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TSUNAMI REPORT **5 YEAR ANNIVERSARY** DECEMBER 2009

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OVERVIEW

The December 2004 Indian Ocean earthquake off the coast of Indonesia triggered a massive tsunami that spread throughout the Indian Ocean, leaving nearly 230,000 dead or missing and devastating communities. In response, the international community provided assistance on an unprecedented scale, with in excess of USD 14 billion pledged for the relief and recovery of tsunami-affected countries - with over USD 5.5 billion of this coming from private sources, such as individuals and organisations¹.

The tsunami caused immense social, economic and environmental devastation to already poor areas, which in some contexts also had been weakened by years of conflict, and highlighted long-standing disparities of affected populations. While UNICEF's initial response aimed to address the immediate humanitarian needs of those affected by the tsunami, there was also an opportunity to strategically address some of the gaps in access to basic services and other forms of marginalisation, such as populations affected by conflict and/or other forms of discrimination (for example, through HIV and AIDS programmes). In Indonesia, for example, UNICEF strategically targeted both tsunami- and conflict-affected populations in Aceh, with the aim of consolidating peace and the understanding that not doing so would create a potentially unsolvable disparity in access to services.

In addition to the pre-existing contextual and developmental issues, the tsunami recovery programmes faced a number of challenges, including having to incorporate responses to new emergencies - underscoring the non-linear nature of recovery. Among multiple new crises, tsunami-affected areas in **Myanmar** were again struck by cyclone Nargis in May 2008, affecting an estimated 2.4 million people, and causing considerable damage to schools, health facilities, and water and sanitation infrastructure. Tsunami funding allowed UNICEF to respond immediately, providing humanitarian assistance in tsunami-affected areas that were also hit by the cyclone. **Indonesia** is prone to natural hazards, and in September 2009 was severely affected by a series of earthquakes in Java and West Sumatra, particularly impacting water and sanitation infrastructure and schools. UNICEF has been working with the Government and partners to provide humanitarian response.

In **Sri Lanka**, the abrogation of the Cease Fire Agreement in 2008 and subsequent intensified conflict between the Government and the Liberation Tigers of Tamil Eelam (LTTE) further aggravated the situation of already vulnerable populations and impacted on the pace of tsunami reconstruction efforts in the North and the East of the Country.

¹ Flint, M and H Goyder, *Funding the Tsunami Response*, Tsunami Evaluation Coalition, London, 2006, p14.

In **Somalia**, the political situation remains fragile and renewed fighting has resulted in a steady deterioration of the security situation and a reduction in humanitarian space.

Despite the constraints, recent evaluations of the impact of UNICEF's response² found that overall UNICEF had contributed to 'building back better' after the tsunami through the reestablishment and development of infrastructure, improved capacity development, and new or developed policy and programmatic measures aimed at protecting the most vulnerable children and improving their wellbeing. The evaluations also identified some of the remaining challenges, particularly relating to the ongoing need for increased sustainable capacity building for service provision at a decentralised level. The evaluations concluded that 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.

In the process of implementing the tsunami response and recovery programmes, UNICEF has learned valuable lessons for future humanitarian action. While significant progress has already been made on strengthening systems for coordination, and supply and human resource mobilisation; further work is needed to improve performance monitoring, and to strengthen the integration of early recovery into emergency response planning. Lessons from the tsunami have also fed into the evolving humanitarian reform process, particularly on sectoral coordination through the cluster approach.

Five years on from the tsunami, the majority of UNICEF tsunami programmes have now been completed. Recovery programmes ended in India in 2007, while programmes in Malaysia, Thailand and Myanmar drew to a close in 2008, with continuing work handed over to national authorities or integrated into existing programmes. Reconstruction of health centres, schools and water and sanitation systems gathered pace in Indonesia, Sri Lanka and Maldives – in particular the sizeable construction of new schools in Aceh and Nias – while being supported by major capacity development initiatives. By end 2009, Somalia and Maldives will integrate any remaining tsunami recovery into ongoing programmes, while in Indonesia and Sri Lanka, UNICEF will continue to support reconstruction activities in health, education and water and sanitation sectors through to end 2010.

² Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in the Maldives (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Thailand (2005-2008), UNICEF Evaluation Office, New York, November 2009.

Overall Financial Picture of Tsunami Programmes

The total funds received by UNICEF for the Tsunami stands at USD 694.7 million. Three-quarters of all funding received came from UNICEF National Committees (**Figure 1**). Unearmarked, *thematic* funds account for 53% of all funds received and 90% of all funds remaining.

