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CHILDREN AND THE 2004 INDIAN OCEAN TSUNAMI:

Evaluation of UNICEF's Response in Sri Lanka (2005-2008)

COUNTRY SYNTHESIS REPORT

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**EVALUATION
REPORT**

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Response in Sri Lanka
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**Country Synthesis
Report**

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PREFACE

The international response to the 2004 Indian Ocean tsunami in Sri Lanka – one of the hardest hit countries -- was among the most ambitious responses to a natural disaster. UNICEF's emergency response has been well documented but there has been no systematic evaluation of the recovery and early development phases. Focusing mainly on child protection; basic education; child and maternal health and nutrition; and water, sanitation and hygiene -- sectors where UNICEF had extensive involvement -- the present evaluation asks the following questions: In the spirit of building back better, what evidence is there indicating that the response (2005-2008) has resulted in better institutional capacities, systems, services and contributed to the wellbeing and rights of children compared to the pre-tsunami situation? What role has been played by UNICEF's programmes in achieving these results? What conclusions can be drawn regarding UNICEF's programme performance? In addition, the evaluation draws lessons and recommendations for each sector and provides general lessons for recovery/transition programming.

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

The Country Synthesis Report, a culmination of the sector reports, is meant for use by national governments, United Nations agencies, the broader development community and others interested in learning from the tsunami experience. A specific target group for the report is the Government of Sri Lanka, United Nations agencies, and other development partners who are engaged in supporting development policies and programmes in Sri Lanka.

Despite the investments made, considerable effort is still needed to improve the wellbeing of children and women in Sri Lanka. It is our hope that the forward looking lessons and recommendations presented in this comprehensive evaluation will positively contribute to the strengthening of on-going efforts and to the sustainability of the achievements made. In addition, it is hoped that the evidence and learning from the evaluation will contribute to disaster preparedness planning effort and responding to future emergencies in a variety of contexts.

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ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
CAAC	Children Affected by Armed Conflict
CAT	Convention Against Torture
CATAW	Coalition for Assisting Tsunami-affected Women
CBO	Community-Based Organisation
CCCs	Core Commitments for Children in Emergencies
CCF	Christian Children's Fund
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women (1979)
CFS	Child-Friendly Schools
CNO	Centre for National Operations
CO	Country Office
CRC	UN Convention on the Rights of the Child (1989)
CUE	Catch Up Education
CYPO	Child and Youth Protection Ordinance
DCDC	District Child Development Committee
DDRR	Disarmament, Demobilization, Rehabilitation and Reintegration
DMC	Disaster Management Council
DPCCS	Department of Probation and Child Care Services
DPDHS	Deputy Provincial Director for Health Services
DRR	Disaster Risk Reduction
DS	Divisional Secretariat
ECD	Early Childhood Development
EFA	Education for All
EMOPS	Office of Emergency Programmes (UNICEF)
EPRP	Emergency Preparedness and Response Programme
ESDFP	Education Sector Development Framework Programme
FAO	Food and Agriculture Organization
FGC	Family Group Conference
FHB	Family Health Bureau
FPO	Fit Person Order
GDP	Gross Domestic Product
GoSL	Government of Sri Lanka
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDMC	Internal Displacement Monitoring Centre
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organisation
IOTWS	Indian Ocean Tsunami Warning System
IPID	Institute for Participatory Interaction in Development
IRA	Initial Rapid Assessment
ISA	In-Service Advisor
JBIC	Japan Bank for International Cooperation
JICA	Japan International Cooperation Agency
LBW	Low Birth Weight
LRRD	Linking Relief Rehabilitation and Development
LTTE	Liberation Tigers of Tamil Eelam
M&E	Monitoring and Evaluation
MCDWE	Ministry of Child Development and Women's Empowerment
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MHN	Ministry of Healthcare and Nutrition
MIC	Middle Income Country
MOE	Ministry of Education

MOH	Ministry of Healthcare and Nutrition
MOU	Memorandum of Understanding
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières
MSWSS	Ministry of Social Welfare and Social Services
MUDWS	Ministry of Urban Development and Water Supply
NCPA	National Child Protection Authority
NFE	Non-formal Education
NGO	Non-Governmental Organisation
NIE	National Institute of Education
NWSDB	National Water Supply and Drainage Board
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OVC	Orphaned and Vulnerable Children
PHI	Public Health Inspector
PRC	Placement Review Committee
RADA	Reconstruction and Development Agency
ROSA	UNICEF Regional Office for South Asia
Rs	Sri Lankan Rupees
RWSSU	Rural Water Supply and Sanitation Unit
SDS	School Development Society
SGBV	Sexual and Gender-Based Violence
SCC	Social Care Centre
SCiSL	Save the Children in Sri Lanka
SWAp	Sector-wide Approach
TAFREN	Task Force for Rebuilding the Nation
TEC	Tsunami Evaluation Coalition
TERM	Tsunami Education Rehabilitation Monitoring Trust
UAC	Unaccompanied Children
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UNORC	United Nations Recovery Coordinator for Aceh and Nias
USD	United States Dollars
UXO	Unexploded Ordinance
WASH	Water, Sanitation and Hygiene
WB	World Bank
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization
WSP	Water Sanitation Programme (World Bank)
WSS	Water Supply and Sanitation

EXECUTIVE SUMMARY

A. Introduction

This report is a synthesis of the evaluation of UNICEF's response to the 2004 Indian Ocean tsunami in Sri Lanka that was undertaken from August 2008 to July 2009. The evaluation assessed UNICEF's response in the four sectors where it had major involvement: child protection; basic education; water, sanitation and hygiene; and child and maternal health and nutrition. This report seeks to provide a larger picture of UNICEF's response from 2005-2008, with a main focus on the relief and early development phases. It does so by drawing on the findings and lessons obtained from each of the independent sector evaluations that constitute the evaluation in Sri Lanka. The report also examines cross-cutting issues related to recovery and transition, and asks whether appropriate strategic choices were made during UNICEF's efforts to help Sri Lanka "build back better", and how these were likely to impact the wellbeing and rights of children and women.

Overall Humanitarian Response to the Tsunami

The December 2004 tsunami was the largest natural disaster to ever affect Sri Lanka; it caused massive loss of life and damage to approximately 50 percent of Sri Lanka's districts. More than 35,000 people were killed, one third of whom were children. The country was already under great strain prior to the tsunami due to a lengthy conflict between the Liberation Tigers of Tamil Eelam (LTTE) and the Government of Sri Lanka (GoSL) in the north and east, which had previously resulted in 65,000 deaths and displaced up to 700,000 people. The tsunami-affected two-thirds of the coastline, damaged natural ecosystems, destroyed more than 100,000 homes and extensive coastal infrastructure, as well as damaged or destroyed schools and 97 health facilities. The damage was estimated at USD $1 billion—4.5 percent of GDP—with an estimated recovery cost amounting to more than USD $2 billion.

Within days of the disaster, the GoSL established the Centre for National Operations (CNO), which became the national focal point for emergency management until the Authority for Reconstruction and Development was later established for the recovery. There was an enormous rescue and relief effort made by citizens, civil society, military, thousands of Sri Lanka's community-based organisations and NGOs, and the private sector, in addition to the overwhelming response from hundreds of international aid agencies. The relief phase was declared over when the GoSL announced its three-year reconstruction plan in early March 2005, marking the beginning of a protracted recovery phase.

UNICEF Sri Lanka faced considerable challenges in staffing and technical capacity in coping with the magnitude of the disaster. A draft Plan of Action was developed in mid-February 2005, and finalised with GoSL and all stakeholders by April 2005. This action effectively ended the initial emergency response phase and demarcated the recovery plan for the following 18 months.

Out of 25 districts in Sri Lanka, 14 were affected by the tsunami, with nine of the districts designated as those in need of the most recovery assistance. Six of these nine tsunami- affected districts were simultaneously impacted by the conflict. The exacerbated conflict in the north and east of Sri Lanka created barriers in getting aid to LTTE-controlled areas, with issues of unequal distribution of resources between geographical areas and between tsunami displaced and pre-existing war-displaced internally displaced persons (IDPs).

B. The Evaluation

UNICEF commissioned an evaluation in 2008 to assess its humanitarian response to the three countries hardest hit by the 2004 Indian Ocean Tsunami: Indonesia (Aceh), Sri Lanka and the Maldives. The evaluation focused on the outcomes and impacts of the response in four key sectors of UNICEF's involvement and also on UNICEF's performance.

The purpose of the evaluation in Sri Lanka is to determine outcomes and impacts of UNICEF's response to the tsunami and draw lessons and recommendations, both for the UNICEF and the sectors as a whole, which will be useful for strengthening ongoing programmes or policies to improve the wellbeing and rights of children. In addition, the evaluation draws lessons for recovery/transition programming that will be useful for future response and emergencies.

Evaluation Scope

The evaluation was conducted between August 2008 and July 2009. The focus of the evaluation was on tsunami recovery and early development responses, and on UNICEF's interventions to the response in four major sectors of the agency's programme involvement within the country, namely, water, sanitation and hygiene; basic education; child protection; and child and maternal health and nutrition. These sectors financially accounted for the majority (83%) of UNICEF's tsunami response in Sri Lanka.

The evaluation included an examination of the major determinants so as to generate further evidence for use in improving policies and programmes aimed at children and women. It also addressed findings in relation to cross-cutting issues through the recovery to development transition, including: national and local capacity development; partnerships; disaster preparedness; targeting the disadvantaged; human rights-based approach to programming and gender issues.

Evaluation Findings

To inform pathways towards effective recovery/transition programming and strategic decision making in future responses, key findings from each of the sector studies are presented as critical components of this synthesis report. Detailed findings for each sector can be found in the sector specific evaluation report for Sri Lanka, available online at http://www.UNICEF.org.

Water, Sanitation and Hygiene (WASH)

The tsunami resulted in USD $42 million worth of damage to the water and sanitation sector; it destroyed or damaged protected wells, pipe-borne water supply systems and tube wells along the coast, through physical damage, saline infiltration and contamination. Sanitation facilities and latrines in homes, schools and other public buildings suffered destruction or extensive physical damage and flooding, resulting in half of UNICEF's budget for water and sanitation activities being spent during the emergency relief and early recovery phases of its response.

The UNICEF WASH programme—the largest of all of UNICEF sector programmes—evolved over time, developing from the emergency response and pre-tsunami initiatives. This dovetailing utilised Vision 21[1] and planned to accelerate Sri Lanka's achievement of the Millennium Development Goals (MDGs), reduce regional disparities, as well as provide essential water supply, sanitation and hygiene to the tsunami-affected population.

The National Water Supply and Draining Board (NWSDB) that was supported by UNICEF led and coordinated the large number of actors in the sector. During relief, the government - supported by the international community and local actors - brought sanitation systems to Sphere standards

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[1] Vision 21 is A Shared Vision for Hygiene, Sanitation and Water Supply and a Framework for Action.

within a few weeks of the tsunami. In addition to the coordination role, the initial UNICEF response concentrated on providing emergency access to water supply and sanitation, as well as water quality monitoring and hygiene promotion. UNICEFs met its Core Commitments to Children while noting significant challenges and obstacles.

UNICEF established a water and distribution programme to IDP centres that has continued for over four years. It aimed to reduce water fetching times and improve water quality and surveillance. These collective actions prevented major outbreaks of water-borne and sanitation-related diseases from occurring.

During recovery and into development, the housing sector was critical in re-establishing household sanitation, while the water and sanitation sector, including UNICEF's programming, sought to continue long-term trends in providing access to improved rural sources of water by enabling access to both improved water sources of better quality, and moving Sri Lanka from household-managed wells to institutionally managed piped water for communities. Such expansion of piped water systems has brought the issue of whether people will have to pay for water now or in the future to the forefront. There are existing systems subsidy systems for pipe water, including a capital subsidy policy for urban and rural water supply. The government has considered varying subsidy systems in different areas, however, to-date there are no subsidies to alleviate costs for poorer households.

Early development saw household sanitation recovering to pre-tsunami levels; the evaluation indicates that in occupied houses pre-tsunami levels have been re-established with little difference between tsunami-affected households and their non-tsunami affected neighbours. Disparities between areas affected by both the tsunami and the pre-existing conflict, however, have become even more prominent with regards to water supply. Tsunami-affected households in most areas have changed their source of water, accelerating a trend towards improved water sources and pipe-borne water supply. The survey indicates that 84 percent of tsunami-affected households in Galle now have access to improved water sources, as opposed to 75 percent of non-affected neighbouring households.[2] Evaluation findings indicate that new water systems have reduced the amount of time people collect water. Before the tsunami, 25 percent of households spent more than five minutes collecting water, and now less than 2.5 percent of households do so.

Nonetheless, UNICEF has made significant efforts to improve policies in relation to WASH, and is working to bring models of good practice to scale at a national level. UNICEF continues to support the government to develop a comprehensive programme for water quality surveillance. In addition, policy makers and implementing partners have agreed to establish an institutional mechanism and build capacity for drinking water supply regulation.

UNICEF's response was found to be most relevant in supporting government and establishing coordination and collaboration mechanisms, including assessments and key studies, particularly in the water and sanitation sector. The goal of building back better, however, was compromised by the type and quality of construction undertaken by UNICEF that was proven to be overdesigned. Sustainability is therefore questioned, especially with regard to maintenance of WASH facilities in schools.

UNICEF needed to be proactive and efficient in transitioning needs to provide considerable sustained support to both planning and transition programmes, and providing change management support. In the future, it is recommended that the sector better leverage infrastructure investments as a part of a developmental framework during recovery and early development to increase impact.

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[2] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Water, Sanitation and Hygiene Report,* UNICEF Evaluation Office, pg 15.

Education

The tsunami inflicted significant impact on the education sector: damaging or destroying 182 schools representing five percent of all schools, and displacing more than 80,000 students and 3,000 teachers in ten districts. Despite this considerable trauma and challenges further exacerbated by conflict in several of the affected districts, reasonably rapid successes were realized in the relief through recovery and development transition -- much of this based on the inherent strength of the education sector and community support to children's schooling.

The major emphases of the building back process were to bring vulnerable and displaced children to school; improve teaching and learning quality; complete reconstruction and repair; and provide psychosocial support through enhanced identification of needs and remedial kits for both teachers' and students' use. The massive and coordinated relief effort of the GoSL, multiple UN agencies, NGOs and local organisations enabled classes to resume in January 2005, just three weeks after the tsunami.

UNICEF played a central role in this, addressing its Core Commitments for Children as UN focal point for education and psychosocial support and as member of several multi-sectoral task forces with national and local reach, and working towards an overall response using child-friendly principles. The Child Friendly School (CFS) initiative proved key in enabling enhanced recovery: its extension from an original 124 schools in the northwest province in 2002 to a current 1,400 schools nationally constituted a significant outcome insofar as it reflected a fairly clear measure of official acceptance.

In consequence, much of the overall MOE response was oriented toward a child-friendly approach; CFS thinking and action was further consolidated at the systems level -- seen in the inclusion of its principles into the Ministry's Recovery Action Plan. Implementation of this Plan was reasonably well underway in the ten affected districts by the development period; the Primary Education Division of the National Institute of Education (NIE) had incorporated the CFS concept and approach into the curriculum and teaching materials; and indicators for CFS were being developed for monitoring by the system more widely.

In most areas affected by only the tsunami, enrolment levels recovered in the first year; while transfers to better-built schools were high, dropout rates were low. Access to learning spaces in the immediate relief to recovery period was enabled through appropriate and generally sufficient action to address community priorities of having their children in school, to facilitate their getting there, and to reinforce the importance of children returning quickly to a "normal" life.

Speed of access to rebuilt/refurbished schools was more mixed, due to difficulties securing community agreement on location; delays in and cancellations of reconstruction contracts; in the conflict areas, persistent random harassment of students and teachers; and assignment of schools as IDP centres. That said, construction of good quality, child-friendly school infrastructure is considered a strong and visible outcome of the sector building back better. Important also in this respect were the Catch Up Education programme aimed at tailoring delivery of classes to specific at-risk children falling behind, especially due to conflict and facilitating their continued learning; and policies promoting access to education without gender differentiation.

Especially significant in the rebuilding process, and latterly in fostering social inclusion and participation, was the establishment of the Tsunami Education Rehabilitation Monitoring Trust (TERM). A non-government organization created by the Ministry of Education and initially funded by UNICEF, TERM was mandated with coordination and monitoring of the overall construction programme, and was responsible for implementing the requirements and standards for repair and reconstruction developed by the MOE. It later evolved to more of a development-oriented agency, focused on promoting greater community involvement in development planning; building community capacity and ownership; and ultimately, proving to be a necessary condition of school rebuilding to enable child-friendly standards. Current successes have proven challenging to

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maintain, however, as it has struggled in the face of declining donor support and demands of advocacy and, in some cases, continued coordination.

There remain challenges. Use of activity-based teaching methods and child-centred classroom management has been limited; child rights, gender equality (e.g. with respect to differential in-class treatment of girls and boys and inclusion principles) continue to be applied inconsistently. Compartmentalised curriculum reform, restricted largely to the primary level, has continued to impede substantive systemic change. While coordination appeared to be reasonably good between government and donors, and among donors themselves, the evaluation noted that the best use was not always made of these potential synergies in rebuilding the sector.

Progress in the restoration of damaged infrastructure continued to be neither linear nor smooth. Nationally, as of 2008 TERM records, repair work had been completed in 125 of the destroyed or damaged 182 schools -- 68.7 percent. Work was in progress in 19 (10.4 percent), and re-construction had not been possible in 38 (20.9 percent) schools for security reasons.

While the extent to which the education sector is "better" as a result of post-tsunami interventions remains debatable; it was strong at its beginning. In general, however, the evaluation indicated that the overall approach was *appropriate*, fundamentally systems-focused and capacity-oriented; and *relevant,* focused on national education policy priorities of adherence to EFA and MDG targets, and on the Education Sector Development Framework Programme themes of improved access, quality, capacity and governance - including building up local level planning and monitoring capacity.

Child Protection

Following the tsunami, estimates of the number of children who lost at least one parent ranged from 4,000-10,000.[3] A couple of days into the emergency response, an inter-agency initiative including UNICEF, the Department of Probation and Child Care Services (DPCCS), the National Child Protection Authority (NCPA), the International Labour Organization (ILO) and Save the Children in Sri Lanka (SCiSL) coordinated to facilitate identification, documentation, tracing and reunification of separated and unaccompanied children, including those in hundreds of IDP camps. Providing placements for approximately one-fifth (17 percent) of all separated and unaccompanied children, the percentage of children dealt with through formal programs and databases only represents a small percentage of separated and unaccompanied children; approximately 83 percent of separated children were "informally placed", placed with family or extended family, in the aftermath of the disaster.[4]

The tsunami put the spotlight on child protection and, in line with international standards, the Government of Sri Lanka (GoSL) utilise and build upon existing legislation, the Sri Lankan Children's and Young Persons Ordinance (CYPO), to immediately regularise fostering placements with extended or non-family caregivers over formal adoption. Following concerns expressed by the UN that orphaned children might be targeted by criminal elements, the government also banned the adoption of children affected by the tsunami. Early attention was also provided to preventing sexual exploitation and child trafficking. Once urgent needs were addressed, the national partnership continued to support the development of foster care systems, child friendly administrative and legal procedures, and care for victims of abuse through support to "safe houses". Estimates six months after the disaster indicated that there were 932 orphaned children and 3,477 without one of their parents.

UNICEF's early response for tsunami-affected children focused on advocacy to the general public concerning the heightened potential for abuse, exploitation and trafficking in emergency settings.

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[3] UNICEF. Health Policy Research Associates. 2007a.

[4] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Water, Sanitation and Hygiene Report*, Evaluation Office, UNICEF, November 2009.

UNICEF's response to the tsunami broadened protection programming to include unaccompanied minors, separated children, orphaned children and child care homes. Case conferencing and district review committees have resulted in lower rates of children entering institutional care facilities. Most notably, an impressive achievement given the armed conflict in the east, the use of case conferencing and district review committees, coupled with provincial policy action in the east, have begun to level the rate of children entering institutional care facilities in conflict zones. Overall, greater compliance to policy would positively enable case conferencing to be applied to a wider group of children in need of care and protection.

By the time of early recovery, the safe house mechanism was shown to be a good model that brought about a high standard of care with the provision of immediate, temporary solutions for children subject to abuse, and was an effective means of reaching tsunami-affected children. Although challenged by the ability to maintain a holistic approach, professionalise psychosocial teachers, and maintain proper teacher-student ratios, by June 2005 approximately 10,000 children in 53 camps were engaged in safe house programmes, and over 4,000 children were receiving psychosocial support from these safe houses.[5] In recovery, the child protection programme's psychosocial interventions aimed to foster a continued return to normalcy for affected children, and continued to promote resilience and recovery. Evolving from school-based programmes during recovery to village-based children's clubs through development, children's clubs have continued to enhance vital community support to children.

Attention to vulnerable populations and psychosocial needs was intensified with the resurgence of conflict, and although UNICEF's Child Protection Programme was being carried out in ten tsunami-affected areas, its presence not only centred on tsunami reconstruction, but also on the conflict-affected population.

Integrated social services arising during development were shown to be promising. As part of the building back better process, an agreement between UNICEF, SCiSL, the Ministry of Social Welfare and Social Services, and the Ministry of Child Development and Women's Empowerment (MCDWE) led to the construction of Social Care Centres (SCCs) in tsunami-affected areas to coordinate the welfare activities of government, provincial councils and NGOs, and provide comprehensive social assistance to families. UNICEF also supported INGOs and NGOs to provide psychosocial support and assistance for children in tsunami-affected communities and camps, reaching up to 65,000 children.

UNICEF's child protection programme in Sri Lanka has shown that it is possible to address the needs of vulnerable groups of children in ways that also jump-start a protection and welfare system for all children. Favourable government policies and good practice exemplars have emerged. Significant child protection system development has occurred in tsunami-affected districts and is being sustained. Evaluation findings suggest that the child protection environment in Sri Lanka is in the process of positive development, though most of the indicators show considerable room for improvement.

Overall, the strengthening of the child protection system in Sri Lanka is in large part due to the early linkage of the dual objectives of responding to immediate needs of vulnerable groups of children and promoting welfare and legal systems for all children. Additionally, the ability to rapidly shift to address new protection problems has been a distinct element of the child protection system in conflict areas of Sri Lanka.

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[5] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Child Protection Report*, Evaluation Office, UNICEF, November 2009.

Health and Nutrition

Prior to the tsunami Sri Lanka had already made considerable advances in the health sector with an extensive network of public health clinics and hospitals, providing health care free of charge. The tsunami destroyed or damaged 97 health facilities, including hospitals, dispensaries and health care centres. It is estimated that about 100 health care workers died, primarily midwives and community health workers.[6] The armed conflict in the north and east had already caused widespread limitations in health development, the closing of some health facilities, and limitations in the movements of health workers.

UNICEF's programme was one of many agencies addressing health and nutrition in Sri Lanka after the tsunami. While a key contributor to recovery in health and nutrition, mainly for equipment (cold chain and transport), construction (health centres) and training (primary health care workers), UNICEF's role was similar to that of other humanitarian organizations in many respects. The strength of its contributions during relief to recovery to development was in focusing the direction of assistance and recovery in a supportive role to government leadership and government-directed programming.

In the immediate aftermath of the disaster, UNICEF participated in the health coordination meetings established by the Ministry of Healthcare and Nutrition (MOH). A broad coalition of development partners undertook nutritional assessments in tsunami-affected areas and followed with a joint nutrition survey in IDP camps. Findings were then used to develop a national recovery and reconstruction plan in consultation with district authorities.

Efforts to decrease crowding in IDP camps and improve sanitation were associated with a decline in the incidence of diarrheal disease and acute respiratory disease. Further, elevated national baselines for underweight and stunting that were reported during relief (2005) showed no clear pattern of difference in 2007 between tsunami-affected and unaffected areas, suggesting support from GOSL, UNICEF and other agencies proceeded sufficiently from relief to recovery to development. The near elimination of differences in health status between IDPs and those who were not displaced in districts of high tsunami impact demonstrated the effectiveness of programmes in nutrition, immunisation and disease control.

During the relief period, access to immunisations, health education, breastfeeding promotion, and widespread measures to report disease outbreaks in IDP camps within two weeks of the disaster, were all identified as being likely factors that contributed to the prevention of predicted epidemic outbreaks in the wake of the tsunami.

In tsunami-affected areas, UNICEF aimed to restore regular services to at least 80 percent of the affected people on a rapid basis. UNICEF's support to a wide variety of programmes, in concert with donors, was shown to be effective overall, including: the training of midwives and primary health workers to optimise programme actions, and improve their quality in both tsunami-affected areas and other areas of the country. These regions rapidly returned to relatively low mortality levels following the spike in deaths directly associated with the tsunami.

