil, Muslim), and the control of schools (national, provincial). There is a complex system of education governance, with multiple tiers of administration at the central, provincial and zonal levels. The Ministry of Education (MoE) seeks ultimately to devolve managerial power to schools, but this has not yet occurred.

While Sri Lanka has significantly improved rates of enrolment and literacy over the past 50 years, a recent study (2005) by the World Bank reveals that mastery of first language literacy skills in the primary grades is in fact poor. Disparities in achievement exist between rural and urban areas and geographically between areas, with the north-eastern, north-central, Uva and central provinces having the lowest performance indicators on the O/L (11th grade) and the western province, the highest. The World Bank study\(^44\) suggests that the high rate of repetition at grades 11 to 13 indicate weak previous levels of learning, which are revealed in the O/L and A/L (13th grade) tests.

Education is compulsory to grade nine, but about 18 percent of children (generally the most vulnerable) fail to complete grade nine. There have been high dropout rates in former conflict areas and on tea estates (up to 30 percent). There are shortages of teachers in remote rural areas and of those who speak Tamil. In addition, a census in 2003 found that only about 62 percent of teachers are trained, and many of the teachers serving in disadvantaged districts also lack motivation and commitment. Teacher motivation is a serious issue with some areas reporting less than 75 percent attendance. Teachers’ salaries are low and they earn only about 85 percent of 1978 salaries\(^45\).

The tsunami added further strain on children and the education sector. Thousands of children and teachers were killed. In the affected schools, nearly all furniture and equipment was swept away. Over 182 schools were destroyed or damaged, affecting an estimated 100,000 children. Due to new zoning requirements, 98 schools must be relocated. Schools used as IDP welfare camps require repair. TAFREN estimates that a total of USD 170 million is needed for reconstruction (excluding land acquisitions).

Attendance in tsunami-affected schools was estimated to be 95 percent (MoE, July 2005). Interviewees suggested that some children are not going back to school or dropped out of school during the day due to need to work, inadequate facilities and teachers or reluctance of parents to send children to damaged or temporary schools. However, attendance in tsunami-affected areas has increased compared to 2004.

UNICEF and Partner Education Programmes

UNICEF’s long-standing work in education has allowed it to form strong relationships with the Ministry of Education and the National Institute of Education and National Education Council, in addition to the LTTE. Other international actors in education include: North East Province, WFP, UNESCO, CARE, Save the Children, Norwegian Refugee Council, Rotary International, Italian Civil Protection Mission, Italian Embassy, JICA, World Vision, FORUT, Plan Sri Lanka, GOAL, French Red Cross and GTZ.

The MoE supports children to complete the basic education cycle by providing free textbooks, uniforms, transport and special education such as non-formal (for children living or working on the street, etc.) and Catch Up Education (CUE). Prior to the tsunami, UNICEF’s programmes supported the MoE and focused on training and implementation to create Child Friendly Schools (CFS), including CUE and Adolescence.

The MoE with support from UNICEF acted as overall coordinator of the education sector emergency response through post-tsunami relief and reconstruction phases. MoE goals in the early part


\(^{45}\) Ibid.
of the emergency were to return as many as 200,000 children to learning and stagger the re-opening of about 200 schools that were housing displaced families.

### 4.4.2 RELEVANCE AND APPROPRIATENESS

#### Assessment

UNICEF worked with the MoE to assess the extent of damage and destruction to school buildings in the affected districts and to ascertain the number of schools being used as temporary shelters for the displaced. Based on this assessment, UNICEF determined the need for temporary school shelters. In the Vanni area (northern farmlands) assessments were carried out by the LTTE and shared with the GAs. Assessments did not indicate specific needs in terms of school supplies, rather numbers were used to order mass quantities. For example, the School-in-a-Box kits, while proving very useful, did not contain the needed supplies in several districts and many items had to be supplied later. No assessments were conducted of the capacity of partner agencies.

#### Planning and Implementation

Essentially UNICEF agreed with the GoSL to provide education supplies, uniforms and furniture for all tsunami-affected children. The CCC were used as guidance. Results frameworks were not used. A strategic planning exercise started in February resulting in a plan in April. The “Revised Annual Workplan for Learning Years Programme 2005” is an excellent plan and reflects the resumption of long-term goals including consolidation of education reforms that were initiated in 1997, and expansion of programmes to capture dropouts and children who have fallen behind and provide numerous needed inputs to modernize and promote quality in the education system.

#### Funding

A total of over $26 million has been allocated for the 2005 education programme. Of this amount, 37 percent has been requisitioned, 27 percent obligated and 23 percent disbursed as of August 2005. These percentages are fairly in tune with the expenditures of the CO as a whole. A large percentage of this amount is devoted to the reconstruction of schools, still to be implemented.

#### Targeting and Coverage

Targeting was largely based on MoE numbers, which in most areas were fairly accurate, with the intention of reaching all affected children (who were going to school) and children in host schools. Pre-tsunami, school-age groups had been covered by various organizations, for example CUE was covered by GTZ for grades one through three and UNICEF for grades four through nine. UNICEF extended its support using tsunami funds to cover needs of host schools and non-tsunami schools located in affected districts. (Issues relating to vulnerable children such as dropouts and those in need of remedial support are discussed below).

While supply types and quantities were decided largely in Colombo, each zone had unique arrangements for targeting and resource allocation. For example, shoes were distributed by UNICEF in some districts but not others due to other donors providing shoes. With the uniforms, material was distributed but there were different procedures for sewing. Material was apportioned and given to the districts or zones and then to the schools. In Galle, some garment factories sewed the uniforms free of charge, in others vouchers were used for tailors. In some zones, the second sets of uniforms were not distributed until recently. A significant amount of material was left from the uniform distribution, which will likely be reallocated.

Equity was a concern in all targeting. There were constraints in trying to reach remote populations with supplies. Complaints arose that some children did not receive education supplies, for example, in poorer host schools, while in other areas students received as many as four sets of uniforms and more than four school bags from various donors. The rate of duplication indicates that stronger efforts were
needed to coordinate in terms of coverage with the many actors involved in education. Some of these actors distributed supplies on an ad-hoc basis.

Distribution
Distribution of supplies posed challenges due to local capacity. UNICEF's distribution figures indicate where supplies were assigned but often do not indicate when and where supplies were put into the hands of the end users (the schools and the beneficiaries). Therefore, in some cases the district or zonal education office could be considered the end user in a typical monitoring format, when in fact it was not. Most distributions were not closely monitored, but most supplies were thought to reach the intended end user.

The question is, when did goods reach their targets and were they needed at the point they were received? In Hambantota, school bags were received on 3 March, some weeks after schools opened. UNICEF zone officers found some education and other supplies still in local warehouses that should have been distributed months earlier. Some principals felt that distribution had been unfair and were uninformed regarding the rationale behind distributions or what had been allocated to their schools. Some principals said they were asked to provide transport to pick up goods for their schools, which they perceived to be a zonal responsibility. The zonal offices often lacked transport and warehouse space and thus in some cases, schools with the space and transport capacity or those nearer to the zonal offices received goods earlier.

Protection of Vulnerable Groups
UNICEF has a good track record of protecting vulnerable children in Sri Lanka and has effectively used the education system as a vehicle for social change. During the emergency, coverage of protection issues suffered and protection of school-aged children worsened. (See Child Protection section). Even prior to the tsunami, at the end of 2004, some zonal education programmes effectively ceased due to a freeze on funds caused by the need to rectify the CAGs.

Programmes that sought to capture the children not receiving benefits of education because of war and poverty lost momentum. These include the Catch Up and Happy (or Joyful) Learning programmes, which did not resume or start until September. Efforts to seek and identify vulnerable children who had not returned to school were carried out but were not sufficient. While the vulnerability of children in the North and eastern conflict areas is well documented, the incidence of dropouts and regression in these areas is often not reflected in national averages and requires a focus on assessment and identification of cases.

The Asian Human Rights Commission (March 2005) called UNICEF's efforts to open schools “laudable” but notes that some schools were not able to open due to slow government action to identify alternatives for IDPs. The World Bank study has identified other issues that warrant attention in order to achieve a favourable and affirmative psychosocial environment, such as student abuse, sexual harassment, school violence and bullying. The World Food Programme provided school snacks in many affected schools for several months. Some teachers found this to be an asset to learning and attendance and felt the assistance should continue. Long-term school feeding assistance may be appropriate particularly in areas where malnutrition is a problem (see Health and Nutrition section).

4.4.3 IMPACT
The significant impact of UNICEF's emergency education response is recognized by the national, international and local communities. Contributions included 3,109 School-in-a-Box kits, basic school supplies, 1,350 recreation kits, 227,000 school uniforms, 52,000 desks and chairs, 480,000 textbooks and over 114,000 school bags. Clean up took place in 172 schools and 104 temporary teaching facilities were built. Schools were opened as quickly as possible given the IDP shelter situation. UNICEF supported special catch-up classes for tsunami-affected A-level students.
Areas where impact/outcome was confirmed or likely:
- Opening of schools/learning spaces while protecting rights of IDPs
- Inclusion of CFS in MoE reconstruction strategy
- Clean up of damaged schools
- Temporary and semi-permanent structures
- Normalizing of children’s lives through inputs via the education system
- Advocacy for equity and quality in education.

Areas where impact was diffused:
- Provision of supplies, delayed distributions, surpluses, duplication and overlap
- Weak response capacity development of district and zonal offices for distribution and monitoring; weak beneficiary accountability feedback loops
- Bottlenecks in approval and payment processes caused delay and mistrust
- CUE lost momentum, regression of target children vulnerable to poverty and conflict
- Advocacy for school construction, coverage of needs and anticipation of constraints
- Temporary school WATSAN need improvement.

Gaps in Assistance
Some interviewees identified the need for UNICEF to be more creative in regard to filling gaps in knowledge and practice. Where staffs are able to find creative solutions to problems, UNICEF can contribute greatly to participation and understanding of constraints and capacities at the community level. This does not happen often as UNICEF staffs are often stretched too thin or taking on more programmatic roles. In Batticaloa, UNICEF participated with Mangrove and other organizations in a simple community survey intended to identify problems with goods and services reaching targeted people, and this information was extremely valuable for management.

Another area where interviewees in the education system mentioned that they place high priority was disaster management and risk reduction. Some training has taken place in schools on evacuation and hazard awareness, but teachers and district authorities wish to intensify this focus with the idea that knowledge will help to ease fears regarding natural disasters and create a sense of empowerment.

4.4.4 EFFECTIVENESS
Timeliness
More than 260 schools initially became temporary shelters for an estimated 300,000 persons made homeless. One month later, these numbers were reduced significantly. However, by the end of January, there remained over 100,000 persons housed in 153 schools throughout the country. The MoE set a target date of 25 January. (Schools normally opened 3 January). There were pressures to speed up the transition.

