



©UNICEF/HQ04-0954/Vitale

INDIAN OCEAN EARTHQUAKE AND TSUNAMI UNICEF RESPONSE AT SIX MONTH UPDATE

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

TABLE OF CONTENTS

Overview	3
Key Funding Figures	5
Coordination	7
Thank You to Donors	8
Indonesia Response	9
Sri Lanka Response	14
Maldives Response	21
India Response	26
Malaysia Response	31
Myanmar Response	34
Somalia Response	37
Thailand Response	40

OVERVIEW

This update marks six months since a massive earthquake off the coast of Sumatra triggered the worst natural catastrophe in living memory. Within this relatively short period of time, a great deal has changed: the dead have been buried, the homeless have been given shelter, and the orphaned have received care and protection. Even in the hardest-hit areas, rebuilding has begun. Children are once again attending classes, many of them in temporary facilities. Health centres are being rehabilitated, and their services upgraded. Already, signs of recovery are beginning to show.

UNICEF and its network of partners have been a part of this recovery since the earliest days, and together we have secured some important results for children and their families. As of early June, we had immunised approximately 1,200,000 children against measles and provided nearly 850,000 with Vitamin A supplementation. Hundreds of thousands have access to adequate sanitation facilities, and more than a million people per day are being reached with safe drinking water. Three quarters of million children have been given school supplies, enabling virtually all of them to return to school within two months of the disaster. Most significantly, despite early fears of widespread disease, no children have died as a result of preventable diseases attributable to the tsunami crisis.

Yet much remains to be done. Livelihoods must be restored, and homes rebuilt. Permanent schools and health centres need to be constructed, and adequate water and sanitation systems must be made available to all. Nor is it simply a question of construction; before rebuilding can begin in earnest, many complex issues will have to be resolved, including land rights, property ownership, and new safety regulations. Governments which themselves suffered tremendous losses in the tsunami must be revitalised and mobilised. Communities need to be consulted, and planning must be careful and deliberate to ensure that reconstruction is done in a way that is safe, equitable and sustainable. Full recovery will take years, and require the unwavering commitment of the international community, the affected governments, and the people themselves.

This update offers a brief overview of UNICEF's plans for the recovery effort over the next three to five years. Working in close collaboration with our partners, UNICEF identified five 'Guiding Principles' going into recovery:

1. **'Build back better'**. Wherever possible, UNICEF will help rebuild health and education services to a higher standard than was available before the tsunami, creating better opportunities for children and their families.
2. **Improve capacities to address chronic challenges in tsunami-affected countries**. The tremendous resources mobilised in support of tsunami-affected countries create opportunities to accelerate progress on long-standing issues like trafficking, poor water security, and widespread malnutrition.
3. **Avoid creating or exacerbating disparities**. UNICEF is committed to help in a way that does not create or aggravate tensions between areas receiving tsunami assistance and those that are not.
4. **Assist people and governments affected directly and indirectly by the tsunami**. Many people whose homes and livelihoods were spared from the waves have nevertheless been affected by the tsunami. Governments that were already under-resourced must now rebuild at tremendous cost, potentially diverting resources from other budgets. Many people displaced from coastal areas have taken shelter further inland, placing additional pressure on host communities. Assistance must be provided for everyone affected by the tsunami, whether directly or indirectly.
5. **Transparency and accountability**. UNICEF will implement its programmes and provide resources with full transparency, and report on results as well as constraints.

CHALLENGES

While the international response to the tsunami has been swift and effective, many important challenges remain. These include:

- **Capacity of local actors, and coordination at the central, district and local levels.** Many government structures that were already under-resourced and, in some cases, strained by years of conflict suffered great losses in the tsunami. At the same time, the enormous influx of international actors put pressure on local, district and national authorities to direct the response. Coordination at all levels, and between all actors, is as challenging as it is essential.
- **Balancing rapid results with sustainable results.** Those who have had their homes and incomes destroyed by the tsunami deserve to have their lives rebuilt quickly. Yet the push for rapid results must be balanced against the need for an equitable and sustainable solution. Acquisition and allocation of land, coastal buffer zones, and planning guidelines are complex issues that cannot be rushed; to do so would jeopardise the long term effectiveness of the response.
- **Access.** In many tsunami-affected areas, access to certain populations has been difficult. Damaged roads and jetties, remote islands, and zones of insecurity have hampered relief efforts in some areas, and will continue to pose challenges through the recovery phase.

FUNDING

The outpouring of generosity from the general public, governments, and corporations in response to the tsunami disaster has been unprecedented. Thanks to this extraordinary support, UNICEF has been able to work more quickly and confidently than in any previous emergency, mobilising a massive response within days of the disaster.

Through the inter-agency Flash Appeal, UNICEF requested USD \$306 million to fund its programmes through the end of 2005. These needs have been fully met, and as of 3 June 2005, we have received an additional USD \$216 million to fund our long term recovery efforts over a three to five year period.¹ These additional resources will allow our assistance to continue uninterrupted throughout the long and difficult transition from relief to reconstruction and recovery.

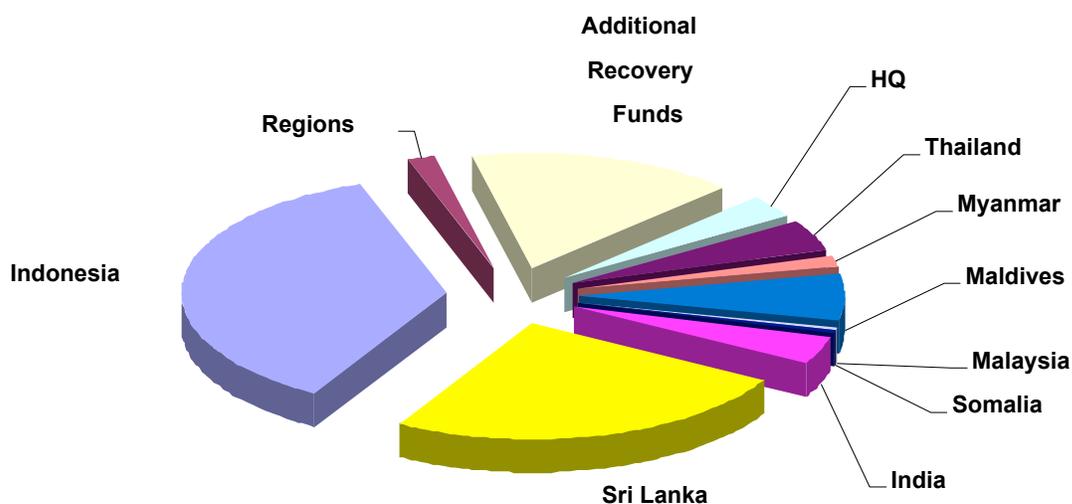
As of 3 June 2005, 84 percent of the total funds received have been allocated to country offices, regions, and headquarters (Figure 1). Detailed information on expenditure of these funds can be found in individual country pages.

¹ To view tsunami expenditure data through OCHA's Financial Tracking System (FTS), see <http://ocha.unog.ch/ets/>

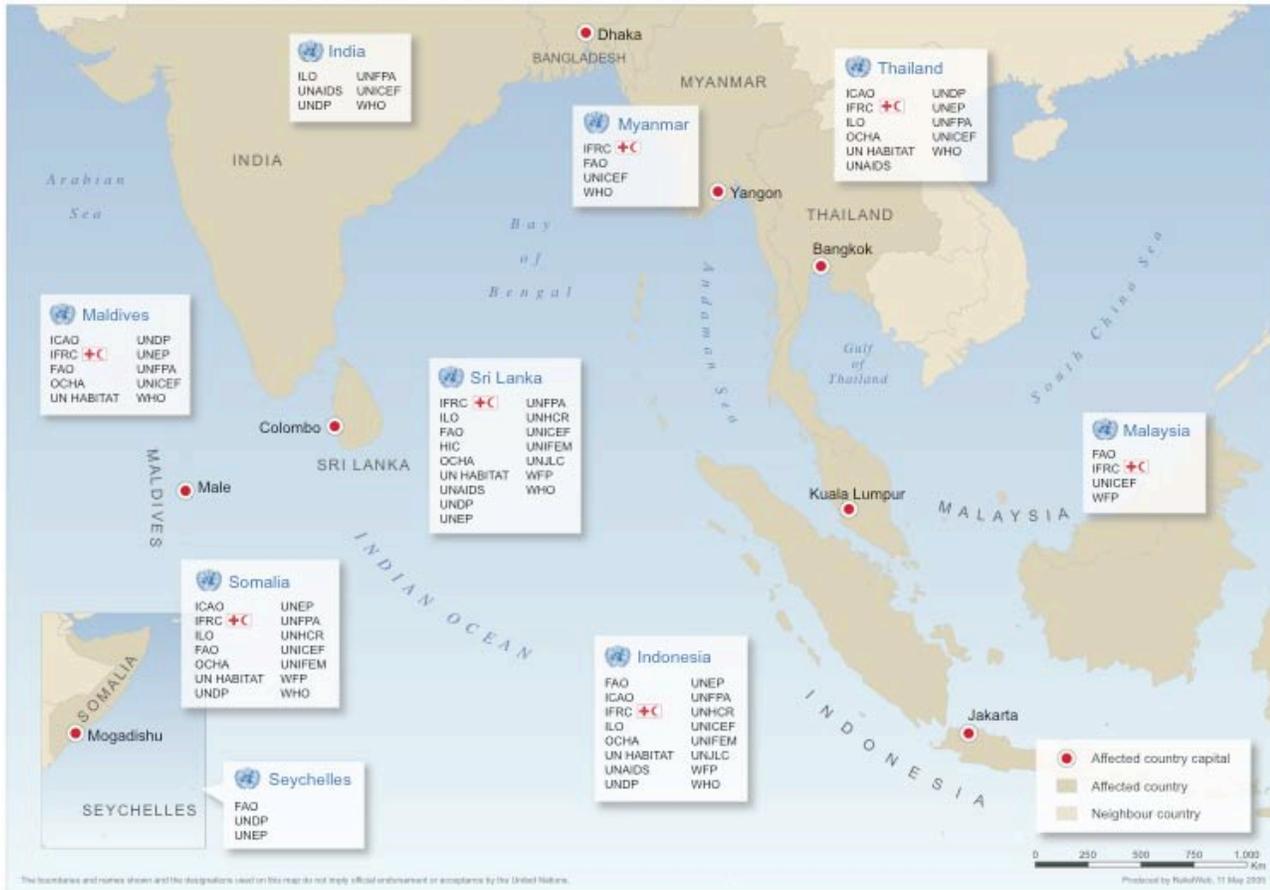
KEY FUNDING FIGURES

TOTAL FUNDS RECEIVED AS OF 3 JUNE 2005 (Figures in US dollars)				
Country	Received for Activities thru 2005	Additional Funds Received for Reconstruction (2006-)	TOTAL RECEIVED	TOTAL EXPENDITURE
India	5,780,000	13,420,000	19,200,000	2,506,000
Indonesia	186,300,000	3,660,000	189,960,000	34,701,000
Malaysia	730,000	2,120,000	2,850,000	152,000
Maldives	21,960,000	10,480,000	32,440,000	10,723,000
Myanmar	2,910,000	6,830,000	9,740,000	1,357,000
Somalia	1,500,000	1,080,000	2,580,000	1,216,000
Sri Lanka	64,080,000	68,510,000	132,590,000	28,830,000
Thailand	11,960,000	10,190,000	22,150,000	3,725,000
Regional*	10,740,000	15,100,000	25,840,000	3,233,000
Future Allocations	N/A	84,650,000	84,650,000	N/A
Total	305,960,000	216,040,000	522,000,000	86,443,000

