THE 2004 INDIAN OCEAN TSUNAMI DISASTER

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

SYNTHESIS REPORT
THE 2004 INDIAN OCEAN TSUNAMI DISASTER

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SYNTHESIS REPORT

EVALUATION OFFICE
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The report was prepared by two independent consultants contracted by the Evaluation Office - Peter Wiles and Lewis Sida. 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.

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

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PREFACE

Words often fail to describe the deadly effects of the 2004 Indian Ocean tsunami. It killed over 227,000 people in 14 countries located in the region. It displaced more than 1.7 million people. The tragedy touched the lives of citizens from over 40 countries who lost loved ones to this catastrophe. While the damage and losses were enormous at an estimated US$10 billion, the effects on children were incalculable.

Motivated by extraordinary press coverage in January 2005, the international response to this disaster was equally unprecedented. It is estimated that over US$14 billion was contributed worldwide to various international organisations to assist in the humanitarian and reconstruction efforts. Because of the high level of funding received by UNICEF from individual private and government donors (over US$657 million), a high priority has been given by UNICEF to the conduct of systematic and independent evaluations.

This Evaluation Synthesis Report has been commissioned by the Evaluation Office in collaboration with the Office of Emergency Operations (EMOPS) and Programme Division. The authors of the synthesis report are two independent consultants - Peter Wiles and Lewis Sida. Wayne MacDonald, Senior Project Officer in UNICEF's Evaluation Office provided guidance and oversight to the evaluation process.

The report is based largely on the findings and recommendations from a series of independent evaluations commissioned by UNICEF which focused on emergency relief efforts in Indonesia, Sri Lanka and the Maldives. Their purpose was: to identify major achievements, to take note of any constraints and gaps in UNICEF's response, and to highlight potential policy implications.

To ensure objectivity, all evaluations of UNICEF's tsunami response were conducted by teams of highly-regarded, independent evaluators, with competence in health, nutrition, education, water and sanitation, child protection, management and logistics. 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.

While the message in this Synthesis Report highlights the important and meaningful role that UNICEF played in all the countries where it responded, it also indicates that there is much work still to do in tackling some important issues both strategically and energetically.

Over the next two years, UNICEF is committed to demonstrating what was achieved on behalf of children during the emergency, recovery and development phases of the tsunami response. The aim of evaluation efforts will be to continue to produce credible, valid and usable information for learning and accountability purposes.

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 Indonesia, the Maldives and Sri Lanka for supporting and participating in this evaluation, with special thanks to Stephen Atwood, Edouard Begbedier, Rajeshwari Chandrasekar, Raoul de Torcy, Martin Hart Hansen, Yasmin Haque, Brenda Langdon, Ken Maskall and Indra Tudawe.

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

This synthesis report draws on the crucial work and insights of the country evaluation team: Jessica Alexander, Sandra Allaire, Lynne Bethke, Sheri Fink, Celia Male, Sheila Reed, Suzanne Reiff and Kirk Thompson.

Peter Wiles & Lewis Sida
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<td>Active Learning Network for Accountability</td>
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<td>Cash Assistance to Government</td>
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<td>CFS</td>
<td>Child Friendly Schools</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CR</td>
<td>Country Representative</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DCR</td>
<td>Deputy Country Representative</td>
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<td>DEC</td>
<td>Disasters Emergency Committee (UK)</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>Division of Human Resources</td>
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<td>DOC</td>
<td>Division of Communications</td>
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<td>DPP</td>
<td>Division of Policy and Planning</td>
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<td>EAPRO</td>
<td>East Asia &amp; Pacific Regional Office</td>
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<td>ECOSOC</td>
<td>UN Economic and Social Commission</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>ERT</td>
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<td>FT</td>
<td>Fixed Term contract</td>
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<td>GIS</td>
<td>Global Information System</td>
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<td>HC</td>
<td>United Nations Humanitarian Coordinator</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>UN Interagency Standing Committee</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>IFRC</td>
<td>International Federation of the Red Cross and</td>
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<td></td>
<td>Red Crescent Societies</td>
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<td>IOM</td>
<td>International Organisation of Migration</td>
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<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>LTTE</td>
<td>Liberation Tigers of Tamil Eelam</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MDB</td>
<td>Multilateral Development Bank</td>
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<td>MDG</td>
<td>Millennium Development Goals</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>MTSP</td>
<td>Medium Term Strategic Plan</td>
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<tr>
<td>NFI</td>
<td>Non-food items (relief goods)</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NYHQ</td>
<td>New York Headquarters</td>
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<td>OCHA</td>
<td>United Nations Office for the Coordination of</td>
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<td></td>
<td>Humanitarian Affairs</td>
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<td>OECD DAC</td>
<td>Organisation for Economic Cooperation</td>
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<td></td>
<td>and Development – Development Assistance Committee</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>ProMS</td>
<td>Programme Management System</td>
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<tr>
<td>RALS</td>
<td>Rapid Assessment of Learning Spaces</td>
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<td>RBM</td>
<td>Results Based Management</td>
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<td>RO</td>
<td>Regional Office</td>
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<td>ROSA</td>
<td>Regional Office for South Asia</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SSA</td>
<td>Special Services Agreement</td>
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<tr>
<td>TEC</td>
<td>Tsunami Evaluation Coalition</td>
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<tr>
<td>TLC</td>
<td>Temporary Living Centre</td>
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<td>TFT</td>
<td>Temporary Fixed Term contract</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDAC</td>
<td>United Nations Disaster Assistance</td>
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<td>and Coordination</td>
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<td>UNDMI</td>
<td>United Nations Disaster Management Team</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNLIP</td>
<td>United Nations Environmental Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNJLC</td>
<td>United Nations Joint Logistics Centre</td>
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<td>UNOPS</td>
<td>United Nations Office for Programme Services</td>
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<tr>
<td>URD</td>
<td>Urgence Réhabilitation Développement</td>
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<td></td>
<td>(Groupe URD)</td>
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<tr>
<td>VCA</td>
<td>Vulnerability and Capacity Assessment</td>
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<td>VSAT</td>
<td>Very Small Aperture Terminal</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 Organisation</td>
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EXECUTIVE SUMMARY

1. INTRODUCTION

The Indian Ocean tsunami disaster that took place on 26 December 2004 killed an estimated 227,000 people, of which more than a third were children, displaced 1,777,000 people and caused US$10 billion’s worth of damage.

UNICEF’s response to the disaster took place in eight countries. This evaluation, which is part of UNICEF’s overall accountability system, focused on its response in Indonesia, the Maldives and Sri Lanka, where 87% of financial allocations have been made. Information was also gathered about the response in India, Malaysia, Myanmar, Somalia and Thailand.

The overall purpose of this independent evaluation was:

■ To identify major achievements of the response with a focus on the emergency and initial recovery phases, 26 December 2004 to 30 June 2005.
■ To take note of any constraints and gaps in that response.
■ To highlight potential policy implications for the future.

The main framework for the evaluation was UNICEF’s Core Commitments for Children in Emergencies.

2. OVERVIEW OF UNICEF’S RESPONSE

The tsunami disaster presented an unprecedented humanitarian challenge for UNICEF. As with other international agencies, the agency had to respond simultaneously to sudden onset disasters in eight countries in three regions. The disaster struck at the Christmas holiday time when significant numbers of staff were on leave. Within a few days, UNICEF also had to manage unprecedented media attention and inflow of funds.

UNICEF rose to this humanitarian challenge in a response that had many positive and commendable features. Staff responded with extraordinary commitment and professionalism in the countries affected, as well as in regional offices, New York Headquarters and country offices that released staff on mission. Over 150 staff were recruited or redeployed in the first 8 weeks of UNICEF’s response and a cumulative total of over 340 in the first 6 months.

As of 31 December 2005, UNICEF received a total of US$656 million for its tsunami response programmes. By the end of December 2005, US$219 million had been spent, 79% of the planned allocation for 2005. By December 2005 UNICEF estimated that it had assisted up to 3.9 million tsunami affected children and women.1

The table below gives an idea of the overall scale of UNICEF’s response during 2005 in the three countries studied.2

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1 Source: Beneficiaries Fact Sheet 4 April 2006, Tsunami Support Unit. This figure cannot be independently verified and should be taken as an upper estimate.
2 This data has not been independently verified. An overview of assistance provided by UNICEF in India, Myanmar, Somalia and Thailand can be found in Annex 9.
EXECUTIVE SUMMARY

3. PROGRAMME COMMITMENTS

By and large, UNICEF's Core Commitments for Children in Emergencies were met, although as would be expected in a disaster response on this scale, there were also weaknesses and areas where performance should be improved in the future.

Three quarters of UNICEF's expenditure on the tsunami disaster went to education, health and water and environmental sanitation.

In education, UNICEF played a key role in supporting governments to re-open schools and getting children back into their classes. Massive amounts of school and educational supplies made an important contribution in this area. In the recovery phase, the largest part of UNICEF's education programme, is the construction of permanent schools which provide an opportunity to incorporate and promote UNICEF's child friendly space concepts. As with other areas of post-tsunami permanent reconstruction, early planning timeframes were unrealistic. School reconstruction is UNICEF's largest post-tsunami programme and the lack of guidelines and expertise in this area is a concern.

UNICEF contributed to the avoidance of excess mortality in the aftermath of the disaster by collaboration with the combined efforts of the Ministries of Health in the affected countries, the International Red Cross and Red Crescent Movement, UN agencies and non-governmental actors. There was a significant reduction in morbidity – for instance diarrhoeal diseases and acute respiratory infections, initially high, dropped considerably over a six month period. Immediately after the tsunami impacted, UNICEF made valuable contributions by supporting and initiating nutrition surveys. However, there was lack of concerted follow-up to these surveys by major actors, including UNICEF.

* School supplies and materials for up to 80 students (in double-shift classes of 40), plus supplies for the teacher, are delivered in a locked box which can double as a blackboard when coated with the special paint included in the kit. Using a locally developed teaching guide and curriculum, teachers can establish makeshift classrooms almost anywhere, thus ensuring the child's right to education, no matter how unstable the situation. Source UNICEF Intranet. Note from the editor.
UNICEF’s response in water and sanitation was effective in some cases and substantially contributed to the well being of tsunami-affected populations. However, UNICEF was handicapped in its water and environmental sanitation (WES) response by the lack of organisational capacity, the lack of any large ongoing WES programmes in the three countries examined and the lack of regional WES posts in the regional offices. UNICEF could not fully meet its programme and coordination commitments due to lack of capacity and staff changeover. No comprehensive WES assessments were carried out and stronger coordination and collaboration was needed with shelter sector agencies over the provision of water and sanitation for temporary accommodation sites.

UNICEF reacted quickly and vigorously on child protection issues, both nationally and internationally. It effectively identified and advocated for child protection issues, focusing variously on the legal frameworks for child protection and advocacy, unaccompanied and separated children (tracing, fostering, adoption, institutions), prevention of abuse and exploitation and psychosocial recovery and well being. As in other sectors, UNICEF’s response in child protection was strongest when it built on existing programmes, capacity, networks of partners and knowledge. UNICEF performed its leadership in this area well, in particular in Sri Lanka, where all those involved were highly complimentary about its role.

PERFORMANCE AGAINST OECD / DAC CRITERIA

UNICEF’s response to the tsunami disaster was generally both appropriate and relevant. Funds were quickly mobilised. Health and water and sanitation relief items were dispatched within the first week. Education, protection and psycho-social responses were also rapidly organised.

UNICEF’s responses in the areas of health, nutrition and child protection were generally effective. For example, in Aceh the distribution of mosquito nets led to a measurable decrease in the prevalence of malaria. Provision of water and environmental sanitation was weaker, a particular concern given UNICEF’s lead agency role in that area.

UNICEF’s actions in the first 2 to 6 weeks were generally timely, although the response in Indonesia was slowed by internal and external constraints. After the initial period, beyond 6 weeks, UNICEF’s response slowed considerably, partly due to complex procedures, bureaucracy and operational issues, particularly in the human resources area as well as the large scale of the programmes initiated.

Generally UNICEF, in collaboration with governments and other agencies, was able to meet the needs of the majority of children in the affected population groups, particularly where it had good pre-existing relationships with governmental and non-governmental agencies and a network of established field offices. The report notes that UNICEF, in common with other humanitarian agencies, should have paid more attention to internally displaced persons (IDPs) and host families in Indonesia on the east coast of Aceh and IDPs and host families in general.

The efficiency of UNICEF’s responses was mixed. For example, UNICEF was rapidly able to supply a large range of materials to meet needs. Less efficiently, in the Maldives perhaps a third of the 4,000 rain water harvesting tanks distributed by UNICEF were not installed during the critical rainy season because UNICEF had not tied down the details with its partners of who would provide fixings and do the installation work.

Affected populations were generally appreciative of the immediate assistance provided, such as family kits, school supplies and psycho-social support for children. Concerns were expressed about lack of information and consultation, longer term futures and livelihoods and some protection issues in temporary camps. An independent survey of children’s views about their lives after the tsunami disaster found appreci ation for the assistance that had been received, with educational assistance ranking highly, along with clothing and food and water. Not withstanding that optimistic response, most children felt that further help was needed, with educational support still ranking high along with money and shelter.
EXECUTIVE SUMMARY

The report finds that UNICEF did not clearly prioritise or focus on gender issues in the response. Specific assessments of gender related vulnerabilities were lacking. For example, in Indonesia more effort should have gone into assisting single parent households and increasing consultation with women.

It seems clear that the tsunami response work will have important impacts on UNICEF’s longer term work in the tsunami-affected countries, including developing work in new geographical areas, focusing on hitherto marginalised groups and creating a context for further developing work in sensitive areas, such as child abuse and child trafficking.

5. PROGRAMME ISSUES

UNICEF, in common with other humanitarian agencies, had not prepared for a multi-country event on the scale of the 26 December 2004 tsunami disaster. The most important preparedness factors for UNICEF were the availability of staff experienced in humanitarian response, on-the-ground presence and partnerships and rapidly available in-country relief stocks. The UNICEF emergency preparedness response plans (EPRPs) in the affected countries varied in terms of updating, usefulness and relevance and apparently made a limited contribution to the responses in Indonesia, the Maldives and Sri Lanka.

Generally, UNICEF was able to respond well using its pre-existing partnerships with governments. These relationships proved less effective at local level in areas such as Aceh where local government capacity was severely weakened and overwhelmed and UNICEF’s presence before the disaster was limited. The partnerships with local NGOs worked best where there were pre-existing relationships and were less successful where UNICEF worked with smaller and newer NGOs after the emergency, essentially as contractors. International NGOs were well funded and were wary of the bureaucracy and complications of funding relationships with UNICEF. However, UNICEF worked effectively with international NGOs at strategic coordination and planning levels.

UNICEF was the lead agency for three substantial sectors of emergency response within the UN system - water and sanitation, child protection and education. Broadly, leadership and coordination were most successful in child protection, variable in education and less successful in WES. The report notes that UNICEF needs to develop its understanding of the essential elements of this leadership role and resource them appropriately. Coordination responsibilities should be funded and adequately staffed.

UNICEF’s planning processes in the early phase of emergencies lacked definition. There often appeared to be an absence of a Plan of Action to follow on from the broad brush and preliminary objectives in the UN Flash Appeal. UNICEF’s Core Commitments for Children in Emergencies (CCCs) stipulate developing a Plan of Action as one of the Country Office responsibilities. Such a process and document would provide early objectives and indicators to give direction and structure to the emergency response.

UNICEF’s monitoring tended to focus on deliveries with less emphasis on ensuring outcomes were achieved. Where programmes did not achieve targets in the tsunami response, it was often the result of issues that could have been resolved with appropriate and timely action. For this to happen, managers must be able to systematically review progress towards goals. Improving monitoring will potentially have a large impact on UNICEF’s ability to achieve outcomes.

The provision of emergency relief items to those in need was on the whole timely and UNICEF’s supply operation contributed to this timeliness. The scale of the supply operation was impressive, both in its complexity and its diversity. However, UNICEF’s limited emergency logistics capacity was overstretched. None of the regional offices had standing logistics capacity. Of the three countries studied in depth, only Indonesia had a pre-existing logistics officer.
6. OPERATIONS AND MANAGEMENT

UNICEF’s tsunami response was marked by strong and decisive leadership from its New York headquarters. The management of the response in the worst affected countries varied according to the context and country office capacity. In most of the affected countries, UNICEF’s in-country staff led the initial responses. UNICEF’s national staff were often in the front line of the response, even when they, their families and communities had been affected. UNICEF was rapidly able to deploy an impressive number of staff from all parts of the organisation and outside into the affected region to meet the unique human resource challenge presented by the disaster.

However, after the first days and weeks of the response, UNICEF’s difficulty in sourcing and placing staff on time and keeping them in place for an appropriate length of time had a direct impact in some cases on UNICEF’s ability to implement programmes. The challenge for UNICEF must be how to fill the ‘transition gap’ between initial emergency deployment and permanent positions being identified and filled. There was also a tendency to under-grade key posts, given the scale of UNICEF’s recovery and rehabilitation work.

On the basis of secondary information and interviews, the evaluation team was not aware of any evidence of major fraud during UNICEF’s tsunami disaster response. However, UNICEF’s financial and administrative systems and their use have had a significant impact on project delivery and on relationships with government and NGO partners. One of the recurring themes across all of the country case studies carried out for this evaluation was the amount of field staff time spent on administrative and financial procedures and the effect that procedures appeared to have on slowing down projects. UNICEF’s financial and administration systems have not been adapted for humanitarian response situations.

7. OVERALL CONCLUSIONS

UNICEF played an important and meaningful role in all the countries where it responded, particularly when it drew on its pre-existing relationships with governments and other partners. It made important contributions to ensuring that there were no serious communicable disease outbreaks, that children got back to school relatively quickly, that separated and unaccompanied children were registered promptly and measures to protect children and safeguard their psychological well-being were carried out rapidly.

UNICEF was influential in setting the agenda for children from the beginning of the post-disaster response period. In WES, UNICEF provided drinking water to temporary settlements and sought sustainable solutions to water provision. However, it was unable fully to fulfil its lead role obligations to coordinate the WES sector. Both the programme and coordination areas of UNICEF’s WES response need substantial strengthening.

UNICEF’s investment over recent years in humanitarian response capacity building, supported by DFID and ECHO, has shown some results, particularly in areas such as HQ capacity for monitoring and response, IT and security management. However, this evaluation also shows, as have a number of other evaluations before, that there is much work still to do and some important issues need to be tackled strategically and energetically:

- UNICEF’s standing response and surge capacity must be further geared up at all levels (country, region and HQ) if it is to fulfil its humanitarian leadership responsibilities as designated by the IASC.
- Overall UNICEF must shift from a focus on process, delivery and outputs to an emphasis on results and impact.
EXECUTIVE SUMMARY

- UNICEF must find a way of re-balancing its tendency to risk aversion created by staff fear’s over poor audit results with the need for humanitarian response results.
- UNICEF must review its finance, administration, operational and programme rules and develop streamlined procedures and systems for use in humanitarian responses that continue to safeguard UNICEF’s resources and reputation.
- UNICEF must work to overcome the human resources “transition gap” that occurs when the initial wave of staff deployments ends, before longer-term staffing is established.
- Response and coordination capacity in WES must be substantially strengthened.
- Within the context of the development of Good Humanitarian Donorship, UNICEF requires stable and predictable donor funding for its global humanitarian role.

There appears to be an increasing potential for multi-country, regional and even global humanitarian disasters to take place, bearing in mind growing global environmental stress and the potential for epidemics, such as the threatened avian influenza pandemic. No UNICEF country office should assume that it is working in a disaster-free environment.

Although it is too early for this evaluation to assess the impact of UNICEF’s recovery work, given the alignment between the CCCs and the MDGs, it seems very likely that its recovery programmes can make significant contributions towards achieving the MDGs, particularly for education.

8. RECOMMENDATIONS

The recommendations that follow are focused on organisation-wide issues. Recommendations relating to specific country programmes can be found in the respective country reports. The recommendations will need to be internally validated by UNICEF and aligned with other frameworks including the MTSP 2006 – 2009, organisational reviews that are taking place and, in the wider context, reforms to the UN humanitarian architecture.

Most of the key recommendations in this evaluation require close cross-departmental work. In accountability terms, it will be important that UNICEF’s senior management at the Executive and Deputy Executive Director level have oversight of the implementation of recommendations.

OVER-ARCHING RECOMMENDATION

Many of the recommendations in this report fit with those from earlier evaluations and reviews of UNICEF’s humanitarian responses. The findings and recommendations of this and other relevant evaluations on emergency preparedness and response should be reviewed together to produce a comprehensive management action plan (MAP) with clearly designated accountabilities, in order further to improve UNICEF’s humanitarian performance.

Because of the inter-departmental and cross-organisational nature of the proposed MAP, this process and the implementation of the action plan should be overseen by UNICEF’s Executive Director, or one of her deputies.
1 **Focusing on results**: Ensure that programmes are managed to achieve outcomes rather than simply the delivery of inputs and activities.

1.1 Review and streamline financial and administrative rules and guidelines in order to improve the speed, efficiency and effectiveness of UNICEF's humanitarian responses. Procedures created at County Office level as a result of rules, guidelines and audits should not hinder programme delivery and should contain fast track clauses for emergencies.

1.2 Produce a consolidated easy to use guide to field procedures in emergencies, including Standard Operating Procedures.

1.3 Develop training programmes for staff in support of the above work.

1.4 Increase support to partners for programme delivery beyond inputs (options to include staff secondment, financial support for salaries, training etc).

1.5 Continue to develop simple monitoring formats and templates for use with partners.

1.6 Increase the use of strategic reviews and real time evaluation early in programmes.

1.7 Promote after action reviews and simple system for capturing and disseminating good practice and key lessons.

1.8 In audits, risks and impact associated with delayed humanitarian programme implementation should be assessed alongside financial risks.

2 **Human resources**: Further expand emergency surge capacity and develop ways to overcome the ‘transition gap’ between first wave emergency and longer-term recovery.

2.1 Expand the EMOPS Emergency Response Team (ERT) to include more emergency managers and operations staff.

2.2 Ensure that Programme Department and Regional Offices have sufficient technical and operational staff to support rapid humanitarian responses.

2.3 Ensure that experienced logistics staff are rapidly available at regional level and on rosters in order to improve UNICEF's emergency logistics capacity.

2.4 Develop regional and country ERTs.

2.5 Further develop and systematise country, regional and global human resource rosters to ensure consistent deployment of staff on mission.

2.6 Strengthen global trigger mechanisms for longer release periods of staff on mission, strengthening CO compliance.

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4 The version of this table on page 46 gives proposed departmental responsibilities for the recommendations.
EXECUTIVE SUMMARY

KEY RECOMMENDATIONS

2.7 Develop contingency plans in COs for stand-in capacity to backstop when staff are seconded away on emergency assignments.

2.8 Look at more flexible ways in which contracting arrangements can be used for emergency response, if necessary lobbying with other humanitarian agencies within the United Nations for changes to the regulations.

2.9 Find ways in which incentives can be improved for staff taking part in humanitarian responses.

2.10 Increase number of senior field staff (Country and Deputy Country Representatives, etc) with humanitarian training and experience.

2.11 Ensure that Programme Budget Reviews (PBRs) to establish staffing plans for recovery work are held in a timely fashion and posts are graded at levels appropriate to their levels of responsibility. (Ensure that PBRs have as a standing item a check on whether the number of posts created is sufficient for the job, using rough financial volume as one part of this guide.)

3 Operations support: Ensure robust operations support can be deployed at the onset of an emergency.

3.1 Engage a senior operations officer on the ERT for deployment to ensure that adequate operational support is rapidly available to support the response.

3.2 Incorporate cadre of senior operations staff into rosters and train for emergencies.

3.3 Produce a simple, comprehensive guide for emergency operations procedures that brings key information into one place.

3.4 Develop an “office in a box”$^5$ that can function within 48 hours in areas where there has been significant destruction, including office and living accommodation, IT, telecommunications and other equipment.


4.1 Develop Standard Operating Procedures to ensure staff understand organisational policy and procedure quickly and maximise support from the wider organisation.

4.2 EPRPs must contain an up-to-date staff mobilisation plan.

4.3 EPRPs must focus on practical measures to enable rapid response.

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$^5$ Office in a box is a rapidly deployable emergency office that contains basic equipment and facilities quickly required by emergency staff located in remote areas during a natural disaster response. It would include: tents; sleeping cots; bedding; tables and chairs; filing cabinets; office supplies; satellite phones; electric power generation and distribution equipment; computers; first aid kits; 4WD vehicles; and provisions for adequate security.
## KEY RECOMMENDATIONS

4.4 EPRPs in COs, ROs and HQ must be kept updated and backed-up with associated training and clear accountabilities.

4.5 Ensure previously low priority COs have up-to-date EPRPs and continue to support early warning efforts such as those underway in the Geneva office.

5 **Assessment: Deploy rapid assessment teams with standardised tools and methods.**

5.1 Continue to standardise assessment methods for each sector/area and ensure that training support is provided.

5.2 Develop rapid regional assessment capacity using sector specialists.

6 **Planning: Standardise the use of a ‘Plan of Action’ as per the CCCs.**

6.1 Develop format for Plan of Action.

6.2 Test Plan of Action format in next emergency response.

7 **Beneficiary Participation: Increase affected communities’ involvement in setting priorities, design of programmes and monitoring of implementation.**

7.1 Develop a system for rapidly providing affected communities with information about UNICEF’s activities, intentions and available resources with regular updates.

7.2 Develop methodologies to increase affected communities’ involvement in setting priorities, design of programmes and monitoring of implementation.

7.3 Field trial methodologies.

7.4 Increase of beneficiary studies as per Sri Lanka and others in future emergency response.

7.5 Guidance to COs and partners on minimum requirements for beneficiary involvement.

8 **WES: Urgently increase capacity and resources within UNICEF for emergency operations and coordination.**

8.1 Increase longer-term WES programmes globally, including funding for this work.
KEY RECOMMENDATIONS

8.2 Develop global WES emergency response capacity.

8.3 Develop coordination strategy with associated resource plan for emergency response.

8.4 Develop cadre of emergency policy/leadership staff in the WES sector.

8.5 In emergency responses, ensure early standard setting and policy work takes place as part of UNICEF’s cluster leadership in WES.

9 Child protection: Increase rapidly deployable technical capacity for child protection.

9.1 Develop rosters of child protection experts and possible intern scheme.

9.2 Advocate for the allocation and development of spaces for play in the initial stages of the emergency and particularly as temporary settlements are planned.

9.3 Consider approaches to ensuring issues of adolescent boys and girls are properly considered.

10 Education: Reinforce technical capacity for oversight of construction programme and develop capacity to provide semi-permanent school kits.

10.1 Urgently engage more engineers and/or private engineering company to act as UNICEF’s agent in the school construction programme.

10.2 Consider developing a ‘semi-permanent school’ kit that can be deployed from Copenhagen instead of tents.

10.3 Conduct a mid-term review of the school reconstruction programme and a full evaluation at the end of the programme.
KEY RECOMMENDATIONS

11 Health and nutrition: Further strengthen UNICEF’s leadership role working with partners in nutrition and vaccination.

11.1 In leading measles vaccination campaigns UNICEF should place more emphasis on planning and coordination among partners, training of health care workers, and socialization of the population.

11.2 UNICEF should consider designating in-house technical officers for emergency response.

11.3 UNICEF should also develop and distribute technical guidelines on emergency measles vaccination campaigns and cold chain specifications for partners.

11.4 UNICEF must find ways to encourage partner agencies (such as WFP and large NGOs) to accept and act upon its health and nutrition survey findings.

11.5 Contingency plans should be developed so that when nutritional supplementation and/or therapeutic feeding are indicated, UNICEF can prioritise these activities and ensure appropriate staffing and support.

12 Recovery & Rehabilitation: Develop a recovery and rehabilitation policy for UNICEF, including expertise requirements for large scale construction, realistic timeframes and temporary provision.

12.1 Conduct a review of all tsunami evaluations and lessons learned and synthesise key elements.

12.2 Develop partnerships so that large scale construction expertise can be brought in rapidly.

12.3 Develop strategies for temporary/interim school construction measures.

13 Coordination & Leadership: Develop strategy on delivery of coordination responsibilities and allocate resources to implement this strategy within the context of IASC deliberations.

13.1 Produce statement of intent in each sector that defines UNICEF’s role and responsibility as sector leader.

13.2 Develop action plan to resource coordination responsibilities in crisis to include data capture and analysis, Global Information Systems and other informational management technologies.

14 Accountabilities: Ensure that accountabilities for all aspects of UNICEF’s humanitarian response activities are clearly defined.

14.1 Include accountabilities in updated CCCs and all guidance material on humanitarian response.
## EXECUTIVE SUMMARY

### KEY RECOMMENDATIONS

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<td>Update the CCCs incorporating recommendations from this and other evaluations, including key humanitarian principles.</td>
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<td>Review lessons on assistance to IDPs in host families and to host families (probably joint with other agencies).</td>
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<td>Look at ways in which UNICEF can improve the involvement and participation of affected people in the programme it supports.</td>
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EVALUATION DES INTERVENTIONS DE L’UNICEF FACE AU TSUNAMI (PHASE D’URGENCE ET PHASE INITIALE DE RELEVEMENT)

RESUME EXECUTIF

1. INTRODUCTION
Le désastre causé par le tsunami de l’Océan indien qui frappa le 26 décembre 2004 a emporté environ 227,000 personnes dont plus d’un tiers étaient des enfants, déplacé 1,777,000 personnes et causé 10 milliards de dollars de dégâts.


Les objectifs de cette évaluation indépendante sont les suivants:

- Prendre note de toutes les contraintes et lacunes relatives à ces interventions.
- Souligner les implications éventuelles pour la définition des politiques à venir.

Le cadre principal de l’évaluation a été basé sur les Principaux engagements (de l’UNICEF) pour les enfants dans les situations d’urgence.

2. ENSEMBLE DE L’AIDE HUMANITAIRE FOURNIE
Le tsunami a mis l’UNICEF devant une situation humanitaire sans précédent. De même que pour les autres agences, l’UNICEF se devait de réagir à des désastres survenus simultanément et soudainement dans huit pays repartis dans 3 régions géographiques. Le désastre frappa pendant les fêtes de Noël à une période où un grand nombre de fonctionnaires était en vacances. Dans l’intervalle de quelques jours, l’UNICEF devait également gérer des sollicitations de la part des médias ainsi qu’un afflux de fonds sans précédent.

L’UNICEF se montra à la hauteur de cette situation humanitaire et son intervention s’est caractérisée par un bon nombre d’aspects positifs et dignes d’admiration. Aussi bien dans les pays touchés que dans les bureaux régionaux, au siège à New York et dans les bureaux de pays qui ont détaché des fonctionnaires, le personnel a réagi avec un engagement et un professionnalisme extraordinaires. Plus de 150 fonctionnaires ont été recrutés ou redéployés au cours des huit premières semaines de l’intervention de l’UNICEF et un total cumulatif de plus de 340 au cours des six premiers mois.


Le tableau ci-dessous donne une idée d’ensemble de l’ampleur des interventions de l’UNICEF au cours de 2005, dans les trois pays considérés.²

¹ Source: Fiche d’information sur les bénéficiaires, datée du 4 Avril 2006, préparée par l’Unité d’appui au tsunami. Ces chiffres estimatifs ne peuvent pas être vérifiés indépendamment et doivent être considérés comme approchant la limite supérieure.
² Ces informations n’ont pas été vérifiées. Pour une vue d’ensemble de l’aide fournie en Inde, au Myanmar et en Somalie, se référer à l’Annexe 9.
### Aceh, Indonésie
- Coordination d’une campagne de vaccination contre la rougeole pour 1,1 million d’enfants.
- Distribution de 300.000 moustiquaires, 490.000 cachets de vitamine A, 2,7 millions de cachets de fer, neuf ambulances, 15 trousse d’urgences médicales pour couvrir 150.000 personnes et 224.325 trousse contenant du matériel d’hygiène.
- Distribution de 6.953 “écoles dans une boîte”\(^2\), 1.000 tentes pour des salles de classe temporaires, des fournitures scolaires pour 830.000 enfants.
- Installation de 21 centres pour enfants.
- Réhabilitation ou construction de 256 points d’eau permanents et 13 unités de traitement de l’eau et maintenance de neuf camions citernes à eau.

### Sri Lanka
- Distribution de 66.000 trousse familiales.
- Installation de 97 écoles temporaires (et nettoyage et réparation de 170) distribution de 48.000 tables, 52.000 chaises et tissu pour 227,000 uniformes d’écoliers.
- Maintenance de 30 camions citernes à eau, construction de plus de 2.900 latrines et restauration de 6.200 points d’eau.
- Distribution de 1.6 millions de cachets de vitamine A, des trousse médicales équipement de chaîne de froid (196 boîtes à vaccins).
- Activités substantielles en matière de protection de l’enfant et d’appui psychosocial.

### Maldives
- Distribution de 8.200 trousse familiales.
- Distribution de 4.600 de camions citernes pour recueillir l’eau de pluie et 23 systèmes de purification d’eau par osmose inverse.
- Distribution d’aliments pour nourrir 1.700 enfants pendant six mois. Appui à la construction de 39 classes temporaires, distribution de fournitures scolaires pour 32.000 enfants.
- Fourniture d’équipement de chaîne de froid au Ministère de la santé, formation de 300 enseignants travailleurs communautaires en matière de premier secours psychosocial.


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#### 3. LES ENGAGEMENTS DU PROGRAMME

Dans une très grande mesure, l’UNICEF a respecté les Principaux engagements pour les enfants dans les situations d’urgence, bien que, comme on pouvait s’y attendre dans tout désastre de cette ampleur, il y eu aussi des faiblesses et des domaines où la performance aurait besoin d’être améliorée dans l’avenir.

Les trois quarts des dépenses de l’UNICEF pour le tsunami ont été affectés à l’éducation, à la santé, à l’eau et à l’assainissement de l’environnement.

Dans le domaine de l’éducation, l’UNICEF a joué un rôle important en aidant le gouvernement à rouvrir les écoles et à ramener les enfants dans leur salle de classe. De grosses quantités de fournitures scolaires et pédagogiques ont joué un rôle important dans

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\(^2\) Des fournitures et du matériel scolaires répondant aux besoins de 80 élèves maximum (en deux classes de 40 élèves, par roulement), plus du matériel à l’intention d’un enseignant, sont livrés dans une boîte fermée à clé et qui peut servir de tableau lorsqu’on l’enduit d’une peinture spéciale qui se trouve dans la boîte. Les enseignants peuvent utiliser des programmes et manuels élaborés sur place pour organiser des classes de fortune pratiquement n’importe où, assurant ainsi le respect du droit des enfants à l’éducation quelle que soit l’instabilité de la situation dans laquelle ils vivent. Source: Intranet de l’UNICEF. Note de la rédaction.
cette initiative. Dans la phase de relèvement, la plus grande partie du programme éducation de l’UNICEF est la construction d’écoles permanentes qui donnent une occasion d’inclure et de promouvoir “concepts espaces amis des enfants”. Quand aux autres aspects de la reconstruction, les calendriers initialement conçus n’étaient pas réalistes. Le manque d’expertise et de directives dans le secteur de la reconstruction des écoles est un sujet de préoccupation, dans la mesure où ce programme est pour l’UNICEF le programme le plus important de la période post tsunami.

L’UNICEF a contribué à maintenir les taux de mortalité à un niveau assez bas après le désastre, en collaborant avec les ministères de la santé dans les pays touchés, le Mouvement international de la Croix Rouge et du Croissant Rouge, les agences des Nations Unies et les ONG. Il y eut une réduction importante dans la morbidité – par exemple, les taux de maladies diarrhéiques et les infections respiratoires aigues qui, au début, étaient élevées ont considérablement diminué sur une période six mois. Immédiatement après que le tsunami ait frappé, l’UNICEF fit une contribution importante en initiant et en appuyant des enquêtes nutritionnelles. Cependant, il n’y eut pas d’actions concertées de suivi par rapport à ces enquêtes par les intervenants principaux, y compris l’UNICEF.

Les interventions de l’UNICEF dans les domaines de l’eau et de l’assainissement ont été efficaces dans la plupart des cas et ont contribué substantiellement au bien-être des populations touchées par le tsunami. Cependant, l’UNICEF a été affaibli dans ses interventions dans ce domaine par le manque de capacité organisationnelle en la matière, d’absence d’un important programme en cours d’exécution dans les trois régions examinées par cette évaluation et d’absence d’experts en eau et assainissement au niveau des bureaux régionaux. L’UNICEF ne pouvait donc pas remplir entièrement ses engagements de programmation et de coordination à cause d’un manque de capacités et de la nature temporaire de son personnel. Aucun bilan d’ensemble pour l’eau et l’assainissement n’a été effectué ; une coordination et une collaboration plus soutenues auraient été souhaitables de la part des agences qui parrainent les abris, pour les activités d’approvisionnement en eau et d’installation de facilités d’assainissement dans les sites d’accommodation temporaire.


4. PERFORMANCE CONFORMEMENT AUX CRITERES OCDE / CAD


Les interventions de l’UNICEF dans les domaines de la santé, nutrition et protection de l’enfant ont été généralement efficaces. Par exemple, à Aceh, la distribution des moustiquaires a eu pour résultat une réduction appréciable de la prévalence du paludisme. L’approvisionnement en eau, et l’assainissement environnemental a été faible, un problème particulièrement grave, étant donné que l’UNICEF est le chef de file dans ce domaine.

Les activités de l’UNICEF pendant les deux premières à six semaines ont été généralement promptes bien que les interventions en Indonésie aient été
ralenties par des contraintes internes et externes. Après six semaines, les interventions de l’UNICEF se sont considérablement ralenties, ceci est dû à la complexité des procédures opérationnelles et à la lourdeur de la bureaucratie, particulièrement dans le domaine des ressources humaines et aussi à cause de l’ampleur des programmes initiés.

Généralement, l’UNICEF, en collaboration avec le gouvernement et les autres agences, a été capable de répondre aux besoins de la majorité des enfants parmi les groupes de population affectés, particulièrement dans les cas où l’UNICEF avait de bonnes relations avec le gouvernement et les ONG avant le tsunami et où l’UNICEF avait un réseau de bureaux de terrains établis. Le rapport a noté que l’UNICEF et les autres agences humanitaires auraient dû prêter davantage attention aux personnes déplacées à cause des conflits et aux familles d’accueil, surtout en Indonésie sur la côte orientale de Aceh.

L’efficacité des interventions de l’UNICEF a été inégale. Par exemple, l’UNICEF a été très vite en mesure de fournir une grande variété de matériel pour faire face aux besoins. De manière moins efficace, dans les Maldives, peut-être un tiers des quatre mille citernes de captage des eaux de pluie distribuées par l’UNICEF n’ont pas été installées pendant la saison critique des pluies parce que l’UNICEF n’avait pas coordonné avec ses partenaires à qui revenait la responsabilité d’installer et maintenir les citernes.

Les populations touchées ont généralement apprécié l’aide immédiate fournie telle que les trousses familiales, les fournitures scolaires ainsi que l’appui psychosocial à l’égard des enfants. Des préoccupations ont été exprimées à propos du manque d’informations et de consultations au sujet de l’avenir et des moyens de subsistance à long terme ainsi que certains problèmes de protection dans les camps temporaires. Un étude indépendante sur les points de vue des enfants à propos de la vie qu’ils mènent à la suite du désastre du tsunami indique une appréciation particulière pour l’assistance qu’ils ont reçu pour l’éducation, qu’ils placent très haut dans leurs priorités, de même que pour les vêtements, la nourriture et l’eau. En dépit de cette réponse optimiste, la plupart des enfants ont senti qu’une aide complémentaire était nécessaire, notant en particulier l’appui à l’éducation apparaissant toujours en priorité, suivi des moyens monétaires et des abris.