UNICEF acted prudently. While emphasizing the importance of enabling children to resume education activities, it gave careful consideration to the issues of relocating IDPs, supporting an assessment with UNHCR on preferences of communities for temporary settlement. Compromises were made. In some welfare centres, informal education activities were started by UNICEF, SCF and others. Where possible classes were held under trees or tarps until temporary schools were completed and IDPs moved to other shelters. IDP children who had to commute longer distances were provided with transport money, or used bicycles or buses donated by others. The transition was not easy for many children; some who were displaced felt uneasy being away from their own villages.

Resumption of Learning
The resumption dates given by schools do not indicate the level of participation. In many severely affected areas, schools did not have full attendance for many months after opening. In Mullaitivu District, where most schools opened five weeks late or later, children were severely traumatized and did not receive needed psychosocial help early enough. Children were not in the mood for school and teachers often simply allowed children to play for several months in the school setting rather than study. Similarly, in some
areas of Hambantota, children did not spend the entire required time in school and lacked exercise books and uniforms when the schools opened.

In some districts, there was uncertainty as to what and how many supplies would come from Colombo (from donors including UNICEF), and while they waited zones and principals sought private donations or other sources of funds. Many schools were opened without all of the needed supplies.

**Principles and Standards**
The draft indicators (UNICEF, August 2005) attached to the CCC will improve the monitoring of the commitments. (The indicators cover ages five through twelve because adolescent needs have been deemed to be critical for social development and peacebuilding in Sri Lanka). However, it should be noted that numbers that are called for, e.g. adequate supplies per child, require intensive monitoring. For example, while distribution figures might imply that targeted end users have benefited, the above discussion indicates that the numbers are deceptive if not verified through monitoring. There is also a need for numbers, for example of students to teachers, to be carefully compared to pre-disaster baselines.

**Participation**
UNICEF fell short of ensuring participation of the affected people in decisions concerning education assistance activities. Interviews indicated that there was little follow-up by UNICEF and its partners with recipients of education supplies regarding their satisfaction and their problems. Little consultation occurred with communities and their input was not usually factored into planning. The main conduits for consultation in education remained the principals and various levels of government education offices. While there are parent/teacher organizations, parents reported that these forums are largely used for dissemination of top-down decisions. In the temporary settlements, IDP committees were not set up until after the third month, and women were often not represented, thus the feedback of the target population into emergency education was minimal.

**Partnerships**
UNICEF directed supplies through GoSL partners in the tsunami response. This decision was logical as districts/zones were accustomed to distributing uniforms and books each year. However, the impact of the vast quantities of supplies and other management issues should have been anticipated and a capacity assessment conducted early in the emergency. At the Zonal Director of Education (ZDE) level, most accounting was done manually, particularly where there was no electricity, and most zones lacked vehicles and adequate technical and monitoring staff. UNICEF had ordered some vehicles for the zonal offices but these were stuck in customs for the most part. Zonal GoSL staff worked extraordinarily hard but seemed to be reticent to request the assistance they needed or were unaware of the capacity required to launch such a large response.

UNICEF’s local partnerships for education and life skills were generally productive and these types of relationships should be expanded and replicated. Local NGO partners such as White Pigeon have been instrumental in creating mine awareness among communities and children in all five districts of Kilinochchi. The Education Development Organization (EDO) promotes CFS and student health committees in Trincomalee. Although only one health committee was interviewed, there was evidence that the students are capable of being pro-active to correct WATSAN problems and to seek the resources they need to maintain high standards of sanitation. A goal of the project is to connect the committees with the district public health authorities so that there is awareness of prevalent heath problems. Students said they required more training regarding the health issues. They were unaware of the Sphere and national indicators regarding numbers of students per toilet.

These collaborative efforts appear to be strengthening the local capacity to support protection for children and life-skill development and have resulted in visible impact. Such relationships require training for NGO staff on meeting financial accountability requirements and providing clear guidance/monitoring to increase efficiency and effectiveness.
Teacher Support
UNICEF has recently sought to assist teachers affected by the tsunami themselves through clothing and housing allowances. These grants would have been very useful early in the emergency and helpful to restore teacher motivation and encourage attendance; teacher support should become a matter of policy in emergencies. Teachers were called upon to act heroically, which many did to support students and to help them deal with their psychosocial issues. Teachers received training in providing psychosocial support. (See discussion in Child Protection section).

Coordination and Collaboration
UNICEF’s support for MoE coordination (information sharing and influencing actors to pool resources, avoid duplication and cover needs and gaps) in the education sector was generally praised. Coordination occurred daily in the early weeks and long-term mechanisms were set up. It was clear, however, that there were two tiers of interaction between agencies. On the more ‘formal’ level, UNICEF supported coordination meetings chaired by the MoE at all administrative levels. The attendants at these meeting were generally government and international organizations with the largest programmes, but by no means all of the actors working in education.

In fact, there were numerous other actors. The HIC (Who, What, Where, June 2005) lists 44 organizations working in education in Ampara and 35 in Batticaloa, including local and smaller NGOs. (In the 25 October meeting in Batticaloa chaired by the ZDE, fewer than 10 organizations attended). These actors carried on activities sometimes peripheral to the formal groups and often coordinated with government separately. The fact that these actors were not successfully influenced to join the more formal group was probably a cause of the duplications of services mentioned above. On the other hand, it is likely the smaller organizations covered some needs not met by the larger programmes.

Coordination in the education sector, therefore, was not comprehensive and UNICEF might have tried to form a link between the tiers of actors, perhaps by supporting a satellite body. For example, the Mangrove initiative in Batticaloa is a local effort to disseminate information and to coordinate disparate actors in the psychosocial sector. Other actors in education such as the SCF felt that its activities were complementary with UNICEF’s, particularly the different approaches to early childhood development, where UNICEF uses UNICEF’s, particularly the different approaches to early childhood development, where UNICEF uses a home-based approach and SCF a pre-school approach.

Advocacy
UNICEF is a strong advocator to government and its efforts have resulted in the adoption of the CFS concepts and numerous other positive steps in educational development. UNICEF has carried out its child-protection role well prior to the tsunami (through the Children Affected by Armed conflict, CAAC programme and others) and post-tsunami in guiding response. UNICEF’s presence at the “Child Desk” at the CNO allowed daily advocacy and UNICEF’s urging to create a back-to-learning rather than back-to-school momentum helped avert a potential abuse of IDP’s rights in forcing them to move prematurely out of the schools used as welfare camps.

UNICEF needs to ensure that advocacy is strengthened in an emergency, as this is when new policies are created for reconstruction and rehabilitation and habits will be formed for future responses. The shortages and diversion of staffs in the Learning, Adolescence and HIV/AIDS section and zonal offices likely threatened the time and effort that could be devoted to advocacy.

4.4.5 EFFICIENCY
Human Resources
Two senior education staff members in Colombo (Adolescence and Programme Officers) were assigned to head new zone and district offices in Galle and Hambantota. While staff felt that their contribution to the emergency response was significant in these
roles, given their well-formed relationships with government, the section was left with only one JPO. The Chief of the learning section staffed the CNO desk, performing central coordination and advocacy tasks. In the zones, the Heads of Offices supported education officers to plan emergency response, although most staff members were diverted to moving supplies and other immediate life-saving tasks. The entire staff worked day and night to assess, clean up and mobilize supplies to the schools and they are to be commended for their efforts.

The short-term nature of the stays of internal staff on mission and consultants was not sustainable for the programmes. Within the office, consultation was not adequate to support the sectors and interaction between sectors was minimal. This created and still creates stress.

Permanent Schools Construction
UNOPS was contracted to construct semi-permanent and permanent schools and to implement renovations. The MoE issued narrative standards for school construction, which were interpreted uniquely for each school. Although the UNOPS approach is touted as being consultative, teachers and principals interviewed in some districts did not fully understand the designs. They were unable to spatially visualize the implications of some of the design features on daily life at the schools. School staff and communities may require a better way of looking at school design than a flat plan, such as a cardboard model or virtual tour programme. Although most plans have gone through an approval process, it would not be too late to provide this service to the communities to promote participation and utility and avoid future dissatisfactions.

For some areas, the quality of the new schools will be far superior to the former schools, surpassing even a build-back-better approach. While the MoE has adopted the advice of the World Bank to accelerate the pace of school development in terms of design and technology, some related concerns are whether school staff will be able to utilize the rooms provided, e.g. will they have instruments to stock the music room, and will maintenance costs be provided to accommodate needs for the larger and more sophisticated designs? Will new sophisticated schools create feelings of inequity when compared to schools that have not received assistance? The MoE has placed emphasis on quality of education, but it may be questioned whether sophisticated designs will add to teaching quality in areas where teachers require more training and equipment is lacking. One pro-quality education feature is the incorporation of teacher’s quarters in remote areas where housing is inadequate and where teachers must be imported from other areas.

Permanent school construction is experiencing delays due to problems in finding land and gaining approval for designs. Some delays in previous conflict areas resulted from the need to coordinate between government and LTTE and the problems resulting from the conflict itself such as location of suitable land, which needs to be negotiated with government and private deed holders. Further, some areas require landmine surveillance. Among the problems related to the construction are issues with locating reliable contractors, shortages of sand and other building materials, and disparity of donor approaches (some working directly with principals and/or on their own designs). In some LTTE and rural areas contractors do not have the skills for handling the funds and doing the work required for schools with complex designs and high values.

The coverage of needed schools by donors is inadequate. Some 30 donors are involved in the rebuilding, but 15–20 percent of the needed schools are not yet funded. Some donors who had originally signed MOUs have reneged or have not proceeded with implementation; donor interest is low in former conflict areas. In addition, the cost of building many schools has risen since MOUs were signed, mainly because of inflation in supplies and labour costs from the international market forces. These inflationary prices may be harmful to general development efforts. To avoid further delays and inadequate infrastructure, serious advocacy is required to encourage donors to cover the remaining schools and to make good on the MOUs.
Temporary Schools Construction
Temporary schools were generally built expeditiously by UNICEF, although construction was delayed in some areas. Most semi-permanent schools were built later. Technical officers in the office of the ZDE needed to approve the construction as it progressed but there were shortages of these officers and they lacked transport in many cases. Other organizations also built temporary schools and quality varied among the schools. UNICEF might have taken on a firmer advocacy role to ensure uniform quality in the temporary buildings. Children interviewed preferred the semi-permanent designs with brick half walls, brick full-wall class separators and concrete floors over the temporary schools and would have waited longer to have those structures. In some schools the concrete was poorly formulated and created excessive dust. Critical issues are the tin roofs, which create excessive heat and are unbearably noisy during rainstorms.