During recovery and into development, UNICEF's programme focused on the redevelopment of regular health and nutrition capacity, centred on the reconstruction of health facilities (87 health facilities in 11 districts); building new health facilities (31 health centres, four maternity wards, and 14 hospitals); strengthening the cold chain system; equipping mobile health clinics to enhance access to health services; and training and retraining health personnel in child health practices. Generally, indicators suggest that the health and nutrition response has been for the most part effective for tsunami-affected individuals.

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[6] UNICEF. *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Health and Nutrition Report*. UNICEF Evaluation Office. November 2009.

Mortality rate declines in affected areas in the post-tsunami period are, in part, associated with capacity development of health workers, the establishment of strong categorical health programmes, and high quality primary health care services.

Further into development, surveys revealed that people in tsunami-affected areas believed the condition of health facilities was similar to or better than before the tsunami. UNICEF contributed to building back better in the health and nutrition sector. Delays and difficulties in gaining access due to the conflict, however, have resulted in lower completion rates, and construction is still underway in conflict-affected areas. Regional differences, rather than tsunami destruction, currently drive limitations to the health outcomes of the country.

Informing further development years after the tsunami, there is reason to be concerned that psychosocial needs among affected population are still a concern. Surveys conducted after the tsunami showed that a majority of the respondents suffered trauma. Similarly, in the research carried out for the health and nutrition sector evaluation in Galle and Ampara, 24 percent of respondents stated that they had a major current health problem. Among those whose house had been completely destroyed in the tsunami, 74 percent expressed that their main concern was an injury. Among the rest of the sample, the most common complaint (44 percent) was a psychosocial issue.

C. Cross-Cutting Issues and Conclusions

The major sectors of UNICEF's programme involvement in Sri Lanka—water, sanitation and hygiene, health and nutrition, education and child protection—have helped the country to build back better. In each of these sectors, tsunami-affected areas are proven to be better off as a result of UNICEF's contributions from 2004-2008. Although there are significant lessons to be learned as a result of such an unprecedented response, both by UNICEF and the humanitarian community at large, UNICEF has played a key role in restoring the wellbeing of tsunami-affected populations, particularly children, and contributing to their further development.

The disaster brought into focus issues of entitlement, social justice and the rights of women and children. Its impact in the medium-term was bound to exacerbate regional differences between the coastal areas and the interior and between the north and east and the south. There were, for example, outstanding concerns over equal access for women to recovery grants and land rights. The lack of baseline data prevents issues such as these being dealt with in other than a piecemeal fashion. UNICEF actively engages in the UNDAF process through emphasising disaggregated data collection on gender-related concerns, and targeting specific results, such as prevention of sexual and gender-based violence. In education, UNICEF effectively addressed gender equality through schools reconstructed with separate sanitation facilities and extension of psycho-social programmes to behaviour and child abuse with particular relevance to girls. However, although UNICEF has provided support to the National Institute of Education to develop a curriculum, gender-sensitivity in this curriculum has remained a gap. Gender references were included in policies like the Education Sector Development Framework Programme and the Ten Year Horizon Plan for avoiding gender role stereotypes and providing equal support to girls in areas such as vocational education. Additionally, the focus on gender from a rights-based perspective has been clear in the CFS. Actual changes in terms of results, however, were less evident.

UNICEF has not only rebuilt schools, health care centres, and safe water and sanitation systems, it has also contributed towards developing the capacity of the GoSL at national, district and local levels. Building on a long-established partnership, UNICEF has worked in partnership with multiple ministries over the almost five-year period since the tsunami. However, capacity constraints have particularly affected the development of civil society, regions impacted by conflict have posed challenges for programming to meet the needs of the country's most

vulnerable populations, and at times in the past, mistrust between the government and NGOs has been high.

In order to help inform the design of the tsunami recovery, UNICEF has worked with the Government of Sri Lanka's Department of Census and Statistics in managing DevInfo, a database that monitors progress towards Millennium Development Goals (MDGs). Additionally, UNICEF conducted a major evaluation of the emergency response and initial phase at the end of 2005, and participated in the Tsunami Evaluation Coalition's series of evaluations and reports. In 2008, UNICEF also began a two-year initiative to strengthen the statistical capacity of the MOE, as well working to improve its capacity to support the implementation of the Child-Friendly Schools approach. UNICEF and its partners have made many positive contributions, as described in the chapters that follow. The end of the war in May 2009 brings with it a level of optimism that hitherto underdeveloped areas will now benefit from both post-conflict reconstruction funds and a redress of public expenditure in the GoSL.

Lessons and recommendations are provided for each of UNICEF's four sectors for recovery and transition programming related cross-cutting issues. The following are the overarching lessons for ongoing efforts and for future responses to humanitarian emergencies:

1) Planning for emergency response through recovery and early development should balance both longer-term capacity development with investments in assets and infrastructure, all of which should be reflective of local needs and capacity gaps.
2) UNICEF should support stronger participation of communities, community-based organizations and national non-governmental organizations to leverage their knowledge and encourage their commitment to sustaining and strengthening outcomes of tsunami interventions.
3) UNICEF should protect the investments made in the relief, recovery and development phases by planning for sustainability, such as maintenance support, and continuity of human resources capacity development.
4) There should be continued support for and maintenance of evidence-based systems of data collection and management to better inform policy, strategic planning and allow for strengthened monitoring and evaluation.
5) UNICEF support to disaster preparedness planning capacity development should include needs assessment tools for each sector and trainings that have been pre-tested for use in various contexts. It should also consider vulnerabilities of children to natural disasters and strengthen their participation in influencing decisions.

1. BACKGROUND AND METHODOLOGY

1.1 Introduction

This report is a synthesis of the 2004 Indian Ocean Tsunami Evaluation that assessed UNICEF's response in four sectors in Sri Lanka. The synthesis is drawn from findings obtained from four sector evaluations that examined UNICEF's humanitarian response in Sri Lanka: water, sanitation and hygiene; basic education; child protection; and child and maternal health and nutrition.

This introductory section addresses the political, socioeconomic and development context for Sri Lanka. It outlines the impact of the tsunami, the country's relief and recovery response, and highlights current challenges that provide the background for the all of the findings, lessons learned and recommendations to follow in subsequent sections. The second section discusses the evaluation purpose, process, methodologies and focus on cross-cutting issues in the context of recovery/transition programming. The third section provides additional context for UNICEF's programme in Sri Lanka, including staffing, funding and challenges.

A. Country Context

The Democratic Socialist Republic of Sri Lanka is a large island nation south of India in the Indian Ocean, and has a population of more than 19 million people. The country is divided into 25 districts and eight provinces. The religious groups are Buddhist (69 percent), Muslim (7.6 percent), Hindu (7.1 percent) and Christian (6.2 percent); language groups include Sinhala (74 percent), Tamil (18 percent) and English (10 percent). The country's GDP was USD $32.4 billion in 2007, and its average annual growth was 6.8 percent.[7] The unemployment rate was six percent in 2007.[8] Overall poverty rates have declined substantially in the last five years, to 15.2 percent of the population, yet poverty remains a serious concern in the estate sector, which is five percent of the population.[9] In 2007, Sri Lanka was ranked 93 out of 177 countries on the Human Development Index, and the country is considered a lower middle-income economy.[10]

B. Tsunami Context

The 2004 tsunami—Sri Lanka's worst natural disaster in history—caused significant loss of life and damage to fourteen of Sri Lanka's 25 districts. Almost all of the affected population resided in nine of the fourteen tsunami-affected districts, so relief and recovery efforts were largely targeted to these nine districts. More than 35,000 people were killed or missing as a result of the disaster—one third of whom were children[11] and a large majority of the remainder was women. Another 23,000 people were injured in the tsunami.[12] Initially, one million people were internally displaced, and by mid-2005, approximately 800,000 people remained displaced.[13] While by June of 2005 an estimated 170,000 people were living in IDP camps, the remainder sought shelter with

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[7] World Bank. "Sri Lanka at a Glance". September 2008. http://go.worldbank.org/OELGQ3A930
[8] UN Data. Country Profile Sri Lanka. United Nations Statistics Division. http://data.un.org/CountryProfile.aspx?crName=Sri%20Lanka Accessed September 2009.
[9] World Bank. "Sri Lanka Country Overview 2009". Accessed September 2009. http://go.worldbank.org/R7HB6L1WG1
[10] United Nations Economic and Social Council. "Draft country programme document: Sri Lanka". United Nations Children's Fund Executive Board, Annual session 2007, 4-8 June 2007, p.2.
[11] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.33.
[12] IOM. Emergency and Post Conflict Activities: Sri Lanka. Update, September 2006, p.1.
[13] The World Bank in Sri Lanka. Country Brief. July 2005, p. 1.

family and friends, creating a strain on resources and expanding the number of 'tsunami-affected' individuals.[14]

The tsunami caused significant challenges for a country already under great strain due to the longstanding armed conflict in the north and east—six of the nine tsunami-affected districts were in conflict areas—and monsoon flooding in the north, central and eastern regions of the country that displaced 250,000 people just weeks before the tsunami. The tsunami-affected the northern, eastern and southern coastal areas—two-thirds of the country's coastline—damaged natural ecosystems; destroyed more than 100,000 homes; damaged or destroyed 182 schools; destroyed coastal infrastructure, including water and sanitation systems, transportation, power and communications; and caused widespread damage estimated at USD $1 billion—4.5 percent of GDP.[15] Estimated recovery costs amounted to over USD $2 billion.[16] The immediate dangers for the affected population were disease, malnutrition—particularly among children under age five—and a lack of clean water and sanitation facilities, especially for rural populations. Livelihoods were greatly impacted in tsunami-affected areas, in particular for those working in the fisheries and tourism sectors—27,000 people killed in the tsunami were from fishing families[17]—as well as small farmers and micro-entrepreneurs. In addition to those affected by the conflict, the worst impacted inhabitants included vulnerable groups, such as older people and single parents.

C. Conflict in Sri Lanka

The most pressing concern for Sri Lanka when the tsunami struck had been the 21 year-long civil conflict in the north and east between the Liberation Tigers of Tamil Eelam (LTTE) and the Government of Sri Lanka (GoSL). Six of Sri Lanks's nine tsunami-affected districts in most need of recovery were also in conflict-affected areas. Following the tsunami, there was a direct correlation between the lack of adequate infrastructure in the conflict-affected northern region and the effects of the disaster: two-thirds of the total tsunami-related deaths occurred in the northeast of the country, which has suffered disproportionately from the conflict and consequent lack of investment and infrastructure development.

D. From Emergency Response to Recovery to Development

Immediately following the tsunami, the Sri Lankan government reintroduced emergency regulations that secured the military's role in the relief phase.[18] Within days, GoSL established the Centre for National Operations (CNO), based in the Presidential Secretariat, which absorbed the Disaster Management Centre that initiated operations. The CNO became the national focal point for emergency management. However, the immediate life-saving and relief effort during the first two days was led almost entirely by the general public from adjacent areas. UNICEF reports:

> *The first response was largely carried out by local organizations, local governing bodies and citizens. Sri Lanka's civil society, thousands of NGOs, private sector and communities supported search-and-rescue operations and distributed relief supplies for the first 72 hours.*[19]

The Government of Sri Lanka announced its three-year reconstruction plan, 'Rebuilding Sri Lanka: Action Plan', on March 2, 2005, which indicated, if not formally, an intention to move on to

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[14] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Water, Sanitation and Hygiene Report*, UNICEF Evaluation Office, November 2009.
[15] Joint Asian Development Bank, Japan Bank for International Cooperation and World Bank. *Sri Lanka 2005 Post-Tsunami Recovery Program: Preliminary Damage and Needs Assessment.* Draft Report, January 10-28, 2005, p.2.
[16] United Nations. *Common Country Assessment: Sri Lanka.* 2006, p.4.
[17] World Bank. "The World Bank in Sri Lanka: Country Brief". July 2005, p.2.
[18] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report.* July 2006, p.45.
[19] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Sri Lanka.* UNICEF Evaluation Office Evaluation Report, May 2006, p.8.

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the post-relief recovery phase.[20] GoSL's initial coordinating body, the CNO, was followed by three presidential task forces and subsequently replaced by the Authority for Reconstruction and Development, causing challenges to continuity in the early recovery period.[21] Given that this was an unprecedented disaster of such a large scale, the Government had limited preparedness, staff capacity and administrative resources to address the needs.

While significant contributions were made by many relief agencies, there were not only too many actors on the ground in the recovery phase,[22] but also there was a fundamental lack of coordination among the many agencies that arrived in Sri Lanka to provide assistance. Relief agencies had too few experienced humanitarian staff in the field, slow deployment of longer-term staff, and insufficient resources for basic administration needs.[23] In some cases inappropriate aid was sent to the country; "more than 60 percent of NGOs in Sri Lanka reported that the receipt of unsolicited supplies had been high".[24]

The large-scale funding received following the disaster was important to short-term emergency response, yet GoSL, a major implementing partner in the recovery phase, had not used more than 18 to 20 percent of its aid grants and loans prior to the tsunami, so there were concerns about its ability to use the funding, particularly considering the highly centralised nature of GoSL's tsunami response.[25] Moreover, the lack of coordination resulted in agencies repeatedly assessing the needs of Sri Lankans affected by the tsunami, many of whom felt they were "assessed to death".[26] Complaints included a lack of public consultation in recovery planning[27] and policy development, and people were not informed of new policies directly affecting their lives including policies pertaining to cash assistance, relief programmes and the newly imposed coastal buffer zone.

The response to some extent exacerbated conflict in the north and east of the country.[28] In conflict-affected areas, international agencies generally "paid little explicit attention to conflict-sensitive programming".[29] UNICEF found that some donors avoided reconstruction in former conflict areas, and that there were barriers in getting supplies to LTTE areas due to the LTTE's strict access requirements, with goods being caught in customs for months. UNICEF zone offices attempted to overcome these challenges by using local stockpiled resources. While GoSL and the LTTE both indicated a willingness to cooperate on post-tsunami reconstruction, their cooperation was short-lived, and the population in the conflict areas largely felt that their needs were unmet.

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[20] Jon Bennett et al. *Coordination of international humanitarian assistance in tsunami-affected countries.* Tsunami Evaluation Coalition. July 2006, p.20.
[21] Ibid, p.40.
[22] Including a number of organizations set up by tourists who were present during the tsunami.
[23] Jon Bennett et al. *Coordination of international humanitarian assistance in tsunami-affected countries.* Tsunami Evaluation Coalition. July 2006, p.42.
[24] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report.* July 2006, pp.52, 56.
[25] Jon Bennett et al. *Coordination of international humanitarian assistance in tsunami-affected countries.* Tsunami Evaluation Coalition. July 2006, p.40.
[26] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report.* July 2006, p.75.
[27] UNDP Bureau for Crisis Prevention & Recovery. *The Post-Tsunami Recovery in the Indian Ocean: Lessons Learned, Successes, Challenges and Future Action.* April 2005, p.3
[28] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report.* July 2006, p.105.
[29] Ibid, p.68.

E. Current Challenges

Sri Lanka has been and still faces considerable recovery challenges. There was a surge in violence just prior to the end of the conflict in May 2009, and the numbers of conflict-displaced people reached 495,000 by April.[30] Years of conflict have inevitably had a negative impact on the country's socioeconomic development, including increases in the cost of living, a decrease in tourism, and continuing difficulties in attracting foreign investment.

Ongoing challenges for the country include: 1) limited planning to sustain interventions that can have a continuing impact to further building back better; 2) capacity building for workers in each of the sectors, as well as civil society and local, district and national level institutions; 3) limited coordination and collaboration among stakeholders; 4) funding constraints to sustain and build upon existing initiatives valuable to the wellbeing of women and children; 5) sustainability challenges for systems developed during recovery and early development in each of the four sectors, including maintenance and repair of infrastructure and school facilities, including water and sanitation; the healthy development of children in institutional care; and 6) child and maternal health targets. An additional concern relates to shelter and the construction of housing for the displaced: there are land shortages, land rights disputes, and a shortage of contractors and building materials.

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[30] IDMC. "Tens of thousands newly displaced in 2008, leading to almost half a million IDPs". April 2009. http://www.internal-displacement.org/8025708F004CE90B/(httpEnvelopes)/1BA99DE6D29D5AE7C12575A6005CFC35?OpenDocument

2. THE EVALUATION

2.1 Evaluation Purpose

To examine its response to the tsunami from 2005 through 2008, UNICEF conducted evaluations in the three hardest hit countries (Indonesia, the Maldives and Sri Lanka) between August 2008 and July 2009. These evaluations focused mainly on results achieved through the recovery and early development phases, and assessed four key sectors of UNICEF involvement:

- **Water, sanitation and hygiene:** (re)construction of water supply facilities including through water treatment plans; provision of sanitation facilities and hygiene related behaviour change communication.

- **Basic education:** provision for basic education (school construction, teacher training, school supplies); access to quality child-friendly schools and curriculum.

- **Child protection**: legal protection and development; psychosocial care and support; monitoring and reporting of child rights' violations.

- **Child and maternal health and nutrition**: immunisation; early child care and development; prevention of HIV/AIDS amongst mothers and children; health system improvement, micronutrients.

The purpose of the evaluation was to draw lessons and recommendations that will be useful for strengthening both recovery/transition and ongoing development programming, and policies to improve the wellbeing and rights of children and women. It is intended that the evaluation findings, conclusions, lessons and recommendations will be of use to the government, and to other countries as well.

Although other evaluations have been conducted in the intervening years, this country synthesis report draws on findings, conclusions, lessons and recommendations from the sector reports from Sri Lanka with the aim of understanding the overall impact of UNICEF's tsunami response in the emergency relief to recovery to early development phases in Sri Lanka. Where broader corporate lessons for UNICEF emerge, these will be highlighted.

2.2 Evaluations To-date

At the end of 2005, UNICEF conducted a major evaluation of the emergency response and initial phase (first six months after the tsunami) for Sri Lanka, Indonesia and Maldives.[31] UNICEF also participated actively in the Tsunami Evaluation Coalition (TEC), which produced a series of evaluations and reports covering thematic topics, including: coordination; needs assessment; the impact of the international response on local and national capacities; links between relief, rehabilitation and development; and the funding response. In addition to this, there were regional consultations and 'lessons learned' exercises that captured some of the key findings.[32] The recommendations and lessons from these evaluations have influenced adjustments in programme design and management, as well as the formulation of UNICEF's emergency/early recovery response policies and capacities. More recently (end-2008), a follow-up Linking Relief Rehabilitation and Development (LRRD) study was undertaken by the Tsunami Evaluation Coalition.

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[31] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Maldives*. UNICEF Evaluation Office. May 2006.
[32] See list of UNICEF reports in the Documents Consulted portion of this report.

In preparation to undertake the evaluation, the UNICEF Evaluation Office in New York commissioned an 'evaluability' study in Sri Lanka that provided valuable learning to inform the development of a full-scale, three-country evaluation to assess the impact of UNICEF's response.[33]

2.3 Towards Impact Evaluation

Challenges across the humanitarian and development communities are how and when to examine the long-term impact of significant investments, usually made in the first three years after a disaster such as the tsunami. For UNICEF in Sri Lanka, the challenge is deepened by the fact the each sector is at a different stage of the project cycle. In some cases, for example, construction was still underway. In others, capacity development began very late in the project cycle. Ideally, impact would be measured some years after project completion (though this varies for each sector) but because UNICEF's approach has been sector-wide and built into national planning priorities, it is important to identify the specificities of the programme now. A compromise over the parameters and definition of 'impact' has therefore been necessary.

There are some challenges to a strict interpretation of impact. The OECD/DAC definition defines the following:

- Outcome = short-term and medium-term effects of an intervention's outputs (usually expressed in socioeconomic consequences)
- Impact = long term effects produced by a development intervention (effect on society)

The evaluation Terms of Reference expressly looks for "*evidence of significant changes in the target population, as reflected in the indicators related to the MDGs or Human Rights*". Given the above caveats, emphasis is given to incremental and/or predictive impacts that can be discerned from the process undertaken so far. At host government level, this might include changes in perspectives, priorities and decisions within the policy-making environment. Relating this entirely to MDG baseline indicators may be premature (though easier within the health and nutrition sector). Therefore, greater emphasis has been given to a 'theory of change' that can discern **progress towards wider goals— indicators of the increasing capacity of the system as an enabling environment** to deliver the kind of services gradually able to realise longer-term goals. These indicators are around policy, access to services, quality and community outreach.

The evaluation ideal has been to find evidence for overriding impact per sector, and to 'work backwards' to discover the extent to which these changes can be attributed, wholly or partially, to UNICEF's interventions. Each sector report focuses on an analysis of change over time in impact/outcome indicators/processes and analysis of UNICEF's contribution to this change. Reference is made to measurable or predictive outcomes in relation to sector-wide MDGs.

It has been important to deduce behavioural and attitudinal changes over the five-year period, rather than the more limited input-output analysis that inevitably characterises early evaluations. There will also be less emphasis on institutional processes as such; rather, with the benefit of hindsight, the question is whether appropriate decisions were made in a timely fashion and how these decisions have ultimately impacted upon the sector and/or policy environment.

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

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[33] UNICEF. *Limited Program Review and Evaluability Assessment: UNICEF Post Tsunami Recovery Response.* UNICEF Evaluation Office, May 2008.

(a) To what extent has the tsunami response created opportunities for accelerated improvements in the sector? Did governments adequately use this opportunity and UNICEF's contribution to develop new approaches or enhance an existing agenda?

(b) In terms of socioeconomic and demographic data, are we able to see significant changes pre- and post-tsunami that can be attributed to national/international responses? To what extent have UNICEF's interventions contributed to these overall changes?

Early relief and reconstruction efforts have already been well documented. Drawing on these initial observations, the evaluation is couched in terms of conclusions incorporating 'lessons learned' (Section 4), with findings related to a longer timeframe. There is less emphasis on institutional processes as such; rather, with the benefit of hindsight, the question is whether appropriate decisions were made in a timely fashion, and how these decisions have ultimately impacted upon the sector and/or policy environment.

The evaluation's 'cross-cutting' themes pertain to those recovery and transition programming issues that underlie all sector work. For example, we look at the extent to which UNICEF interventions have effectively supported the restoration of public service institutions (including their human resource capacity where this was depleted). Although each sector report tangentially discusses the cross-cutting issues, the synthesis report identifies the common and important findings obtained throughout all sectors and incorporates these in the synthesis Conclusions and Recommendations (Section 6). The themes are:

- **Conflict and tsunami response.** How UNICEF managed to deal with the differences and challenges between conflict-affected and tsunami-affected areas. In Sri Lanka, the sample areas include the east (conflict-affected), contrasting with the south (non-affected). More particularly, the target populations have been a combination of tsunami and (often longer-term) conflict displaced; issues of equity arose early on in the response. To what extent has UNICEF been able to protect humanitarian principles and access?
- **National/Local Capacity Development**. The extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity.
- **Partnerships.** The extent to which UNICEF's choice of, and relationship with, partners has contributed to positive (or negative) results and changes in the wellbeing of children.
- **Disaster preparedness**. The extent to which UNICEF contributed to disaster preparedness and risk mitigation, particularly in terms of enhanced capacity of national bodies.
- **Targeting the disadvantaged.** The extent to which marginalised populations—communities in remote islands with limited services, women, including impoverished household heads —were identified and included in programmes, and evidence of improvements in this respect.
- **Human Rights-Based Approach to Programming (HRBAP).** Much of the programmatic approach to HRBAP is implicit or explicit in sector work. Here we add only the broader contextual analysis, asking how how adequately the various elements of the human-rights-based approach to programming were applied, especially in the shift from humanitarian relief to the recovery phase.
- **Gender issues.** How the UNICEF programme has addressed gender inequities at sectoral and policy levels.

2.4 Methodology

Some sector studies employed field survey methods, and all sectors used secondary data. Various methods used were:

1. A thorough **literature review**, including data not always in the public realm (e.g., country-level NGO reports and academic studies), comparing and contrasting approaches undertaken in the recovery phases.
2. **Extensive (or in-depth) interviews with senior and technical government ministry staff** to determine overall progress within each sector, and to assess the relative contribution UNICEF has made to developments in the country over a 4-5 year period.
3. **Interviews with previous and current UNICEF programme staff** to nuance existing documented lessons.
4. **Field surveys** (per sector, though in some cases combining sectoral questionnaires): teams were responsible for conducting primary, field-based data gathering that included focus group discussions, questionnaires and transect walk methods. Field survey teams were also responsible for collating the data.

A more detailed discussion over sources, data and methods is contained in each of the individual sector evaluation reports.[34]

The field teams were recruited from October 2008 onwards. The average duration of fieldwork was 2-3 weeks per sector, during which teams (usually two persons) undertook structured focus groups and/or household visits. Some sectors combined their teams and site visits (WASH/Health and Nutrition, and Education/Child protection).

In all sector evaluations the field data supplements and verifies a broader set of data; its samples, though representative, were purposive rather than random and were not intended to replace the more extensive periodic national data gathering undertaken by various ministries.