Le rapport indique que l’UNICEF ne s’est pas clairement focalisé sur les questions de genre comme priorité dans ses interventions. Des bilans spécifiques sur les vulnérabilités relatives au genre ont manqué. Par exemple, en Indonésie, davantage d’efforts auraient dû être consacrés à venir en aide aux toyers monoparentaux et en augmentant les consultations avec les femmes.

Il apparaît clairement que les interventions face au tsunami auront des résultats importants sur le travail à long terme de l’UNICEF dans les pays touchés par le tsunami, y compris le travail de développement dans de nouvelles zones géographiques se focalisant jusqu’ici sur les groupes marginalisés et créant un contexte pour un développement continu dans les domaines sensibles tels que la violence contre les enfants et le trafic des enfants.

5. LES QUESTIONS LIEES A LA PROGRAMMATION


Généralement, l’UNICEF a été capable de bien réagir en utilisant son partenariat déjà établi avec les
gouvernements dans chaque pays. Ses relations se sont avérées moins efficaces au niveau local dans les zones telles que Aceh où la capacité du gouvernement local était gravement affaiblie et dépassée, et la présence de l’UNICEF avant le désastre était limitée. Le partenariat avec les ONG locales a le mieux fonctionné là où il y avait déjà des relations avant le tsunami et a moins bien fonctionné dans les endroits où l’UNICEF a travaillé avec des ONG plus petites et plus récentes après le tsunami, essentiellement comme contractuel, où les ONG internationales étaient bien financées et se méfiaient de la bureaucratie et des complications que pouvaient entraîner un financement de l’UNICEF. Cependant, l’UNICEF a travaillé de manière efficace avec les ONG internationales en matière de coordination et de planification.


La livraison des articles de première nécessité à ceux qui en ont besoin a été prompte dans l’ensemble et cela est dû au bon fonctionnement des opérations d’approvisionnement de l’UNICEF. L’ampleur de l’opération des approvisionnements a été impressionnante à la fois dans sa complexité et dans sa diversité. Cependant, la capacité logistique d’urgence de l’UNICEF, au départ limitée, s’est retrouvée surchargée. En effet, aucun des bureaux régionaux ne possédait de capacité fonctionnelle. Des trois pays étudiés à fond, seule l’Indonésie avait un fonctionnaire chargé du soutien logistique, avant le tsunami.

6. OPERATIONS ET GESTION

et de l’extérieur vers les régions touchées en vue de surmonter le défi unique en termes de ressources humaines, auquel l’UNICEF était confronté.

Après les premiers jours et semaines d’efforts, les difficultés de l’UNICEF à identifier et à placer un personnel rapidement et à le garder en place pendant une période adéquate eut dans certains cas, un impact direct sur la capacité de l’UNICEF à exécuter les activités du programme. Le problème pour l’UNICEF était d’assurer qu’il y ait du personnel en place entre le moment où les fonctionnaires temporaires déployés pour la période initiale d’urgence s’en vont et celui où les fonctionnaires identifiés et placés sur des postes plus permanents, arrivent. Il y a eu aussi une tendance à sous classer des postes importants étant donnée l’ampleur du travail de relèvement et de réhabilitation de l’UNICEF.

Sur la base d’informations secondaires et d’entretiens, l’équipe d’évaluation n’a pas noté de preuves de fraudes flagrantes dans le cadre des interventions de l’UNICEF face au tsunami. Cependant, les systèmes financiers et administratifs de l’UNICEF et leur utilisation ont eu des résultats importants sur la réalisation des projets et sur les relations avec le gouvernement et les ONG partenaires. L’un des thèmes récurrent à travers toutes les études de cas réalisées pour cette évaluation, reflète le fait que le temps consacré par le personnel de chaque pays aux procédures administratives et financières s’est traduit par le ralentissement des projets. Les systèmes financiers et administratifs de l’UNICEF n’ont pas été adaptés pour les interventions humanitaires dans les situations d’urgence.

7. CONCLUSIONS GENERALES

L’UNICEF a joué un rôle important et significatif dans tous les pays où il est intervenu particulièrement quand il a eu à se baser sur des relations avec le gouvernement et d’autres partenaires qu’il avait établi avant le tsunami. Il a fait d’importantes contributions pour assurer qu’il n’y eu pas d’épidémies de maladies contagieuses, que les enfants retournent à l’école relativement vite, que les enfants séparés et non-accompagnés soient recensés promptement, et que des mesures de protection et de sauvegarde du bien-être psychologique de l’enfant soient mises en place rapidement.


L’investissement de l’UNICEF au cours des dernières années dans le renforcement de certaines capacités en matière d’aide humanitaires appuyées par le Ministère britannique pour le développement international (DFID) et l’Office humanitaire de la Communauté européenne (OHCE) a produit quelques résultats, particulièrement en ce qui concerne la capacité du siège d’assurer un suivi et de réagir, la technologie de l’information et la gestion de la sécurité. Cependant, cette évaluation indique également, à l’instar d’autres évaluations, que beaucoup reste à faire et que certains problèmes importants ont besoin d’être abordés, de manière stratégique et avec force. C’est ainsi que:

■ La capacité de l’UNICEF à réagir doit être augmentée à tous les niveaux (pays, région et siège) si l’on veut que l’UNICEF puisse assumer ses responsabilités de ‘leadership’ humanitaire pour lesquelles il a été désigné par le Groupe de travail du Comité permanent inter organisations des Nations Unies (IASC).

■ En général, l’UNICEF doit passer d’une concentration sur les processus, prestations de services et rendements, à un accent sur les résultats et l’impact.
L’UNICEF doit trouver un moyen de rééquilibrer sa tendance de risquer une aversion causée par les craintes d’un bilan d’audit négatif de la part du personnel, avec le besoin d’obtenir des résultats dans la mise en œuvre d’interventions humanitaires.

L’UNICEF doit réviser son règlement gouvernant les finances, l’administration, les opérations et les programmes et développer des systèmes cohérents et des procédures à utiliser pour les actions humanitaires et qui doivent continuer à protéger les ressources et la réputation de l’UNICEF.

L’UNICEF doit s’efforcer de surmonter le vide transitionnel en matière de ressources humaines qui apparaît quand la première vague de déploiement de personnel s’arrête et avant que le personnel à long terme ne soit mis en place.

La capacité d’intervenir et de coordonner dans le domaine de l’eau/assainissement/environnement doit être substantiellement renforcée.

Dans le contexte du développement de l’initiative sur les Pratiques à recommander aux donateurs de l’action humanitaire, l’UNICEF requiere une base de contributions stables et prévisibles de sorte à assumer son rôle humanitaire au niveau global.

Au moment où le potentiel pour les désastres multi pays, régionaux et même globaux semble augmenter dû à l’accroissement progressif du stress sur l’environnement, aucun bureau de l’UNICEF ne devrait se sentir à l’abri de désastres.

Bien qu’il soit trop prématûré pour cette évaluation de quantifier l’impact du travail de relance de l’UNICEF, vu l’alignement des Principaux engagements (de l’UNICEF) pour les enfants dans les situations d’urgence et les Objectifs du Millénaire pour le développement (adoptés par le système des Nations Unies), il paraît très probable que les programmes de relance dont il est question ici, puissent contribuer de façon significative au succès des objectifs du millénaire, en particulier dans le domaine de l’éducation.

8. RECOMMENDATIONS


Bon nombre des recommandations essentielles figurant dans cette évaluation exigent un travail d’étroite collaboration inter départementale. En termes de responsabilités, il serait important que l’équipe des gestionnaires de l’UNICEF, au niveau de Directrice Générale et de ses adjoints puissent superviser la réalisation de ces recommandations.

RECOMMANDATION GLOBALE

Un grand nombre de recommandations dans ce rapport vont dans le sens des recommandations contenues dans des évaluations et des revues précédentes effectuées sur les interventions humanitaires de l’UNICEF. Les conclusions et les recommandations de l’évaluation en objet et celles des précédentes relatives à la Préparation aux situations d’urgence et à l’organisation des secours devront être revues conjointement pour produire un Plan global de gestion de l’action humanitaire où les responsabilités sont clairement définies, dans le but d’améliorer davantage la performance de l’UNICEF en matière d’aide humanitaire.

A cause de la nature interdépartementale et transversale du plan d’action proposé, le processus de préparation et la mise en œuvre du plan d’action devront être supervisés par la Directrice générale de l’UNICEF ou par l’un des directeurs généraux adjoints. responsabilités sont clairement définies, dans le but d’améliorer davantage la performance de l’UNICEF en matière d’aide humanitaire.
RECOMMENDATIONS ESSENTIELLES

1 Concentration sur les résultats: s’assurer que les programmes soient gérés de manière à atteindre les résultats plutôt que de simplement suivre la livraison des équipements et la prestation des services.

1.1 Réviser et rationaliser les règlements financiers et administratifs et les lignes directrices de sorte à améliorer la rapidité, l’efficacité et l’efficacité des interventions humanitaires de l’UNICEF. Les procédures créées au niveau des bureaux de pays et résultant des règles, lignes directrices, et audits ne doivent pas poser de contraintes à la marche du programme et devront contenir des clauses accélératrices pour les urgences.

1.2 Produire un guide détaillant les procédures de terrain, dans les situations d’urgence, facile d’usage, y compris les procédures opérationnelles permanentes (POPs).

1.3 Développer des programmes de formation à l’intention du personnel en vue d’appliquer les activités énoncées ci-dessus.

1.4 Augmenter l’appui aux partenaires pour la mise en œuvre du programme allant au delà des intrants (des options pourraient inclure l’affectation provisoire de personnel, subventionnement de salaires, formation, etc.).

1.5 Continuer à développer des formats et matrices simples de suivi à l’usage des partenaires.

1.6 Augmenter l’usage des revues stratégiques et des évaluations en temps réel, dès le début de la mise en œuvre des programmes.

1.7 Promouvoir les revues après action et des systèmes simples pour collecter et disséminer les bonnes pratiques et leçons clés.

1.8 Dans le domaine des audits, les risques et l’impact lié aux délais dans la mise en œuvre des programmes humanitaires doivent être évalués en même temps que les risques.

2 Ressources humaines: Elargir la capacité de répondre aux situations d’urgence et développer des moyens de surmonter la période de transition entre la première vague de personnel d’urgence et le personnel plus permanent de la phase de relèvement.

2.1 Elargir l’équipe chargée des interventions d’urgence de la Section des opérations d’urgence au siège pour augmenter le nombre des gestionnaires de situation d’urgence et de gestionnaires des opérations.

2.2 Assurer que la Division des programmes et les bureaux régionaux possèdent suffisamment de personnel technique et opérationnel pour appuyer de rapides interventions humanitaires d’urgence.

* La version de cette table sur la page 46 indique les propositions de mise en œuvre des recommandations par les départements.
RECOMMENDATIONS ESSENTIELLES

2.3 Assurer que du personnel ayant de l’expérience en logistique soit disponible au niveau régional et figure sur les “rosters” (listes de candidats potentiels) de sorte à améliorer la capacité logistique de l’UNICEF dans les opérations d’urgence.

2.4 Etablir des équipes d’interventions d’urgence au niveau régional et au niveau des pays.

2.5 Continuer à développer et à systématiser les rosters au niveau régional et global pour assurer un déploiement cohérent de personnel en mission.

2.6 Renforcer les mécanismes de déclenchement au niveau global pour permettre des périodes de détachement plus longues du personnel et favoriser la conformité des bureaux de pays.

2.7 Développer les plans de contingence dans les bureaux de pays pour préparer le personnel à remplacer les fonctionnaires qui sont secondés aux missions d’urgence.

2.8 Considérer des manières plus flexibles par les quelles les arrangements contractuels peuvent être utilisés pour des interventions d’urgence, si nécessaire, approcher les autres agences humanitaires au sein du système des Nations Unies pour obtenir des changements dans le règlement.

2.9 Trouver des moyens d’améliorer les incitatifs pour le personnel engagé dans les interventions d’urgence.

2.10 Augmenter le nombre de personnel de terrain de haut niveau ayant une formation et de l’expérience en matière d’aide humanitaire.

2.11 Assurer que les revues budgétaires du programme (PBR) par lesquels sont établis les plans de création de postes pour le travail de relèvement soient organisées promptement et que les postes soient gradés à des niveaux appropriés pour leur niveau de responsabilités. (Assurer que les revues budgétaires indiquent toutes, au titre de leur agenda, un point par lequel il est vérifié que le nombre de postes créés est suffisant pour accomplir tout le programme, et en en utilisant une enveloppe financière approximative, comme l’un des éléments de ce guide).

3 Appui opérationnel: Assurer qu’un appui opérationnel solide puisse être déployé au stade initial d’une situation d’urgence.

3.1 Engager un Chargé des opérations de haut niveau au sein de l’Unité d’intervention d’urgence, prêt à être déployé en vue d’assurer un appui opérationnel adéquat.

3.2 Incorporer dans les rosters le personnel de haut niveau chargé des opérations, et assurer des formations en opérations d’urgence.

3.3 Produire un guide simple et complet contenant les procédures opérationnelles d’urgence, réunissant ainsi toutes les informations essentielles dans un seul document.
## RECOMMENDATIONS ESSENTIELLES

3.4 Développer un modèle de “bureau dans une boîte” qui puisse être opérationnel dans les quarante-huit heures dans les régions où la destruction a été massive, y compris les facilités de bureau et d’habitation, la technologie de l’information, les télécommunications, et autres équipements.

### 4 Préparation à l’urgence: Renforcer la préparation aux situations d’urgence et la planification des interventions.

4.1 Développer des procédures standardisées pour les opérations d’urgence, en vue d’assurer que le personnel comprenne et intègre les politiques et procédures de l’organisation, et pour que l’appui de toute l’organisation soit rapidement maximisé.

4.2 Les plans de préparation et de réaction aux situations d’urgence doivent contenir un plan à jour de mobilisation du personnel.

4.3 Ces plans de préparation doivent être focalisés sur des mesures pratiques, favorisant des interventions rapides.

4.4 Ces plans de préparation, dans les bureaux de terrains, bureaux régionaux, et au siège doivent être mis à jour régulièrement et assortis de formations et de définitions claires des responsabilités.

4.5 Assurer que les pays précédemment classés ‘basse priorité’ aient des plans mis à jour et qu’ils continuent d’appuyer les efforts d’alerte rapide tels que ceux actuellement en vigueur dans le bureau de Genève.

### 5 Bilan: Déployer des équipes rapides d’évaluation avec des outils et des méthodes standardisées.

5.1 Continuer à standardiser les méthodes d’évaluation pour chaque secteur et assurer qu’un appui à la formation soit disponible.

5.2 Développer les capacités d’évaluation rapide au niveau régional par le truchement de spécialistes dans ces secteurs.

### 6 Planification: Standardiser l’utilisation d’un plan d’action selon les Principaux engagements pour les enfants dans les situations d’urgence.

6.1 Développer le format du plan d’action.

6.2 Tester le format du plan d’action à la faveur de la prochaine intervention d’urgence.

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* Le concept de “bureau dans une boîte” permet de déployer rapidement un bureau à partir duquel on peut gérer des opérations d’urgence. Il contient un équipement de base et des installations nécessaires auxquels peut accéder un personnel se trouvant dans des régions isolées et qui doit réagir à un désastre naturel. On y trouve des tentes, lits de camp, literie, tables, chaises, meubles de classement, fournitures de bureau, téléphones satellites, générateurs électriques et système de distribution d’électricité, ordinateurs, trousses de premiers secours, véhicules tous terrains, et des dispositions pour assurer une sécurité adéquate.
RECOMMENDATIONS ESSENTIELLES

7 Participation des bénéficiaires: Augmenter la participation des communautés touchées, dans l’établissement des priorités, la conception des programmes et le suivi de la mise en œuvre.

7.1 Développer un système pour fournir rapidement aux communautés touchées des informations sur les activités de l’UNICEF, ses intentions et ses ressources disponibles en conjonction avec des mises à jour régulières.

7.2 Développer des méthodologies pour accroître la participation des communautés dans l’établissement des priorités.

7.3 Tester les méthodologies sur le terrain.

7.4 Augmenter les études des bénéficiaires comme dans le cas du Sri Lanka et autres, au cours de la prochaine intervention d’urgence.

7.5 Guider les bureaux de pays et les partenaires sur les exigences minimales permettant la participation des bénéficiaires.


8.1 Augmenter le nombre des programmes à long terme d’eau/assainissement/ environnement au niveau global, et le financement pour les mettre en œuvre.

8.2 Développer la capacité d’intervention d’urgence au niveau mondial.

8.3 Développer la stratégie de coordination appuyée par un plan de ressources nécessaires pour des interventions d’urgence.

8.4 Développer un personnel spécialiste de haut niveau dans le secteur de l’eau/assainissement/ environnement et qui maîtrise également l’élaboration de politiques et avec des qualités de leadership.

8.5 Dans le contexte des interventions d’urgence, assurer que les normes soient élaborées au stade initial et que le travail de politique soit intégré au leadership de groupe de l’UNICEF.

9 Protection de l’enfant: Augmenter rapidement la capacité technique pouvant être déployée pour la protection de l’enfant.

9.1 Développer les rosters (personnel potentiel) pour les experts en protection de l’enfant et les plans pour les internes potentiels.
**RECOMMENDATIONS ESSENTIELLES**

### 9.2
Plaider pour l’allocation et le développement d’aires de jeu, au cours des étapes initiales des interventions d’urgence et particulièrement au moment où les installations temporaires sont planifiées.

### 9.3
Considérer des approches pour assurer que les problèmes des adolescents garçons et filles sont pris en compte.

### 10
**Education: Renforcer les capacités techniques de supervision des programmes de construction et développer la capacité pour la fourniture de trousses scolaires semi permanentes.**

#### 10.1
Engager d’urgence des ingénieurs et/ ou des sociétés d’ingénieurs pour agir en tant qu’agent de l’UNICEF dans le cadre des programmes de construction d’écoles.

#### 10.2
Considérer le développement d’une trousses scolaire semi permanente qui peut être déployée à partir de Copenhague au lieu de tentes.

#### 10.3
Organiser une revue a mi parcours du programme de construction d’écoles et une évaluation complète à la fin de programme.

### 11
**Santé et nutrition: Renforcer davantage le rôle de leadership de l’UNICEF travaillant avec les partenaires pour la nutrition et la vaccination.**

#### 11.1
En organisant les campagnes de vaccination contre la rougeole, l’UNICEF devra mettre davantage l’accent sur la planification et la coordination parmi les partenaires, la formation des agents de santé et la socialisation de la population.

#### 11.2
L’UNICEF devra considérer la nomination de personnel technique pour les interventions d’urgence.

#### 11.3
L’UNICEF devra développer et distribuer les directives techniques sur les campagnes d’urgence de vaccination contre la rougeole et des spécifications pour la chaîne de froid à l’intention des partenaires.

#### 11.4
L’UNICEF devra trouver des moyens pour encourager les agences partenaires (telles que le PAM et les grandes ONG) d’accepter et d’effectuer le suivi des constatations découlant de leurs enquêtes sur la santé et la nutrition.

#### 11.5
Développer les directives relatives à la planification de mesures d’urgence de sorte que lorsque des suppléments nutritionnels ou thérapeutiques sont indiqués, l’UNICEF pourra considérer ces activités en priorité et assurer qu’un personnel et un appui appropriés soient fournis.
RECOMMENDATIONS ESSENTIELLES

12  Relèvement et réhabilitation: Développer une politique de relèvement et réhabilitation pour l’UNICEF y compris les besoins en expertise pour les constructions à grande échelle, les calendriers réalistes et les dispositions temporaires.

12.1 Mener une revue de toutes les évaluations concernant le tsunami et des enseignements tirés et synthétiser les éléments essentiels.

12.2 Développer des partenariats de sorte que l’expertise en construction à grande échelle peut être mobilisée rapidement.

12.3 Développer des stratégies pour des mesures de construction d’école temporaires/ intérimaires.

13  Coordination et leadership: Développer des stratégies pour assumer les responsabilités de coordination et allouer les ressources pour mettre en œuvre cette stratégie dans le contexte des délibérations du Groupe de travail du Comité permanent inter organisations des Nations Unies (IASC).

13.1 Produire une déclaration d’intention pour chaque secteur, et qui définisse le rôle de l’UNICEF et sa responsabilité comme chef de file de ce secteur.

13.2 Développer un plan d’action pour pourvoir aux responsabilités de coordination en temps de crise et pour intégrer les informations et l’analyse, le système géographique d’information (GIS) et d’autres techniques de gestion de l’information.

14  Responsabilités: Assurer que les responsabilités de tous les aspects des activités d’interventions humanitaires de l’UNICEF soient clairement définies.

14.1 Inclure les responsabilités bien définies dans les Principaux engagements pour les enfants dans les situations d’urgence actualisés et dans tout le matériel d’orientation sur les interventions humanitaires.

15  Suivi et évaluation: Améliorer le suivi et l’évaluation des programmes.

15.1 Finaliser et mettre en œuvre des indicateurs figurant aux Principaux engagements pour les enfants dans les situations d’urgence.

15.2 Assurer que toutes les évaluations soient assorties de plans de suivi.

15.3 Assurer que les plans d’action de suivi soient mis en œuvre.
## RECOMMANDATIONS ESSENTIELLES

<table>
<thead>
<tr>
<th>N°</th>
<th>Description</th>
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<tbody>
<tr>
<td>16</td>
<td><strong>Fournitures</strong>: Continuer à améliorer le système d’approvisionnement de fournitures de l’UNICEF pour améliorer les interventions humanitaires.</td>
</tr>
<tr>
<td>16.1</td>
<td>Continuer à développer les stocks installés dans les pays, au cas par cas, en tenant compte des coûts et des risques.</td>
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<tr>
<td>17</td>
<td><strong>Sécurité</strong>: Continuer à contribuer à l’amélioration de l’approche à la gestion sécuritaire du système des Nations Unies.</td>
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<tr>
<td>17.1</td>
<td>L’UNICEF doit continuer à s’engager avec énergie auprès du système de gestion de la sécurité des Nations Unies et plaider pour une révision rapide des règlements relatifs à la sécurité dans les situations de crise humanitaire, quand les besoins demeurent importants et que les menaces ont nettement diminué.</td>
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<tr>
<td>18</td>
<td><strong>Communication</strong>: L’UNICEF doit assurer que l’information publique et la mise en œuvre de son programme soient harmonisées.</td>
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<tr>
<td>18.1</td>
<td>Les rapports de situation et d’avancement concernant la mise en œuvre des programmes doivent inclure des estimations sur les résultats réels plutôt que des chiffres théoriques basés sur des équipements livrés.</td>
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<tr>
<td>19</td>
<td><strong>Intégration</strong>: Améliorer l’intégration de l’analyse, la préparation et la réponse d’urgence au sein de l’UNICEF.</td>
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<tr>
<td>19.1</td>
<td>Assurer que toutes les études et évaluations organisationnelles, les stratégies etc. prennent en compte le mandat humanitaire de l’UNICEF.</td>
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<tr>
<td>20</td>
<td><strong>‘Enseignement tirés’</strong>: Améliorer la capacité organisationnelle d’apprentissage de l’UNICEF.</td>
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<tr>
<td>20.1</td>
<td>Assurer que tout le matériel d’évaluation et les enseignements tirés des interventions face au désastre créé par le tsunami de l’Océan indien est réuni, synthétisé et facilement accessible sur l’intranet de l’UNICEF.</td>
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<tr>
<td>20.2</td>
<td>Mettre à jour des Principaux engagements (de l’UNICEF) pour les enfants dans les situations d’urgence en incorporant les recommandations découlant de la présente évaluation et d’autres évaluations y compris les principes humanitaires essentiels.</td>
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</table>
RECOMMENDATIONS ESSENTIELLES

21 Problématiques de recherche : Revoir le travail précédant et identifier les problèmes en vue de futures améliorations.

21.1 Revoir l’impact global de l’augmentation du financement thématique sur les programmes et les responsabilités.

21.2 Revoir les enseignements tirés des interventions de l’UNICEF face au tsunami dans les régions de conflits.

21.3 Revoir les enseignements tirés des interventions de l’UNICEF y compris ceux qui concernent les jeunes, spécialement les garçons dans les zones de conflits.

21.4 Revoir les enseignements tirés de l’aide aux personnes déplacées au sein des familles hôtes et aux familles hôtes elles-mêmes (probablement en conjonction avec d’autres agences).

21.5 Considérer les moyens par lesquels l’UNICEF peut améliorer l’implication et la participation des populations affectées dans les programmes qu’il appuie.
EVALUACIÓN DE LA RESPUESTA DE UNICEF AL TSUNAMI (FASE DE EMERGENCIA Y FASE INICIAL DE RECUPERACIÓN)

RESUMEN EJECUTIVO

1. INTRODUCCIÓN

El desastre ocasionado por el tsunami en el Océano Índico el 26 de diciembre de 2004 cobró un estimado de 227,000 víctimas mortales, más de un tercio de las cuales eran niños y niñas, desplazó a 1,777,000 personas y produjo daños por un valor de US$10,000 millones.

La respuesta de UNICEF al desastre tuvo lugar en ocho países. La presente evaluación, que forma parte del sistema general de rendición de cuentas o responsabilización de UNICEF, se centró en la respuesta de la institución en Indonesia, las Maldivas y Sri Lanka, donde se ha invertido el 87 por ciento de las asignaciones financieras. Del mismo modo, se reunió información sobre la respuesta en India, Malasia, Myanmar, Somalia y Tailandia.

La presente evaluación independiente tiene por objeto:

- identificar los principales logros de la respuesta, con énfasis en las fases de emergencia y de recuperación inicial, del 26 de diciembre de 2004 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.

El marco de referencia más importante para la evaluación fueron los Compromisos Corporativos Centrales de UNICEF para los niños y niñas en emergencias (CCC).

2. DESCRIPCIÓN GENERAL DE LA RESPUESTA DE UNICEF

El desastre ocasionado por el tsunami representó un desafío humanitario sin precedentes para UNICEF. Al igual que otras organizaciones internacionales, UNICEF tuvo que responder simultáneamente a desastres de ocurrencia sorpresiva en ocho países, repartidos en tres regiones. El desastre tuvo lugar durante las fiestas navideñas, fecha en la que un número significativo del personal se encontraba de vacaciones. En cuestión de días, UNICEF tuvo que afrontar asimismo una atención mediática y una afluencia de fondos sin precedentes.

UNICEF se condujo a la altura de este desafío humanitario, desplegando una respuesta que tuvo muchas características positivas y encomiables. El personal respondió con extraordinario compromiso y profesionalismo en los países afectados, así como en las oficinas regionales, la oficina central de Nueva York y las oficinas nacionales que liberaron personal en misión. Más de 150 personas fueron contratadas o recontratadas y reasignadas durante las ocho primeras semanas de la respuesta de UNICEF, así como un total acumulado de más de 340 personas durante los seis primeros meses.
Al 31 de diciembre de 2005, UNICEF había recibido un total de US$656 millones para sus programas de respuesta al tsunami. Para fines de diciembre de 2005 se habían ejecutado US$219 millones, o el 79 por ciento de la asignación programada para 2005. En diciembre, UNICEF estimó que había prestado asistencia a cerca de 3.9 millones de niños, niñas y mujeres damnificados por el tsunami.

El recuadro arriba ofrece una idea de la escala general de la respuesta de UNICEF durante 2005 en los tres países comprendidos en el estudio.

### 3. COMPROMISOS PROGRAMÁTICOS

En general se actuó de conformidad con los CCC, aunque, como era de esperarse en una respuesta a un desastre de semejante magnitud, también se detectaron debilidades y áreas en las que debería mejorarse el desempeño en el futuro.

Tres cuartas partes del gasto de UNICEF en el desastre del tsunami se invirtieron en educación, salud y agua, y en saneamiento ambiental.

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1 “Escuela en una caja” se refiere a un conjunto de materiales para 80 estudiantes que pueden distribuirse en dos clases de 40 cada una, además de insumos para el profesor. Estos materiales son colocados en una caja la que a la vez puede ser utilizada a manera de pizarra. La caja permite el desarrollo de clases en cualquier lugar no tradicional (un jardín, un patio). De esta manera se garantiza el derecho de los niños y niñas a la educación, sin importar cuan inestable sea la situación en una determinada zona (tomado de UNICEF intranet – Nota del editor).

2 Fuente: Hoja informativa sobre beneficiarios, 4 de abril de 2006, Unidad de Apoyo al Tsunami. Esta cifra no puede ser verificada por un estudio independiente y debe tomarse como un estimado hacia arriba.

3 Estos datos no han sido verificados por un estudio independiente. En el Anexo 9 encontrarán información general acerca de la asistencia brindada por UNICEF en India, Myanmar, Somalia y Tailandia.
En educación, UNICEF jugó un papel clave apoyando a los gobiernos para que reabrieran las escuelas y posibilitaran el retorno de la infancia a clases. Cantidades masivas de suministros escolares y educativos supusieron una importante contribución en esta área. En la fase de recuperación, el grueso del programa de educación de UNICEF se centra en la construcción de escuelas permanentes, lo cual es una oportunidad para incorporar y promover los conceptos de UNICEF en relación con espacios amigables para con los niños y las niñas. Como sucedió con otras áreas de reconstrucción permanente en la etapa postsunami, los marcos cronológicos programados en la planificación inicial fueron poco realistas. La reconstrucción de escuelas es el programa más grande de UNICEF en la etapa postsunami, y la ausencia de lineamientos y experticia en esta área es motivo de preocupación.

UNICEF ayudó a mantener las tasas de mortandad a un nivel bajo en la etapa posterior al desastre, colaborando con los ministerios de salud de los países afectados, el Movimiento Internacional de la Cruz Roja y de la Media Luna Roja, las agencias de las Naciones Unidas y actores no gubernamentales. Hubo una reducción significativa de la tasa de morbilidad – por ejemplo, las enfermedades diarreicas y las infecciones respiratorias agudas, inicialmente altas, disminuyeron considerablemente a lo largo de un período de seis meses. Inmediatamente después de que el tsunami azotara la región, UNICEF realizó valiosas contribuciones apoyando e iniciando encuestas de nutrición. Sin embargo, no hubo una acción concertada en respuesta a dichas encuestas por parte de los principales actores, entre ellos UNICEF.

La respuesta de UNICEF en el sector de agua y saneamiento fue eficaz en algunos casos, contribuyendo sustancialmente al bienestar de las poblaciones damnificadas por el tsunami. No obstante, UNICEF vio entorpecida su labor por la falta de capacidad institucional, la falta de programas grandes en ejecución en el sector de agua y saneamiento en los tres países evaluados y la ausencia de puestos de trabajo regionales sectoriales específicos en las oficinas regionales. UNICEF no pudo cumplir a cabalidad con sus compromisos programáticos y de coordinación debido a la falta de capacidad y a los cambios de personal. No se llevaron a cabo evaluaciones exhaustivas del sector; se requería una coordinación y una colaboración más estrechas con las organizaciones que impulsaban los albergues, a fin de proveer de agua y saneamiento a los lugares de alojamiento temporal.

UNICEF reaccionó rápida y vigorosamente en el área de protección infantil, a nivel nacional e internacional. Identificó y abogó con éxito a favor de los marcos jurídicos para la protección de la infancia y el trabajo de incidencia en ese sector; por los niños y niñas no acompañados y separados de sus familias (búsqueda de familiares, familias sustitutas, adopción, instituciones); por la prevención del abuso, el maltrato y la explotación; y por la recuperación y el bienestar psicosociales de la niñez afectada. Al igual que en otros sectores, la respuesta de UNICEF fue más fuerte ahí donde se capitalizaron programas, capacidades, redes de socios y conocimiento preexistentes. UNICEF ejerció su liderazgo en esta área adecuadamente, especialmente en Sri Lanka, donde todos los involucrados se expresaron en términos altamente elogiosos respecto de su papel.

4. DESEMPEÑO DE CONFORMIDAD CON LOS CRITERIOS DE LA OCDE/CAD

En general, la respuesta de UNICEF al desastre ocasionado por el tsunami fue apropiada y relevante. Se movilizaron fondos rápidamente. Se despacharon artículos de emergencia de salud, agua y saneamiento durante la primera semana. De igual manera, se organizaron rápidamente respuestas de educación, de protección y de apoyo psicosocial.

Las respuestas de UNICEF en las áreas de salud, nutrición y protección infantil fueron en general eficaces. Por ejemplo, en Aceh la distribución de mosquiteros llevó a una reducción comprobable de la prevalencia de malaria. La respuesta en el sector de agua y saneamiento ambiental fue más débil. Esto genera una preocupación especial dado el rol de UNICEF como agencia líder en este área.

Las acciones de UNICEF durante las primeras dos a seis semanas fueron en general oportunas, aunque restricciones internas y externas disminuyeron el ritmo de la respuesta en Indonesia. Al cabo de seis
En general, UNICEF, en colaboración con los gobiernos y otras organizaciones, logró atender las necesidades de la mayoría de los niños y niñas de los grupos poblacionales afectados, especialmente ahí donde tenía buenas relaciones preexistentes con organizaciones gubernamentales y no gubernamentales y una red de oficinas de campo establecidas. El informe señala que tanto UNICEF como otras organizaciones humanitarias deberían haber prestado mayor atención a las personas desplazadas internas y a sus familias de acogida, especialmente en Indonesia, en la costa oriental de Aceh.

La eficiencia de las respuestas de UNICEF fue mixta. Por ejemplo, UNICEF pudo distribuir rápidamente una amplia gama de materiales para cubrir necesidades. Menos eficientemente, en las Maldivas quizás un tercio de los 4,000 tanques para cosechar agua de lluvia distribuidos por UNICEF no fue instalado durante la crucial temporada de lluvias porque UNICEF no había convenido con sus socios quién instalaría y mantendría los tanques.

Las poblaciones damnificadas se mostraron en general satisfechas con la asistencia inmediata proporcionada, por ejemplo, con los equipos familiares, los suministros escolares y el apoyo psicosocial para la infancia. Expresaron preocupación con relación a la falta de información y consulta, el futuro y los medios de vida a largo plazo y algunos problemas de protección en los campamentos provisionales. Una encuesta independiente de las opiniones de los niños y niñas acerca de sus vidas después del tsunami reveló que estaban satisfechos con la asistencia recibida, en que la asistencia a la educación ocupó un lugar elevado, junto con la distribución de ropa, alimentos y agua. Pese al optimismo de dicha respuesta, la mayor parte de los niños y niñas manifestó que se seguía requiriendo ayuda, en que el apoyo a la educación continuó ocupando un lugar alto, junto con el dinero y el albergue.

El informe revela que UNICEF no priorizó o focalizó claramente los aspectos de género en la respuesta. No se realizaron evaluaciones específicas de las vulnerabilidades de género. Por ejemplo, en Indonesia debió hacerse un mayor esfuerzo para asistir a los hogares monoparentales y aumentar la consulta con mujeres.

Parece evidente que el trabajo de respuesta al tsunami tendrá importantes impactos en los programas de UNICEF a largo plazo en los países afectados por el tsunami, lo cual incluye desarrollar programas en áreas geográficas nuevas, focalizar la atención en grupos anteriormente marginados y crear un contexto para desarrollar y fortalecer intervenciones en áreas sensibles como el abuso y el maltrato infantil y la trata de menores.

5. CUESTIONES RELATIVAS A LA PROGRAMACION

UNICEF, al igual que otras organizaciones humanitarias, no se había preparado para un fenómeno multipaíses de las proporciones del desastre provocado por el tsunami el 26 de diciembre de 2004. Los factores de preparación más importantes para UNICEF fueron la disponibilidad de personal experimentado en respuestas humanitarias, la presencia y las alianzas con socios sobre el terreno, así como las existencias de suministros rápidamente disponibles en el país. Los planes de preparación y respuesta para emergencias (PPRE) de UNICEF en los países afectados demostraron ser de calidad variable en términos de actualización, utilidad y relevancia, y aparentemente tuvieron una contribución limitada a las respuestas en Indonesia, las Maldivas y Sri Lanka.

En general, UNICEF pudo responder adecuadamente gracias a alianzas previamente establecidas con los gobiernos. Estas relaciones fueron menos eficaces al
nivel local en zonas como Aceh, donde la capacidad del gobierno local se encontraba severamente debilitada y desbordada, y donde la presencia de UNICEF antes del desastre era restringida. Las alianzas con ONG locales funcionaron mejor ahí donde había relaciones previamente existentes, y fueron menos exitosas ahí donde UNICEF trabajó con ONG más pequeñas y nuevas después de la emergencia, básicamente en calidad de contratistas. Las ONG internacionales disponían de abundantes fondos; sin embargo recelaban la burocracia y las complicaciones de establecer relaciones de financiamiento con UNICEF. A pesar de ello, UNICEF trabajó eficazmente con las ONG internacionales a los niveles de coordinación y planificación estratégicas.

UNICEF fue la organización líder en tres sectores sustanciales de la respuesta a la emergencia dentro del sistema de Naciones Unidas: agua y saneamiento, protección infantil y educación. A grandes rasgos, su liderazgo y coordinación fueron más exitosos en protección infantil, de nivel variable en educación y menos exitoso en el sector de agua y saneamiento. El informe advierte que UNICEF necesita profundizar su comprensión de los elementos esenciales que componen su rol de liderazgo así como dotarse de los recursos necesarios para ejercer este rol. Las responsabilidades de coordinación deben contar con financiamiento y con personal adecuado.

Los procesos de planificación de UNICEF en la etapa inicial de las emergencias adolecieron de falta de definición. A menudo parecía no haber un plan de acción que implementar luego de los objetivos generales preliminares del Llamado Urgente de Naciones Unidas. Los CCC de UNICEF estipulan que elaborar un plan de acción es una de las responsabilidades de la oficina nacional. Un proceso o documento de esta naturaleza proveería objetivos e indicadores iniciales para imprimir dirección y estructura a la respuesta a la emergencia.

El seguimiento de UNICEF tendió a focalizarse en las entregas, con menos énfasis en asegurar que se obtuviesen resultados a nivel de efectos. Ahí donde los programas no alcanzaron las metas de la respuesta al tsunami, con frecuencia se debió a problemas que podrían haber sido resueltos si se hubiesen tomado las medidas apropiadas a tiempo. Para asegurar que medidas apropiadas serán tomadas oportunamente, los coordinadores tendrían que ser capaces de evaluar sistemáticamente los avances hacia el cumplimiento de los resultados finales esperados. Mejorar el seguimiento podría tener un gran impacto en la capacidad de UNICEF para lograr resultados a nivel de efectos.

La distribución de productos de emergencia a la población necesitada fue oportuna en términos generales, y la operación de los suministros de UNICEF contribuyó a la oportunidad de dicha respuesta. La escala de la operación de suministro fue impresionante, en términos de complejidad y diversidad. Sin embargo, la limitada capacidad logística de emergencia de UNICEF se vio desbordada. Ninguna de las oficinas regionales contaba con capacidad logística permanente. De los tres países estudiados en profundidad, únicamente Indonesia contaba con un oficial de logística antes de la emergencia.