* Includes all headquarters and regional offices. Figure represents amount received under Regional portion of Flash Appeal, minus allocations to countries not included in Appeal. All figures are rounded to nearest 10,000.



Humanitarian Presence in the Tsunami-Affected Regions (as of 5 May 2005)



COORDINATION

Sector coordination is one of the most important and least visible roles that UN agencies and NGOs can play in the field. Under the leadership of affected governments and the overall coordination of the UN Office for the Coordination of Humanitarian Affairs (OCHA), sector coordinators are responsible for ensuring that needs are met as effectively as possible. It is a task that has often been problematic.

The tsunami response is no exception; indeed, it has posed unprecedented coordination challenges for the humanitarian community. With many hundreds of agencies working on the ground in ten different countries, sector coordinators such as UNICEF, WHO, UNHCR, WFP and others face an enormously difficult context for coordination. In Aceh, for example, at the height of the relief phase, there were over 250 agencies working in the water and sanitation sector alone. In spite of this challenging environment, however, coordination of the tsunami response has generally been better than in previous emergencies.

UNICEF is leading the international response to the tsunami in three key areas: water and sanitation, child protection, and education; it also acts as 'deputy' in health and nutrition. In each of these sectors, a wide array of UN and NGO partners are providing assistance. UNICEF's role as sector coordinator is to map out who is doing what where, to ensure that the efforts of these agencies do not overlap, interfere with one another, or leave gaps in the response.

Sector coordination meetings are held regularly, allowing agencies to share information, plan joint assessments and interventions, and discuss emerging problems or gaps in the response. UNICEF chairs these meetings in the sectors in which it leads; it identifies which agencies are providing assistance and discusses their comparative strengths to determine where they can be put to best use.

UNICEF also works in close collaboration with government departments, ministries, and other authorities working in water and sanitation, child protection and education. UNICEF provides technical guidance and helps develop standards in areas as diverse as care for orphans, educational curricula, plans for school buildings, and water and sanitation engineering.

A THANK YOU TO OUR DONORS

So much has been achieved for children, women and communities in tsunami-affected areas: early fears of widespread disease, trafficking of children, and chaos in the humanitarian response have failed to materialise. The largest natural disaster in living memory has prompted the most ambitious international response in history; governments, agencies, donors, and the affected communities themselves have much to be proud of.

The generosity of donors has meant that UNICEF can look beyond the provision of emergency relief, to the larger task of rebuilding entire communities. Just as we were present in all the affected countries before the disaster, so we will continue to work over the coming months, years, and beyond. The tremendous resources brought to this emergency will be translated into much more than a tent, a blanket or even a school. They will become strides in development, helping ensure the health, nutrition, education and protection of millions of children for decades to come. We thank our donors and our partners for helping us to create better opportunities for children affected by the tsunami.

INDONESIA RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- To prevent malaria, nearly 200,000 women and children provided with almost 100,000 bednets (increase of 31 percent of target population reached since 90-day mark);
- Almost 1,100,000 children aged 6 months to 15 years (91 percent of target) vaccinated against measles;
- Nearly 400,000 children aged 6 months to 59 months (91 percent of target) received Vitamin A;
- 2.6 million iron tablets distributed to 26,000 pregnant women;
- 10,000 pregnant women benefited from 500 safe delivery kits;
- 1 million sachets of oral re-hydration salts (including 50,000 for island of Nias) distributed to potentially treat 216,800 cases of diarrhoea.
- 28,000 people reached with 15L drinking water per day (84,000 reached with 5L per day);
- More than 53,000 people in displacement camps, hospitals and schools benefiting from safe excreta disposal facilities;
- More than 83,000 families received hygiene kits (consisting of bath soap, toothbrush, toothpaste, bucket, washing soap, towel, sarong and sanitary napkins);
- Nearly 500,000 children (including 800 children from Nias) benefited from school-in-a-box kits;
- Almost 17,000 children benefiting from psychosocial support and care through 21 child centres (two in Nias);
- More than 1,000 separated children and 70 unaccompanied children² registered through child centres.

UNICEF'S PLANS FOR RECOVERY

HEALTH AND NUTRITION

The objectives of this programme are to: support disease control and prevention, immunisation, maternal and child health, nutrition, and early childhood centres in the tsunami-affected areas of Aceh and North Sumatra. UNICEF plans to implement comprehensive malaria prevention and control activities in target areas, including bednet distribution, spraying, and distribution of diagnostics and drugs.

Key Partners

Government Ministries, POGI, Perinasia Suryakanti Foundation, Sentra Laktasi, Indonesian Red Cross, Indonesian Midwives Assoc., WHO, UNFPA, WFP, IOM, Centers for Disease Control, JHPIEGO, Save the Children Alliance, HKI, International Rescue Committee, MENTOR

By the middle of 2006, new permanent premises with annexed cold room facilities will be established at the provincial level to strengthen the immunisation programme. UNICEF will provide support to programmes aimed at the elimination of maternal and neonatal tetanus, the control of measles, and “catch-up” or supplementary activities for polio eradication.

We will work in partnership with provincial and district health authorities, UNFPA, JHPIEGO and other agencies to ensure there are adequate levels of trained staff available to provide antenatal and maternity services in all tsunami-affected districts. Supplies will be provided to midwives and hospitals, and a centre for midwife training will be established similar to other centres elsewhere in Indonesia.

² Separated children are those who are no longer in the care of their parents, while unaccompanied children are those not in the care of an adult.

UNICEF will support a medium term project to establish 200 community-level health facilities offering antenatal, midwifery, post-natal, early child development, nutrition, immunisation and other maternal and child health services. These facilities will be designed to host other community development activities as well, including psychosocial services where possible. Initial activities will take place in areas not completely destroyed by the tsunami, where communities are still present. A second phase, occurring in those communities being rebuilt from the ground up, is envisaged in 2006 and beyond. Staffing of these facilities will include local midwives and other medical personnel trained and supported by UNICEF for the first year. Once completed, the project will result in one new health facility for every 1,000 people.

In nutrition, UNICEF will continue to provide the material and human resource support necessary to implement a comprehensive programme of malnutrition prevention and management at the community level. Staff appointed with UNICEF's financial support in 2005 will continue to be supervised by district level nutrition specialists, and supplied with equipment (scales, height boards, tapes) to enable ongoing monitoring of children under the age of five.

WATER AND SANITATION

UNICEF plans to improve access to safe water and sanitation for at least 80 percent of the population in selected districts of Aceh and North Sumatra, and to undertake hygiene promotion among communities. Yayasan Dian Desa (YDD), a UNICEF-supported non-governmental organisation, provides technical support for the installation of water and sanitation points in communities, displacement camps and health centres. At present, YDD has completed the construction of water and sanitation facilities in 12 locations in Aceh province. YDD will involve communities in the planning, operation and management of these and future facilities to be provided by UNICEF.

Key Partners

Government Ministries, PDAM, National Planning Agency, AMPL, Yayasan Dian Desa, Alisei, UNDP, WHO

We will promote hygiene messages through schools by training students to inform their peers and parents about good hygiene practices. A total of 250 students will be instructed as trainers, who will in turn train students in peer and parent communication. This programme will be conducted in two categories of schools: 105 existing schools (which were not damaged in the tsunami) and 500 new schools. The students will also be trained in water quality

surveillance, allowing regular monitoring of water quality at the community level, and ensuring that the community is informed about the proper operation and maintenance of the water facilities.

EDUCATION

UNICEF's main goal in the Education sector is to improve both access to, and quality of, basic education services, including through the rehabilitation and reconstruction of damaged schools.

Key Partners

Government Ministries, National Planning Agency, University of Syiah Kuala, UNOPS, UNESCO, UNAIDS,

In order to improve the quality of education, UNICEF will support training programmes for teachers, administrators, students, and other education officials. For example, we will train 1,200 teachers and principals from 80 schools in Aceh and Nias on emergency preparedness. Training on peace education and life-skills will be provided for 1,000 students, teachers and principals from 40 schools. In order to support the planning, management and

implementation of education programming, refresher training on the Education Management Information System (EMIS) for provincial and district education officials will be conducted in all 21 districts in Aceh and 2 districts in Nias. And over the next three years, UNICEF will support training on trauma counselling and teaching according to the minimum standards for education in emergencies promoted by the Interagency Network for Education in

Emergencies (INEE)³. This training will be provided to provincial and district education officials, as well as principals and teachers from pre-school to secondary school levels in 15 districts.

UNICEF and IOM are collaborating to build 200 temporary schools in preparation for the new school year, which commences 18 July. These schools will bridge the gap until permanent schools are completed. UNICEF plans to construct 300 permanent schools in Aceh and Nias, and to rehabilitate 200 more. In cooperation with the Ministry of National Education (MoNE) and UNOPS, we will ensure that these schools are designed and constructed to be earthquake-resistant and “child-friendly”, making them safer, more stimulating for students, and accessible to children with disabilities. We will provide the schools with equipment and furniture, and will supply basic learning materials for students. Furthermore, to promote universal attendance among children of primary school age, UNICEF will supply textbooks to all primary schools in Aceh and Nias this year, and will continue this support on a smaller scale in future.