Water and Sanitation in Schools
UNICEF constructed some latrines, particularly where semi-permanent schools were built but did not in some schools where principals did not request them (under the assumption that new schools would be forthcoming quickly). Two major problems existed with latrines:

a. They were insufficient in number (in some cases 150 or more students per latrine) or were locked due to use by the community after hours (and not unlocked for the children, resulting in insufficient numbers) and people taking the buckets.
b. Old latrines were substandard with doors that would not close or lock and pits that were full and smelly, etc.

Water shortages were mentioned in several schools. Water bowsers were often in short supply and had to be called when the tanks were discovered to be empty. Drinking water was used for bucket filling for latrine cleaning when well water should have been used. The communities also took school drinking water, especially when tanks were adjacent to temporary settlements, leaving children without drinking water until the bowser arrived.

Delays in Shipments, Approvals and Payments
Many UNICEF zone offices and their government counterparts complained about delays in approvals of education activities. For example, in Kilinochchi, recreation kits were provided to serve 6,000 children. The zone office submitted a proposal from Tamil Eelam for support of the recreation activities in 39 temporary settlements. No approval came from Colombo and finally the NGO sought other funding. While Colombo approves activities based on priorities and does not approve all activities, the zones and ZDEs sometimes did not receive a rejection notice or any response at all. It was often difficult to know where the request or proposal was stuck in the system and why it was not being pushed forward.

Partner NGO and zonal offices complained about late advances for their activities. Some delays were due to slow disbursement of funds while others were due to disapproved CAGs, which caused funding to any similar entity wherever it was located to cease. Partner NGOs could not make payments to teachers who they supported for CUE or training, and they became mistrusted by the schools and teachers threatened to stop participating.

Monitoring and Evaluation
Although improved monitoring has been underway in the past few months, early monitoring of education inputs was poor. The tracing of tsunami funds and their impact is therefore difficult. An accountability feedback loop with end users - teachers, principals, parents and students - was insufficient. Essentially, UNICEF is serving three groups where needs have been identified: non-tsunami, tsunami-affected and those in conflict-affected areas. These should form the basis for monitoring efforts, which will serve to show whether equity is being achieved. Significant funds have been budgeted to carry out M&E.
UNOPS is doing its own construction monitoring, however, as a contractor, it also requires monitoring. In July, an advisory group named TERM began support for the MoE to help support capacity development needs for school construction in the zones. UNICEF should have technically trained staff available to liaise with MoE/TERM in regard to monitoring contracts and technical specs for schools. Education officers in zones generally do not have the training to monitor construction design and implementation.

4.3.3 LESSONS AND RECOMMENDATIONS
A resounding lesson from the tsunami experience in most affected countries has been the underestimation of time required to plan and build infrastructure due to new zoning requirements, land ownership issues and lack of capacity of local planners and contractors. Donors failed to cover all reconstruction needs and moved on to other interests. This is also the case in Sri Lanka for school reconstruction.

**Recommendations for UNICEF Sri Lanka’s Recovery Programme**
1. Due to delays in construction of permanent schools, the temporary buildings will have to last more than a year and semi-permanent buildings used continuously. Some steps to take immediately (by UNOPS or UNICEF) are:
   - Replacement of the tin roofs with palm or over coating to keep the temperatures cooler inside the classrooms and reduce noise from rain. An option suggested by some zonal technical officers was the use of insulating foil. The edges on tin side barriers should be covered as they caused injuries to children when they leaned on them.
   - Sanitation and hygiene must be brought up to standard in temporary schools. Solid waste around schools is excessive in some cases.
   - Sufficient water for schools should be guaranteed by the community. Buckets should be present in latrines for cleaning and hand washing.

2. Replicate student health committees currently working in Trincomalee to improve life skills and WATSAN.
3. Hire a UNICEF staff person or consultant with appropriate experience to monitor UNOPS and the evolving construction situation and communicate regularly with principals and teachers, the MoE and TERM.
4. Advocate with donors to cover the remaining schools requiring reconstruction and to honour their MOUs.

**Recommendations for UNICEF’s General Emergency Preparedness**
1. Expand education in emergencies to cover needs of adolescents in recognition of their roles in society and peacebuilding.
2. Consider developing a ‘semi-permanent school’ kit that can be deployed from Copenhagen instead of tents. Such a kit would consist of sections and panels that could be quickly assembled and provide more prolonged temporary accommodation.
ANNEX

ANNEX 1
PROGRAMME ACHIEVEMENTS
(COUNTRY SHEETS)

SRI LANKA: SUMMARY OF FINDINGS

<table>
<thead>
<tr>
<th>Programme commitments</th>
<th>◆◆◆◆ Effective</th>
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<tbody>
<tr>
<td>Appropriateness</td>
<td>◆◆◆◆ Effective</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>◆◆ Mostly effective</td>
</tr>
<tr>
<td>Efficiency</td>
<td>◆ Adequate</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>◆◆◆◆ Effective / Mostly Effective</td>
</tr>
</tbody>
</table>

◆◆◆◆ 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>
</tr>
<tr>
<td>CCC met</td>
</tr>
<tr>
<td>• UNICEF’s initial response was effective and timely in the initial phase, with appropriate provision of emergency medical kits, hospital equipment, and other supplies.</td>
</tr>
<tr>
<td>• UNICEF and partners designed and completed a nutrition survey in the first month post-disaster, creating an important baseline for ongoing activities and care followed by useful ongoing surveillance work.</td>
</tr>
<tr>
<td>Water and environmental sanitation (WES)</td>
</tr>
<tr>
<td>CCC partly met</td>
</tr>
<tr>
<td>• The early UNICEF WES response scored a number of achievements, but lack of staff and late approvals of partner projects slowed down the response.</td>
</tr>
<tr>
<td>• The transitional shelter project also suffered from poor or absent WES guidance and coordination. Sites were chosen without access to water, drainage was often poor and inappropriate latrines were constructed. This might have been avoided with better national and district coordination.</td>
</tr>
<tr>
<td>Child Protection</td>
</tr>
<tr>
<td>CCC were met</td>
</tr>
<tr>
<td>• Overall, the responses in child protection were effective and appropriate. As UNICEF already had a strong child protection presence in the conflict-affected north, existing partnerships were crucial to implementing a sound and comprehensive initial response.</td>
</tr>
<tr>
<td>• Coordination of government, NGO and local actors was one of UNICEF’s greatest strengths, but weaknesses in the response included processing payments and monitoring activities.</td>
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### SUMMARY OF PROGRAMME COMMITMENTS

<table>
<thead>
<tr>
<th>PROGRAMME COMMITMENTS</th>
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<tbody>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>CCC were met</td>
</tr>
<tr>
<td>• UNICEF’s strong relationships with the Ministry of Education and other organizations strengthened the education response and facilitated advocacy for CFS and equity, and for IDPs living temporarily in schools. A major achievement was to return as many as 200,000 children to learning and stagger the re-opening of about 200 schools housing IDPs.</td>
</tr>
<tr>
<td>• Temporary and semi-permanent schools, furniture, recreation kits, and schools in a box were well appreciated by communities.</td>
</tr>
<tr>
<td>** Appropriateness and Relevance**</td>
</tr>
<tr>
<td>• The UNICEF Country Office (CO) generally undertook timely assessments and contributed significantly to joint assessments, such as those undertaken by the GoSL and the ADB/JBIC/World Bank. The assessment processes did not always identify partner capacity, cultural preferences, gender differences and vulnerability.</td>
</tr>
<tr>
<td>• The CO developed a Recovery Plan of Action six weeks after the tsunami and then finalised it with all stakeholders, a process which effectively consolidated the initial phase and provided a clearer picture of recovery requirements.</td>
</tr>
<tr>
<td>• In terms of coverage, the CO responded in the 10 most severely affected districts and established Zone Offices in Galle and Ampara. The long-standing issues in equity of development in Sri Lanka were highlighted in response operations. The CO advocated for equity in response and expanded coverage to include conflict IDPs.</td>
</tr>
<tr>
<td><strong>Impact and Effectiveness</strong></td>
</tr>
<tr>
<td>• There were no serious communicable disease outbreaks; children got back to school relatively quickly; separated and unaccompanied children were registered promptly and measures to protect children and safeguard their psychological well-being were carried out rapidly.</td>
</tr>
<tr>
<td>• The CO was sensitive in dealing with issues of equity in the conflict-affected areas of the north and east.</td>
</tr>
<tr>
<td>• The initial response by UNICEF was timely. Staff members were assessing the situation within 24 hours and supplies reached affected communities within four days. Beyond this the response slowed due to delays in arrival of supplies and slow approval of proposals and funding.</td>
</tr>
<tr>
<td>• The CO paid insufficient attention to issues of targeting and vulnerability. Although coverage of affected people was adequate, the most vulnerable were not specifically targeted.</td>
</tr>
<tr>
<td>• There was little evidence of formal, standardised and routine monitoring of the distribution of UNICEF supplies and services. The CO has established an M&amp;E plan for the recovery programme.</td>
</tr>
<tr>
<td>• With regard to principles and standards, the CO effectively promoted best practices in psychosocial work and distributed guidelines on prevention and identification of abuse to zone offices. In WES, standards were developed for partners but the opportunity to set standards for the entire WES sector was missed.</td>
</tr>
<tr>
<td>• The CO’s former presence and familiarity with local conditions promoted its coordination role, both with the government, within the UN Country Team and as UN focal points in the north and east.</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
</tr>
<tr>
<td>• The management of the UNICEF response in Sri Lanka was proactive and effective.</td>
</tr>
<tr>
<td>• The CO faced human resources challenges in scaling up the programme to spend four times the 2005 budget.</td>
</tr>
<tr>
<td>• UNICEF performed well initially, delivering basic relief items immediately. Following this excellent initial response the supply chain slowed down and the financial and administrative procedures hampered the CO’s ability to respond in a timely and effective manner.</td>
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**ANNEX 2**
**SUMMARY CHARTS: COMPLIANCE WITH CCC**

### HEALTH AND NUTRITION

#### THE INITIAL RESPONSE (6-8 WEEKS)

<table>
<thead>
<tr>
<th>UNICEF SRI LANKA RESPONSE</th>
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</thead>
<tbody>
<tr>
<td>a) Vaccination was determined not to be necessary (decision, MOH, WHO and UNICEF) because coverage extensive and on eradication phase of boosters.</td>
</tr>
<tr>
<td>b) Replaced necessary cold-chain equipment lost in tsunami to restore vaccination cycle.</td>
</tr>
<tr>
<td>c) Supplied vitamin A supplementation for 463,000 children six months to five years.</td>
</tr>
</tbody>
</table>