6. OPERACIONES Y GESTIÓN

La respuesta de UNICEF al tsunami se caracterizó por un liderazgo fuerte y decisivo por parte de la oficina central en Nueva York. La gestión de la respuesta en los países más afectados fue variable, dependiendo del contexto y de la capacidad de la oficina nacional. En la mayoría de los países afectados, el personal de UNICEF en el país lideró las respuestas iniciales. El personal nacional de UNICEF a menudo estuvo en la primera línea de la respuesta, incluso en los casos en que ellos/as mismos, sus familias y comunidades habían sido afectados. UNICEF logró desplegar rápidamente a un número impresionante de personas de todas partes de la institución y de afuera en la región afectada, para hacer frente al singular desafío de recursos humanos que entró el desastre.
Sin embargo, una vez transcurridos los primeros días y semanas de la respuesta, la dificultad de UNICEF para conseguir y colocar personal a tiempo y mantenerlo en sus puestos durante un período apropiado tuvo un impacto directo, en algunos casos, en la capacidad de UNICEF para ejecutar los programas. El desafío para UNICEF estriba en cómo subsanar el “vacío transitorio” que se crea entre el despliegue inicial de personal de emergencia y la identificación y ocupación de puestos permanentes. Del mismo modo, hubo una tendencia a subcategorizar puestos clave, pese a la magnitud del trabajo de recuperación y reconstrucción de UNICEF.

Con base en información secundaria y entrevistas, el equipo de evaluación no tuvo conocimiento de evidencias de fraude mayor durante la respuesta de UNICEF al tsunami. Sin embargo, los sistemas financieros y administrativos de UNICEF y su uso han tenido un impacto significativo en la ejecución de los proyectos y en las relaciones de UNICEF con los gobiernos y ONG socias. Uno de los temas recurrentes que atraviesa todos los estudios de caso nacionales realizados para esta evaluación fue la cantidad de tiempo que invirtió el personal de campo en procedimientos administrativos y financieros y el efecto que dichos procedimientos parecieron tener en hacer más lenta la marcha de los proyectos. Los sistemas financieros y administrativos de UNICEF no han sido adaptados para situaciones de respuesta humanitaria.

7. CONCLUSIONES GENERALES

UNICEF cumplió un papel importante y significativo en todos los países donde intervino, especialmente cuando capitalizó relaciones preexistentes con los gobiernos y otros socios. Realizó importantes contribuciones para garantizar que no ocurriera ningún brote serio de enfermedades transmisibles, que la niñez volviera a la escuela con relativa celeridad, que los niños y niñas no acompañados y separados de sus familias fuesen empadronados con prontitud y que se tomaran rápidamente medidas para proteger a la infancia y salvaguardar su bienestar psicológico.

UNICEF influyó en la definición de la agenda para la niñez desde el inicio del período de respuesta al desastre. En el sector de agua y saneamiento, UNICEF proporcionó agua potable a los asentamientos temporales y buscó soluciones sostenibles al suministro de agua. Sin embargo, no pudo cumplir con las obligaciones del rol de liderazgo que le ha sido asignado en la coordinación del sector. Tanto los programas como la coordinación de la respuesta de UNICEF en el sector de agua y saneamiento requieren considerable fortalecimiento.

La inversión de UNICEF en el desarrollo de capacidades de respuesta humanitaria en los últimos años, respaldada por el DFID y ECHO, ha dado algunos resultados, especialmente en áreas como la capacidad de seguimiento y respuesta, TI y gestión de la seguridad de la oficina central. Sin embargo, esta evaluación también demuestra, como lo han hecho otras, que aún queda mucho por hacer y que algunos temas importantes necesitan ser encarados estrategicamente y vigorosamente:

- La capacidad de respuesta permanente y de emergencia de UNICEF debe ser fortalecida a todos los niveles (nacional, regional y de la oficina central) si la institución ha de cumplir con sus responsabilidades de liderazgo humanitario tal como le han sido encomendadas por el IASC.
- En general, UNICEF tiene que dar un giro, de privilegiar el proceso, la ejecución y los productos, a enfatizar los resultados y el impacto.
- UNICEF tiene que buscar un equilibrio entre su tendencia a la aversión al riesgo, generada por el temor del personal a obtener resultados pobres en las auditorías, y la necesidad de obtener resultados en la respuesta humanitaria.
UNICEF tiene que revisar sus normas financieras, administrativas, operativas y programáticas y dinamizar sus sistemas y procedimientos para utilizarlos en las respuestas humanitarias, cerciorándose al mismo tiempo que continúen salvaguardando tanto los recursos como la reputación de UNICEF.

UNICEF tiene que subsanar el “vacío transitorio” de recursos humanos que se produce una vez que termina la oleada inicial de despliegue de personal y antes de que se establezca la dotación de personal a largo plazo.

La capacidad de respuesta y coordinación en el sector de agua y saneamiento ambiental necesita ser reforzada sustancialmente.

En el contexto del desarrollo de la iniciativa “Buena gestión de las donaciones humanitarias”, UNICEF requiere financiamiento de donantes estables y predecibles para su función humanitaria global.

Dado que las probabilidades de que ocurran desastres humanitarios en múltiples países y a nivel regional e incluso global parecen estar en aumento, debido a la creciente presión sobre el medio ambiente a nivel mundial y al potencial surgimiento de epidemias como la gripe aviar, ninguna oficina nacional de UNICEF debería asumir que se encuentra trabajando en un medio ambiente libre de desastres.

Aunque es muy prematuro para que esta evaluación mida el impacto del trabajo de recuperación de UNICEF, dada la alineación entre los CCC y los ODM9 parece muy probable que los programas de recuperación de UNICEF puedan realizar contribuciones significativas al logro de los ODM, especialmente en educación.

8. RECOMENDACIONES

Las recomendaciones a continuación se refieren principalmente a temas institucionales. Las recomendaciones referidas a programas nacionales específicos pueden leerse en los informes nacionales respectivos. Las recomendaciones tendrán que ser validadas internamente por UNICEF y alineadas con otros marcos, incluyendo el plan estratégico de mediano plazo 2006 – 2009 (MTSP, según sus siglas en inglés), las revisiones institucionales que se están efectuando y, en el contexto más amplio, las reformas a la arquitectura humanitaria de las Naciones Unidas.

La mayor parte de las recomendaciones centrales de esta evaluación requiere de una colaboración interdepartamental estrecha. En términos de responsabilización, será importante que la alta dirección de UNICEF, a nivel de la Directora Ejecutiva y los gerentes ejecutivos, asuman la supervisión de la implementación de las recomendaciones.

RECOMENDACIÓN CENTRAL

Muchas de las recomendaciones de este informe coinciden con evaluaciones y revisiones previas de las respuestas humanitarias de UNICEF. Los hallazgos y recomendaciones de ésta y otras evaluaciones relevantes en relación con la preparación y respuesta a emergencias deben ser revisados en conjunto para producir un plan integral de acción gerencial (MAP, según sus siglas en inglés), con responsabilidades claramente designadas, dirigido a mejorar el desempeño de UNICEF en el aspecto humanitario.

Dada la naturaleza del plan de acción gerencial propuesto, cuya preparación debe tener lugar a nivel interdepartamental y ser transversal a toda la institución, tanto este proceso como la implementación del plan de acción deben ser supervisados por la Directora Ejecutiva de UNICEF o por un director adjunto.
## RECOMENDACIONES CLAVE

1. **Concentrarse en los resultados:** Cerciorarse de que los programas se basen en una gestión para resultados a nivel de efectos, en lugar de limitarse a distribuir insumos y ejecutar actividades.

   1.1 Revisar y dinamizar las normas y directrices financieras y administrativas con el fin de mejorar la velocidad, eficiencia y efectividad de las respuestas humanitarias de UNICEF. Los procedimientos generados a nivel de las oficinas nacionales como consecuencia de las normas, directrices y auditorías no deben restringir la ejecución de los programas y deben contener cláusulas que permitan acelerar y simplificar los procedimientos en situaciones de emergencia.

   1.2 Producir una guía consolidada y fácil de usar sobre procedimientos de campo en emergencias, incluyendo SOP.

   1.3 Desarrollar programas de capacitación para el personal, en respaldo del trabajo arriba mencionado.

   1.4 Incrementar el apoyo a las instituciones socias para que ejecuten programas más allá de la distribución de insumos (las opciones pueden incluir: destacamientos temporales de personal, apoyo financiero para salarios, capacitación, etc.).

   1.5 Continuar desarrollando formatos y plantillas de seguimiento simples para usar con las instituciones socias.

   1.6 Incrementar el uso de revisiones estratégicas y evaluaciones en tiempo real en un estadio temprano de los programas.

   1.7 Promover revisiones ex post y sistemas sencillos que permitan capturar y difundir buenas prácticas y lecciones clave.

   1.8 En las auditorías, evaluar los riesgos y el impacto de la ejecución tardía de los programas humanitarios paralelamente a los riesgos financieros.

2. **Acortar la brecha:** Expandir la capacidad de respuesta para emergencias y desarrollar formas de subsanar el vacío transitorio que se crea entre la primera oleada de personal de emergencia y el personal de recuperación de más largo plazo.

   2.1 Ampliar el Equipo de Respuesta de Emergencia (ERT) de la Oficina del Programa de Emergencia (EMOPS) para incluir un número mayor de personal directivo y operativo especializado en emergencias.

   2.2 Asegurar que el Departamento de Programas y las oficinas regionales cuenten con personal técnico y operativo suficiente para apoyar en respuestas humanitarias rápidas.

   2.3 Cerciorarse de que personal logístico experimentado se encuentre rápidamente disponible a nivel regional y en la listas de personal disponible, a fin de mejorar la capacidad logística de UNICEF en emergencias.

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*La versión de este cuadro en la página 46 incluye las responsabilidades*
RECOMENDACIONES CLAVE

2.4 Formar equipos de respuesta de emergencia (ERT) regionales y nacionales.

2.5 Expandir y sistematizar directorios (“roster”) de recursos humanos disponibles a nivel nacional, regional y global, a fin de asegurar el destacamiento consistente de personal en misión.

2.6 Fortalecer los mecanismos globales “desencadenantes” de manera tal que permitan la liberación de personal en misión por periodos más largos, fortaleciendo su cumplimiento por parte de las oficinas nacionales.

2.7 Desarrollar planes de contingencia en las oficinas nacionales para que personal de relevo preste apoyo cuando el personal sea destacado en misiones de emergencia.

2.8 Evaluar formas más flexibles de utilizar las opciones contractuales en las respuestas a emergencias, de ser necesario cabildeando junto con otras organizaciones humanitarias de Naciones Unidas en favor de cambios en los reglamentos.

2.9 Buscar formas de mejorar los incentivos para el personal que participe en respuestas humanitarias.

2.10 Incrementar el número de personal de campo en puestos altos (representante nacional, representante nacional adjunto, etc.) con capacitación y experiencia humanitaria.

2.11 Asegurar que las revisiones del presupuesto del programa (PBR, según sus siglas en inglés) para establecer los planes de personal requeridos para la fase de recuperación se realicen con la debida antelación, y que los puestos reciban la categorización apropiada, en concordancia con su grado de responsabilidad. (Asegurar que las PBR tengan como un rubro permanente el verificar si el número de puestos creados para realizar el trabajo es adecuado, basándose para ello en el volumen financiero aproximado).

3 Apoyo de Operaciones: Cerciorarse de que exista la capacidad para desplegar un robusto apoyo de Operaciones al inicio de una emergencia.

3.1 Incorporar a un oficial de operaciones de alto nivel en el ERT, que pueda ser destacado para asegurar que haya una rápida disponibilidad de soporte operativo adecuado para apoyar la respuesta.

3.2 Incorporar a un grupo de personal de operaciones de alto nivel en las listas de personal disponible y capacitarlo para emergencias.

3.3 Producir una guía simple y exhaustiva sobre procedimientos para operaciones de emergencia, que congregate información clave en un solo lugar.
RECOMENDACIONES CLAVE

3.4 Desarrollar una “oficina en una caja” que pueda funcionar en un plazo de 48 horas en zonas de destrucción masiva, incluyendo alojamiento y oficinas y equipos de TI, telecomunicaciones y otros.

4 Preparación para emergencias: Fortalecer la planificación de la preparación y respuesta a emergencias.

4.1 Desarrollar procedimientos operativos estandarizados (SOP) para garantizar que el personal entienda las políticas y procedimientos institucionales rápidamente y maximizar el apoyo de la organización más amplia.

4.2 Los planes de preparación y respuesta a emergencias (PPRE) deben contener un plan de movilización de personal actualizado.

4.3 Los PPRE deben focalizarse en medidas prácticas que hagan posible una respuesta rápida.

4.4 Los PPRE de las oficinas nacionales y regionales y de la oficina central deben mantenerse actualizados y estar respaldados por la capacitación correspondiente y responsabilizaciones claras.

4.5 Cerciorarse de que oficinas nacionales anteriormente de prioridad baja cuenten con PPRE actualizados y continuar apoyando iniciativas de alerta temprana tales como las que se encuentran en marcha actualmente en la oficina de Ginebra.

5 Evaluación: Desplegar equipos para evaluaciones rápidas con herramientas y metodologías estandarizadas.

5.1 Continuar estandarizando los métodos de evaluación para cada sector y/o área y garantizar que se otorgue apoyo en forma de capacitación.

5.2 Desarrollar la capacidad regional para evaluaciones rápidas recurriendo a especialistas sectoriales.

6 Planificación: Estandarizar el uso de un “plan de acción” tal como figura en los CCC.

6.1 Desarrollar un formato para el plan de acción.

6.2 Validar el formato del plan de acción en la próxima respuesta a una emergencia.

La idea de la “Oficina en una caja” es una oficina que se puede desplegar rápidamente y que contiene facilidades y equipos básicos que son requeridos, sin demoras, por el personal de emergencia que se encuentra en áreas remotas en el marco de una respuesta a desastres naturales. La “oficina en una caja” puede incluir, entre otras cosas, carpas, bolsas de dormir, ropa de cama; mesas y sillas; archivadores; materiales de oficina; teléfonos satelitales; equipos generadores y distribuidores de electricidad; ordenadores; equipos para primeros auxilios, vehículos con tracción en las cuatro ruedas; y suministros que aseguren un adecuado nivel de seguridad.
RECOMENDACIONES CLAVE

7 Participación de beneficiarios: Incrementar la participación de las comunidades afectadas en la definición de las prioridades, el diseño de los programas y el seguimiento de la ejecución de las actividades.

7.1 Desarrollar un sistema para proporcionar información rápidamente a las comunidades afectadas acerca de las actividades, intenciones y recursos disponibles de UNICEF, con actualizaciones regulares.

7.2 Desarrollar metodologías para incrementar la participación de las comunidades afectadas en la definición de las prioridades.

7.3 Validar las metodologías en el campo.

7.4 Incrementar los estudios sobre los beneficiarios como el de Sri Lanka y otros en futuras respuestas a emergencias.

7.5 Orientar a las oficinas nacionales e instituciones socias respecto de los requisitos mínimos para la participación de los beneficiarios.

8 Agua y saneamiento ambiental: Incrementar con urgencia la capacidad y los recursos de UNICEF para operaciones y coordinación de emergencias.

8.1 Aumentar los programas de agua y saneamiento a largo plazo a nivel mundial, incluyendo el financiamiento.

8.2 Desarrollar una capacidad global de respuesta a emergencias en el sector de agua y saneamiento.

8.3 Desarrollar una estrategia de coordinación con un plan de recursos asociado para respuestas a emergencias.

8.4 Desarrollar un cuadro de personal especializado en políticas/liderazgo en emergencias en el sector de agua y saneamiento ambiental.

8.5 En las respuestas a emergencias, asegurar que se lleve a cabo un trabajo temprano de desarrollo de políticas y definición de estándares como parte del liderazgo de UNICEF en el conglomerado de agua y saneamiento.
## RECOMENDACIONES CLAVE

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<tr>
<td>9</td>
<td>Protección infantil: Incrementar la capacidad técnica rápidamente desplegable en el área de protección infantil.</td>
<td>9.1 Elaborar listas de expertos/as en protección infantil disponibles y un posible programa de pasantías.</td>
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<td>9.2 Abogar por la asignación y el desarrollo de espacios de juego en las etapas iniciales de la emergencia, y en especial en la planificación de los asentamientos temporales.</td>
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<td>9.3 Considerar enfoques para asegurar que se tomen en cuenta apropiadamente los aspectos que conciernen a los y las adolescentes.</td>
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<td>10</td>
<td>Educación: Reforzar la capacidad técnica de supervisión del programa de construcción y desarrollar capacidad para suministrar equipos de escuelas semipermanentes.</td>
<td>10.1 Involucrar con urgencia a más ingenieros y/o a una empresa privada de ingeniería para que actúen como agentes de UNICEF en el programa de construcción de escuelas.</td>
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<td>10.2 Considerar desarrollar un equipo para “escuelas semipermanentes” que pueda despacharse desde Copenhague en vez de tiendas de campaña.</td>
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<td>10.3 Efectuar una revisión de medio término del programa de reconstrucción de escuelas, así como una evaluación total al final del programa.</td>
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<td>11</td>
<td>Salud y nutrición: Consolidar el rol de liderazgo de UNICEF trabajando con instituciones socias en nutrición y vacunación.</td>
<td>11.1 En su liderazgo de las campañas de vacunación contra el sarampión, UNICEF debe poner mayor énfasis en la planificación y coordinación entre socios, la capacitación de trabajadores/as de salud y la socialización con la población.</td>
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<td>11.2 UNICEF debe considerar designar oficiales técnicos/as al interior de la institución para respuestas a emergencias.</td>
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<td>11.3 UNICEF también debe desarrollar y distribuir pautas técnicas sobre campañas de vacunación contra el sarampión y especificaciones sobre la cadena de frío para las instituciones socias.</td>
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<td>11.4 UNICEF debe encontrar formas de incentivar a organizaciones socias como el Programa Mundial de Alimentos y ONG grandes para que acepten los resultados de sus encuestas de salud y nutrición y tomen medidas al respecto.</td>
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<td>11.5 Desarrollar planes de contingencia que permitan a UNICEF, cuando se requiera proporcionar suplementos alimenticios y/o alimentación terapéutica, priorizar dichas actividades y garantizar personal y apoyo adecuados.</td>
</tr>
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</table>
RECOMENDACIONES CLAVE

12  Recuperación y reconstrucción: Desarrollar una política de recuperación y reconstrucción para UNICEF que incluya los requisitos de experticia para proyectos de construcción a gran escala, marcos cronológicos realistas y la provisión de construcciones temporales.

12.1  Efectuar una revisión de todas las evaluaciones y lecciones aprendidas de la respuesta al tsunami y elaborar un resumen de los elementos clave.

12.2  Establecer alianzas que permitan incorporar rápidamente a especialistas en construcción a gran escala.

12.3  Desarrollar estrategias para actividades de construcción de escuelas temporales/interinas.

13  Coordinación y liderazgo: Desarrollar una estrategia para el desempeño de las funciones de coordinación de UNICEF y asignar recursos para implementar dicha estrategia en el contexto de las deliberaciones del IASC.

13.1  Elaborar una declaración de intención en cada sector, definiendo el rol y las funciones de UNICEF como líder sectorial.

13.2  Desarrollar un plan de acción que asigne recursos para las funciones de coordinación en situaciones de crisis, entre otras cosas: recolección y análisis de datos, sistemas de información geográfica (SIG) y otras tecnologías de gestión de la información.

14  Responsabilizaciones: Cerciorarse de que las responsabilizaciones correspondientes a todos los aspectos de las actividades de respuesta humanitaria de UNICEF estén claramente delimitadas.

14.1  Incluir las responsabilizaciones en CCC actualizados así como en todos los materiales que proporcionen pautas sobre respuestas humanitarias.

15  Seguimiento y evaluación: Mejorar el seguimiento y evaluación de los programas.

15.1  Terminar los indicadores para los CCC e implementarlos.

15.2  Cerciorarse de que todas las evaluaciones cuenten con planes de acción de seguimiento ex post.

15.3  Cerciorarse de que los planes de acción de seguimiento ex post sean implementados.
RECOMENDACIONES CLAVE

16 Suministros: Mejorar aún más los sistemas de suministro de UNICEF, a fin de mejorar las respuestas humanitarias.

16.1 Continuar desarrollando existencias de contingencia al interior de los países según lo amerite cada caso individual, tomando en cuenta las implicaciones en términos de costo y riesgo.

17 Seguridad: Continuar contribuyendo a mejorar el enfoque de gestión de la seguridad del sistema de Naciones Unidas.

17.1 UNICEF debe seguir interactuando con energía con el sistema de gestión de la seguridad de Naciones Unidas y cabildear para que se acelere la revisión de los reglamentos de seguridad en situaciones de crisis humanitarias, cuando la necesidad sea grande y las amenazas hayan disminuido claramente.

18 Comunicaciones: UNICEF debe cerciorarse de que su trabajo de comunicaciones públicas y la ejecución de sus programas se encuentren alineados.

18.1 Los informes situacionales y de avance sobre la ejecución de los programas deben incluir estimados informados de productos y efectos reales, antes que cifras teóricas basadas en artículos entregados.

19 Tranversalización: Mejorar la transversalización del análisis, preparación y respuesta en el sector humanitario al interior de UNICEF.

19.1 Cerciorarse de que todas las revisiones y evaluaciones, estrategias institucionales, etc., tomen en cuenta el mandato humanitario de UNICEF.

20 Aprendizaje de lecciones: Mejorar la capacidad de aprendizaje institucional de UNICEF.

20.1 Asegurar que todo el material evaluativo y sobre lecciones aprendidas en relación con el desastre ocasionado por el tsunami en el Océano Índico sea recopilado y sintetizado y se encuentre en un formato de fácil acceso en la intranet de UNICEF.

20.2 Actualizar los CCC, incorporando las recomendaciones de esta y otras evaluaciones, incluyendo principios humanitarios clave.
## RECOMENDACIONES CLAVE

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<tr>
<th>Nivel</th>
<th>Descripción</th>
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<tbody>
<tr>
<td>21</td>
<td><strong>Temas de investigación:</strong> Revisar investigaciones pasadas e identificar aspectos que deben mejorarse en el futuro.</td>
</tr>
<tr>
<td>21.1</td>
<td>Revisar el impacto general del aumento del financiamiento temático sobre los programas y la responsabilización.</td>
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<tr>
<td>21.2</td>
<td>Revisar las lecciones de la respuesta de UNICEF al tsunami en las zonas en conflicto.</td>
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<tr>
<td>21.3</td>
<td>Revisar las lecciones de la respuesta de UNICEF a los y las adolescentes y jóvenes, entre ellos a los varones, incluyendo en las zonas en conflicto.</td>
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<td>21.4</td>
<td>Revisar las lecciones sobre la asistencia a personas desplazadas internas en familias de acogida y a las familias de acogida (probablemente en colaboración con otras organizaciones).</td>
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<tr>
<td>21.5</td>
<td>Estudiar formas en que UNICEF pueda mejorar la vinculación y la participación de las personas damnificadas en el programa que impulsa.</td>
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</table>
1. INTRODUCTION

1.1 EVALUATION BACKGROUND AND PURPOSE

An underwater earthquake measuring 9.0 on the Richter scale centred 250 kilometres south-southwest of Banda Aceh on 26 December 2004 caused a tsunami that devastated coastal areas of Indonesia, Sri Lanka, India and Thailand, affected the whole of the Maldives and also damaged parts of Myanmar, Malaysia and Somalia. The disaster killed an estimated 227,000 people, of which more than a third were children, displaced 1,777,000 people and caused US$10 billion worth of damage. The disaster caused by the Indian Ocean tsunami was one of the largest in the last 100 years, particularly in its combination of sudden onset, number of persons killed and number of countries affected simultaneously.

The tsunami disaster presented an unprecedented humanitarian challenge for UNICEF. The media coverage and scale of response from the public and government donors was also unprecedented. UNICEF recognised the importance of demonstrating its achievements and its institutional performance on behalf of children affected by this extraordinary disaster. UNICEF’s Evaluation Office commissioned this independent evaluation of UNICEF’s response in the emergency and early recovery phase along with a range of other accountability and lesson learning exercises including internal audits, sector and technical evaluations, lessons learned exercises and regular public updates.

The evaluation sought to:

- Identify major achievements of the response with a focus on the emergency and initial recovery phases, 26 December 2004 to 30 June 2005.
- Take note of any constraints and gaps in that response.
- To highlight potential policy implications for the future.

The Terms of Reference (ToR) note that the primary clients for the evaluation are UNICEF senior programme and operational management and staff, both in the field and at headquarters.

A wide range of secondary stakeholders include UNICEF’s Executive Board, National Committees, Government donors, NGO partners and, not least, affected populations.

The evaluation work took place between September 2005 and March 2006, with the field work undertaken between September and November 2005 (Annex 2).

1.2 SCOPE, METHODOLOGY AND CONSTRAINTS

UNICEF’s response to the Indian Ocean tsunami disaster took place in eight countries. As required in the ToR, the main focus of this evaluation is on UNICEF’s programme response in Indonesia, the Maldives and Sri Lanka, the three largest programmes by value, covering 87% of financial allocations.

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In practice, the evaluation also looked at progress in the response after June 2005 until the time of the field visits in September and October 2005.

See Annex 1 for the full Terms of Reference.
Three in-depth country case studies were carried out in these countries by a team of nine independent evaluators selected via open selection process (Annex 3). A tenth evaluator led the writing of the Synthesis Report and conducted conference calls with Country Offices (COs) of non-visited countries in order to broaden the study and take account of lessons learned there. UNICEF’s Evaluation Office designated a manager to facilitate and lead the evaluation process, and also provided administrative support.

The evaluation analysed UNICEF’s response using the framework of its Core Commitments for Children in Emergencies (CCC), the standard OECD/DAC criteria for evaluating humanitarian action, as well as SPHERE minimum standards, where relevant.

The methodology included the following main activities:

- A desk review of internal documents including audits, and external documents including the draft Tsunami Evaluation Coalition (TEC) evaluations.
- Preparation of an inception report.
- Interviews with current and former UNICEF staff at country and zone level, with UNICEF regional offices (ROs) and New York Headquarters (NYHQ), Geneva and Copenhagen.
- Interviews with other key stakeholders including government officials, staff of other UN and partner agencies, international, national and local NGOs.
- Data collection including individual and group interviews, meetings and briefings and direct observation. All major findings were triangulated.
- Interviews with IDPs and members of host communities, all of which were treated as confidential.
- Draft findings were presented to the January 2006 meeting of UNICEF’s Evaluation Committee chaired by the Executive Director.
- Preliminary and final draft reports were circulated for comments before finalizing. A series of validation workshops were held in January 2006 in NYHQ with UNICEF departments and by telephone conference with the three country offices to discuss substantive issues arising from the draft reports.
- ROs and visited COs produced management responses to the country evaluations, which form part of respective country reports.
- This report was internally reviewed against the Active Learning Network for Accountability and Performance (ALNAP) Quality Proforma for humanitarian evaluation.

This evaluation highlights a number of important organisational issues that UNICEF needs to work on in the follow-up to this report. However, it should be noted that the main focus of this evaluation is on programme performance and therefore the scope for organisational and operational analysis has been limited.

The evaluators recognised and sought to mitigate the following biases in the evaluation work:

- **Agency Bias.** The majority of interviewees were staff of UNICEF or direct recipients of UNICEF assistance. In the zones, UNICEF staff accompanied the team. The evaluators attempted to include as many other actors as possible in order to factor in the opinions of the wider assistance community, but time was limited to do this.
- **Memory Bias.** People interviewed were asked to recall events taking place nine months earlier. Situation reports and other documents were cross checked in order to confirm dates and information. Where staff had moved on, efforts were made to interview key informants who had been involved in the early response.
- **Evaluator Bias.** The composition and expertise of the evaluation team members is given in Annex 3 with details of prior involvements with UNICEF or in the tsunami response.

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9 The composition of the evaluation team varied between countries.
10 The non-visited offices completed self-evaluations of their performance against UNICEF’s Core Commitments for Children in Emergencies (see Annex 9).
11 See Annex 4.
12 For more information on the Tsunami Evaluation Coalition, see section 2.2.
13 List of interviewees in Annex 5.
14 In all over 495 affected people, 186 UNICEF staff and former staff, 105 government officials and 155 staff of other organisations were consulted for this evaluation (Annex 4).
15 ALNAP 2005.
16 The UNICEF Evaluation Manager did not accompany the team.
Further information on the evaluation methodology can be found in Annex 6.

The evaluation team experienced the following constraints:

- The questions posed in the TOR were broad and wide-ranging. The inception report limited the scope of the study, but time remained an important constraint for the evaluators, including for the review of the numerous relevant documents.
- Time and logistical constraints limited the coverage of potential interviewees, particularly in the geographically scattered islands of the Maldives. The evaluation also had to contend with external constraints, including Ramadan.
- The timetable for the evaluation process was extended from December 2005 to May 2006 in order to allow sufficient time for report drafting, commenting and validation.
- The field evaluation team was only able to carry out limited assessments against SPHERE minimum standards.
- As mentioned above, the input from non-visited countries was limited to conference calls and documentation, including internal lessons-learned reports. As a result, the evidence and findings from these countries is limited and lacking in independent verification.
- The planning period for an evaluation of this size was highly compressed. The lack of lead time was compensated for by the efforts, commitment and flexibility of all involved.
- Most agencies in the main affected countries complained of evaluation overload. Country Offices were subject to a large number of visits during 2005, including by UNICEF staff, National Committee representatives and other consultants, researchers and evaluators. Internal audits were being carried out in the offices at the same time as the evaluation field visits.
- UNICEF’s monitoring systems could not provide definitive information on the numbers of affected persons assisted or the allocation of expenditure between programme and overhead expenditure.

This evaluation took place in the context of a wide range of evaluative and reporting activities focused on the first anniversary of the disaster on 26 December 2005, including five thematic studies being undertaken by the Tsunami Evaluation Coalition (TEC) and an independent evaluation by UK Disasters Emergency Committee (DEC) Evaluation. It should be noted that most of this review and evaluation work has been initiated and controlled by international agencies and focuses on their achievements and performance, once again diminishing the central roles played by governments and national and local agencies in the response to the tsunami.

1.3 INTRODUCTION TO THE REPORT

Section 2 of the report gives an overview of the tsunami disaster and the global response to it. Section 3 looks at the principles that guided UNICEF’s response and its performance related to its programme commitments. Section 4 relates UNICEF’s overall response to the OECD/DAC evaluation criteria, to the perspectives of affected populations and gender issues. Section 5 deals with general programme issues, including preparedness, partnership coordination and monitoring. Section 6 covers operations and management topics and Section 7 overall conclusions. Recommendations can be found in Section 8.
2. BACKGROUND AND OVERVIEW

This section outlines the scale and nature of the tsunami disaster, describes some features of the international humanitarian response and also provides an overview of UNICEF’s response.

2.1 OVERVIEW OF THE NATURE, SCALE AND IMPACT OF THE TSUNAMI DISASTER

An underwater earthquake measuring 9.0 on the Richter scale centred 250 kilometres south-southwest of Banda Aceh on 26 December caused a tsunami wave that devastated coastal areas of Indonesia, Sri Lanka, India and Thailand, affected the whole of the Maldives and also damaged parts of Myanmar, Malaysia and Somalia. An estimated 227,000 people lost their lives (Table 1). The Indian Ocean tsunami caused one of the largest sudden-onset natural disasters in the 20th and 21st centuries, particularly in terms of number of persons killed and number of countries affected simultaneously. In March 2005 a second earthquake of 8.7 magnitude occurred along the same fault causing 900 fatalities in Nias, Indonesia.

<table>
<thead>
<tr>
<th>Table 1: Impact of the Indian Ocean Tsunami Disaster</th>
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<tr>
<td>Dead or Missing(^{10})</td>
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<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>India</td>
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<tr>
<td>Indonesia</td>
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<td>Malaysia</td>
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<td>Maldives</td>
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<td>Thailand</td>
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<td><strong>TOTALS:</strong></td>
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Source: TEC 2005 citing various sources.

\(^{10}\) Seychelles, Kenya, Tanzania and Bangladesh were also affected. A second earthquake of magnitude 7.5 on the Richter scale took place off the Nicobar Islands just over three hours later.

\(^{17}\) Figures for dead and missing vary. The Office of the UN Secretary General’s Special Envoy for Tsunami Recovery puts the figure at 223,492 in 12 countries.

\(^{18}\) An estimated 900,000 people died in the 1984 Ethiopian famine and 200,000 – 250,000 in floods in Bangladesh in 1970.

\(^{19}\) Fatalities/missing were also recorded in Tanzania (10), Seychelles (3), South Africa (2), Yemen (2) and Kenya (1).

\(^{21}\) This is an estimated figure and does not include insurable losses.
2.2 OVERVIEW OF THE GLOBAL HUMANITARIAN RESPONSE

The contexts in the tsunami-affected countries varied widely as did the impacts, the capacities to respond and the role of national and local governments. Key factors included:

- The scale of the tsunami’s impact on populations and infrastructure.
- Presence of conflict, including issues of access to affected populations (e.g., Aceh, Andaman and Nicobar Islands, Somalia, north eastern Sri Lanka).
- Strength and preparedness of national and local governments and national and local agencies, including NGOs and Red Cross/Red Crescent societies.
- Accessibility (e.g., the Andaman and Nicobar Islands, India, were a restricted area, but access was quickly allowed).
- International agencies were responding to eight simultaneous but very context-specific disasters, with two of the affected countries also experiencing internal conflict.
- National government approaches (e.g., India drew on substantial national resources and did not make an international appeal).

There was an unprecedented response to the tsunami disaster at every level from the national to the global, resulting in extraordinarily high levels of financial response (US$14 billion), particularly from the public. National governments of the affected countries provided more than US$2 billion in relief and recovery assistance and populations of those countries are estimated to have donated US$190 million (Figure 1).22

Two notable features of the response to the tsunami disaster were the deployment of military assets by both national and international governments and the substantial role of the private sector in the response.23

Figure 2 shows that 40% of overall funding for the tsunami disaster has been allocated to NGOs and the the Red Cross/Red Crescent Movement, compared with 9% to UN agencies.

Figure 1: International Pledges to Tsunami Relief and Recovery
(Percentage of US$14 billion total pledged and donated)
Source: Flint, Goyder 2006.

Figure 2: Allocation of Tsunami Relief and Recovery Funds 2005

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22 Telford, Cosgrave 2006.
23 For example, the Prince of Wales International Business Leaders Forum 2005.
The TEC, an inter-agency effort to evaluate tsunami response by the international community, has identified the following preliminary findings about the international response to tsunami disaster (Box 1).

The following overall analysis of the response to the tsunami has emerged from, inter alia, the TEC and the UK Disasters Emergency Committee (DEC) studies:

- National and local responses were critical in saving lives in the immediate aftermath of the disaster.
- By and large the initial relief effort was timely, effective, appropriate and, of course, well-funded. The TEC evaluation found shortcomings in the area of needs assessment.
- The high level of funds available meant that agencies generally did not need to concern themselves with issues of targeting and vulnerability assessments.
- The disaster provided an impetus to peace-building and national unity in the conflict-affected areas of Indonesia and Sri Lanka, although in the latter case this has proved to be somewhat fragile and short-lived.
- Perhaps inevitably given the scale of the disaster and the large number of agencies involved, coordination was sometimes poor.
- The shift from relief to recovery has been difficult, particularly in the areas of shelter and resettlement for a range of reasons, including lack of clarity about the need for good standard temporary accommodation before permanent housing can be provided and policies relating to zoning and land tenure.
- The current situation with 67,000 people continuing to live in tented camps in Indonesia is unacceptable, especially given the level of resources that are held on their behalf by relief agencies.
- The slow start-up of livelihood restoration activities has limited family recovery and self-sufficiency and economic progress.
- Opportunities for capacity-building have been missed.
- Issues of gender and marginalised groups have not been given adequate attention.
- Agencies were less successful in responding to the needs of IDPs living in host families, in comparison to IDPs in camp situations. Hosted IDPs and their host families have been very unevenly targeted for assistance.
- There was a wide range of direct responses in both relief and recovery by individuals and groups not normally involved in humanitarian work, including very direct and active support from the diaspora of the affected countries.
- There was substantial involvement by the private sector, both nationally and internationally.
- Minority groups, such as migrant workers from Myanmar in Thailand and Dalits in India, have tended to be marginalised in the response.

These findings provide an overview of issues that have emerged from the response to the tsunami disaster. This evaluation does not make comparisons between UNICEF’s performance and that of other agencies. The overview above illustrates the many challenges that UNICEF shared with other major players in the response.

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24 TEC 2005.
25 TEC 2005; TEC funding, etc.; Vaux et al. (The DEC is a grouping of British NGOs that launches a joint public appeal in the UK at the time of a major humanitarian crisis. 12 DEC member agencies raised over GBP350 million for the tsunami disaster response).
26 Aceh and Nias Rehabilitation and Reconstruction Agency (BRR) 2005.
27 ActionAid 2005; Reed et al. 2005.
Finding 1
The relief phase was effective in ensuring that the immediate survival needs were met through a mixture of local assistance in the immediate aftermath and international assistance in the first weeks after the disaster. However, these relief responses were generally not based on joint needs assessments and were not well coordinated, leading to an excess of some interventions, such as medical teams, alongside shortages in less accessible areas or less popular sectors, such as water supply.

Finding 2
The scale of the generous public response was unprecedented, not only in the amount of money raised (about US$14 billion internationally) but also in the proportion of funding from the general public, and the speed with which money was pledged or donated. The scale of the funding allowed an early shift to rehabilitation and the use of cash assistance programmes. It also acted as a giant lens, highlighting many of the existing problems in humanitarian response systems. The scale of funding also created coordination problems as it increased the number of agencies while removing some of the normal incentives for agencies to engage with coordination mechanisms.

Finding 3
Although local capacity is key to saving lives, this capacity is underestimated and undervalued by the international aid community, as well as being overlooked by the international media. International agencies did not engage sufficiently with local actors, and assessed the skills of local actors relative to those of their own agency rather than in terms of skills appropriate to the local context.
Finding 4
The capacity of the international humanitarian system is not infinitely elastic. Despite the generous response to the tsunami, the appeals-based system for funding humanitarian emergencies is flawed, with a pattern of under-funding humanitarian response in general. This pattern of low funding for most emergencies limits the development of capacity within the international aid system, and makes it difficult for the system to scale-up to respond appropriately to a large emergency such as this.

Finding 5
Agencies focus too much on promoting their brand and not enough on the needs of the affected populations. They are still not transparent or accountable enough to the people they are trying to assist, and in some cases are not sufficiently accountable to those providing the funding.

Finding 6
The recovery phase is proving a far bigger challenge than the relief phase. This is due in part to the greater complexity of recovery and the demands that such complexity places on aid agencies. As noted above, the scale of funding has highlighted many existing issues in the international humanitarian system, many of which are currently being reviewed within the humanitarian reform process. TEC members hope that a critical self-reflection on lessons from the tsunami will contribute to the existing reform debate and will inform current and future policies and actions.
10

THE 2004 INDIAN OCEAN TSUNAMI DISASTER EVALUATION OF UNICEF'S RESPONSE

UNICEF/HQ05-0023/ JIM HOLMES INDONESIA
3. UNICEF’S RESPONSE TO ITS PROGRAMME COMMITMENTS

THIS SECTION STARTS WITH AN OVERVIEW OF THE PRINCIPLES AND FRAMEWORKS GUIDING UNICEF’S HUMANITARIAN WORK AND THEN LOOKS AT KEY PROGRAMME AREAS AS PRIORITISED IN UNICEF’S CCC. MORE DETAILED INFORMATION ABOUT COMPLIANCE WITH THE CCC CAN BE FOUND IN ANNEX 8 (INDONESIA, MALDIVES, SRI LANKA) AND ANNEX 9 (INDIA, MYANMAR, SOMALIA, THAILAND).