Each sector evaluation also looked at a number of important cross-sectoral issues. In each sector report, reference is made to UNICEF Core Commitments for Children, the extent to which UNICEF took part in inter-agency needs assessments and/or other surveys, and how it reported on the general situation of children and women. Likewise, for the recovery and early development phases, each evaluation refers to UNICEF's Mid-Term Strategic Plan and issues related to human rights-based approach to programming, gender mainstreaming, and national/local capacity development. Finally, each examine the extent to which UNICEF has contributed to disaster preparedness and risk mitigation efforts. In Aceh, an issue of particular importance is how UNICEF managed to deal with the differences and challenges between conflict-affected and tsunami-affected areas, and what the experience was in working with various parties, including non-state entities.

2.5 Staffing

The evaluation was commissioned by UNICEF's Evaluation Office and managed by a Senior Evaluation Officer at UNICEF Headquarters in New York. The team comprised:

Team Leader: responsible for team management and for collating and synthesising each country synthesis report, plus analysis on cross-cutting issues.

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[34] Consult http://www.UNICEF.org for all sector reports. Sector reports were developed for each of the four sectors (WASH, Education, Child Protection, Health and Nutrition) within the hardest hit countries (Indonesia, the Maldives and Sri Lanka).

International Sector Consultants: (Water/Sanitation/Hygiene, Education, Child Protection, Health/Nutrition): responsible for the final sector reports per country and the overall management of all of their sectoral outputs.

National Sector Consultants: (one for each sector, though in some cases an individual may cover two sectors): responsible for collection of data under instruction from the international team and for managing the field survey teams, and analysing obtained data.

Field Survey Teams: responsible for gathering primary data from focus group discussions, questionnaires and observation.

2.6 Limitations

As with all evaluations, there are limitations that should be noted. Principally, the evaluation could not measure a significant proportion of changes that will take place in people's lives that can be attributable to UNICEF's interventions, since some of the changes that are to occur had not materialised at the time of the field visit. Some interventions, such as a major water treatment plant, was yet to be completed. Further, policy development and capacity building were still in process, which did not allow concrete the final results to be seen. The recovery and development environment includes ongoing adjustments, construction and development in order to allow for technical assistance, thus the evaluation could only provide indicative impacts at varying result levels. An additional constraint was the relatively brief time and limited intensity of inputs since the post-tsunami recovery began.

Due to the armed conflict, there were difficulties in assessing some areas that were subject to the conflict, as well as challenges in attaining information related to the pre-tsunami situation due to a lack of documentation. In some cases, discussions are limited to potential changes based on comparisons with other interventions and an historical and contextual analysis. Evaluation teams used secondary data, participant recall, and other retrospective techniques in part to recreate pre-intervention conditions. The evaluation necessarily relies upon accuracy of project documents, partner reports and existing monitoring and evaluation systems.

3. UNICEF'S PROGRAMME (2005-2008)

UNICEF Sri Lanka faced considerable challenges in staffing and technical capacity in coping with the magnitude of the disaster. According to the Core Commitments for Children, UNICEF developed a draft Plan of Action in mid-February 2005, and finalised it with GoSL by April 2005. This action effectively ended the initial emergency response phase and demarcated the recovery plan for the following 18 months.

In 2004, UNICEF had four established offices, in Batticaloa, Jaffna, Kilinochchi and Trincomalee and post tsunami two additional offices were established, in Galle and Ampara. Not only were staff numbers limited, but also, in some cases, technical expertise among staff was less than optimal at the start of the emergency.[35] However, the offices received short-term assistance from various staff members, and a great deal of support from the New York Headquarters and Regional Office. The emergency response required the fielding of staff in areas in the south and in the east where UNICEF previously had no offices.

By March 2005, UNICEF received over USD $115 million following the UN Consolidated Flash Appeal for Sri Lanka.[36] The Country Office received another USD $22 million by October 2005.[37] By December 2008, UNICEF had spent more than USD $163 million on programming.[38]

Table 1. Expenditure by Sector, Sri Lanka (through end-December 2008)[39]

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

From the outset, UNICEF warned that though the large-scale funding was needed for the emergency response, it would have to be handled carefully so as not to impact socio-political harmony in Sri Lanka. However, UNICEF provided much needed supplies in tsunami-affected conflict areas and in resettlement areas and IDP camps. A specific example of UNICEF distribution of supplies for education in emergencies has been in Jaffna, where acute shortages resulted in the procurement and distribution of school furniture and kits for each child in school. This also addressed the quality component of CFS and created an informed demand for secondary education. Senior management in the Country Office and EMOPS in the New York

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[35] UNICEF Six-month evaluation.
[36] UNICEF. *Rebuilding with Children: Recovering From the Tsunami Disaster in Sri Lanka*. The UNICEF Supported Response 2005-2007. Draft of 13th April 2005, p.10.
[37] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Sri Lanka*. UNICEF Evaluation Office Evaluation Report, May 2006, p.ii.
[38] UNICEF. "The Governance of Tsunami Funding at UNICEF", Programmes Division, UNICEF. New York. July 2009, p.4.
[39] UNICEF. "Expenditure & Allocation Tables". Internal document, Programmes Divisions, UNICEF. New York. October 2009.

headquarters decided to focus their emergency relief efforts on tsunami-affected districts to target those who were affected both by the tsunami and the conflict.

Strategically, UNICEF recognised the need to develop emergency response support structures at both the field level and the central level. The advanced development of systematic monitoring and evaluation is essential so that capacity is up to scale when emergencies arise. New systems can rarely gain traction when the implementation and delivery of emergency response must take precedence. Monitoring and evaluation also enables aid workers to make timely and appropriate adjustments to the programme response in order to meet the immediate needs of beneficiaries. Moreover, the affected population, stakeholders, government agencies, partners, donors and the media must be kept informed, which is difficult to arrange in the midst of a disaster. Rapid information dissemination demands regular long-term agreements with printers and translators to produce necessary information materials when needed.

UNICEF's 2009 goals are to build the capacity of partners to improve the quality of education and focus on child-centred methodologies, emergency education, inclusive education and standardised catch-up education. The reconstruction of eleven schools should be completed in 2010. UNICEF has recognised the need to draw upon local and community-based approaches that can support the government's initiatives and capacity. Regular programming has again resumed after some delays due to emergency interventions in former conflict areas. The end to the conflict is expected to permit the rebuilding and development efforts to continue unimpeded.

4. RESPONSE TO THE TSUNAMI BY SECTOR

This chapter provides an overview of the humanitarian response to the tsunami sector-by-sector, and UNICEF's work within this. It also addresses UNICEF's response, its capacity levels, the challenges it faced, and data on cost/expenditure. For each sector we examine the relevance, effectiveness, efficiency and impact of UNICEF's response, including how it was planned and coordinated, whether its objectives were met, and how challenges were overcome. We look at UNICEF's role and lessons learned for each sector. Each of UNICEF's four programme areas sought to mitigate the tsunami's impacts, attempt to build back better, and scale up and develop new and previously developed programmes.

4.1 Water, Sanitation and Hygiene (WASH*)*

A. Context and Sector Response

Over the past decades, Sri Lanka has shown significant and consistent progress in attaining access to water supply and sanitation (WSS). Before the tsunami, the government planned to achieve its MDGs five years ahead of schedule and to achieve universal coverage by 2025. Currently on-track, the Sri Lankan MDG target is to provide 84 percent of the population with access to improved drinking water and 86 percent with access to improved sanitation by 2015.

The tsunami destroyed or damaged protected wells, pipe-borne water supply systems and tube wells—along with transmission and distribution pipes—along the coast. The cost was in physical damage, saline infiltration and contamination. An estimated 62,000 dug wells were affected or extensively damaged, either collapsing or contaminating the aquifer with salt water or debris. Initial assessments estimated that about 12,000 wells could be rehabilitated through a difficult cleaning process. The tsunami damage to sanitation facilities was extensive due to physical damage of the structures and flooding. About 100,000 homes and their latrines were destroyed, with an additional 30,000 latrines rendered unusable in partly damaged houses. The tsunami also damaged or destroyed 182 schools along with their water and sanitation facilities. Displaced schoolchildren went to schools unaffected by the tsunami, adding to the pressure of overcrowding in 650 schools. Finally, the tsunami left enormous volumes of debris from destroyed homes along the shoreline.[40]

The GoSL, through the NWSDB, took the lead in coordination and quality control during the response and recovery phases, requesting UNICEF to coordinate international actors including many community groups and NGOs. In addition to the government and UNICEF, key stakeholders such as GTZ, CARE, PLAN, Oxfam and Maltiser were amongst the more than thirty institutions involved in the water and sanitation response. Most key international actors had an established presence in both Sri Lanka and in the conflict-affected areas before the tsunami. The government engaged the private sector early in the response as it formulated a longer-term recovery programme to ensure the private sector's active role during reconstruction. Global companies and the local private sector also contributed to the response by providing essential materials and logistics during the early phases and contributing in terms of local capacity for the hire and maintenance of trucks and equipment.

Over 50 percent of Sri Lankan households depended on protected wells for their water requirements in 2007, while nearly 30 percent of people had access to pipe-borne water and four percent used other improved sources.[41] There is a wide variation between sectors in the proportion of households enjoying safe drinking water; one out of seven households does not

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[40] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka: Water, Sanitation and Hygiene Report*, Evaluation Office, UNICEF, November 2009, p.3.
[41] Ibid, p. 1.

receive safe water. Yet there is still a wide variation in the proportion of households accessing safe drinking water: 96 percent of urban households (just 15 percent of the population) have access.[42] More encouragingly, this gap is halved in terms of access to improved sanitation and reduced by one-third in terms of access to improved water sources.

Disparities exist not only in the availability of safe water sources, but also the distance to them. While safe water is accessible to almost all urban dwellers, over ten percent of rural households must fetch their water from a distance of more than a kilometre. In 2006, 86 percent of households had access to improved sanitation.[43] Substantial improvements in sanitary conditions were recorded in all districts within the past decade. Nevertheless, there is a wide variation throughout Sri Lanka in this regard.

The sector has two distinct areas of service delivery: 1) pipe-borne systems, mostly operated by the NWSDB; and 2) small household/community systems operated by communities and individual household wells and latrines. The Ministry of Urban Development and Water Supply (MUDWS) is responsible for WASH at the national level, while local authorities are mandated under the Local Government Act to ensure that all citizens have adequate and safe water and sanitation facilities. The NWSDB is the key agency under MUDWS handling water supply and sanitation. The World Bank, Asian Development Bank (ADB), Japan Bank for International Cooperation (JBIC) and several other bilateral agencies have supported the sector through investment projects implemented through the NWSDB or directly with provincial/district-level authorities.

B. UNICEF'S Response

Before the tsunami, the UNICEF programme for water and environmental sanitation fell under the larger programme of early childhood development (ECD).[44] This component focused mainly on increasing access to safe water and sanitary facilities in 25 estates and 100 Divisional Secretariats (DS) through the construction of latrines, protection of water sources and hygiene promotion. These activities were facilitated through community dialogue, advocacy at the sub-national level, and coordinated support at the national level. The evaluation found that, for the new WASH section, there were delays in the recruitment of WASH staff, delays in project implementation and poor sector coordination at the national and district levels. The UNICEF Regional Office for South Asia (ROSA) recognised the need to bring the WES programme coordination and capacity up to scale.

GoSL, with the support of UNICEF, other UN agencies, International Federation of Red Cross, international non-profit organizations (NGOs), local NGOs and private contractors, led the WASH sector response. The sector needed to address the damage or destruction of about 132,000 water points, almost half of which were dug wells. The wells were largely abandoned due to the tsunami's destruction and the government-mandated 200-metre buffer zone that was declared a no-build zone. The buffer zone affected approximately 100,000 households and 60,000 wells. People who lived within the buffer zone abandoned approximately 50,000 of these wells as well as other water points when they relocated. The buffer zone was subsequently reduced.

At the request of GoSL, UNICEF facilitated coordination between agencies with an established presence in Sri Lanka, as well as the many new actors who arrived to respond. In addition to its coordination role, the initial UNICEF response concentrated on providing emergency water supply and sanitation, as well as water quality monitoring and hygiene promotion.

During the emergency and early recovery period, UNICEF helped to address drinking water needs by hiring and purchasing water browsers (tankers) and water tanks, as well as supplying

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[42] UNICEF. *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka: Water, Sanitation and Hygiene Report*. Evaluation Office. November 2009. p.1.
[43] Estimates for 2006/07 are as high as 94 percent, excluding figures from the North and inaccessible areas.
[44] UNICEF, 2002-2006 Master Plan of Operations, Sri Lanka Country Office.

water purification tablets. It assisted the NWSDB in repairing broken pipelines and providing equipment for water quality monitoring. UNICEF also provided swift cash assistance to the Deputy Provincial Director for Health Services (DPDHS) to construct latrines, and hired or locally innovated gully suckers to clean pit latrines.

The shift from emergency to development mode utilised UNICEF's Vision 21—a shared vision and action framework for hygiene, sanitation and water supply. The goal was to achieve the MDGs, reduce regional disparities, and provide essential water supply, sanitation and hygiene to the tsunami-affected population. The programme sought to ensure access to safe drinking water for IDPs and people whose pre-tsunami source of water was no longer viable.

UNICEF support included an increase in the capacity of the piped water system and the establishment of a water quality surveillance programme. UNICEF also promoted household rainwater harvesting in particular areas. These interventions not only focused on water supply to returnees and people who were relocated, but also had considerable benefit for those not directly affected by the tsunami. In the initial months, UNICEF also supported the rehabilitation and construction of sanitation facilities for IDPs and WASH facilities with hygiene promotion in schools. By 2006, UNICEF had provided supplies such as water quality testing kits, water tanks, laboratory equipment and chemicals, pipes and fittings, hygiene kits, materials for construction of temporary latrines and bathing areas. A communication strategy was launched to inform the public about WES.

Since 2007, grappling with the surge of violent conflict in the north and east, GoSL, UNICEF and other partners have managed to stave off any major outbreaks of water-borne and sanitation-related diseases. Nearly 4,000 emergency and semi-permanent latrines were constructed.[45] Accomplishments in 2008 included improvements in rural water supply, the provision of access to water and sanitation for the resettlement of IDP children and their families; and the restoration of water and sanitation facilities for tsunami-affected families. UNICEF's large-scale infrastructure investment in the construction or expansion of two water supply and treatment plants was critical.

C. Outcomes and Impacts

Water Supply and Access

- ***The Shift in Household-managed to Communal Water Supply Systems***
The government and key actors were able to repair most water systems within weeks. Approximately 12,000 wells were cleaned and rehabilitated, with existing pipe-borne systems repaired and expanded to replace the loss of household-managed dug wells. Upon relocating, some people built new protected and unprotected dug wells. In some areas, UNICEF and others promoted the expansion of rainwater catchment units. These changes have not only resulted in people having different water sources but also increased access to improved sources relative to their non-tsunami-affected neighbours. Institutions rather than households now manage these water sources, a trend likely to continue as some facilities now have a greater water generation and treatment capacity than is currently required.

- ***Improved Sources of and Access to Water:***
UNICEF established a water and distribution programme to IDP centres that has continued for over four years. The evaluation field survey confirmed that tsunami-affected households now have greater access to pipe-borne sources, tube wells, and protected spring and borehole systems. Yet, disparities remain between regions and urban and rural areas, reflecting the pre-tsunami context as well as the speed and capacity of local authorities to respond.

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[45] UNICEF. *UNICEF 2007 Sri Lanka Annual Report*. 2007, pp.7, 48.

Contamination, Water Treatment and Quality Assurance

- *Household Water Treatment*:

The evaluation survey in the south and east indicates that 77 percent of people now treat water at a household level, more than the national average. However, the percentage is actually higher in areas indirectly affected by the tsunami. The difference is in part due to people practicing higher levels of water treatment for certain sources such as surface water (100 percent of respondents) and public standpipes (94 percent) rather than others such as unprotected dug wells (63 percent) and piped water to dwelling (69 percent).

When compared to national preferences, there is also a reduction in the proportion of people using the preferred method of boiling, and there is an increase in people using other methods such as chlorine and filtering, a probable result of the promotion of treatment technology after the tsunami. In the tsunami-affected areas of the north and east, the evaluation survey indicated that about 60 percent boil, 20 percent chlorinate, 17 percent strain water though a cloth, 8 percent use a water filter and/or 10 percent use other methods. Some households use a combination of treatment habits.[46]

A number of UN and NGO actors promoted a wide range of household and institutional water treatment methods after the tsunami, for both short- and long-term usage. As household sources of water continued a trend towards pipe-borne water there has been an increase in institutional water treatment plants, including two supported by UNICEF. Safe storage and collection of water has also improved, with a large number of agencies distributed jerry cans and sealed water containers, replacing lost containers and open water storage containers.

- *Water Quality Assurance:*

Sporadic water testing occurred during the emergency and early recovery phases. Before the tsunami, there was no comprehensive system for water quality surveillance in place for most water sources, such as dug wells. UNICEF and other actors such as Oxfam and IFRC provided water testing equipment (and training) to the government, largely used by NGOs undertaking assessments. However, the initiative was focused mainly on camps with some household and institutional sampling; its wider usage was constrained by the lack of staff and institutional capacity.

UNICEF and others also undertook small-scale but innovative and successful projects promoting household water testing and treatment, using market forces and school-based education. Neither UNICEF nor GoSL have brought these innovations to scale, but UNICEF continues to support the government to develop a comprehensive programme for water quality surveillance. In the 2005 Memorandum of Understanding between UNICEF and the then Ministry of Urban Development and Water Supply, a budget was allocated to support NWSDB to upgrade laboratories in order to establish a system for water quality surveillance for rural water supplies covering all districts in Sri Lanka. With the assistance of UNICEF, NWSDB has initiated pilot testing of Water Safety Plans in the southern districts. The Ministry of Healthcare and Nutrition chairs a monthly meeting on water quality surveillance focusing on monitoring of epidemiological aspects. The Ministry of Water Supply and Drainage took the initiative to establish the National Steering Committee for Water Quality Surveillance. The armed conflict and other emergences have delayed this initiative.

- *Government Capacity Building*:

UNICEF has made significant efforts to improve policies in relation to WASH, and is working to bring models of good practice to scale at a national level. This can be seen in the abovementioned water quality surveillance effort. UNICEF has agreed with the National Water

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[46] UNICEF. *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka: Water, Sanitation and Hygiene Report*. Evaluation Office. UNICEF. November 2009. p.18.

Supply & Drainage Board (NWSDB) to have sector-wide approaches for future interventions and developmental progress.

Policy makers and implementing partners have agreed to establish an institutional mechanism and build capacity for drinking water supply regulation. In the absence of a legal framework for drinking water quality, there is a consensus to bring regulation of drinking water under the Food Act.[47] The evaluation strongly recommends the introduction of water safety plans for public water supply in line with the WHO initiative[48] as the most effective means of consistently ensuring the safety of drinking water supplies.

UNICEF's contributions to capacity building were threefold: first, it supported GoSL in coordinating the international community as well as providing technical guidelines to the shelter and WASH sectors; second, together with partners, UNICEF assisted in increasing the capacity of the NWSDB and funded some government infrastructure, such as the expansion of a water treatment facility in Kantale, Galle (Tangalle-Beliatta) and the ongoing construction of a water facility in the East (Thirokkuvil). These have the combined potential to reach 14,000 tsunami-affected households—a partial contribution of ten percent of the total; third, UNICEF and its partners contributed directly to the restoration of 7,500 water points—five percent of the total.

UNICEF supplied vehicles and equipment to GoSL in the relief and recovery period which were used to provide critical water supply and sanitation services to IDPs for more than four years, and continue to contribute to humanitarian response and development initiatives. Expenditure on UNICEF's large-scale water supply and sanitation programme could have a potentially high impact in the future for both tsunami and non-tsunami-affected households. In the longer term, the UNICEF contributed to the capacity building of key institutions as well as focused policy development. There is now the potential to influence policy changes in water quality surveillance and water supply subsidies.

Reductions in Water Fetching

Evaluation findings indicate that new water systems have reduced the amount of time people spend collecting water. Before the tsunami, 25 percent of households spent more than five minutes collecting water and now less than 2.5 percent of households do so. A survey carried out for this evaluation shows that two-thirds of water collection is the responsibility of women with men collecting 25 percent of water. Children in eight percent of tsunami-affected households are responsible for collecting water with girls carrying the largest burden. Despite reductions in time spent collecting water, there was no change in task division. Both tsunami and non-tsunami-affected areas showed similar collecting responsibilities.[49]

Cost Impact on Poor Households

The tsunami caused responders to initiate a change in water sources, away from effectively free self-provision of water to piped water in a significant proportion of households. Initially the NWSDB provided water free of charge to IDP camps and tsunami-affected populations. With the expansion of piped water systems, people now have to pay for water. In most coastal areas of Sri Lanka, water from hand-dug wells requires an initial capital expenditure but low maintenance costs, and is the preferred source of water for Sri Lankans who are more impoverished. Yet due to contamination, this is no longer a viable option for many households, especially the poor. Thus, they need to either rely on pipe-borne water or travel long distances to collect fresh water. The

[47] The Gazette of the Democratic Socialist Republic of Sri Lanka. "Government Notifications: Food Act, No. 26 of 1980." February 20, 2009. http://documents.gov.lk/Extgzt/2009/PDF/Feb/1589_34/1589_34%20(E).pdf
[48] WHO. *Water safety plans: Managing drinking-water quality from catchment to consumer.* 2005. http://www.who.int/water_sanitation_health/dwq/wsp0506/en/index.html
[49] UNICEF. *Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in Sri Lanka. Water, Sanitation and Hygiene Report*, UNICEF Evaluation Office, November 2009, p.19.

World Bank's Water Sanitation Programme (WSP) reported that thirty-eight percent of the sample households use water from a private connection to the piped network.[50] Almost all of them have a functional water meter and receive a monthly bill that averages about SL Rs 100 or USD $1. WSP reports that poorer households are less likely to be connected to pipe-borne water sources and use 30 percent less water per month.

The international community, including UNICEF and GoSL, have had discussions regarding the types and levels of subsidies for poorer households from systems funded in whole or in part from tsunami funding. Concrete agreements with the government were not reached at the time of the evaluation.

WASH in Schools

- ***Behaviour in Schools:***
As before the tsunami, almost all students in tsunami-affected schools drink refill water brought from home; few either purchase water at school or use school facilities.[51] Almost three-quarters of schools sampled still do not treat water.

- ***WASH Facilities in Schools:***
The evaluation found that relative to pre-tsunami levels and non-affected schools, WASH facilities provided by UNICEF in schools were over-designed: the type and quality of construction and standard of finishing provided by UNICEF was higher than most school construction and WASH facilities provided by other agencies. Further, while almost all schools have separate facilities for boys, girls and teachers, district level Ministry of Health workers emphasised the need for more school latrines.

Schools affected by the tsunami generally have systems for cleaning toilet facilities[52] but do not have specific plans to sustain the facilities in the long term. Only one in 20 schools surveyed had a written maintenance plan and no schools have budgets for repairs or long-term maintenance. There was little variation in schools' waste management practices, and few have facilities for sanitary napkin disposal in secondary schools—indicating that the situation has remained unchanged by general trends or from the tsunami response.

Sanitation

- ***Emergency Sanitation:***
The government supported by the international community and local actors brought sanitation systems to Sphere standards within a few weeks of the tsunami. UNICEF contributed to this achievement in two ways: 1) it provided cash grants to local authorities to build sanitation facilities in IDP camps, as well as provide gully suckers and equipment to maintain those facilities; and 2) it provided guidance and established a coordination mechanism to achieve these goals.[53]

- ***Household Sanitation:***
The housing sector played a pivotal role in rehabilitating household sanitation. The current household sanitation situation is similar to pre-tsunami preferences, with a reduction of open defection for tsunami-affected people.

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[50] Poverty Dimensions of Water, Sanitation and Hygiene in Southwest Sri Lanka. Water Supply & Sanitation Working Notes. Note No. 8. February 2006, pg 7.
[51] UNICEF, *Children and the 2004 Indian Ocean Tsunami, UNICEF's Response in Sri Lanka, Water, Sanitation and Hygiene Sector Report*, UNICEF Evaluation Office, November 2009, p.23.
[52] A small survey conducted by the evaluation indicates that students in 90 percent of schools clean the school WASH facilities, managed by the headmaster.
[53] UNICEF, *Children and the 2004 Indian Ocean Tsunami, UNICEF's Response in Sri Lanka, Water, Sanitation and Hygiene Sector Report*, UNICEF Evaluation Office, November 2009, pp.19-20.

- ***Environmental Sanitation:***

Disposal of garbage is a severe problem in most households in Sri Lanka, especially in urban areas where 62 percent of households remove their garbage by truck.[54] The Department of Census and Statistics Household Income and Expenditure Survey for 2007 indicated that in the estates, 49 percent of households throw away their garbage outside the premises. Further, in the rural sector, including most tsunami-affected households, 62 percent of households burn or bury their garbage, a trend that has continued in the years since the tsunami. Interviews and field visits found that people in the south tend to practice waste disposal methods such as size-reduction, composting or incineration more than people in the east. Brief site visits and interviews with local Public Health Inspector (PHI) staff indicated that at district levels PHIs have initiated recyclable waste programmes, including composting and waste recovery. In addition, PHIs have initiated several model villages in environmental sanitation. These initiatives have shown considerable success. However, neither the government nor other actors have brought these changes to scale. UNICEF was not active in this sector, focusing its attention instead on WASH activities.