In light of the continued seismic instability in Aceh, UNICEF is supporting structural engineers from UNOPS to survey 182 schools categorised as “lightly damaged” or “moderately damaged”, in order to ensure that these structures are safe for children. Thus far, eight schools have been identified as unsafe; UNICEF has supported the demolition of one such school.

UNICEF will support the implementation of the Creating Learning Community for Children (CLCC)⁴ model in selected primary schools in 13 affected districts in Aceh. Starting in 200 schools, CLCC activities should gradually be introduced throughout Aceh and Nias from early 2006. Approximately 8,000 teachers will be trained in psychosocial healing and interactive teaching-learning models over the next three years. For young children, we will introduce affordable community-based early learning activities for children between the ages of two and six in 200 village health centres in Nias and Aceh.



©UNICEF/HQ05-0316/Estey

³ INEE is a global network of international organisations including UNICEF and individuals working to ensure the right to education in emergencies and post-crisis reconstruction.

⁴ CLCC is a national programme that aims to develop and improve the quality of learning for children in primary schools. It has three core components: a) active, joyful and effective learning (AJEL); b) school-based management (SBM); and c) community participation. All three components are purposefully linked and directed to improve the access to and accountability for creating healthy, safe and stimulating teaching-learning environments.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

Now that the majority of separated and unaccompanied children have been registered, UNICEF's strategy towards these children will shift to facilitating long-term care arrangements for those without primary caregivers. Informal care arrangements with extended families will be formalised, and we will assist the Government of Indonesia to develop systems for foster care. UNICEF and other agencies will help support the most vulnerable families, including those that are caring for separated children. At the same time, we are preparing to assess alternative care models and systems with the help of the International Social Service (ISS), Geneva. The results of this assessment will help the Government formulate appropriate policies and programmes to support children without primary care givers.

Key Partners

Government Ministries, High Court, University of Syiah Kuala, University of Indonesia, Indonesian Police and Army, LBH-Anak, International Social Service, Muhammadiyah, Yakita, Pusaka, Save the Children Alliance, WHO, GTZ

UNICEF's Child Centres, through which registration of children has been conducted, will gradually be transformed into youth clubs, providing life skills training, peer education, vocational training and learning libraries. Psychosocial activities, which were also being conducted through Child Centres, will be "mainstreamed" through the Ministry of Education, allowing the psychosocial wellbeing of teachers and students to be addressed in schools through education,

peer counselling, and other measures. UNICEF will support the Government and other partners to develop practical and appropriate psychosocial policies, as well as a framework for their implementation. At the same time, we will help local communities to develop systems to address their own psychosocial wellbeing.

Many Civil Registrars Offices were damaged during the tsunami, compromising their ability to provide essential services, including birth registration. To address this, UNICEF will provide equipment and supplies for these offices. More broadly, the Ministry of Home Affairs, UNICEF, and GTZ (a German NGO) are developing a common strategy to promote civil registration in Aceh. This strategy will combine local legislation, training of service providers, and an information campaign to promote the importance of birth registration to local communities.



©UNICEF/HQ05-0519/Donnan

UNICEF will assist local law enforcement in its efforts to improve interaction with children. Law enforcers will be trained on child-sensitive procedures for children who come into contact with the law, whether as victims or as offenders. We will also support the establishment of women's and children's desks in provincial and district police stations, and of child-friendly rooms in courts and prosecutors' offices.

An assessment on sexual abuse, exploitation and trafficking is planned before the end of this year; following the results of this assessment, UNICEF will support awareness-raising activities on abuse, exploitation and trafficking at the community level through a youth empowerment and communication campaign. We will also support the implementation of community-based reporting and referral mechanisms for child victims of abuse, exploitation and trafficking. Finally, we will provide training for humanitarian workers, military, law enforcers, service providers, and all UNICEF staff on the UN Code of Conduct for the protection of children from abuse and exploitation.

**INDONESIA
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)**

Sector	Prj Budget Revision	Funds Received	Expenditure Amount
Education	114,300,000	114,300,000	8,014,000
Nutrition	8,000,000	8,000,000	1,140,000
Health	25,000,000	25,000,000	7,435,000
Child Protection	15,000,000	15,000,000	4,719,000
Non-Food Items	3,400,000	3,400,000	1,730,000
Water Supply	20,600,000	20,600,000	11,663,000
Total	186,300,000	186,300,000	34,701,000

REBUILDING SCHOOLS IN ACEH

From the outside, nothing much looked wrong with School 96, where 150 or so uniformed girls and boys studied. But the structure was weak before December 2004, when the massive earthquake made it perilous to use. There was one option: "We're tearing down this school because it is unsafe," says Sayo Aoki, UNICEF's head of education in Aceh.

School 96 is one of 300 schools in disaster-areas that UNICEF plans to completely rebuild over the next three years. This work is about more than simply returning to the status quo. The recovery process is geared toward improving these schools, with child-friendly facilities such as clean and functional toilets, access for the disabled, a library and sports ground.

But as the blueprints are being drafted and supplies organized, UNICEF staff have an even more pressing job at hand. Together with the International Organization for Migration, they are setting up 200 temporary schools in Aceh in just a few weeks. They need to get students out of tents (put up as an emergency response right after the disaster) and into a more solid structure that can cope with inclement weather. "We're in a race against time," says Sayo. "The new school year starts on 18 July, and we have to have the bulk of these in place by then." On top of that, there are seven more schools like number 96 which need to be pulled down quickly because they risk collapse.

For the students of School 96, the move provokes twinges of regret. "I'm feeling sad and happy at the same time," said 12-year-old Novia, lingering on with her friends. "I'm sad because I have lots of memories here, but happy that we are going to get a better school."

SRI LANKA RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- 1.6 million Vitamin A capsules provided to Government for campaign targeting 450,000 children between six months and five years of age in nine districts (90 percent coverage achieved);
- Almost 700,000 people, including 60,000 children under five, served with cold chain⁵ equipment, including 196 vaccine carriers and 59 igloos;
- 100,000 people reached with 15 litres drinking water per day through additional 285 water tanks, 96 water bladders (1,500 liters) and 11 water bowsers;
- 49,000 people served with 1,150 temporary and permanent toilets in camps, schools and communities;
- 650 wells cleaned, and 422 water points installed;
- 45,000 people living in camps benefiting from sanitation services through supply of 9 gully emptiers;
- 4,500 people served with new bathing facilities;
- Additional school supplies, including 3,000 desks and 7,000 chairs, provided to schools, helping ensure 90 percent of schoolchildren are attending classes;
- 81,000 children reached with recreational supplies;
- Material for an additional 120,000 school uniforms provided;
- More than 170 schools cleared of rubble and cleaned, and 97 temporary school shelters completed;
- 650 children benefited from fostering arrangements while 4,900 separated, unaccompanied and single parent children received follow-up visits from social workers. These are children affected by the tsunami who have lost their parent(s) either as a direct result of the tsunami or previously due to other reasons.
- 43,000 children benefiting from psychosocial activities;
- 66,000 families served with kits including hygiene materials, mosquito nets, lanterns, cooking utensils, buckets, water purification tablets, clothes, mattresses and sleeping bags.

UNICEF'S PLANS FOR RECOVERY

UNICEF Sri Lanka has developed a three year plan, which brings together the immediate emergency response together with priority actions in 2005-2007 programmes. The projected budget is USD \$136 million.

HEALTH AND NUTRITION

Key partners

Government ministries, WHO, UNFPA, WFP, IFRC, ICRC Merlin, Adra, IFRC, IOM, World Bank, Pfizer Inc.

The first of UNICEF Sri Lanka's main health and nutrition priorities is to support services at the grassroots level in nine affected districts. Our aim is to make basic preventive and curative health services available at the district level by: providing essential drugs and supplies; conducting education and awareness-raising activities about communicable diseases; providing equipment to strengthen cold chains, promoting appropriate infant and young child feeding practices including

breastfeeding; and building the capacity of local health and nutrition workers to provide emergency care, including emergency obstetric care.

⁵ Cold chain refers to the system of refrigerators, freezers, and other equipment used in the preservation of vaccines during storage and transport.

UNICEF will rehabilitate the Regional Medical Supply Divisions in all nine affected districts; three will be rebuilt entirely. Each of these facilities will be provided with new cold chain equipment, and to this end, we have already procured 196 vaccine carriers, 59 igloos, 72 refrigerators, 28 deep freezers, and five vaccine transport vans. A total of 25 maternal and child health facilities will also be constructed or renovated. In total, UNICEF is involved in the reconstruction and rehabilitation of 16 health centres, 9 hospitals and 9 regional medical stores.

Another priority is to build capacity at the national level. We will provide transport for national programme managers, including through the supply of approximately 150 vehicles. This will enable national monitoring of activities at the district level. UNICEF will also support the coordination of early childhood services at the national level, in order to ensure harmonisation among the efforts of Government, international NGOs, and other partners in the areas of nutrition, preschool programming, and other aspects of integrated early childhood interventions.

In nutrition, UNICEF will build partnerships with other UN agencies, local and international organizations to effectively engage the Government on key issues affecting the nutritional status of children. We will work with these partners to establish a national nutrition surveillance system, and encourage further policy development at the national level. We will promote minimum guidelines for the creation of “child-friendly” development centres, and will work to transform preschools into more comprehensive child development centres.



©UNICEF/HQ05-0496/itale

WATER AND SANITATION

Key Partners

Government Ministries, WHO, UNHCR, ACTED, ACF, ASPIC, AWF, CARE, Caritas, Christian Children's Fund, Cricket Board, DRC, ERRO Lanka, FORUT, GAA, GOAL, Green Movement, Hira Foundation, HDO, ICRC, IFRC, International Medical Corps, International Relief Development, Jamthul Islam, Leads, Loadstar, Malteser, Meesan, Merlin, MSF, NPA, OXFAM, Relief International, Samaritan's Purse, Sarvodaya, SCF, Seva Lanka, SLF, SL Red Cross, Solidarités, STF, Thakva Mosque, TRO, TEAS, World Vision, WUSC, ZOA, French Red Cross, Spanish Red Cross

In the short term, UNICEF expects to construct an additional 4,400 temporary and permanent toilets in transitional camps, schools, health centres and households/communities. Another 6,300 water points will be installed and a further 1,600 bathing facilities will be constructed. UNICEF has also supported the development and production of hygiene promotion materials for use in camps, communities and schools. Key messages of hand-washing and keeping water clean have already been finalized and will be distributed by the middle of June.