3.1 GUIDING PRINCIPLES & FRAMEWORKS FOR UNICEF’S RESPONSE

The keystone of UNICEF’s mission and work is the Convention on the Rights of the Child (CRC), as well as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Based on these conventions and other key international charters, agreements and protocols, UNICEF has developed its Human Rights Based Approach to Programming (HRBAP). As part of the UN family, UNICEF is also fully committed to contributing to achieve the Millennium Development Goals (MDGs) by 2015. The guiding strategy for UNICEF is the Medium Term Strategic Plan (MTSP), the 2002 - 2005 MTSP having been superseded by the 2006 - 2009 Plan on 1 January 2006.

UNICEF has developed a sub-set of frameworks and guidance for disaster and emergency situations, most notably the Core Commitments for Children in Emergencies (CCC), the Emergency Preparedness and Response Programme (EPRP) and training and the Principled Approach to Humanitarian Action. The primary resource is the Emergency Field Handbook that was reissued in July 2005, together with Technical Notes on Programming in Unstable Situations.

The balance and interaction between UNICEF’s long-term work and its humanitarian responses has fluctuated during its history. Although started as an emergency relief organisation, relief expenditure declined to around 8% of country programme expenditures at the end of the 1980s. At the 1998 Martigny global consultation, UNICEF recognised the need to have a more predictable and effective response in emergencies. Since the first Gulf War in 1991, humanitarian work has made up an increasing proportion of its programming and by 2004 nearly half of UNICEF’s country portfolios included countries with humanitarian crises. In spite of this and the significant steps made to improve UNICEF’s humanitarian response capacity, the 2002-2005 MTSP made only light references to UNICEF’s role in emergencies.

This has now been rectified to some extent in the 2006 – 2009 MTSP.

UNICEF’s tsunami response takes place in the context of the ongoing processes of UN reform in the humanitarian sector. An independent assessment noted that UNICEF has been a leader and a driver of this process beginning with UN resolution 46/182. It has also been the largest overall contributor in terms of staffing, time and supplementary financial resources to inter-agency coordination mechanisms at the global level.

\[^{26}\text{Including action to address gender-based violence in emergencies: IASC Statement of Commitment, 2002.}\]
\[^{27}\text{See Annex 6 for a summary of the CCC.}\]
\[^{28}\text{Quesnel, 2002:17.}\]
\[^{29}\text{Including the Martigny Consultation 1998, the humanitarian capacity-building partnership with DFID started in January 2000, Martigny II consultation in 2003 and updated CCC in June 2004.}\]
\[^{30}\text{UNICEF 2001.}\]
\[^{31}\text{Mendelsohn, Stoddard, Mackenzie 2004.}\]
3.2 OVERVIEW OF UNICEF’S RESPONSE

As with other international agencies, UNICEF’s response to the tsunami disaster must be seen in the following context:

- The need to address simultaneous sudden-onset disasters in eight countries in three regions was unprecedented.
- The disaster struck at a holiday time when significant numbers of staff were on leave.
- Within a few days, UNICEF also had to manage unprecedented media attention and inflow of funds.
- The disaster coincided with the end of UNICEF’s financial year and offices were in the process of closing their books. This created some difficulties in the first few days of the response.

This evaluation finds that UNICEF rose to the extraordinary humanitarian challenge in a response that had many positive and commendable features. Staff responded with extraordinary commitment and professionalism in the countries affected as well as in regional offices, New York Headquarters and country offices that sent staff on mission. 157 staff were recruited or redeployed in the first eight weeks of the response and 341 in the first six months.\(^{34}\)

By 31 December 2005, UNICEF received a total of US$660 million (including US$3.32 million of in-kind contributions) for its tsunami response programmes. By the same date, US$219 million had been spent, with the balance to be used in 2006 and 2007.\(^{35}\) UNICEF and WFP were by far the largest UN agencies in the tsunami response in terms of expenditure in cash and kind.\(^{36}\)

By December 2005 UNICEF estimated that it had assisted approximately 3.7 million tsunami-affected children and women.\(^{37}\) Of the US$219 million spent by UNICEF in 2005, approximately 50% of the expenditure was on supplies and materials.\(^{38}\) Table 2 gives an idea of the overall scale of UNICEF’s response in the three countries studied during 2005.\(^{39}\)

Figure 3 shows that UNICEF had allocated 87% of total funds allocated by 31 December 2005 to Indonesia, Sri Lanka and the Maldives, with the balance apportioned to India, Malaysia, Myanmar, Somalia and Thailand.

Figure 4 shows that 92% of UNICEF’s total income for the tsunami disaster, US$660 million, was allocated to country programmes with the balance to regional offices, headquarters and 3% remaining unallocated at 31 December 2005.

Figure 5 illustrates that education, health and water and environmental sanitation programmes accounted for 75% of UNICEF’s expenditure in 2005.

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\(\text{Figure 3: UNICEF Tsunami Allocations by Country at 31 December 2005 (Percentage of US$640 million allocated)}\)

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\(^{34}\) Cumulative figures from UNICEF DHR.

\(^{35}\) Source: OCHA Indian Ocean Earthquake-Tsunami Flash appeal expenditure tracking, March 2006, which shows UNICEF and WFP both having approximately 30% of Flash Appeal expenditure.

\(^{36}\) Source: Tsunami Support Unit, May 2006. This percentage does not include the cost of school construction materials that were contracted out to other agencies.

\(^{37}\) This data has not been independently verified. An overview of assistance provided by UNICEF in India, Myanmar, Somalia and Thailand can be found in Annex B.
Table 2: Selective Overview of UNICEF’s Response to the Tsunami Disaster in 2005

<table>
<thead>
<tr>
<th>Aceh, Indonesia</th>
<th>Sri Lanka</th>
<th>Maldives</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Coordinated measles vaccination for 1.1 million children.</td>
<td>■ Distributed 66,000 family kits.</td>
<td>■ Distributed 8,200 family kits.</td>
</tr>
<tr>
<td>■ Distributed 300,000 bed-nets, 490,000 vitamin A tablets, 2.7 million iron tablets, 9 ambulances, 15 emergency health kits sufficient for 150,000 people, 224,325 hygiene kits.</td>
<td>■ Set up 97 temporary schools (and cleaned and repaired 170), distributed 48,000 desks, 52,000 chairs, material for 227,000 school uniforms.</td>
<td>■ Distributed approximately 4,600 rain-water harvesting tanks and 23 reverse osmosis plants.</td>
</tr>
<tr>
<td>■ Distributed 6,953 schools in a box, 1,000 tents for temporary classrooms, school supplies for 830,000 children.</td>
<td>■ Ran 30 water tankers, 20 gully suckers, constructed over 2,900 latrines and restored 6,200 water points.</td>
<td>■ Provided 1,750 children with 6 month food supply.</td>
</tr>
<tr>
<td>■ Set up 21 children’s centres.</td>
<td>■ Distributed 1.6 million vitamin A tablets, health kits, cold chain equipment (196 vaccine carriers).</td>
<td>■ Supported the construction of 39 temporary classrooms, distributed schools supplies to 32,000 children.</td>
</tr>
<tr>
<td>■ Rehabilitated or constructed 256 permanent water points and 13 water treatment units or systems and ran 9 water tankers.</td>
<td>■ Substantial child protection and psychosocial work.</td>
<td>■ Provided cold chain equipment to the ministry of health, trained more than 300 teachers, community workers in psychosocial first aid.</td>
</tr>
</tbody>
</table>

3.3 EDUCATION

Education has been UNICEF’s largest programme post-tsunami in the Maldives, Sri Lanka and Indonesia. In the immediate post-disaster period, UNICEF played a key role in supporting governments to re-open schools and get children back to their classes, often only a few weeks later than normal after the holidays. The massive amount of supplies – schools-in-a-box, stationery, bags, textbooks, tents, uniforms and shoes – contributed to children getting back to school earlier than they might have without UNICEF’s assistance. To facilitate the re-opening of schools UNICEF helped the authorities in the Maldives and Indonesia recruit teaching staff to cover shortfalls, another important contribution.

UNICEF assisted governments to set up a large number (approx. 600) temporary learning spaces in Indonesia, Sri Lanka and the Maldives. UNICEF also commissioned 200 temporary schools through IOM in Indonesia. Approximately 150 of these were planned to have been finished by the end of December 2005 with the remainder to be finished in the first quarter of 2006. There have been some issues about the design and suitability of some types of temporary classrooms and this is one of the areas that could have benefited from a greater involvement of local communities.

School reconstruction is the largest part of UNICEF’s education programme. In common with post-tsunami housing reconstruction, timeframes for permanent rebuilding were too optimistic and did not fully recognise the difficulties linked with land issues and the need for immediate and interim temporary solutions.

Despite school construction being its largest single post-tsunami programme, UNICEF did not have any construction experts in the country programme teams visited by the evaluators. There did not appear to be internal guidelines or access to expertise of any sort for those UNICEF staff and managers involved in the school-building programme. Whilst UNOPS, which is contracted to carry out most of the rebuilding programme, can be relied on to a certain degree to safeguard UNICEF’s interests, it seems prudent to have some in-house capacity to advise on technical aspects of these large-scale projects, including the management of such substantial contracts.

The large-scale reconstruction of schools has provided an opportunity to incorporate and promote UNICEF’s Child Friendly Schools (CFS) ideas into the education systems of the affected countries. CFS aim to improve the quality of learning and the conditions of children in schools. In the Maldives, the government has approved the scaling up of an earlier pilot Child Friendly Spaces project from five to 90 schools. Elements of CFS are also being further developed in Sri Lanka and Indonesia.

UNICEF was the lead agency within the UN family for education and took this responsibility in all of the countries where case studies were conducted, supporting government responses.

3.4 HEALTH AND NUTRITION

The avoidance of excess mortality in the aftermath of the disaster was a major achievement across the tsunami-affected countries. In addition there was a significant reduction in morbidity – for instance diarrhoeal diseases and acute respiratory infections, initially high, dropped considerably over a six-month period.

UNICEF contributed to this in several major ways in collaboration with the combined efforts of the Ministries of Health in the affected countries, the Red Cross and Red Crescent Movement, UN agencies and non-governmental actors. The measles campaign in Aceh was coordinated by UNICEF and more than
one million children have been vaccinated. Despite problems with the organisation of the campaign, there have been no major measles outbreaks. In the Maldives and Sri Lanka, decisions not to vaccinate were also appropriate.

In Indonesia and Sri Lanka, UNICEF assisted health authorities to undertake mosquito net distributions, resulting in a measurable decrease in the prevalence of malarial parasites. UNICEF was involved with clean water provision and sanitation, as well as hygiene promotion (see section 3.5 below). In addition, hygiene kits were distributed appropriately in most countries.

UNICEF supported authorities to re-establish basic health services in the immediate post-emergency phase where appropriate, quickly supplying health kits and supplies. Follow-up activities were aimed at bolstering basic health services by providing ambulances and staff vehicles (Indonesia, Sri Lanka) and rehabilitating clinics and hospitals with equipment (Indonesia, Sri Lanka, Maldives). UNICEF also supported mother and child programmes by providing birth kits for midwives in Indonesia and obstetric supplies in Sri Lanka. Impact from these activities has been harder to determine and patchy monitoring and follow-up of inputs has often diminished their relevance.

Immediately after the tsunami, UNICEF made valuable contributions by supporting and initiating nutrition surveys. However, in Indonesia there appears to have been a gap between the findings of these surveys and follow-up action by UNICEF and other agencies. The February 2005 survey in Aceh highlighted concerns about acute severe malnutrition generally, and pockets where malnutrition was high. Despite this, the survey did not trigger response from the major actors, including UNICEF; and, with a few exceptions, what responses there were did not appear to be guided by the survey. The situation in the three tsunami-hit districts studied in July 2005 was not significantly different. The trend was toward an increase in malnutrition in Aceh Besar and a decrease in Banda Aceh and Simeulue. However, acute malnutrition in Simeulue was still at an unacceptably high level. UNICEF’s September 2005 nutrition survey showed a decline in acute malnutrition among children in some districts, but in others malnutrition remained higher than public health emergency levels.

The CCC include a section on addressing HIV/AIDS, but few activities were focused on prevention in the countries studied. The COs cited low incidences, but nevertheless the possibilities, particularly in the Maldives, existed for increased rate of transmission. In Malaysia, UNICEF scaled up its HIV/AIDS work.

3.5 WATER, ENVIRONMENTAL SANITATION AND HYGIENE

The water and sanitation challenges presented by the tsunami disaster were enormous. Collectively across the affected countries over a million people were made homeless and were initially living in camps or temporary accommodations. Many will continue to live in temporary accommodations for up to the next two years. The TEC Initial Findings (2005) noted that there were serious operational shortcomings persisting in this sector.

UNICEF took the lead agency role in water and sanitation in the three countries studied, but was faced with some serious institutional handicaps:

- UNICEF’s capacity in water and sanitation declined during the 1990s, partly, it would seem, because of resource allocations towards many other priorities during this period, and in 2001, because of being subsumed within the Early Childhood Development programme.
- UNICEF did not have any large ongoing water and environmental sanitation (WES) programmes in the three countries examined as case studies.
- There were no Regional WES posts in either the South Asia (ROSA) or East Asia and Pacific (EAPRO) regional offices.

UNICEF'S RESPONSE TO ITS PROGRAMME COMMITMENTS
However, UNICEF’s response in this area was effective in some cases and substantially contributed to the well-being of tsunami-affected populations. By late 2005, it is estimated that the majority of displaced people had access to minimum supplies of safe drinking water. This is testament to the huge effort by governments and very substantial work by agencies, including UNICEF and its partners. UNICEF was better placed to respond in this sector in countries with ongoing WES programmes, such as India and Somalia.

However, there remain water and sanitation problems in Sri Lanka and Indonesia. UNICEF’s WES work had significant shortcomings. No comprehensive WES assessments were carried out. In some cases the work has been slowed by bureaucracy, personnel shortages and other reasons. In others, sanitation systems were inappropriately designed.

UNICEF was expected to play a lead coordination role in WES in most of the countries affected, a global role that was formally confirmed by the IASC in September 2005. UNICEF took this challenging role very seriously, but could not fully meet its commitments. UNICEF had good coordinators in the first weeks, but there was a lack of consistent leadership throughout the six months as staff turned over or there were gaps in filling posts.

The challenges for UNICEF in its leadership of the WES sector increased as issues around temporary accommodation solutions arose that required strong coordination and collaboration with shelter sector agencies. Agencies failed to appreciate and plan for three phases of emergency shelter: immediate short-term, intermediate medium-term and final long-term. This, together with a lack of coordination with shelter agencies, meant that water and sanitation, particularly in temporary accommodations and camps in Aceh, was highly inadequate.

The leadership role in a disaster of this scale with a large number of agencies involved is bound to be demanding and requires adequate experience and skilled staff working to support the leadership roles of the governments and align the efforts of international agencies. UNICEF needs to be able to resource adequately both implementation and coordination parts of WES work. Staff are needed for both roles and it should not be a question of balancing between one mode and the other.

3.6 CHILD PROTECTION

This core function of UNICEF’s Human Rights Based Approach to Programming operates within the framework of the Convention on the Rights of the Child and CEDAW. Key elements are distilled into the CCC. UNICEF reacted quickly and vigorously, nationally and internationally. It effectively identified and advocated for child protection issues, focusing variously on the legal frameworks for child protection and advocacy, for unaccompanied and separated children (tracing, fostering, adoption, institutions), for prevention of abuse and exploitation and for psychosocial recovery and well-being. The work for the identification, care and prioritisation of unaccompanied children was generally carried out efficiently and quickly with crucial roles being played by the established network of child protection and tracing agencies – UNICEF, ICRC and Save the Children in particular.

In all countries affected by the tsunami, UNICEF took the lead coordination role amongst international actors. This work, which was done in close collaboration with other agencies, influenced government and international responses and behaviour. For example, there appears to have been very little international adoption.

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40 TEC 2005 noted that no comprehensive WES assessment could be found in any of the countries studied.
On the psychosocial front, UNICEF engaged in important work in this area, including assessment, promotion of standards, training of teachers and support of direct support services, which, although difficult to measure, do seem to have been effective. For example, in Sri Lanka, the evaluation finds impressive and often innovative intervention, made particularly pertinent by UNICEF’s good linkages with local expertise. In Aceh, the children’s centres acted as a focus for tracing activities, child protection work and psychosocial work. In Malaysia, the concept of post-disaster psychosocial work was new, UNICEF developed partnerships with the Centre for Psychology, HELP University and with a local NGO to do rapid assessments and to look at the longer-term impact on children.

The independent study on children’s views after the tsunami disaster found that children in India, Sri Lanka and Thailand generally had positive feelings during free time, whereas significantly higher numbers in Indonesia had feelings of boredom, indifference, loneliness and fear. As in other sectors, UNICEF’s response in child protection was strongest when it built on existing programmes, capacity, networks of partners and knowledge. This leadership function was performed well, in particular in Sri Lanka where all those involved were highly complimentary of UNICEF’s role.

In some countries, including Malaysia, Myanmar and Thailand, the tsunami has opened up space for debate on previously sensitive subject of child protection issues. UNICEF is well placed to move forward in this area with the governments concerned, advising on new legislation and supporting the development of responsive and aware services for children. In Indonesia, UNICEF now has increased resources to pursue child protection issues.

Issues of trafficking and sexual abuse in camp situations have been less well covered, partly because these issues are harder to tackle. In spite of the work of UNICEF and other agencies, police and local social services agencies were not always responsive to protection issues faced by children and women, particularly in camp situations. People interviewed in the course of this evaluation did not report an obvious police presence on these issues in the camps in Indonesia or Sri Lanka. However, no cases of child trafficking taking place from IDP camps or temporary shelters have been substantiated.

41 TNS 2005.
4. UNICEF’S PERFORMANCE AGAINST OECD/DAC EVALUATION CRITERIA

This section covers UNICEF’s response against the OECD/DAC humanitarian evaluation criteria.\textsuperscript{42} It also looks at the perspective of persons affected by the tsunami disaster and gender issues.

4.1 RELEVANCE AND APPROPRIATENESS

Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). It refers to the overall goal and purpose of a programme. Appropriateness - the need to tailor humanitarian activities to local needs, increasing ownership, accountability, and cost-effectiveness accordingly ... is more focused on the activities and inputs.\textsuperscript{43}

This evaluation finds that UNICEF’s response to the tsunami disaster was generally both appropriate and relevant. Funds were quickly mobilized, and health and water and sanitation relief items were dispatched within the first week. Education, protection and psychosocial responses were also rapidly organized.

The CCC require that UNICEF undertake an assessment within 72 hours of an emergency. UNICEF was able to undertake rapid assessments within that timeframe in mainland India, Somalia and Sri Lanka. In some countries, such as the Maldives

\textsuperscript{42} OECD/DAC 1999.
\textsuperscript{43} Definitions for humanitarian evaluation criteria from OECD/DAC 1999.
and Indonesia, logistical constraints made this all but impossible. Nevertheless, UNICEF undertook assessments as rapidly as possible in all of the countries affected by the tsunami, many of them jointly with other UN agencies and government. In Sri Lanka, the quality of assessments was generally good, especially technical surveys such as on nutrition. Early surveys focused more on numbers affected than issues, such as vulnerability or appropriateness of aid.

In Indonesia, assessments by all agencies were constrained at the start by the difficult operating context. All organisations, including UNICEF, were operating without accurate numbers of affected people and their locations. UNICEF support for nutrition surveys throughout 2005 was important, but it could have done more to ensure follow-up of survey findings by other agencies. UNICEF did not carry out a comprehensive WES survey, although numerous smaller surveys were carried out by various organisations. In education, the RALS (Rapid Assessment of Learning Spaces) did not provide timely comprehensive data and only informal surveys in child protection/abuse were carried out.

In the Maldives, the assessment process lacked involvement of affected communities and a vulnerability analysis.

Generally, UNICEF developed a satisfactory assessment basis for program implementation, using its own and secondary data. However, there is room for improvement by both UNICEF and in conjunction with other UN agencies, particularly in terms of the type and quality of data and the inclusion of vulnerability assessments. Tools for rapid assessments need to be readily available.

4.2 EFFECTIVENESS (INCLUDING TIMELINESS)

Effectiveness measures the extent to which the 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 of the response. (Although coordination is not a formal criterion, the OECD/DAC Guidance suggests that given its importance, it should be considered under this criterion. In this report, coordination is considered in section 5.3).

As noted in section 3, UNICEF made substantial achievements in its tsunami response including:

- Helping to ensure there were no serious communicable disease outbreaks.
- Supporting the return of children to school.
- Contributing to child protection, including the prompt registration of separated and unaccompanied children and providing psychosocial support.
- Providing water and sanitation, although this programme area had some notable weaknesses.

UNICEF's responses in the first two to six weeks of the response were generally timely. Actual distributions of initial relief supplies from existing stocks, by local procurement and the first plane loads of imported goods took place from 48 hours onwards, if not earlier in some locations. There was slower start-up in Aceh for a variety of operational reasons.

After the first six weeks, UNICEF's response slowed considerably, due to complex procedures, bureaucracy and operational issues that are dealt with in section 6. For example, in Sri Lanka hygiene kits were delivered late and thus after other organisations had distributed such items, toilets were built weeks after homes had been constructed and, in one case, a play area was approved for a camp that no longer existed.

4.3 IMPACT

Impact looks at the wider effects of the project social, economic, technical, and environmental - on individuals, gender, age groups, communities, and institutions.
As is normal in evaluations of humanitarian operations, it is difficult to attribute impact to the work of a particular agency, even though the combined efforts of national and international assistance, as noted above, have often been effective.

Internally, the tsunami disaster had an impact on UNICEF’s regular programmes in the affected countries with some planned activities for 2005 being put on hold. In non-affected countries, some work may have slowed when staff were internally redeployed to the response. This impact should be seen as a necessary result of a disaster of this magnitude and UNICEF’s organisation-wide response. It may be that contingency plans for coverage of key staff on the emergency roster can be improved.

4.4 COVERAGE

The need to reach major population groups facing life-threatening suffering wherever they are, providing them with assistance and protection proportionate to their need and devoid of extraneous political agendas.

Generally, UNICEF was able to meet the needs of the majority of affected population groups, particularly where it had a pre-existing network of field offices. In the Maldives, UNICEF made strenuous efforts to reach all the affected islands. In Aceh, UNICEF, in common with most agencies, focused its assistance mainly on urban areas and the severely affected west coast. It does however seem that a significant number of IDPs and host families on the east coast received much less attention. As sector leader in WES, nutrition and education, UNICEF should have encouraged attention to less well served areas.

Also in common with other agencies, UNICEF paid less attention to hosted IDPs that in Aceh constituted the majority of the people in temporary arrangements. They and their host families have been very unevenly targeted for assistance.

4.5 EFFICIENCY

Efficiency measures the outputs - qualitative and quantitative - in relation to the inputs. This generally requires comparing alternative approaches to achieving the same outputs to see whether the most efficient process has been used.

Cost-effectiveness looks beyond how inputs were converted into outputs, to whether different outputs could have been produced that would have had a greater impact in achieving the project purpose.

UNICEF’s programme approach to humanitarian assistance mainly focuses on providing large volumes of cash and supplies to partners. The partners are then expected to use the resources supplied to achieve agreed outcomes. Whether or not this happened depended on the capacity of the partners, design of programme and often the degree to which UNICEF was able to follow up. The malaria reduction example in Aceh cited elsewhere in this document is a good example of how outcomes can be achieved with this approach. UNICEF provided the mosquito nets and some funding for their distribution; the provincial health department used its workforce, volunteers and other organisations to distribute the nets and malaria was reduced. The cost of this exercise was relatively small, even including freight costs.

There are, nevertheless, examples of where this was not the case. In the Maldives, perhaps a third of the 4,000 rainwater-harvesting tanks distributed by UNICEF were not installed during the critical rainy season because UNICEF had not agreed with its partners who would install and maintain the tanks. In Aceh, some safe motherhood kits remained unused in the provincial health department's warehouse because there was no money to distribute them; ambulances were used as transport for health personnel because there was no equipment for them. The percentage of the UNICEF programme afflicted with such inefficiencies was not quantifiable during this evaluation. These are not isolated cases however, so the problem is certainly worth addressing.
One area where UNICEF has been successful in terms of efficiency is in the use of local solutions. This works on two fronts: it increases the appropriateness of programmes (and thus makes them more likely to achieve outcomes) and often reduces cost. In Sri Lanka, UNICEF designed local “gully suckers” (machines to empty pit latrines), saving considerably on expensive imports. Here as in other examples, UNICEF appropriately achieved a balance between speed and cost – initially importing some high-cost machines whilst the low-cost local solutions were designed and built. Local school kits in Indonesia, temporary schools in Sri Lanka and widespread use of local partners where possible are other good examples of this approach. Sometimes this was not the case – in the Maldives UNICEF flew in reverse osmosis water purification units (ROWPU), which were subsequently not used, or used only sporadically in the following weeks. The cost of the air-freight was not justified in relation to the outcome.

4.6 SUSTAINABILITY

Sustainability is concerned with measuring whether an activity or an impact is likely to continue after donor funding has been withdrawn. ... many humanitarian interventions, in contrast to development projects, are not designed to be sustainable. They still need assessing, however, in regard to whether, in responding to acute and immediate needs, they take the longer-term into account. (Minear has referred to this as connectedness, the need to assure that activities of a short-term emergency nature are carried out in a context which takes longer-term and inter-connected problems into account).

Initial findings from the TEC capacity-building evaluation indicate that agencies were not good at supporting and building local capacities. However, UNICEF often responded well when it worked through established partnerships with government and NGOs.

An internal capacity analysis noted that there has been a very appropriate concentration on capacity-building of counterparts as part of the UNICEF-supported programme in Aceh (see also section 5.2).

Although it is too early to assess the success of UNICEF’s recovery work, the indications are that good groundwork has been laid for longer-term work. UNICEF’s Human Rights Based Approach to Programming (HBRAP) provides an important conceptual bridge between the organisation’s humanitarian and development work. Examples should include child-friendly schools in the Maldives and gravity-fed water systems in Aceh.

However, this report also highlights areas of weakness that may affect the sustainability of UNICEF’s programme work. These areas include the need for stronger assessments of vulnerability and needs brought about by demographic changes, including gender-specific needs, lack of participation of affected groups in decisions concerning assistance being given on their behalf, insufficient participation of women in decision-making, insufficient use of local capacity and capacity development.

It seems clear that the tsunami response work will have important impacts on UNICEF’s longer-term work, both in the tsunami-affected areas and more widely. The Malaysia CO felt that it could use the tsunami experience to lever the country programme in areas such as psychosocial work. For example, innovative nutrition programmes initiated in Aceh, carried out in conjunction with Valid International, will contribute to learning and replication in other areas of Indonesia. Other positive benefits coming out of UNICEF’s tsunami response work include:

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46 Parakrama et al. 2006.
46 Woodhouse 2005.
The opening up of political and diplomatic space to discuss difficult issues such as child trafficking, sex working and abuse.

The opening up of previously remote or inaccessible areas for longer-term programmes (e.g., Andaman & Nicobar Islands, Somalia).

The “revealing” of vulnerable groups such as illegal Burmese migrant workers in Thailand and minority groups in Somalia and Thailand.

The opening up of space to discuss disaster preparedness and response with governments.

In a number of countries, there is an impression that UNICEF’s credibility with government has increased.

Pre-tsunami, the Malaysia Country Office was phasing down and now a new programme and team is being built.

“The tsunami response has been a major positive factor in the country programme. It highlighted disparities in parts of the country we did not know about and gave us the opportunity to talk about the issues with the government. New staff skills have been built and staff are reinvigorated, sharper and more creative. There has been a shift to a focus on field work.”

4.7 COHERENCE

Coherence refers to policy coherence, and the need to assess security, developmental, trade and military policies as well as humanitarian policies, to ensure that there is consistency and, in particular, that all policies take into account humanitarian and human rights considerations.

Four of the tsunami-affected areas, Aceh in Indonesia, the Andaman & Nicobar Islands India, Somalia and northeastern Sri Lanka, were also regions of conflict. A rigorous analysis of how tsunami disaster assistance may have influenced the progress of peace is beyond the scope of this evaluation. In Aceh the disaster was a prompt to successful efforts at peace-building, but less successful in Sri Lanka.

In Sri Lanka, UNICEF devoted attention to issues of equity, deciding early in the response to use funds for tsunami-affected districts, so that those affected by conflict could also be included. In areas where UNICEF heads of zone offices were also the UN focal points, they played important roles in coordinating the assistance with communities, the district authorities and the Liberation Tigers of Tamil Eelam (LTTE). In Somalia, UNICEF staff with long experience of working in a country that lacked an effective government were careful to avoid aid exacerbating local tensions. In Indonesia, UNICEF made continuous efforts to help children affected by the conflict as well as the tsunami.

One of the interesting aspects of the tsunami response was the large presence of international military forces in the early stages of the disaster response. In Aceh, relief agencies had access to an unprecedented level of military assets. At the peak of the relief operation there were 360 helicopter relief flights daily. UNICEF also participated in a joint UN, donor assessment mission organized from the platform of the USS Abraham Lincoln during the week of January 13.

Despite these assets being available, the system in place to gain access to them was not straightforward. The Indonesian military were coordinating and from the UN several civil-military experts were deployed to assist the Humanitarian Coordinator (HC) in this liaison. However this system did not work well. Some of the complex issues of operating in conflict zones using military assets were not adequately addressed. UNICEF either needs its own liaison capacity in such circumstances, or preferably a higher level of representation should be deployed to assist the HC.

47 Telephone interview with Thailand Country Office staff.
48 Telford, Cosgrave 2006.
4.8 BENEFICIARY PERSPECTIVES

The evaluation team conducted a range of beneficiary consultations in the three countries visited based on a purposive sampling methodology in order to gather views about the speed, relevance and effectiveness of the agency’s response. In this type of large-scale disaster involving many agencies, attribution is often difficult or impossible. The picture that emerges from this evaluation largely appears to fit with the findings of other investigations.\(^{46}\)

Affected populations were generally appreciative of:

- Non-Food Items (NFI) – family kits
- School and educational supplies
- Psychosocial support for children
- Water and environmental sanitation (but concerns also expressed e.g., in some Indonesian camps, poor quality water supply and sanitation)
- Local NGOs, which were often first to arrive and stayed.

Affected populations’ concerns included:

- Protection - apparent lack of police presence in camps
- Lack of information and consultation
- Longer-term future and livelihoods.

An independent survey by the TNS company of children’s views about their lives after the tsunami disaster found appreciation for the assistance that had been received with educational assistance ranking highly, along with clothing and food and water.\(^{50}\) Notwithstanding that optimistic response, most children felt that further help was needed with educational support still ranking high along with money and shelter.

Amongst foreign organisations mentioned by children, UNICEF, World Vision, CARE, the International Red Cross and Red Crescent Movement and Oxfam were the most recognised. In Sri Lanka, 88% of respondents and 78% in Indonesia said they received assistance from UNICEF, contrasting with 28% and 24% in India and Thailand respectively, where the magnitude of its response and its profile was lower.

The TEC evaluation found that agencies were generally poor in involving, communicating and consulting with affected populations in their responses and in reporting back to them. This also was a weakness of the UNICEF response with almost no consideration given to gauging beneficiary views during the planning and implementation of the response.\(^ {51}\)

\(^{50}\) TNS 2005.
\(^{51}\) TNS 2005.
4.9 GENDER ISSUES

UNICEF has made important contributions to the development of gender policy within the UN and the IASC, including work on the 1999 IASC Policy Statement for the Integration of a Gender Perspective in Humanitarian Assistance and the 2001 Gender and Humanitarian Assistance Resource Kit on CD-ROM. However, on the ground in the tsunami response, gender issues have not been clearly prioritised or focused. Specific assessments of gender-related vulnerabilities were lacking. For example, in Indonesia more effort should have gone into assisting single-parent households and increasing consultation with women.

As is common, UNICEF tends to see gender in terms of women’s issues, but there seem strong arguments in a tsunami-type disaster for looking closely at the vulnerability of male adolescents. This has been done to some extent in UNICEF’s psychosocial work and through general support to get education systems up and running again, but it would have been good to see some gender-differentiated analysis of the impact on young people. For example, it seems unfortunate that the data gathered in the above-mentioned TNS survey of children’s views was not disaggregated by gender.53

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52 A general failing in the response as noted by ActionAid 2005.
THE 2004 INDIAN OCEAN TSUNAMI DISASTER EVALUATION OF UNICEF'S RESPONSE

OVERALL HUMANITARIAN RESPONSE

UNICEF/HQ05-0042/ JEREMY HORNER MALDIVES
5. PROGRAMME ISSUES

THIS SECTION COVERS EMERGENCY PREPAREDNESS AND RESPONSE, PARTNERSHIP, LEADERSHIP AND COORDINATION, PLANNING, MONITORING AND EVALUATION, FUNDING AND SUPPLIES AND LOGISTICS.

5.1 EMERGENCY PREPAREDNESS AND RESPONSE

In spite of this evaluation’s generally positive assessment of UNICEF’s overall response to the tsunami, the speed and quality of the response did vary from one country to another. Many internal factors influenced UNICEF’s overall performance, including:

- Availability of experienced staff at all levels, but particularly at CR and senior management levels to be reinforced by surge capacity staff from outside the country. In India, for example, staff had experience of the Gujarat earthquake and Orissa floods, amongst other disasters. By contrast, the last emergency in Thailand was said to be 40 years ago and Malaysia was not thought to be a disaster-prone country.

- An ongoing development programme with a sound, comprehensive country analysis, relevant sectoral programme experience, human resources and a good network of key partners (governmental and non-governmental). Ongoing humanitarian programmes, as in Somalia or Sri Lanka, also gave UNICEF a substantial advantage in response capacity and preparedness.

- In large countries a network of field offices with experienced national staff that provided the first line of immediate response and the base on which to build the longer-term responses (e.g., India with 400 staff, 10 state offices and a good partner network).

- Pre-positioned in-country supplies and rapid local procurement mechanisms.

- Immediate and appropriate support from the Regional Office and a prior involvement with the RO in developing the EPRP, surge capacity and other mechanisms.

UNICEF, like other humanitarian agencies, had not anticipated a multi-country earthquake and tsunami on the scale of the 26 December 2004 disaster. All UNICEF country offices are required to maintain an up-to-date EPRP. Table 3 below shows that 50% of the country offices and none of the regional offices had EPRPs updated in 2004. The India, Malaysia and Somalia offices found their EPRPs useful, but in the larger responses in Indonesia, the Maldives and Sri Lanka, there is no hard evidence that the EPRPs facilitated UNICEF’s responses.

For example, a lengthy emergency preparedness plan for Indonesia had been finalised only two months before the tsunami. It had specifically identified both population movement in Aceh and earthquakes in Indonesia as risks. However the plan was not used, apparently because it was not fully mainstreamed within the country office and was not seen as a crucial document.

This evaluation agrees with the conclusion of the Valid evaluation “that emergency preparedness planning is not sufficient on its own to translate into effective humanitarian action. It needs to be bolstered with other measures including surge capacity from managerial, technical and operations specialists.”

The presence of senior managers in the country office team with humanitarian experience is particularly important.

54 Valid 2005. To this end, UNICEF is developing an early warning system.
Leadership and coordination preparedness commensurate with UNICEF’s designated roles needs to be included in EPRPs, as well as staff mobilization plans. EPRPs should also take account of local coping mechanisms, for example, displaced persons housed with host families.

It is noteworthy that only two of the country offices and none of the regional offices have updated their EPRPs in 2005.

The declaration of the “global trigger” and the rapid deployment of staff into the key affected countries were also crucial to the response in difficult circumstances. In Aceh UNICEF did an excellent job in scaling up the response. Nevertheless, significant issues arose: the relationship between the Aceh office and the Country Office was poor in the first month, lines of authority were unclear, staff turnover was rapid and terms of reference for those deployed were often unclear.

### Table 3: Status of EPRPs

<table>
<thead>
<tr>
<th>Country</th>
<th>Status as of December 2004</th>
<th>Status as of December 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>State offices vary – latest June 02</td>
<td>No updates</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Nov 2004</td>
<td>No update</td>
</tr>
<tr>
<td>Malaysia</td>
<td>July 2004</td>
<td>No update</td>
</tr>
<tr>
<td>Maldives</td>
<td>Oct 2004</td>
<td>No update</td>
</tr>
<tr>
<td>Myanmar</td>
<td>May 2002</td>
<td>Aug 2005</td>
</tr>
<tr>
<td>Somalia</td>
<td>Dec 2003</td>
<td>July 2005</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>May 2004</td>
<td>No update</td>
</tr>
<tr>
<td>Thailand</td>
<td>May 2003</td>
<td>No update</td>
</tr>
<tr>
<td>EAPRO</td>
<td>March 2003</td>
<td>No update</td>
</tr>
<tr>
<td>ROSA</td>
<td>Dec 2002</td>
<td>No update</td>
</tr>
</tbody>
</table>


### 5.2 PARTNERSHIP

Working with and through partners is at the core of UNICEF programme implementation. In the Maldives, although the disaster was national in its proportions, government capacity was severely stretched, but not overwhelmed. As a result, UNICEF was able to work effectively through and with government. In both Indonesia and Sri Lanka, central government was effective and responded quickly and coherently to the crisis in both countries.

However, in the worst affected areas, local government was often overwhelmed, particularly in Aceh. UNICEF’s well established zone offices in Sri Lanka found ways of working around the problem of weakened local government based on good local knowledge. In particular, partners were supported for running programmes, rather than just receiving materials or cash from UNICEF and being expected to find the means of implementation. In India, the tsunami response was strongly led by the government at all levels.

UNICEF’s partnerships with local NGOs worked best where UNICEF and the NGO in question had a pre-existing relationship. The relationships were less successful when UNICEF took on such organisations after the emergency, essentially as contractors. These types of partners often had a low or limited skills base, resulting in UNICEF having to invest valuable technical time to ensure programme quality. In addition, most of the small NGOs that took on such contracts could not pre-finance the work, and waited for UNICEF to advance money. This slowed the work occasionally to the point of irrelevance.

The amount of funds available to international NGOs (INGOs) generally meant that they did not need to enter into implementation partnerships with UNICEF. INGOs were also wary of the bureaucracy and
complications of funding relationships with UNICEF. Partnerships with INGOs were effective on a more strategic level – for instance Oxfam and UNICEF shared the coordination of the WES sector in Aceh.

UNICEF did partner with sister UN agencies, sharing leadership within UN operations, conducting projects with UNHCR and surveys with WFP, sharing capacity within Joint Logistics Centre and contracting with IOM and UNOPS. The majority of these partnerships worked well and contributed to overall UN cohesiveness.

UNICEF sees partnerships, particularly with governments, as a way of building capacity. While this was done to some extent, for example in Aceh by seconding staff into relevant line ministries, this area of work could have been strengthened. Such action is also highly complimentary with UNICEF’s sector leadership role. Governments were sometimes very appreciative of UNICEF support, for example, for education in the Maldives and in Trincomalee, Sri Lanka, where the governor said that UNICEF took 70% of the inter-agency coordination workload off him.