Hygiene

- ***Hygiene Response***:

Key hygiene materials were distributed by the sector and available on the local market. None of the government, UN or NGO assessments or evaluations noted shortages in key hygiene materials. A multitude of actors disseminated key generic hygiene messages, both directly and within the established government structure. UNICEF distributed pre-existing leaflets focusing on child care, hygiene and nutrition. Hygiene messages designed and developed specifically for the tsunami response arrived only after seven months. The UNICEF mid-term evaluation[55] found these messages to be adequate, though recommending that they reduce the number of messages from four to one per sheet to increase impact.

- ***Challenges for Public Health Inspectors:***

PHIs were overburdened and unable to adapt to the increased work demands during the emergency and early recovery periods. Interviews with PHIs identified some good practices in improving hygiene and environmental sanitation in model villages; however, their numbers and capacities to scale up these activities were limited.[56] UNICEF provided training to PHIs in assessments of new relocation sites and water testing; other organisations provided training in hygiene promotion and environmental management. However, PHIs were unable to visit camps frequently due to staff shortages, a problem still apparent four years after the tsunami. There are not enough PHIs to scale up initiatives or respond to large-scale emergencies. The capacity of the PHIs to scale up activities through the use of innovative or additional structures has not been increased by the tsunami response.

D. UNICEF Programme Performance

RELEVANCE

UNICEF's Core Commitments for Children were met in spite of significant challenges and obstacles. The emergency and early recovery programme was designed in accordance with international agency assessments of the changed WASH environment. The initial focus rightly concentrated on water supply and sanitation, supporting local government structures in service delivery.

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[54] Household Income and Expenditure Survey 2006/07, Department of Census and Statistics, Government of Sri Lanka.

[55] UNICEF six-month tsunami evaluation

[56] UNICEF six-month tsunami evaluation; government two-year tsunami evaluation.

A more comprehensive stakeholder analysis—including capacity assessments and beneficiary involvement—might have led to a better informed programme design and strategy by UNICEF and sector partners. It would have allowed UNICEF to focus more on changes relating to new water treatment and supply schemes, possibly focusing programmes on water distribution, subsidies and disparity reduction rather than on large investments in equipment and infrastructure.

Relative to other actors, findings showed that UNICEF was slow in terms of international procurement and contract management with the government. This caused significant delays reducing the effectiveness of interventions such as the hygiene kits. The evaluation found that other national and international organisations were more adept in certain aspects of providing humanitarian assistance. UNICEF's strengths were more apparent in supporting the government and establishing coordination and collaboration mechanisms, including assessments and key studies.

There were positive health and non-health impacts of WASH interventions on children and women. The timely and efficient provision of emergency water and sanitation supply, hygiene materials and so on, ensured that no epidemics or outbreaks were reported in spite of the tsunami significantly reducing the availability of water and sanitation facilities. Without these interventions, water-fetching time would have increased significantly for women and children, and hygiene practices may have suffered without hand washing facilities and basic hygiene materials. In addition, costs relating to water would doubtless have increased significantly, as demand increased and supply reduced.

During 2005, UNICEF improved facilities in 441 schools, covering approximately two-thirds of affected schools. In addition, UNICEF provided equipment that increased the capacity of the government to empty school sanitation facilities and repair piped water connections. UNICEF was the sector's most significant contributor, with GoSL and other local and international agencies also active.

Yet in schools, the goal of building back better may be compromised by the inability to maintain over-designed school facilities. The type and quality of construction and standard of finishing provided by UNICEF was higher than that provided by other agencies, and far higher than existed before the tsunami. Schools did not have sustainability plans to maintain and manage the facilities and site visits indicate that new facilities generally replace old ones when full. This cycle needs to be broken with emphasis on the maintenance and management of existing facilities rather than the replacement of old ones.

EFFECTIVENESS AND EFFICIENCY

In spite of the rapid sector response, the tsunami reduced available drinking water supply, placing a significant burden on surviving water sources and causing over-usage. A quarter of a million people required new sources of water during their displacement and relocation. The GoSL overused a number of systems to meet this increased demand, causing salt-water incursion due to over-extraction, which has resulted in shortages, especially during the dry season.[57]

GoSL developed new water sources from spring and tube wells, increasing water treatment and extraction capacity in key locations. It has plans to move extraction points in some locations. An increase in capacity and infrastructure of this nature takes several years and is still ongoing. UNICEF has contributed to increasing this capacity in two ways: 1) by coordinating and conducting IDP surveys to identify areas with the greatest stress; and 2) through direct contribution to water treatment and infrastructure for extraction.

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[57] UNICEF, *Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in Sri Lank (2005-2008), Water, Sanitation and Hygiene Report*, UNICEF Evaluation Office, November 2009, pg 17.

Tsunami-affected communities, including IDPs, relied on new sources of water including an extensive and expensive water trucking operation. The operation was largely successful in meeting the needs of people with noted difficulties during the dry season, and as people moved from camps to new housing developments. Thus, during the emergency period people relied on institutional sources of water, switching from the previous household managed systems. This, coupled with the increased demand and damage to the institutional system, led to pockets of water shortages and the distribution of water with high saline content. This, in turn, led to dissatisfaction in some camps and increased water-fetching time in certain areas.[58] The capacity and speed to adapt to these changes was largely dependent on local government capacity.

UNICEF supported the NWSDB's efforts to coordinate the water trucking operation, undertaking surveys and assessments, and providing equipment for water treatment and trucking. GoSL and key actors continued the water trucking operation for a number of years while gradually replacing it with other water sources, as people moved to new homes and camps were supplied with new and expanded services. GoSL, UN and NGOs reported[59] that during the initial period, there was inadequate coverage but this was quickly resolved. The same reports show that due to poor coordination, distribution was uneven during both the initial emergency period and the transition from camps to relocation sites.[60]

Sphere standards in sanitation were reached in IDP camps within a few weeks of the tsunami, yet coverage and targeting were uneven, with some families having individual latrines while others shared among five or more families. This was due to the scattered nature of some of the temporary shelters. Most of the latrines built in camps were pit latrines, which needed constant emptying by gully suckers because of the high water table. However, an insufficient number of gully suckers were available, so innovative locally made systems were used. UNICEF, for instance, developed a reusable latrine structure for emergency use, allowing four latrines to be assembled within a day by a small team. The sector was able to secure near-complete access to adequate sanitation facilities and medium-term maintenance within a few months.

During the rehabilitation and reconstruction phases, the government provided cash grants to people whose houses were damaged or destroyed by the tsunami, allowing individual families to choose and invest in their preferred sanitation facility. WASH experts helped develop guidelines, but this was done late in the process. The reduction of groundwater contamination by better separating waste from groundwater could have been more effective if done earlier. The evaluation found little difference in sanitation levels between tsunami-affected households and their non-tsunami-affected neighbours. UNICEF did not contribute directly to the restoration of latrines in permanent houses but did provide guidelines and advocacy to the housing sector. The housing sector, through direct construction and cash grants, was the main contributor.

Local markets disrupted by the tsunami generally recovered quickly, except in conflict areas. Key materials needed for personal hygiene were soon available for those who could afford it. Sector agencies distributed hygiene kits that were well received by communities in need. UNICEF did order hygiene kits for families and babies, but these arrived from mid-February to July 2005.

The 2005 evaluation of UNICEF's response to the tsunami found that the quality and coverage of school WASH facilities varied significantly relative to international standards. The evaluation also found that, teachers and girls rarely used the facilities, and school authorities often locked the facilities to stop community members from using them—a practice still common, as confirmed by the school observation visits in 2008 for this evaluation. Determination of the extent to which this practice continues to occur could be further documented with use of the current, normal monitoring systems.

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[58] UNICEF four-month report and Government one- year report.
[59] UNICEF six-month report; camp surveys; Government one- and two-year reports; Oxfam.
[60] UN. Resettlement site water supply status and progress reports. Nos. 1, 2 and 3. 2005/06.

UNICEF's coordination led to improvements in the effectiveness, predictability and efficiency of the sector. However, the quality and coverage of service was reduced during transition periods, such as movements of people to camps and to relocation sites. A lesson from this experience is that UNICEF needs to provide considerable sustained support to both planning a transition programme and providing change management support. Continued or increased investments in the transition process and more timely production of guidelines would have allowed greater leverage and improvements in sector performance. There is also a need for planning, ongoing support and maintenance for WASH in schools, ensuring that rural populations and poor groups have access to safe water that is affordable over the long term.

UNICEF's WES programme chose to work closely with the government, building capacity and developing new policies in relation to water quality. The sector thus built new water sources within established frameworks and institutions, accelerating an existing development trend and increasing sustainability.

E. UNICEF's Role and Contribution

UNICEF's role as WASH coordinator was an effective investment in terms of leveraging resources and influencing the sector as a whole. The programme, especially large-scale infrastructure, also benefited non-tsunami-affected people and will benefit future generations. The strategy of dovetailing allowed the programme to focus on key relevant initiatives in the later phases. Activities during the relief stage were largely relevant to the needs of the population and institutions. Yet the timeliness of interventions, such as guidelines and the reactive nature of raising and addressing issues reduced the potential impact of these interventions and their effectiveness. Quality and coverage of service was reduced during key transition periods relative to Sphere standards and to maintaining the provision of basic services for people in extended stays in IDP centres. In addition, increased linkages and earlier engagement with the housing sector would have increased both quality and coverage.

UNICEF needed to be proactive in providing change management support. UNICEF's reactive nature is understandable given the wider tsunami context, and that the tsunami stretched both UNICEF and other key actors' capacities during this period. The demand for suitably qualified people and institutions was considerable and outweighed supply. This shortage, coupled with the complexities of operating in a conflict country, led to difficulties in proactively addressing issues. The initial response received high-level and organisation-wide support for scale-up; however, the demands in transitioning programmes were equally high.

F. Lessons

- ***There is a need for more timely provision of hygiene kits in the emergency and early recovery phases.***
The sector and local market provided people with replacement hygiene items during the emergency and early recovery period. Delays in procurement and supply reduced the effectiveness of UNICEF-supplied hygiene and water kits. UNICEF could provide cash, or alternatively, use more efficient methods of providing hygiene kits where local markets are operational.

- ***The links between WASH and the housing sector for groundwater, quality and long-term issues, need to be more explicit.***
The housing sector played a pivotal role in providing household sanitation. The WASH sector did engage with the housing sector to develop guidelines, but this was done late. Opportunities to reduce groundwater contamination by better separating waste from groundwater could have been more effective if done earlier.

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- ***There is a need for a more proactive response during transition periods.***
There were lost opportunities in the WASH sector to instigate changes. The coordination mechanism (now cluster system) was reactive rather than proactive in raising and addressing key issues. More investment should have been made in analysis and planning processes in the transition from early recovery to development.

- ***Large-scale investments in infrastructure need to be better aligned with capital investments made by government or donors.***
Greater alignment with developmental actors such as the Water Sanitation Programme (WSP) and World Bank could have increased the impact of these investments. It would be more appropriate for UNICEF to invest in the end-user of distribution mechanisms.

4.2 Education

A. Context and Sector Response

From independence, Sri Lanka has reiterated its commitment to Education for All (EFA) in various policy and programming decisions, resulting in a society with an inherent respect for, and expectation of, children being in school. Compulsory education regulations were proposed in 1939 and have been implemented for children ages 5-14 since 1997. The rising aspirations of parents, public awareness about the importance of education and the provision of incentives—such as free textbooks and uniform materials, subsidised transport and school meals—contributed to an increase in participation rates of 96 percent in primary grades and 93 percent across the whole of the 5-14 age group in 2000, rising to 98 percent in 2006-07.

In 2004, retention to grade 5 for all children was 98 percent.[61] Disparities challenge participation and quality in schooling, especially in low-income urban neighbourhoods, remote rural areas, plantations and conflict-affected districts, which have poor quality educational facilities and inadequate numbers of adequately trained teachers. Enrolment among poverty groups is appreciably below the non-poor segment in grades 6-9 (63 percent versus 71 percent, respectively) and even more in grades 10-13 (32 percent versus 47 percent, respectively).[62] While some gender imbalances persist in areas such as girls' enrolment in technical education and gender role stereotypes in teacher behaviour and materials, gender parity overall had been achieved with girls' enrolment rising steadily through the education levels over the last two decades.

The country has maintained generally positive social indicators, the most recent available data at the time of this review showing literacy rates in the 2001 Census of 91.2 percent. The urban-rural gap has effectively closed, and while the estates sector suffers a substantially lower literacy rate of 83.9 percent,[63] it is also considered to be emerging from an historic legacy of social exclusion and economic disadvantage.

Current national policy provides a broadly enabling environment with respect to the persistent commitment of all segments of the population to children's education. More specifically, national policy favours the promotion of access to good quality education, reflected in recent policy and planning documents—for example, the EFA National Plan (2000), National Education Commission Reform Proposals (2003), the Education Sector Development Framework Programme (ESDFP) (2006-10), and the Ten Year Horizon Development Framework (2006-16). According to GoSL statistics, the second Millennium Development Goal (MDG) target has been

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[61] Ministry of Education, Planning Division.
[62] World Bank, 2005.
[63] Data provided by UNICEF CO from 2006 MDG survey data

virtually achieved at the primary level; the goal now is for a second-tier universalisation of junior secondary education. The third MDG has been met at all levels.

Prior to the tsunami, UNICEF achieved a broad geographic and substantive reach through its four field offices and the wide range of sub-sectors covered. In a pioneering collaboration with the Non-formal Education (NFE) Unit in the Ministry of Education (MOE), a primary focus was on promoting access for out-of-school children through re-entry programmes provided in non-formal centres. Activities were also supported in all facets of formal primary education through the new Child-Friendly Schools (CFS) programme initiated in 2002. Support was given to providing teaching-learning resources for small schools in disadvantaged locations. In addition, materials were developed for a Catch Up Education (CUE) programme to assist children displaced by conflict.

The lengthy conflict has had an especially adverse effect on the population in the north and east. In a purposively selected sample of 30 schools in accordance with tsunami related criteria, all 30 schools had primary grades and could send candidates for the national examination. However, based on field data from the Batticaloa sample of schools, no students qualified for the Grade 5 scholarship, perhaps as a consequence of the unstable conditions in the district caused by the conflict and the tsunami. In Kalmunai and Akkaraipattu some schools did not present candidates as these schools had not recovered sufficiently from the impact of the tsunami.

The tsunami-affected areas were of mixed education quality in terms of poverty, social exclusion and conflict. Some 80,350 students and 3,300 teachers were displaced from schools in ten districts. While numbers ranged widely, overall, five percent of schools were affected: 74 destroyed and 108 badly damaged.

Responses covered three phases: immediate relief to March 2005; expedited recovery to December 2006; and mainstreaming development innovations from 2007 onward. A key enabling factor in all of these was coordination: a Children's Desk at the Centre for National Operations (CNO) collected and updated data from local government authorities, supplied schools and negotiated interventions; and a MOE/UNICEF Steering Committee monitored progress. Funded chiefly by UNICEF, Save in Sri Lanka and World Vision, the NGO Tsunami Education Rehabilitation Monitoring Trust (TERM) was created to assist the School building division of the MOE in coordinating and monitoring the overall construction programme, and responsible for implementing the requirements and standards for repair and reconstruction developed by the Ministry.

In the recovery to development phase, some tsunami-affected and IDP-damaged schools in conflict areas remained without donors, left unrepaired or without funding for water, sanitation and hygiene, furniture/equipment.[64] These unmet needs continued, often due to claims of higher-than-anticipated costs. At the request of the MOE, however, reconstruction of eleven of these schools was taken up in late 2008 by UNICEF in excess of its initial commitment. Additionally, by 2008, a number of key donors—UNICEF and Save the Children, in particular—had effectively made the shift from recovery to development in moving attention from quantity of inputs to quality of learning.

B. UNICEF'S Response

Following the tsunami, UNICEF had a central role in the relief, recovery and development phases. It was able to mobilise four existing district offices, add two others and work with partner volunteers to undertake a rapid mapping of the situation and direct the support of learning spaces. UNICEF was a UN focal point for education and psychological support, and a member of multi-sectoral task forces at local levels to pursue an overall response using child-friendly

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[64] UNICEF, *Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in Sri Lanka (2005-2008), Education Report*, UNICEF Evaluation Office, November 2009, p.8.

principles. Thus UNICEF was able to orient much of the overall MOE response toward a child-friendly approach, including in-school reconstruction and rehabilitation. In addition to massive physical inputs for the tsunami clean-up, provisioning and rebuilding of schools, UNICEF's representative worked with the Ministry's Tsunami Steering Committee and the Children's Desk in the CNO, assisting in data collection on affected children, undertaking needs assessments and supporting district secretariats.

In the relief to recovery period, UNICEF was able to use its existing relationships to mobilise education partners to support emergency food distribution, the efforts of district administrations and, with communities, lay the infrastructure base on which schools could re-open in January, including collaboration with Zonal offices and communities to organise 'back-to-school' campaigns.[65] Schools reopened in the third week of January 2005, pursuant to the CCCs directive to restore normality to children's lives and prevent a serious break in the regular learning cycle.

Needs identified included: the coordination of educational responses; identification and construction of safe learning environments; return of all children to supervised and structured learning; school building; and provision of quality teaching and learning environments.[66] These were in large measure to be addressed through three key areas of support, undertaken in collaboration with the MOE through longer-term implementation of a Recovery Action Plan and focused on: early back-to-learning campaigns over a six-month period; design and construction of child-friendly schools, including semi-permanent buildings; scaling up both CFS learning and the development and delivery of Catch Up Education programming; and development of an emergency education response capacity in education management and schools. These last two were to be implemented over a three-year recovery to development period. In the relief to development phase, UNICEF was well into the implementation of the above Recovery Action Plan[67] in the ten tsunami-affected districts.

C. Outcomes and Impacts

School Access and Participation Outcomes Mixed

- *Improved School Access:*
School access outcomes were mixed; while access improved in areas with new and restored schools, progress on access across the country has been impeded by resource constraints, persistent incidence of poverty and, until recently, conflict -- all of which have created for many children a psycho-socially as well as physically unstable environment. The CCCs were generally met. Access clearly improved through temporary and then permanent schools with good quality, child-friendly infrastructure. By the end of March 2005, all schools were functioning through temporary shelters, double shift arrangements and trans-locating students to neighbouring schools, with some 85 percent of children in some form of a learning environment. In most tsunami-affected only areas, enrolment levels recovered in the first year; while transfers to better-built schools were high, dropout was rare. Access to learning spaces in the immediate relief to recovery period was successful because appropriate and generally sufficient actions were taken in ways that both addressed communities' priority that their children attend school, and facilitated children getting there. Provision of academic and personal supplies to students and schools, even in makeshift accommodation, and the back-to-school campaigns informed communities of the availability of safe learning spaces and reinforced the importance they gave to children returning to a "normal" life. There have also been gradual increases in parent/community responsibility for

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[65] UNICEF, *Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in Sri Lanka (2005-2008), Education Report*, UNICEF Evaluation Office, November 2009, p.8-9.
[66] UNICEF. *Rebuilding with Children: Recovering from the Tsunami Disaster in Sri Lanka Education Recovery Plan 2005-2007*. 2005, p. 47.
[67] Reiterated in a 2007 "stock-taking" session of the April 2005 Plan, UNICEF.

school access and quality; growing numbers of School Attendance Committees have been active in keeping children in school and bringing them back.

- ***Limited School Access:***
As noted above, in spite of improved access for many children, there were also delays in the rehabilitation and reconstruction of some damaged or destroyed schools, which resulted in reduced access. Students in several areas have had to continue in damaged buildings and sheds because either no donor has assisted or the community has refused to relocate the school. Facing challenges of advocacy, coordination and occasional donor malfeasance, the MOE/TERM has often been unable to find and maintain funding support for destroyed/damaged schools even where the community has been keen to act. While UNICEF has often been able to assist, not all schools have been restored. Only 125 of 182 schools (68.7 percent) were rehabilitated by the end of 2008. Delays, caused by lack of donor support, community reluctance to approve relocations and, in Batticoloa and Ampara, resurgence of conflict created for many children enduring psychosocial as well as physical instability.

On the positive side, principals in nine of the focal schools noted that School Attendance Committees had been active in working to get children back to schools in collaboration with the "back to school' campaign supported by UNICEF; this played an important role in enabling high enrolment.

- ***Inclusion and Social Participation:***
TERM evolved from simply a coordinating mechanism to become a development agency engaging in a wide range of actions to enhance social participation: promoting greater community involvement in development planning; building capacity of community teams to support improvements in areas like the quality of education; seeking community input to rehabilitation actions; mobilising a sense of community ownership; and supporting participatory monitoring and evaluation. TERM proved a necessary condition of school rebuilding, working closely with the MOE and core donors to enable child-friendly standards and fidelity to contracts.

With UNICEF support, NFE units in the MOE, provinces and zones were identifying out-of-school children, those affected by the tsunami, as well as those from vulnerable groups, such as children with disabilities and 'street children', and bringing them back to school. According to the records in the GoSL's Non-formal Education Unit, targets for the affected areas in annual plans have been exceeded in all years from 2006 to 2008.

Child-Friendly Schools: Building an Enabling Environment

- ***Consolidated CFS Thinking at the Systems Level:***
Improved quality of education has proven hard to realise, but a number of positive steps have helped to consolidate CFS thinking and action at the systems level. For UNICEF, the CFS initiative has been the most important success. Its extension from the original 124 schools in northwest province in 2002 to the current 1,400 primary schools nationally could be considered an important outcome insofar as it reflected a measure of official acceptance. The CFS programme has been introduced in a few schools in southern province with provincial funds, and in 204 schools nationally with MOE funding. From the perspective of the MOE this expansion has not been connected directly to the tsunami, but for UNICEF it was directly related to new funds and capacity related to the response.

The Primary Education Division of the National Institute of Education (NIE) has incorporated the CFS concept and approach in the curriculum and teaching materials, and has begun conducting orientation programmes for teachers. By 2007, the NIE and UNICEF had developed indicators for CFS across the board—such as appropriate child-friendly professional behaviour and school ethos—which are now developed in to a smaller number of an indicator set by MOE. Data from the three focal districts indicated generally good results: better learning environments; improved

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teacher-student interaction; increased attendance and community involvement; and happier/more active students.

- ***Substantive CFS-Related Outcomes Less Evident:***
The evaluation found that there was limited use of: activity-based teaching methods and child-centred classroom management; locally generated materials; and child rights, gender equality and inclusion principles. Schools have continued to struggle with CFS-informed disciplinary standards and hygiene; students' participation has remained more reactive than self-initiated.

- ***Other CFS Dimensions:***
There was less change with respect to disaster management awareness, where training was not leading to increases in schools' precautionary behaviour; and to schools where cleanliness, access to safe water and sanitation facilities were not yet priorities.

- ***Curriculum Development:***
Little was done with respect to changes in curriculum or teaching methods following the tsunami. Interventions by UNICEF and others appeared to have had some influence on the primary school curriculum in terms of enriching content, such as taking advantage of the seven-year cycle of NIE reform to have a component on disaster management included, and initiating a programme of psychosocial guidance and counselling. Yet overly compartmentalised curriculum reform has continued to impede substantive change. Limited horizontal and vertical integration, and coherence within the system continued to prevent timely dissemination and exchange of knowledge, skills and attitudes for meeting emerging needs and risking the full value of CFS at the primary level by failing to apply it at the secondary level.

Some of the interviewed zonal officials are concerned that the quality of these changes is not as high as was claimed by schools, largely because of delays in teacher training. There is no evidenced-based data available to indicate whether or what actual changes in the classroom might be happening, how deeply the knowledge underpinning them has been consolidated, or what difference is being made in the students' learning. There appeared to be a wide gap between the results of formal assessments and the perceptions of principals, teachers and students of learning achievement.

- ***Improving Community-School Partnerships:***
Post-tsunami interventions appear to have reinforced community links to schools. There was a high degree of in-kind support from parents, many communities contributed to decisions on school relocation and back-to-school campaigns, and some supported extracurricular activities. Indeed, based on interviews with education officials in all six zones, there appears to have been a shift in perception, away from the state as exclusively responsible for the welfare of schools to one in which parents and community-based organisations are more involved and have a sense of shared community ownership. For example, some School Development Societies (SDSs) were revived, allowing parents and communities to participate in school management activities.