#### UNICEF SRI LANKA RESPONSE

| a) Provided 15 essential drug kits for 30,000 population for three months. |
| b) Extra medicines kits, including ORS, essential antibiotics, etc., were also obtained and turned over to MOH by 12 Jan 2005. |
| c) WFP and GoSL supplied fortified nutritional products; UNICEF made no specific provision. |
| d) Micronutrient support achieved with the re-establishment of salt iodination. |

#### Response varied across zones, but blankets, bed sheets, cooking sets, etc. were distributed to some extent. |

#### Based on rapid assessments, provide child and maternal feeding and support.

| a) UNICEF contributed by providing technical expertise for the January and May nutrition survey. |
| b) WFP and GoSL were supporting actual food provision. |

#### Nutritional survey undertaken in immediate phase for which scales, growth charts, etc. were provided by UNICEF and technical support for ongoing surveillance. Follow-up May and October 2005. |

#### Support the establishment of essential health care services by providing outreach services and home-based management of childhood illnesses and emergency obstetric care services, as well as treatment for malaria, diarrhoea and pneumonia.

| a) UNICEF supported increased training of health workers - MOH staff and volunteers - on a variety of health-related topics including prevention and home treatment of child illnesses. |
| b) Some obstetric equipment was provided and rehabilitation of O&G facilities supported; UNFPA took a role in this, as did many international organizations. |
## HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>THE INITIAL RESPONSE (6-8 WEEKS)</th>
<th>UNICEF SRI LANKA RESPONSE</th>
</tr>
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</table>
| 7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, financial support for advocacy and operational costs for immunization of pregnant women and women of childbearing age. | a) Cold-chain equipment was provided.  
b) Logistic support for GoSL MOH purchase of vaccines has been a longstanding service of UNICEF’s. |
| 8. Support infant and young child feeding, complementary feeding, and when necessary, support therapeutic and supplementary feeding programmes with WFP and NGO partners. | a) UNICEF provided increased training on appropriate dietary practices to health workers for dissemination to the population. No clear indicators for the success of this dissemination were established, but the nutritional survey of October may give some indication; there is a significant risk that in a stressed population (as the apparent need for extensive psychosocial support suggests this one to be) such actions will be less than optimally effective.  
b) UNICEF did not support supplementary feeding with the provision of food materials. |
| 9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices. | a) Ongoing activities - UNICEF continues to have a very active role in breastfeeding advocacy, and health and nutrition education. |
WATER AND SANITATION

THE INITIAL RESPONSE (6-8 WEEKS)

1. Ensure the availability of a minimum safe drinking water supply taking into account the privacy, dignity and security of women and girls.
   a) The minimum safe drinking water was met for most households including women and girls, although in certain regions (particularly Ampara and Trincomalee) the minimum 15 litres per day per person was not met for all IDPs in the initial stages’ this was later rectified by increasing water tanked to the shelters.

2. Provide bleach, chlorine or water purifications tablets, including detailed user and safety instructions in the local language.
   a) Purification tablets were rapidly provided to the populations most in need. User instructions in the local language were also provided.

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.
   a) Jerry cans and buckets were received by approximately 50% of the beneficiaries interviewed.

4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water and excreta-related diseases.
   a) Soap was provided in the hygiene kits (adult and baby) however, as these kits arrived late in many of the zonal offices they were not timely in their distribution to the beneficiaries. Also many beneficiaries claimed they had not received any kits (Ampara).

5. Facilitate safe disposal of excreta and solid waste by providing shovels or funds for contracting local service companies; spread messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminate messages on disposal of human and animal corpses; and provide instructions on, an support for, construction of trench and pit latrines.
   a) Shovels were provided and were observed with many of the beneficiaries interviewed. These shovels were used for the disposal of solid waste but not of excreta. Plastic squatting plates were rapidly provided for the construction of emergency latrines, however these were not appropriate (neither in design nor culturally) and were rapidly replaced by water seal bowls.

6. Beyond the Initial Response

   Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability.
   a) Water: Providing water through water bowsers is not a long term strategy and this is widely acknowledged, however there seems to be no clear national exit strategy from tanked water for the temporary shelters except for those areas that are already or will be benefitting from piped water supply through extensions or new schemes for the future. Well cleaning is continued, however people are not yet drinking this water due to its continued salinity. Water quality surveillance is carried out and if positive should allow the return to well water.

   Sanitation: Upgrading of toilets to water seal toilets with septic tanks in most regions. Septic tank emptying remains an issue in some areas as they fill up fast. Dumping of sludge remains an issue and environmental hazard.

   Hygiene Promotion: Hygiene promotion material arrived very late (around July) in most of the regions. The posters were viewed in both communities and schools and were generally appropriate although messages were confusing due to the number of messages conveyed in one poster.

   Meeting the CCC: Comments

   a) Water: Providing water through water bowsers is not a long term strategy and this is widely acknowledged, however there seems to be no clear national exit strategy from tanked water for the temporary shelters except for those areas that are already or will be benefitting from piped water supply through extensions or new schemes for the future. Well cleaning is continued, however people are not yet drinking this water due to its continued salinity. Water quality surveillance is carried out and if positive should allow the return to well water.

   b) Sanitation: Upgrading of toilets to water seal toilets with septic tanks in most regions. Septic tank emptying remains an issue in some areas as they fill up fast. Dumping of sludge remains an issue and environmental hazard.

   c) Hygiene Promotion: Hygiene promotion material arrived very late (around July) in most of the regions. The posters were viewed in both communities and schools and were generally appropriate although messages were confusing due to the number of messages conveyed in one poster.
### WATER AND SANITATION

#### Beyond the Initial Response

7. Define UNICEF’s continuing involvement beyond the initial response by:
   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;
   b) providing safe water supply, and sanitation and hand washing facilities at schools and health posts;
   c) supplying and upgrading sanitation facilities to include semi-permanent structures and household solutions, and providing basic family sanitation kits;
   d) establishing regular hygiene promotion activities;
   e) planning for long-term solid waste disposal.

#### Meeting the CCC: Comments

   a) Water trucking is continued at present and an exit strategy for this is unclear. However activities are planned to develop piped water supply schemes to provide long-term water services to the affected areas.
   b) Well cleaning is taking place and will continue, as is water quality monitoring. Improving these water sources will be valuable to rural populations, which will not benefit immediately from the piped water schemes.
   c) Sanitation facilities are being upgraded in certain districts and semi permanent facilities are being constructed although these were only observed in certain areas and many toilets for transitional shelter were still being constructed.
   d) Quick filling up of pits and sludge disposal remain problems as no treatment facilities are being developed to the respond to this deteriorating situation.
   e) Hygiene promotion activities are planned for the future and PHIs are trained to carry out some of the promotional activities with the communities targeted.
   f) Solid waste disposal was the responsibility of the Municipality in some of the areas visited. Other solid waste disposal was managed by burning or burying it. No long-term plan for solid waste disposal is currently being envisaged.
## CHILD PROTECTION

### THE INITIAL RESPONSE (6–8 WEEKS)

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<table>
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<tbody>
<tr>
<td>1.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>a) Rapid assessments focused on identifying separated and unaccompanied children. Systematic follow up and monitoring of these children for abuse was left to the government partners.</td>
</tr>
<tr>
<td>2.</td>
<td>Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under 5 years of age and adolescent girls.</td>
</tr>
<tr>
<td></td>
<td>a) UNICEF facilitated a nationwide survey to identify and register unaccompanied and separated children and where necessary, trace relatives who would be appropriate placements for them.</td>
</tr>
<tr>
<td>3.</td>
<td>Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
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<tr>
<td></td>
<td>a) Assistance to partners (NGOs and government) was provided in terms of technical support and guidance, administrative supplies to expedite the process and transportation costs.</td>
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<tr>
<td>4.</td>
<td>Prevent sexual abuse and exploitation of children and women by:</td>
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<tr>
<td></td>
<td>a) monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others; and</td>
</tr>
<tr>
<td></td>
<td>b) providing post-rape health and psychosocial care and support.</td>
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<td>Internal measures with regard to humanitarian workers and staff should include:</td>
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<tr>
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<td>a) undertaking and promotion of humanitarian activities in a manner that minimizes opportunities for sexual exploitation and abuse; and</td>
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<td></td>
<td>b) having all UNICEF staff and partners sign the Code of Conduct and making them aware of appropriate mechanisms for reporting breaches of its six core principles.</td>
</tr>
<tr>
<td></td>
<td>a) Awareness campaigns on how to report incidents of abuse were carried out in the camps and a pamphlet with key messages on sexual and gender-based violence and caring for children was developed and distributed.</td>
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<td></td>
<td>b) Capacity boosting of women and children's desks at police stations - providing equipment, vehicles, although often long delays.</td>
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<td></td>
<td>c) Monitoring of camps/transitional shelters on abuse or exploitation mainly carried out by the local partners who reported back incidents.</td>
</tr>
<tr>
<td></td>
<td>c) UNICEF issued the code of conduct to field offices and all staff and volunteers working with UNICEF during the emergency were required to sign it.</td>
</tr>
</tbody>
</table>
### CHILD PROTECTION

#### Beyond the 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) Local partners who work in camp are monitoring the situation on an ad-hoc basis. Camp residents are aware of the government reporting mechanisms if there is abuse.</th>
</tr>
</thead>
</table>
| 6. In cases where children are separated, or at risk of being separated from caregivers, working directly or through partners to: | a) UNICEF advocated strongly for fostering schemes as opposed to institutionalization or adoption.  
 b) UNICEF supported NGO partners and government officials in following up and completing ‘Fit Person’ orders for children placed with extended families. Technical support and equipment for facilitating this process was provided to partners, yet it has been slow and there is minimal regular monitoring to ensure protection for separated children. |
| a) assist in preventing the separation of children from their caregivers;  
 b) facilitate the identification, registration and medical screening of separated children, particularly those under 5 and adolescent girls;  
 c) facilitate the registration of all parents and caregivers who have lost their children;  
 d) provide support for the care and protection of separated children including shelter; and  
 e) support partners involved in tracing and reunification and provide tracing equipment. | |
| 7. Provide support for the care and protection of orphans and other vulnerable children. | a) UNICEF has advocated for and supported placements of separated and unaccompanied children with extended family. It has also supported safe houses throughout the country, which provide shelter to children who are removed from their families due to abusive situations. The quality of these homes varies and surveys have indicated that placements cause further psychosocial harm. |
### EDUCATION