FIGURE 1: TYPE OF CONTRIBUTIONS

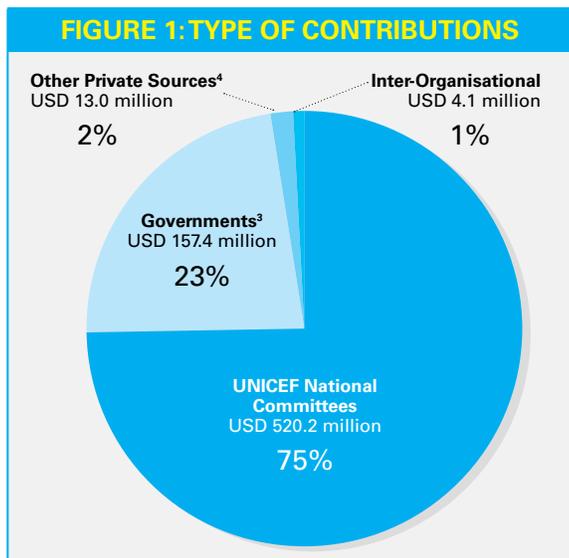


TABLE 1: ALLOCATION OF TSUNAMI CONTRIBUTIONS

Country Offices	Allocation Amount (USD)	Percentage Allocation
India	30,952,981	4.5%
Indonesia	335,896,109	48.4%
Malaysia	3,689,371	0.5%
Maldives	58,743,008	8.5%
Myanmar	12,499,401	1.8%
Somalia	7,907,060	1.1%
Sri Lanka	186,671,435	26.9%
Thailand	23,348,780	3.4%
Total Country Level	659,708,145	95.0%
Regional and HQ Support	34,993,444	5.0%
Total Allocation	694,701,590	100.0%

Of the total USD 694.7 million received, USD 672.2 million has been utilised so far (97%), including USD 608.4 million spent during 2004-2008 and USD 63.9 million in estimated expenditure from 1 January to 30 October 2009⁵. USD 22.5 million (3%) remains unspent (**Figure 2**).

Expenditure by sector has varied considerably by year and by country. Continued accelerated progress on school reconstruction in a number of countries over the past three years is highlighted by the increased utilisation of funds in the Education sector (**Figure 3**).

FIGURE 2: OVERALL EXPENDITURE⁵

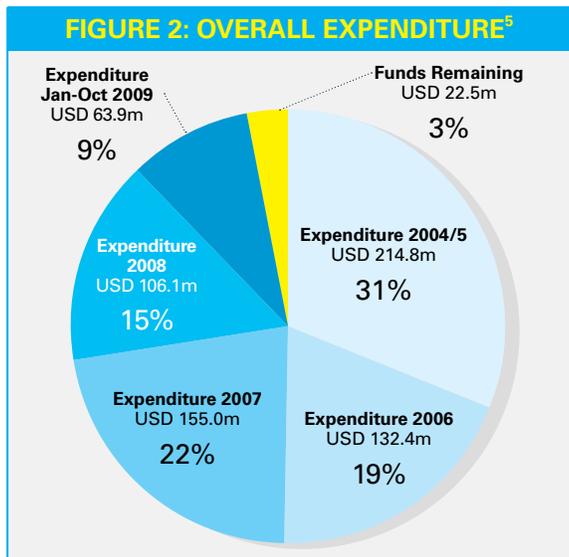
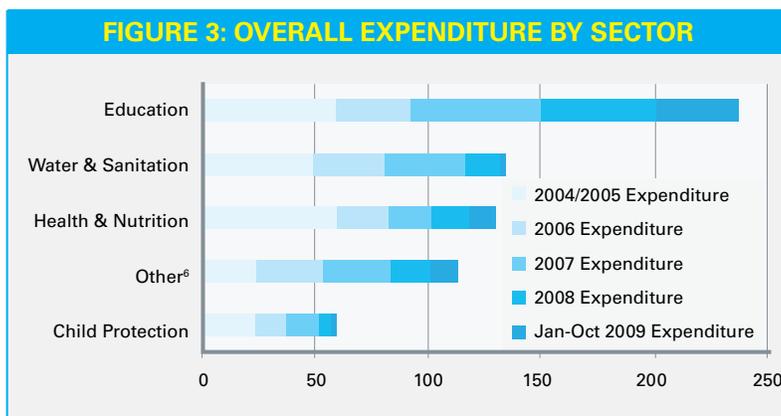


FIGURE 3: OVERALL EXPENDITURE BY SECTOR



³ 'Governments' includes inter-governmental organisations

⁴ 'Other private sources' includes non-governmental organisations

⁵ Expenditure figures for 2009 are from January to October 2009 only. These figures are extracted from UNICEF's Management Information System and should be considered provisional. Actual expenditure will be available following closure of UNICEF's 2009 accounts in April 2010.