In 2005-2007, UNICEF and the Government of Sri Lanka will seek to meet the needs of the 550,000 tsunami-affected people living in temporary shelters, transit camps, resettlement areas and within their own communities. The Action Plan incorporates eight key result areas:

- Provision of essential water and sanitation services to displaced populations in 124 camps;
- Improvement of sanitation and hygiene practices for at least 40 percent of the displaced population;
- Provision of basic water and sanitation services for 50,000 families returning to their home areas;
- Rehabilitation of damaged water systems and sanitation facilities to serve 200,000 people;
- Monitoring and surveillance of water quality;
- Improvement of water supply and sanitation facilities in 1,200 schools and 300 health centres;
- Promotion of hygiene awareness to benefit an estimated population of 200,000;
- Establishment of an integrated monitoring and evaluation plan for tracking Millennium Development Goals related to water and sanitation in affected districts, linked to a national monitoring system.

It is estimated that 80 percent of Sri Lankan children suffer annually from some form of diarrhoeal disease, and that 18 percent of children do not have access to safe water supplies or adequate sanitation facilities. To address this, the Action Plan aims to improve water supplies and sanitation facilities in schools and hospitals, and to increase awareness among children of good hygiene habits.

In addition, UNICEF will promote sustainable solutions by supporting research in the area of hydro-geological studies, drilled well potential, rainwater harvesting, 'point of use' treatment of drinking water, household filters and the use of solar and wind energy. Research and development of affordable and appropriate technologies in Sri Lanka will stimulate and encourage local industry, lead to self sufficiency and provide a more rapid response to emerging needs.



©UNICEF/HQ05-0501/Vitale

EDUCATION

UNICEF's education recovery plan will help children receive quality education within environments that are inclusive, child friendly, and conducive to effective teaching and learning. The first phase of the plan will focus on returning all affected children to learning, by providing essential school supplies, textbooks, and teacher guides to all tsunami-affected schools. In the longer term, UNICEF will concentrate on assisting Government efforts to rebuild 25 schools according to "child-friendly" principles. Improved learning environments and the development of active learning and child-centred teaching methodologies will dramatically improve the quality of education children receive. UNICEF will also help affected communities to construct semi-permanent learning shelters.

Key Partners

Government Ministries, WFP, UNESCO, CARE, Save the Children, Norwegian Refugee Council, Rotary International, World Vision, FORUT, Plan Sri Lanka, GOAL, GTZ

The environment in which these responses are being planned and implemented is highly complex. In order to ensure that our work in the education sector contributes to national reconciliation efforts, UNICEF's plan for recovery has been developed within a framework of guiding principles that includes conflict sensitivity, rights-based approaches, gender

awareness, community participation, and international minimum standards. UNICEF's over-arching goal is to help the Government meet the emergency education needs of *all* children; emphasis will be placed on children affected by the tsunami, but children affected by conflict and continuing poverty will benefit as well.

With UNICEF support, the Ministry of Education will mainstream psychosocial recovery through schools. The programme will provide peer-to-peer support for teachers, school guidance programmes, interactive psychosocial activities, and national and provincial psychosocial resource centres.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

Key Partners

Government Ministries, Human Rights Commission, National Child Protection Authority, Police & CID, SLBFE, District Child Protection Committees, UNHCR, IOM, ILO-IPEC, UNFPA, WHO, Save the Children, Christian Children's Fund, Sarvodaya, the National Centre for Victims of Crime, Danish Refugee Council, Norwegian Refugee Council, Women in Need, SEDEC, Caritas, CARE, OXFAM, FORUT, Migrant Services Centre, IDLO, SHADE, Rural Development Foundation, ESCO, National Youth Service Council, Sarvodaya, MDC (Multi Diversity Community), Jaffna Social Action Centre, SERVE, YMCA, Ahavoli Family Service, Wholistic Health Centre, Family Rehabilitation Centre, Mental Health Society, Association for Health and Counseling, Psychosocial Trauma and Human Rights Trust (Philippines), Annai Illam, Peace and Community Action, Sahanya, Basic Needs, Shanthiam, Women in Need (WiN), IFRC, IOM

UNICEF's protection and psychosocial programmes will focus on five key areas: providing support to separated and unaccompanied children⁶ and to single-headed households; addressing the psychological impact of the tsunami for children, women and men; preventing abuse, exploitation and neglect, focusing particularly on displacement sites in the emergency phase; promoting comprehensive juvenile justice mechanisms to protect children in contact with the law; and mine risk education (MRE) and survivor assistance.

While the tsunami has been a great tragedy for the people of Sri Lanka, it has nevertheless provided an important opportunity to respond to the protection needs of children. The Government of Sri Lanka and other partners have come forward with new and innovative ideas on how to bring about changes for children, some of which would not have been possible had it not been for the sense of urgency to protect children affected by the tsunami.

The disaster left 932 children orphaned and another 3,477 without one of their parents – a situation which created a huge challenge for the government and aid agencies in Sri Lanka. In addition, the tsunami affected 554 children who had lost both their parents previously, and another 1,920 who were in one parent families. However, the vast majority of these children are being cared for in the community; less than 50 are living in child care institutions. This considerable achievement is the result of close cooperation between the Government of Sri Lanka UNICEF. Thanks to a foster parent scheme involving Sri Lanka's court system, UNICEF, and the Department of Probation and Childcare Services, over 650 children have already been legally fostered to Sri Lankan families. UNICEF and the Government of Sri Lanka also took the opportunity to improve financial support systems offered to orphans and foster families, and to increase awareness among the public of the availability of these programmes, allowing more families to take advantage of them.

⁶ Separated children are those who are no longer in the care of their parents, while unaccompanied children are those not in the care of an adult.

UNICEF has also had considerable involvement in the so-called “Tsunami Bill”, a piece of legislation dealing with unaccompanied and separated children. The original draft of this bill included a section, entitled “Custody of Children and Young Persons”, that sought to centralise control and modify the responsibilities of personnel working on protection measures for children affected by the tsunami. UNICEF was concerned that these changes would weaken a system that has hitherto worked very well to facilitate fostering arrangements. Accordingly, UNICEF and other child protection partners advocated strongly for revisions to the bill, a process which resulted in amendments to re-distribute authority to the provincial level, retaining the existing functions of Probation Officers and Child Rights Promotion Officers. The Tsunami Bill is currently pending the approval of Parliament.

The number of actors involved in psychosocial response has proved a challenge. Yet it has also provided an important opportunity to work collaboratively on community-based approaches to psychosocial response. Efforts by the Government, aid agencies and communities to address the psychological impact of the tsunami is an important step towards developing national capacity to respond to mental health issues, something that will not only benefit tsunami-affected populations, but Sri Lanka as a whole.

UNICEF and its partners are supporting nearly 50 different psychosocial activities throughout the affected districts, benefiting an estimated 43,000 children. Our aim is to strengthen the population’s resiliency and resources for coping with mental disorders, including by supporting traditional coping mechanisms that are in the best interests of the child. Tsunami-related activities include the training of public health workers, assistance to family support workers, financing of community support programmes, the establishment of child-friendly spaces and children’s clubs in camps, support for play activities, theatre, music and dance, the facilitation of youth and child-to-child activities, and the supply of recreational items such as sports equipment and games. We have also developed educational tools to help children and parents understand the science behind the tsunami, as a way of enabling them to overcome fears and misconceptions about natural disasters.

**SRI LANKA
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)**

Sector	Prj Budget Revison	Funds Received	Expenditure Amount
Education	20,984,543	20,984,543	8,242,000
Health & Nutrition	9,721,706	9,721,706	3,171,000
Disaster Management	312,581	312,581	63,000
Child Protection	5,783,448	5,783,448	1,506,000
Non-Food Items	5,934,332	5,934,332	5,934,000
Water Supply	12,843,538	12,843,538	6,403,000
Operation & Logistical Support	8,499,774	8,499,774	3,511,000
Total	64,079,922	64,079,922	28,830,000

KEEPING FAMILIES TOGETHER

Even when they quarrel, the seven siblings are thankful they are at least doing it together. "Sometimes I get a little mad with my brothers and sister, but really, I'm so glad that we've found each other again," says 12-year-old Nishanthini. She has two younger and three older brothers, plus a five-year-old sister.

The children come from eastern Batticaloa district of Sri Lanka. When the tsunami hit, they lost both their parents and their house was destroyed. At first an uncle took all seven in, but unable to cope, he placed each child with different caretakers, mostly distant relatives. Nishanthini was put in an orphanage.

That they are now in a caring and nurturing home together as a family is thanks to determined efforts by UNICEF staff helping to implement a new Government-run fostering programme for children orphaned by the tsunami. There are approximately 650 'separated' children registered in Batticaloa district whose parents died in the tsunami and who do not have living relatives.

So far 40 people in the district have been legally approved as foster parents; they are caring for 85 children. Another 60 potential foster parents await approval. Once approved, foster parents are provided with an allowance by UNICEF. Sri Lanka lacks a strong tradition of foster parenting, with orphans and sometimes even children with parents commonly placed in orphanages, mainly because of poverty.

For Nishanthini and her brothers and sister, two UNICEF staffers worked with government officials to locate each child. Once all together, they selected their Aunt Thevika to live with. Thevika's decision to care for seven additional children required little reflection. "These children had already suffered enough without having to also grow up isolated from each other," she says.

Nishanthini loves going to school and has every intention of completing her education with the full support of Thevika. The foster mother wants all her nieces and nephews to finish their studies and get good jobs. "Their parents had dreams of them becoming teachers or doctors. I want to fulfil those dreams," she says.