<table>
<thead>
<tr>
<th>THE INITIAL RESPONSE: (6-8 WEEKS)</th>
<th>UNICEF SRI LANKA RESPONSE</th>
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<tbody>
<tr>
<td><strong>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:</strong></td>
<td><strong>a) A disproportionate number of girl students died in the tsunami. No special focus on girls was noted.</strong></td>
</tr>
<tr>
<td>1. Set up temporary learning spaces with minimal infrastructure.</td>
<td><strong>a) UNICEF and other organizations organized learning and play in welfare centres where possible. In many schools, learning took place under trees and tarps until IDPs found other accommodation. Temporary schools were not all completed in the first six to eight weeks.</strong></td>
</tr>
<tr>
<td>2. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
<td><strong>a) Schools reopened approximately three to six weeks late (after 3 Jan); timing appropriate in view of the trauma and IDPs living in schools. In some schools, uniforms had not been received and materials were inadequate. However, UNICEF provided a large percentage of supplies, although late in some cases. Proposals for support to recreation in camps were not approved in a timely manner in some districts.</strong></td>
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#### Beyond the Initial Response

<table>
<thead>
<tr>
<th>Meeting the CCC: Comments</th>
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<tr>
<td><strong>3. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training.</strong></td>
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<td><strong>4. Promote the resumption of quality educational activities in literacy, numbers and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene.</strong></td>
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<td><strong>5. Establish community services around schools (such as WES) where appropriate.</strong></td>
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<td>31 Jan</td>
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### ANNEX 4
#### SUMMARY OF COMMUNITY INTERVIEWS

<table>
<thead>
<tr>
<th>PERSONS INTERVIEWED/ CONTEXT</th>
<th>UNICEF PROGRAMMES OR INPUTS</th>
<th>FINDINGS/COMMENTS</th>
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<tr>
<td>Killinochi/Mullaitivu</td>
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</table>
| Director, Centre for Health Care | Emergency drugs/materials provided, training to volunteers in psychosocial support. | • Immediately present, rendered first care, transported injured to hospital, “received bodies.”
• Redeployed medical staff to affected areas.
• Operating 15 medical centres.
• HR shortage severe, and infrastructure needs great - UNICEF could support here, and plans to do so.
• Main support from the Tamil Diaspora. |
| MOH personnel                | As above, support for infrastructure rebuilding agreed. Mosquito nets supplied. | • One past project (2003) not completed due to government building dept. inefficiencies has been discontinued and not funded, cancelled through no fault of health department which still needs the facility. Suggested UNICEF should fund technical officer to oversee projects.
• HR problems severe: “I didn’t lose any staff because I didn’t have any to lose” e.g., Should have 15 medical officers but has only four.
• UNICEF a longstanding partner, good to work with. |
| 3 Family interviews (7 women) | Received hygiene kits and some non-food items. | • Hygiene kits very useful.
• Pleased/satisfied with camp and accommodation.
• One potential improvement would be a well (now using water tanks). |
| Vice Principal; mixed religion school, 478 students | Temporary schools and latrines; water supply; rec. kits, bags, School-in-a-Box. | • Duplication of items, many in stores; rec kits instructions in English.
• Students lost documents on their education; not in the mood to return to school.
• Some children severely affected psychologically, not enough people to help with this, should have started earlier.
• After four months, slow learners identified but need long-term plan. |
| Elderly woman, Unapualavu IDP camp; Mullaitivu | UNICEF items, not sure which. | • Her family lost everything; she lost her glasses without which she can’t see; unknown people helped her to replace them after a month and a half.
• She has no idea where she will resettle, the camp is on private land and they may be told to leave, everyone uncertain (state land versus private).
• No roof on toilets, they have asked for them; security is provided, they feel safe. |
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<tr>
<td>Trincomalee</td>
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| MOH personnel                 | UNICEF’s response “great” (meds, future building, training support), insecticide-treated mosquito nets. | • HR shortage severe; should have 25 midwives for population; has only three; public health inspectors slightly better but still inadequate.  
• Were promised bicycles for health workers; did not arrive.  
• Maintaining vaccination coverage with the use of “volunteers.”  
• Increase in ARIs in children; some viral hepatitis (Hep endemic).  
• Malnutrition is a problem.  
• Low birth weight deliveries (but term) have increased since the tsunami (previously two to five out of 100 month; In October nine out of 72 /month.  
• Initial medical response with multiple INGO teams chaotic; sited cases of IDPs getting three different sets of drugs/day.  
• Did have malaria and Hep A outbreaks in region; quickly controlled; dengue is endemic, but no outbreaks yet - just entering the season. |
| Seven Family interviews (included husbands and wives; total=16 adults) | Hygiene kits, young children have vaccination cards. | • Noted some disparity in aid received, partly due to differences in NGOs.  
• No major problems except need for livelihoods; there was some reluctance to return to same place (concern regarding another tsunami).  
• Men dominated conversations and identified more political problems. For example, one head of household noted that potable water was not regularly delivered. He said that they might have a day every so often when none was delivered by bowser; others, disagreed. |
| One focus group with at least 10 adults | As above supplemental food was supplied for lactating/pregnant mothers. | • The families were generally content with the temporary accommodation; there were 12 families in the enclave, all from the same village.  
• It was four months before they got a latrine (not UNICEF), and it collapsed within a month because of heavy rain.  
• Children did get some diarrhoea - more in June/July in the heat; treatment available in Trincomalee (approximately one hour away).  
• Would like to take up farming and not return to fishing.  
• Water is no problem; one of the men drives the Oxfam water bowser.  
• One thing that could be improved is to develop a play area for the children; one was designed into the camp, but it is used by the adults. |
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| Focus group with women (11) in Kuchavelli Resettlement Village | Mine awareness activities, complaint boxes. | • Most children here are going to school, but some are going to work.  
• When we hear that the sea is coming again, children get scared and cling to parents.  
• Children here who have lost parents are mostly living with grandparents. They haven’t been visited by a protection officer or a child rights promotion officer. None had met a protection officer, but they know who they are. None had seen women and children’s police in the camps.  
• Complaint box is here - children know about it but have not used it. Children talk about problems with families.  
• People here get drunk and disturb our children. Oxfam came to discuss this once it was raised.  
• UNICEF provides extra classes for kids. They gave hygiene kits and baby kits as well.  
• A committee does exist in the camp that was formed with input of the community. There is no youth committee, but there is a women’s committee and a fisheries committee. |
| Focus group with women in Sumath-asama transitional shelter | Psychosocial support through local partner. | • Some children received recreation kits here and some didn’t. The GoS distributed them and it was not followed up.  
• Have never met a probation officer or a child rights promotion officer. Don’t know who they are.  
• If they have a problem, will inform Shakthy (local NGO). They took care of us when no one else did.  
• No camp committees that they know of.  
• The government has promised to give us, but they haven’t provided anything; only the NGOs provided.  
• Worried about the rainy season; the roads will be washed away and children won’t be able to get to classes.  
• Adolescents: some are working, others just stay at home. They are concerned about their future.  
• Don’t feel comfortable going to the women and children’s desk. It depends on the person there, but they have gotten the run around from the police in the past and prefer to tell problems to Shakthy. |
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| Trincomalee                 | Psychosocial standards, coordination, technical support. | • Refer vulnerable children to POs - follow up is poor.  
• Received two-day training funded by UNICEF on how to work with people and provide support. One hundred and five people attended.  
• Children’s clubs run on their own. When don’t go to the camps, the work doesn’t stop - the community continues it.  
• Proposal to request motor bikes to do monitoring in the camps in January and got them last month (September).  
• Sunshine festival - UNICEF was to give food items and costumes, but still has not released the funds for these. Organizations filled in and are waiting to get reimbursed by UNICEF.  
• UNICEF did planning and coordination well.  
• They gave two-day training on CAGS. It was helpful in how to submit our bills. But need more instruction on supporting documents that we need to provide.  
• UNICEF only focusing on psychosocial now. Need to focus on empowerment, livelihood and broaden out of just psychosocial.  
• Children are still afraid, but they have improved. They take children to play on the beach, and before they wouldn’t go, but now they feel more comfortable.  
• Families quarrel in camps - they drink a lot and are now brewing beer in the camps to make an income; UNICEF is aware of the problem and discussing it, but is not currently involved.  
• Volunteer payments are low - 3,000 rupees a month. Other organizations pay up to 7,000 rupees. We train them and now they go work for other NGOs.  
• The recreation kits received in January are now damaged and need to be replaced. |
| Students (332); Sograngar School | Temp classrooms, latrines, toys, rec items. Eachclampatta. | • Before tsunami, they benefited from Happy Learning and CUE; achievement has improved, but there are no study rooms.  
• The health committee has only four members, elected volunteers, need more training, and a budget, have to collect from other students for cleaning items.  
• Not aware of Sphere standards, only one toilet open, excessive trash around. |
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| Women’s group parents (7)     | Temp classrooms, latrines, toys, rec items Eachchampatta. | • The English teaching is poor, there is a lack of teachers, the kids have to travel to go to the CUE, there is little future after high school and some get married.  
• Opportunities in this rural area are very poor for kids; study space poor in temp shelters; there are dropouts, many have to care for their families if mother lost.  
• There is a school development society, mainly receiving info; they are not exactly aware of new school location or details. |
| A-level students; Nilaveli    | A-level support activity.   | • They lack computers, videos, have to go to Trincomalee for those; A-level prospects weak.  
• Many in host families, have to go far to get to school; teachers extenuated also.  
• Few jobs, girls have more opportunities for jobs; rare opportunity to go to college. |
| Handicapped HOH, near Muthur  | Hygiene kits, school cleaned. | • Some people were given new houses, he doesn’t have land ownership; was given job as security guard by InterSOS (lost leg in fishing accident).  
• Water tank is not sufficient, they lack water at times; path to toilet muddy in rains. |
| Batticaloa                    |                             |                   |
| MOH personnel                 | Medical kits for large hospitals, Insecticide-treated mosquito nets, health training, some transport expected, rebuilding clinics. | • Biggest issue continues to be safe water.  
• There is chronic overcrowding in some areas; leads to concern of faecal contamination of wells, Hep A outbreaks (mild, and controlled).  
• Two of the new clinics will be in areas previously not served (because of conflict).  
• UNICEF is a good partner (very responsive).  
• HR shortage for area; affects maternal health as there are fewer staff to attend births, and midwives patient load too high for good antenatal care.  
• Mental disturbance still a problem in the affected population. |
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| Community focus group       | Supplemental food for pregnant and lactating mothers from midwives; no specific UNICEF donations identified, but children were vaccinated and cards were given. | • Italian Red Cross provided medical coverage to camp for first six months; since they left, the people are using the MOH system - weekly health clinic with doctor. Can't access care or Batticaloa hospital after 6 p.m. (curfew/lack of transport).  
• Significant diarrhoea in children in first days; some skin rashes and fever. No major problems.  
• Food supplements given for one month, last for about 10 days; are shared because “family is hungry.”  
• Boats have been delivered, but not distributed - for lagoon, not sea.  
• A major concern is the need for permanent shelter; they have not been informed nor consulted on where they will be re-allocated. There is a level of anxiety over this as others have been assigned permanent plots, and building has commenced.  
• One significant observation/recommendation (with consensus) - some corruption going on, and this is less if an expatriate is present for any distribution. |
| Batticaloa                  |                            |                   |
| School administrators       | Temp school, latrines, recreation kits, School-in-a-Box. | • Type 1C school, primary to advanced, all Tamil; UNICEF supported the school - first to receive five temp buildings.  
• Rec. kits being used somewhat, no CUE before tsunami; urinals not covered. |
| Teachers, Thettativu, (644) | CUE (in Sept.), pilot programme. | • Specially trained teachers devote full attention to CU students including visiting family - increasing awareness; English is still lacking in CUE.  
• Students will move to mainstream, optimism, teachers not always paid on time. |
| Hambantota/Matara/Galle     |                            |                   |
| MOH personnel               | Medical equip/supplies, vitamin A, facility repair, monitoring equipment/vaccination cards, etc. | • Not all equipment useful; partly due to make up of kits. Blankets were not needed and now creating a storage problem.  
• Bed occupancy very high in these regions; length of stays not long enough to be safe, in some cases post-delivery occupancy only 12 hours rather than recommended 24. |
| Salt factory staff          | Funded the repairs from tsunami damage to the factory. | • UNICEF has funded iodination of table salt in Sri Lanka since 1992, as part of the support to correct micro nutrient deficiencies.  
• The salt is available in all districts at a reasonable price. |
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| Family interviews (2) (two women) Hambantota | UNICEF is constructing a primary health (midwives’) clinic. | • In permanent houses, and very pleased with homes.  
• No major illnesses in family since tsunami; one women lost her toddler in the tsunami, and has no other children at home.  
• Pleased with clinic site - convenient for them. |
| Family interviews (3) (four women, two men) | UNICEF hygiene kits received, vaccination cards for children. | • Two of the three families have permanent houses assigned - one moving within the month.  
• Increased illness in children - skin and ARIs - because of dust from disintegrating (termite induced?) wood siding of temporary shelter.  
• One family only received financial support for food for two months; others received for six months.  
• Supplemental food was given - didn’t last of the month it was projected to cover. |
| Kirinda Muslim school administrator | Water supply, uniforms, School-in-a-Box. | • Start up rugged, children stayed only an hour, no uniforms yet, no exercise books; ultimately got too many uniforms and some over six book bags.  
• Some CF training before tsunami; not informed by zone as to what they were allocated from UNICEF; had to pay own transport.  
• Toilets inadequate, doors off hinges; smell; water supply source problems.  
• UNOPS plans for perm school not understood well; parents haven’t seen plans. |
| Women’s group – Hambantota IDP temp | School bags, shoes, household items. | • Largest concerns now - perm homes and jobs; relief food now cut off; got loans from CARE.  
• Lower grades received most assistance; upper grades little; they had to buy the textbooks; no women’s committees and little representation. |
| Ampara                       |                            |                   |
| Focus group with camp social workers from Rural Development Foundation | Training on psychosocial responses. | • Parents are sending their children to labour - a serious concern for them.  
• Children still afraid of tsunami - throw rocks at the sea. They hear the word and they get scared.  
• There are not enough protective places for children to bathe. Not enough wall space for privacy.  
• Drunkards in the camps - parents are scared to keep girls there.  
• Women and children police officers do not visit the camps.  
• There are no camp committees.  
• Families have no confidence in the future. They used to save, but now just spend and live for the day because don’t have faith in tomorrow.  
• Need more training on the CRCs, AIDS awareness. |
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| Focus group (12 women in transitional shelter) in Kalmunai; 725 person population | Awareness campaign on abuse and exploitation, recreation kits. | • All children in this area report going to school.  
• No opportunities for recreation - need proper place for children to play.  
• GoS is the head of the village - he informs them of what is going on in the camps.  
• Remember early messages of staying clean, washing and caring for children.  
• Adolescents have nothing to do. Don’t go to school and just sit at home. Are concerned about this group.  
• No idea of the future or tomorrow. Live entirely for today. |
| **Jaffna**                   |                               |                   |
| Focus group in Manatkadu Camp, (105 families) | Awareness campaign on abuse and exploitation, recreation kits. | • Received messages to care for our children on health and hygiene.  
• Never visited by a PO nor women and children's police desk.  
• Recreation opportunities available for their children are playing with balls, games, in the child-friendly spaces.  
• Psychosocial workers with WHC (local organization funded by UNICEF) come twice a week. We discuss with them and they do play activities in the camp such as games and drama. We go to them with any problem we have here.  
• Camp committee was appointed by the GoS. There are 20 people in the group, none of whom are women.  
• No one came to them to ask what they needed in the early stages.  
• The GoS distributed the play materials.  
• Alcohol is present in the camps. |
| Discussion with three mothers in Camp Munai, Pt. Pedro, 85 families | Psychosocial support through local NGO, recreation kits. | • Received messages about what are normal reactions and received play activities for their children.  
• The play activities were liked by the children. Helped them forget what happened. But if they hear the word tsunami now, still get scared. When they saw the Pakistan earthquake, thought that it would happen here too.  
• It’s easy to live in war but a natural disaster; you don’t know when it’s coming. There’s no warning. When a bomber comes, you can run away, but with the tsunami, we didn’t know where to go or what to do. It still frightens us.  
• If they have a problem in the camp will go to the fisherman’s societies.  
• No camp committees were established.  
• There is a place where children play but it is very muddy. A structure to play is needed. |
ANNEX 5
TERMS OF REFERENCE FOR THE EVALUATION OF UNICEF’S TSUNAMI RESPONSE, EMERGENCY AND RELIEF PHASE