⁶ Other includes: Operational and Technical Support; Planning; Monitoring and Evaluation; Communication and Advocacy; HIV/AIDS activities

Note: Due to rounding figures may not add to total

COUNTRY OVERVIEWS

The following provides a summary overview of the results of the tsunami response and recovery programmes implemented over the last five years.

INDONESIA

Indonesia suffered the most severe effects of the December 2004 tsunami due to its coastal proximity to the centre of the quake. An estimated 167,000 people were killed in Aceh Province and northern Sumatra⁷, approximately one-third of whom were children. Adult fatalities were much higher for women than men. More than 500,000 people were displaced. Three months later, in March 2005, a substantial earthquake killed nearly 900 people on the largely undeveloped island of Nias, displacing 40,000 people, and causing significant damage to infrastructure.

The two disasters caused overwhelming destruction to infrastructure, including schools and health care facilities, leaving profound losses for communities, their livelihoods, and the economy. In Aceh, nearly 30 years of conflict between the Government of Indonesia (Gol) and the separatist Free Aceh Movement, or Gerakan Aceh Merdeka (GAM), had previously displaced thousands of people.

The unprecedented international response to the tsunami created a unique opportunity to bolster the peace process between the Gol and GAM. The Helsinki Agreement, a promising basis for peace, was signed in August 2005. Beyond the effort to address immediate needs following the tsunami, UNICEF's reconstruction efforts focused on both tsunami- and conflict-affected areas, a strategic decision designed to consolidate the peace reached in the aftermath of the tsunami.



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In September 2009, Indonesia was severely affected by a series of earthquakes affecting Java and West Sumatra. The Gol estimates 1,117 killed and around 115,000 homes severely damaged. Water and sanitation infrastructure and schools have been particularly impacted. UNICEF has been working with Gol and partners to ensure access to safe water supply and sanitation facilities, to carry out emergency measles vaccination and restore access to basic health care, and to provide temporary learning spaces to ensure continuation of schooling.

HEALTH AND NUTRITION

UNICEF's tsunami response programme included a number of large scale efforts to protect children against disease. By end 2008, over 3 million children and women were better protected against malaria as result of the distribution of insecticide-treated mosquito nets and an accompanying malaria control programme. Support was provided to scale-up malaria reporting and surveillance activities, with health workers trained on malaria case management. UNICEF has also continued

⁷ The official figure was 130,000 dead and 37,000 missing.

Strengthening Immunisation Policy

An important policy shift resulted from the widespread international participation in immunisation activities. Prior to the tsunami, Gol had been reluctant to conduct wide age-range campaigns that were proposed in the global measles mortality reduction strategy. Instead, they preferred to conduct selective campaigns in high-risk areas. Yet their surveillance of these areas was suboptimal, and as a result, outbreaks were experienced. The increased attention and funds post-tsunami were successful in convincing national counterparts to conduct a measles vaccination per Sphere guidelines for children aged six months to 15 years. The international community had tried unsuccessfully for years to convince leaders to adopt this strategy, yet because of its success in post-tsunami Aceh, Gol was convinced of its efficacy and it became a national norm, with the result of reduced measles transmission nationally.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

to provide support to strengthen routine immunisation activities, as well as for large-scale vaccination campaigns – including a Polio and Measles campaign carried out in Aceh Province in October 2009. In all, over 1 million children under five years old have been immunised against polio since 2005.

Detection and treatment of infant and child malnutrition has improved, with a total of 7,362 midwives and volunteers now trained in nutritional care, and support provided to establish community-based therapeutic care for severely malnourished children. With child malnutrition remaining a concern, UNICEF has continued to work with Gol to ensure distribution of de-worming tablets and Vitamin A supplements, with over 191,000 children aged 12-48 months reached with Vitamin A during the first half of 2009.

UNICEF continues to focus on developing access to quality healthcare services by accelerating the construction of new facilities and building the capacity of health care staff. Twenty new Posyandu Plus centres (integrated health care facilities) were completed, equipped and handed over to Gol during 2009. To date, a total of 34 Posyandus have been completed and handed over to Gol, with a potential to reach some 32,000 people. A further 17 Posyandus are in the process of being equipped in preparation for hand over, while construction is underway on a further 108 Posyandus.

In 2009, UNICEF supported training for 1,281 midwives on various aspects of child and maternal health, bringing the total number of health staff trained through the tsunami programme to 9,106 (100 per cent of health staff in target areas).

WATER, SANITATION AND HYGIENE

UNICEF did not have a water and environmental sanitation programme in Indonesia before the tsunami. During the initial response, UNICEF worked to prevent water-borne and sanitation-related diseases, while the long-term goal was to support sustainable solutions for water security, basic sanitation and improved hygiene.