5.3 LEADERSHIP AND COORDINATION

The TEC evaluation on coordination notes that the scale of funding for the tsunami disaster response created coordination problems as it increased the number of agencies; it also removed some of the normal incentives for agencies to engage with coordination mechanisms. On the other hand, the Echo Research Inc. report on media coverage says that several media outlets noticed “unprecedented openness and spirit of cooperation” among agencies, citing the Red Cross/Red Crescent Movement and UNICEF in particular.

UNICEF was the lead agency for three substantial sectors of emergency response within the UN system; water and sanitation, child protection and education. UNICEF took this role seriously in all of the countries where it found itself in this role, and has often taken on other coordination/leadership roles, such as UN focal point in three districts in Sri Lanka. Despite this commitment, UNICEF was not uniformly successful in its coordination role. Broadly, leadership and coordination were most successful in child protection, variable in education and less successful in WES.

A number of components to UNICEF’s successful leadership and coordination in child protection were not systematically replicated in the other sectors:

- Timeliness (i.e. early) in joint sector-wide assessments
- Common database of information usable by all actors on the needs of the affected population
- Common principles, standards and formats not shared as early as possible. Robust dissemination of standards such as SPHERE minimum standards
- Action-oriented coordination initiatives
- Joint action in advocacy
- UNICEF’s unique role with government, acting as a trusted interlocutor and often achieving policy change.

UNICEF needs to develop its understanding of the essential elements of this leadership role and resource it appropriately. It is often in this leadership role that organisations like UNICEF can have their biggest impact, but during the tsunami response this role was often second to the implementation of programmes. Coordination responsibilities have to be funded and adequately staffed.

5.4 PLANNING, MONITORING, EVALUATION AND LESSON LEARNING

In Sri Lanka, a good example of comprehensive planning was the strategic planning process that took place after the first two months. The product of this was given to government and within a four-month period the UNICEF recovery plan had been approved. Planning also took place in Aceh within two months,
and the current work-planning process has been well developed. However, inadequate strategic planning in Indonesia soon after the initial response phase weakened attention to cross-cutting issues, such as participation and to connections between the sectors.

UNICEF’s planning process in the early phase of emergencies often lacked definition, without a Plan of Action to follow on from the often broad brush and preliminary objectives in the Flash Appeal. The CCCs stipulate developing a Plan of Action as one of the Country Office responsibilities. Such a process/document would provide early objectives and indicators to give direction and structure to the emergency response.

There were some good examples of well-implemented monitoring allowing UNICEF to demonstrate impact. UNICEF has had less success in the consistent monitoring of its programmes, particularly as the majority of work is through partners in order to achieve its goals. UNICEF has not always given consistent guidance to partners on how it wishes monitoring to be undertaken. Indicators are often set internally at a much later date than project inception, and then not systematically shared. Monitoring tends to be “input”-based rather than “outcome”-based, focusing more on financial accountability and less on achievements. UNICEF does not consistently have enough staff for oversight of projects itself.

As noted in sections 1.2 and 5.4, UNICEF’s monitoring systems could not provide definitive information on the numbers of affected persons assisted or the allocation of expenditure between programme and overhead expenditure.

Improving monitoring could have a large impact on UNICEF’s ability to achieve outcomes. Where programmes did not achieve targets in the tsunami response, it was often the result of issues of detail that could have been resolved with appropriate and timely action. For this to happen, managers must be able to systematically review progress towards goals and staff should be able to focus on ensuring outcomes are achieved.

A major global lessons-learned exercise was held in Colombo in September 2005, but this was primarily focused on the South Asia region and, although represented, the East Asia region did not undertake a similar process. A number of other lesson-learning exercises have been undertaken in the tsunami response countries, some specific to UNICEF and some in collaboration with governments and UN agencies. Within UNICEF this work appears to have been scattered. For example, there is no port of call on the UNICEF Intranet where all the reviews and lessons learned from the tsunami disaster can be found. It is not clear whether there is any systematic follow-up to these exercises.

5.5 FUNDING

The scale and nature of funding for the tsunami response has been covered in section 2 above.

The scale and speed of funding meant that Country Offices did not need to draw on UNICEF’s Emergency Response Fund.

The profile of funding for the tsunami disaster was unusual in the high level of donations from the public through UNICEF’s National Committees (see Figure 6).

UNICEF raised over $600 million, twice as much as any other UN agency and second only to the International Red Cross and Red Crescent Movement. That was a great success, albeit in a generous environment and is a clear indication of its capacity and skill to fundraised and communicate effectively and of the commitment and energy of its National Committees.
Three policy changes made for the tsunami response sped up the disbursement of funds:

1. A signed fax from a National Committee chief executive was taken as a firm pledge to be spent against.
2. Similar emails from reliable donors were taken as firm pledges.
3. Thematic fund pledges could be spent before the money arrived.

UNICEF’s effort to persuade donors and National Committees to provide thematic funding rather than funding tied to particular projects or countries resulted in 55% of donations coming as thematic funding. At the same time a great deal of effort went into informing National Committees about how programme expenditure for the tsunami was being managed and how expenditure would be spread over an extended period of up to three or more years.

It was not possible for this evaluation to assess the impact of having a higher proportion of thematic funding than is normal. Did it reduce transaction costs as is widely suggested? Did it take the pressure off detailed analysis of vulnerability and gender issues? How accountable is UNICEF for the allocation decisions it has made? This is an area that needs further research.

The allocation of funds between different countries has been guided by the percentages arising from the Flash Appeal. Within those broad proportions, allocation by sectors has largely been done by a bottom-up process of country requests from country offices. The actual allocations by country appear sensible with Indonesia, for example, getting 50% of the funding. However across sectors within Indonesia, it is not clear to the evaluators that UNICEF’s allocation of funds has considered the broader humanitarian picture. For example, while schools are being constructed, affected populations continue to live in very poor conditions without adequate water and sanitation. UNICEF’s mandate does not include shelter as such, but within its broad humanitarian objectives care must be taken that affected populations are not neglected because of demarcation issues with other agencies. Implementation of shelter programmes is not UNICEF’s role, but every effort must be made to lobby for those programmes to be carried out and for adequate water and environmental sanitation to be provided.

The TEC evaluations suggest that agencies felt pressured to spend money, which sometimes led programme decisions and adversely affected programme quality. Within UNICEF there is no doubt that staff, for example in the Maldives, felt strong pressure to scale up and spend money. This may have been due to the overall size of funds available and also the fact that some government donors required money to be spent within short timescales. However, there is little evidence that pressure was exerted to spend money for the sake of it. In at least one country, the UNICEF Representative specifically asked staff to guard against any tendency to spend money for the sake of it.

Figure 6: UNICEF’s Tsunami Income by Source at 31 December 2005
(Percentage of total income of US$660 million)
Source: Tsunami Support Unit.

57The DEC evaluation (Vaux et al.) criticised the British NGOs for allocating insufficient funds to Indonesia (31%), the same as Sri Lanka.
UNICEF’s move into the large-scale reconstructions of schools recognised the need and the opportunity to promote child-friendly spaces, but was also influenced by the amount of funds available. This was a departure from normal policy although it had been done before in other countries, including Mozambique and Afghanistan and in earlier stages of UNICEF’s history. It is too early to assess whether this decision was appropriate and has led to successful and sustainable outcomes for children. A full evaluation of the school construction work in the context of UNICEF’s overall response in education should be undertaken at the end of the programme.

The scale of the financial response to the tsunami disaster raises the wider question of global proportionality when compared to other less publicised disasters and emergencies, particularly in Africa. Although not a focus for this evaluation, humanitarian agencies together with donors face the issue of what can be done to reduce the global inequalities in humanitarian funding and to communicate the issues to their publics. UNICEF’s Executive Director asked on 24 January 2005 that new fundraising for the tsunami disaster should end. In April 2005 National Committees were asked to stop accepting new earmarked funds, to re-negotiate for other emergencies or advise that funds would be used for long-term reconstruction over a three- to five-year period. UNICEF tried to re-route some money offered to other emergencies, with some success with private sector donors.

5.6 SUPPLIES, LOGISTICS, IT AND SECURITY

The UNICEF supply operation was large scale and multifaceted. It included supplies shipped by the Supply Division, mainly from Copenhagen but also from regional hubs in Dubai and Johannesburg, supplies purchased regionally and those purchased in the countries affected. In total about US$90 million worth of supplies were purchased up to the end of 2005 just for the three countries where UNICEF had its largest response (Indonesia, Maldives and Sri Lanka). Of this, approximately half was procured offshore. In Sri Lanka alone, 1,400 items were procured in 639 separate purchase orders in the period up to the end of October 2005.

The provision of emergency relief items to those in need was on the whole timely and the supply operation contributed to this timeliness. In Sri Lanka, where the response was fastest, relief items reached affected people on the day the tsunami struck in one area and within about four days in most of the areas where UNICEF had prior presence. This was also the case in Somalia, where pre-positioned supplies allowed the country office to response very rapidly. These local relief goods were quickly supplemented with items from outside. The first plane load of relief items left Copenhagen on December 29 and arrived in Colombo on December 30. Plane loads of supplies also left for Banda Aceh on the same day, although they did not arrive in Aceh until some days later. In the Maldives, supplies by plane arrived on January 7. Supplies would have left Copenhagen even earlier if financial procedures and Christmas break had not slowed approvals.

The scale of the supply operation was impressive, both in its complexity and its diversity. Multiple areas of technical work mean that UNICEF purchases many different types of items, from pre-stocked relief goods such as vaccines and schools-in-a-box, to drilling rigs, microscopes, hygiene kits, ambulances, textbooks and tents. The multi-country impact of the tsunami meant that UNICEF supply division found itself shipping goods to eight different countries, negotiating fast-changing customs regimes, having to coordinate with a plethora of other relief actors, working through and supporting joint mechanisms, such as the Joint Logistics Centre of the UN (UNJLC), and in the case of Banda Aceh, having to liaise with military authorities for access and warehousing.
In contrast to its huge supply operation, UNICEF’s emergency logistics capacity was small. None of the regional offices had standing logistics capacity. Of the three countries studied in depth, only Indonesia had a pre-existing logistics officer. Moreover, the emergency deployment, whilst it included logistics officers, did not go to the scale of similar-sized relief agencies – notably the Red Cross and Red Crescent Movement (IFRC) or WFP. UNICEF did deploy a number of logistics staff, but in Banda Aceh (the worst affected area by far) they were scattered into the UNJLC, into regional hubs. In Sri Lanka the Country Office requested and got a logistician quickly, but this still left a small team to deal with a large emergency operation. The lack of logistics capacity in Banda Aceh meant that staff lived in very basic conditions for the first month; it also hampered the programme’s ability to rapidly get relief items to partners.

The responsibility for ensuring a robust logistics capability is diffuse. The principle responsibility lies with the Country Office, but they are the least likely to know their needs and are overwhelmed with the work at hand. The responsibility then falls to the regional office, but they have no knowledge of, or capacity in, logistics and finally at the global level it is split between the supply division and EMOPS.

Current UNICEF practice does not favour in-country stocks, partly because of the difficulty of getting funding for such preparedness measures. However, there seems little doubt that stand-by stocks can facilitate very rapid initial responses as was shown in the case of North-East Somalia. Stand-by stocks can also facilitate early assessments, providing immediate relief to affected populations. Such stocks need not be large and can be more cost-effective if rotated through existing humanitarian or development programmes. Protocols have to be established for the quick release of such stocks if held in government warehouses. In Myanmar a delay occurred in getting material released from government depots.

The IT section of UNICEF was a centre of excellence in all three countries reviewed by the evaluation team. UNICEF’s IT function appears to be the leader within the UN family; in Banda Aceh they installed fast wireless internet access for themselves and a number of other agencies; in Sri Lanka UNICEF have led on delicate negotiations to have internet access in Kilinochchi and Mulaitivu; in the Maldives UNICEF led on and finally were successful in working with the government of Maldives to install a VSAT system for the UN family in Male. These achievements are indicators of a wider proficiency that certainly enabled staff in their work.

This evaluation is not aware of any serious security incidents involving UNICEF staff in the tsunami-affected countries after the disaster. The Valid evaluation noted that UNICEF’s investment in MOSS compliance was showing results. In Somalia and Sri Lanka UNICEF staff had considerable experience of working in conflict situations, usually led by national staff. The response in Aceh for all UN agencies was slowed by UN security phases set at IV or V.
6. OPERATIONS AND MANAGEMENT

THIS SECTION LOOKS AT MANAGEMENT AND LEADERSHIP, HUMAN RESOURCE ISSUES, COMMUNICATIONS AND FINANCE AND ADMINISTRATION.

6.1 MANAGEMENT AND LEADERSHIP

The tsunami response was quickly given global priority within UNICEF as the scale of the disaster became clear. The Executive Director declared an organisation-wide response, the so-called global trigger, on 29 December 2004.

UNICEF’s model of disaster management puts the country office at the centre of the response, with support from regional offices and EMOPS. With the tsunami spanning three regional offices and eight countries, it was clear that leadership role had to be provided from the centre, at least initially. The Executive Director chaired daily telephone conferences at the outset, which were widely seen as effective in keeping all involved up to date.

The management of the response in the worst-affected countries differed; while Sri Lanka relied exclusively on its established management team for leadership, ROSA supported the Maldives field office with external emergency management expertise. The Indonesia response was effectively managed by the EMOPS Emergency Response Team for the first month. In other affected countries, existing UNICEF teams generally managed the responses with limited external help in some cases.

The management and leadership of the Sri Lanka programme were strong and effective. The Maldives sub-office had almost no experience of emergency response, but common sense, the experience of the UNICEF Representative, the judicious use of the CCC and a strong and capable government partner made up for this experience gap at the outset, with external support coming in quickly from UNICEF.

The response in Indonesia presented significantly greater management and leadership challenges to the organisation, particularly given the absence of a UNICEF country representative at the time the tsunami wave struck. The decision by NYHQ to deploy an emergency manager was correct and UNICEF mounted a credible response in Aceh. There are however lessons to be learned from this experience in relation to clarity of reporting lines, the role of the country office and the importance of drawing on existing country and contextual knowledge and experience.

The centralisation of management of the tsunami response in the early phases meant that to some extent the Regional Offices were sidelined in their roles as first port of call and first line of oversight for the Country Offices. Nevertheless, the ROs provided important and sometimes crucial technical and human resource support to the responses. However, it seems that full use was not made of RO capacity in terms of human resources and knowledge of the region.

On the human resource side, there was a lack of structured collaboration between DHR and Regional Human Resource on surge capacity. An underlying issue remains, highlighted by other evaluations, of clarifying the accountabilities of ROs in relation to COs and to HQ.

6.2 HUMAN RESOURCES

The tsunami disaster represented a unique HR challenge. Impressively, during the first six months of UNICEF’s response 341 staff were recruited or redeployed, 157 in the first eight weeks. There were also significant numbers of national officers taken on and local special services agreements (SSAs) in the first days of the response.

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59 EAPRO Lessons Learned Exercise 2005.
60 Source: UNICEF DHR.
The importance of national staff in emergency response should be emphasised, particularly in areas such as Somalia, where access for international staff can be limited by UN security regulations and in Indonesia where communications with the authorities is necessary in Bahasa, Indonesia, if not in Acehnese.

It is the impression of the evaluation team, reinforced by feedback from partners and sister agencies, that UNICEF has consistently excellent staff. There is a high degree of technical competence and many staff have considerable experience. UNICEF is to be commended on its ability to recruit and in many cases retain such quality staff.

The initial dedication of the emergency focal point in DHR meant that many deployments happened speedily, greatly helped by the effectiveness of the global trigger. Overall, in all three substantive response countries – Maldives, Sri Lanka and Indonesia – a large number of staff were both deployed and recruited at the outset using the full range of UNICEF’s hiring mechanisms.

Notwithstanding these positive findings, it is clear that problems remain with UNICEF’s HR performance in relation to major emergencies. UNICEF’s difficulty in sourcing and placing staff quickly (and keeping them in place for an appropriate length of time), especially after the initial response period has had a direct impact in some cases on UNICEF’s ability to implement programmes.

After the first month, and certainly at the end of the second month, many of the people who had gone on mission to support the responding country offices left. This then set in motion a series of short-term, or contract, solutions until permanent staff were found. As the lead time for permanent UNICEF recruitment is months rather than weeks, the challenge for UNICEF must be how to fill the “transition gap” between initial emergency deployment and permanent positions being identified and filled.

A number of other observations on staffing emerged from the country case studies. UNICEF seemed to be under-staffed in all of its emergency response programmes, in the technical, programme areas as well as in operations. This has affected the scale and speed of programme implementation and caused staff to work overlong hours.

The tsunami response led to a much increased workload on field staff that has continued beyond even “normal” emergency situations. In all three countries where case studies were carried out, senior managers, programme staff and operations staff routinely worked until 10pm and often later, and routinely worked weekends. UNICEF needs to offer better support to managers in how to manage these extreme workloads and recognise where working practices are potentially damaging to staff health and morale. This is not simply a case of individual counselling; ensuring that staff feel well looked after and have recreational activities in hard postings are also necessary, as well as time for rest and recreation.

There was a tendency to undergrade key posts, most noticeably in Indonesia where the grades were set too low in the February 2005 programme budget review for the programme management positions. This resulted in P3 grades managing programmes with budgets bigger than the average UNICEF country budget. The reasons for this undergrading are not clear, but it seems possible that the scale and complexity of the programmes planned were underestimated and there is a wish to avoid “grade creep.”

A number steps can be taken to improve UNICEF’s HR response in major disasters:

1. The global trigger mechanism should be strengthened. For example, when staff are internally redeployed from COs, there must be a commitment to up to three months deployment. COs should have contingency plans for back-up when key emergency roster staff are deployed away.
2. There should be incentives for COs to provide staff on loan and for staff to be deployed on the emergency roster. Incentives could include clear career recognition for emergency experience, good back-up cover, attention to out-of-station relocation costs for extended periods and dependent needs.

3. Regional Offices need to have emergency HR focal points, regional rosters need to be maintained and work done on staff mobilization plans for emergency prone countries.

6.3 COMMUNICATIONS

An independent analysis of international and national media coverage during the first three months of the response found widespread strengths in UNICEF's media work and inter alia that:

- UNICEF achieved widespread coverage for its work and messages. Its spokespeople, particularly the Executive Director, played a key role in generating messages and coverage.
- Key messages on child trafficking and exploitation and the high proportion of children lost in the tsunami were widely covered.
- Coverage of UNICEF focused mainly on the relief period with less coverage on issues about improved reconstruction and ongoing development issues.\(^6\)

An independent evaluation of UNICEF's communications work during the tsunami response notes that UNICEF had a major influence on how the global media story was shaped during the first month after the tsunami disaster.\(^2\)

UNICEF's communication and information work is widely admired and clearly a key component of the organisation's capacity to raise funds and communicate issues. In relation to the programme, UNICEF's high visibility puts substantial demands on staff associated with numerous visits from journalists and National Committee members.

There were sometimes uneasy tensions between the needs of external communicators and the work of programme staff in highly demanding situations. The India lessons learned exercise noted that the "deployment of communications staff appeared to be out of balance with programme...it does not look good to have a five strong team of communication professionals to one programme officer."\(^3\) However, the independent evaluation of tsunami communications work suggests that "when UNICEF communications messages got out in front of the actual relief effort – as they did after the tsunami struck – they had the potential to motivate the organisation and set up an accountability system."\(^4\) Gaps between external public relations and programme delivery can also cause tensions with other agencies.

In its public documents about the tsunami response the evaluators noted a tendency by UNICEF to calculate the number of people assisted by extrapolation from the amounts of supplies delivered in-country rather than actual usage. An increased focus on outcomes and results will avoid this problem.

6.4 FINANCE AND ADMINISTRATION

One of the recurring themes across all of the country case studies in this evaluation was the amount of time spent on administration and the effect that procedures appeared to have on slowing down projects. There are many documented examples of projects slowed or complicated by time-consuming procedures:

- Projects were sometimes slow to start with NGO partners: lengthy procedures meant that projects started late. Often the better NGO implementing partners had already started working with other agencies and were no longer available. This was the case in the WES sector in Indonesia. In Sri Lanka some projects were delayed as approvals took time. A large project of toilet construction in the

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\(^{61}\) Echo Research Inc. 2005.
\(^{62}\) Richardson 2005.
\(^{63}\) India Lesson Learned 2005.
\(^{64}\) Richardson 2005.
east was delayed to the point where the houses had been constructed (by UNHCR) but the toilets were still being built three months later as the approval for the NGO partner projects took time. In Sri Lanka in one extreme case a project was approved for a play space in an IDP camp that had ceased to exist months earlier.

- Projects were sometimes slow to start with government partners: Getting the Cash Assistance to Government (CAGs) up and running in Aceh took time. This had an effect on the water projects in Indonesia as UNICEF could only begin working with the public works department after February. Blocked CAGs meant some government partners could not receive funds. In several instances in both Sri Lanka and Indonesia, previous problems with CAGs meant that it was difficult to use key government partners at the outset of the response. Whilst this is understandable in some cases, there were also examples where this was not appropriate. In Aceh staff took time to try and close a CAG with the health department where records had been washed away by the tsunami.

- Late payment sometimes led to reduced project effectiveness: During the measles campaign in Aceh delays in payments meant training did not take place, with the effect that some vaccinators did not do their job well. This had an effect on the coverage rate achieved.

- Late payments led to reduced trust in UNICEF by partners, and reduced their willingness to engage in projects: In Indonesia there are examples where both NGO and government partners either ceased cooperating with UNICEF or reduced their programme as a result of late payments. In one extreme case, a significant provincial government partner reduced cooperation with UNICEF over a payment of only $7,000 because a payment took 10 months to settle, was reduced three times and involved their having to collect receipts twice from staff in over 100 locations. In Sri Lanka teachers threatened to cease engagement with UNICEF partner-run projects as payments were late.

- Perceived complex procedures meant many NGOs did not wish to partner with UNICEF: With the surfeit of funding available in the tsunami response many potential partners reported to the evaluation team that they would not approach UNICEF for partnership because they were perceived to be too bureaucratic and often unreliable. This was confirmed by UNICEF staff. Partners also complained about burdensome reporting requirements.

The cumulative effect of these issues during the tsunami emergency response was significant and threefold. Firstly, the delays led to reduced timeliness, both at the beginning of the response in Aceh and in individual cases in Sri Lanka and Indonesia. Secondly the cumulative effect damaged UNICEF’s reputation. Thirdly, it tied up staff time unduly so that they could not acquit their field monitoring duties adequately. Staff routinely reported being in front of a computer for hours so that they could not get out and see projects.

It seems that COs have leeway to decide on procedures for implementing rules and regulations set by UNICEF headquarters. However it is clear to the evaluators that the problems outlined above lie across the board in terms of complex rules, regulations, systems and procedures that inhibit rapid action in emergency responses. It was beyond the scope of this evaluation to make a full analysis of these issues. However a number of points can be made:
UNICEF’s Programme Management System (ProMS) appears to be a well conceived and robust system. The problem does not appear to lie with the system itself but rather with the procedures for approval prior to entering data into the system and then with the procedures for liquidating payments once activities have been implemented.

In Aceh, the ProMS was not available until September. There was also the difficulty of getting ProMS into field offices. With the ProMS server in Jakarta, it could take 30 minutes to move from one page to the next.

UNICEF’s financial and administration systems have been developed and tailored for its long-term work with governments and NGOs. However, they have not been adapted for humanitarian response situations. The newly revised UNICEF Emergency Field Handbook states that “financial regulations and procedures remain unchanged in emergency circumstances. Contingency planning and flexibility can enable a country office to speed up existing procedures and meet the challenges of a crisis situation.”

However UNICEF staff, particularly if new or less senior, are unlikely to take risks with flexibility if it means the possibility of getting a bad audit that can seriously damage one’s career. The emphasis is on control for process rather than results in the field.

While there is guidance for staff in the UNICEF Emergency Field Handbook and in other documents, there is no quick and easy all-in-one place reference for key finance and administration procedures in emergencies. This is a particular problem when there are new staff and a high volume of projects that need quick approval and implementation.

Emergency situations require adequate and experienced operations staffing as well as programme staffing.

Sometimes it is not necessarily the procedural systems at fault. Staff may not be fully aware of the procedures, particularly those new to UNICEF. For example, it is possible to liquidate CAGs without asking for all the receipts, but this route is hardly ever taken, whether because of lack of knowledge or concern about possible audit problems.

Emergencies are times when large amounts of money have to be disbursed quickly and can be times of significant risk for UNICEF. There does not appear to have been major fraud during the tsunami response and this must count as an achievement for the financial and administrative processes.

However, UNICEF’s financial and administrative systems and the way procedures have been applied have had a significant impact on project delivery and on relationships with government and NGO partners. As illustrated above, multiple issues here have been identified in a number of earlier evaluations, including Valid 2005.

66 Unfortunately DFAM was not available to meet the evaluators during the period of validation meetings in NYHQ in January 2006.
UNICEF made important contributions to ensuring that 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. UNICEF was influential in setting the agenda for children from the beginning of the post-disaster response period.

In WES, UNICEF provided drinking water to temporary settlements and sought sustainable solutions to water provision. However, it was unable fully to fulfil its lead role obligations to coordinate the WES sector. Both the programme and coordination areas of UNICEF’s WES response need substantial strengthening.

UNICEF’s response to the tsunami disaster shows that its investments in humanitarian response capacity, supported by DFID and ECHO, are showing some results. However, this evaluation also shows, as others have, that some very important issues still need to be tackled strategically and energetically:

- UNICEF should continue to gear up its surge capacity.
- Adequate operational support capacity is crucial for efficient and timely humanitarian responses.
- UNICEF must work to overcome the HR “transition gap” that occurs when the initial wave of staff deployments ends, before longer-term staffing is established.
- UNICEF must review its finance, administration, operational and programme rules and develop streamlined procedures and systems for use in humanitarian responses that continue to safeguard UNICEF’s resources and reputation.
- UNICEF must find a way of re-balancing its tendency to risk aversion created by the fear of audit with the need for humanitarian response results.
OVERALL CONCLUSIONS

If UNICEF is to fulfill its humanitarian leadership responsibilities as designated by the IASC, donors will need to ensure adequate support for standing response capacity. A contrast can be made with the substantial and relatively stable funding provided to the ICRC in relation to its obligations under the Geneva Conventions. If UNICEF is to be an effective part of the humanitarian fire brigade it needs to have the crew and the appliances.

Overall, UNICEF must shift from a focus on process, delivery and outputs to an emphasis on results and impact.

The response has shown that UNICEF has strong comparative advantage when it is able to apply a mixture of policy work, coordination and sector leadership and practical implementation.

The report notes that accountability issues arose between country offices, regional offices and headquarters. Again, these issues have been identified in earlier evaluations.

It has been suggested that the Indian Ocean tsunami disaster was an exceptional occurrence and therefore of limited use for more general lessons learning. While there may be exceptional elements, as with all disasters, it is interesting to note that the majority of recommendations from this evaluation do relate to most disasters and have already been identified in other evaluations.

The potential for multi-country, regional and even global humanitarian disasters to take place appears to increase, taking into account environmental stress and the potential for epidemics, such as the threatened avian influenza pandemic.

One learning opportunity that can be taken from the tsunami disaster is that no UNICEF country office should assume that it is working in a disaster-free environment. The number of senior managers (CRs, DCRs, etc.) with humanitarian experience must be increased, particularly in countries with significant risk of humanitarian emergencies.

Although it is too early for this evaluation to assess the impact of UNICEF’s recovery work, given the alignment between the CCC and the MDGs, it seems very likely that its recovery programmes can make significant contributions towards achieving the MDGs.
Investment in sound long-term country programmes is also an investment in humanitarian response capacity. Where UNICEF’s country programme contains a good analysis of humanitarian threats, vulnerabilities and capacities, and incorporates disaster risk reduction projects, it should be better placed with its partners for humanitarian responses. Good relationships with partners, empowered national staff and a good network of field offices can crucially underpin UNICEF’s humanitarian responses. These considerations need to be taken into account when the organisation is looking at overhead costs.

UNICEF needs to ensure that humanitarian analysis, preparedness and response is mainstreamed in the studies and the research that it carries out. For example, it seems in striking contrast to the realities of its work in 2004/2005 that UNICEF’s State of the World’s Children 2006 does not contain any substantial coverage of humanitarian issues. It will be particularly important that humanitarian response issues are firmly incorporated in the organisational review of UNICEF, which started in March 2006.
8. RECOMMENDATIONS

8.1 INTRODUCTION

The recommendations that follow are focused on organisation-wide issues. Recommendations relating to specific country programmes can be found in the respective country reports.

The recommendations will need to be internally validated by UNICEF and aligned with organisational frameworks, including the MTSP 2006 – 2009, a series of organisational reviews that are taking place and, in the wider context, reforms to the UN humanitarian architecture.

The evaluation team is very much aware that work is already under way in a number of key areas that relate to these recommendations, such as the review of DFAM functions in emergency situations. The recommendations below should not imply that no work has yet been done in the areas identified for improvement.

Many of the key recommendations require close cross-departmental work. In accountability terms, it will be important that UNICEF’s senior management at the Executive and Deputy Executive Director level have oversight of the implementation of recommendations.

OVERARCHING RECOMMENDATION

Many of the recommendations in this report fit with those from earlier reports (see Annex 7). In addition there have been a variety of lessons learned exercises and audits of the tsunami response. The findings and recommendations of recent, relevant evaluations on emergency preparedness and response should be reviewed together with this report to produce a comprehensive Management Action Plan (MAP) with clearly designated accountabilities and timeframes in order further to improve UNICEF’s humanitarian performance. Because of the inter-departmental and cross-organisational nature of the proposed MAP, this process, and the implementation of the action plan, should be overseen by the Executive Director or one of her deputies.

8.2 KEY RECOMMENDATIONS

There have been a number of key evaluations of UNICEF’s humanitarian work, including:

- Valid on DFID’s capacity-building programme.
- Heffinck on rapid deployment of human resources for emergencies.
- Baastel on learning strategy to strengthen staff competencies for humanitarian response.
- Groupe URD on preparedness and early response to the Darfur emergency.
- A pilot real-time evaluation in Liberia.

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66 UNICEF reviews include a strategic review of its human resource function; review of UNICEF Partnerships with Civil Society; review of the supply function; a review of business processes and an organisational review. (Source: UNICEF 2006).
67 Valid 2005.
68 Heffinck 2004.
69 Baastel 2005.
70 Grunewald et al. 2005.
## KEY RECOMMENDATIONS

1. **Focusing on results: Ensure that programmes are managed to achieve outcomes rather than simply the delivery of inputs and activities.**

1.1 Review and streamline financial and administrative rules and guidelines in order to improve the speed, efficiency and effectiveness of UNICEF’s humanitarian responses. Procedures created at CO level as a result of rules, guidelines and audits should not hinder programme delivery and should contain fast track clauses for emergencies.

   - **DFAM**
   - **EMOPS, DHR, PD with ROs/ Cos, PFO**

1.2 Produce a consolidated easy to use guide to field procedures in emergencies, including SOPs.

   - **EMOPS**
   - **PD, DFAM, DHR, DPP, PFO**

1.3 Develop training programmes for staff in support of the above work.

   - **DHR**
   - **EMOPS, DPP, ROs, PD**

1.4 Increase support to partners for programme delivery beyond inputs (options to include staff secondment, financial support for salaries, training etc).

   - **COs**
   - **ROs, PD**

1.5 Continue to develop simple monitoring formats and templates for use with partners.

   - **PD, COs**
   - **DPP, ROs**

1.6 Increase the use of strategic reviews and real time evaluation early in programmes.

   - **Eval Office**
   - **ROs, COs, EMOPS**

1.7 Promote after action reviews and simple system for capturing and disseminating good practice and key lessons.

   - **Eval Office**
   - **ROs, COs, EMOPS**

1.8 In audits, risks and impact associated with delayed humanitarian programme implementation should be assessed alongside financial risks.

   - **OIA**
   - **PD, EMOPS, Eval Office.**

2. **Human resources: Further expand emergency surge capacity and develop ways to overcome the ‘transition gap’ between first wave emergency and longer-term recovery**

2.1 Expand the EMOPS Emergency Response Team (ERT) to include more emergency managers and operations staff.

   - **EMOPS**
   - **DHR, PD, ROs, COs**

Bold indicates department with lead responsibility.
### KEY RECOMMENDATIONS

| 2.2 | Ensure that Programme Department and ROs have sufficient technical and operational staff to support rapid humanitarian responses. | **EMOPS**  
DHR, PD, ROs, COs |
| 2.3 | Ensure that experienced logistics staff are rapidly available at regional level and on rosters in order to improve UNICEF’s emergency logistics capacity. | **EMOPS**  
DHR, PD, ROs, COs |
| 2.4 | Develop regional and country ERTs. | **EMOPS**  
DHR, PD, ROs, COs |
| 2.5 | Further develop and systematise country, regional and global human resource rosters to ensure consistent deployment of staff on mission. | **EMOPS**  
DHR, PD, ROs, COs |
| 2.6 | Strengthen global trigger mechanisms for longer release periods of staff on mission, strengthening CO compliance. | **EMOPS**  
DHR, PD, ROs, COs |
| 2.7 | Develop contingency plans in COs for stand-in capacity to backstop when staff are seconded away on emergency assignments. | **COs** |
| 2.8 | Look at more flexible ways in which contracting arrangements can be used for emergency response, if necessary lobbying with other humanitarian agencies within the United Nations for changes to the regulations. | **DHR**  
**EMOPS** |
| 2.9 | Find ways in which incentives can be improved for staff taking part in humanitarian responses. | **DHR** |
| 2.10 | Increase number of senior field staff (CRs, DCRs etc) with humanitarian training and experience. | **DHR** |
| 2.11 | Ensure that Programme Budget Reviews (PBRs) to establish staffing plans for recovery work are held in a timely fashion and posts are graded at levels appropriate to their levels of responsibility. (Ensure that PBRs have as a standing item a check on whether the number of posts created is sufficient for the job, using rough financial volume as one part of this guide). | **ROs, COs and other supporting divisions from HQ depts.** |
# Key Recommendations

## 3 Operations support: Ensure robust operations support can be deployed at the onset of an emergency.

### 3.1 Engage a senior operations officer on the ERT for deployment to ensure that adequate operational support is rapidly available to support the response.

- **EMOPS**

### 3.2 Incorporate cadre of senior operations staff into rosters and train for emergencies.

- **DHR**
- **EMOPS**

### 3.3 Produce a simple, comprehensive guide for emergency operations procedures that brings key information into one place.

- **DFAM, DHR**
- **EMOPS, PD**

### 3.4 Develop an ‘office in a box’ that can function within 48 hours in areas where there has been significant destruction, including office and living accommodation, IT, telecommunications and other equipment.

- **Supply Div., DFAM, EMOPS**
- **PD, DHR, ITD, ROs**


### 4.1 Develop Standard Operating Procedures to ensure staff understand organisational policy and procedure quickly and maximise support from the wider organisation.

- **EMOPS**
- **DHR, ROs, PD**

### 4.2 EPRPs must contain an up-to-date staff mobilisation plan.

- **COs**
- **DHR, ROs**

### 4.3 EPRPs must focus on practical measures to enable rapid response.

- **COs**
- **EMOPS, ROs**

### 4.4 EPRPs in COs, ROs and HQ must be kept updated and backed-up with associated training and clear accountabilities.

- **EMOPS**
- **COs, ROs**

### 4.5 Ensure previously low priority COs have up-to-date EPRPs and continue to support early warning efforts such as those underway in the Geneva office.

- **COs**
- **ROs, EMOPS**
## KEY RECOMMENDATIONS

<table>
<thead>
<tr>
<th>5</th>
<th><strong>Assessment:</strong> Deploy rapid assessment teams with standardised tools and methods.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Continue to standardise assessment methods for each sector/area and ensure that training support is provided. <strong>PD EMOPS, DPP</strong></td>
</tr>
<tr>
<td>5.2</td>
<td>Develop rapid regional assessment capacity using sector specialists. <strong>ROs EMOPS</strong></td>
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</table>

### Planning: Standardise the use of a 'Plan of Action' as per the CCCs.

<table>
<thead>
<tr>
<th>6</th>
<th><strong>Planning:</strong> Standardise the use of a ‘Plan of Action’ as per the CCCs.</th>
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<tbody>
<tr>
<td>6.1</td>
<td>Develop format for Plan of Action. <strong>EMOPS PD, DPP</strong></td>
</tr>
<tr>
<td>6.2</td>
<td>Test Plan of Action format in next emergency response. <strong>EMOPS COs, ROs, PD</strong></td>
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</tbody>
</table>

### Beneficiary Participation: Increase affected communities’ involvement in setting priorities, design of programmes and monitoring of implementation.

<table>
<thead>
<tr>
<th>7</th>
<th><strong>Beneficiary Participation:</strong> Increase affected communities’ involvement in setting priorities, design of programmes and monitoring of implementation.</th>
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<tbody>
<tr>
<td>7.1</td>
<td>Develop a system for rapidly providing affected communities with information about UNICEF’s activities, intentions and available resources with regular updates. <strong>PD COs, DOC</strong></td>
</tr>
<tr>
<td>7.2</td>
<td>Develop methodologies to increase affected communities’ involvement in setting priorities, design of programmes and monitoring of implementation. <strong>PD, DPP, other agencies</strong></td>
</tr>
<tr>
<td>7.3</td>
<td>Field trial methodologies. <strong>COs</strong></td>
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<tr>
<td>7.4</td>
<td>Increase of beneficiary studies as per Sri Lanka and others in future emergency response. <strong>COs, PD, ROs</strong></td>
</tr>
<tr>
<td>7.5</td>
<td>Guidance to COs and partners on minimum requirements for beneficiary involvement. <strong>PD, DPP, COs, ROs</strong></td>
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</table>

### WES: Urgently increase capacity and resources within UNICEF for emergency operations and coordination.

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<tr>
<th>8</th>
<th><strong>WES:</strong> Urgently increase capacity and resources within UNICEF for emergency operations and coordination.</th>
</tr>
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<tbody>
<tr>
<td>8.1</td>
<td>Increase longer-term WES programmes globally, including funding for this work. <strong>COs, ROs, PD, PFO.</strong></td>
</tr>
</tbody>
</table>
RECOMMENDATIONS

KEY RECOMMENDATIONS

8.2 Develop global WES emergency response capacity.  PD
8.3 Develop coordination strategy with associated resource plan for emergency response.  PD, EMOPS
8.4 Develop cadre of emergency policy/leadership staff in the WES sector.  PD, HR
8.5 In emergency responses, ensure early standard setting and policy work takes place as part of UNICEF’s cluster leadership in WES.  COs, ROs, PD

9 Child protection: Increase rapidly deployable technical capacity for child protection.

9.1 Develop rosters of child protection experts and possible intern scheme.  PD, HR, ROs
9.2 Advocate for the allocation and development of spaces for play in the initial stages of the emergency and particularly as temporary settlements are planned.  COs, PD
9.3 Consider approaches to ensuring issues of adolescent boys and girls are properly considered.  PD, ROs, COs

10 Education: Reinforce technical capacity for oversight of construction programme and develop capacity to provide semi-permanent school kits.