D. UNICEF Programme Performance

RELEVANCE

Sri Lanka faced a persistent post-tsunami complex emergency of 'displacement and disruption' due to destruction of physical assets, the impact of a massive death toll, and the ongoing insecurity of conflict and violence. UNICEF's approach was appropriate: fundamentally systems-focused and capacity-oriented. The focus was on national education policy in general (e.g., government adherence to EFA and MDG targets), and more specifically with the themes of the Education Sector Development Framework Programme (ESDFP):
  (i)   Promoting equity by enabling all children in the country to access and complete basic and secondary education;

(ii) Enhancing the quality, economic impact and social relevance of basic and secondary education;

(iii)   Strengthening the capacity of the education system to allocate and distribute public resources efficiently and equitably; and

(iv)   Strengthening governance and institutional capacities of central and provincial agencies to deliver high quality services.

As a massive bottom-up exercise starting in 2004, the ESDFP was ready for implementation by the end of 2005. Intended for the whole country, it is best understood as the policy priority base to which all tsunami-focused interventions related. This included those of UNICEF—through the CFS dimensions of access, quality, sector governance and school management; Catch Up Education; the psychosocial programme; and disaster safety management. Many of these activities have also been relevant to, and done collaboratively with, other donors such as GTZ, SCiSL and Plan International.

Particularly significant for the long-term development of the sector and realising MDG education goals has been the congruence of the CFS with the range of MOE reforms, policies and programmes since the late 1990s. At primary level, these have been conceptualised and enforced grade-by-grade toward a more child-centred approach. Reforms at the junior secondary level, though rather more diffuse and inconsistent, have had the complementary objective of moving from book- and examination-centred teaching to active learning. UNICEF has articulated these same principles and goals from 2002 in conceptualising and promoting the child-friendly school, the third dimension concerned with academic effectiveness through child-centred teaching and the quality of learning outcomes.

EFFECTIVENESS AND EFFICIENCY

A critical factor to success was the overall strength of the sector before the tsunami. A series of national plans provided the framework for restoring the system in broad terms of equity in access, quality of teaching and learning, and efficiency in management and service delivery. These national plans provided a gradually more enabling policy environment in which the post-tsunami education rebuilding programmes have functioned. The rapid response of GoSL, the availability of funds and expertise from a wide spectrum of donors, and the resilience of communities themselves enabled the country to cope with the effects of the disaster with relative speed and success. Especially critical for children's capacity to return to school, health services were restored and food aid was provided to over 900,000 people; and repairs to basic infrastructure— such as major pipelines and water sources, roads, bridges, electricity and telephone lines—were also undertaken with speed.

While there were complaints of inequitable distribution of resources and services, partly due to the weak capacity of local administration staff and partly due to the lack of an effective coordination and monitoring mechanism, relief services were extended to all affected areas including the conflict areas in the north and east. This was especially crucial to ensure, at least until 2006, an inclusive back-to-school process and meeting the CCCs.

Access to learning spaces in the immediate relief to recovery period was successful because appropriate and generally sufficient actions were taken in ways that both addressed communities' priority that their children be in school, as well as facilitated their getting there. It was notable in this respect that parents continued to enrol new children during this period, filling some of the vacancies in the schools that lost students.

An area of concern was that there appeared to be some degree of exclusion on the basis of definition: those children directly affected by the tsunami were considered appropriate targets for intervention; as reported in the field data, those who were perhaps equally as vulnerable, but from the conflict, were not. UNICEF's focus on the most vulnerable children was well articulated within the Education Sector Development Framework Programme's (ESDFP) commitment to develop at

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least one "quality school" in the 100 most disadvantaged divisions and to highlight the situation of children affected by natural disaster as a vulnerable group. Annual reviews of the ESDFP indicate that the enrolment of out-of-school children has exceeded targets; and programmes to improve the quality of education are being implemented with increasingly wider reach. Rather than approaching all children on the basis of need, according to one UNICEF officer, there was an "equity issue" where labelling resulted in either the wrong kind of support or none at all.[68]

There was some effort made to tailor post-tsunami schooling to specific needs through the Catch Up Education programme. Clear data on the effectiveness of CUE in terms of both students' learning outcomes and their reintegration into formal schools were not available. Two access problems persisted throughout the recovery to development period: 1) donor commitments to building and materials were not always adhered to, in some cases withdrawing altogether, leaving schools incomplete or failing to begin their construction; and 2) the resumption of conflict in 2006 impeded construction, created displacement and resulted in ongoing disruptions of IDP children in and out of schools, leaving teachers, students and parents in continued fear of random violence.

Gender equality was effectively addressed through the reconstruction of schools with separate sanitation facilities, and extension of psychosocial programmes to address child abuse with particular relevance to girls, along with mechanisms enabling confidential reporting.

SUSTAINABILITY

Based on the evaluation's field interviews, both government and donors are content with the progress of tsunami-related programmes. However, government and sector managers considered these interventions to be incident-specific and therefore distinct from the national plans that were developed during this period. This introduced an element of ambiguity; the interventions are integrated into normal programming and their objectives and methods expected to be consonant with those of general development and education policies (especially the ESDFP), yet there are mixed messages with respect to what could be sustained. In part this may be simply perceptual dissonance, but based on the field data, the notion of 'build back better' is not deeply embedded.

As relief turned into recovery and the profile of the crisis declined, concerns began to be raised of donors "minimalising" their initial commitment to building standards and material supplies and, in some cases, withdrawing from their agreements altogether. Price inflation for building materials and the inability of local education offices and communities to maintain the more sophisticated construction standards and supplies suggested for some that "building back better" may have sacrificed the good in favour of the ideal. There was growing evidence of community dependency on donors for all levels of school development and sustainability.

Sustainability in the education sector is uncertain for a number of reasons:

- **Limited planning for sustainability**, as the government and sector managers tend to see the tsunami in terms of immediate response activity, not necessarily continuous action.
- **Uneven maintenance of child-friendly infrastructure**: with doubts expressed about the continued application of CFS-standards in schools awaiting construction. As interest in **post-tsunami rebuilding wanes—and given the near-unanimous** references to the exorbitant costs of maintaining the new buildings—there is a risk that government and donors may continue to prescribe enhanced CFS standards without providing additional resources. To ensure implementation and address worries about costs, in 2008 TERM formulated an innovative community participation programme aimed at creating a stronger sense of local

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[68] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Child Protection Report,* UNICEF Evaluation Office, November 2009.

school ownership by jointly involving communities and schools in planning and maintaining school efficiency.

- ***Slow pace of in-service teacher education***: CFS, psychosocial programmes and disaster safety management training have been useful initiatives, but their implementation has been adversely affected by both the slow pace of in-service teacher training and their restriction to a relatively limited number of schools.
- ***Weak collaboration between education and health dimensions of WASH at the school level*** has impeded implementation of an effective, sustained safe water and sanitation programme. In some cases, it was reported, access to facilities was not matched with children learning about, or developing sustained good practice in, their use.
- ***Limited capacities and systems for coordination and collaboration*** among school managers, civil society organisations and ministry units. Although post-tsunami actions have gone some way toward addressing capacity development and coordination with respect to School Attendance Committees (SACs,) SDSs and Resource Centres. For example, this has yet to be sufficiently systematic, comprehensive or coherent to ensure their sustainability.

E. UNICEF's Role and Contribution

A tsunami steering committee of the MOE—comprising relevant officials and the UNICEF representative—met regularly to monitor progress. The district education task force/education coordination mechanism was established and was a result of the tsunami response, according to UNICEF. Enabling policy and socio-cultural environments have continued to contribute to a strongly pro-education national context for post-tsunami reconstruction, critical to realising equity in access, enhanced quality of teaching, and efficiency in school management and service delivery.

The armed conflict in Sri Lanka complicated the tsunami response significantly and served as a crucial socio-environmental barrier to successful rehabilitation of the sector. Yet based on field interviews, TERM went a long way to enabling a reasonably sound transition process in a situation of considerable distress and uncertainty as tsunami impacts became mixed with conflict.

Over the recovery to development period and following the child-friendly guidelines developed by UNICEF, visibly improved changes were apparent in the education sector. The system-focused, capacity-oriented and community-based approach to children's psychosocial stability and reintegration into formal education used by UNICEF was sound. However, based on field interviews and observation, actions to consolidate change and develop comprehensive institutional and human resource capacity, especially at the local level, were not yet evident in terms of sustained practice.

F. Lessons

- ***Pressures to act quickly by managing relief and recovery actions from headquarters need to be resisted.***
This can undermine local ownership (government and communities). Although most post-tsunami interventions by UNICEF and partners were generally implemented with reference to communities, greater attention need to be given to the perceptions of fairness in distribution, something that can only be achieved through closer dialogue with communities themselves.

- ***Building back better is not as straightforward as external/foreign logic might conclude; defining what "better" means will always need to be negotiated if it is to be sustained.***
Community participation and ownership will sometimes force an adjustment in thinking toward alternative arrangements if schools are to get the support of the full community of stakeholders, a key tenet of CFS, and if all children are to be provided secure and good quality learning spaces, an even more central CFS tenet.

- ***Establishing a dedicated coordinating and oversight body—with an independent mandate, resources, and room to adapt—jointly agreed by government, donors and local stakeholders may be a necessary condition for facilitating effective building back better transitions.***

The creation of TERM provided value in coordinating and monitoring the school reconstruction programme, overcoming hurdles in identifying and securing land, and negotiating contending priorities. TERM has provided a stable venue through which improved innovation could be introduced, such as UNICEF guidelines for child-friendly building standards, and a broadening of the concept of restoring schools from simply building infrastructure to looking to arrangements and responsibilities for maintenance and management.

- ***Disaster management cannot be dissociated from school curriculum, treated purely as "addition" to mainstream activity.***

The disaster management programme was largely a GTZ project, with occasional school-based awareness raising exercises. This denied the visibility and status needed to establish it as a significant outcome of the rebuilding programme. Recent incorporation of the material by the NIE into the primary curriculum is a first important step, but may again risk marginalising the theme unless the concept itself is widened to include critical thinking and problem solving methodologies introduced into teacher education.

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

Structures like School Attendance Committees (SAC) or School Development Societies (SMCs in other countries) are useful local channels of two-way communication. They are the tools by which inclusion is ultimately enabled through child-seeking, child-support and family-engagement functions, and learning quality is enhanced through their oversight of teachers' conditions of service and behaviour. To be effective they need development support that is focused and sustained, catalyses participation of existing and new members, strengthens capacities for analysis, planning, implementation and self-correction, and identifies strategies for assuring financial probity and continuity.

4.3 Child Protection

A. Context and Sector Response

Following the tsunami of December 2004, estimates of the number of children who lost at least one parent ranged from 4,000-10,000.[69] A couple of days into the emergency response, UNICEF, the Department of Probation and Child Care Services (DPCCS), the National Child Protection Authority (NCPA), the International Labour Organization (ILO) and SCiSL developed and carried out a nationwide survey of separated and unaccompanied children in tsunami-affected areas in order to facilitate identification, documentation, tracing and reunification, an effort that included 369 internal displacement camps. Results indicated that within the first six weeks after the disaster there were 40 unaccompanied children (staying with institutional or non-family arrangements, and having lost both parents); 1,039 separated children (staying with extended family, but having lost both parents); and over 3,600 children had lost one parent.[70] The aim was to reunite separated children with parents and to place children who lost both parents in foster families, avoiding the use of institutions. UNICEF Sri Lanka's "Six Month Update" includes a figure of 932 orphaned children and 3,477 without one of their parents.[71]

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[69] UNICEF, Health Policy Research Associates, 2007a.
[70] UNICEF, *Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in Sri Lanka, Child Protection (2005-2008),* UNICEF Evaluation Office, November 2009.
[71] Ibid.

The GoSL, following concerns expressed by the UN that orphans might be targeted by criminal elements, also banned the adoption of children affected by the tsunami. Adoption without prior government approval was now impossible: "Adopting the children until a permanent solution is implemented is illegal. Not even a Sri Lankan can adopt a child affected by this disaster until the government has come out with their program…even if they are relatives; they are not expected to take children without government permission".[72]

The policy emanating from the government, and backed by UNICEF and other agencies, was that all children should be registered by the DPCC as unaccompanied (UAC) or separated. Aiming to follow the inter-agency guidelines on unaccompanied and separated children, these needed to be quickly translated into local languages. Quick translation resulted in interpretations that only focused on orphans and children who had lost one parent, creating a protection gap for other children in need of family care.

The GoSL sought to regularise fostering placements with extended or non-family caregivers through use of existing legislation,[73] such as the Sri Lankan Children's and Young Persons Ordinance (CYPO). Following the survey assessment, foster arrangements for identified children were applied for and processed, and local child sponsorship schemes were developed and implemented.[74] Within days, extended families had identified the majority of separated and orphaned children, and decided whether these children would either stay with the relatives taking shelter in schools or move in with other family members' homes whose houses were still standing. It is also arguable that there were fewer unaccompanied children and separations than expected because many children were killed and because the population movements were only over approximately a kilometre, unlike the kinds of child-family separations seen in conflict where people are repeatedly on the move and travel longer distances seeking refuge. However, the government tsunami policy statements and laws helped to reinforce the practice of children being cared for by relatives and extended family.

Once urgent needs were addressed, the national partnership continued to support the development of foster care systems, child friendly administrative and legal procedures, and care for victims of abuse through support to "safe houses". Once urgent needs were addressed, the national partnership continued to support the development of foster care systems, child friendly administrative and legal procedures, and care for victims of abuse through support to "safe houses." While the early tsunami response on behalf of separated children is generally viewed as having been "successful" in that the vast majority of such children were placed in kinship families, subsequent efforts were unable to prevent the proliferation of voluntary homes and sharp increases in "secondary separations" due to poverty, camp residencies, and the perception that homes offered better care and education options.[75]

The sheer scale of the disaster and global financial contributions enabled an unprecedented number of humanitarian agencies to engage in psychosocial interventions—which posed unique coordination challenges. Agencies organising psychosocial activities did not always share a common understanding of what psychosocial programming involved, and communities affected by the tsunami were often assumed to have psychosocial needs before field assessments took place.[76]

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[72] Government of Sri Lanka, 2005.
[73] The CYPO authorizes POs within the DPCCS to assess the situation of children under 16 and in need of alternate care, and make an appropriate placement if necessary. Under this scheme, possible placements include both residential care and a fostering placement called a 'Fit Person', which Section 35 of the CYPO defines as, "whether a relative or not, [a person] who is willing to undertake the care of the child". See Sida et al, November 2005.
[74] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Child Protection,* UNICEF Evaluation Office, November 2009.
[75] Ibid.
[76] Marsden & Strang, 2006.

Early attention was provided to preventing sexual exploitation and child trafficking. There were reported increases of domestic violence among displaced families living in temporary camps. Indeed, temporary shelters in camps were a principle cause of child protection concerns. Awareness-raising was a central aspect of the child protection programme response, and addressed social protection problems, including domestic violence and abuse. Before the end of January, UNICEF, the UN High Commissioner for Refugees (UNHCR) and the CNO launched an awareness raising campaign in camps. Public awareness campaigns were also launched in tourist areas of the south where the risk of sexual exploitation and trafficking was perceived to be greatest.[77] This child protection programme work strand helped to create new approaches of social protection, including Social Care Centres (SCCs), which brought various government service providers who were previously dispersed throughout a given division "under one roof" with the intent of integrating assistance to people in need. New family group conferencing approaches were also promoted.[78]

The child protection programme was active in advocacy and policy development. Particular challenges were faced in efforts to strengthen the role of the NCPA as a consensus builder and policy developer in child protection—and combating its tendency, instead, to become a primary service provider. Building greater delegation and ensuring that ministries take over relevant activities became a major thrust of the programme's post-tsunami efforts. UNICEF, SCiSL and the Christian Children's Fund (CCF) also worked with GoSL to ensure the legal status and effectiveness of the District Child Development Committees (DCDCs) and district-level policy compliance mechanisms—and to strengthen government capacity to monitor exploitation and abuse—through support of the NCPA Child Info database and police surveillance to protect women and children.

B. UNICEF'S Response

Prior to the tsunami, UNICEF had a significant protection programme, and its tsunami response built on many of these pre-existing efforts. The government was a key partner in the Action Plan on Children Affected by Armed Conflict (CAAC) and, to support these efforts, UNICEF had a large protection staff and worked with NGOs. UNICEF's child protection programme also had a social protection component under the sub-project 'protective environment'. UNICEF's response to the tsunami broadened protection programming to include unaccompanied minors, separated children, orphans and child care homes. Geographical coverage was also extended to areas in the south.

The tsunami put the spotlight on child protection and the child protection programme worked to encourage the government to provide similar support and resources to ensure a protective environment for children whose problems arose either before or after the tsunami. In addition to the abovementioned joint partnership to determine how many children had lost parents in the tsunami, several teams also assessed the psychosocial impact and the impact on the presence of mines and mine markings. Following these assessments, it was agreed that UNICEF's early protection response to the tsunami would focus on five areas:
- unaccompanied and separated children, as well as single-headed households;
- the psychosocial impact of the tsunami;
- abuse, exploitation and neglect in the emergency phase, particularly focusing on displacement sites, and later in communities;
- comprehensive juvenile justice mechanisms to protect children in contact with the law; and
- mine risk education and survivor assistance.

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[77] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Child Protection,* UNICEF Evaluation Office, November 2009, pg 5.
[78] Ibid.

The early response for tsunami-affected children built on existing pre-tsunami priorities and programmes. The tsunami-affected nine of the 15 focus districts for UNICEF support, and therefore nearly all activities[79] in the affected districts, as well as additional ones brought on by the specific tsunami response, were supported with tsunami funding. UNICEF also worked at national and provincial levels to build up capacity and work on policies to strengthen emergency preparedness utilising a holistic, developmental approach, which it believed was both timely and appropriate to the evolution of child protection policy and practice in Sri Lanka.[80]

UNICEF and partners supported the government in making the general public aware of the heightened potential for abuse, exploitation and trafficking in emergency settings. UNICEF also supported a landmine awareness programme as well as services for mine victims in tsunami-conflict-affected populations.

UNICEF was the government's principal partner in a nationwide campaign to bring all children back to learning by the end of January 2005. Dozens of psychosocial support staff were trained to promote normalcy activities to children in camps, schools and communities. UNICEF also supported INGOs and NGOs to promote safe space programmes for children in tsunami-affected communities and camps. Through these organisations, more than 65,000 children received psychosocial support and assistance.

By mid-2005, "establishing a sustainable system for responding to the needs of children unaccompanied and separated due to the tsunami" became a major theme in UNICEF's three year "Rebuilding Better with Children" approach.[81] Provisions were made to reassess child care and protection systems, and the mechanisms whereby foster families receive social welfare payments. These systems needed upgrading before the tsunami. Assessments, studies, training programmes and other capacity building efforts focused on the role of the government and its social workers at the local level, in protecting children from abuse, neglect and poverty, as well as tsunami and conflict-related threats.

The tsunami has placed an exceptional demand on the state social work and social welfare systems, particularly in the northeast, where recruitment and retention of staff was difficult. In order for the state to provide equality of access to all children in need of care and protection or those in conflict with the law, a longer-term commitment to supporting child protection reforms was needed from government and donors. UNICEF made substantial commitments to immediate technical and logistical support, as well as long-term capacity building for District Probation and Child Care offices.[82]

A Memorandum of Understanding between UNICEF, SCiSL, the Ministry of Social Welfare and Social Services, and the Ministry of Child Development and Women's Empowerment (MCDWE) led to the construction of Social Care Centres to provide comprehensive social assistance to families and children. An inception training programme for the teams of service providers was designed and implemented, and a two-year programme was launched to develop the capacity of the Department of Social Welfare in the northeast province.

In 2007-2008, UNICEF's began to focus on the unification and consolidation of efforts to address four thematic areas: legal protection, social protection, children affected by armed conflict, and the Monitoring and Reporting Mechanism (MRM) for Security Council Resolution 1612. The unification strategy emphasised the development of a strong national legal framework for children through enactment of domestic legislation that would reflect commitments made under international human rights law, such as the Convention on the Rights of the Child (CRC) and its Optional Protocols. Advocacy efforts also aimed to hold all duty bearers accountable for the

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[79] With some exceptions, such as highly specialised work on child soldiers.
[80] UNICEF. *UNICEF 2005 Sri Lanka Annual Report.* 2005.
[81] UNICEF. *Rebuilding with Children: Recovering From the Tsunami Disaster in Sri Lanka.* April 2005.
[82] UNICEF. *UNICEF 2006 Sri Lanka Annual Report.* 2006.

protection of children, and were extended to include violations committed against children, both in conflict and non-conflict.[83]

UNICEF's work on children in institutions continued to support the GoSL to improve its practice through the development of the social care file to influence policy on de-institutionalisation and amend the law in relation to standards in homes and how they are regulated. UNICEF sought to reinforce GoSL at the policy level to corresponding practices at the district, divisional and village level. The goal was to build, with the GoSL and partners, a coherent and coordinated national planning framework for child protection across both conflict and non-conflict areas and provide technical support in programming and capacity building for this plan. The main focus was to strengthen systems of protection for children at different levels, set an agenda of priorities and respond to new issues arising from community level through the case management process and community-based protection work. Community-based child protection networks were to be strengthened in order to refer the most vulnerable children to statutory systems like District Child Development Committees, divisional/district, and the Deputy Provincial Director Health Services (DPDHS) for mental health.

Good information management was seen as a critical component of a child protection system that aimed to link practice on the ground with advocacy for policy and legal reform at the national level. UNICEF sought to provide technical guidance, tools, training and mentoring to improve the response capacity of service providers, and develop responses focused on the best interests of children. For this purpose, a coordinated capacity building strategy was launched with national partners to strengthen the referral/coordination mechanisms between various service providers and community-based resources, and to support the development of alternative care services to ensure the most appropriate response to child protection needs.

While the early tsunami response on behalf of separated children is generally viewed as having been "successful" in that the vast majority of such children were placed in kinship families, subsequent efforts were unable to prevent the proliferation of voluntary homes and sharp increases in "secondary separations" due to poverty, camp residencies, and the perception that homes offered better care and education options.[84] Currently, government-organised mechanisms to ensure policy implementation exist in some districts, and appear to be reducing the rates of children entering voluntary homes. However, these gate-keeping mechanisms are absent in other districts.

C. Outcomes and Impacts

Main Findings

- ***Case Conferencing and District Review Committees Resulting in Lower Rates of Children Entering Institutional Care Facilities***

Promising practice exemplars have emerged in both the south and the east. Provincial policy action in the east, coupled with case conferencing and district level review committees, has begun to level the rate of children entering institutional care facilities, an impressive achievement given the continued armed conflict. In the south, case conferencing is also employed to address family problems that lead to child separation and in hospitals to determine placements for exploited and abused children. The number of abused, exploited and neglected children who are processed through case conferences and the courts has declined in Galle. In Batticaloa, no children that had been processed through the courts were institutionalised after 2005. Further, the number of children admitted to institutional homes was found to be leveling. A lack of policy compliance, however, is limiting the application of case conferencing to a wider group of children in need of care and protection.

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[83] UNICEF. *UNICEF 2007 Sri Lanka Annual Report. 2007*.; UNICEF. *UNICEF 2008 Sri Lanka Annual Report. 2008.*
[84] UNICEF. *UNICEF 2005 Sri Lanka Annual Report.* 2005.

- *Safe House Mechanism Models Higher Standard of Care and Protection and is replicable*

The evaluation found that a safe house mechanism for protecting children who have been abused, exploited or neglected can be an effective means of providing immediate, temporary solutions for children subject to abuse in Batticaloa. When coupled with case conferencing, they also can help to promote long-term family care alternatives. Indeed, of the 171 children who stayed in Batticaloa's Safe House from 2005 through 2008, 59 percent were returned to family care after one or two case conferences. In the absence of a safe house mechanism, children who have been abused are either returned to an abusive environment or sent to a voluntary home—neither option serves the best interest of a child.

- *Integrated Social Services Are Promising*

In the latter part of 2007 and early 2008, Social Care Centres (SCCs) were introduced in tsunami-affected districts by the Ministry of Social Welfare to coordinate the welfare activities of government, provincial councils and NGOs. In order to compare services provided through the two models of service delivery—through SCCs and Divisional Secretariat divisions without SCCs—four Divisional Secretariat (DS) division programmes in Galle and four in Batticaloa were examined. According to their mandate, SCCs involve staff from approximately seven sectors. However, it was observed that functionally, SCCs in both districts often lacked specific service providers. The number of family group conferences held in SCCs and DS divisions was found to be similar in Galle, but in Batticaloa, SCCs were significantly more active than DS divisions. Geographic proximity of SCCs to DS divisions were found to influence client accessibility and uptake.

- *Psychosocial Programmes Reached Many Children but Require Improvements*

While the psychosocial program proved to be an effective way to reach large numbers of tsunami-affected children, the absence of a consistent sustainability strategy undermined the long-term benefits of this community-based intervention.