MALDIVES RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- 25,000 children and 50,000 women benefiting from restored and upgraded cold chain equipment⁷;
- Vaccines provided for routine immunization of all children;
- Vitamin A and de-worming tablets provided to Government in support of campaign for all children under 13 years of age;
- 5,000 children in most affected islands provided with emergency food relief;
- 1,750 children aged 6-24 months provided with six-month supply of food relief;
- 5,000 families supplied with cooking sets;
- Nutrition education provided to caregivers of children under five years of age on two atolls, and nutrition status of these children monitored;
- More than 1,000 children, parents, teachers and health workers reached with educational workshops, psychosocial sessions, and individual counselling;
- 39 temporary classrooms built in temporary settlements and areas where damaged schools are still unsafe;
- 116 primary and secondary schools provided with basic school equipment, supplies and consumables;
- 32,000 children reached with school supplies, and 24,000 reached with recreational and early childhood kits;
- 20 preschool institutions provided with books, learning aids, toys and stationery;
- 85,000 people on 69 islands (approx. 28 percent of the population) fully serviced with short term water and sanitation solutions;
- Drinking and cooking water, basic family water kits, sanitary products, soap, detergents, disinfectants and waste management bags provided;
- 20 reverse-osmosis desalination plants and 2,604 water tanks delivered to islands;
- 61 community health workers trained in hygiene promotion and health education.

UNICEF'S PLANS FOR RECOVERY

HEALTH AND NUTRITION

Key Partners

Government Ministries and Depts.
WHO, UNFPA, FAO, WHO

In cooperation with UNOPS, UNICEF will support the reconstruction of health facilities in ten locations, and will also provide these facilities with necessary furniture and equipment.

UNICEF's plans for the next three to five years will focus on young child survival and development through support to essential health, nutrition, water and sanitation interventions, including support in emergency situations. We will support critical interventions for reducing child deaths and promoting child growth and development, UNICEF will also work to reduce maternal mortality, focusing on joint initiatives with UNFPA and WHO.

Malnutrition among Maldivian children is a chronic problem that has only been exacerbated by the tsunamis. A more robust national capacity to address malnutrition is now crucial, and accordingly this will be one of UNICEF's major priorities in the medium to long term. In the first instance, this will require improved systems for collecting

⁷ Equipment such as refrigerators, freezers, and cold rooms designed to preserve vaccines during storage and transport.

and analysing nutrition data. UNICEF will conduct a survey on infant and young child feeding practices in July of this year, which will uncover important information on nutrition status and food consumption. At the same time, we will work to strengthen the national nutrition monitoring and surveillance system, in order to help health workers plan interventions and report back to caregivers more effectively. UNICEF will also train Government officials, health workers, and caregivers in nutrition planning and community mobilisation, and will help education officials introduce school health programmes that incorporate nutrition, hygiene awareness, and safe and healthy living practices.

Finally, we will work to re-establish school and community gardens destroyed by the tsunami, and to encourage cultivation in areas where they did not exist before. In addition to being important educational tools, school and community gardens improve food security by increasing the availability of fruits and vegetables – particularly crucial in remote island communities.



©UNICEF/HQ05-0657/Thomas

WATER AND SANITATION

A significant portion of the Maldives’ fresh water supply has traditionally come from rainwater harvested during the monsoon season. The tsunami destroyed many of the storage tanks designed for this purpose; to address this, UNICEF will provide 2,604 water storage tanks of 1,000 – 5,000 litre capacity each. These tanks will supply water to schools, health centres, and community centres. To date, more than 850 have already been installed with help from local communities. We will also supply a total of 23 reverse-osmosis desalination units, and train communities in their maintenance and use. Each of these units has a capacity of 10,000 litres of fresh water per day.

Key Partners

Ministry of Health, Maldives water and sanitation Authority, UNEP, FAO, UNDP, WHO

UNICEF, UNEP and the Maldives Water and Sanitation Authority (MWSA) are currently developing a waste management programme, which will be implemented in the coming years. In the interim, we have procured 1,500 household septic tanks, which will be installed in June as part of the rehabilitation of small-bore sewage systems. We will also continue to train communities, health workers, teachers, and parents in hygiene awareness and education.

Yet the environmental situation in the Maldives remains fragile. Virtually all islands will need to upgrade or change their sanitation systems, since those presently used are cracked and leaking, leading to widespread contamination of groundwater. Until this situation is addressed, drinking water must come from other sources. In the short term, the UNICEF-supplied desalination units will meet much of the need. In the long term, however, rain water harvesting will be the best solution. Accordingly, UNICEF, UNEP, WHO, FAO, UNDP and other partners are investigating means of improving rainwater harvesting in the Maldives. We will provide technical assistance to the Government, and will work together with our partners to find solutions to the technical and environmental problems associated with upgrading systems

EDUCATION

As a priority in 2005, UNICEF will rehabilitate 35 damaged schools and 21 preschools. In the longer term, we will rehabilitate 90-100 schools based on the “child-friendly” model, which will see improvements in water and sanitation, quality of learning spaces, and overall safety. As part of this effort, we will train teachers and develop new learning materials and curricula. UNICEF will also build new schools on at least three of the worst affected islands, and will upgrade “disadvantaged” schools – those built to lower standards than average – to bring them up to appropriate standards. Throughout the planning and implementation of the project, UNICEF will take a participatory approach involving civil society, NGOs, and local island communities.

Key Partners

Educational Development Centre, Ministry of Education, Islands Administration, Japanese Overseas Corporation Volunteers

Over the next two years, UNICEF will also support the establishment of 20 teacher resource centres (TRCs) to provide continuous professional support to teachers living on remote islands. Each TRC will serve a number of nearby schools, and will be equipped with a small library, some audiovisual equipment, and internet connectivity. TRCs will provide a nexus for professional

development, acting as a place to train teachers, develop learning materials, and maintain contacts with other education professionals in the country and the region.

Finally, we will rehabilitate 50 community-owned preschools and transform them into integrated early childhood development centres. These centres will promote play-based learning, and will encourage community participation in the education and development of young children. To support these centres, UNICEF will train teachers, provide learning and teaching materials, and will work to involve parents and the community as much as possible.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

One of the most effective means of addressing psychosocial distress in children is by providing them support through schools. To this end, UNICEF supported a “Psychosocial First Aid” training course for 300 teachers, providing them with basic skills in recognising trauma, understanding children’s response to trauma, the use of creative arts and expressive therapy, and the identification of children who may need further assistance. In addition, we provided a range of materials to the Psychosocial Support and Counselling Unit at the National Disaster Management Centre. These materials were distributed to 66 islands that were affected by the tsunami.

In collaboration with the Ministry of Gender, Family Development and Social Security (MGFDSS), UNICEF carried out a formal assessment of the immediate and long term psychosocial needs of the population affected by the disaster. As part of the assessment, more than 1,000 children, parents, teachers and health workers participated in workshops and education sessions designed to increase awareness about the psychological impacts of the tsunami. Similar workshops have also been conducted for preschool teachers and teachers of children with disabilities. Based on the findings of the assessment, UNICEF will undertake community and school-based education programmes to further increase awareness of how to identify and cope with the psychosocial impacts of the tsunami. Various media, including television and print, will also be employed for this purpose.



©UNICEF/HQ05-0658/Thomas

Key Partners

Government Ministries, Maldives
Police Services

At the same time, we will support long term psychosocial response by training counsellors, establishing a 24-hour telephone helpline, training teachers on basic counselling skills, establishing peer support programmes for students, and strengthening community-based initiatives such as discussion groups and informal support groups.

Finally, UNICEF will continue to work collaboratively with Government agencies and NGOs to improve the current child protection system in order to promote the safety and protection of children in post-tsunami Maldives, particularly in IDP communities where children are most vulnerable.

MALDIVES
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)

Sector	Prj Budget Revision	Funds Received	Expenditure Amount
Education	8,064,000	8,064,000	3,834,000
Nutrition	1,590,000	1,590,000	251,000
Health	930,000	930,000	322,000
Operation & Logistical Support	2,352,000	2,352,000	1,223,000
Child Protection	1,120,000	1,120,000	194,000
Water Supply	7,896,000	7,896,000	4,899,000
Total	21,952,000	21,952,000	10,723,000

BRINGING WATER TO THE ISLANDS

When word spreads every few days that the water boat is arriving, Saeeda Hassan and her children rush to the harbour of Guraidoo island in the Maldives. A crowd gathers on the jetty to watch the crew moor the 90-foot traditional Maldivian boat called a dhoni, which is modified to take a UNICEF-supplied desalination unit. As a trickle emerges from the pipe extending from the boat, hands, bottles and containers jostle for position as they reach for the water. “At times, there was no way to get water without a fight,” says Saeeda, who has nine children.

After the tsunami the underground water wells in most islands were contaminated by sewage, waste and salt water, forcing the 1,800 inhabitants of this island to endure severe water shortages. “We used bottled water only for drinking then,” says Saeeda. “For washing and bathing, water from wells was the only option, although it was salty and smelly.”

UNICEF initially supplied bottled water for some 23,000 displaced people, along with water purification tablets, and then replaced 2,500 cement rain water storage tanks with more modern ones made of high density polyethylene. But that is not enough; the desalination plants fill the gaps. “The mobile plants serve the islands that have low storage capacity”, says Saeeda Mohamed, the Director of the Maldivian Water and Sanitation Authority.

In all UNICEF is supplying the Maldives with 23 mobile water desalination plants, known as reverse osmosis units. Five such units are mounted on boats. They go out into the open sea every night, suck in sea water and pump out fresh water to the islands that need it most. “If we didn’t provide a fresh supply of water, there would almost be no drinking water in many islands”, says boat skipper Adam Naseer. “We are always on stand-by and ready to go wherever there is a need.”

INDIA RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- Major health risks avoided in tsunami-affected areas through rapid restoration of child health services in many affected villages;
- More than 70,000 children provided with school materials and over 40,000 with recreation kits, enabling schools to reopened within three weeks after the disaster;
- 3,770 teachers, children, & health personnel trained to provide psychosocial support to children;
- Sanitary conditions and hygiene practices improved in over 80 temporary shelters in Nagapattinam and Cuddalore districts through promotion campaigns by trained self-helped groups;
- 36,000 displaced people reached with basic sanitation for intermediate shelters, achieved through construction of over 4,000 toilets in five remote islands of the Nicobar district;
- More than 2,300 water tanks distributed in Tamil Nadu and 500 to Nicobar Island group, ensuring availability of safe drinking water;
- Awareness on sanitation and hygiene improved in temporary shelters in Tamil Nadu using UNICEF trained volunteers from the community;
- More than 150 early childhood centres receiving nutrition supplies and play materials.