10.1 Urgently engage more engineers and/or private engineering company to act as UNICEF’s agent in the school construction programme.  COs, SD, PD
10.2 Consider developing a ‘semi-permanent school’ kit that can be deployed from Copenhagen instead of tents.  Supply Div., PD
10.3 Conduct a mid-term review of the school reconstruction programme and a full evaluation at the end of the programme.  Eval. Office, PD

11 Health and nutrition: Further strengthen UNICEF’s leadership role working with partners in nutrition and vaccination.

11.1 In leading measles vaccination campaigns, UNICEF should place more emphasis on planning and coordination among partners, training health care workers, and socialisation of the population.  COs, PD, ROs
## Key Recommendations

### 11.2 UNICEF should consider designating in-house technical officers for emergency response.
- **PD, DHR, ROs**

### 11.3 UNICEF should also develop and distribute technical guidelines on emergency measles vaccination campaigns and cold-chain specifications for partners.
- **PD**

### 11.4 UNICEF must find ways to encourage partner agencies (such as WFP and large NGOs) to accept and act upon its health and nutrition survey findings.
- **COs, PD, ROs**

### 11.5 Contingency plans should be developed so that when nutritional supplementation and/or therapeutic feeding are indicated, UNICEF can prioritize these activities and ensure appropriate staffing and support.
- **COs, PD, ROs**

### 12 Recovery & Rehabilitation: Develop a recovery and rehabilitation policy for UNICEF, including expertise requirements for large scale construction, realistic timeframes and temporary provision.

#### 12.1 Conduct a review of all tsunami evaluations and lessons learned and synthesise key elements.
- **PD, Eval. Office EMOPS**

#### 12.2 Develop partnerships so that large scale construction expertise can be brought in rapidly.
- **PD, SD**

#### 12.3 Develop strategies for temporary/interim school construction measures.
- **PD, SD**

### 13 Coordination & Leadership: Develop strategy on delivery of coordination responsibilities and allocate resources to implement this strategy within the context of IASC deliberations.

#### 13.1 Produce statement of intent in each sector that defines UNICEF’s role and responsibility as sector leader.
- **PD EMOPS**

#### 13.2 Develop action plan to resource coordination responsibilities in crisis to include data capture and analysis, GIS and other informational management technologies.
- **PD EMOPS, DPP**

### 14 Accountabilities: Ensure that accountabilities for all aspects of UNICEF’s humanitarian response activities are clearly defined.

#### 14.1 Include accountabilities in updated CCCs and all guidance material on humanitarian response.
- **EMOPS, PD, DHR**

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**SYNTHESIS REPORT 51**
### KEY RECOMMENDATIONS

<table>
<thead>
<tr>
<th>15</th>
<th>Monitoring and evaluation: Improve programme monitoring and evaluation.</th>
</tr>
</thead>
</table>
| 15.1 | Finalise CCC indicators and introduce into use.  
| | **EMOPS, PD, ROs, COs, DPP** |
| 15.2 | Ensure that all evaluations have follow-up action plans.  
| | **Eval. Office** |
| 15.3 | Ensure that follow up action plans are implemented.  
| | **ROs, COs, PD** |

<table>
<thead>
<tr>
<th>16</th>
<th>Supplies: further improvements should be made in UNICEF’s supplies systems in order to improve humanitarian responses.</th>
</tr>
</thead>
</table>
| 16.1 | Further develop in-country stand-by stocks on a case-by-case basis taking into account cost and risk implications.  
| | **Supply Div., COs ROs** |

<table>
<thead>
<tr>
<th>17</th>
<th>Security: Continue to contribute towards improving the UN system’s approach to security management.</th>
</tr>
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</table>
| 17.1 | UNICEF should continue to engage energetically with the UN security management system and lobby for faster revision of security regulations in humanitarian crisis situations when need is great and threats have clearly diminished.  
| | **EMOPS** |

<table>
<thead>
<tr>
<th>18</th>
<th>Communications: UNICEF should ensure that its public communications work and its programme implementation are aligned.</th>
</tr>
</thead>
</table>
| 18.1 | Situation and progress reports on programme implementation should include informed estimates of actual outputs and outcomes, rather than theoretical numbers based on items delivered.  
| | **DOC, PD, EMOPS, COs, ROs, PFO** |

<table>
<thead>
<tr>
<th>19</th>
<th>Mainstreaming: Improve the mainstreaming of humanitarian analysis, preparedness and response within UNICEF.</th>
</tr>
</thead>
</table>
| 19.1 | Ensure that all organisational reviews and evaluations, strategies etc take into account UNICEF’s humanitarian mandate.  
| | **Eval. Office plus all depts.** |

<table>
<thead>
<tr>
<th>20</th>
<th>Lessons learning: Improve UNICEF’s organisational learning capacity.</th>
</tr>
</thead>
</table>
| 20.1 | Ensure that all the evaluative and lessons learned material from the Indian Ocean tsunami disaster is collected, synthesised and easily accessible on the UNICEF intranet.  
| | **Eval. Office, EMOPS** |

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52  THE 2004 INDIAN OCEAN TSUNAMI DISASTER EVALUATION OF UNICEF’S RESPONSE
## KEY RECOMMENDATIONS

<table>
<thead>
<tr>
<th>20.2</th>
<th>Update the CCCs incorporating recommendations from this and other evaluations, including key humanitarian principles.</th>
<th>EMOPS, PD, Eval Off.</th>
</tr>
</thead>
</table>

### 21  **Future Research Issues.**

| 21.1 | Review the overall impact of increased thematic funding on programmes and accountability. | Eval. Office, PFO, PD, RO, CO |
| 21.3 | Review lessons from UNICEF’s response to young people, including young men, including in conflict areas. | Eval. Office, PD, RO, CO |
| 21.4 | Review lessons on assistance to IDPs in host families and to host families (probably joint with other agencies). | Eval. Office, PD, RO, CO |
| 21.5 | Look at ways in which UNICEF can improve the involvement and participation of affected people in the programme it supports. | Eval. Office, PD, RO, CO |
Specific sources for the country case studies can be found in the respective reports.


SOURCES


**UNICEF Lessons Learned Documents:**

UNICEF. Institutional Lessons Learned and Implications for UNICEF Preparedness and Response in Emergencies – summary of key issues from the Global Tsunami Validation Workshop, Colombo, 8 – 9 September 2005.


ANNEX

ANNEX 1
TERMS OF REFERENCE
EVALUATION OF UNICEF 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. As of June 2005, the United Nations Office for the Coordination of Humanitarian Affairs estimated in its Financial Tracking System that some US$880 million had been contributed toward the Flash Appeal for humanitarian and recovery assistance the first six months after Tsunami events and a further US$162 million have been committed. Because of the high levels of funding received by UNICEF for Tsunami from individual private and government donors (US$585 million), demand has been growing for a 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 useable 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 the continuous monitoring of its Tsunami activities, to implementing systematic evaluations and lessons learned reviews, and to actively support 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, transitional activities, and 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 program evaluations to examine overall impact and results as well as the extent to which vulnerabilities have been reduced.

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 levels, 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 organisation levels, particularly in the Tsunami Evaluation Coalition (TEC) supported by the ALNAP Secretariat.

The TEC initiative is a sector wide approach to the evaluation of the Tsunami response and is intended to optimize sector-wide learning through joint evaluations. UNICEF is a lead contributor in terms of financial support and expertise to the TEC. There are five thematic evaluations currently underway by TEC members: 1) Coordination (including civil-military issues); 2) Needs assessment; 3) Impact on local and national capacities; 4) Linking relief, rehabilitation and development (LRRD); and 5) The international community’s funding response, including an assessment of the role of the media. It is expected that the UNICEF evaluation will both benefit from the joint evaluation results (incorporating TEC finding into the final synthesis report) and feed into the TEC process.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>2005 EMERGENCY &amp; RECOVERY</th>
<th>2006 TRANSITION (REHABILITATION/ RECONSTRUCTION)</th>
<th>2007 DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNICEF regional &amp; country office</strong></td>
<td>Monitoring Frameworks</td>
<td>Monitoring &amp; Data Collection by Sector – Health, Wes, Education, Protection</td>
<td>Complementary Data Collection &amp; Analysis (Results &amp; Outcomes Tracking)</td>
</tr>
<tr>
<td></td>
<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><strong>United Nations</strong></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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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.
C. EVALUATION PURPOSE

The Evaluation Office has been asked to undertake 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 Headquarters levels. These include studies on communications, supply, human resources, water and sanitation. As well, UNICEF is also launching an audit process to examine financial systems, internal controls, and risk management.[1]

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

1. to identify major achievements during the emergency response phase from 26 December 2004 to 30 June 30 2005,
2. to take note of any constraints and gaps in that response, and
3. to 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 two teams of independent experts and will consist of three rapid country case studies that culminate in a synthesis report (and summary). The country case studies are to be completed by mid-November, 2005. The evaluation process will take place from 12 September 2005 to 9 December 2005. Because of client demands to have evaluation products ready in time for the anniversary date of the Tsunami, the timelines for the evaluation are not negotiable.

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. 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 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 organisations 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 rigor.

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, UN agencies, international and national NGOs, and civil society organisations – according to the context.
E. EVALUATION SCOPE AND FOCUS

The evaluation should endeavor to highlight best practices as well as shortcomings, for dissemination within and outside UNICEF. In this regard, the evaluation will place major emphasis on:

a) UNICEF’s Core Commitments for Children in Emergencies which 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, fund-raising, communications, human resources, information technology, supply and logistics, finance and administration.
d) Organisational preparedness and support including regional and country offices, and Headquarters.

b) Lessons pertinent to emergency response

The above themes will be examined from the perspective of the OECD/DAC criteria for evaluating humanitarian action (*in italics*). These have been expanded into a series of more detailed questions attached as Annex 1.

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. appropriate coordination, functional/geographic coherence, long-term and policy/practice issues addressed, etc).
- Did UNICEF meet it objectives within established timeframes? If not, why not?
- What were the major strengths and weaknesses of UNICEF’s response to-date?
- To what extent what has been achieved is gender sensitive?

Adherence to international principles and standards

- Did UNICEF’s performance meet international principles and standards? (Code of Conduct, Sphere, IASC).
- 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 (with reference to TEC thematic study on local and national capacities)?
- 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, where, 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?
- Have UNICEF got effective systems in place to monitor, evaluate, learn and adapt from their 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. This also holds true for the TEC initiative. The UNICEF evaluation should build on, and contribute to, the TEC joint evaluations. It should be also noted that the results of the Maldives Country Case Study are expected to feed into a larger Country Program Evaluation scheduled for October, also 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.

A Steering Group of 3-5 individuals will be established for this evaluation, comprised of representatives from emergency operations (EMOPS), Programme Division and Programme Funding Office. The evaluation schedule, accommodation and transport arrangements will be finalized 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 evaluator, including appeal-related documentation on financial and other actions.

H. THE REPORTS

The outputs of the evaluation will include several stand-alone reports. Each report will comply with UNICEF quality standard for evaluation 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, focusing on UNICEF’s response as a whole on the ‘core public accountability’ questions from the list in Section D:
ANNEX

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’s 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 should include key findings from Regional and Country Case Studies:

- Overview of UNICEF programmes and expenditures, geographically and thematically
- Analysis addressing the questions raised in Section D of this TOR and expanded in Annex 1
- Conclusions and recommendations, with a section dedicated to drawing out specific lessons, with suggestions for taking forward 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. An outline for the Regional and Country Case Studies is attached as Annex 2.

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 UNICEF and will be divulged as appropriate by the UNICEF Evaluation Office.

I. TIMEFRAME

It is anticipated that the evaluation will last around 15 weeks, with 1 week in New York at the beginning, up to 9 weeks of field visits across the three countries, and 5 weeks of writing up, feedback and revisions.

UNICEF is working on a very tight time schedule, which is non-negotiable. There is 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.

This timetable changed substantially in the later periods of the evaluation from December 2005 onwards (Annex 2).
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 November
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 – 25 November

21 – 25 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.

5 – 9 December

5 – 9 December

14 December
Review workshop in New York with UNICEF Staff.

Within the Evaluation Office, the Senior Evaluation Officer – Tsunami will be the focal point for the evaluation. The evaluation team should alert UNICEF Evaluation Office (the Senior Evaluation Officer – Tsunami) immediately if serious problems or delays are encountered. Approval for any significant changes to the evaluation timetable will be referred to the 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. Evaluation Office will monitor follow up of the recommendations made to specific Regional and Country offices, and to UNICEF as a whole. UNICEF will decide in what form to publish the evaluation and when, though any changes to the report will be agreed with the evaluation team leaders.
KEY QUESTIONS
ANNEX 1 of the Terms of Reference

Relevance/Appropriateness
1. To what extent was the Tsunami response driven by identified needs versus the need to utilize Tsunami funds? Was the balance between the two appropriately struck?
2. How well were needs assessed? Were needs assessments timely? What tools were used? To what extent were needs assessments undertaken with partners?
3. How well developed were UNICEF plans for Tsunami response? Were these plans drawn up in a timely way? How well did these plans fit the needs identified? Were objectives SMART and were the plans results-oriented? How well did UNICEF financial and human resource planning meet the planned activities and results? How well were partners consulted and integrated into UNICEF planning?
4. To what extent were targets appropriate and achievable? Were plans adjusted as the situation unfolded? How well were UNICEF plans communicated within UNICEF and beyond?
5. To what extent have achievements been gender sensitive?

Efficiency
6. Were goods and services procured for the Tsunami response at reasonable cost (value for money)?
7. How 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?
8. 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?
9. How clear were the accountabilities and responsibilities of CO/RO/HQ for the Tsunami response? Were there overlaps or gaps at different stages?
10. How well 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?
11. To what extent did reports, including donor reports, accurately describe the situation and UNICEF response - the achievements, constraints and outstanding needs? To what extent did reports provide an accurate picture of human resource deployment, financial commitments and funds remaining?
12. How well did the offices manage their inputs (fund disbursement, cash transactions, supply transactions/transportations etc.)? How did utilization rates at end-June [or other agreed end date] compare with planned commitments and expenditures? How well did the CO maintain sound financial management and records, and what adaptations were made to accommodate the Tsunami response? How well did the CO anticipate and meet cash and supply needs and logistic requirements for sub-offices?
13. How quickly was UNICEF able to establish the appropriate information technology systems and telecommunications equipment? Were these systems appropriate and cost efficient?

Effectiveness
14. From the perspective of external stakeholders, how effective were UNICEF emergency interventions? To what extent did the UNICEF response match the UNICEF Core Commitments for Children? How clear a mandate did the current formulation of CCCs provide for UNICEF in the country context?
15. How well did UNICEF use lessons from past emergencies in the Tsunami response? To what extent did UNICEF use innovative approaches to address the challenges presented by the Tsunami?
16. How well were the distinct needs of women, men, and children identified and responded to?
17. What level of emergency preparedness did the CO have when the Tsunami struck? When was the last EPRP completed and what provisions did it make? How prompt was Country Office in recognizing the scale of need? How effective and timely was the support provided by the RO and HQ offices?

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

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

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

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

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

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

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

Impact (early indications only)

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

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

27. For countries in conflict, what are the early indications, if any, of the effect of the UNICEF (or UNICEF-coordinated) Tsunami response on the environment for peace?

28. What was the impact of the Tsunami on UNICEF Country Programmes? To what extent have prior activities been replaced, redesigned? To what extent has UNICEF been diverted away from its support to populations not affected by the Tsunami?
Sustainability and Connectedness
29. How well has the CO used the experience from the Tsunami to build its recovery plans? Are the recovery plans appropriate to the country context? Are the plans likely to result in sustainable long term solutions? How well-integrated are UNICEF plans with those of the government and other actors (World Bank, ADB etc.)?

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

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

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

- The Synthesis Report Leader is to ensure that the conclusions of the report focus on lessons learned from the experiences of the country case studies as well as any additional information extracted from a review of key documents and follow-on interviews. Concentrating on the Tsunami affected region, the conclusions will provide some indication of specific themes to focus on for future evaluations of similar situations. The evaluation synthesis is also intended to highlight any program, management and/or policy issues for follow-up study and investigation.

- In general, the synthesis report should include:
  • Situational analysis pre-tsunami, immediately post tsunami and after 6 months response by UNICEF.
  • Evaluation of UNICEF’s response plan and execution of that plan in terms of relevance appropriateness, efficiency, effectiveness, impact (to whatever degree that can be qualitatively or quantitatively described), sustainability connectedness, coverage, and coherence.
  • Recommendations and identification of successes, as well as issues/actions that would require remedial actions (e.g. updated planning based on lessons learned, etc).
### ANNEX 2

**EVALUATION TIMETABLE**

**2005**
- **Sept 8 – 9** Country Team Leaders participate in UNICEF lessons learned workshop in Colombo
- **Sept 12 – 16** Team leaders’ preparatory visit to New York HQ
- **Sept 19 – Oct 01** Field visits and data collection by Evaluation Team to the Maldives
- **Oct 06 – 28** Field visits and data collection by Evaluation Team to Sri Lanka
- **Nov 07 – 25** Field visits and data collection by Evaluation Team to Indonesia
- **Dec** Drafting of country evaluations and draft 0 of the synthesis report

**2006**
- **Jan 18 – 27** NYHQ. Presentation of draft synthesis report to staff and to UNICEF’s Evaluation Committee; feedback discussions with HQ departments; telephone feedback discussions with Indonesia, Sri Lanka and the Maldives.
- **Feb – May** Redrafting and finalising reports.
Expressions of interest for this evaluation were publicly invited in July 2005, and approximately 100 potential candidates responded. The evaluation team members were selected by a panel with representatives from EMOPS, EO and PD based on their expertise and availability. Each team member presented the necessary depth of knowledge with regard to his/her focal area. The team leader (Lewis Sida) and deputy team leader (Sheila Reed), who covered all three countries, offered a significant number of combined years of emergency response experience and familiarity with the UN as well as other assistance organisations. The composition of the team offered the appropriate balance needed for the analysis. National consultants were sought, but applicants did not have the necessary qualifications. Peter Wiles (synthesis team leader) undertook interviews with country teams in non-visited countries, headquarters interviews and with Lewis Sida wrote the synthesis report.

The evaluation team consisted of ten independent external consultants:

Jessica Alexander (protection) is from the US and was a community services manager in North Darfur, Sudan, with the IRC in 2005. She has double master degrees in international affairs and public health and has previously completed psychosocial evaluation work with Mercy Corps in Darfur. She worked with UNICEF on guidance publications about combating child trafficking.

Sandra Allaire (health and nutrition) is a medical doctor and consultant from Canada in the field of emergency response and assessment of chronic complex emergency response, largely with the Red Cross Movement - ICRC and IFRC.

Lynne Bethke (emergency education and management) is a Certified Public Accountant from the US and holds a PhD. in sociology. She worked for three years on the Women’s Commission for Refugee Women and Children, which resulted in the publication of a Global Survey on Education in Emergencies. She developed training materials for the INEE Minimum Standards for Education in Emergencies (MSEE). Her previous work for UNICEF included developing Emergency Preparedness & Response training materials (2000-2001) and acting as a resource person at the UNICEF education workshop in Kathmandu (September 2005).

Sheri Fink (health and nutrition) is a medical doctor from the US who also holds a PhD. in neurosciences. She is currently affiliated with the Harvard School of Public Health. In addition to authoring many publications, including several on the tsunami, she has worked in the region, with WHO in Thailand, and with IRC in Aceh, Indonesia, and in Chennai, India, on tsunami-related activities.

Celia Male (education) is based in Sri Lanka and has extensive evaluation experience in Nepal and Sri Lanka in income recovery, needs assessment, social development, education and gender analysis. She has worked as a social development expert for DFID in Sri Lanka.
Sheila Reed (deputy team leader) is an independent consultant from the US whose background is in nutrition and education. She has more than 20 years of 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 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 and 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. He recently completed work for DFID on the tsunami in Sri Lanka.

Kirk Thompson (supply and management) is a Canadian with an MBA in international finance from McGill University (Montreal) and a degree in engineering from the University of Toronto. A former Executive Director of RedR Canada, he has extensive evaluation and consulting experience with CIDA, UNDP, and worked five years in Sri Lanka and Thailand as a senior advisor on monitoring and evaluation. His management consulting expertise has included construction, information management and technology, procurement, inventory control and logistics.

Peter Wiles (synthesis report team leader) is an independent UK-based consultant with over 30 years of experience in international humanitarian and development work in Asia and Africa, including 13 years’ work as consultant. Peter has been closely involved in the development of the ALNAP Quality Proforma for humanitarian evaluations. Peter was a member of the Valid International team that carried out a review of DFID’s programme of humanitarian capacity-building with UNICEF in 2005.
ANNEX 4
UNICEF’S CORE COMMITMENTS FOR CHILDREN IN EMERGENCIES
(EXTRACT FROM JUNE 2004 VERSION)

Introduction
The purpose is to outline UNICEF emergency response, distinguishing between the full spectrum of activities that UNICEF may undertake, in collaboration with national, UN and NGO partners, in the course of an emergency and those commitments that UNICEF will deliver in the first six to eight weeks of any crisis situation, through the following:

- clarifying key guiding principles and operating approaches;
- defining the initial response commitment that UNICEF, in collaboration with partners, will meet in the first six to eight weeks of a crisis;
- further refining the core response that UNICEF may undertake in collaboration with partners in the course of an emergency, and
- defining the operational readiness UNICEF will undertake to allow for a timely response.

Guiding Principles
- Children in the midst of armed conflict and natural disasters such as drought, floods, and earthquakes have the same needs and rights as children in stable countries.
- Our response will recognise the priority of humanitarian action while assuring safe access to affected populations, and safety and security of staff and assets.
- The emergency response will build on existing activities and partnerships developed through the country programme of cooperation.
- The response will be based on nationally defined priorities and UNICEF’s comparative advantage.

Operating Approach
Conduct a rapid assessment to identify priority humanitarian action for children.

Implement a valid and reliable system to monitor, regularly report on and publicise the needs of children and to evaluate the impact of the response.

- Establish UNICEF’s response as part of a coordinated UN response plan, designed in collaboration with national and other partners.
- Position UNICEF in sector coordinating roles, wherever appropriate.
- Put in place operational systems and resources in place for rapid delivery of supplies and technical assistance.
- Operationalize humanitarian response mechanisms that prevent and limit the exposure of children and women to abuse, violence, exploitation and HIV/AIDS.

Programme CCCs
UNICEF will respond throughout the phases of an emergency. In the first six – eight weeks of a crisis there are six priority areas for UNICEF intervention. Once this initial emergency response is well established, other activities may be introduced.

In the first six to eight weeks following the outbreak of a crisis, UNICEF will work with partners to meet the following commitments:

1. Within established mechanisms, assess, monitor, advocate for, report and communicate on the situation of children and women: conduct a rapid assessment of the situation of children and women, establish initial monitoring systems, including on severe or systematic abuse, violence or exploitation, and report through the appropriate mechanisms.
2. Provide measles vaccination, vitamin A, essential drugs and nutritional supplements: vaccinate children between 6 months and 14 years of age against measles, at a minimum children from 6 months to 4 years of age must be immunized, and provide vitamin A supplementation as required. Provide essential drugs, basic and emergency health kits, oral rehydration mix, fortified nutritional products and micronutrient supplements. Provide post-rape-care kits, including post-exposure prophylaxis for HIV, where appropriate, to health posts. Provide other emergency supplies such as blankets, tarpaulins, etc.
3. Provide child and maternal feeding and nutritional monitoring: support infant and young child feeding, therapeutic and supplementary feeding programmes with WFP and NGO partners. Introduce nutritional monitoring and surveillance.

4. Provide safe drinking water, sanitation and hygiene: emergency water supply and purification, provision of basic family water kits, safe disposal of faeces and hygiene education.

5. Assist in the prevention of separation and facilitate the identification, registration and medical screening of children separated from their families, ensure family tracing systems are put in place and provide care and protection, and prevent sexual abuse and exploitation of children and women.

6. Initiate the resumption of schooling and other child learning opportunities: set-up temporary learning spaces and re-open schools and start re-integrating teachers and children, with a focus on girls, and organize recreational activities.

To fulfil these initial emergency response commitments, UNICEF will cooperate with national governmental and non-governmental bodies and other international partners, with an emphasis on community capacity building from the onset.

Beyond the initial response, country offices may address other elements of the core commitments to children in emergency situations. It is particularly important as the situation evolves that UNICEF consider the transition to national ownership and leadership and support the building of national systems.

- Monitoring and Advocating on the Situation of Children:
  a) ensure that information on the situation of children and violations of their rights is collected and updated; b) make available this information to relevant partners, child rights advocates, the public and media, as appropriate; c) be prepared to use UNICEF’s voice on behalf of children.

- Survival:
  a) expand support to vaccination and preventive health services (provide essential health supplies and services to prevent mortality amongst children and pregnant and lactating women related to diarrhoea, pneumonia and malaria, including emergency obstetric care services); b) support infant and young child feeding, including breastfeeding and complementary feeding and, when necessary, support therapeutic and supplementary feeding programmes; c) establish, improve and expand safe water and sanitation facilities and promote safe hygiene behaviour.

- Organizing Child Protection:
  a) Continue support to identify and register unaccompanied and orphaned children, and support communities to provide for their protection and care; b) establish child friendly spaces for children and women and provide psychosocial support; c) monitor, report on and advocate against abuse and exploitation of children including recruitment of child soldiers and other exploitative forms of child labour; d) initiate work on the release and reintegration of child combatants; e) promote activities that prevent and respond to sexual violence against children and women; f) lead in organisation of mine risk education.

- Resuming primary education services:
  Re-establish and/or sustain primary education as well as establishing community services within schools (such as water supply and sanitation).
Preventing HIV/AIDS:
• a) provide access to relevant information on HIV/AIDS; b) in collaboration with relevant partners facilitate young people’s access to comprehensive HIV prevention services including treatment for sexually transmitted infections.

Operational CCCs
Operational commitments have been developed in the areas of communication and fund raising, security and operations (human resources, information technology, finance and administration and supply and logistics) to provide the appropriate systems support for meeting the programme commitments.

In the first six to eight weeks, UNICEF will have the following resources and capacity in support of timely programmatic interventions:
• Address humanitarian needs while assuring the safe access to affected populations, and the safety and security of staff and assets.
• Communicate on the situation and needs of children. Within the inter-agency framework, fundraise for UNICEF programmes.
• Identify and deploy experienced staff through internal deployment, external recruitment, and standby arrangements with partners.
• Provide telecommunications services required for program implementation, in compliance with the Minimum Operating Security Standards (MOSS).
• Mobilize emergency supplies within 24 to 48 hrs, assist in the development of a country plan and put in place procedures and directives for continued delivery of supply components including inter country transfer and movement of supplies.
• Assess financial and administrative capacity in country, and institute methods of fund disbursements and accounting and security of assets, while preserving safety of staff members, partners and assets.
**ANNEX 5**  
**SUMMARY OF EVALUATION TEAM INTERVIEWS/CONSULTATIONS**  

<table>
<thead>
<tr>
<th>Location</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>IROs, ROSA, EAPRO</td>
<td>43</td>
</tr>
<tr>
<td>COs and staff formerly on mission: Maldives</td>
<td>8</td>
</tr>
<tr>
<td>COs and staff formerly on mission: Sri Lanka</td>
<td>12</td>
</tr>
<tr>
<td>COs and staff formerly on mission: Indonesia</td>
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<td>COs: India, Malaysia, Myanmar, Somalia and Thailand</td>
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*Due to the large number of interviews undertaken and the size of the evaluation team, the figures in this annex must be regarded as approximate.*
ANNEX

UNICEF NYHQ
Jean Quesnel Director, Evaluation Office
Wayne MacDonald Senior Programme Officer, Tsunami, Evaluation Office
Simon Lawry-White Senior Programme Officer, Evaluation Office
Yin Yin Nwe Chief, Tsunami Support Unit
Robert Ondrusek Tsunami Support Unit
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Rohini de Silva Deputy Director, Human Resources Division (DHR)
Anders Pettersson Emergency focal point, DHR
Elaine Macdonald DHR
Lara Brehmer DHR
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Maria Hartono Programme Funding Office
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Dan Toole Director, EMOPS
Claudia Hudspeth EMOPS
Philip Gerry Dyer Senior Programme Officer, EMOPS
Lucia Elmi Project Officer, EMOPS
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Manuel Fontaine Senior Advisor, Child Protection, Programme Division
Cream Wright Chief, Education Section, Programme Division
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Alan Court Director, Programme Division
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80 THE 2004 INDIAN OCEAN TSUNAMI DISASTER EVALUATION OF UNICEF’S RESPONSE
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Nathan Herbert  South African Water Sector – RO training coordinator
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Ahmed Haleem, coordinator  Curriculum Development, Education Development Centre
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Honorable Aishath Mahamed Didi  Minister of Gender and Family
Honorable Habdhoon Hameed  Minister of Planning and National Development
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Mr. G. Rodrigo Former Government Agent, Trincomalee
Mr. K.G. Leelananda Government Agent, Trincomalee
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Lal Premanath Water Board, Project Director, Colombo
M. Wimalaweera Water Board, Regional Manager, Galle
R. Ranasinha Water Board, Engineer, Ampara
M. Razil Water Board, Resident Operations, Ampara
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Lucia Mutowo Health & Nutrition, World Vision
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Mr. Marin
Mr. S. Pillai
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Michele Brown
Ananda Gallapatti
Felician Francis
I.N. P. Kanthi Perera
Esty Sutyoko
Dayal dev Dhywarakha
Dr. Chandanie
WUSC
Solve B. Randal
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Manickam Elakumaran
Namassibayah Paster
Alexander Seenithamby
T. Shanthini
Y. Paartheepan
Tharmini Pagunaam
M.A. Chathurani
T. Gadambanathan
Retnasingam Ariyaretam
P. Ravichandran,
M. Dahilon Yassin,
Kiriigh Numalateva
Ruth Marsden
Martin Yapp
Nadarajah Sukirtharaj
Sarmili Thuraiaretam
S. Sharmini
S. Chithamparanathan
Professor T Somasundaran
Veslemoy Naerland
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Axel Bishop
Nune Hovhannisyan
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WHO, Colombo
Acting Secretary General, TRO
TRO
Coordinator, White Pigeon
Area Engineer, Kilinochchi, UNOPS
Director, Centre for Health Care
Country Director, MERLIN
Coordinator, Mangrove, Batticaloa
Assistant Coordinator, Mangrove, Batticaloa
Project Manager, Women’s Cooperation International
Field Coordination Officer, OCHA
Associate Project Officer – Protection
University of Rehuna
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Rural Development Foundation
Protection Officer, UNHCR
Mercy Malaysia
Save the Children Protection Officer
Program Manager, SWOAD
Psychosocial Officer, SSED
Field Officer, CPA
Coordinator, CPA
Director, Shakthi
District Coordinator, Community Empowerment Network Trincomalee (CENT)
Protection Coordinator, CCF
Probation and Child Care Service Officer
Child Protection Advisor, Save the Children
Legal Advisor, Norwegian Refugee Council
Researcher, Institute for International Health and Development
Advisor, Jaffna Social Action Center
Coordinator, Jaffna Social Action Center
Assistant Project Officer, Protection
Project Officer, Safe House
Program Officer, Family Rehabilitation Center
President of Psychosocial Task Force, Jaffna
Deputy Country Programme Director, Save the Children in Sri Lanka
OCHA, Trincomalee
Head of Satellite Office, UNHCR, Ampara
Senior Programme Officer, UNHCR, Colombo
Programme Officer, UNHCR, Colombo
Project Officer, OXFAM, Ampara
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Cecelia Lotse Regional Director South Asia
Soma De Silva Monitoring and Evaluation, ROSA
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Reiko Nishijima Regional Emergency Officer

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Dr. David Hipgrave Chief, Health and Nutrition Unit, Jakarta
Ahmer Akhtar Project Officer, Health and Nutrition, Jakarta,
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Susan Lillicrap, Health and Nutrition, Meulaboh
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Iska Zarlinda Field Monitor, Meulaboh
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James Moloney Field Officer Simeulue, Meulaboh
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Dr. Tarek Hussain Head Health and Nutrition Section, Banda Aceh,
Elham Monsef Nutrition Officer, Banda Aceh
Dr. Alfian Rejekinta Simeulue, Health Consultant
Dr. Kenny Peetosutan Project Officer, EPI, Banda Aceh
Andrew Auld Project Officer, CDC, Banda Aceh,
Jasmina Byrne Project Officer, Child Protection
Santi Kusumaningrum Assistant Project Officer, Child Protection Unit
Julien Harneis Head of Office, Meulaboh
Hadi Utomo Child Protection, Meulaboh
Neng Lanny Jauhari Tracing Officer, Meulaboh
Roberto Benes Head of Child Protection Unit, Banda Aceh
Isaac Jacob Psychosocial Officer, Banda Aceh
Frederic Sizaret Protection Officer, Banda Aceh
Neni Indriati Abuse and Exploitation Officer, Banda Aceh
Abdul Aziz Muslim Education/Psychosocial Project Officer, Protection, Banda Aceh
Douglas Booth Chief of Section, WES, Jakarta
Robby Kamarga Project Officer, WES, Jakarta
Ms. Tanti Administrative support officer, WES, Jakarta
Dara Johnston Lead Project Officer, WES, Banda Aceh
Kristiano Bangbang Project Officer, WES, Banda Aceh
Ari Rahuyu Project Officer, WES, Banda Aceh
Mr. Cyril Project Officer, WES, Meulaboh
Ms. Dining Project Officer, WES, Meulaboh
ANNEX

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<tr>
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<tr>
<td>Eka Setiawan</td>
<td>Project Officer, WES, Meulaboh</td>
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<tr>
<td>Edouard Beigbeder</td>
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<td>Ross Everson</td>
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<td>Alaa F. Alami</td>
<td>Operations Officer, Banda Aceh</td>
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<td>Nakhoum Diakite</td>
<td>Supply/Logistics Officer, Jakarta</td>
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<td>Arnel Penaverde</td>
<td>IT Coordinator, Banda Aceh</td>
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<tr>
<td>Jawwad-Ul-Haq</td>
<td>Senior IT Assistant, Banda Aceh</td>
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<td>Anne Njuguma-Thiongo</td>
<td>Assistant Administrative &amp; Human Resources Officer, Banda Aceh</td>
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<td>Patrick Loo-Nee</td>
<td>Administrative Officer, Jakarta</td>
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<td>Anton Talaha</td>
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<td>Irvine Juliandre</td>
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<tr>
<td>Amson Simbolon</td>
<td>Assistant Project Officer – Education, Nias</td>
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<tr>
<td>Sayo Aoki</td>
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<td>Umar Bin Abdul Azis</td>
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<td>Rosmerry Bahari Puteh</td>
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<tr>
<td>Bukhari Daud</td>
<td>Project Officer, Education, Banda Aceh</td>
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<tr>
<td>Muhammad Jumadi</td>
<td>Program Assistant, Banda Aceh</td>
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<tr>
<td>Ratna Kesuma</td>
<td>Education Section, Jakarta</td>
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<tr>
<td>Mawardi Muhammad</td>
<td>Program Assistant, Banda Aceh</td>
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<tr>
<td>Asyraf Muzaffar</td>
<td>Assistant Project Officer, Banda Aceh</td>
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<tr>
<td>Novina</td>
<td>Education Assistant, Meulaboh</td>
</tr>
<tr>
<td>Safrizal</td>
<td>Administrator, Banda Aceh</td>
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<td>Munsy Sekstanto</td>
<td>Supply section, Banda Aceh</td>
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<tr>
<td>Krishnayani Winata</td>
<td>Education Project Officer, Jakarta</td>
</tr>
<tr>
<td>Burhan Yasin</td>
<td>Education Programme Officer, Meulaboh</td>
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**Indonesian Government**

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<thead>
<tr>
<th>Name</th>
<th>Location/Role</th>
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<tbody>
<tr>
<td>Dr. H. Nasruddin, Bupati</td>
<td>Aceh Barat</td>
</tr>
<tr>
<td>Dr. Haris Martasaputra</td>
<td>Cut Nya Dien Hospital, Meulaboh, Director</td>
</tr>
<tr>
<td>A.K. Nazaruddi</td>
<td>District Health Office Meulaboh</td>
</tr>
<tr>
<td>Azis Bustari</td>
<td>District Health Office Meulaboh, immunisation</td>
</tr>
<tr>
<td>Ali Hasyimi</td>
<td>District Health Office Meulaboh</td>
</tr>
<tr>
<td>M. Husin</td>
<td>District Health Office Meulaboh, immunisation</td>
</tr>
<tr>
<td>Dr. Hanif Sinabang</td>
<td>Simeulue, Director of Puskesmas (clinic)</td>
</tr>
<tr>
<td>Dr. H. Taqwallah</td>
<td>District Health Office Simeulue, Director</td>
</tr>
<tr>
<td>Zainil Abidin, Jalan Bareu</td>
<td>Simeulue, Camp Coordinator</td>
</tr>
<tr>
<td>Dr. Abdul Hamid</td>
<td>District Health Office Pidie, Director</td>
</tr>
<tr>
<td>Nuzul Warni</td>
<td>District Health Office Pidie, Head of Finance</td>
</tr>
<tr>
<td>Dr. Efi Syafrida</td>
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</tr>
<tr>
<td>Dr. Media Yulizar</td>
<td>Provincial Health Office, Head of EPI and CDC</td>
</tr>
<tr>
<td>Mrs. Farida</td>
<td>Child Protection, DinSos</td>
</tr>
<tr>
<td>Ms. Kuthaski</td>
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</tr>
<tr>
<td>Mr. Nyakdin</td>
<td>Ministry of Public Works, Banda Aceh</td>
</tr>
<tr>
<td>Mr. Ritunga</td>
<td>PDAM, Banda Aceh</td>
</tr>
</tbody>
</table>
Mr. Ayub  PDAM, Aceh Besar
Mr. Barrizal  PDAM, Meulaboh
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### ANNEX

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Position</th>
</tr>
</thead>
<tbody>
<tr>
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<td>UNFPA Banda Aceh, Reproductive Health Advisor</td>
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Carrol Long        Country Representative
Elke Wisch        Senior Programme Officer

UNICEF Somalia
Siddarh Chatterjee Senior Programme Officer
Ahaji Bah          Officer in Charge, North East Zone
Robert McCarthy    Emergency Project Officer
Shatqat Munir     Assistant Operations Officer, North East Zone
Abdirizak Ahmed Mohamed National Education Advisor, North East Zone
Said Ahmed Mohamed National WES Officer, North East Zone
Grace Kyeyune      Project Officer, Centre South Zone

UNICEF Thailand
Inese Talitis      Country Representative
Andrew Morris      Programme Coordinator

UNICEF UK National Committee
David Bull         Executive Director
Shima Islam        Emergencies Media Officer

Other Interviewees
Carol Bellamy      Former UNICEF Executive Director
ANNEX 6
NOTE ON EVALUATION METHODOLOGY

1. EVALUATION METHODOLOGY AND CONSTRAINTS TO DATA COLLECTION
The overall 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 organisations (e.g., TEC, DEC).
- As requested by UNICEF, an **inception report** was prepared 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 note their comments. (It was decided to visit the Maldives first so that the team could build working relationships and develop familiarity with UNICEF before tackling the larger and more complex programmes in Sri Lanka and Indonesia. The timing of Ramadan was also a factor in scheduling the evaluation visits).
- A **focus on collecting views from affected people**, including IDPs living in temporary accommodations and host families and communities.
- **Submission of a first draft evaluation report** to UNICEF’s Evaluation Office for distribution to stakeholder for factual corrections and other feedback.