A. 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.

B. 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>
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<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>
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<td>Lessons learned (emergency phase)</td>
<td>Synthesis and consolidation of lessons learned</td>
<td>Lessons learned revisited</td>
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<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>
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<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>
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</tbody>
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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.

C. 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.

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.

D. 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.

E. 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.
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.

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 below as Appendix A3.A. 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?
F. 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.

G. 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.

H. 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 from the list in Section A3.5 above:
- 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 with 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 section E of this TOR and expanded in section K.
- 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 section E of this TOR and expanded in section K.
- Conclusions and recommendations, with a section dedicated to drawing out specific lessons with suggestions for taking forward the lessons learned
- Feedback from beneficiaries
- Annexes, 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.

I. 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.

J. 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.

K. EVALUATION SCOPE AND FOCUS DETAILS

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?

Efficiency
5. Were goods and services procured for the Tsunami response at reasonable cost (value for money)?
6. How were existing government and NGO partnerships built on to mount the emergency response? What new partnerships were formed to strengthen or broaden the response, and how successful were these new partnerships?
7. Was a monitoring system already in place or was a monitoring system developed to track changing needs, funds available, programme implementation and the links between them? How and to what extent was information collected and analysed for monitoring of key outcomes, outputs/coverage and inputs? To what extent was monitoring data used to inform decision-making?
8. How clear were the accountabilities and responsibilities of CO/RO/HQ for the Tsunami response? Were there overlaps or gaps at different stages?
9. How well were UNICEF programme and financial management procedures applied to the Tsunami response? To what extent did UNICEF procedures, processes and systems help or hinder efficiency?
10. 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?

11. 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?

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

Effectiveness

13. 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?

14. 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?

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

16. 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?

17. 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?

18. 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?

19. 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?

20. 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?

21. 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?

22. 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?

23. To what degree were preparedness and response affected by the DFID and ECHO programmes to strengthen UNICEF humanitarian response capacity?
Impact (early indications only)
24. 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?
25. Have there been unintended positive or negative impacts of the UNICEF (or UNICEF-coordinated) Tsunami response on affected or unaffected communities and their livelihoods?
26. 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?
27. 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
28. 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
29. To what extent have needs been met across the affected populations and areas? Were/are there geographic pockets remaining without adequate assistance?
30. To what extent has UNICEF been able to provide assistance free from political interference?

Coherence
31. How consistent was UNICEF planning and response with the human-rights based approach to programming?
32. How well has UNICEF and IASC policy on the use of civil military assets been applied?
33. Has the policy proven relevant to the context?
ANNEX 6
PERSONS CONSULTED DURING THE EVALUATION