UNICEF'S PLANS FOR RECOVERY

HEALTH AND NUTRITION

UNICEF is working to improve the level of preparedness for epidemics. This will involve the development of surveillance capabilities, standard case definitions, standard case-management protocols, and policies for prevention (including vaccination and prophylaxis). It will also require the identification of a laboratory to confirm index cases of epidemic diseases, and the establishment of stable sources of vaccines and reserves of essential medical supplies. Working with the Government and WHO, UNICEF India will support the immunisation programme by strengthening the cold chain system,⁸ installing the Routine Immunisation Management System (RIMS) and training health workers on its use, ensuring proper vaccine management, and continuing to monitor immunisation programmes.

Key Partners

Government Departments, CREED, Trust for Hope, Centre for Social Construction, CRDS, PMSS, Lasas, WHO

Health and nutrition teams will also continue to monitor the regular distribution of food to family units in order to ensure that socially vulnerable groups such as female-headed households, unaccompanied minors, and the elderly receive a fair share. UNICEF will routinely supply Vitamin A to children under the age of five in all temporary camps, and will ensure that these children receive complementary rations of 400-600 Kcal per day.

We will support safe motherhood through the provision of equipment and supplies to ensure safe delivery and basic emergency obstetric care, including 4,000 disposable delivery kits.

In Tamil Nadu, UNICEF will provide supplies for 531 temporary ICDS centres (Integrated Child Development Service or “Anganwadi” centres, facilities which promote maternal and child health and nutrition). We will also strengthen primary and secondary health systems by providing equipment to the Nagapattinam Hospital, 14 Primary Health Centres, and 46 other health centres.

⁸ Systems of refrigerators, freezers, etc. which permit the safe storage and transport of vaccines.

UNICEF will work to enhance integrated disease surveillance and outbreak preparedness by improving the Central Surveillance Laboratory in GB Pant Hospital in Port Blair. To help control malaria, we will support laboratory technician training and medical officer reinforcement training; we will also provide 20,000 long lasting impregnated bed nets and 40,000 mosquito skin repellents.

UNICEF also plans to restore 70 early childhood development centres that were washed away and another 83 which were partially damaged. This will include the supply of tents and other essential supplies such as furniture, black boards, utensils, kerosene or gas stoves, cupboards, play materials and improved water and sanitation facilities. UNICEF will conduct a nutritional assessment to determine whether there is a need for additional micronutrients, supplementary food or high protein biscuits.

WATER AND SANITATION

Unresolved housing issues continue to pose a real challenge in India. Unfortunately, it now appears that the displaced population will have to stay in temporary shelters longer than originally envisioned, a situation which has heightened the concerns about their living conditions. People live in shelters of very different quality. Some live in decent and well-maintained facilities, in communities where awareness on hygiene and sanitation is relatively high. Others require joint efforts to raise both facilities and awareness to higher levels. However, all are exposed to very high temperatures and monsoon rains, weather conditions which often translate into difficult living conditions on the ground. UNICEF has improved conditions in temporary shelter by constructing latrines and rainwater harvesting systems, as well as training volunteer groups in hygiene promotion. Given the imminent arrival of the monsoon, UNICEF will continue to advocate for increased attention to water and sanitation issues.



©UNICEF/HQ05-0661/Thomas

Key Partners

Government Departments., EFICOR, Exnora International, AFPRO, Gandigram Institute, CARE, World Vision, Ramakrishna Mission, SCOPE, Tamralipt G. Smithy, SEUF, RedR India, Oxfam, Caritas

UNICEF India is committed to ensuring that children live and learn in an environment with safe and adequate drinking water, sanitation and proper hygiene. Accordingly, for the duration of the recovery phase, we will work towards ensuring that all temporary shelters have safe water, adequate sanitation facilities, and solid waste management systems in accordance with SPHERE/government standards. UNICEF will also support the temporary Anganwadi centres with safe drinking water, child-friendly sanitation facilities and child-centred hygiene education.

At the same time, we will work to increase awareness among families of critical hygiene and health practices.

In the three worst hit districts of Tamil Nadu, UNICEF, in partnership with the NGO Exnora and other partners, will establish solid and liquid waste management systems in 118 temporary shelters and 140 villages, managed by local self-help groups and residents. Key practices and sanitary conditions in the shelters will be monitored by a network of NGOs supported by UNICEF and RedR India, and the capacity of local youth and self-help groups will be built to manage and monitor the sanitary conditions in shelters and communities. UNICEF will establish “child-friendly” toilet facilities in every permanent early childhood centre, and support capacity building of district and block teams to implement the School, Sanitation and Hygiene Education (SSHE) programme in all elementary schools.

In Andaman and Nicobar, sanitation facilities in temporary shelters will be completed in the coming weeks. UNICEF India has provided direct support to construct 3,067 toilets, and indirect support for an additional 2,550 toilets (technical support was provided to the Andaman Public Works Department and NGOs, such as OXFAM and Caritas). Learning from the Tamil Nadu experience, we will establish a system to closely monitor sanitary conditions and hygiene practices in the temporary shelters. At the same time, to improve the availability of safe drinking water, we will provide four water tankers in the intermediate shelters. Rooftop rainwater harvesting, a technology not previously used in Andaman and Nicobar, will be introduced to provide cost-effective, localised, sustainable solutions for drinking water supply. To this end, we will supply over 1,200-rain water harvesting units.

In Andhra Pradesh, water and sanitation activities will focus in Prakasam, Nellore and East Godavari districts covering a total of 100 affected villages. The total population affected in these three districts is approximately 117,000, around 18,000 of which are children. Activities will be implemented through the Panchayati Raj and Rural Water Supply Department, with support from other line departments such as the Women and Child Welfare Department, the Department of Education. Local NGOs and community-based organisations will also be involved.

EDUCATION

UNICEF’s Build Back Better for Children approach aims to improve the quality of education beyond pre-emergency levels. We will encourage sustained participation from communities, particularly children, in school improvements in order to strengthen community ownership. Community participation will also encourage caregivers to support the right of every child – girls in particular – to complete primary schooling.

To achieve this, we will support a “back to school” campaign in temporary relief centres and provide access to safe spaces – school in a tent or summer school – where psychosocial recovery activities such as organised sports, structured recreational activities, and children’s clubs can take place.



©UNICEF/HQ05-0663/Thomas

In Tamil Nadu, UNICEF will partner with the State’s Department of Education to provide a “Quality Package Education” (QPE) for children in at least 53 schools. The QPE provides a secure and stimulating environment for schoolchildren and promotes child-friendly initiatives in four key areas: the learning process, teachers training, school and classroom environment and community participation. In addition, 2,000 schools in the three most affected districts of the state will receive School, Sanitation and Hygiene Education (SSHE). In Andaman and Nicobar, the quality package is planned for 91 destroyed schools (25 in Andaman and 66 in Nicobar). Schools on these islands are scheduled to resume after summer holidays on 17th June; most will operate in tents supplied by UNICEF.

In Andhra Pradesh, we will support 1,002 schools to improve the quality of education for the children of fishermen and other families whose livelihoods were destroyed in the tsunami. These activities will benefit approximately 42,000 children.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

To facilitate family reunifications for those children who have become separated from their parents, UNICEF will establish tracing systems to ensure that detailed documentation of children, including data about family members down to the village level, is compiled and maintained. We will also support the monitoring of family reunification and record any incidences of violence, abuse or exploitation.

Key Partners

Government Departments, NYK (Nehru Yuvak Kendra), Myrtle Resource Centre, Kerala
People's Council for Social Justice

UNICEF will support the Government of India to strengthen systems and services for the prevention of trafficking. At the same time, we will support the establishment of village level committees to watch over families and children as a preventive measure.

In Tamil Nadu, UNICEF will provide psychosocial training to 3,500 teachers and children in all affected schools in 13 districts. In addition, children from marginalised communities, who are out of school, will also benefit from psychosocial interventions through trained community workers. In the three most affected districts, UNICEF will support the training of volunteers from the NGO NYK on community-based psychosocial training and interventions aimed at preventing abuse and exploitation of children in temporary settlements. In Andaman and Nicobar, psychosocial support for children will be offered through the training of teachers and service providers in all 320 schools. To date, 230 teachers and 40 health personnel have been trained.

INDIA FUNDING BY SECTOR AS OF 20 May 2005 (Figures in US dollars)

Sector	Prj Budget Revision	Funds Received	Expenditure Amount
Education	922,400	922,400	415,993
Nutrition	754,401	754,401	201,236
Health	2,468,738	2,468,738	838,875
Planning M&E	544,039	544,039	195,008
Advocacy and Partnerships	125,492	125,492	73,551
WES	964,930	964,930	781,338
Total	5,780,000	5,780,000	2,506,000

THE MOST EFFECTIVE VOLUNTEERS

When the tsunami struck India, Lakshmi lost her home in Kallar, Tamil Nadu. She found emergency housing in a shelter for the displaced. It was there she learned some simple but powerful lessons to stay healthy in the adverse conditions. “We cook fish everyday. Earlier we used to simply throw fish scales, entrails and other waste in the open. Then volunteers told us that doing so would not only invite flies but would also become a breeding ground for diseases.”

Following the advice of these volunteers, Lakshmi and other women living in tsunami shelters now throw away the waste in a big pit and take turns to cover it with a thick layer of sand. Throughout Tamil Nadu, tsunami shelters now have basic sanitation facilities and cleaner surroundings, non-existent in the immediate aftermath of the tsunami, thanks to the efforts of ‘Link Volunteers’.

These are tsunami survivors themselves trained by UNICEF in basic health and hygiene. Dressed in blue UNICEF T-shirts, with identity card hanging around their necks, the volunteers move around the shelters checking toilets and looking for any garbage heaps. They also collect and analyse information to help the government and humanitarian groups understand sanitation and waste patterns among the displaced.

In doing so, they have become a ‘link’ between the tsunami-affected communities living in temporary tin shelters, and the local administrative authorities. P Sumathy, 35, a link volunteer, says, “When senior government officials come to our shelter they first speak to us. We are given more importance than the local Panchayat leaders.” Sumathy lost her son and father-in-law in the tsunami and lives among other survivors in Kallar.