- **A validation workshop** held in New York, January 17-27 included a briefing for global directors, sectoral staff and teleconferences between NY with COs in the study countries to discuss substantive issues emerging from the first draft.
- Incorporation of comments and production of **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 add another layer of analysis.
- **Sign-off** and submission to UNICEF’s Evaluation Office.

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

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

**Sampling design.** Sampling was purposive, that is, based on selection of interviewees who had been deemed able to provide valuable information and representative of the population. The travel plan was designed to cover as many affected communities as possible in Aceh and Nias. The objectives of the travel design were to allow evaluators to observe a variety of post-disaster situations on the east and west coasts as well as central areas, to visit a broad range of UNICEF activities, and to meet with as many staff as possible from UNICEF, partner organisations and other agencies.

The team spent three weeks in Indonesia, visiting the CO in Jakarta for three days prior to the visit to Aceh and two days afterwards. The team split up after arriving in Banda Aceh. Team A deployed immediately to Meulaboh, visiting communities in Aceh Barat district, and later travelled up the coast to Calang, visiting Samatiga and Teunom, among
other communities in Aceh Jaya. Team B travelled to Lhoksumawe and conducted interviews in Aceh Utara, Pidie and Sigli. Team B later travelled to Meulaboh. Two team members travelled to Nias Island and one member visited Simeulue Island.

All evaluators while in Banda Aceh made day trips to view activities and visit staff and communities, including to Lamno, Leupung, and Loong. (See map in the beginning of the report.) The team was not able to visit Aceh Singkil where affected people were receiving little assistance but the team studied reports of the conditions and have mentioned the issues in the “Coverage” section.

The community sampling took place in all of the areas in Aceh and Nias mentioned above as well as others. Efforts were made to meet as many community members living in various situations as possible. Community sampling included people and groups with the following characteristics (with some examples):

- IDPs living in tented temporary settlements (Sueneddon, Sinabang)
- IDPs living in TLCs (Lamno, Lapang)
- Hosted IDPs (Banda Aceh, Sigli)
- Host communities and host families (Lhoksumawe)
- Conflict-affected communities (Aceh Utara District)
- People living in temporary settlements built on the site of their original villages
- IDPs living in temporary settlements a distance from their original villages
- IDPs on islands (Simeuleu and Nias)
- Evacuees from islands (Pulo Aceh residents living in Jantho area)
- IDPs who spontaneously returned to their original home sites, or who moved back and forth from temporary settlements.

Data Collection Techniques
Data collection methods included:
- participation by the team leader in the lessons learned exercise in September
- individual informant and focus group interviews
- meetings and briefings with UNICEF staff
- direct observation
- comparison of baseline data and post-intervention data where available.

2. EVALUATION ANALYSIS AND CONSULTATION

The evaluation process was designed to factor in 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 Aceh and Nias reviewing findings and discussing problems and constraints. Qualitative data was triangulated to ensure validity and applicability. Cross-checks on data analysis, conclusions and recommendations were carried out through reviews of reports by UNICEF staff and teleconferences with the COs.

The team interviewed more than 140 staff members of the Government of Indonesia, UNICEF, as well as other UN organisations and local and international NGOs. More than 40 individual and focus group interviews were conducted with IDPs and members of host communities. Please see the annexes for persons and documents consulted as well as a summary of community interviews.

3. 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 Indonesian 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 cross-checked 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.
ANNEX

ANNEX 7
RECOMMENDATIONS FROM PREVIOUS RELEVANT EVALUATIONS

These recommendations have been extracted from the following reports:

- Evaluation of DFID’s humanitarian capacity building programme with UNICEF (Valid International 2005).
- Rapid deployment of human resources for emergencies (Heffink 2004).
- Joint UNICEF-DFID evaluation of UNICEF preparedness and early response to the Darfur emergency (Grunewald et al).

These evaluations were mainly concerned with complex emergencies, not sudden onset natural disasters. The list only includes recommendations that relate to this evaluation and are provided to show the alignment of this report’s recommendations and those of key earlier reports.

FOCUSING ON RESULTS

1. DFAM should develop a simple CO-level checklist to support offices to define and assess the essential financial controls needed in an emergency environment, for use in CO’s emergency preparedness planning and in the management and monitoring of their financial controls during an emergency (Liberia).

2. DFAM should complete the development of simple guidance and tools to assist COs to provide timely cash disbursements to partners during emergencies while maintaining appropriate financial control, with particular attention to conditions where the banking system is not functioning, and establish mechanisms to ensure that this information is provided to COs as part of their emergency preparedness planning and reissued to any office at the outset of an emergency (Liberia).

3. Lightweight reviews should be routinely implemented for all responses. Small responses should capture the lessons learned through an internal rapid review such as an After Action Review (Valid).

4. Explore simpler mechanisms for partner accountability.

5. Develop joint monitoring mechanisms with partners to facilitate both oversight and improved programme performance (Valid).

6. Initiate open discussions with NGOs on capacity, oversight and support needs at the outset of any form of partnership, contractual or otherwise (Valid).

7. DFAM should aggressively disseminate financial and administrative procedures in emergencies to COs (through Regional Financial Advisers) to ensure full confidence with systems before an emergency occurs. A field-based review should be instituted after approximately 18 months-2 years to clarify the question of whether a) the systems are adequate to emergencies once they are fully understood or b) the systems themselves should be adapted for emergencies (Valid).

8. In the course of dissemination, DFAM should be responsible for ensuring that all staff understand UNICEF’s corporate position on accountability in emergencies. It should be clearly stated that UNICEF’s corporate goal is effective humanitarian response and that staff will be supported for adapting systems, provided every effort is made to ensure checks and balances are in place (Valid).

9. Within the EPRP process, more time should be spent on how DFAM procedures for emergencies would be applied by both Programmes and Operations (Valid).

10. COs should improve partner organisational assessment to enhance mutual confidence and reduce bureaucracy in collaboration. As noted above, there is flexibility in procedures that can be decided by the CMT/Finance/Programmes at CO level (Valid).
11. Conduct brief after-action-reviews or lessons learned exercises after emergency response to document what was most/least effective in the spirit of learning for the future. This should include small emergencies that do not require surge capacity (Valid).

HUMAN RESOURCES

1. Match RO and CO technical capacity to the CCCs by ensuring that each sector is supported by an Advisor or Programme Officer with relevant skills and experience (Valid).

2. EMOPS and DHR should analyse and reach a common understanding on norms for the use of surge capacity in the context of mainstreaming. This should include adopting a Standing Operating Procedure for management support from the Regional Office as a country moves into a high state of alert, aimed at supporting the preparation of a 90 day plan. Norms should clarify: i) that it is quite acceptable to draw on additional support in emergencies as not all offices will have sufficient technical capacity or emergency experience and ii) that redeployment should be used principally for immediate response as it is the fastest and for core operations functions and as part of HR planning. UNICEF staff redeployed to an emergency should not exceed a 3 month stay and if it appears that support in that post will be required for longer, COs should plan to recruit for the post, drawing on approved candidates from the global web roster. Standby arrangements would usually be used in technical sectors and in the first phase (Valid).

3. COs must map strengths and weaknesses within the existing team in leadership, CCC technical capacities and operational functions on an annual basis. These plans should be shared with RO level and collated for countries across the region to match surge planning to probable requirements in the region (Valid).

4. HR personnel at RO level should work together with REAs to invite applications from CO level staff to participate in a regional pool of staff for redeployment in emergencies (Valid).

5. Backfilling plans should be made by COs at the time of registering staff in the redeployment pool, including funding a backup post. Arrangements for funding the redeployed and backfilled posts should be agreed by all COs in the region, coordinated by the RO (Valid).

6. DHR and EMOPS should review progress in relation to the recommendations provided in the Heffinck study (the Evaluation Team was unable to assess progress in relation to all recommendations). Clear policy for HR in emergencies should be documented and disseminated to RO and COs (Darfur).

7. EMOPS should examine the potential of a RO trigger, as part of a staged approach to supporting country-level response (Darfur).

8. Strong investment in roster development and maintenance, together with diversification of stand-by arrangements should be implemented (Darfur).

9. EMOPS should establish standard mechanisms for surge support whereby the first support sent is a team to back up senior management functions (cf. Liberia RTE recommendation) (Darfur).

10. On-the-job and other types of personnel field training such as staff exchanges, mentoring and coaching suffer from the very variable positions taken by country representatives. Therefore, there is a need for UNICEF to address the diverse constraints that exist to these types of staff training by encouraging Representatives to both ask for help and to lend their staff to other countries in emergency situations, as has been done in the TACRO region. This encouragement could include acknowledgement and recognition in the PERs of Representatives who foster and promote increased staff exchanges (Baastel).
11. Foster increased leadership and vision in capacity building related to humanitarian response by UNICEF senior management at the field level by establishing clear institutional rewards and incentives through HR policies and practices and through senior management at the HQ and ROs levels, making it clear that this is an institutional priority and commitment (Baastel).

12. Make the institution and senior management, in particular, more accountable for building staff capacity in emergencies by establishing a system that holds Heads of Offices accountable for training (and HQ/ROs in their support of this endeavour) (Baastel).

13. The duration of the basic training should be at least twice longer than the one organised by UNICEF, in order to provide essential knowledge and minimum preparedness for the core group of staff who will be working in emergencies (Heffinck).

14. Using a professional approach and going to scale for the strengthening of management capacities of staff in emergencies (and regular programmes), including the development and application of appropriate assessment/testing tools, is a costly undertaking and difficult to sustain by any single UN agency. Should UNICEF work together with UNHCR and WHO (+ UNESCO) to set-up Development Centres, similar to the WFP FAO/IFAD experimentation? Would the Danish government be willing to finance the expansion of UNICEF Copenhagen facilities to establish a common Managerial Centre of Excellence? (Heffinck).

15. The best performing agencies are the ones investing the most in Emergency Preparedness and Response (EPR) strategic & normative guidance through the development of knowledge base, best practices, guidelines, manuals and other tools. UNICEF needs to further progress on this point (Heffinck).

16. The complexity, size and number of emergencies have reached such a global proportion that Stand by Partners are becoming increasingly important to enable any UN Agency to fulfil their respective mandates. UNICEF may follow the model of WFP to train Stand-by Partners for CCCs implementation (Heffinck).

17. A good global emergency roster should be constituted of a combination of a small stand-by UNICEF team in HQs and a group of UNICEF staff available from the field at short notice, augmented by an elaborate network of Stand-by Partners who can provide a large number/variety of personnel (and services) (Heffinck).

18. The contractual/security/insurance/medical/career development/training and liability issues for the deployment of suitable staff to emergencies require one focal point to coordinate that in DHR, and Anders Pettersson is well suited for it. He should work in close collaboration with the regional clusters in DHR and with the assistance of EMOPS/Regional Offices and UNICEF Copenhagen. In addition one DHR post should be created in Geneva to handle, with the assistance of EMOPS Gva, all Stand-by Agreements for deployment of staff coming mostly from European countries that are among the most important donors to UNICEF (Heffinck).

19. A credible and functional global roster, composed of UNICEF and non-UNICEF staff, requires a long term strategy with enough human and financial resources to properly manage and regularly update it (Heffinck).

20. The UNICEF Regional Offices together with their respective Country Offices and UNICEF Copenhagen have a critical role to play in monitoring the existing and potential emergencies
in the Regions and in assessing the personnel requirements for affected countries. From 2004 onwards, Disaster Preparedness should be included in all new UNDAFs and UNICEF Country Programme Documents (former CPRs) + annual PPAs of Country Offices, including costs, and its progress should be reviewed annually by the UNICEF Executive Board, as no country in the world is immune to disasters (Heffinck).

21. To facilitate the proper implementation of points (i) to (iv) and (vi) to (viii), the Regional Emergency Officer post (at P5 level), under the leadership of the Regional Director, should be mandatory in all Regions and those Officers should have a broad experience in emergencies (Heffinck).

22. The UNICEF CCCs for emergencies require to substantially expand and nurture the Agreements with Stand-by Partners as quite a few activities skills are usually not existing in a “regular” country programme environment and disruptions to on-going programmes /other UNICEF offices should be minimized (Heffinck).

23. In addition to the global emergency roster, a back up support roster should be created and constituted of UN retirees, former consultants, UNICEF staff who cannot go to emergencies due to medical or other valid reasons, former JPOs, UNVs, etc., in order to replace the UNICEF staff seconded to emergencies, whenever needed, which would encourage the sustainability of a functional emergency roster. Currently internal and external staff are dealt with by DHR in separate systems on different platforms (HRIS and GWR). Until the SAP/Talent pool receives funding for its implementation, the RRM cannot be fully functional. DHR and EMOPS will need to undertake a joint communication drive to establish a constructive dialogue with all UNICEF Offices/Staff on the functioning of the rapid deployment mechanism in order to internalise it globally and build-up confidence/ incentives in its use. Funding needs to be made available (Heffinck).

24. It would seem logical to have in the long-run a joint global emergency roster for the UN Agencies who are the most involved in emergency operations (e.g. UNICEF, UNHCR and WFP) as several job categories and Stand-by Partners Agreements are overlapping (Heffinck).

25. UNICEF needs to have a clear policy with good monitoring on the importance of emergency competencies/successful assignments for rotations, promotions, international jobs, etc. It also has a bearing on the classification of duty stations. The salient aspects of this policy should be included in the contract of all UNICEF Staff, e.g. “Emergencies are part of the regular duties of UNICEF and all Staff are encouraged to participate in it. Competencies to effectively deal with emergencies and successful assignments in emergencies are carefully reviewed by UNICEF before an extension of contract, transfer, promotion, international posting and other benefits are considered”. If we can institutionalize an effective system, then we may fulfil what the UNICEF Executive Director repeatedly requested since 1995 (Heffinck).

OPERATIONS SUPPORT

1. CO should ensure that operation support staff are deployed prior to, or simultaneously with, programming staff in order to ensure minimum working conditions (computers, printers, etc.) and living conditions, in compliance with MOSS requirements (proper communication means, evacuation plan in place). HQ DHR and CO should ensure that the mechanisms and means for proper staff care are in place (Darfur).

ASSESSMENT

1. CO should ensure that baseline assessments are carried out urgently (for example in water and sanitation) to feed into future planning. CO planning process should then be undertaken for each sector and operational unit. This should integrate lessons learnt and findings from Zonal Offices (Darfur).
COORDINATION

1. Strengthen skills in sector based coordination as the number of humanitarian actors continues to increase and look towards UNICEF for coherence and cohesion (Valid).

2. Coordination skills and the clarification of roles within the UN family should be a major component of EPRP training and planning (Valid).

3. Programme Officer job descriptions should include coordination competencies (Valid).

4. Recognise Sphere as an essential coordination tool and acknowledge it in key technical documents (Valid).

5. UNICEF should explicitly reference Sphere in its guidelines to ensure coherence and a common language and understanding with the NGOs (Valid).

6. Coordination should be resourced as a specific function with a dedicated budget. In contexts in which UNICEF is required to play a major coordinating role, budgets should be established for specialist coordinators matched to associated competencies such as leadership, facilitation and coordination skills (Valid).

7. CO should ensure that all opportunities are explored to reinforce the position of UNICEF in coordination. A clear strategy should be developed that is supported with manpower and information management software and hardware and that is coherent with other types of coordination system (including OCHA and HIC). DHR should develop a roster of people with both technical knowledge, and facilitation and negotiation skills (Darfur).

ACCOUNTABILITIES

1. Identify the characteristics that promote the oversight function of Regional Offices, drawing on existing models, and replicate those characteristics across all ROs. This should include all Regional Advisers taking responsibility for building humanitarian response capacity, not just the Regional Emergency Advisers (Valid).

2. Roles and responsibilities in emergency response at CO, RO and HQ level must be clarified. The Office of the Executive Director should continue to stress the responsibility of RO and NY HQ in assessing CO capacity and if necessary take robust measures to ensure response is sufficient (Darfur).

MONITORING AND EVALUATION

1. Elevate the status of M&E through greater investment and specific senior accountabilities reflected in the workplans of SPOs, Country Representatives and RO Advisors (Valid).

2. The Country Office should establish standard data collection for field visits covering assessment of timeliness, use and usefulness of UNICEF inputs (cash and supply) with government and NGO partners, verification/assessment of outputs, identification of any negative impacts and where possible identification of constraints/opportunities for convergence across programmes (Liberia).

3. CO should ensure that a clear monitoring and reporting mechanism is defined at a very early stage in the project cycle in order for these activities to be integrated into the programme planning process. The quantity and nature of information gathered should be adapted to the management and coordination requirements of the different sectors (Darfur).

SUPPLIES

1. As part of the supply assessment under EPRP if pre-positioning of specific stocks in specified zones is considered essential for effective standing readiness, COs can make the case to the Emergency Coordination Unit of Supply Division (Valid).
SECURITY

1. UNICEF should continue to work vigorously within the UN system at both New York and country team level for more sophisticated and sensitive UN security management systems that can be more responsive to the access needs of agencies such as UNICEF while continuing to give the highest priority to the security of staff and assets. UNICEF should work with DFID on this issue through their respective channels and modalities.

2. This work should include:
   • The development of improved and more sensitive risk assessment tools systems.
   • The development of agreed differentiated levels of agency security needs according to mandate and operational presence on the ground (Valid).

LESSONS LEARNING

1. Evaluation Office NYHQ should compile findings and action points on emergency related reviews undertaken over the past twelve months. EMOPS should compile a list of all emergency tools (and updated status of development). Both documents should be disseminated to HQ and RO emergency focal points and countries experiencing, and prone to, emergencies (Darfur).

2. CO should produce a list of the essential documents that should be made available as standard briefing kit to any new staff, visitors or consultants. Consultants’ time should be maximised for the key tasks of the exercise for which they are contracted, and not the compilation of basic background information. In order to achieve this, there is an urgent need to upgrade the filing system (Darfur).

3. Develop an evaluation report format that is user friendly and short to make them more accessible to field staff and establish standards/benchmarks to ensure quality control of evaluations to maximize their learning potential (Baastel).

4. Have the HQ Evaluation Office and the ROs circulate these evaluation reports widely by email or in hard copy format in addition to the current practice of just posting them on the intranet (Baastel).

5. Continue preparing the evaluation briefs called “Hot Off the Press: Lessons from Evaluation” and sponsor “lessons learned exercises” as in Istanbul in October 2003 to review UNICEF’s emergency preparedness in Iraq (Baastel).

6. Promote “communities of practice” amongst staff on topics related to emergencies so that they can exchange experiences, learn from one another, and share information amongst themselves on a regular, informal basis. This can be at the regional level or across regions on operational or sectoral issues such as financing procedures, water and sanitation, education, etc. and could be included as a part of the 5% of staff time that they are supposed to allocate to training and learning with the support of their Representatives (Baastel).

GENDER

1. UNICEF needs to invest much more in gender integration to make it happen consistently. It should strengthen the gender mainstreaming unit, with at least one staff member dedicated to humanitarian work. It should have much greater gender expertise at RO level – ideally as a dedicated gender adviser – that can support and monitor gender integration at CO level (Valid).

WES

1. WES NYHQ emergency staffing capacity should urgently be strengthened (Darfur).

CHILD PROTECTION

1. Institute a mentoring program to support the development of effective Child Protection Officers (Baastel).
**ANNEX 8**
**PROGRAMME ACHIEVEMENTS**
**(COUNTRY SHEETS)**

**SRI LANKA: SUMMARY OF FINDINGS**

<table>
<thead>
<tr>
<th>Programme commitments</th>
<th>◆◆◆ Effective</th>
</tr>
</thead>
<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>
</tbody>
</table>

| Overall                | ◆◆ Effective / Mostly Effective |

- ◆◆◆ Effective: Met CCC / provided excellent outcome for children
- ◆◆ Mostly effective: Met sufficient of CCC/ helped children
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**SUMMARY OF PROGRAMME COMMITMENTS**

<table>
<thead>
<tr>
<th>PROGRAMME COMMITMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and nutrition SCC 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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water and environmental sanitation (WES) SCC partly met</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Protection SCC were met</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>
**SUMMARY OF PROGRAMME COMMITMENTS**

<table>
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<tr>
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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><strong>Appropriate-ness and Relevance</strong></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>
</tr>
</tbody>
</table>
ANNEX

ANNEX 8
PROGRAMME ACHIEVEMENTS
(COUNTRY SHEETS)

INDONESIA: SUMMARY OF FINDINGS

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

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<tr>
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</thead>
<tbody>
<tr>
<td>Health and nutrition</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Water and environmental sanitation (WES)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
### SUMMARY OF PROGRAMME COMMITMENTS

<table>
<thead>
<tr>
<th>PROGRAMME COMMITMENTS</th>
<th>CCC were met</th>
<th>CCC partly met</th>
</tr>
</thead>
</table>
| **Education**          | - Delivered 500 education kits, school tents by the end of January. Deployed 1,000 temporary teachers. Provided stationery for 600,000 children. Activity supported government to open schools early.  
- Children, their parents and their teachers did not receive the needed psychosocial support. This would have been beneficial and an opportunity to improve teaching skills using an interactive, child-centred approach. In addition, little consultation occurred with communities; their input was not usually factored into planning for education activities. |
| **Appropriateness and Relevance** | - UNICEF undertook numerous assessments in the first six months, many of them jointly planned and implemented.  
- UNICEF concentrated on meeting immediate needs in the first weeks of the response and did not start detailed programme planning until March.  
- UNICEF’s tsunami response funding is the largest in its history, at well over $200 million. Ironically, UNICEF has addressed many of the CCC, yet the poorest tsunami affected children still live in difficult conditions.  
- UNICEF focused its coverage mainly in urban areas, on the severely affected west coast and in Simeulue and Nias. UNICEF made continuous efforts to help children affected by the conflict as well as the tsunami. |
| **Impact and Effectiveness** | - UNICEF had numerous achievements: the measles campaign, distribution of mosquito nets and distribution of potable water all contributed to the control of communicable disease. Malaria rates fell below normal, a significant achievement.  
- The first UNICEF assistance did not start until 10 days after the tsunami, and did not start in volume until about three weeks later.  
- The scale of the destruction and a legacy of martial law meant there were serious capacity issues for traditional UNICEF partners. Local government was depleted and overwhelmed.  
- The coordination of three sectors together with a major measles campaign was a significant responsibility, which UNICEF took seriously. Psychosocial assistance and child protection was generally done well, as was education. WES was inconsistent.  
- UNICEF’s monitoring and evaluation efforts were constrained by weak monitoring capacity, and UN security restrictions.  
- The response diverted staff attention away from regular programmes in other parts of Indonesia, causing delays in important health interventions. Innovative programmes initiated in Aceh will contribute to learning and replication in other areas of the country. |
| **Efficiency** | - The tsunami response constituted formidable management and leadership challenges, which have been largely met by hard-working and dedicated UNICEF staff. Lack of continuity in the operations officer position in Banda Aceh for the first six months affected performance. Levels of seniority of key staff were set too low.  
- The rapid ‘scale-up’ of staffing was a success. Problems included time delays in deployment of some staff on mission and lack of training in procedures for new staff.  
- UNICEF’s supply was generally satisfactory. UNICEF’s logistics capability in the field was less robust and it took almost three weeks to set up an office in Banda Aceh.  
- The complex and burdensome administrative procedures surrounding project implementation were a seriously constraining factor in UNICEF’s response. Projects were slowed, partnerships compromised and monitoring hampered. |
ANNEX 8
PROGRAMME ACHIEVEMENTS
(COUNTRY SHEETS)

MALDIVES: SUMMARY OF FINDINGS

<table>
<thead>
<tr>
<th>Programme commitments</th>
<th>☀☀ Mostly Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriateness</td>
<td>☀☀ Mostly Effective</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>☀☀ Mostly effective</td>
</tr>
<tr>
<td>Efficiency</td>
<td>☀ Adequate</td>
</tr>
<tr>
<td>Overall</td>
<td>☀☀ Effective / Mostly Effective</td>
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</tbody>
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- ☀☀ Effective: Met CCC / provided excellent outcome for children
- ☀☀ Mostly effective: Met sufficient of CCC/ helped children
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SUMMARY OF PROGRAMME COMMITMENTS

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

<table>
<thead>
<tr>
<th>PROGRAMME COMMITMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>CCC were met</td>
</tr>
<tr>
<td>• On January 25, all primary and secondary students returned to school (only two weeks late), a significant achievement led by the Ministry of Education with support from UNICEF, and a major contribution to children’s psychological well-being. UNICEF took the UN lead role for education and used the CCC as an advocacy tool.</td>
</tr>
<tr>
<td>• UNICEF funded the construction of 39 temporary classrooms, prioritised the introduction of Child Friendly Schools (CFS) and helped prepare newly trained teachers to fill gaps. In the rehabilitation phase UNICEF has responded to GoM request for schools repair and rebuilding.</td>
</tr>
<tr>
<td><strong>Appropriate-ness and Relevance</strong></td>
</tr>
<tr>
<td>• UNICEF’s response was appropriate and relevant, particularly given that the Maldives sub-office was small and unprepared for a large disaster. Lack of transport and traditional NGO partners were major challenges.</td>
</tr>
<tr>
<td>• Aside from education, UNICEF did not formally plan systematic comprehensive needs assessments in the first six months.</td>
</tr>
<tr>
<td>• UNICEF did not undertake a comprehensive process of strategy development outside of participating in the UN Flash Appeal and NRRP.</td>
</tr>
<tr>
<td>• UNICEF’s response covered all the affected islands and a significant number of other islands in affected atolls.</td>
</tr>
<tr>
<td><strong>Impact and Effectiveness</strong></td>
</tr>
<tr>
<td>• UNICEF’s impact was significant in a number of areas, as outlined in above programme sections. Back-to-school campaign was most notable success.</td>
</tr>
<tr>
<td>• UNICEF’s response was most effective in sectors where it already had strong pre-existing programmes and capacity, such as in health and education.</td>
</tr>
<tr>
<td>• UNICEF’s monitoring and evaluation in the Maldives response was poor.</td>
</tr>
<tr>
<td>• The Maldives office generally followed the CCC and other humanitarian principles. UNICEF had mixed results in meeting internationally accepted sector indicators, particularly in sanitation. UNICEF did not meet standards for participation in the Maldives.</td>
</tr>
<tr>
<td>• UNICEF’s strong advocacy has led to changes in attitudes such as in promoting Child Friendly Schools (CFS). However, it was less successful to influence government to fully address issues of violence and abuse.</td>
</tr>
<tr>
<td>• In emergency preparedness, UNICEF Maldives had an EPRP last updated in March of 2004, but it did not provide sufficient guidance or a strategy for surge capacity.</td>
</tr>
<tr>
<td><strong>Efficiency</strong></td>
</tr>
<tr>
<td>• The management challenges in the Maldives response were significant, but the Maldives sub-office performed well in relation to its size and lack of preparedness.</td>
</tr>
<tr>
<td>• The lack of senior staff and the confusing turnover in the first few months of the response led to weaknesses in strategic planning and efficient management of systems.</td>
</tr>
<tr>
<td>• One of the largest constraints in the response was and continues to be understaffing.</td>
</tr>
<tr>
<td>• Supplies were generally delivered on time, but in-country logistics proved more challenging.</td>
</tr>
</tbody>
</table>
ANNEX 9
COUNTRY SELF-EVALUATION SHEETS

Country offices not visited by the evaluation team were asked to complete a self-evaluation of their performance against the programme CCC. These assessments have not been independently validated but are included to provide a broader picture of UNICEF’s response to the tsunami disaster.

UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>FIRST 6–8 WEEKS</th>
<th>OVERALL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vaccinate all children between 6 months and 14 years of age against measles. At a minimum all children from six months through four years of age must be immunised. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise and financial support for advocacy and operational costs. Along with the vaccination, provide Vitamin A supplementation as required.</td>
<td>Completed with Government of Tamil Nadu (GoTN), Government of Andhra Pradesh (GoAP), and Union Territories of Pondicherry, Andaman &amp; Nicobar Islands (where UNICEF was the first agency invited by the government to conduct rapid assessment and assist in the relief effort) for the age group of six to 59 months using auto disable syringes (ADS) provided by UNICEF (Total: approx. 103,600 children). Government of Kerala (GoK) completed within the next fortnight. Vitamin A supplied in Andaman &amp; Nicobar as well as Tamil Nadu (Total: Around 103,600 doses distributed). Cold chain supplied to Andaman &amp; Nicobar to 25 health facilities.</td>
</tr>
<tr>
<td>2. Provide essential drugs, emergency health kits, post-rape-care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements.</td>
<td>ORS, IV fluids and doxycycline were made available in Tamil Nadu and Andaman &amp; Nicobar. Gauze rolls and cotton wool, skin ointments supplied. Communication on diarrhoea prevention propagated. Cholera kits pre-positioned. 20,000 bed-nets procured for Andaman &amp; Nicobar Islands. Immediate nutritional support has been given by GoI in collaboration with NGOs providing cooked food in camps evolving into community kitchens for those who returned to their village. In Andaman &amp; Nicobar, a key focus was on malaria control through the distribution of bednets, mosquito repellent and draining stagnant pools of water. Malaria cases dropped by almost four times from the first to second quarter after the tsunami.</td>
</tr>
<tr>
<td>3. Provide other emergency supplies such as blankets, tarpaulins and cooking sets.</td>
<td>Blankets and mats were supplied in Tamil Nadu. Other items were provided by other agencies and GoI/GoTN.</td>
</tr>
<tr>
<td>4. Based on rapid assessments, provide child and maternal feeding and support.</td>
<td>Fortified food distribution (high-energy biscuits) to children under five and pregnant women to maintain affected population over the rehabilitation / recovery period in Andaman &amp; Nicobar (87 MT in total).</td>
</tr>
<tr>
<td>5. Introduce nutritional monitoring and surveillance.</td>
<td>Rapid assessments of field team gave no immediate indication of deterioration of nutritional status. In Andaman and Nicobar, three doctors were placed in islands in Nicobar group to focus on normalisation of basic preventive and curative services. They have helped provide and integrate outreach public health action on routine immunisation, antenatal care, Vitamin A and iron foliate distribution, and attending to sick people who cannot access the nearest health facilities.</td>
</tr>
</tbody>
</table>
UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

HEALTH AND NUTRITION

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</thead>
<tbody>
<tr>
<td><strong>Beyond initial response</strong></td>
<td></td>
</tr>
<tr>
<td>6. Support the establishment of essential health-care services by providing outreach services and home based management of childhood illnesses and emergency obstetric care services, and treatment for malaria, diarrhoea and pneumonia.</td>
<td>UNICEF helped to restore supplies and equipment in 954 health facilities as follows: Tamil Nadu: 596 Andaman &amp; Nicobar: 25 Andhra Pradesh: 282 Kerala: 51 Procurement of supplies included essential equipment for emergency newborn care, particularly in Tamil Nadu and Andhra Pradesh. In Andaman &amp; Nicobar, focus on newborn care has led to the establishment of the first pediatric stabilisation unit for sick newborns. In addition, the success of malaria control gave impetus to the establishment of the islands’ first disease surveillance laboratory, officially opened in October.</td>
</tr>
<tr>
<td>7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, and financial support for advocacy and operational costs for immunisation of pregnant women and women of childbearing age.</td>
<td>In Andaman &amp; Nicobar, worked with the administration to establish microplans for routine immunisation (RI), for the first time across the islands. Cold chain equipment was supplied to 25 health facilities. Outside of Andaman &amp; Nicobar, no requests for support for RI. Messages on importance of vaccination were integrated into training and communication material for community front-line workers (i.e., Auxiliary Nurse Midwives, Anganwadi workers), whose skills were upgraded to provide service under Integrated Management of Child and Newborn Illnesses (IMNCI) strategy. In Tamil Nadu, community level volunteers were also trained on dissemination of this and other health-seeking behaviour.</td>
</tr>
<tr>
<td>8. Support infant and young child feeding, complementary feeding, and when necessary support therapeutic and supplementary feeding programmes with World Food Programme and NGO partners.</td>
<td>In Andaman &amp; Nicobar, training was planned on infant care and feeding practices provided for Auxiliary Nurse Midwives, Anganwadi workers (i.e., two-model worker model for delivery of IMNCI), which includes home visits up to three times before a newborn is 10 weeks old. In Tamil Nadu, identification and recruitment of volunteers from shelter communities identified to support Anganwadi workers. Upgrade skills training was being planned for Anganwadi workers in affected districts of Andhra Pradesh. In 2005, Nicobar became the first district in India to be fully covered by two-worker IMNCI model. Training of Angawadi workers in Andaman District and continued monitoring of trained workers are priorities for 2006.</td>
</tr>
</tbody>
</table>
### UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### HEALTH AND NUTRITION

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</table>

<table>
<thead>
<tr>
<th>8. continued</th>
<th>Coverage of training completed in 2005: 12,707 health professionals, front-line workers and volunteers to improve child survival.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tamil Nadu: 1,080 community level Anganwadi volunteers (care and feeding practices)</td>
</tr>
<tr>
<td></td>
<td>Andaman &amp; Nicobar: 19 Auxiliary Nurse Midwives (IMNCI) 38 Anganwadi workers (IMNCI) 4 Supervisors (IMNCI)</td>
</tr>
<tr>
<td></td>
<td>Andhra Pradesh: 11,166 Anganwadi workers (care and feeding practices) 225 doctors (neonatal care) 75 nurses (neonatal care)</td>
</tr>
</tbody>
</table>

| 9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices. | Immediate health promotion was done for diarrhoea prevention in the relief camps in Tamil Nadu and Andaman & Nicobar. See above (#8) for trainings being planned that include messages listed in (#9). |
## WATER AND SANITATION

### FIRST 6–8 WEEKS

<table>
<thead>
<tr>
<th>1. Ensure the availability of a minimum safe drinking-water supply, taking into account the privacy, dignity and security of women and girls.</th>
<th>Water tanks arrived in shelters immediately, followed by supplementary measures to augment the availability of safe water to families in relief shelters. In Tamil Nadu first days focused on providing water tanks, digging shallow trench toilets, clean-up shelters, hygiene camps around the issue of open defecation. Note, over 300 NGOs appeared in Tamil Nadu almost immediately after the tsunami, with different as well as overlapping contributions. In Tamil Nadu Unicef worked with district administration to coordinate with NGOs to agree on a common purpose, identify who will do what and the appropriate technical options to follow. UNICEF WatSan teams were invited by the government to assist in Andaman &amp; Nicobar in February. In the emergency relief camps, UNICEF constructed 1,000 sanitary latrines, and supplied 500 water tanks. Procurement immediately was made for related supplies (e.g., soap, ORS, bleaching powder). The arrival of supplies was subject to extremes in logistics (given the remote locations, absence of infrastructure and destruction of jetties) and weather conditions, which delayed delivery. Similar to the experience in Tamil Nadu, support for sanitation in the shelter communities was primarily through women for whom sanitary latrines have afforded a sense of privacy and security. In Andhra Pradesh, UNICEF led testing of 2,000 public water sources for salinity and water contamination. Fifteen percent were found to be affected with saline, concentrated in 56 communities. UNICEF installed 56 water tanks and fixed 542 broken hand pumps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.</td>
<td>Bleaching powder and water purification tablets supplied to municipality, TWAD, and health department. Checked distribution points that water was chlorinated.</td>
</tr>
<tr>
<td>3. Provide jerry cans, or an appropriate alternative, including user instructions and messages in the local language on handling water and disposal of excreta and waste.</td>
<td>1,000 water pitchers and 2,000 cups provided to government to distribute to affected families. Community meetings in relief centre to discuss disease transmission, hygiene practices, use of toilets, garbage pits, etc.</td>
</tr>
<tr>
<td>4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.</td>
<td>3,000 cakes of soap provided in Nagai through local Rotary organisation; further supply ordered. Marketing company used to disseminate key hygiene messages (inc use of ORS, diarrhoea prevention and management) in 250 relief centres.</td>
</tr>
<tr>
<td>5. Facilitate safe disposal of excreta and solid waste by: providing shovels or funds for contracting local service companies; spreading messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminating messages on disposal of human and animal corpses; and giving instructions on, and support for, construction of trench and pit latrines.</td>
<td>Teams of volunteers selected and trained to sanitise relief centres, equipped mainly through corporate donations. Separate latrines constructed for men and women. Hygiene and sanitation messages promoted through collective meetings in relief centres and through social marketing.</td>
</tr>
</tbody>
</table>
## Beyond initial response

<table>
<thead>
<tr>
<th>FIRST 6–8 WEEKS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability.</td>
<td>Sanitation facilities are being upgraded in relief shelters. Support to interim shelters, capacity-building for NGOs and masons on sanitation, mobilisation of material. Improvements already linked to India’s national Total Sanitation Campaign (TSC) programme.</td>
</tr>
</tbody>
</table>

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 a 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.

In March/April 2005 UNICEF-supported assessment of shelter conditions showed in some cases, hygiene had deteriorated to the extent of a health risk. Massive community mobilisation was initiated to clean up shelters. A shelter-based community management monitored water sources, sanitation facilities, and increased awareness-raising on hygiene practices. 397 volunteers (almost all women) were recruited as the bridge between local NGOs, government, and shelter residents. Their focus was on raising awareness about handling water safely, promoting hygiene (including menstrual hygiene), and waste mgt. 195 sanitation animators promoted healthy practices (e.g., use latrines, proper hand-washing) among children, families through after-school activities, theatre, etc.

In Nicobar island group when people began moving into intermediate shelters in 43 villages, UNICEF provided materials for 12,000 sanitary latrines in all and out of this number constructed 4,000 latrine substructures. The rest of the materials went to the administration and NGOs for toilet construction. Four water tankers were provided to islands with no water source in order to augment the water supplies. In the intermediate shelters, in total for 2005:

- Andaman & Nicobar: 2,480 water tanks provided; 290 rainwater harvesting units installed (materials for a total of 2,210 received)

In Andhra Pradesh, improvements included the installation of 10 demonstration water-harvesting units in selected schools and Anganwadi centres.
### UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### CHILD PROTECTION

<table>
<thead>
<tr>
<th>FIRST 6–8 WEEKS</th>
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<tbody>
<tr>
<td>1. Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.</td>
<td>Field teams conducting situation reports monitored the situation of women in relief camps and affected villages. Partner with SCF (UK) and other INGOs on conducting an assessment to look at Child Protection issues. Assessments confirmed acute need for psychosocial care of children and adolescents, which became UNICEF’s central thrust in the first six to eight weeks. In alliance with NGOs and mental health professional bodies, UNICEF helped to initiate psychosocial training of teachers and volunteers in Tamil Nadu, Andaman and Nicobar, and Kerala. Activity kits were also distributed. As the response moved into recovery phase, many of these psychosocial activities brought in life-skills for children and adolescents, teaching them life-skills to cope with stress and trauma.</td>
</tr>
<tr>
<td>2. Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.</td>
<td>Advocated with the Government Social Welfare Dept. in the State and Ministry of Social Justice and Empowerment as well as Dept. for Women and Child Development to ensure family reunification is a priority.</td>
</tr>
<tr>
<td>3. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
<td>Initiated dialogue with government and non-government partners to advocate for facilities with adequate emphasis on care and protection of children.</td>
</tr>
<tr>
<td>a) Monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others.</td>
<td>Training on psychosocial support for 25 community workers conducted in one District (Cuddalore). Two more trainings planned during the week of 10 January at Nagapattinam and Kaniyakumari.</td>
</tr>
<tr>
<td>b) Providing post-rape health and psychosocial care and support.</td>
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<tr>
<td>Internally with regard to humanitarian workers and staff:</td>
<td></td>
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<tr>
<td>a) Undertake and promote humanitarian activities in a manner that minimises opportunities for sexual exploitation and abuse.</td>
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<tr>
<td>b) Have all UNICEF staff and partners sign the code of conduct and make them aware of appropriate mechanisms for reporting breaches of its six core principles.</td>
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<tr>
<td><strong>Beyond initial response</strong></td>
<td>UNICEF offered technical support to government partners for establishing and maintaining monitoring systems. Many of these are under way now, with UNICEF assisting in the establishment of tracking and monitoring systems of vulnerable children in Tamil Nadu, Andaman &amp; Nicobar, Andhra Pradesh and Kerala. Comprehensive baseline data is essential to identifying vulnerable children and why they are vulnerable. Particularly worrisome has been anecdotal reports of increased alcoholism in shelter communities, reports of family members taking advantage of children entitled to compensation money due to the deaths of their parents. UNICEF supported social impact study as well as studies under way at state level are expected to shed more light on these kinds of developments. In Tamil Nadu and Andhra Pradesh there is a focus on strengthening communities to protect children against child trafficking. Both states are known to be destination and source points in human trafficking.</td>
</tr>
<tr>
<td>5. Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.</td>
<td>UNICEF will also support the establishment/maintenance of government shelters for children separated from caregivers and advocate for facilities to be within the context of the CRC. See above (#1 for more details on monitoring systems that are being established).</td>
</tr>
<tr>
<td>6. In cases where children are separated or at risk of being separated from caregivers working directly or through partners to: 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 five 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 e) support partners involved in tracing and reunification, and provide tracing equipment.</td>
<td>UNICEF will support the government in providing care, protection and support to children orphaned/separated from parents by providing children's kits, and supporting the shelter. See above (#1 for more details on monitoring systems that are being established).</td>
</tr>
<tr>
<td>7. Provide support for the care and protection of orphans and other vulnerable children.</td>
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## UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

### CHILD PROTECTION

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8. Support establishment of safe environments for children and women, including child-friendly spaces; integrate psychosocial support in education, protection responses.