UNICEF Sri Lanka and ROSA
Joanna Van Gerpen  Country Representative
Yasmin Haque  Senior Coordinator
Dr. Aberra Bekele  Head, Early Childhood Development
Indra Tudewe  Planning, PM&E
Geoffrey Keele  Communications Officer
Jennifer Taylor  Head, Operations
Sajeeva Samaranayake  Project Officer - Protection
Bo Viktor Nylund  Head, Child Protection Section
Pushpa Jayakody  Chief, Learning Years and Adolescence
Scalina Landsberger  Programme Assistant, Learning Years
Harish Yakandawela  Programme Officer, Adolescence
Dr. Sapumal Dhanapala  Assistant Project Officer, Mat. & Child Health
Hideaki Matsuoka  JPO, WES, Colombo
Phillipe Barragne-Bigot  Head, WES
Sarah Graham  Psychosocial Advisor from UNICEF– MoE
Elaine Bainard  Protection Officer
M. Vathanie Maria  Project Assistant, Mine Action
Andrea James  Head of Zone, Batticaloa
Gabriel Rozario  Project Officer, WES, Batticaloa
Nifal Alawdeen  Education Officer, Batticaloa
Judith Bruno  Head of Zone, Jaffna
Sriskandarajan Arulrajah  WES, Jaffna
Sivapathasundram Nagalingam  WES, Jaffna
Abul Kalam  WES, Ampara
Gabriela Elroy  Head of Zone, Trincomalee
Nadarahjah Sutharman  Assistant Project Officer, Trincomalee
Kundavi Nagendra  WES, Trincomalee
Penny Brune  Head of Zone, Kilinochchi
R. Wimalathasan  Assistant Project Officer, Kilinochchi
Mattu Charlie  Assistant Programme Officer, Protection, Kilinochchi
S. Gowribalan  Assistant Project Officer, Education, Kilinochchi
J. Kanagasabai  Assistant Project Officer, WATSAN, Kilinochchi
T Vasanthagumar  Hygiene Promotion Officer, Kilinochchi
Mr. Ariyarathe  District Coordinator, Hambantota
M. Asadur Rahman  Head of Zone, Galle
N. Sunaranatna  Provincial Coordinator, Galle
Mr Ratna  WES, Galle
Deepak Gupta  Operations Director, ROSA
Cecelia Lotse  Representative, ROSA
Soma De Silva  Monitoring and Evaluation, ROSA
Pushpa Chnetri  Programme Assistant, Education, ROSA
Tika Jaishi Neupane  Senior Programme Assistant, Emergency Planning, ROSA
Romi Prachan Shakya  Assistant Human Resources Officer, ROSA
Sri Lanka Government
Rachel C. Perera   Director, Donor/NGO/Civil Society Coordination, TAFREN
C. Punniyamoorthy Government Agent, Batticaloa
Mr. Ganesh   Government Agent, Jaffna
Mr. A. Jayasekara   Government Agent, Galle
Mr. G. Rodrigo   Former Government Agent, Trincomalee
K. G. Leelananda   Government Agent, Trincomalee
Mr. H.G.S. Jayasekara District Secretary/ Government Agent, Matara
Mr G.S. Dhammasena   Government Agent, Galle
Ms. Malini Fernando Chief School Works, Ministry of Education
Sivaji de Zoysa TERM Monitoring Unit, Ministry of Education
Dr.T.W. Jeyakularajah Medical Officer of Health, DPDHS
H. G. S. Jayasekara District Secretary, GoSL
Dr. K.I. Padmathilake Director General Hospital, MOH
Dr. Gnanakunalan Med. Superintendent, Gen. Hosp.Trincomalee, MOH
Dr. Vinita Karunarathne Director, Family Health Bureau, MOH
Dr. A. Jayathilaka Mat. & Newborn Health, Family Health Bureau, MOH
Dr. S. Fernandopalle Child Health, Family Health Bureau, MOH
Dr. Peiris   Assistant Epidemiologist, MOH
Dr. J. Renuka Tsunami Health & Nutrition, Med. Research Institute, MOH
Dr. G Dharmendra Medical Officer of Health, Mullaitivu, MOH
Dr. M. S. M. Jabir Medical Officer of Health, Kattankudy, Batticaloa
Dr. S Sathur Mugady Deputy Director of Health Services, Batticaloa, MOH
Mr. R.Thevarajah Supervisor Public Health Inspector, DPDHS, Batticaloa
Dr. U.P Ariyawansa Medical Superintendent, Base Hospital, Hambantota
Dr. S Jayasuriya Medical Officer of Health, Galle, MOH
Dr. L Colombage Maternal & Child Health, Galle, MOH
Dr. Kumudhihi Thurairahnam MOH – Head of Psychosocial Forum
Ms. K Pathmini Midwife, Galle, MOH
Mr. Nagaratnam Zonal Department of Education, Kilinochchi
Sarath Jayasundara Senior Superintendent of Police
Dr. Nowfel DPDHS
Dr. Mahir DPDHS, Sanitation, Ampara
Dr. Ketheeswaran DPDHS, Jaffna
M. Wikramage Water Board, General Manager, Colombo
W.BG Fernando Water Board, Assistant General Manager
Lal Premanath Water Board, Project Director, Colombo
M. Wimalaweera Water Board, Regional Manager, Galle
R. Ranasingha Water Board, Engineer, Ampara
M. Razil Water Board, Resident Operations, Ampara
T. Barathansan Water Board, Regional Manager North, Jaffna
Chamila Women and Children’s Police Desk
Other Organizations

David Evans            Coordination Policy Advisor, OCHA
Dr. Ulf Metzger        Senior Advisor, Education and Social Protection, GTZ
Divya Lata             Emergency ECE Advisor, Save the Children in Sri Lanka
S. Ranjan              Planning and Development Secretariat, LTTE
Priya Coomaraswamy    Strategic Programme Manager, Education, Save the Children in Sri Lanka
Bente Bentel           Education Officer, Norwegian Refugee Council
L.K.M. Kithsiri        Area Engineer, UNOPS
Vincent Hubin          Field Coordination Officer, OCHA
Dr. Kasbar Tashdjian   Health Coordinator, ICRC
Dr. Mahesh Gunasekera  Sr. Executive Director – Special Operations, SLRCS
Dr. Barbara Ford       Health Coordinator, IFRC
Fidel Pena             WES Project Officer, IFRC, Colombo
Thierry Meyrat         Head of Delegation, ICRC
Mahbub Ul Alam         Head of Sub-Office, Trincomalee, WFP
Dianah Majeks          Health-Nutrition Manager, World Vision
Lucia Mutowo           Health-Nutrition, World Vision
David King             Head of Office, World Vision
Visahha Tillekeratne  Programme Officer, Mother & Child Nutrition, WFP
Line Rindeback         Programme Officer, Partnerships & School Feeding, WFP
Mio Nozoe              Programme Officer, Baseline/Follow-up Survey, School Feeding, WFP
Dr. Verma              Emergency Health & Management, WHO
Dr. Jagdish Barot      WHO, Colombo
S. Ranjan              Acting Secretary General, TRO
Mr. Marin              TRO
Mr. S Pillai           Co-ordinator, White Pigeon
Shantha Kumar          Area Engineer, Kilinochchi, UNOPS
Dr. M Gunarathahy      Director, Centre for Health Care
Michele Brown          Country Director, MERLIN
Ananda Gallapatti      Coordinator, Mangrove, Batticaloa
Felician Francis       Assistant Coordinator, Mangrove, Batticaloa
I.N. P. Kanthi Perera  Project Manager, Women’s Cooperation International
Esty Sutyoko           Field Coordination Officer, OCHA
Dayal dev Dhywarakha  Associate Project Officer, Protection  
Dr. Chandanie  University of Rehuna  
WUSC  Staff members  
Solve B. Randal  Child Protection Adviser, Save the Children in Sri Lanka  
Community workers  Rural Development Foundation  
Zofia Burda  Protection Officer, UNHCR  
Manickam Elakumaran  Mercy Malaysia  
Namassibayah Paster  Save the Children Protection Officer  
Alexander Seenithamby  Programme Manager, SWOAD  
T. Shanthini  Psychosocial Officer, SSED  
Y. Paartheepan  Field Officer, CPA  
Tharmini Pagunaam  Coordinator, CPA  
M.A. Chathurani  Director, Shakthi  
T. Gadambanathan  District Coordinator, Community Empowerment Network Trincomalee (CENT)  
Retnasingam Ariyaretnam  Protection Coordinator, CCF  
P. Ravichandran,  Probation and Child Care Service Officer  
M. Dahilon Yassin,  Child Protection Advisor, Save the Children  
Kirijah Numalateva  Legal Advisor, Norwegian Refugee Council  
Ruth Marsden  Researcher, Institute for International Health and Development  
Martin Yapp, Advisor,  Jaffna Social Action Centre  
Nadarajah Sukirtharaj  Co-ordinator, Jaffna Social Action Centre  
Sarmili Thurairetnam  Assistant Project Officer, Protection  
S. Sharmini  Project Officer, Safe House  
S. Chithamparanathan  Programme Officer, Family Rehabilitation Centre  
Professor T Somasundaran  President of Psychosocial Task Force, Jaffna  
Veslemoy Naerland  Deputy Country Programme Director, Save the Children in Sri Lanka  
Hugo Karrlson  OCHA, Trincomalee  
Edward Benson  Head of Satellite Office, UNHCR, Ampara  
Axel Bishop  Senior Programme Officer, UNHCR, Colombo  
Nune Hovhannisyan  Programme Officer, UNHCR, Colombo  
St. John Day  Project Officer, OXFAM, Ampara
ANNEX 7
DOCUMENTS CONSULTED DURING THE EVALUATION

Unicef General
Evaluation Report Standards, 2004
Keen, Mark, Sadie Watson, Francis Watkins, Gunilla Gorannson and Julian Gayfer, DFID's Development Partnership with UNICEF: Assessing Progress, Defining Challenges and Establishing Future Priorities, (Draft)
Monitoring and Evaluation Training Modules (Draft), May 2005.
Reference Kit No. 1 for Evaluators, November 2004.

Unicef Regional/tsunami
Indian Earthquake & Tsunami - UNICEF Response at 90 Days. UNICEF, 2005
Indian Earthquake & Tsunami - UNICEF Response at Six Months. UNICEF, 2005
Indian Earthquake & Tsunami 2005 – Flash Appeal, UN, 2005
Results Matrix for Tsunami Affected Area Activities of UNICEF – Learning Years (three year plan results-based matrix – undated).

Other Regional/International
Tsunami Evaluation Coalition Reports (TEC): Coordination; Linking Relief to Development, Assessment, Local Capacities ALNAP, 2006
Coordination of International Humanitarian Assistance in Tsunami-Affected Countries of Asia (Draft January 2005).
Gap Analysis, UN team – notes, undated, but based on references to documents of July 2005, after the six-month period under review.
Houghton, Rachel, Observer Member of ALNAP, Tsunami Emergency Lessons from Previous Natural Disasters, 2005.
Post-Tsunami Update – June 2005, OCHA


World Bank Operations Evaluation Department, Lessons from Natural Disasters and Emergency Reconstruction

UNICEF Sri Lanka
Rapid Assessment: Concerns and Preferences of Tsunami Affected IDPs in Ampara, Galle and Jaffna Districts, UNICEF and UNHCR, April 2005.


Health and Nutrition
Nutrition Surveillance in Tsunami Affected Areas – Second Round, presentation notes of Dr. Renuka Jayatissa, Department of Nutrition, Medical Research Institute, Ministry of Health, Nutrition and Uva Wellassa Development (Sri Lanka), May 2005.