Discussing UNICEF’s role in the initiative, UNICEF Tamil Nadu State Representative, Tim Schaffter said, “Being present in the field within the first few hours of the disaster, we recognised the need to establish a direct link with the affected communities so that their concerns could be addressed quickly and effectively. The state government has used the link volunteer initiative in a remarkable manner, bringing benefits to the affected people. These volunteers have also helped in getting others to adopt hygiene practices.”

MALAYSIA RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- Counselling services provided for approximately 400 youths and mothers in Kedah and Penang based on psychosocial assessment;
- 30-40 local residents (teachers, medical workers and community leaders) identified for training to form Local Mental Health Teams (LMHT)⁹;
- Training for psychosocial counselling, including trauma counselling, conducted in Kuala Muda, Langkawi and in neighbouring town of Sungai Petani in partnership with HELP Institute;
- Focus group sessions conducted, revealing gender inequality in tsunami assistance and highlighting need for further action to empower women left out of tsunami assistance;
- Community education workshop held for 30 residents, including brief training session for parents and teachers on recognising psychosocial disorders in their children. Training provided parents with necessary skills to help their children cope with anxiety and stress.

UNICEF'S PLANS FOR RECOVERY

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

Compared to other countries affected by the tsunami, Malaysia sustained relatively modest physical damage. Those who were displaced – approximately 8,000 people, mainly from coastal fishing areas – have been provided temporary housing by the Government of Malaysia. However, the psychological effects of the disaster have been profound. For this reason, UNICEF Malaysia's tsunami response over the coming months and years will focus on facilitating the full psychosocial recovery of affected populations. This will be done through a three-pronged strategy: by providing additional psychosocial counselling to children and women affected; by building the capacity of local health teams and communities, including through life-skills education; and by empowering women largely left out of emergency assistance efforts.

Key Partners

Government Depts. of Kedah State, UNFPA, UN Country Team, HELP University College, Centre for Psychology, EMPOWER (Pusat Jaya Daya)

UNICEF has begun to build local mental health support networks by training residents (teachers, medical workers and community leaders) to form Local Mental Health Teams (LMHTs). Through the training, teams are equipped to: identify children and adults who are experiencing psychological problems or mental disorders related to the tsunami; conduct initial assessment interviews to identify the severity and nature of the mental problem; and provide counselling sessions, which will continue over the next six-month period.

To facilitate the work of the LMHTs, UNICEF is also conducting community awareness activities. It is critical to establish trustful working relationships with local residents, and to this end UNICEF is identifying community contacts, lobbying for support and active participation, and mobilising people in the community, including women and youths. The Langkawi Community Education Workshop was held from 19 -21 May, attended by 30 local residents. The meeting included a brief training session for parents and teachers on recognising psychosocial disorders in their children. Over the next six months, a total of 12 such briefings will be conducted, along with seminars for parents and teachers to assist understanding of psychosocial disorders.

⁹ See under Child Protection and Psychosocial Support

UNICEF will also conduct a survey to help guide future psychosocial response. The survey will study the psychological effect of the tsunami on children and caregivers, using a sampling of 120 parents and children from Langkawi and Kulala Muda. At the same time, to study the social impact on women and youths, an evaluation meeting will be held among partner organisations, UNFPA and UNICEF.

Psychological assessments conducted by UNICEF and its partners revealed that in tsunami-affected areas, women are more vulnerable than men due to a variety of factors, including lower socio-economic status, limited access to necessary resources, and inability to provide for their families. They lack influence due to inequality and disempowerment, and have less decision-making power and control over their lives. Traditional social roles result in a situation where women's losses are viewed as less important than those suffered by men. For this reason, women's losses were often not documented, resulting in an unequal distribution of Government economic support.

Focus groups conducted by UNICEF have encouraged women to organise self-help teams. The purpose of these teams is to empower women to: document and verbalise their concerns so that their needs can be better represented and recorded; provide women the opportunity to brainstorm on possible income generating projects that they wish to carry out; enhance leadership skills, motivation, communication skills and confidence of young persons; and provide the youth with a positive environment and space to develop their own projects.

Disaster education and preparedness will also form part of our future activities. With support from UNICEF, the Ministries of Health and Education in Kedah state will initiate a comprehensive package of life skills based education – including a component of HIV/AIDS and some issues related to emergency preparedness – in junior high schools. As the first step, UNICEF will study models developed by other countries in the region to learn from best practices in life skills based education. Technical teams from the Ministries of Education and Health will then develop modules incorporating these best practices into the project design. UNICEF will support “training of trainer” courses; those completing the courses will in their turn go on to train school teachers.

Drowning is a leading cause of death for children under five years of age in the East Asia region, and post-tsunami evaluations have suggested that in some affected countries, children's lives could have been saved had they known how to swim. Therefore, UNICEF Malaysia will undertake a household survey focusing on injury and accident in the second half of 2005. This will be the first injury survey in Malaysia. Depending upon the results, strategies for prevention and education will be identified.

Finally, UNICEF will support capacity building among mental health practitioners, relief agencies and other organisations. We will conduct post-trauma mental health training throughout Malaysia among organisations that are sending relief workers to Kedah and Aceh in order to safeguard the mental health of the workers. In the longer term, we will also build the capacity of emergency aid and relief organisations to strengthen their mental health infrastructures and systems. This training will build a larger pool of human resources from which to draw to provide post-disaster mental health care when the next disaster strikes in Malaysia or elsewhere the region.

**MALAYSIA
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)**

Sector	Prj Budget Revision	Funds Received	Expenditure Amount
HIV/AIDS	148,495	148,495	32,277
Programme Support	403,346	403,346	115,468
Child Protection	178,159	178,159	4,256
Total	730,000	730,000	152,000

MYANMAR RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- 55,000 families provided with insecticide-treated mosquito nets to guard against malaria;
- 53 coastal townships provided with essential medical supplies;
- 100 communities serviced with safe water systems, helping prevent cholera, diarrhoea, malaria and other diseases;
- 9,000 people served with safe drinking water supplies;
- 2,000 families served with materials for sanitary latrines;
- 60,000 students provided with school supplies and other assistance to help them return to school;
- 400 schools rehabilitated and refurbished.

UNICEF'S PLANS FOR RECOVERY

HEALTH AND NUTRITION

UNICEF has focused much of its efforts on preventing disease outbreaks and improving families' access to health services. To this end, we provided one-year stocks of essential drugs, basic health equipment and immunisation supplies to 53 coastal townships in Myanmar. We have also helped prevent the spread of malaria by providing 55,000 families with treated mosquito nets, and by providing communities with anti-malaria drugs. Having spent 65 percent of the funds earmarked for Health and Nutrition, UNICEF Myanmar will now be integrating remaining funds into its ongoing work to improve the health of infants and children living in affected coastal areas.

Key partners

Government Ministries, Senior supply monitoring officers

Over the next three years, UNICEF will aim to reach more children with critical interventions that support their survival, growth and development. With half of all child deaths attributable to preventable or treatable causes, survival continues to be the overriding goal of UNICEF's work in Myanmar. Malaria is a leading cause of death among children; accordingly, we will place particular emphasis on malaria prevention and treatment, along with immunisation activities. In Taninthryi Division, where many families live in remote areas beyond the reach of routine health services, we will support "crash" immunisation campaigns in ten townships, allowing us to provide basic health services and vaccines to children left out by regular immunisation drives. We will also continue to support the provision of essential drugs and obstetric care. Finally, UNICEF will provide Vitamin A and iodised salt to combat micronutrient deficiencies in children living in coastal areas.

WATER AND SANITATION

Key partners

Government Ministries, UNDP, ADRA, WFP

To prevent the spread of water-borne diseases, UNICEF has provided 9,000 people with safe drinking water supplies, including hand pumps and purification materials. Over 2,000 families were given materials for sanitary latrines, and affected communities were provided with water tanks and other materials for safe water systems. 100 communities are benefiting from new water supply systems in schools and health centres. In the coming weeks and months, UNICEF will rehabilitate pump systems throughout affected areas, including 189 in Ayeyarwaddy, 229 in Rakhine, and 35 in Taninthryi.

Having already begun the improvement phase of our work, over the next three years UNICEF will focus on sustainable water solutions for communities, with an increased focus on durable, high-quality systems. Community participation will be crucial in designing locally appropriate systems; UNICEF will encourage this through its roving team of three water engineers.

EDUCATION

Over the past few months, UNICEF has helped 60,000 students from impoverished families and affected communities resume their studies by supplying them with school materials. We have provided more than 1,200 schools in the nine worst affected townships with basic supplies, and we supported the repair and refurbishment of 400 damaged or dilapidated schools in coastal areas. We have also worked to improve the quality of education that children in tsunami-affected areas will receive by training 1,750 primary teachers in “child-centred” learning methodologies¹⁰. Almost 4,000 teachers have benefited from UNICEF-supplied teaching materials.

Key partners

Government Ministries

Over the next three years, UNICEF will continue to support the development of quality education in affected areas. We will work to increase children’s access to quality basic education through material support and the training of teachers in interactive learning methods. We will also support innovative programs that expand learning opportunities for vulnerable and out-of-school children. With completion rates for children in remote areas of Myanmar lagging behind the national average, UNICEF will target remote communities for support. Early childhood development programmes and non-formal education will also be extended to ensure that as many children as possible are reached.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

To help bring a bit of joy to children during this challenging time, UNICEF provided 272 primary schools in the most affected areas with recreation kits. Twenty directly affected communities were also provided with community recreation and learning kits, including sports equipment, games, and play-based learning materials.

Key partners

Government Ministries, World Vision

Amid widespread concern that tsunami-affected children could fall victim to trafficking, UNICEF supported the development of information and educational materials in local languages to help raise awareness among populations about the issue. The vigilance of local communities and Government has been crucial to protecting children during this vulnerable time.

To sustain this momentum, we will continue to train social workers and other care providers about how to protect children from trafficking and exploitation, and how to care for child victims of trafficking and exploitation. Additional human resources will be allocated to support the reintegration of victims into the community. We will also continue with our work to establish community-level child protection mechanisms, and to improve protection and care services for orphans and vulnerable children.

¹⁰ An approach which emphasises interactive learning methods and child participation, designed to stimulate the child’s creativity and integrate life skills into the curriculum.