To achieve this goal, UNICEF partnered with the Gol, NGOs and private contractors. Over 182,000 people are now benefiting from 1,643 new or rebuilt water points, including 387 water points completed during 2009. Approximately 200,000 people are benefiting from the reconstructed Sludge Treatment Plant Gampong Jawa, in Banda Aceh, which was heavily damaged by the tsunami and officially opened in November 2007 at twice the previous capacity. During 2009, UNICEF has been supporting the upgrading of this sludge treatment plant, and work is expected to be completed before the end of the year, benefiting a further 50,000 people.

Improved Access to Water Supply and Sanitation

Water supply and usage changed significantly due to both the disaster and the response. Access to improved water sources has returned to the positive trend experienced before the tsunami. Severely tsunami-affected areas now have nearly 100 percent coverage, while once conflict-affected areas have 50-80 percent coverage. This is a considerable achievement given the post-conflict context, available local institutional and human resources, as well as the sheer scale of the challenge and considering the level of saline incursion and groundwater contamination. Though the province as a whole remains below the national average for access to improved water sources, the trend is positive—also a considerable achievement after nearly 30 years of conflict. UNICEF has contributed in part to increasing access to improved water, as well as increasing the capacity of communities to manage their own water systems as well as those of PDAMs (local government-owned water utility) and local government agencies. These gains are mainly due to continued reconstruction efforts, development initiatives, and the increasing provincial government budget. Achievements are also attributable to the households themselves, the GoI and the international community.

Fifteen percent more people now have access to improved sanitation than before the tsunami. Aceh has shifted from household to community-managed WASH systems, which are assured for short- and medium-term sustainability. This upward trend in household access to improved sanitation is due to more people owning their own sanitation facilities now. The urban-rural divide is also narrowing.

A constraint to sustainability of these gains is the maintenance and repair of WASH infrastructure. Longer-term, comprehensive capacity building and policy changing initiatives received less investment during the response and recovery, and ongoing support - particularly at district and community levels will be required. Addressing sustainability for the sector as a whole is a development issue and an opportunity to protect the significant investment the sector has made in Aceh. UNICEF has initiated support to the GoI in establishing the Water, Sanitation and Hygiene Task Forces (AMPL), and is well placed to provide further support.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

UNICEF has supported the introduction of the Community Led Total Sanitation (CLTS) initiative, which introduces the concept of household latrines by engaging communities to map village sanitation facilities and create awareness of how water sources can be contaminated by human faeces. Community activists have led more households to begin building their own latrines, and this has been accompanied by extensive hygiene promotion to ensure sustainable behaviour change. In all, over 3,700 sanitation agents and youth volunteers received training in hygiene promotion, and over 45,000 school children are benefiting from improved water and sanitation facilities restored with UNICEF

support in 208 schools. By end 2008, a further 2,400 schools (69 per cent coverage) had been equipped with improved sanitation facilities. UNICEF will continue to work with the Education Department in 2010 to further expand sanitation facilities in schools.

EDUCATION

To improve access, steady progress continues to be made in the construction of child friendly schools (CFS). By end October 2009, an additional 121 CFS have been completed, bringing the total to 291 schools, benefiting 58,677 children. Work has initiated on the remaining 54 schools to be

constructed under the tsunami programme, and this will continue into 2010. To strengthen the quality of education, a major part of the ongoing response has been in supporting the implementation of Creating Learning Communities for Children (CLCC) through capacity building of teacher, principals and school committees. In total, over 9,000 teachers and principals have been trained on child-centred teaching methods and some 1,352 school committees have been trained for participatory school management. The impact of these programmes can be seen in the continuing increases in school enrolment, with children enrolled in primary schools up

by 11,111 students in 2009, a net enrolment ratio (NER) increase of 1.15 per cent compared to 2008; and the children reaching grade six up a significant 12.84 per cent to just under 95 per cent in 2009.

With the understanding of the importance of preparing children for schools, UNICEF also prioritized supporting Early Childhood Development (ECD) centres in 2009. As a result, 282 ECD centres assisted by UNICEF are now providing 30,738 pre-school aged children with a safe and child friendly learning environment. All of the 235 semi-permanent schools constructed with UNICEF

Expanding Access to Child-friendly Schools

Early in its response, in 2005, UNICEF helped organise a workshop on standards for child-friendly schools that were expected to be applied to all schools rebuilt in Aceh. These revitalised teacher in-service education, and informed the development of the 2007-2011 Nanggroe Aceh Darussalam Education Strategic Plan (NADESP), an important affirmation of the sector's commitment to children's rights. UNICEF's decision to pursue a Creating Learning Communities for Children approach in Aceh has been a core of the building back better strategy, with buy-in from senior policy makers, as well as a well grounded and shared understanding with teachers, parents and children of its concepts and the actions involved.