Review Report on the Post Tsunami Health Care Management, Ampara, Batticaloa & Kalmunai Districts, Epidemiology Unit Review DPDHS, 19 and 20 February 2005,

Review Report on the Post Tsunami Health Care Management, Galle, Matara, Hambantota Districts, Epidemiology Unit Review, DPDHS, 12 and 13 February 2005,


Child Protection


UNICEF Social Protection Framework for children and families

Education
Historical Overview of Education in Sri Lanka; Present Education System and Management Structure: Recent Developments in Education in Sri Lanka and Provinclal Education Administration, Ministry of Education website. ROSA, Education Sector Report, October 2005

UNICEF Media Release – Summary of Education Activities, October 2005


World Bank, Treasures of the Education System in Sri Lanka, February 2005

Other

## EVALUATION RECOMMENDATIONS - UNICEF TSUNAMI EMERGENCY RESPONSE – SRI LANKA

### RECOMMENDATIONS FOR SRI LANKA COUNTRY OFFICE

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<th>#</th>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>POSSIBLE ACTIONS PROPOSED BY EVALUATION TEAM</th>
<th>RESPONSIBLE UNIT</th>
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<tbody>
<tr>
<td>1</td>
<td>Participation</td>
<td>Increase consultation with affected communities and public information on UNICEF’s work.</td>
<td>• Undertake further studies of tsunami and conflict affected IDPs of the type that was conducted jointly with UNHCR looking at what priorities are.</td>
<td>Sri Lanka CO</td>
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<td>• Include youth in peace building.</td>
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<td>• Work with UNOPs to make consultation locally appropriate.</td>
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<td>• Structure feedback mechanisms on UNICEF activities, perhaps through local networks and NGOs.</td>
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<td>• Use mass media to regularly inform public of UNICEF work and plans.</td>
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<tr>
<td>2</td>
<td>Monitoring</td>
<td>Strengthen monitoring of impacts and outcomes in all sectors.</td>
<td>• Conduct assessment with partners on needs for monitoring.</td>
<td>Sri Lanka CO</td>
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<td>• Regular collection of data and feedback in order to steer activities to promote greater impact.</td>
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<td>3</td>
<td>Health and Nutrition: Nutrition</td>
<td>Further investigate factors contributing to nutrition decline and discuss potential action with partners.</td>
<td>• Further nutrition studies.</td>
<td>Sri Lanka CO</td>
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<td>• Discuss with WFP and GoSL.</td>
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<td>4</td>
<td>WES: Human Resources (HR)</td>
<td>Increase staff capacity for coordination and implementation.</td>
<td>• Develop an emergency WES consultant roster.</td>
<td>Sri Lanka CO</td>
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<tr>
<td>MANAGEMENT RESPONSE TO RECOMMENDATION</td>
<td>STAFF MEMBER RESPONSIBLE FOR RECOMMENDATION</td>
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<tr>
<td>Accepted and partially completed/on-going. The actions which will address this are follows:</td>
<td>SPC</td>
<td>Throughout 2006</td>
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<tr>
<td>• This will feature in a comprehensive needs assessment planned for 2006.</td>
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<tr>
<td>• UNOPS is providing architectural models for each school which will be the “hook” around local consultations in schools and unfinished health facilities. Modalities for consultation in water schemes tbd.</td>
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<tr>
<td>• Adolescent issues are in a number of the 2006 workplans will feature in needs assessment.</td>
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<tr>
<td>• This is a being addressed in Info Comms section workplan and part of inter-agency newsletter.</td>
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<tr>
<td>Accepted and partially completed/on-going. A field monitoring plan has been developed and staff have been oriented. A set of performance indicators have been identified and monthly progress reviewed at special CMT held monthly since December.</td>
<td>Planning Officer</td>
<td>Throughout 2006</td>
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<tr>
<td>Accepted and partially completed/on-going. A study has been commissioned to determine the causes of undernutrition through re-analysis of existing data sets. The study is conducted under the leadership of the Government of Sri Lanka, the Medical Research Institute. A National Steering Committee where WFP and UNICEF are members has been established to technically lead the process.</td>
<td>Head, Early Childhood Section</td>
<td>Jan - July'06</td>
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<tr>
<td>Accepted and partially completed/on-going. A staffing structure has been put in place to respond to programme needs. The WASH prog is staffed with 17 professionals : 7 international officers, 10 national officers. UNICEF facilitates coordination and assists the Government of Sri Lanka in their coordination role at national and district level in close partnership with OXFAM. Implementation has been geared up by establishing formal agreements with strong and well established international and local NGOs and Organizations such as CCF, MOVIMUNDO, MALTESER, OXFAM and IOM. A roster of WASH international and national consultants has been created at Colombo level.</td>
<td>Head of WASH section</td>
<td>April'06</td>
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## EVALUATION RECOMMENDATIONS

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<tr>
<th>#</th>
<th>THEME</th>
<th>RECOMMENDATION</th>
<th>POSSIBLE ACTIONS PROPOSED BY EVALUATION TEAM</th>
<th>RESPONSIBLE UNIT</th>
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<tbody>
<tr>
<td><strong>RECOMMENDATIONS FOR SRI LANKA COUNTRY OFFICE</strong></td>
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<td>5</td>
<td>WES: Water provision</td>
<td>Seek sustainable solutions to meet drinking water supply needs.</td>
<td>• Urgently review the water trucking situation and find alternatives; rainwater harvesting techniques should be considered.</td>
<td>Sri Lanka CO</td>
</tr>
</tbody>
</table>
| 6 | Child Protection: Monitoring | Increase direct monitoring of children. | • Put in place better structure for monitoring situation of children in camps, particularly with regard to abuse and exploitation (perhaps using networks and local organisations).  
• Increase support to partners for more direct monitoring of children with foster families (again, using non government organisations if gov’t unable).  
• Increase monitoring of children’s homes through support to partners. | Sri Lanka CO |
| 7 | Child Protection: Advocacy | Advocate for fit persons support. | • Continue to advocate on tsunami bill.  
• Advocate for retroactive payments so that families who have had to wait are recompensed appropriately. | Sri Lanka CO |
<p>| 8 | Child Protection: Psychosocial | Develop a holistic approach. | • Conduct a study across districts to determine which components of the various methods used by partners are most effective and develop an Accepted-upon approach. | Sri Lanka CO |</p>
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<tr>
<th>MANAGEMENT RESPONSE TO RECOMMENDATION</th>
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<tr>
<td>Accepted and completed. An agreement was concluded with a major international NGO to construct family rain water harvesting systems with active participation of the right holders. A total of 2,000 systems are being constructed in Galle, Matara and Hambantota Districts. According to the last evaluation of the situation in transitional shelters sites, carried out in December 2005, the available volume of water is 59 liters per person per day, well above the sphere standard of 15 l/p/d. Water trucking operations have been discontinued in most of the transitional shelters sites where more durable solutions have been put in place (Extension of existing pipe water system and connection, dug wells and tube wells). The running costs of water supply in transitional shelter sites are fully borne by the Government of Sri Lanka.</td>
<td>Head of WASH section</td>
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<tr>
<td>Accepted and incomplete /ongoing. The ZO staff have been briefed and advocacy with provincial and zonal counterparts is on-going. Links with the NGO forums at the district level on this issue are being established and raised at monthly NGO coordination meeting. At the National level this is being focussed on by the NCPA chaired, child protection and coordination meeting.</td>
<td>Head of Protection section</td>
<td>Through out 2006</td>
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<tr>
<td>Accepted and incomplete. A monthly reporting process is being put in place as part of better management. Also, capacity building initiative of CRPOs has been taken up with the department of probation and child care. Another area which will be focussed at the nation child protection and coordination forum.</td>
<td>Head of Protection section</td>
<td>Through out 2006</td>
</tr>
<tr>
<td>Accepted and incomplete. A comprehensive assessment is included in the annual workplan for 2006 which will inform the refinement of the existing framework and approach.</td>
<td>Head of Protection section</td>
<td>April-July 2006</td>
</tr>
<tr>
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| 9  | Education: Temporary Schools | Upgrade those temporary schools that are sub-standard.                          | • Ensure roofs are appropriate and especially not too hot.  
• Ensure water and sanitation in temporary schools meets Sphere standards. | Sri Lanka CO     |
| 10 | Education: Advocacy          | Work with GoSL to ensure all schools destroyed by the tsunami are replaced.     | • Strongly advocate with donors to ensure commitments are fulfilled.  
• Act as interlocutor between government and donors to ensure policy is realistic. | Sri Lanka CO     |
| 11 | Education: Life skills       | Expand life skills work.                                                        | • Replicate student health committees using Trincomalee model.                                             | Sri Lanka CO     |
| 12 | Operations                   | Overhaul emergency operations approach and capacity to ensure administration supports the delivery of programmes rather than hinders it. | • Ensure adequate staff complement for the volume of work.  
• Collate financial and administrative procedures in an easy and accessible form.  
• Streamline finance and admin procedures for emergencies.  
• Ensure simple, effective and compulsory training package on procedures is available to all new emergency staff. | EMOPs, DFAM      |
| 13 | Coordination                 | UNICEF needs to strategise how to carry out its leadership and coordination functions. | • Develop tools for coordination including; sector wide assessment tools, data processing capability and sets of standards in sectors that can be deployed early.  
• Clarify accountabilities of UNICEF as sector leader. | PD, EMOPs        |

EMOPs through IASC clusters.
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<tr>
<td>Accepted and partially completed. Remedial measures have already been taken in some sites in Galle. Agreement reached with local NGO to conduct assessment of all temporary class-rooms constructed with UNICEF support within next one month. Organised upgrading to be embarked on based on assessment.</td>
<td>Head, Learning Years section Head WASH section</td>
<td>March-June’06</td>
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<tr>
<td>Accepted and not completed/on-going. We have regular discussions on this subject during the coordination meetings chaired by the MoE. There are a total of 11 schools without donor support and UNICEF is exploring possibility of taking on additional work.</td>
<td>Head, Learning Years section PO, Construction</td>
<td>June’06</td>
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<tr>
<td>Accepted and not completed. The Trincomalee model has been shared with all ZOs. Further actions will be identified based on needs assessment.</td>
<td>PO, Adolescent programme</td>
<td>Comprehensive plan initiated by June’06</td>
</tr>
<tr>
<td>Agreed. These is in line with recommendations form the Global Tsunami Validation workshop. The formulation of a tool-kit for emergency operations special procedures would be most appropriate.</td>
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<td>14</td>
<td>Human Resources (HR)</td>
<td>Speed up considerably the hiring processes</td>
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<td>15</td>
<td>Water and Sanitation (WES)</td>
<td>Strengthen global capacity for emergency WES coordination and implementation.</td>
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<td>16</td>
<td>Health and Nutrition</td>
<td>Ensure that CCC cover various scenarios and areas of responsibility.</td>
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<td>17</td>
<td>Child Protection</td>
<td>Increase opportunities and resources directed to adolescents in emergencies.</td>
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<td>18</td>
<td>Education</td>
<td>Look at temporary school design to facilitate speedy construction.</td>
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**MANAGEMENT RESPONSE**

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<td>Agreed. These is in line with recommendations form the Global Tsunami Validation workshop. The formulation of a tool-kit for emergency operations special procedures would be most appropriate.</td>
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<tr>
<td>Agreed. UNICEF Sri Lanka will contribute to the development and field testing of country specific standards for water, sanitation and hygiene in emergency. A first regional workshop in May 2006 is planned by UNICEF Regional Office for South Asia.</td>
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<td>We are not clear as to what this entails.</td>
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<td>Agreed. This will also feature in CO activities related to recommendation 1.</td>
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<td>Agreed.</td>
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