**MYANMAR
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)**

Sector	Prj Budget Revision	Funds Received	Expenditure Amount
Education & Child Protection	1,149,935	1,149,935	555,104
Health & Nutrition	687,731	687,731	515,738
Cross Sectoral Costs	350,217	350,217	163,354
WES	722,117	722,117	122,804
Total	2,910,000	2,910,000	1,357,000

SOMALIA RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- School enrolment in Somalia's worst affected village increased over 150 percent from pre-tsunami levels, from 50 to 194. Registration for coming school year increased further to 462;
- Over 1,135 children immunised against measles and provided with Vitamin A supplementation;
- Ten shallow wells, 30 pit latrines and three water bladder tanks (holding 15,000 litres each) completed and accessible to affected populations.

UNICEF'S PLANS FOR RECOVERY

HEALTH AND NUTRITION

Key Partners

Puntland Ministry of Health, Save the Children UK, Care International, Bari Medical Association, Local authorities

UNICEF and its partners are finalising plans to develop 25 new health facilities in the affected communities. Accordingly, health and nutrition activities in the coming months and years will focus on supporting these new facilities, as well as building the skill level of local health workers and partner agencies. Nutrition activities will similarly centre around the training of local partners and community workers, while providing a component of emergency support through nutritional screening and interventions where necessary.

WATER AND SANITATION

Communities affected by the tsunami are benefiting from improved water and sanitation through a number of UNICEF initiatives, including the rehabilitation of ten shallow wells, the construction of 30 pit latrines, the installation of three water bladders (each of 15,000 litre capacity), the development of a sanitary landfill site, the initiation of a waste disposal system, and the implementation of a community hygiene awareness programme. A new water source is also being created for Hafun, the worst affected area.

Key Partners

Somali Red Crescent, UNA-Africa-70, VSF, SHILCON, Puntland Water Authority, Community-based groups

In the coming months and years, we will extend these activities to all affected communities, with a view to creating sustainability. We will focus on training local agencies and community-run committees to manage and operate the water and sanitation systems, ensuring that they remain available to communities on a long term basis. Additional water and sanitation programmes will be initiated as required.

EDUCATION

More children along Somalia's coast are attending school than ever before, especially in remote areas. Thus far, one primary school is nearing completion and five others will be constructed in affected communities, dramatically increasing educational opportunities in those areas. In the worst affected village, school enrolment has already increased from 50 students to 194, with an additional 462 registered for the coming school session.

Key Partners

Puntland Ministry of Education,
Community Education Committees,
Regional Education Officers

UNICEF will continue its advocacy and social mobilisation activities, with community involvement as the central component. Communities have already demonstrated their commitment to education through donations of land for schools, and by involvement in Community Education Committees.

Nevertheless, sustainability will only be achieved through training, and the current demand exceeds the availability of teacher and management staff. To address the immediate needs, we will train 300 primary school teachers and 240 Community Education Committee members in the affected areas. Distribution of teaching and learning materials will continue, and Regional Education Officers will be trained to monitor the projects. Further training and support will be provided as needed over the coming years.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

Over the past six months, children and youths affected by the tsunami have received information, education and communication materials to increase coping mechanisms and provide psychosocial support. UNICEF is supporting community dialogue focusing on how the community can create long-term support mechanisms.

Key Partners

TASS, Transcultural Psychosocial
Organisation

In the coming weeks, we will conduct a more extensive assessment of psychosocial support factors in the affected communities, in order to obtain detailed information on needs and to recommend action for both short and longer-term interventions. Once planning with communities is complete, UNICEF's partner in child protection advocacy, TASS, will work with

communities on improving awareness about child rights and mobilising communities around child protection issues. Through another partner, the Transcultural Psychosocial Organisation (TPO), UNICEF is training a cadre of psychosocial care workers to integrate psychosocial care and support into work carried out by teachers and health workers.

SOMALIA
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)

Sector	Prj Budget Revision	Funds Received	Expenditure Amount
Education	227,794	227,794	293,634
Nutrition	58,956	58,956	32,680
Health	181,678	181,678	41,527
Communication	86,720	86,720	11,398
Cross Sectoral Costs	225,000	225,000	149,844
Planning, M&E	510,379	510,379	611,722
WES	209,472	209,472	75,195
Total	1,500,000	1,500,000	1,216,000

THAILAND RESPONSE

KEY RESULTS ATTRIBUTABLE TO UNICEF ACTION:

- 150,000 children in all six provinces reached with psychosocial recovery activities;
- 141,000 children in 800 schools and young child development centres provided with sports equipment and reading books;
- 100 volunteers trained to advocate for child rights in tsunami-affected villages;
- Inter-agency coordination established bringing together all major governmental and non-governmental agencies working in child protection in tsunami-affected areas;
- School attendance protected for 2,000 children through temporary classrooms, education grants and transport for children living in shelters;
- 12 temporary schools and 2,000 families in temporary shelters served with upgraded water and sanitation facilities, including purification equipment, latrines and drainage.

UNICEF'S PLANS FOR RECOVERY

HEALTH AND NUTRITION

One of UNICEF's primary concerns is the risk that children's health and nutritional status may deteriorate as lost family income affects childcare practices, including infant and young child feeding and the use of health services for sick children and pregnant women. Other concerns highlighted by post-tsunami assessments include the low levels of health service available to some communities (particularly those living on islands, ethnic minorities and migrant workers) and pre-existing under-nutrition in some children.

Key Partners

Provincial and district health authorities, Mahidol
Institutes of Public Health and Nutrition,
World Vision Foundation of Thailand, WHO

Over the next two years, UNICEF will support the delivery of an integrated package of health and nutrition services for the most vulnerable communities. This will include: preventive services such as immunisation, vitamin supplementation, and de-worming; treatment for common life-threatening illnesses such as diarrhoea and pneumonia; growth monitoring; and distribution of

general health and nutritional information. UNICEF will also supplement local government health budgets as necessary to provide comprehensive outreach services, and will supply growth monitoring equipment and family information materials.

WATER AND SANITATION

Key Partners

Provincial Public Health Departments
Ministry of Natural Resources and Environment

An immediate priority is to ensure adequate supplies of safe water and sanitation for around 6,000 people, including 1,500 children living in 20 temporary camps and shelters. Assessments have revealed the inadequacy of water and sanitation in schools, young childcare centres, and in certain remote communities. UNICEF will

continue its support to temporary shelters, and will provide mobile purification units and additional water tanks. At the same time, we will upgrade water and sanitation facilities in vulnerable communities, and will train community members in their use and maintenance. In collaboration with our partners, we will also support an assessment of water and sanitation facilities in 800 schools and young child centres, the results of which will guide ensuing upgrades. Finally, UNICEF will conduct a sanitation and hygiene information campaign designed to reach 300,000 schoolchildren and 500,000 members of the general community. As part of this campaign, we will provide education materials and costs for teacher training.

EDUCATION

Almost all children in tsunami-affected areas have now returned to school. However, the widespread loss of family incomes resulting from the tsunami may result in future drop-outs, particularly among girls. Accordingly, UNICEF will track school attendance for orphaned and vulnerable children, and where necessary, will complement the work of other partners to restore livelihoods for those families and children identified as most vulnerable.

Key Partners

Provincial Education Offices
Education Service Area Offices

Recent assessments have revealed that some children in tsunami-affected areas have never attended school. This includes children of ethnic minority families living on islands, as well as the children of migrant workers in the area. UNICEF will support local communities and education authorities to identify children who are not in school, and to initiate local community actions to ensure their attendance. UNICEF will support the costs of additional temporary teachers and school buildings as required.

We will also support early childhood development by providing educational materials to families, equipping pre-schools and child care centres, and supporting teacher training and materials development. Primary schools in tsunami-affected areas will receive support to become more “child-friendly”, including upgraded water and sanitation facilities, access for disabled children, and more engaging learning environments.

CHILD PROTECTION AND PSYCHOSOCIAL SUPPORT

The tsunami put thousands of children at risk of violence, exploitation and abuse. This includes the more than 1,200 children who lost parents as a result of the disaster, as well as other children whose families lost their sources of income and can no longer provide essential care and protection. UNICEF is developing systems to identify these children and to ensure their families have the necessary means to provide care and protection, including through support for small scale livelihoods restoration.

Key Partners

Ministry of Social Development and Human Security,
Centre for the Protection of Children’s Rights, Khon Kaen University
Prince of Songkla University, Walailak University, Kanjanapisak
Home, Rajanukul Institute, Dept of Mental Health, World Vision
Foundation of Thailand, Save the Children UK, Community
Organisations Development Institute, Muslim Youth Association,
UN HIV/AIDS Theme Group Partners

A recently completed UNICEF study showed that only 15 percent of orphaned children are living with non-relatives, or with a relative previously unknown to the child. So far, registration and verification of these children has been slow, hindered by a shortage of appropriately trained government staff. Accordingly, we will support government training in basic social work skills, the maintenance of computerised registration systems, and the regular monitoring of the most vulnerable children. We will also increase our advocacy for family-based care.

Psychosocial recovery programmes for children have been expanded geographically, but remain largely school-based. UNICEF will work to expand these programmes to encompass community-wide activities.

Risk factors for the spread of HIV/AIDS have increased in the aftermath of the tsunami. In particular, the loss of livelihoods has created pressure to find alternative sources of income, including through Thailand’s thriving sex trade. To combat this, UNICEF will support prevention services for young people in temporary camps and communities through its NGO partners, including information on HIV/AIDS, life-skills, counselling for young people, and the establishment of a network of youth volunteers in affected communities. UNICEF will also support expansion of access for ethnic minority and other vulnerable groups to: information, voluntary counselling and testing, services for the prevention of mother-to-child transmission of HIV, and care and treatment, including community-based care and support for children affected by HIV/AIDS.

**THAILAND
FUNDING BY SECTOR
AS OF 20 May 2005 (Figures in US dollars)**

Sector	Prj Budget Revison	Funds Received	Expenditure Amount
Education	3,000,000	3,000,000	1,059,000
Multi-Sector Emergency Assistance	2,260,000	2,260,000	1,038,000
Monitoring Social Policy / Communication	900,000	900,000	52,000
Child Protection	3,000,000	3,000,000	487,000
HIV / AIDS	700,000	700,000	5,000
Water Supply	2,100,000	2,100,000	1,084,000
Total	11,960,000	11,960,000	3,725,000