To a large extent, progress attributed to building a more child-friendly, policy-enabling environment has not been defined by the development of new policies, but rather by the provision of financial and technical resources that have been made available to enhance the capacity to implement already existing policies. Improved access has been a major outcome of the building back period, as indicated by the fact that gross enrolment rates have remained fairly stable, and slightly better than rates nationally. The rate of girls' enrolment went up appreciably following the tsunami and has stayed high relative to boys, though this may be more attributable to the conflict rather than to the tsunami. Linked directly to this, post-tsunami rebuilding in education by Gol and international agencies has been mostly in primary schools. This provision of access to well-built permanent learning spaces was a significant outcome of building back better.

A persistent area of weakness with respect to quality of education is that of evidence-based monitoring. Education statistics in Aceh are uncertain with respect to their significance. However, UNICEF's support to the Education Management Information System (EMIS), a school-based data collection system, has shown some early promise.

Remaining challenges exist that impede the education sector's fulfillment of access to education for all Acehnese children, particularly concerning reaching the most vulnerable, poverty-affected children; and actively including children with physical, intellectual or emotional conditions. UNICEF's development of Early Childhood Development (ECD) is the first of small steps needed to enhance inclusion and act upon a child-seeking mandate.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

support have been handed over to the Gol and converted into either ECD centres or community learning centres, with the Gol allocation to support ECD rising from USD 279,000 in 2007 to USD 6 million in 2008. Over the past few years, UNICEF's focus has shifted from service delivery to supporting local government institutions and communities to develop capacity for effective, quality social services and a supportive policy environment. The launch of an education database in Aceh in 2008 to provide quality data on more than 3,700 schools has been part of an overall effort to strengthen data collection and analysis of the situation of children.

CHILD PROTECTION

All planned psychosocial programmes were completed by end 2008 and handed over to the Gol for continuation through their own programmes of development. Some 73,000 children were reached with psychosocial activities in Aceh and Nias, including 261 children who were referred through the psychosocial network for specific support for mental health problems.

The tsunami programme used the emergency response to specific violations in Aceh as entry points for strengthening child protection systems. For example, the separated children programme gradually developed into a programme that has strengthened the social welfare services for all vulnerable children throughout the province.

The Provincial Child Protection Qanun (local law) programme was initiated in 2006 when UNICEF, Gol and NGOs gathered to prepare a legal child protection framework for Aceh. Working in collaboration with the Provincial Social Affairs and Women Empowerment bureau (now the Women Empowerment and Child Protection Agency), UNICEF provided technical assistance, supported public consultations, facilitated advocacy meetings with parliament, and also supported the participation of children's representatives (particularly via Child Forums at the District level). After being adopted by Parliament and signed by the Governor on 30 December 2008, UNICEF has printed 9,000 copies of the CP Qanun and distributed to all related stakeholders at Provincial and District

New Opportunities for Psychosocial Programming

A major achievement of the tsunami response was the work accomplished with regards to psychosocial concerns and the expansion of psychosocial services to affected people. In Indonesia, prior to the tsunami, mental health services were essentially non-existent in Aceh. There were only two psychiatrists and one overcrowded and under-resourced mental health care treatment facility located in Banda Aceh. There were no mental health facilities or expertise at the district level. Medications for psychiatric conditions were only available in Banda Aceh and there was no community support for individuals with serious psychological disorders or their families.

The sheer scale of the disaster and global financial contributions enabled an unprecedented number of agencies to engage in psychosocial interventions. Since the tsunami, significant progress has been made to establish an effective, professional mental health system in Aceh Besar: an intensive acute mental health unit was established, a volunteer village-level psychosocial/mental health cadre was created, and community mental health nurses received training. The development of an effective household-to-hospital continuum of care in the district of Aceh Besar was a major accomplishment of the response. A 2007 assessment of the outcome of these achievements found that the system is working effectively in three of the four sub-districts in Aceh Besar. The assessment found that overall, UNICEF-supported children's centres effectively targeted the most vulnerable children—the more tsunami-affected, underprivileged and displaced children. Further, children experienced less stress, anxiety or depression than children without such support.

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levels. Four workshops to disseminate the CP Qanun have been held with representatives from 23 Districts. Further, UNICEF has facilitated the development of Provincial Plan of Action and Monitoring Framework to ensure the implementation of the CP Qanun.