Safe spaces component of the programme was an effective means of reaching large numbers of tsunami-affected children. By June 2005, approximately 10,000 children in 53 camps in Galle and Batticaloa were engaged in safe space programmes, which also provided psychosocial support for over 4,000 children (2005 and 2008). Yet the evaluation identified three key challenges to programme effectiveness: 1) a holistic approach must be maintained to maximise support to children; 2) principal support and proper guidance teacher-student ratios must be maintained; and 3) the professionalisation of psychosocial teachers. These school-based programmes then evolved into support for village-based children's clubs and in 2008, there were approximately 130 children's clubs in the east and south. The evaluation found that children's clubs address two or three of the top five child wellbeing criteria as determined by children and parents: school performance, supportive family, non-alcoholic father, recreation and play, and peer friendships. Most of these clubs, however, have had to reduce their activities since the end of tsunami funding. Community-based organisation involvement, livelihood and self-help fundraising are key to sustaining this vital community support for children.

- *Child Protection Systems Are Evolving*

Feedback solicited from government policymakers, government implementers, NGOs and community members in a stakeholder assessment of the protective environment framework for children identified how the government tsunami-related policies impacted child protection on the ground. Findings suggested that the child protection environment is in the process of development in a positive manner, though most of the indicators including: Government Commitment to Fulfilling Protection Rights; Protective Legislation & Enforcement; Capacity to Protect Among Those Around Children; Children's Lifeskills, Knowledge & Participation; Open Discussion and Engagement with Child Protection Issues; and Monitoring & Reporting ranked "medium" in both Galle and Batticaloa, indicating considerable room for improvement.

Additional Outcomes

The inter-agency response to the needs of separated, unaccompanied and orphaned children raised the profile of the importance of family care for children. **Promotion of pro-family policies and practices among relevant government agencies and staff were successful: awareness of keeping children in family care is high among probation officers, magistrates and other public servants**—especially in Galle. However, translating this new consensus into results on the ground has been hampered by the competing mandates and inadequate coordination between the National Child Protection Authority and Department of Probation and Child Care Services.

Campaigns to increase public awareness of child rights have achieved results. Findings suggest that roughly a third of children, half community members and more than half of parents are familiar with child rights and protection concerns in Galle. The level of awareness in Batticaloa was significantly lower: less than a third of children, a quarter of community members and a quarter of parents were familiar with these concepts. This suggests that **efforts to raise awareness programming need be more extensive in more vulnerable areas** that may have a lower baseline awareness of these issues.

An estimated 83 percent of separated and unaccompanied children were "informally" placed in the aftermath of the tsunami. **The percentage of children assisted through the Inter-Agency Family Tracing and Reunification system thus represents a small percentage of total number of separated and unaccompanied children**. Multiple agency efforts to establish databases for children without family support weakened systems development and data sharing. Children who received Fit Person Orders (FPOs) and/or were in need of assistance are therefore "lost" to government service providers. A review of children placed through the FPO programme found that 73 percent in Galle and 95 percent in Batticaloa were either never monitored or only monitored "a few times" from 2005 until the end of 2008.

There were about 90 active children's clubs in Batticaloa and 40 active clubs in Galle[85] in December 2008. Clubs have been supported by both international NGOs and local community-based organisations (CBOs). **The evaluation found that in general children's clubs nurtured by local organisations have fared better over time than those piloted by international organisations**. Many of the CBO-supported clubs have benefited from built-in sustainability strategies, such as village led fundraising activities, and continued mentorship of local organisations.

D. UNICEF PROGRAMME PERFORMANCE

RELEVANCE

The overall child protection programme addressed important protection needs and did so in accordance with international standards and policies. UNICEF's CCCs provided relevant guidance to the early protection response, and objectives and activities were reasonably consistent with intended programme outputs and outcomes. Recovery and early development transitions appropriately relied on government partnerships and used capacity building to strengthen protective systems to address long-standing child protection concerns.

Early response assessments did not adequately focus on social and economic conditions that impact on child protection programming. These limitations are evident in the limited scope of the formal tracing and reunification programme and inadequate response to secondary child-family separation. This evaluation found that the "separated, unaccompanied, and orphaned" categorisation employed globally was not a helpful guide to addressing cultural, social and economic underpinnings of vulnerability.

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[85] Not all children's clubs are formally registered.

EFFECTIVENESS AND EFFICIENCY

Effectiveness

UNICEF capitalised on existing partnerships with government and child protection NGOs to identify separated/unaccompanied children and trace family members, strengthen GoSL response mechanisms, and advocate for a national policy of community placement rather than institutionalisation or outside adoption. UNICEF's pre-existing child protection programmes in the conflict-affected north and east were a great strength, leading to a same-day emergency protection response in those areas. Within a week of the tsunami, child protection partnerships and programmes were also established in the south.

Capacity building of the people and institutions that play key roles in a protective environment for children—including parents, community and social workers, policy makers, and government officials—was essential to systems building. Agency staff were capable of transitioning from early response (direct service delivery) to build back better (capacity building), however, represented an under-developed human resource among child protection agencies.

Efficiency

More than 145,000 tsunami-affected children received rudimentary psychosocial support through UNICEF supported recreation and safe space supported programmes within six months' time. Safe space programmes led to the revitalisation of more than 170 village-based children's clubs with nearly 200,000 child participants in Galle and Batticaloa combined. This evaluation found that children's clubs were addressing two or three of the top five psychosocial needs as identified by village children and adults. By 2008, however, the number of clubs, child participants and activities had waned significantly. Psychosocial support represented the largest expenditure (over USD $6 million) in UNICEF's 2005-2008 child protection budget. While the psychosocial programme proved to be an effective way to reach large numbers of tsunami-affected children, the absence of a consistent sustainability strategy undermined the long-term benefits of this community-based intervention.

Comparisons of "new" and "old" programmes suggest that significant child protection systems development has occurred in tsunami-affected districts and are being sustained. The timely emergence of a child protection system is in large part due to UNICEF's early linkage of the dual objectives of responding to immediate needs of vulnerable groups of children and welfare and legal systems-building for all children. Several identified promising practices emerged from work in conflict-affected communities in the east as well as the south. UNICEF appears to have efficiently balanced its financial investment between immediate and pressing protection needs and systems development.

SUSTAINABILITY

Sustainability is a key success indicator given the "Building Back Better with Children" approach to ensuring child protection in the aftermath of the tsunami. Tsunami funding enabled UNICEF, NGOs and the government to embark on a dual strategy of meeting urgent needs and simultaneously building child protection. Much has been accomplished—including the emergence of favourable government policies and good practice exemplars. The protective environment for children is rated—by government policy makers and service providers, NGO staff and community members—to be moderately effective in most areas. There also are clear, identifiable, and prioritised next steps to continue strengthening this formal protection system.

There has been a tendency, however, for government, UNICEF and NGO actors to design and implement community projects for beneficiaries, rather than mobilising existing community resources (such as parents and youth) to implement these activities themselves. In some cases,

insufficient consultation and participation has decreased community ownership of children's clubs and other village-based projects, jeopardising their sustainability.

It would appear that economic stability and strengthening is the foundation for empowering families and communities to care for and protect their children. Focus group discussions and wellbeing exercises for this evaluation found that poverty and the absence of family livelihoods were the most frequently identified threats to child security and wellbeing. Sustainability of the nation's child protection systems concerns will depend on its ability to address poverty and livelihood imperatives.

Generous financial contributions enabled forward thinking amongst child protection actors. The "Building Back Better with Children" strategy would not have been possible if the child protection emergency programme was under-funded or if human resources or agency resources were limited. In the future, enabling emergency response programmes to effectively jump-start child protection systems development will require early anticipation of required funding—from both amount and duration perspectives—and alerting donors to these systems development objectives from the onset.

E. UNICEF'S Role and Contribution

UNICEF played a leading national coordination, funding and technical assistance role in the tsunami response to children in Sri Lanka. The Child Protection Programme in Sri Lanka has shown that it is possible to address the needs of vulnerable groups of children in ways that also jump-start a protection and welfare system for all children. The programme also has demonstrated how "system flexibility" is critical to protecting children in disaster and conflict zones. The Child Protection Programme in the east has been able to effectively move "back and forth" between tsunami-affected and conflict-affected populations as new or different needs arise. This flexibility appears to be a hallmark of a responsive child protective system in chronic humanitarian emergencies.

Child protection has seen a huge boost in government spending in the last four years. UNICEF has successfully lobbied for changes in practice and attitudes away from institutions and towards safe placement of children with legal guardians.

F. Lessons

- ***Emergencies are not an appropriate time to make major changes in government function and structure***.
Doing so creates confusion at a time where clarity is most critical. It diverts attention and support from needs of disaster-affected children, families and communities, and undermines systems development.

- ***Support to frontline workers is essential to successful emergency response.***
Support to frontline workers was identified as key to most successful emergency responses, and the absence of such support was a major factor in emergency response failures. Support to probation officers in Galle, for example, enabled them to promote GoSL's pro-family placement policy in a timely and effective manner. Conversely, the inability to provide transportation and economic assistance, and the confusion of data collection systems, undermined much needed community and home visits, and outreach assistance.

- ***Community-based organisations, NGOs and INGOs play a key protective role.***
National and international NGOs played key protective roles during the emergency response— and continue to play key roles in national efforts to strengthen the protective environment for children. Many of these groups had an active presence in both tsunami and conflict-affected communities—and citizens' perceptions of their children's security and delivery of essential services was significantly higher when CBOs and NGOs were consistently present. Disaster

preparedness and future planning could usefully build on these protective synergies through explicit public-civil society partnerships.

- ***It is crucial to link and integrate access to survival needs and livelihoods support with child protection.***
This requires more active networking and selecting partner organisations that can supply a livelihood component with funds from other donors. A holistic approach to child protection requires a commitment to ensure that all components of child rights and wellbeing are addressed: survival needs; developmental needs; protection from violence, abuse and neglect; and participation and non-discrimination.

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

- ***Child protective systems require active, national level government participation.***
Protective systems for children are national in scope and thus require active government involvement, ownership and responsibility. In Sri Lanka, protective systems are composed of essential elements, processes and activities at the levels of the child, family and community on the one hand, and sub-district, district and provincial actors, on the other. Building linkages between the different levels of the protective environment is a key objective. It is also important to note that while external agencies may enhance the development of a protective environment through projects aimed at one or more elements of this system, they cannot, as short-term actors, build a protective environment system by themselves.

- ***Building or strengthening a protective environment system is a long-term venture.***
This cannot be achieved in a matter of one or two years. The short-term nature of emergency funding is normally a major obstacle to emergency-early recovery-re-development transitions, which in the tsunami context, was overcome to a large extent by the long-term engagement of child protection agencies during and following the emergency phase. A lesson learned in Sri Lanka is that an effective protection environment building programme must be a shared priority between emergency and development actors, including the government, UN, NGO and donor communities, and dialogue on transitions to a national development track needs to take place during the emergency phase.

4.4 Health and Nutrition

A. Context and Sector Response

Sri Lanka has made considerable advances over the last few decades—including investments in the health sector—and was identified in 1985 as a leader in good health at low cost.[86] The government is the major provider of health and health-related services and health care is provided free of charge. Yet despite its extensive network of public health clinics and hospitals, Sri Lanka's decentralisation remains incomplete, with excessive reliance on tertiary- and secondary-level hospitals and under-utilisation of primary care facilities, which still is need of more adequately skilled staff and service quality. The government's health care coverage for citizens is a rising cost that is becoming more difficult to sustain. Further, the health system is in need of improved coverage and quality of primary care, particularly in the poorest areas. This will

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[86] Halstead SB, and Walsh JA, and Warren KS. "Good health at low cost". New York, The Rockefeller Foundation, 1985.

require better coordination of care between the public and private systems, better supervision, and better use of health information systems to guide the setting of priorities.

Maternal mortality rates in Sri Lanka have declined by nearly half since 1995. An efficient maternal mortality surveillance system has been managed and coordinated by the Family Health Bureau (FHB) under the MOH since 2001. Yet, as with child mortality, Demographic Health Survey data show that mortality rates and malnutrition are much higher in rural areas.

The tsunami destroyed or damaged 97 health facilities, including hospitals, dispensaries and health care centres. It is estimated that about 100 health care workers died, primarily midwives and community health workers. The armed conflict had already caused widespread destruction and reduced the availability of many health institutions and medical supplies and resources, and the area was further overwhelmed by damage from the tsunami. The total damage and losses in the health and nutrition sectors caused by the tsunami alone was assessed at USD $42 million.

Thousands of people displaced by the tsunami were relocated to inland areas where health infrastructure and local service capacity existed. A third of the displaced moved to IDP camps in their districts of origin, which were quickly equipped with health facilities that provided immunisation promotion, prenatal care and other routine health programmes. The MOH had sufficient stocks of vaccines available to cover emergency requirements.

The Medical Research Institute, World Food Programme (WFP) and UNICEF jointly conducted a rapid nutrition survey in IDP camps. The results of the survey, publicly issued by the MOH in February 2005, were used to develop a nutrition intervention programme. A broad coalition of development partners in Sri Lanka agreed to work jointly for assessments following this initial effort, which were used to develop a national recovery and reconstruction plan in consultation with district authorities, and through a process of national level policy deliberations and decisions.

By 2008, the main implementing partner continued to be the MOH at the national level and the provincial health level. Other implementing partners have included the Ministry of Child Development and Women's Empowerment, Plantation Human Development Trust, College of Pediatricians, Perinatal Society of Sri Lanka and UNICEF continued to support the government's coordination of the nutrition sector, through joint planning of activities undertaken by all partners through monthly coordination meetings held at both the national and district level.

Except some disadvantaged pockets of the population, most Sri Lankans continue to have excellent access to and utilisation of the major 'good health at low cost' variables. Coverage is near-universal for all scheduled immunisations, prenatal care, child weightings, and breastfeeding during the first six months. Even for acute respiratory infections and diarrhoea treatment, the rates of utilisation of appropriate care are high, and best in the poorest areas. Sri Lanka's past investments in public health paid off in the tsunami emergency: the broad-based public health system and community awareness of basic sanitary and hygienic practices ensured that there were no major disease outbreaks. Prior to the tsunami, Sri Lanka had already achieved 90 percent vaccination coverage for all major vaccines for children. Unique among the tsunami-affected countries, Sri Lanka had the capacity in place to detect almost any epidemic in real time if it were to occur.

Yet Sri Lanka is only partially on track to achieve the infant mortality, maternal mortality, and malnutrition goals set for the MDGs of the country by 2015, due to a -stagnation of improvements in mortality decline and nutritional status. Significant challenges and inequities relating to health care access, child malnutrition, poverty and quality of education remain. Socioeconomic and regional disparities, together with the need for quality of care in the health system, are the major challenges in achieving MDG 1 (eradicate extreme poverty and hunger), 4 (reduce child mortality), and 5 (to improve maternal health). A more rapid decline for IMR in Sri Lanka will be necessary if the country is to achieve this MDG on time. As the latter two interventions are virtually universal, the country should focus more on the first three. Even where these

interventions are relatively high at a national level, decentralised action is needed to redress local inequities and quality of care, especially those related to poor nutrition in urban areas, poor neonatal care in rural areas, and poor quality delivery care in the estate sector.

B. UNICEF'S Response

UNICEF's Health and Nutrition Programme was a priority before the tsunami for a population facing malnutrition and child and maternal health challenges. Soon after the emergency, UNICEF Sri Lanka participated in the health coordination meetings established by the Ministry of Healthcare and Nutrition. UNICEF used its regional officers to initiate rapid assessment activities on an ad-hoc basis within days of the tsunami, which both provided essential data and started the coordination process. In addition to its collaborative role in the multi-agency nutrition assessment process, UNICEF participated in carrying out two surveys to assess nutrition among IDPs. The first nutrition survey was initiated at the end of January, and the second was completed at the end of May 2005.

Within two weeks of the tsunami, UNICEF played a key role in reestablishing maternal and child health (MCH) services in the following areas:
- supporting intensive social mobilisation to promote breastfeeding and infant and young child feeding;
- undertaking nutritional surveillance to establish the nutritional status of children and track changes;
- restoring cold chain facilities;
- delivering essential micronutrients to children;
- providing support to strengthen referral and outreach services; and
- providing medical equipment to support restoration of and strengthen MCH services.

UNICEF's 2005 response efforts with MOH helped to prevent any major disease outbreaks. Health services were restored within weeks of the disaster and cold chain facilities were reintroduced, provided access to routine immunisation for nearly all children.[87] UNICEF supported authorities to reestablish basic health services in the immediate post-emergency phase with obstetric supplies, 196 vaccine carriers, health kits, family kits, vitamin supplements and other primary care supplies. Follow-up activities were aimed at bolstering basic health services by providing ambulances, staff and vehicles and rehabilitating clinics and hospitals with equipment.

In the recovery phase, UNICEF's strategy was to shift from provision of materials and assessments, and towards redevelopment of regular health and nutrition capacity. Six months after the disaster, the strategy centred on the reconstruction of health facilities and training and retraining of health personnel. UNICEF funds were designated to essential equipment, drugs and transportation to reach about three million beneficiaries. Training during the recovery period prepared twelve master health trainers, 310 health staff and 170 field health workers in child health practices.

In 2006, UNICEF built on this work by promoting approaches to nutrition: building public awareness of the need for nutrition; monitoring vitamin A coverage; and assessing the nutritive needs of vulnerable population, including conflict-affected IDPs.[88] UNICEF also printed information, education and communication (IEC) and training materials for public awareness and education campaigns in areas of immunisation, breastfeeding, nutrition, water, sanitation and environmental hygiene, and child protection.[89]

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[87] UNICEF. *UNICEF 2005 Sri Lanka Annual Report.* 2005, p.56.
[88] UNICEF. *UNICEF 2006 Sri Lanka Annual Report.* 2006, p.9.
[89] Ibid, p.12.

Due to the conflict, in 2007 UNICEF shifted its focus to emergency response in conflict-affected areas to address acute malnutrition, and helped to integrate this work into the health system.[90] Nutrition has been given high priority by GoSL, and in 2008, National Nutrition Month was focused on the needs of those affected by the tsunami, including nutrition seminars, workshops, training and media coverage to build the capacity of 50 district managers, 30 doctors and 300 health care professionals.[91] UNICEF also carried on its work renovating and constructing crucial health care centres in nine tsunami-affected districts.

C. Outcomes and Impacts

- ***With close monitoring, there were no important epidemics:***

Predicted outbreaks did not materialise, yet two clusters of scabies and acute hepatitis were identified and controlled in IDP camps.[92] The ability to recognise these disease outbreaks with a reporting system, which was put in place in every zone with IDPs within two weeks of the tsunami, was a remarkable expression of capacity, efficiency and commitment. It also evidentially substantiates the claim that no other serious outbreaks were reported. Together with the rapid establishment of sanitation systems in camps, access to immunisations, health education and breastfeeding promotion, are the likely reasons that no major outbreak occurred.

- ***Improved conditions in IDP camps showed health benefits:***

Improved sanitation and decreased crowding in camps were associated with a decline in the incidence of diarrheal disease and acute respiratory infections among IDPs during 2005. The incidence of diarrheal disease among Sri Lankan tsunami-affected under-five children in these surveys dropped from 18 percent in January to 10 percent in May 2005. Over the same period, the incidence of acute respiratory infection among these children dropped from 69 to 41 percent.[93]

- ***Mortality:***

Inter-district variations in maternal mortality ratios and prevalence of malnutrition remain serious. Maternal deaths are higher in the poorest areas; like child mortality, maternal mortality is highest in the estate sector, which was not affected by the tsunami. The 2006/07 DHS did not survey the conflict-affected north. DHS data show that maternal deaths are highest among those with emergency caesarian sections, among young women, and among those with short duration between births. In 2005, 63 percent of all maternal deaths occurred post-natally. This was mainly a result of delayed and inadequate medical attention. UNICEF provided important support in tsunami-affected areas for training of midwives and primary health care workers, and these regions returned to relatively low mortality levels rapidly. More problematic has been the provision of support for health system development, including patient transport and referral, in high mortality districts outside of tsunami-affected areas. Five years after the tsunami, areas of traditional disadvantage are those with the highest mortality levels rather than tsunami-affected areas.

- ***Nutrition:***

Serial nutrition assessments among displaced people showed that malnutrition among under-five year-olds was moderately elevated in comparison to the national baseline rates[94] for underweight

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[90] UNICEF. *UNICEF 2007 Sri Lanka Annual Report.* 2007, p.7.

[91] UNICEF. *UNICEF 2008 Sri Lanka Annual Report.* 2008, p.17.

[92] Reported in January 5 2005 Sitrep #9 World Health Organization
http://74.125.47.132/search?q=cache:7DlQNYRPCq8J:www.searo.who.int/en/Section23/Section1108/Section1835/Section1851/Section1865_8369.htm+scabies+camps+tsunami+sri+lanka&cd=2&hl=en&ct=clnk&gl=us
See also Bhayana B. In the Aftermath of the Tsuanmi. Canadian Family Physician Volume 53, Number 3, March 2007, pp. 497-498.

[93] Compared to a national average of 4.3 percent in the national DHS survey of 2006/07.

[94] From the 2000 DHS or the DHS of 2006/07.

and stunting in January 2005. These elevated levels declined within a year of the tsunami. Tsunami-affected people living in both camps and non-camp environments (homes) received supplementary food provided by WFP with support from UNICEF. Yet despite the role of supplemental foods in limiting more negative nutritional status indicators, nutrition among displaced children was problematic. There has been only limited improvement regarding low birth weight (LBW) and undernutrition among children. Problems of undernutrition and LBW are common in rural areas in much of the country. Data from the war-affected north are scarce, but DHS data suggest greater ongoing nutrition and health needs than other coastal areas affected by the tsunami.

In comparison to the elevated national baseline rates for underweight and stunting reported in 2005, routine nutritional monitoring system data from the southern province in 2007 showed no clear pattern of difference between tsunami-affected and unaffected areas. This suggests that recovery had proceeded sufficiently and that the support from UNICEF and other agencies had brought conditions to a similar status between tsunami-affected and unaffected areas. Malnutrition rates are currently 22 percent underweight, 18 percent stunted, and 15 percent wasted—these rates can be reduced by about half.

- ***Mental Health and Psychosocial Needs:***
The LRRD1 questionnaire-based study which examined the impact of the tsunami on affected population reported that 86 percent of respondents in Sri Lanka suffered trauma, mental health issues or fear to some extent immediately after the tsunami, 53 percent one year later, and 60 percent in 2008[95]. Similarly, this evaluation found that a common complaint for many survey respondents was related to psychosocial problems. This is of particular concern in a country whose suicide rate is quite high—approximately 6,000 deaths per year.[96] Guidance and counselling programmes in Sri Lankan schools are providing long-term assistance to teachers and students in providing emergency preparedness skills, and training people to address and support the wellbeing of teachers and students affected by the tsunami. The training programme implemented in 423 tsunami-affected schools around the country is part of the MOE's National Plan to Mainstream Psycho-social Wellbeing through the Educational System, which will support 2,500 schools across the country. While important, this effort does not sufficiently resolve the ongoing psychological needs created by the disaster and the findings from different surveys suggest that tsunami-related psychosocial needs are ongoing at least in some communities.

- ***Health Responses and Health Facilities Have Shown Significant Improvements:***
UNICEF aimed to restore regular health services to at least 80 percent of the tsunami-affected communities on a rapid basis. Support to a wide variety of programmes, in concert with other donors—as well as training to optimise these actions and improve their quality in both tsunami-affected and non-affected areas in other parts of the country—appears to have been effective overall. By 2007 it was evident that traditional preventive health activities were very successful, with only minor residual differences between tsunami-affected and unaffected people, in non-conflict areas of the country. UNICEF actions in strengthening maternal and child care in selected tsunami-affected areas were all consistent with these advances. Of great concern are considerable continuing regional disparities in health and nutrition conditions and former conflict areas.

In a consultation held in October 2007 with groups of people in tsunami-affected areas in the southern province, most people reported that the condition of health facilities was either similar to before the tsunami or improved. This is likely the result of the training of health care staff and improved referral of patients, as well as more modern and comprehensive equipping of clinics and hospitals. Ninety percent of the facilities planned for rebuilding were completed in the south

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[95] Brusset, Emery, Mihir Bhatt and Karen Bjornestad et. al. *A ripple in development? Lon- term perspectives on the response to the Indian Ocean tsunami 2004*. SIDA: Sweden. 2009, p.75.
[96] Ibid.

and west by May 2008, while only half of those in the north and east had been completed by that time.[97]

D. UNICEF Programme Performance

RELEVANCE

The coherence and connectedness of UNICEF programmes have been appropriate, given exogenous limitations, for all tsunami-affected areas in health and nutrition, with the exception of mental health, which still remains inadequate. Programme coherence and connectedness are a result of both UNICEF's strong programme priorities and the alignment of these with national health objectives in a government with strong administrative and programmatic capacity.

UNICEF's programming had a high degree of relevance in dealing with emergency needs in the immediate post-tsunami period. The redevelopment of facilities, strengthening of preventive health programmes, and assessment of needs were especially appropriate programme areas.