Project for psychosocial support for children through education system and community workers in place for initial six-month period. Many of the psychosocial initiatives that began immediately after the tsunami are being integrated into the broader framework of creating a protective environment for children. Continuing these activities, particularly strengthening the capacity of communities to be vigilant in protecting children's rights, is a main focus for 2006. UNICEF-supported achievements in 2005:

- Number of teachers, social workers, and volunteers trained to provide psychosocial support for children and adolescents: 5,160
  - Tamil Nadu: 2,340
  - Andaman & Nicobar: 1,760
  - Andhra Pradesh: 100
  - Kerala: 960

- Number of children reached through psychosocial activities: 114,000
  - Tamil Nadu: 36,000
  - Andaman & Nicobar: 30,000
  - Andhra Pradesh: 30,000
  - Kerala: 18,000

9. In cases of armed conflict and in accordance with international legal standards, directly and through partners: (i) monitor, report on and advocate against the recruitment and use of children in any capacity during armed conflicts, (ii) seek commitments from parties to refrain from recruiting and using children, and (iii) negotiate the release of children who were recruited and introduce demobilisation and reintegration programmes.

Not applicable.

10. Within established mechanisms, monitor, report on, and advocate against the use of landmines and other indiscriminate weapons by both state and non-state actors. Coordinate mine-risk education.

Not applicable.
UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

EDUCATION

FIRST 6–8 WEEKS

1. Set up temporary leaning spaces with minimal infrastructure.

Schools reopening in phases. Action initiated for setting up learning spaces wherever necessary. Rapid assessment on damage to infrastructure and education situation. 455 school tents were sent to Andaman & Nicobar. Support child-friendly spaces where children can focus on education and recreational activities. Mobilisation of NGOs for initiating co-curricular and recreational activities (many of these activities were carried out as psychosocial activities under child protection, see above).

2. Resume schooling by re-opening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.

Liaise with the govt to reopen all schools within two to three weeks.

Resource pack for organizing recreational activities to ready children for return to learning.

Administrative action for supply of essential Teaching Learning Materials (TLM) and stationery to schools in all tsunami-affected areas requiring assistance.

Beyond initial response

3. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training.

Supply of essential furniture for classroom and Teaching Learning Materials. Support for teacher training on Quality Education and setting up resources at block and cluster level to support teachers. Involve the community in the management of schools – in Andaman & Nicobar, this has seen a revival of village education committees and community-level school management.

UNICEF supported in 2005:

- School furniture for 1,478 schools benefiting 198,714 children.
  Tamil Nadu: for 330 schools benefitting 76,014 children and 1,875 teachers.
  Andhra Pradesh: for 1,003 schools benefitting 82,900 children.

- School supplies (e.g., school bags, reading material, TLMs, globes, maps) for 1,514 schools benefitting 208,747 children.
  Tamil Nadu: for 251 schools benefitting 69,239 children
  Andaman & Nicobar: for 213 schools benefitting 48,164 children.
  Andhra Pradesh: for 1,003 schools benefitting 82,900 children.
  Kerala: for 47 schools benefitting 8,444 children.
### UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### EDUCATION

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3. Continued
- 1,740 teachers trained in child-centred teaching/learning:
  - Tamil Nadu: 500 teachers on enhancing children's reading skills
  - Andhra Pradesh: 1,003 teachers trained in quality education.
- 496 schools where components of the Quality Education package has been introduced.
  - Tamil Nadu: 251
  - Andaman & Nicobar: 145
  - Andhra Pradesh: 1,003

4. Promote the resumption of quality educational activities in literacy, numeracy and life-skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene.
- Community micro planning for envisioning quality schools and preparation of school development plans.
- Introduction of quality package in schools (see above).
- Support for enrolment drives.

5. Establish community services around schools (such as water supply and sanitation) where appropriate.
- Remodeling of school, including provision of drinking water and toilets. Support for sanitation in schools is featured in 2006 plans.
UNICEF INDIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

HIV/AIDS

FIRST 6–8 WEEKS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Provide post-rape-care kits, including post exposure prophylaxis for HIV where appropriate, to health centres.</td>
</tr>
<tr>
<td>Not required – no cases of rape reported to date.</td>
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</tbody>
</table>

Beyond initial response

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<tr>
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<tbody>
<tr>
<td>2. Inform young people about HIV transmission and prevention using the three primary methods: abstinence, fidelity and condoms. Inform young people on where to access basic health and counseling services, and collaborate with partners to facilitate young people's access to comprehensive HIV prevention services including treatment for sexually transmitted infections.</td>
</tr>
<tr>
<td>Recognizing that women and children are more vulnerable to exploitation in a post-emergency situation with the disruption to safety nets like family and community, the recovery programme in Tamil Nadu included HIV component focusing on affected districts. Young people were reached through School AIDS education programme and through peer educators. Teachers and youth peer educators received training supported by UNICEF. Another component has been the strengthening of Prevention of Parent to Child Transmission Programme in 10 affected districts in Tamil Nadu, where UNICEF is helping build capacity of PPTCT teams in 35 PPTCT centres. In Tamil Nadu in 2005, UNICEF support went to: • 8,522 children who were reached through School AIDS Education Programme • 18,750 young people in vulnerable communities who were reached through trained volunteer NGO and peer counsellors • 46,495 women who were reached through PPTCT services • 2,150 teachers and academic advisors who were trained in providing HIV/AIDS awareness education • 750 peer educators trained.</td>
</tr>
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3. Provide health-care workers with training on post-rape health and psychosocial care. |
| Carried out as part of the regular programme in Tamil Nadu. |
### HEALTH AND NUTRITION

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<thead>
<tr>
<th>FIRST 6–8 WEEKS</th>
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<tbody>
<tr>
<td>1. Vaccinate all children between 6 months and 14 years of age against measles. At a minimum all children from six months through four years of age must be immunised. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise and financial support for advocacy and operational costs. Along with the vaccination, provide Vitamin A supplementation as required.</td>
<td>Not addressed, because not required according to rapid needs assessment. Mass measles campaign conducted for nine- month- to five-year-old children in all affected areas in 2002-2003. No population displacement and no camp situation. Integrated surveillance (measles with AFP) strengthened during six months but no outbreak detected. Response to potential outbreak secured by ensuring all supplies pre-positioned at central level. No additional Vitamin A supplementation as nationwide supplementation was done in September 2004 and coverage was 95.6%.</td>
</tr>
<tr>
<td>2. Provide essential drugs, emergency health kits, post-rape-care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements.</td>
<td>Met. Annual distribution of essential drug kits (including ORS) reached affected townships mid-December 2004 just prior to the tsunami (pre-positioned supplies were used during the Tsunami response). No additional nutrition inputs provided as not necessary according to needs assessments.</td>
</tr>
<tr>
<td>3. Provide other emergency supplies such as blankets, tarpaulins and cooking sets.</td>
<td>Met. 737 “Family Kits” distributed to affected families within 4 weeks. Kits included tarpaulin, clothes, cooking set, blanket, insecticide treated net, Waterguard (water treatment kit), soap, jerry can, bucket, etc.</td>
</tr>
<tr>
<td>4. Based on rapid assessments, provide child and maternal feeding and support.</td>
<td>Not met since not required. No child and maternal feeding necessary according to needs assessments.</td>
</tr>
<tr>
<td>5. Introduce nutritional monitoring and surveillance.</td>
<td>Not met during the immediate response phase. Nationwide nutritional survey carried out in 2005 applicable to Tsunami-affected areas.</td>
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### UNICEF MYANMAR — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### HEALTH AND NUTRITION

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<tr>
<td>6. Support the establishment of essential health-care services by providing outreach services and home based management of childhood illnesses and emergency obstetric care services, and treatment for malaria, diarrhoea and pneumonia.</td>
<td>As health infrastructure and staff were only marginally affected, regular programs continued including IMCI. Additional anti-malaria drugs and ITNs provided due to the risk of malaria outbreak within two to eight weeks following the tsunami.</td>
</tr>
<tr>
<td>7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, and financial support for advocacy and operational costs for immunisation of pregnant women and women of childbearing age.</td>
<td>A National Plan for MNTE is being implemented and regular TT campaigns were undertaken in high risk areas in February, March and October. The rest of the country is covered through routine immunisation. No additional TT campaign was undertaken in tsunami affected areas as they do not classify as “high risk” for MNT. Additional cold-chain equipment (cold boxes, vaccines carriers and ice packs) were ordered to strengthen routine EPI is these areas and are under distribution.</td>
</tr>
<tr>
<td>8. Support infant and young child feeding, complementary feeding, and when necessary support therapeutic and supplementary feeding programmes with World Food Programme and NGO partners.</td>
<td>All partners agreed that there was no need for additional therapeutic or supplementary feeding in affected townships. A national effort to implement IYCF is under way.</td>
</tr>
<tr>
<td>9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices.</td>
<td>Year-round promotion of exclusive breastfeeding and complementary feeding is undertaken. The World Breastfeeding Week and the National Nutrition Promotion Week add opportunities to do nutrition education.</td>
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# UNICEF MYANMAR — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

## WATER AND SANITATION

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Ensure the availability of a minimum safe drinking-water supply, taking into account the privacy, dignity and security of women and girls.</td>
<td>Partly met. The immediate assistance provided helped to reach pre-tsunami level rather than ensuring minimum safety standards. A large part of the affected areas did not meet minimum drinking water standards even before the emergency.</td>
</tr>
<tr>
<td>2. Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.</td>
<td>Fully met.</td>
</tr>
<tr>
<td>3. Provide jerry cans, or an appropriate alternative, including user instructions and messages in the local language on handling water and disposal of excreta and waste.</td>
<td>Partly met. Water storage containers and water disinfection material was provided with instructions for the usage. Waste and excreta disposal was not addressed during the rapid response phase.</td>
</tr>
<tr>
<td>4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.</td>
<td>Fully met.</td>
</tr>
<tr>
<td>5. Facilitate safe disposal of excreta and solid waste by: providing shovels or funds for contracting local service companies; spreading messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminating messages on disposal of human and animal corpses; and giving instructions on, and support for, construction of trench and pit latrines.</td>
<td>Not met. Solid waste and excreta disposal was not a felt need for the immediate response phase. Sanitation issues are being addressed through regular programmes and projects.</td>
</tr>
</tbody>
</table>

### Beyond initial response

| 6. Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability. | Fully met. Household water treatment and rainwater harvesting was promoted and supported in response to traditional practices in affected areas |
| 7. Define UNICEF’s continuing involvement beyond the initial response by: | Efforts continue to provide an additional 100 communities with access to improved water and sanitation facilities. These efforts follow an intensive assessment process that included hygiene promotion and informed target beneficiaries of various safe water and sanitation options. Following the rehabilitation needs assessment, detailed plans for water supply and sanitation improvements in schools, RHC and communities have been prepared for implementation after the rainy season in November 2005 and as part of the AWP 2006. Hygiene promotion has been strengthened throughout the affected area and a collaboration agreement with an NGO is planned to market and support the local production of water disinfectant (water guard) in affected townships. Solid waste disposal is not part of the medium-term rehabilitation plan since it is not a felt need to be addressed through emergency response. |
| 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 a 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. | |
### UNICEF MYANMAR – TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

### CHILD PROTECTION

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<tbody>
<tr>
<td>1. Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.</td>
<td>Partly met. For the first time, joint cross-border assessment took place and partners were mobilised on key issues (such as trafficking and tracing of separated children); some government sensitivities did not enable unconditional access to all zones and assessment for all sectors.</td>
</tr>
<tr>
<td>2. Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.</td>
<td>Partly met. Shared information with counterparts and partners on tracing systems, including appropriate tracing forms; following a trip to Kawthaung, information on a child separated from his caregivers was transmitted from UNICEF Thailand. The case was solved locally.</td>
</tr>
<tr>
<td>3. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
<td>Partly met. Shared information with counterparts and partners on tracing systems, including appropriate tracing forms; following a trip to Kawthaung, information on a child separated from his caregivers was transmitted from UNICEF Thailand. The case was solved locally.</td>
</tr>
</tbody>
</table>
| 4. Prevent sexual abuse and exploitation of children and women by:  
   a) Monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others.  
   b) Providing post-rape health and psychosocial care and support.  
   Internally with regard to humanitarian workers and staff:  
   a) Undertake and promote humanitarian activities in a manner that minimises opportunities for sexual exploitation and abuse  
   b) Have all UNICEF staff and partners sign the code of conduct and make them aware of appropriate mechanisms for reporting breaches of its six core principles. | Not applicable. Tsunami did not bring additional challenges to an already complex issue. Military forces abuses are reported by Thai-based groups but monitoring from Myanmar has proved difficult for a long time. Progress is being made in advocacy and monitoring but an emergency context is not the most enabling environment to address new/sensitive protection issues in Myanmar. The revised EPRP includes the need to raise awareness of the Code of Conduct, among other requirements based on the CCC. |
## UNICEF MYANMAR — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

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<tr>
<td>5. Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.</td>
<td>Systematic reporting of abuse against children is one of the core objectives of our next Programme Cycle and is part of the revised EPRP. UNICEF MCO followed closely the two notes sent by HQ in December 2004 and November 2005.</td>
</tr>
<tr>
<td>6. In cases where children are separated or at risk of being separated from caregivers working directly or through partners to:</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>a) assist in preventing the separation of children from their caregivers</td>
<td></td>
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<tr>
<td>b) facilitate the identification, registration and medical screening of separated children, particularly those under five and adolescent girls</td>
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<tr>
<td>c) facilitate the registration of all parents and caregivers who have lost their children</td>
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<tr>
<td>d) provide support for the care and protection of separated children, including shelter</td>
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<tr>
<td>e) support partners involved in tracing and reunification, and provide tracing equipment.</td>
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</tr>
<tr>
<td>7. Provide support for the care and protection of orphans and other vulnerable children.</td>
<td>Children without parental care and other vulnerable children have received support through the distribution of child protection / psychosocial support kits. UNICEF has also conducted several training and workshops for caregivers on minimum standards of care and protection for children without parental care.</td>
</tr>
<tr>
<td>8. Support establishment of safe environments for children and women, including child-friendly spaces; integrate psychosocial support in education, protection responses.</td>
<td>Partly met. In 2004, UNICEF had trained teachers, religious, health and social workers on psychosocial support. The national trainers were mobilised during the initial assessment and response. Psychosocial kits were designed and distributed to children and families in affected areas.</td>
</tr>
<tr>
<td>9. In cases of armed conflict and in accordance with international legal standards, directly and through partners: (i) monitor, report on and advocate against the recruitment and use of children in any capacity during armed conflicts, (ii) seek commitments from parties to refrain from recruiting and using children, and (iii) negotiate the release of children who were recruited and introduce demobilisation and reintegration programmes.</td>
<td>Not applicable in tsunami situation.</td>
</tr>
<tr>
<td>10. Within established mechanisms, monitor, report on, and advocate against the use of landmines and other indiscriminate weapons by both state and non-state actors. Coordinate mine-risk education.</td>
<td>Not applicable in tsunami situation.</td>
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### UNICEF MYANMAR — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### EDUCATION

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<tr>
<td>1. Set up temporary leaning spaces with minimal infrastructure.</td>
<td>Not applicable. No school buildings were completely damaged.</td>
</tr>
<tr>
<td>2. Resume schooling by re-opening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.</td>
<td>Partly met. All schools immediately re-opened around the second week of January 2005. In collaboration with local education authorities, arrangement for immediate support of textbooks and other materials to resume schooling by tsunami-affected children was made. Recreation activities were not organised except through Child Protection kits.</td>
</tr>
</tbody>
</table>

#### Beyond initial response

| 3. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training. | Fully met. Child Friendly School project is being implemented in all schools in nine tsunami-affected townships. 73,240 children are supported with textbooks, stationery and other materials. 2,387 primary school heads and teachers have participated in teacher training on CFS concepts and methodologies. 215 schools have been repaired and renovated by the communities with partial support from UNICEF (roofing sheets). More roofing sheets are also provided to support approximately 600 additional schools in those townships. |
| 4. Promote the resumption of quality educational activities in literacy, numeracy and life-skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene. | Fully met. All classes in the schools resumed teaching in accordance with the prescribed regular curriculum. Life-skills education and School-based Sanitation and Hygiene Education have also been incorporated into the curriculum for CFS schools. Sports materials and equipment have been provided to organise recreation activities at schools to promote resiliency and sense of normality among children and families. |
| 5. Establish community services around schools (such as water supply and sanitation) where appropriate. | Partly met. 6,615 Parent Teacher Association members participated in two-day orientation workshop on community mobilisation in CFS. Early childhood care services are being provided in pre-primary classes (ECD centres) attached to selected schools of those townships. Play and learning materials have been supported for children in approximately 150 ECD centres. Children’s books and AV media materials have been developed to promote children's learning as well as to enhance parenting skills of families and communities. 6,640 sets of children’s books are being printed to be used in ECD centres and communities in those townships. These newly developed children’s books will help children and families develop resiliency and coping skills with adversity and difficulties. Water and Sanitation facilities are installed in selected schools of two out of the nine townships. |
### UNICEF MYANMAR – TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### HIV/AIDS

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<tbody>
<tr>
<td>1. Provide post-rape-care kits, including post exposure prophylaxis for HIV where appropriate, to health centres.</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>

#### Beyond initial response

<table>
<thead>
<tr>
<th></th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Inform young people about HIV transmission and prevention using the three primary methods: abstinence, fidelity and condoms. Inform young people on where to access basic health and counseling services, and collaborate with partners to facilitate young people’s access to comprehensive HIV prevention services including treatment for sexually transmitted infections.</td>
<td>Partially met. Existing programmes were reinforced in two affected States (Tanyntharyi, Ayerawady) and are continuing.</td>
</tr>
<tr>
<td>3. Provide health-care workers with training on post-rape health and psychosocial care.</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>
### UNICEF SOMALIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### HEALTH AND NUTRITION

<table>
<thead>
<tr>
<th>FIRST 6–8 WEEKS</th>
<th>OVERALL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vaccinate all children between 6 months and 14 years of age against measles. At a minimum all children from six months through four years of age must be immunised. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise and financial support for advocacy and operational costs. Along with the vaccination, provide Vitamin A supplementation as required.</td>
<td>Met, in the worst affected areas. A campaign targeting all children (estimated at 2,880) in the affected communities was initiated in the first week following the tsunami. The campaign reached 1,728 children with measles vaccination and vitamin A supplementation. Training of vaccinators and social mobilisation about the importance of vaccinating against measles took place prior to all campaign activities.</td>
</tr>
<tr>
<td>2. Provide essential drugs, emergency health kits, post-rape-care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements.</td>
<td>Fully met. Six essential drug kits were distributed to areas affected.</td>
</tr>
<tr>
<td>3. Provide other emergency supplies such as blankets, tarpaulins and cooking sets.</td>
<td>Fully met. 930 family relief kits were distributed to the worst affected families. Additional kits and kit materials were provided by other agencies engaged in the response.</td>
</tr>
<tr>
<td>4. Based on rapid assessments, provide child and maternal feeding and support.</td>
<td>Not applicable in the initial response.</td>
</tr>
<tr>
<td>5. Introduce nutritional monitoring and surveillance.</td>
<td>Not applicable in the initial response.</td>
</tr>
</tbody>
</table>

**Beyond Initial Response**

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

UNICEF has provided medical equipment and supplies to the health post in Hafun and supported the training of health workers in the management of diarrhoeal diseases, treatment of acute respiratory infections, anaemia and antenatal care. In remote areas, UNICEF supported the construction of four health posts. To prevent malaria, 3,740 bed nets were distributed.

UNICEF is working in partnership with district authorities, in support of maternal and child health clinics, nutrition screenings of young children, outpatient services and home visits to bed-ridden patients.

7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, and financial support for advocacy and operational costs for immunisation of pregnant women and women of childbearing age.

Supplies are being provided through health posts. Training is ongoing as part of the regular health programme now under way in all of the affected locations.

8. Support infant and young child feeding, complementary feeding, and when necessary support therapeutic and supplementary feeding programmes with World Food Programme and NGO partners.

This is not currently an issue, but UNICEF works closely with WFP and NGOs in their efforts to provide food and monitor the nutritional status of the population. UNICEF ensured the availability of high protein biscuits through the health centre.

9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices.

This is taking place through health posts and in schools. This was done in close collaboration with the Somali Red Crescent Society.

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UNICEF SOMALIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

WATER AND SANITATION

<table>
<thead>
<tr>
<th>FIRST 6–8 WEEKS</th>
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<tbody>
<tr>
<td>1. Ensure the availability of a minimum safe drinking-water supply, taking into account the privacy, dignity and security of women and girls.</td>
<td>Met. Water was trucked during the initial response to 14,500 people (4500 reached by UNICEF and 10,000 through partners). However, we did not achieve SPHERE standards. 75 wells were immediately rehabilitated or drilled (10 by UNICEF and 65 through various partners). 26 water tanks were provided (6 from UNICEF and 20 by partners).</td>
</tr>
<tr>
<td>2. Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.</td>
<td>Fully met. Chlorine tabs were provided to all affected communities and their use was supervised by UNICEF staff or UNICEF-trained community members.</td>
</tr>
<tr>
<td>3. Provide jerry cans, or an appropriate alternative, including user instructions and messages in the local language on handling water and disposal of excreta and waste.</td>
<td>Partially met. 1,350 households were provided with at least two clean water containers by UNICEF</td>
</tr>
<tr>
<td>4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.</td>
<td>Partially met. 1,350 households had 250g of soap per person, per month. Over 11,500 people were reached with hygiene and sanitation messages during the course of water, sanitation and health activities.</td>
</tr>
<tr>
<td>5. Facilitate safe disposal of excreta and solid waste by: providing shovels or funds for contracting local service companies; spreading messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminating messages on disposal of human and animal corpses; and giving instructions on, and support for, construction of trench and pit latrines.</td>
<td>Partially met. A total of 1,000 people had access to latrine facilities (600 were provided access through UNICEF work and 400 through the work of partners) However, this was not done as per SPHERE standards.</td>
</tr>
</tbody>
</table>

**Beyond initial response**

| 6. Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability. | UNICEF is working with the affected communities to increase local involvement in the provision of water and sanitation services and to minimise dependence on external support in the operation and maintenance of such services. This includes use of technologies that allow for maintenance and management by the community. |
| 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 a 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. | Following the initial response UNICEF facilitated the construction of 13 new water points serving 4,500 as well as provision of safe water and latrines in seven schools, benefiting 3,375 students. UNICEF is rehabilitating five water systems, benefiting some 26,500 people and working with communities on ‘water committees’ to increase sustainability of the systems. |
### UNICEF SOMALIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

#### CHILD PROTECTION

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.</td>
<td>Fully met. Child protection issues included in initial rapid assessment process. An inter-agency assessment report was produced and shared widely. Refer to #8 below for additional contextual information.</td>
</tr>
<tr>
<td>2. Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>3. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>4. Prevent sexual abuse and exploitation of children and women by:</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>a) monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others.</td>
<td></td>
</tr>
<tr>
<td>b) providing post-rape health and psychosocial care and support.</td>
<td></td>
</tr>
<tr>
<td>Internally with regard to humanitarian workers and staff:</td>
<td></td>
</tr>
<tr>
<td>a) undertake and promote humanitarian activities in a manner that minimises opportunities for sexual exploitation and abuse have all UNICEF staff and partners sign the code of conduct and make them aware of appropriate mechanisms for reporting breaches of its six core principles.</td>
<td></td>
</tr>
</tbody>
</table>

**Beyond initial response**

<p>| 5. Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation. | Not applicable. |
| 6. In cases where children are separated or at risk of being separated from caregivers working directly or through partners to: | Not applicable. |
| 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 five 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 | |
| e) support partners involved in tracing and reunification, and provide tracing equipment. | |</p>
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<tr>
<td><strong>Beyond initial response</strong></td>
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</tr>
<tr>
<td>7. Provide support for the care and protection of orphans and other vulnerable children.</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>8. Support establishment of safe environments for children and women, including child-friendly spaces; integrate psychosocial support in education, protection responses.</td>
<td>Issues of exploitation and abuse are not relevant in the Somali tsunami context, as children were not separated from families and communities have largely come together to provide protection and support to the affected families. However, psychosocial support has been provided to nearly 600 children through UNICEF’s protection programme and UNICEF is working closely with communities to increase access to schools, which provide a natural safe environment. UNICEF is partnering with HABITAT for the construction of 400 shelters, which will incorporate child-friendly spaces and provide a protective environment for children and women. UNICEF and FAO have also developed a proposal to encourage and sustain livelihoods in the worst affected areas to assist women in particular in becoming economically self-reliant. This proposal is awaiting clearance by the tsunami committee in UNICEF headquarters.</td>
</tr>
<tr>
<td>9. In cases of armed conflict and in accordance with international legal standards, directly and through partners: (i) monitor, report on and advocate against the recruitment and use of children in any capacity during armed conflicts, (ii) seek commitments from parties to refrain from recruiting and using children, and (iii) negotiate the release of children who were recruited and introduce demobilisation and reintegration programmes.</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>10. Within established mechanisms, monitor, report on, and advocate against the use of landmines and other indiscriminate weapons by both state and non-state actors. Coordinate mine-risk education.</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>
## UNICEF SOMALIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

### EDUCATION

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<tr>
<th>FIRST 6–8 WEEKS</th>
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<tbody>
<tr>
<td>1. Set up temporary leaning spaces with minimal infrastructure.</td>
<td>Fully met. Temporary classrooms were established to enable quick resumption of activities.</td>
</tr>
<tr>
<td>2. Resume schooling by re-opening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.</td>
<td>Fully met. Teaching and learning materials were immediately transported to the affected areas and teacher training took place. Major campaigns about the importance of school were conducted resulting in a dramatic increase in registration levels.</td>
</tr>
</tbody>
</table>

### Beyond initial response

| 3. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training. | So far, five damaged schools in affected areas have been reconstructed, with another nine in progress, benefiting over 3,000 students. In the worst affected area, Hafun, only 35 boys and 15 girls attended school in one tiny classroom prior to the tsunami. Now, on land donated by the community, UNICEF has supported the construction of a new, six-room school and community learning centre – with a playground, office, storeroom and community hall – that comfortably accommodates the additional 340 children who have now enrolled. This school has been completed and classes are under way. Learning materials including school books, notebooks, teachers’ guides, school bags, etc. are provided through the regular UNICEF education programme. |
| 4. Promote the resumption of quality educational activities in literacy, numeracy and life-skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene. | Quality educational activities in literacy, numeracy and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene are integrated into the core curriculum and the learning materials provided by UNICEF to all Somali schools. |
| 5. Establish community services around schools (such as water supply and sanitation) where appropriate. | Education is the centrepiece of the development strategy for all UNICEF activities in Somalia, around which all other interventions revolve. Health and water services are being coordinated with education initiatives towards fully integrated service provision. |
## UNICEF SOMALIA — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

### HIV/AIDS

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<thead>
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<tbody>
<tr>
<td>1. Provide post-rape-care kits, including post exposure prophylaxis for HIV where appropriate, to health centres.</td>
<td>Not needed. Rape has not been an issue during the crisis.</td>
</tr>
</tbody>
</table>

### Beyond initial response

| 2. Inform young people about HIV transmission and prevention using the three primary methods: abstinence, fidelity and condoms. Inform young people on where to access basic health and counseling services, and collaborate with partners to facilitate young people’s access to comprehensive HIV prevention services including treatment for sexually transmitted infections. | HIV/AIDS issues are integrated into the life-skills curriculum covered in school. As well, UNICEF’s Youth Development and Participation project works closely with youth groups to disseminate key messages and raise awareness about HIV/AIDS and related issues. |

| 3. Provide health-care workers with training on post-rape health and psychosocial care. | This has not yet taken place, but psychosocial training activities are planned. |
### HEALTH AND NUTRITION

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<tr>
<th>FIRST 6–8 WEEKS</th>
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<tbody>
<tr>
<td>1. Vaccinate all children between 6 months and 14 years of age against measles. At a minimum all children from six months through four years of age must be immunised. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise and financial support for advocacy and operational costs. Along with the vaccination, provide Vitamin A supplementation as required.</td>
<td>Wholly met. Government vaccinated with their own resources and no UNICEF funding or supply inputs were needed. Vitamin A was provided by UNICEF. Good UNICEF monitoring and advocacy.</td>
</tr>
<tr>
<td>2. Provide essential drugs, emergency health kits, post-rape-care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements.</td>
<td>Wholly met. Good UNICEF monitoring. No response needed as this was taken care of by Ministry of Health.</td>
</tr>
<tr>
<td>3. Provide other emergency supplies such as blankets, tarpaulins and cooking sets.</td>
<td>Wholly met. Good UNICEF response on this. Innovative cash disbursements to local authorities to support broad multisectoral action, including some of these.</td>
</tr>
<tr>
<td>4. Based on rapid assessments, provide child and maternal feeding and support.</td>
<td>Partially met. Probably an area that could have been done better. UNICEF completed very good rapid assessments together with a team of local experts and raised awareness of the need for action in this area. Expectation was that government could address this fully, but a number of gaps were seen in providing support for mothers including in temporary shelter setting. Lesson learned for next time.</td>
</tr>
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</table>
### HEALTH AND NUTRITION

**FIRST 6–8 WEEKS**

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<tr>
<th><strong>Beyond Initial Response</strong></th>
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<tbody>
<tr>
<td>6. Support the establishment of essential health-care services by providing outreach services and home-based management of childhood illnesses and emergency obstetric care services, and treatment for malaria, diarrhoea and pneumonia.</td>
<td>Wholly met. Integrated health-nutrition support provided by UNICEF (cash and procurement) to local health authorities in all affected areas after good negotiations. Focus on outreach to underserved areas and to under served families/children. Includes all main health-nutrition interventions including growth monitoring.</td>
</tr>
<tr>
<td>7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, and financial support for advocacy and operational costs for immunisation of pregnant women and women of childbearing age.</td>
<td>Wholly met. Good UNICEF monitoring, no funding or procurement support needed. Government used own resources.</td>
</tr>
<tr>
<td>8. Support infant and young child feeding, complementary feeding, and when necessary support therapeutic and supplementary feeding programmes with World Food Programme and NGO partners.</td>
<td>Partially met. Good monitoring and cooperation with WFP. No need for therapeutic or supplementary feeding programmes. UNICEF focus on promoting breast-feeding.</td>
</tr>
<tr>
<td>9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices.</td>
<td>Wholly met. Integrated into the health-nutrition services support outlined in 6 above.</td>
</tr>
</tbody>
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UNICEFTHAILAND — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

WATER AND SANITATION

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<tbody>
<tr>
<td>1. Ensure the availability of a minimum safe drinking-water supply, taking into account the privacy, dignity and security of women and girls.</td>
<td>Wholly met. Largely monitoring function with procurement and funding support for specific schools and displaced families / children where needs were identified.</td>
</tr>
<tr>
<td>2. Provide bleach, chlorine or water purification tablets, including detailed user and safety instructions in the local language.</td>
<td>Wholly met. Focus was on displaced families / children. All immediate supplies provided through cash to government so language not an issue.</td>
</tr>
<tr>
<td>3. Provide jerry cans, or an appropriate alternative, including user instructions and messages in the local language on handling water and disposal of excreta and waste.</td>
<td>Wholly met. Local language communications materials on key practices including water and sanitation distributed especially to temporary shelters.</td>
</tr>
<tr>
<td>4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water- and excreta-related diseases.</td>
<td>Wholly met. See 3 above.</td>
</tr>
<tr>
<td>5. Facilitate safe disposal of excreta and solid waste by: providing shovels or funds for contracting local service companies; spreading messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminating messages on disposal of human and animal corpses; and giving instructions on, and support for; construction of trench and pit latrines.</td>
<td>Wholly met. Major support given in this area, including cash and supply for drainage, latrines, disposal of excreta, fogging machines for vector control, etc. Key practices messages as in 3 above. Focus on families / children living in temporary shelters.</td>
</tr>
</tbody>
</table>

Beyond initial response

6. Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability | Wholly met. |

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 a 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. | Wholly met. Plans developed for medium-term UNICEF support focusing on comparative advantage and work of others. Improvements to school water and sanitation under way (assessment phase in 500 schools) to schools with other components covered by government and others. |
## UNICEFTHAILAND — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

### CHILD PROTECTION

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<tbody>
<tr>
<td>1. Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.</td>
<td>Wholly met. Participated in rapid assessment of situation of children as well as targeted rapid assessments on migrants and psychosocial needs.</td>
</tr>
<tr>
<td>2. Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.</td>
<td>Wholly met. Few cases of family separation were reported and all children reunited with extended family.</td>
</tr>
<tr>
<td>3. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</td>
<td>Wholly met. Government response was strong.</td>
</tr>
<tr>
<td>4. Prevent sexual abuse and exploitation of children and women by:</td>
<td>Partially met. Not really an issue experienced in Thailand. No increases in reported cases resulting from the disaster. All UNICEF staff signed code of conduct. UNICEF supporting child protection standards for local NGOs and CBOs.</td>
</tr>
<tr>
<td>a) monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others.</td>
<td></td>
</tr>
<tr>
<td>b) providing post-rape health and psychosocial care and support.</td>
<td></td>
</tr>
<tr>
<td>Internally with regard to humanitarian workers and staff:</td>
<td></td>
</tr>
<tr>
<td>a) undertake and promote humanitarian activities in a manner that minimises opportunities for sexual exploitation and abuse have all UNICEF staff and partners sign the code of conduct and make them aware of appropriate mechanisms for reporting breaches of its six core principles.</td>
<td></td>
</tr>
<tr>
<td>Beyond initial response</td>
<td></td>
</tr>
<tr>
<td>5. Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.</td>
<td>Partially met. Ongoing to establish appropriate systems.</td>
</tr>
<tr>
<td>6. In cases where children are separated or at risk of being separated from caregivers working directly or through partners to:</td>
<td>Wholly met. No separated children reported. All at-risk children, including orphans, were registered and followed-up through appropriate services.</td>
</tr>
<tr>
<td>a) assist in preventing the separation of children from their caregivers</td>
<td></td>
</tr>
<tr>
<td>b) facilitate the identification, registration and medical screening of separated children, particularly those under five and adolescent girls</td>
<td></td>
</tr>
<tr>
<td>c) facilitate the registration of all parents and caregivers who have lost their children</td>
<td></td>
</tr>
<tr>
<td>d) provide support for the care and protection of separated children, including shelter</td>
<td></td>
</tr>
<tr>
<td>e) support partners involved in tracing and reunification, and provide tracing equipment.</td>
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### Child Protection

#### Beyond initial response

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<tbody>
<tr>
<td>7. Provide support for the care and protection of orphans and other vulnerable children.</td>
<td>Wholly met. UNICEF supported relevant govt. ministries to provide immediate financial and educational support.</td>
</tr>
<tr>
<td>9. In cases of armed conflict and in accordance with international legal standards, directly and through partners: (i) monitor, report on and advocate against the recruitment and use of children in any capacity during armed conflicts, (ii) seek commitments from parties to refrain from recruiting and using children, and (iii) negotiate the release of children who were recruited and introduce demobilisation and reintegration programmes.</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>10. Within established mechanisms, monitor, report on, and advocate against the use of landmines and other indiscriminate weapons by both state and non-state actors. Coordinate mine-risk education.</td>
<td>Not applicable.</td>
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## UNICEFTHAILAND — TSUNAMI DISASTER RESPONSE PROGRAMME CCC SELF-EVALUATION

### EDUCATION

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<tr>
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<tbody>
<tr>
<td>1. Set up temporary leaning spaces with minimal infrastructure.</td>
<td>Wholly met. A priority for UNICEF. Good monitoring of the situation and around 15 schools supported with temporary building materials, toilets, etc.</td>
</tr>
<tr>
<td>2. Resume schooling by re-opening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.</td>
<td>Wholly met. A priority and a focus of UNICEF attention in the early phase. Strong government response.</td>
</tr>
</tbody>
</table>

### Beyond initial response

| 3. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training. | Wholly met. 100% schools in tsunami-affected districts supported starting in the first four weeks.                                         |
| 4. Promote the resumption of quality educational activities in literacy, numeracy and life-skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene. | Wholly met. School activities and learning resumed fully after first phase.                                                                   |
| 5. Establish community services around schools (such as water supply and sanitation) where appropriate. | Wholly met. In process and to continue over 2005-2008. See WES above.                                                                         |
### HIV/AIDS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Provide post-rape-care kits, including post exposure prophylaxis for HIV where appropriate, to health centres.</td>
<td>Staff monitored the situation closely and were prepared to provide post-rape care kits, counseling and other support, however rape did not emerge as an issue of major concern during the initial phase of the response.</td>
</tr>
</tbody>
</table>

**Beyond initial response**

| 2. Inform young people about HIV transmission and prevention using the three primary methods: abstinence, fidelity and condoms. Inform young people on where to access basic health and counseling services, and collaborate with partners to facilitate young people’s access to comprehensive HIV prevention services including treatment for sexually transmitted infections. | The ABC approach is not regarded as appropriate for the Thai context and for this reason was not employed. Support has been provided to development of activities in tsunami areas using peer education prevention and life skills-based education for HIV/AIDS prevention, emphasizing condom use and strengthening of young people’s decision-making capacities, and access to appropriate services. |
| 3. Provide health-care workers with training on post-rape health and psychosocial care. | As noted above, rape did not emerge as a key issue during the post-tsunami period, and as a result, no specific training was provided. |