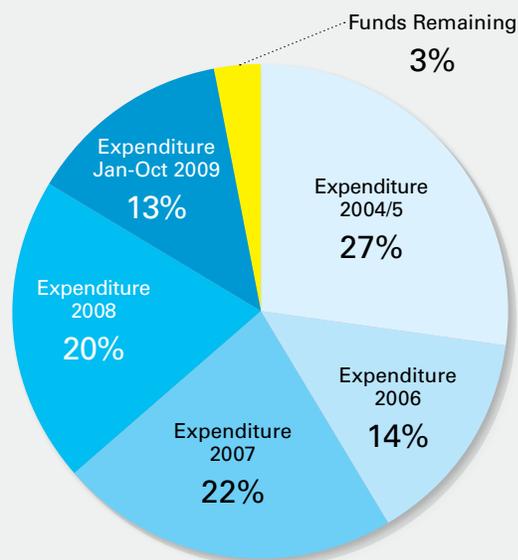
During 2009, two technical regulations have been produced, out of eight that have been mandated explicitly in the CP Qanun. The technical regulation on the Database on reporting and handling women and children victims of violence has been adopted by the Governor, as part of National database development to gather factual data on women and children. The technical regulation on Integrated Service Centres for women and children victims of violence has been finalised and submitted to the Governor for adoption. To strengthen capacities to actualise

these regulations, UNICEF has supported a number of training programmes through 2009, including two training workshops for 40 Police Officers from all 23 Districts, local NGOs and provincial related departments on use of the database; and a Training of Trainers on case management conducted with 30 sub-district social workers and District officers.

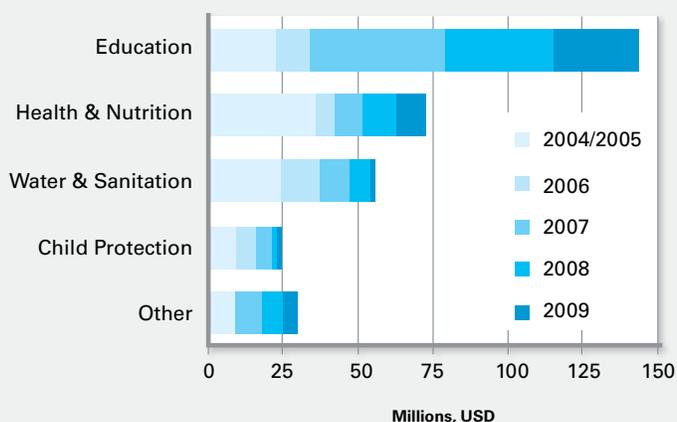
UNICEF has also provided IT equipment to 6 Integrated Service Centres and 4 government agencies to support the Database reporting and strengthen case management. Work has also started on developing operational guidelines and Service Standards for the Social Welfare Service Centres that are run by non-state institutions. UNICEF has also carried out a national capacity assessment of the referral system and has begun documenting good practices.

Financial Summary

FINANCIAL OVERVIEW, INDONESIA (UP TO 31 OCTOBER 2009)



EXPENDITURE BY SECTOR, INDONESIA (UP TO 31 OCTOBER 2009)



- Expenditure figures for 2009 are from January to October 2009 only. These figures are extracted from UNICEF's Management Information System and should be considered provisional. Actual expenditure will be available following closure of UNICEF's 2009 accounts in April 2010.
- Other includes: Operational and Technical Support; Planning; Monitoring and Evaluation; Communication and Advocacy; HIV/AIDS activities

Note: Due to rounding figures may not add to total

SRI LANKA

The December 2004 tsunami was the largest natural disaster to ever affect Sri Lanka; it caused massive loss of life and damage to nine of Sri Lanka's 25 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 civil war 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, damaging natural ecosystems and destroying more than 100,000 homes and extensive coastal infrastructure.

Over the last two years, Sri Lanka has experienced an increasing humanitarian emergency due to the abrogation of the Cease Fire Agreement (CFA) in 2008 and subsequent intensified conflict between the GoSL and the LTTE. Some of the conflict affected districts are the very same hit by the tsunami five years ago, further aggravating the situation of already vulnerable populations and delaying the recovery efforts. As of 6 December, 126,000 persons remain in camps and many others still await resettlement in their places of origin.

Nevertheless, significant progress has been achieved through UNICEF funded tsunami interventions since late 2004, which have built up sustainable government-led systems, allowing for their gradual handover to GoSL or mainstreaming into UNICEF's regular country programme. During 2008 and 2009, UNICEF has also provided emergency response to the people displaced by the conflict, especially children and women.



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HEALTH AND NUTRITION

Through to end October 2009, UNICEF provided 506 health facilities with basic medical equipment. UNICEF also provided essential drugs, vaccines and transport facilities for home visits and referrals to health facilities in the nine tsunami-affected districts. In order to ensure the proper management of vaccine stocks, in 2006, the Ministry of Health (MoH) endorsed the Standard Operating System for Vaccine Stores Management developed with UNICEF support and these were implemented in tsunami-affected districts and beyond. UNICEF equipped cold rooms at district level, as well as divisional-level vaccine storage facilities.