EFFECTIVENESS AND EFFICIENCY

Effectiveness for UNICEF depends, on the one hand, on increasing the integration of programmes with communities in areas that were isolated because of the armed conflict, and on the other hand, in stimulating a renewed focus on quality and coverage of health services in estate areas. Because of greater need and lower capacity in these areas, efficiency is likely to be somewhat lower, but given the strength of effective programmes in the rest of the country, there is good reason to believe that programmes will be of acceptable efficiency even in these more difficult working environments if government commitment exists.

- **Training of Health Care Workers**
The demand for training in the health system has been large. However, UNICEF eventually had to place some limits and strategic prioritisation on training activities, as they often appeared to be of limited utility. Training should be more focused, especially on key epidemiologic priorities for the country related to delays of care for obstetric emergencies, maternal nutrition, and preventive health care in the estate and post-war areas. As important as UNICEF contributions were to health workers' capacity development, they constituted only a fraction of the assistance provided in the health and nutrition sectors. In the southern region, for example, UNICEF spent about USD $5 million in the health sector in tsunami recovery funds. This compares with about USD $60 million spent by other actors in the same province.

- **Ineffective Use of Motorbikes to Reach Less Accessible Health Care Patients**
Though UNICEF provided motorbikes to enable midwives and other primary health workers to reach communities in rural and distant areas, they ultimately became a burden. Midwives were unable to use them in many cases because they break easily and conditions do not exist for their repair and maintenance. The investment did not contribute to longer-term solutions; these motorbikes cost half as much as the kind that had been used previously in Sri Lanka, and no repair options or parts were available for these models. A more effective solution might have been to buy fewer better quality bikes or provide cash to encourage health workers to buy motorbikes of their preference.

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[97] As per summary comment on page 28 of European Commission 2007Progress Report on the EC Post Tsunami Rehabilitation and Reconstruction Programme. Brussels, 17 December 2007. "The North and East of the country sustained about 60 percent of the damage but has received less financial assistance comparatively than the south which suffered 40 percent of the damage. In addition, the aid that did go to the north and east affected districts has been less effective because of disruption by conflict and by the freezing of operations in 2006 and part of 2007. The situation is made particularly acute because the north east suffered a double hit – not only hit by tsunami but also by over 25 years of conflict."

SUSTAINABILITY

Sri Lanka demonstrated a high level of capacity among national staff and institutions in responding to the tsunami. Yet the international response did not utilise the country's ample numbers of unemployed university graduates in the relief effort. Instead, to meet assistance and psychosocial support needs, many NGOs and UN agencies flew in far more costly and perhaps less experienced volunteers from Europe and the US who did not speak local languages. Nonetheless, trained and experienced staff was available for all affected areas except in the north, where staff absenteeism and retention were problematic.

The conflict between GoSL and the LTTE and its resulting politics were an exogenous factor that created disparities and a lack of sustainability in the post-tsunami reconstruction. Individual programme priorities carry on because they are among the top priorities of the government and have been among them for decades.

The ADB noted that shortcomings in long-term capacity building interventions that would have helped move the country from recovery to development in health and nutrition resulted from factors that relate more to the broad institutional, cultural and political economy setting of the country than to limitations in project intervention.[98]

In spite of Sri Lanka's strong foundations in health care, there are still challenges over staff shortages, quality of primary care service delivery, information systems and the ability to sustain the costs of the public health system in the long term.

E. UNICEF'S Role and Contribution

In playing a key role in the response, UNICEF supported GoSL's coordination of the nutrition sector. This alignment with the GoSL's national health objectives was important given the government's strong administrative and programmatic capacity. UNICEF's actions in the sector were important in focusing the direction of assistance and recovery, but it was in a supportive role to government leadership and government-directed programming. For example, UNICEF contributions to tsunami recovery in the southern region[99] amounted to about USD $5 million in the health sector, compared with about USD $60 million by other actors. It must be noted that successes in the health and nutrition sector are to a large degree attributable to Sri Lanka's capacity in the public system of health care, which were developed over many years prior to the tsunami. That national capacity remained strong through the disaster, led to quick recovery in health services, and remains strong today.

F. Conclusions, Lessons and Future Challenges

The strong advances in Sri Lanka over decades, and the health monitoring system which has been developed along with it, make clear that despite significant gains there exist major challenges ahead in health and nutrition. The challenges relate largely to conditions which existed prior to the disaster. These include[100]: the average under-five mortality rate for the period 2001-2006 was 21 per 1000, representing a total of 7000 deaths per year in this period. Even the lower level of 12 per 1000 estimated for 2006 represents a total of 4000 child deaths, about half of which are preventable. The maternal mortality ratio was estimated to be 43 per 100,000 during

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[98] Weerakoon, Dushni, Sisira Jayasuriya, Nisha Arunatilake and Paul Steele. *Economic Challenges of Post-Tsunami Reconstruction in Sri Lanka.* Tokyo: Asian Development Bank Institute. 2007, p33.

[99] $5 million figure from UNICEF data base in Colombo. $60 million figure from World Bank database.

[100] Both maternal and under five mortality data are taken from UNICEF summary for Sri Lanka http://74.125.47.132/search?q=cache:o3RUtZRhmuoJ:www.unicef.org/infobycountry/sri_lanka_statistics.html+sri+lanka+mortality+rate+maternal+21&cd=3&hl=en&ct=clnk&gl=us

2000-2007[101]. Recent prevalence rates for malnutrition rates (2006 survey data) are 22% underweight, 18% stunted, and 15% wasted.

It is recognized that the mortality and malnutrition rates can be reduced significantly by addressing systemic issues in health delivery and selected underlying causes of malnutrition including household level care practices and resource allocations in poor performing areas. None of these rates are in excess of what they could be because of the tsunami. In fact, tsunami affected populations, in general, enjoy better health and nutrition status than in most of the country in these indicators compared to conflict affected areas and the estate sector. On-going programming should thus include attention to the needs of underserved areas and groups, and not only those directly affected by the disaster, for long-term optimal recovery.

A two-pronged strategy is thus suggested:

- to engage in advocacy with national authorities to bring the voice of NGOs and community groups to raise attention to major health needs as identified by beneficiaries, and

- to engage in background analysis, including the collection and presentation of data from a variety of sources prior to the disaster, and updating this with available post-disaster data to orient responders to relevant context and issues which may influence long term recovery but would not be apparent to emergency responders.

The primary health care system proved efficient at responding to needs among those displaced both to camps and non-camp settings in the first 6-9 months. Some of the needs, however, require longer term support and assistance. This especially includes mental health concerns, which may not be effectively addressed when the transition from emergency to regular program activities is managed rigidly. To complete the cycle, long-term needs still exist for further disaster preparedness and risk reduction activities. This is an ongoing need which will, in part, assist in dealing with mental health needs and facilitate even better emergency response in the future. Whether the transition from emergency to development in the health sector is managed well in a future disaster will, however, still depend on continued evolution of social issues of exclusion, disadvantage, and governance of the country.

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[101] Source: Family Health Bureau, reported at SEARO WHO
http://www.searo.who.int/EN/Section313/Section1524_10881.htm

5 CROSS-CUTTING ISSUES

The 'overview' elements of the evaluation relate to the relevance and appropriateness of strategic decisions made in the transition between emergency relief and the period when programmes became more embedded in government-led priorities in the recovery/development phase. Put simply, what was done during the initial phase of response should lead to strengthening recovery efforts. Following a relatively brief relief phase, the question of alignment with national development plans and priorities becomes central. The following section examines some of the key themes around this issue.

Sri Lanka's civil conflict eroded infrastructure and economic development, preventing improvements in the livelihoods of highly vulnerable populations, and put unyielding strains on social services. The continuing cost of the conflict curtailed the level of sustainable public expenditure,[102] with government spending on defence being at the expense of the critical need for social infrastructure.[103]

5.1 Conflict and Tsunami Response

During the conflict, UNICEF's humanitarian response necessarily shifted from a focus on tsunami recovery efforts to addressing the urgent concerns for the conflict-affected population in intensified fighting from 2008. In spite of the initial post-tsunami cooperation between the armed forces of GoSL and the LTTE in the emergency rescue phase, the unease among the two parties resumed and their cooperation ended. The LTTE claimed that GoSL was unfair in the allocation of tsunami resources to Tamil areas, which GoSL has denied.[104] The LTTE controlled an estimated 6,000 square kilometres of land in the north, which caused challenges to infrastructure and economic development in Tamil areas not only for the government, but also aid agencies.[105] **The intersection of the tsunami and the conflict in affected areas raised large concerns for sufficiently addressing the needs of women and children in the three response phases**.

There were hopes for peace when the LTTE initially collaborated with government and donors like UNICEF in locating children and bringing them into rapidly established learning sites. The LTTE also helped negotiate the complex procedures of moving supplies and supporting teachers. Yet the resumption of violence in 2006 was as serious in its own way as the tsunami. It slowed and for many it effectively derailed the recovery process for a minimum of a year in much of the north and northeast.

After elections in the spring of 2008, former combatants from a separate faction of the LTTE moved into government structures.[106] UN OCHA reported that these developments allowed for humanitarian assistance to focus again on recovery and the home construction, livelihoods development and community stabilisation.[107] The severe 'endgame' battles of 2009, though ultimately to conclude the armed conflict, were a further cause of displacement.

5.2 National/Capacity Development

An important question for the evaluation was the extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity. This would imply recognition of the limitations on sustainable public expenditure; matching the support

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[102] Tsunami Evaluation Coalition. *Joint Follow-up Evaluation of the TEC LRRD Evaluation (LRRD 2).* Revised Document Review. SIDA Ref. no 2008-001230, p.17.
[103] UNICEF. *UNICEF 2004 Sri Lanka Annual Report.* 2004, p.10.
[104] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Sri Lanka.* UNICEF Evaluation Office Evaluation Report, May 2006, p.8.
[105] United Nations. *Common Country Assessment: Sri Lanka.* 2006, p.3.
[106] UN OCHA. OCHA Sri Lanka. Accessed 16 April 2009.
[107] Ibid.

to infrastructure with appropriate attention to human resource and institutional constraints; and taking account of the varied structural nature of social and economic exclusion in the affected areas, attempting to reverse patterns of social exclusion.

The two national institutions crucial to early tsunami response—the Reconstruction and Development Agency (RADA) and the Task Force for Rebuilding the Nation (TAFREN), the national and regional coordinating body—have since been dismantled. This left a gap in institutional memory and a weakened sense of accountability at the local level.[108] UNICEF had played a leading role in TAFREN, yet coordination was affected by its abrupt and premature closure. Perhaps most importantly, there was a subsequent lack of local ownership of recovery planning.[109]

UNICEF has not only rebuilt schools, health care centres and safe water and sanitation systems, **UNICEF has also contributed towards developing both policy and the capacity of the Government of Sri Lanka at the national, district and local level**. Building on a long-established partnership, UNICEF has worked in partnership with multiple ministries over the four years since the tsunami to implement considerable education, health and nutrition, WES and child protection services, and build government staff capacity and processes. As a result, UNICEF, in collaboration with the GoSL, has championed nutrition at the national level, and supported building the knowledge base and professional development of teachers, child legal protection workers, health care service professionals and doctors through seminars, workshops and training.

However, the country is still facing challenges with progress in eradicating poverty and child malnutrition and improving the quality of education. These challenges are compounded by the inadequate quality and quantity of required data available through the government to inform the design of the tsunami recovery.[110] UNICEF provided technical assistance to GoSL Department of Census and Statistics in managing DevInfo, a database that monitors progress towards MDGs. UNICEF also began a two-year initiative in 2008 to strengthen the statistical capacity of the MOE by providing training on data collection, management and analysis. To build GoSL's child protection capacity, UNICEF has initiated a case review mechanism between police and probation officers to assess outcomes for children's cases and determine follow-up actions. In education, GoSL now has the capacity to support the implementation of the Child Friendly Schools approach, and has taken ownership of the initiative, which should make gradual progress toward the improvement of quality education.

A 2009 joint Linking Relief Rehabilitation and Development evaluation found that although the GoSL employs more than one million Sri Lankan workers, there is still a significant need for standard setting and definition of legal frameworks.[111] However, **the tsunami presented the largest opportunity for non-state agencies to demonstrate their assistance, advocacy and implementation capabilities and the importance of their role in the tsunami relief, recovery and development**.

5.3 Partnerships

The overcrowding of agencies on the ground following the tsunami—many of which were new and unfamiliar to the local population—posed significant coordination,

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[108] Channel Research. *A Ripple in Development? Long-Term Perspectives on the Response to the Indian Ocean Tsunami, 2004. A Joint Follow-up Evaluation of the Links Between Relief, Rehabilitation and Development (LRRD)*. Draft Report. May 5, 2009, p.29.

[109] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka, Health and Nutrition Sector Report*, November 2009, p.31.

[110] Jon Bennett et al. *Coordination of international humanitarian assistance in tsunami-affected countries*. Tsunami Evaluation Coalition. July 2006, p.69.

[111] Channel Research, op. cit., p.29.

implementation and service delivery challenges. The Tsunami Evaluation Coalition found that many inexperienced and incompetent actors entered the arena.[112] Local organisations were thus favoured by communities, being able to respond very quickly. Many of Sri Lanka's estimated 13,000 NGOs and CBOs mobilised to collect relief supplies and rush to the rescue of those who were in distress. The largest programmes that accounted for a substantial share of the assistance in dollar terms were mounted by the *Sarvodaya* and *Seva Lanka,* which are the two largest Sri Lankan community service NGOs with a wide network for branches in most areas of the island.

UNICEF, having had a thirty-year presence in the country, was familiar to the local population, and had significant knowledge of various communities, resources and capacities. In the education sector, the strong shared commitment to the interests of children between UNICEF, GoSL and partner agencies served to spearhead relief and recovery programmes and enable progress. However, the sector-wide approach intended by the Education Sector Development Framework Programme (ESDFP) implied that all donor programmes should be incorporated within its framework while permitting them to focus on their own areas of interest. This worked for smaller programmes, but not for larger programmes such as those of UNICEF and ADB, although UNICEF has contributed to ESDEP since 2007. No formal incorporation of donor programmes into an actual sector-wide approach (SWAp) in education has taken place.

A plethora of organisations—about 400 at one point—were working in the area of school-based psychosocial support with different, typically short-term techniques. UNICEF funded the Psychosocial Unit in the MOE and Psychosocial Resource Centres through the NIE, which in turn trained teachers, developed and distributed materials, and identified in-service advisors (ISAs) to work in the schools. Yet, ineffective coordination among the various stakeholders adversely affected implementation. There was confusion as teachers were trained by four agencies—the MOE, NIE, the provincial administration and GTZ—each of which implemented different programmes, sometimes in the same school. Hence, educational personnel were struggling to fully understand, deliver and monitor the service. Their training was typically more ad hoc than part of a clearly defined and coherently delivered professional development strategy. The ESDFP, the NIE and CFS were running on parallel rather than integrated lines. Internally, there was also fairly limited interaction between UNICEF's child protection and education programmes.

Over the course of the post-tsunami period, UNICEF has developed and built on a large number of organisational relationships that have formed productive alliances in the relief, recovery and development phases in each of UNICEF's sector interventions. The UN system—including UNICEF—worked in close collaboration with GoSL from the time the tsunami hit.. Not only has UNICEF worked with GoSL, line ministries and coordinating bodies, it has partnered with other UN agencies, INGOs, NGOs and CBOs. UNICEF found that although local NGOs had advantageous linkages in the community, their capacities were not always conducive and required reporting and accountability.

5.4 Disaster Preparedness

The tsunami led to the enactment of the Disaster Management Act in 2005, which had first been drafted over a decade earlier. The Disaster Management Council (DMC) established under this act drew up a Road Map for a Safer Sri Lanka which provides a comprehensive framework for risk reduction for 2006 to 2016. The GoSL has also created a separate Ministry of Disaster Management. Tsunami warning centres now exist along the coastline, with several regional Disaster Management Centres.[113] Although controversial, the most visible disaster risk reduction (DRR) effort may well be the prevention of resettlement and construction within the buffer zone along the coastline.

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[112] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.107.
[113] Channel Research, op. cit., pp.75-76.

The most significant regional initiative in terms of tsunamis is the Indian Ocean Tsunami Warning System (IOTWS).[114] An interim system was up and running (using seismological stations, though only three sea sensors) by the end of July 2006. There is still no agreement on the location of a permanent Indian Ocean Warning Centre and the provision of equipment is still pending.

UNICEF's Emergency Preparedness and Response Programme (EPRP) was updated over the four-year period, notably to reflect the deepening conflict situation, now at an end. Emergency simulations took place in the majority of the Phase Three zone offices. Principals in the five Galle Zone focal schools and in three each in the others had participated in training programmes. Only one had had a disaster warning signal installed in the school, however. Teachers who had participated in the training found the materials sent from the capital to be useful, but they did not indicate significant changes with respect to their own or students' precautionary behaviour.

UNICEF and Save the Children have initiated training in Emergency Preparedness and Response for 35 GoSL zonal representatives (tsunami and conflict zones only) for the MOE. They have each prepared contingency plans reviewed by UNICEF and monitored by the MOE. The system was tested in the November/December floods in Jaffna in 2008 and proved successful. UNICEF further supports 'life skills' in the national curriculum, including teachers' guides and associated materials.

5.5 Targeting the Disadvantaged

In spite of the development and political challenges faced by the country, the UN reported in 2006 that Sri Lanka made the transition from a Low Income Country to a Middle Income Country (MIC),[115] a considerable achievement considering the impacts of the tsunami and the civil conflict. And in spite of the conflict and development needs in the country, in 2008 Sri Lanka remained on track to achieving all of the MDG targets before 2015.[116]

A distinction should be made between existing pre-tsunami chronic poverty and the risk that the tsunami forced the poor into long-term poverty. Doubtless, **the tsunami caused initial and severe loss of income to poorer families, but in the country as a whole—including tsunami-affected areas—conflict has been a greater cause of poverty**. The overall damage from the tsunami was estimated at 7 percent to 7.3 percent of GDP.[117] By contrast, the cost of the conflict has been conservatively estimated by the Central Bank as 2-3 percent of GDP per year of lost growth.

The tsunami caused significant loss and change in livelihoods, either because of loss of assets, environmental changes, changed opportunities, or changes in the market demand for their products. The primary source of income significantly changed for 17 percent of resettled families. While 13 percent of those with a fish-based livelihood resettled between two and five kilometres from the sea have abandoned this livelihood, 45 percent of those resettled five kilometres or more from the sea have abandoned a fish-based livelihood.[118]

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[114] USAID, Indian Ocean Tsunami Warning System. http://apps.develebridge.net/usiotws/pageaahome.html
[115] United Nations. *Common Country Assessment: Sri Lanka.* 2006, p.2. See also, United Nations. *United Nations Development Assistance Framework: Sri Lanka 2008-2012.* September 2007.
[116] United Nations. *Common Country Assessment: Sri Lanka.* 2006, p.2. See also UNICEF. *UNICEF 2008 Sri Lanka Annual Report.* 2008, p.5.
[117] ADB, Japan Bank for International Cooperation and World Bank. *Sri Lanka 2005 Post-Tsunami Recovery Program: Preliminary Damage and Needs Assessment.* Colombo: Asian Development Bank, Japan Bank for International Cooperation, and the World Bank. 2005.
[118] ILO. *Survey on Post Tsunami Settlements of Sri Lanka.* Colombo: RADA Livelihood Unit and ILO Income Recovery Technical Assistance Programme (IRTAP). 2007.

A similar question of short and long-term issues relates to social exclusion caused by economic disparity. In Sri Lanka it is more often attributed to the contradictions in development between a poorly performing economy and increasing demands for resources and services from the upwardly mobile.[119] Wealth disparities are also highly geographically specific. Out of nine provinces, the western province alone accounts for 51 percent of GDP production.[120] The plantation area in the south and centre of the country has seen an increase in household poverty rates, and economic performance in the northern and eastern provinces has been severely curtailed by the ongoing conflict.

The World Bank has acknowledges that Sri Lanka has a "fairly comprehensive social protection system but it is neither financially sustainable nor well-targeted".[121] Further,

> *the coverage of social services (for example, community-based rehabilitation services for the disabled and elderly, protection for vulnerable children, etc.) and employment services…is low. The weaknesses of Sri Lanka's social protection system are particularly noticeable in conflict-affected areas and during the times of natural disasters*.[122]

UNICEF's programming in each of its four sectors implicitly or directly targeted marginalised children and groups as described in the findings, such as: immunisation campaigns targeting vulnerable children; broad child protection efforts against abuse, exploitation and trafficking, as well as psychosocial support; child-friendly schools, Catch Up Education and Education Sector Development Framework Programme's commitments. UNICEF has tried to redress balance for conflict-affected children through its Catch Up Education programming which was instrumental in providing inclusive, targeted support to conflict-affected children. UNICEF's focus on vulnerable children was well articulated within the ESDFP's commitment to develop at least one 'quality school' in the 100 most disadvantaged divisions and to highlight the situation of children affected by natural disaster as a vulnerable group. While these policy orientations have been drawn on the basis of socioeconomic criteria through a 2006 Department of Census and Statistics survey, a number of the schools and groups involved have, by definition, included areas in which UNICEF is active.

Yet **the needs of the most vulnerable in some areas were often overlooked by agencies in a rush to provide blanket services and supplies to affected populations**. UNICEF found that achieving equity in responding to all populations in need was a significant challenge. In its relief phase distributions, UNICEF did not identify or target vulnerable groups, in part due to a lack of agreement among organisations in categorising vulnerable populations. Though difficult to quantify, the implication is that some families—particularly impoverished or at risk, due to conflict or a lack of livelihoods and assets, or age and gender—had unmet needs. UNICEF has identified the need to develop criteria for vulnerability with other agencies so that it can effectively develop joint initiatives.

5.6 Human Rights-based Approach to Programming (HRBAP)

The UN Programme for Reform launched in 1997 included a call by the UN Secretary-General for all entities of the UN system to mainstream human rights into their various activities and programmes within the framework of their respective mandates. A subsequent May 2003 Interagency Workshop identified three areas of common understanding for all agencies:

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[119] Abeyratne, S. Economic Roots of Political Conflict: The Case of Sri Lanka. *The World Economy, 27*, 1295-1314. 2004.
[120] UNICEF Draft Country Programme submitted to the Executive Board, June 2007.
[121] World Bank. *International Development Association and International Finance Corporation Country Assistance Strategy for the Democratic Socialist Republic of Sri Lanka for the Period of FY2009-FY2012*. Sri Lanka Country Office, South Asia Region and the International Finance Corporation, South Asia Department. May 7, 2008.
[122] Ibid.

Common Understanding
1. All programmes of development co-operation, policies and technical assistance should further the realisation of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.
2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.
3. Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.[123]

Sri Lanka is party to seven major international human rights instruments, including the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention Against Torture (CAT), and the Convention on the Rights of the Child (CRC).[124] The UN reports:

> *Sri Lanka's Constitution includes a far-reaching fundamental rights chapter and there is a strong political commitment to develop a new and more comprehensive Human Rights Charter. The Supreme Court has a long tradition of human rights jurisprudence and the Human Rights Commission of Sri Lanka has developed as an important national protection mechanism.*[125]

GoSL has demonstrated its commitment to human rights with the creation of a new Ministry of Human Rights and the renewal of the Permanent Standing Committee on Human Rights.[126] However, **there are gaps in ensuring the effective implementation of human rights protections at the national level**. For instance, access to the formal justice system can be fraught and alternative channels for mediation and redress are relatively weak and overstretched.[127]

Using an evidence-based strategy, UNICEF has advocated the enforcement of the CRC—and specifically, the Optional Protocol related to children and armed conflict, which obliges states to prevent child recruitment and provide rehabilitation support for children leaving armed groups. The recruitment of child soldiers was the paramount child rights concern during the conflict, and the focus can now shift to Disarmament, Demobilization, Rehabilitation and Reintegration (DDRR) for former child combatants.

5.7 Gender Issues

While the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) has not yet been introduced into national legislation, it created the basis of the 1993 Women's Charter of Sri Lanka. Other institutions have been established, including the Women's Bureau, the Women's Ministry and the Presidential National Committee on Women. Yet in practice, **there are gaps in the meaningful participation of women in various levels of society, and support for women's issues has not been high on the national agenda**, as demonstrated with the recent shelving of the Domestic Violence Bill.[128] There is low representation of women in parliament and local government, as well as private sector leadership. Women continue to have

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[123] See Stamford Inter-Agency Workshop. "The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among the UN Agencies". 2003, p.1.
[124] United Nations. *Common Country Assessment: Sri Lanka*. 2006, p.2.
[125] Ibid, p.2.
[126] Ibid, p.7.
[127] Ibid, p.8.
[128] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Sri Lanka.* UNICEF Evaluation Office, May 2006, p.21.

low-paid and unstable employment, face high rates of gender-based violence, and do not have the same protection as men under the law.[129]

UNFPA pointed to "gender-specific aftershocks" to the tsunami, which ranged from women becoming widows and heads of households, giving birth in unsafe conditions, and increased cases of rape and abuse.[130] UNICEF reported:

> *At the community level women are still underrepresented as evidenced in the IDP situations where they are generally not included on the IDP committees. Due to a dearth of participatory and consultative mechanisms with assistance organizations many IDP women have been excluded from participation in decisions regarding their relief and recovery assistance, and often suffer the consequences of this lack of consultation.*[131]

There were outstanding concerns over equal access for women to recovery grants and land rights. The lack of baseline data prevents issues such as these being dealt with in other than a piecemeal fashion. The Coalition for Assisting Tsunami-affected Women (CATAW) was formed by more than 60 women's groups to address physical and psychological vulnerabilities faced by women and children who survived the tsunami.[132]

There was an inter-agency initiative to ensure that baseline surveys and special studies provided disaggregated gender and age data. The work plans for 2005 included key components to ensure women's rights to safe motherhood through strengthening emergency obstetric care services; a communication package for addressing early childhood care, and providing separate toilet facilities in schools for girls. Gender-based violence was addressed through support to women's and children's police desks, as well as 'Women in Need' and other NGOs that work to prevent gender-based violence and provide services for women who are subject to it.[133]

There appears to have been no major impediment to gender equality in education. The focus on gender from a rights-based perspective has been clear in the CFS approach, and references were made in ESDFP and other policies to avoiding gender role stereotypes and providing equal support to girls in areas such as vocational education.