To improve long-term access to health services, UNICEF supported the construction of 34 health facilities with a potential to serve around 360,000 people. Work is ongoing on a further six health facilities. Quality as well as access has been a focus of the recovery programme, notably through training of over 3,500 health professionals on health and nutrition related subjects such as the Integrated Nutrition Programme, Infant and Young Child Feeding Practices, Emergency Obstetric Care and Newborn Life Support, including over 900 health staff trained during 2009. Also over this last year, 45 Rural Health Volunteers were given basic training and support to

provide essential health and nutrition services, as an interim measure until additional Public Health Midwives are recruited.

To address and prevent malnutrition, UNICEF supported nutritional surveillance in the nine tsunami-affected districts through the establishment of 1,245 weighing centres and training for staff. Over the last five years, UNICEF has supported the provision of micronutrient supplements (iron folate and vitamin C) and mebendazole for the control of anaemia in pregnancy, and de-worming drugs have been distributed through the established national distribution system. During 2009, additional communications materials in both Sinhalese and Tamil were developed and disseminated to promote Infant and Young Child Feeding Practices and adolescent nutrition.

WATER, SANITATION AND HYGIENE

UNICEF coordinated water, sanitation and hygiene promotion activities among GoSL and NGO partners, and provided technical support on environmental issues such as community managed ecological

sanitation, solid waste management and decommissioning of water and sanitation facilities in temporary shelters.

Improving sustainable access to water and sanitation facilities has been a key priority. Initially UNICEF supported a water trucking and distribution programme that replaced water normally sourced from dug wells – this aimed to reduce water fetching times and improve water quality and surveillance. UNICEF's tsunami recovery programme 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. Through the rehabilitation and construction of 8,409 water points, UNICEF has provided 129,000 people with access to safe water. In areas where there is no reliable source of water, a family-based rainwater harvesting system has been promoted, with some 3,320 rainwater harvesting systems built by community masons trained by the project. An additional 279,000 people

Significant Improvements: Health Responses and Facilities

In Sri Lanka, 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. 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 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.

In a consultation held in October 2007 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.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

WASH Response Impacts: Expanding Access to Clean Water

During the emergency and early recovery period, UNICEF established a water generation and distribution programme to IDP centres that has continued for over four years. UNICEF also assisted the National Water Supply and Drainage Board in repairing broken pipelines and providing equipment for water quality monitoring.

Approximately 12,000 wells were cleaned and rehabilitated by government and partners, with existing pipe-borne systems repaired and expanded to replace the loss of household-managed 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. 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.

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have access to safe water supply due to the rehabilitation and reconstruction of 86 water supply systems, as well as three new water treatment plants completed during 2008 and 2009 in Tangalle, Thirikkovil and Kantale.

Significant focus has also been on providing access to child friendly water and sanitation facilities in schools, with installation in 714 schools to date, including 35 completed during 2009. During the tsunami programme, some 273,000 children have been reached with school-based hygiene promotion activities, including over 22,000 children during 2009.

In response to the new displacement caused by the upsurge in fighting, in 2009 UNICEF provided safe drinking water and sanitation facilities to 2,000 displaced persons in five camps in Trincomalee.

EDUCATION

In order to contribute to strengthening recovery as well as national reconciliation efforts, an Education Recovery Plan was developed within a framework of guiding principles that includes conflict sensitivity, rights-based approaches, gender awareness, community participation, and international minimum standards. 307 semi-permanent and repaired schools enabled over 91,000 children to access education after the tsunami. By October 2009, UNICEF had completed the recon-

struction of and procured equipment for 27 schools, benefiting over 13,000 children. Construction is ongoing in an additional five schools completely destroyed by the tsunami. To complement school rebuilding, CFS initiatives have been scaled up through support to participatory school management, teaching and learning. School communities have been trained to maintain the school infrastructure, facilitating ownership by communities.

In addition, during 2009, some 800 primary teachers have been trained on child-centred teaching and learning approaches, bringing the total number of teachers trained to promote quality, participatory education for children to over 3,500.

CHILD PROTECTION

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. UNICEF was able to successfully build on child protection programmes which were established before the tsunami, and to use the tsunami response to develop a protection and welfare system for all children.

UNICEF has supported the enhancement of community child protection structures and

Expanding Access to Quality Education

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. The major emphases of the building back process were to bring vulnerable and displaced girls and boys to school; improve the quality of teaching and learning; complete child friendly school reconstruction and repair; and provide psychosocial support through enhanced identification of needs and remedial kits for both teachers' and students' use.