Adequate attention to gender-specific needs was given in the extension of the psychosocial programmes to behaviour and child abuse has focused attention on issues such as incest, which was earlier hidden within families and often leaves girls at risk. Bringing these types of issues into a space where children can receive open, easily accessed and confidential support suggested a major advance.

UNICEF recognises that while UN agencies have made an effort to mainstream gender issues across sectors and programmes, efforts must be more focused and effective, emphasising disaggregated data collection on gender-related concerns, and targeting specific results, such as prevention of sexual and gender-based violence (SGBV). Gender is one of the four pillars for intervention in the 2008-2012 UNDAF; a UNDAF Theme Group includes UNICEF. The group has been raising awareness about violence against women in Sri Lanka; broadening its knowledge base about SGBV; and improving its prevention and response measures.

There is also a need to address the vulnerabilities and coping strategies of two groups that have been relatively neglected groups in the tsunami response: adolescents and single fathers who

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[129] United Nations. *Common Country Assessment: Sri Lanka.* 2006, p.5.
[130] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Sri Lanka.* UNICEF Evaluation Office Evaluation Report, May 2006, p.21.
[131] Ibid.
[132] Women and Media Collective, http://www.womenandmedia.net/network/CATAW.htm
[133] UNICEF. *Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in Sri Lanka. Child Protection Sector Report*, UNICEF Evaluation Office, November 2009, p.34.

lost their wives in the tsunami. Many widowers have lost their livelihoods and at the same time need support to learn to care for their children, as single parenthood is a new and unfamiliar role for them. This represented a major neglected area given that in the aftermath, hundreds of men became single parents with added responsibilities for child and family care that they had not previously been involved in.[134]

UNICEF encourages gender-disaggregated data in its own programming, and is advocating its use with the MOE. UNICEF has also provided support to the National Institute of Education to develop a curriculum that is not gender-biased, and has supported two studies on gender: *Gendering the Tsunami: Women's Experiences from Sri Lanka* and a study on women's property rights in Sri Lanka.

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[134] UNICEF, *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka, Child Protection Report,* UNICEF Evaluation Office, November 2009, p.34.

6 CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In the four sector analyses summarised here, and in the discussion of accompanying cross-cutting issues, we have examined linkages between post-tsunami international efforts, national government, local civil society, and community capacities. **In exploring outcomes we have commented on the sustainability of social capital at individual and community levels and emphasised the centrality of capacity development at government at national and local levels, including issues of risk reduction and management.**

UNICEF's effort in Sri Lanka is very much a 'work in progress'. In returning to a regular—and much reduced—programme after four years of unusually high financial inputs, a key question is the extent to which UNICEF's strategic approach complements, enhances and influences efforts of both the GoSL and of development agencies which, like UNICEF, will remain in the country.

The tsunami, though a major disaster by any reasonable measure, affected only about five percent of Sri Lanka's population. **The best way to ensure success in tsunami recovery is to integrate it into a broader sustainable development framework**. **The role of coordination and the UN in the transition from disaster response and recovery to development is critical but requires a consistent project management and implementation strategy**.

At this stage in the recovery process, the evaluation can confirm positive outcomes in all four sectors. In **the WASH sector**, UNICEF's support to GoSL has led to better coordination of the international community and the underpinning of good practice through providing technical guidelines. There was also a significant change, whereby national water access was improved with the shift from household- to community-managed systems. The capacity of the NWSDB has increased and UNICEF has funded some major infrastructure projects in Kantale, Galle and Thirokkuvil that will have a far wider development than just tsunami recovery. At the same time, the restoration of water points has been crucial to recovery. Having established a strong advocacy role with the GoSL, UNICEF now has the potential to influence policy changes in water quality surveillance and water supply subsidies.

In **education**, children were swiftly back in school and child-friendly guidelines developed by UNICEF have visibly improved performance in the sector. The CFS initiative now has growing national coverage and acceptance. Qualitative improvements in teaching methods and curriculum were more difficult to ascertain, due mainly to the lack of evidence-based data. Community and parental links to schools has improved. The high quality of newly constructed schools has worrying implications for sustainability without additional recurring cost contributions.

Child protection has seen a huge boost in government spending in the last four years. UNICEF has successfully lobbied for changes in practice and attitudes away from institutions and towards safe placement of children with legal guardians. The Fit Person Order has been restored, though with some problems over predictable payments; more problems were apparent in the east than in the south. The Safe House model for abused children in Batticaloa is of commendable standard, but unfortunately not yet replicated elsewhere, though the increase in Children's Clubs is a positive trend. Social Care Centres still require greater financial and human resources to make them viable. Psychosocial programming in schools has been conceptually strong, but compromised by human resource constraints and lack of consistent procedure.

In **the health and nutrition sector**, UNICEF's actions were important in focusing the direction of assistance and recovery, but it was in a supportive role to government leadership and government-directed programming. For example, UNICEF contributions to tsunami recovery in the southern region amounted to about USD $5 million in the health sector, compared with about USD $60 million by other actors.

The social impact of the tsunami cannot be divorced from the pre-existing landscape with its layers of conflict, nationalism and economic disparities. **The disaster brought into focus issues of entitlement, social justice and the rights of women and children**. Its impact in the medium-term was bound to exacerbate regional differences between the coastal areas and the interior and between the north and east and the south. In the initial response, UNICEF, along with most agencies, did not identify or target vulnerable groups in its distributions, resulting in some unmet needs. For example, there were reports of some widowed women not receiving equal access to recovery grants or land rights. Subsequently, though, UNICEF has identified the need to develop common criteria for vulnerability with other agencies so that it can effectively develop joint initiatives.

The tsunami forcefully brought into focus the importance of disaster preparedness for sustained development. The Tsunami Sri Lanka Disaster Management Act of 2005 led to the setting up of the National Council for Disaster Management, and the Disaster Management Centre. However, as UNICEF discovered in its own EPRP programme, training local government officials and teachers in preparedness and response does not always translate into increased precautionary behaviour at community (or school) levels. Consistent quality curriculum development is required.

With the end of the war Sri Lanka is likely to attract significant post-conflict reconstruction funds. Already, a strategic plan has been circulated by the government, bringing all INGO and UN interventions under the direct control of the president.[135] The GoSL also claims to be correcting the 'mistakes' it made after the tsunami with respect to coordinating international assistance.[136]

Attributing change to any one agency would be dishonest, but UNICEF sizeable interventions over four years, and the encouraging manner in which it has assimilated lessons from these interventions, have given it a unique opportunity to guide and influence national and sub-national government. The recommendations from this evaluation are offered as part of this process; they relate both to government practice and to UNICEF itself. Some are generic—yet to be translated into policy and practice on the ground. Others are more specific, and could be instigated in the immediate future.

Recommendations

1) *Capacity needs assessment should be undertaken very early in the recovery phase.*
In particular, this should include analysis of capacities at provincial and district levels, cross-referenced with an understanding of work being undertaken by other agencies in relevant sectors. This is important not only for intervention strategy, but also for sequencing of priorities in UNICEF's capacity work.

2) *The management of large-scale construction programmes in all sectors should not be undertaken by UNICEF – it should be outsourced.*
Capital-intensive projects, such as construction and the purchase of significant assets entails high transaction costs for materials as well as staff, and can distract from wider development concerns. However, new facilities present unique opportunities to develop and promote quality issues, for example, in the education sector.

3) *UNICEF should ensure that technical assistance offered to government ministries is complemented by a public communications strategy that increases demand and community ownership of any new services being offered.*

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[135] Nimmi Gowrinathan and Zachariah Mampilly. 'Aid and Access in Sri Lanka'. Overseas Development Institute, London. Humanitarian Exchange Magazine, Issue 43. June 2009. http://www.odihpn.org/report.asp?ID=3003
[136] Ibid, http://www.odihpn.org/report.asp?ID=3003

4) *UNICEF should promote the collection and analysis of disaggregated data on vulnerability—both qualitative and quantitative.*

Although domestic and local safety nets will always be of paramount importance, adherence to human rights principles and international standards will only be assured through institutionalising participatory methods of recognising and measuring inclusion and exclusion.

5) *UNICEF should positively discriminate in favour of women's grassroots and advocacy organisations as implementers, and provide appropriate capacity assistance to enable this.*

This would counter inherent cultural and gender bias in the selection of partners. Resource commitments should, however, recognise that capacity provision as well as capacity development is appropriate in some cases, in order to get programmes underway.

6) *Protecting the many investments made in the relief, recovery and development phases includes greater attention given to maintenance issues.*

Plan for sustainable programming, support, maintenance, continuity and human resources development in order to support the interventions, systems and infrastructure implemented post-tsunami. This would include anticipating needs after agencies and donors exit.

7) *Support evidence-based systems to inform planning, implementation and monitoring and evaluation.*

It is critical to ensure information management and data collection systems. This involves supporting existing data collective processes and establishing new approaches to ensure consistency, reliability and data access across agencies. Relevant staff should be trained in the usage, search and analysis of such data, which should be used to strengthen monitoring and evaluation, and inform decision making and strategic planning.

8) *Support and develop guidelines for the provision of needed items, equipment and materials during emergencies.*

Such guidance should include criteria for implementation capacity and decision making of expensive items in an environment with high staff turnover and competing priorities. Given the context and stress of disaster environments and complex emergencies, accounting for the need to decentralise fast decision making, supportive guidelines should address materials and equipment and materials sourcing. These could be included in preparedness plans and incorporated into existing long-term agreements.

9) *Ensure that programme efforts, including emergency response and assessment tools, are inclusive and include the most vulnerable children or population groups.*

Pre-determined plans that identify the most vulnerable children, include strategies for reaching them and incorporate them into programming will help ensure that the needs of these most vulnerable populations are not excluded.

7. SECTOR RECOMMENDATIONS

The recommendations provided in this section cover areas for improvement in each of the four sectors, directed at the GoSL, UNICEF Sri Lanka and UNICEF at the global level. More in-depth recommendations can be found in each of the country sector reports.

7.1 Water, Sanitation and Hygiene (WASH)

WASH Recommendations for the Government of Sri Lanka and Partners

1. **Preparedness plans, country level standards and guidelines for WASH should be hazard-specific.**
The evaluation found that opportunities were lost due to a lack of timely hazard-specific technical guidance and oversight. Guidelines were produced only after the event, and some are still not hazard-specific.

2. **Preparedness plans should involve a national inventory of difficult-to-source vehicles that can be used during emergencies. They should include the assets and expertise of humanitarian NGOs.**
The WASH sector and UNICEF incurred significant delays and expense in sourcing sufficient quantities of suitable vehicles—gully suckers and drilling rigs, for instance—to ensure water supply and sanitation in the aftermath of the tsunami.

3. **The water quality surveillance programme supported by UNICEF should include point-of-use analysis and consider differences in household water treatment practices by source.**
With over half of all households treating drinking water, and with proper storage of water varying quite widely according to household income levels, this will become increasingly important.

4. **Preparedness plans should consider the role of public health inspectors during emergencies, as well as limits in their capacity.**
The tsunami response increased technical capacities of public health inspectors at district level, but these need to be brought to scale. Options might include a focus on monitoring and oversight, with division of tasks for scale-up and implementation.

WASH Recommendations for UNICEF Sri Lanka

1. **Preparedness plans with guidelines and strategic options should include how the country-level WASH cluster collaborates with the shelter cluster or housing coordination mechanism, especially if cash grants are used for housing.**
The evaluation notes a distinction between shelter provided on a temporary basis and longer-term changes from the reestablishment of housing stock. Opportunities exist for changes in sewerage treatment, as well as improvements in hand washing technology at the household level though deeper collaboration with the shelter and housing actors.

2. **UNICEF should anticipate a closer working arrangement with the World Bank's Water and Sanitation Programme, including complementary analyses, if large-scale water supply schemes are financed in future emergencies.**
UNICEF rightly invested in large-scale infrastructure, but to have a greater influence on equitable distribution inclusion of poorer households and water usage patterns, it should draw on the expertise of the World Bank.

3. **Sector preparedness plans should include proactive context- and hazard-specific guidelines and standards.**

Hazard-prone Sri Lanka has different geophysical and social contexts, in addition to regional disparities in development. The WASH sector needed different context- and hazard-specific guidelines and standards at different phases of recovery. UNICEF should proactively collate guidelines according to hazard and context.

4. **Preparedness plans should consider cash grants or market manipulation for hygiene and water kits, or agree with other WASH cluster partners to provide these.**

Sourcing hygiene kits incurred delays and some other actors performed better than UNICEF in this respect. Local markets for similar items were soon available. If the issue is affordability, targeted cash-based strategies might therefore be more appropriate. The same might be true for water kits, including water purification tablets. UNICEF should import these goods only for the limited period when local markets cannot meet demand.

5. **Guidelines and changes in management practices for WASH in school facilities should be developed with pilot schools and district level education departments.**

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

WASH Recommendations for UNICEF – Global

1. **The WASH cluster and UNICEF's WES programme need to further develop strategies and guidelines to influence the shelter cluster or housing authority supplying relocation housing.**

The cash grant approach to housing rehabilitation contributed significantly to the reestablishment of WASH facilities. UNICEF supported public health inspection but did not fully exploit opportunities for wider collaboration with the shelter sector. For example, strategies might include improved hand washing technology, human waste management, and criteria for site selection.

3. **UNICEF should take a lead in developing context- and hazard-specific guidelines for inclusion in country-specific preparedness plans.**

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

4. **UNICEF should develop clear guidance around the issue of capacity and human resources required for high-value items when there is a high staff turnover.**

Significant amounts of expensive equipment ordered in 2005 were unused or underused, with some being inappropriate or arriving late. Guidelines should not only look at how to effectively use such equipment, but also how to incorporate such usage into preparedness plans and existing long-term agreements with government.

5. **UNICEF should work more closely with the World Bank's Water Sanitation Programme in developing guidelines on investments in large-scale infrastructure.**

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

7.2 Education

Education Recommendations for the Government of Sri Lanka (Ministry of Education) and Partners

1. **Strengthen mechanisms for monitoring throughout the system, from central Ministry of Education offices to local authorities.**
Effective use of monitoring will ensure speed and sustained quality in school construction, integrating the various physical, educational and psychosocial interventions being provided to children into the mainstream curriculum. Better use should be made of the Divisional Education Office as a monitoring agency.

2. **Increase coordination at the local level with respect to issues of child abuse, child labour and sexual harassment**.
Strengthening District Children's Committees, established with officials of relevant agencies as members, is one possibility. So too would be increasing collaboration between zonal Education Offices, and the areas of non-formal education, probation and child care, child rights, labour and health.

3. **Designate the community participation programme being developed by TERM as a permanent responsibility of local education administrative units.**
The aims of the TERM programme are to promote greater cooperation between schools and their communities; build a sense of community ownership of schools; and facilitate child-seeking and monitoring. These will all be critical to sustaining effective decentralised education management and child-friendly schools.

4. **Support zonal Education Offices and schools in finding ways to promote personal responsibility and notions of the 'common good' in maintaining a healthy school environment.**
Managers, teachers and students, as well as families and the community, should be encouraged to assume greater ownership in promoting high standards.

Education Recommendations for UNICEF Sri Lanka

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

2. **Support zonal Education Offices in clarifying their responsibilities and strengthening their capacities for promoting the professional development of the In-Service Advisor and managing the Teacher Centres.**
Together, these actions constitute a potentially crucial and sustainable means of overcoming the inherent weaknesses of the cascaded training model by working with teachers directly in the classroom to apply CFS teaching principles and encouraging teacher-teacher mentoring.

3. **Review the quality of collaboration between the child protection and education programmes, especially under the CFS umbrella.**

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

4. **Consider a revised nomenclature for the Child-Friendly Schools programme as a way into the more serious task of encouraging an increasingly holistic application of the concept.**

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

Education Recommendations for UNICEF – Global

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

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

2. **Develop a training programme for County Office professional staff in the theory and practice of mentoring, and formally encourage its use with partners.**

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

3. **Systematically review the factors that have made UNICEF's experience in setting up/working with agencies like TERM at times effective and at others, ineffective.**

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

7.3 Child Protection

Child Protection Recommendations for the Government of Sri Lanka and partners

1. **Avoid making major changes in government function and structure during times of emergency.**

Emergencies are not appropriate times to make major changes in government function and structure. In Sri Lanka, the creation of new entities missed the opportunity to strengthen operational actors, such as the department of probation.

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2. Provide support to governmental actors closest to the points of service delivery.
Support to frontline workers can provide tangible benefits to children, families and communities. Support to probation officers in Galle, for example, enabled them to promote the government's pro-family placement policy in a timely and effective manner. Conversely, the inability to provide transportation and economic assistance, and confusion of data collection systems undermined much needed community and home visits and outreach assistance.

3. Build upon government-NGO partnerships for emergency response.
Many national and international NGOs had an active presence in both tsunami and conflict-affected communities. Citizens' perceptions of their children's security and delivery of essential services was significantly higher when CBOs and NGOs were present. Disaster preparedness and future planning could usefully build on these protective synergies through explicit public-civil society partnerships.

4. Establish systems to professionalise the field of child protection.
Three of the most important next steps towards professionalisation of the child protection field include: 1) developing standard operational procedures for child protection programmes and professionals who work in them; 2) establishing (and requiring) proper degree programmes for social service providers; and 3) providing ongoing in-service training and logistical support to frontline workers.

5. Implement S. 17(1) of the Children and Young Person's Ordinance (CYPO).
Not all abuse cases reported to the police are being dealt with by probation officers as required by law. A potential remedy is to separate child legal and child welfare functions. This would limit Probation Officers' roles to court cases, while engaging child protection and rights officers in social welfare concerns.

6. Strengthen child protection data collection, management and analysis.
The current notebook-based data collection system should be replaced with a computerised approach capable of collecting, analysing and sharing essential data across government departments and actors. This will require a careful analysis of how best to standardise recordkeeping, train staff in data entry and data analysis, share information across actors, and utilise results to improve service delivery and policy actions.

Child Protection Recommendations for UNICEF Sri Lanka

1. Partner with national NGOs and community-based organisations.
The sometimes greater efficiency and sustainability of national NGOs/CBOs over international NGOs is noted. UNICEF should strengthen linkages by, for example, engaging CBOs in disaster preparedness planning and risk reduction exercises.

2. Build on good practices that reduce the rate by which children enter institutions.
Proper training of government actors, coupled with case conferencing, appears to be capable of reducing the rate by which children enter institutions. UNICEF should assess how these and other efforts can be taken to scale and replicated in other areas.

3. Promote participatory approaches to planning and implementation.
The inability to link the various levels of government policy making together—while also consulting with NGOs, CBOs and community members—is an obstacle to effective policy formation and implementation. Participatory approaches to assessment and planning are both practical and beneficial. UNICEF and relevant government and non-governmental actors should explore ways to build on participatory approaches to protective environment planning and implementation.

4. Professionalise the field of child protection in Sri Lanka.
UNICEF should promote high quality technical support to the Ministry of Child Development and Women's Empowerment to develop standard operating procedures for its programmes. UNICEF could also work to promote partnerships with universities to ensure professional training for all future protection and social service providers. Current practitioners could benefit from short courses and distance learning programmes. Support for programme learning, inter-agency evaluations, and pilot projects to link economic strengthening with child protection outcomes would be important.

Child Protection Recommendations for UNICEF – Global

1. Study and disseminate key lessons learned.
Rudimentary emergency response activities evolved into substantial protective systems over a relatively brief period of time. It is not necessary for UNICEF to make an 'either/or' choice between discrete projects for vulnerable groups of children or the promotion of systems development. Lessons learned are: 1) Early government action to prevent exploitation and abuse can evolve into large-scale policy reform and public awareness campaigns; 2) Safe space activities can evolve into community surveillance mechanisms; 3) Work on separated and unaccompanied children can evolve into integrated social service programmes; and 4) Early engagement with the police can evolve into child-friendly programmes. By entering the protective paradigm through the narrow focus on an emergency response, it appears to be possible to jump-start more lasting protective systems.

2. Keep the emergency response rooted in the Core Commitments for Children.
An important element of the CCCs is the phased nature of the commitments that links a limited number of key priorities to achievable start-up activities, such as safe spaces and family tracing and reunification procedures. It was this early 'on-the-ground traction' that created momentum for a meaningful build back better strategy. This simplicity stands in stark contrast, for example, to the "inter-agency assessment tool" that is emerging from Global Protection Cluster's Working Group on Child Protection. Currently, this tool is too cumbersome and too guidance-laden to be of true use to the field. UNICEF should keep its own child protection emergency response focused and pragmatic.

3. Provide methods training for all UNICEF protection staff to build capacity.
UNICEF's child protection programme is not yet equipped to use or promote new methods that establish prevalence rates on key child protection concerns. One of the results of this deficit is a one-size-fits-all approach to Core Commitment applications. It is therefore recommended that UNICEF promote a skills-based initiative for its entire protection staff as a key next step in agency capacity building. Emergency standby roster workshops could be arranged; regional learning initiatives promoted; and distance training packages developed to ensure the critical skills are promoted in a timely and relevant manner.

7.4 Health and Nutrition

Health and Nutrition Recommendations for the Government of Sri Lanka and Partners

1. Designate in-service training activities for health workers according to the health problems in that local area.
In-service training activities have too often been carried out without strategic consideration for the key programmatic needs in local areas. In-service trainings should be prioritised on the basis of the evolving epidemiologic conditions and programmatic needs of the country.

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

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

- *Infant mortality*: focus on extending coverage.
- *Maternal health*: post senior specialist physicians and nurses, promote family spacing, and improve in-patient transport and training for early recognition of obstetric emergencies.

Health and Nutrition Recommendations for UNICEF Sri Lanka

1. **In order to manage emergency response, train an officer in communications and stress the need for in-country public communication for improved policy and coordination during future emergencies.**

Programme communication plays a key role in creating awareness and behaviour changes on both child care and protection messages to the public as well as to the government. It can also assist the coordination of UNICEF staff activities in response to an emergency.

2. **Develop a nationally agreed core inter-sectoral assessment tool to facilitate emergency assessments.**

An initial assessment in the first weeks is necessary to guide the very first call for mobilising resources and personnel, and it should be used to guide the organisation of a more comprehensive inter-sectoral assessment to be carried out with other partners. This division into initial and comprehensive assessment activities, carried out in the first weeks after an emergency and then 6-8 months later, respectively, may assist in developing a more substantive strategy to move from emergency actions to recovery and development.

3. **Adapt recovery goals to the particular underlying and current conditions of the area.**

General recovery plans are not one-size-fits-all. They should be reviewed and revised according to local conditions within twelve months of a disaster, accepting the overlap between relief, recovery and development interventions**.**

4. **Develop expertise to better connect the current and evolving epidemiologic burden of a country to its organised health service and finance systems, especially in mental health.**

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

Health and Nutrition Recommendations for UNICEF - Global

1. **Develop a cadre of personnel with specialised expertise in addressing psychosocial aspects of emergencies.**

2. **Develop a strategy that more fully utilises UNICEF's own primary development resource—its health workforce and training cadre.**

There is dissonance between service delivery models and the training and workforce policies in many countries. UNICEF has an opportunity, with its historical role as promoter of primary care and community participation, to help countries develop a health strategy that more fully utilises its own main development resource, its largely female health workforce, and training cadre.

3. **Organise multi-stage training and policy activities for communication and community participation.**

When a major disaster occurs, a planning cycle over five years should be anticipated. This should include long-range human resources plans, the decentralisation and development of local and regional government capacity, and training of local health workers to capitalise on learning acquired during the emergency.

4. **Create an emergency human resources post to develop and manage roster/surge capacity.**

Those contracted to respond to emergencies should be brought in for longer periods to facilitate the transition and to assist in trust building, communications and institutional memory. Regular staff should be given priority for mobilisation, with short-term staff filling the gaps left by those who move from their posts.

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