UNICEF played a central role in this, as UN focal point for education and psychosocial support and as a member of several multi-sectoral task forces with national and local reach, UNICEF was able to orient much of the overall response toward a child-friendly approach. For UNICEF, the CFS initiative has been the most important success and has proved key in enabling enhanced recovery: its extension from an original 124 schools in the North Western Province in 2002 to a current 1,400 schools nationally could be considered a significant outcome insofar as it reflected a measure of official acceptance. 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.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

networks in the Southern Province through sports for development programmes in sports clubs, child centres, and schools. In total, 26 Community-Based Organisations, 29 Children's Societies, and Child Advisory Teams were established, and an innovative new tool for empowering families to prevent and manage issues relating to their children through 'Family Group Conferencing' was introduced. Twenty-seven Social Care Centres have been constructed and equipped in tsunami-affected divisions, providing more coordinated services to vulnerable communities. In 2009, some 2,365 children were referred to these centres and received support, while 400 staff were trained on case management and collective decision making. Good information management has been seen as a critical component of a child protection system that has aimed to link practice on the ground with advocacy for policy and legal reform at the national level.

Child protection case management systems have been established and streamlined into the GoSL Child Protection mechanism in nine districts and separated children and children at risk of separation are receiving improved early responses.

Overall, more than 85,000 children were reached through over 30 NGOs and community-based organizations that provided psychosocial assistance to children in the tsunami affected districts. In addition to providing training for almost 9,000 teachers, social workers and psychosocial advocates, resource materials were disseminated to schools. UNICEF has also supported the MoE to implement the national action plan on psychosocial interventions, based on previous tsunami UNICEF-supported experience. Through this programme 2,500 guidance teachers were recruited and trained nationwide in 2009.

Flexible Approaches to Strengthening Child Protection Systems

In Sri Lanka, the child protection programme 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.

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. UNICEF sought 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.

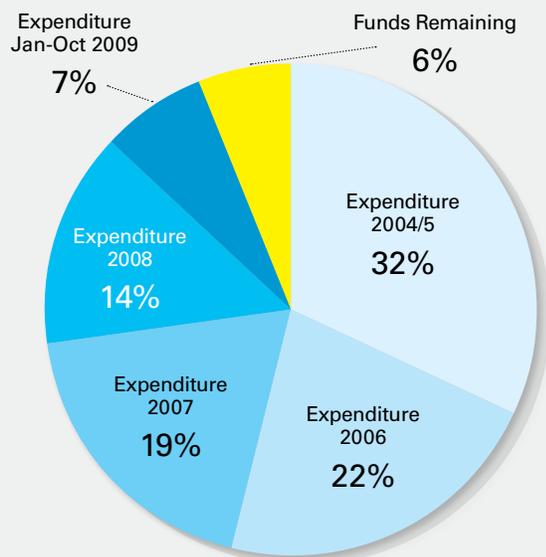
UNICEF responded to the tsunami and conflict-affected populations as needs were identified. Provincial policy action in the East, coupled with case conferencing and district level review committees, has begun to level the rate of children entering institutional care facilities, an impressive achievement given the continued 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.

Comparisons of "new" and "old" programmes suggest that significant child protection systems development has occurred in tsunami and conflict-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 flexibly to immediate needs of vulnerable groups of children and building welfare and legal systems for all children. UNICEF appears to have efficiently balanced its financial investment between immediate and pressing protection needs and systems development.

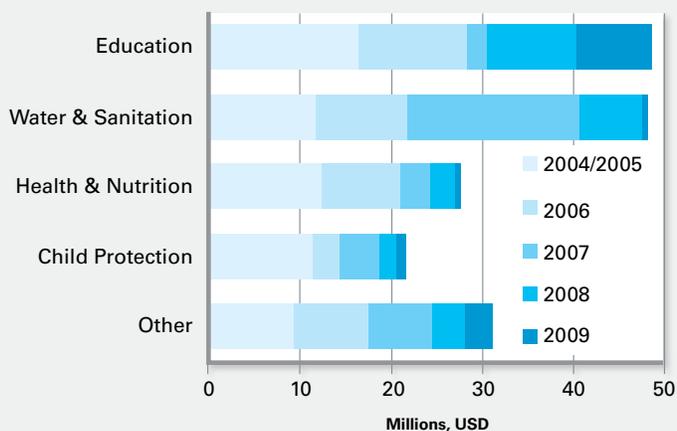
Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Sri Lanka (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

Financial Summary

FINANCIAL OVERVIEW, SRI LANKA (UP TO 31 OCTOBER 2009)



EXPENDITURE BY SECTOR, SRI LANKA (UP TO 31 OCTOBER 2009)



- Expenditure figures for 2009 are from January to October 2009 only. These figures are extracted from UNICEF's Management Information System and should be considered provisional. Actual expenditure will be available following closure of UNICEF's 2009 accounts in April 2010.
- Other includes: Operational and Technical Support; Planning; Monitoring and Evaluation; Communication and Advocacy; HIV/AIDS activities

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MALDIVES

The tsunami caused significant destruction, including loss of life, displacement, loss of livelihoods, and damage to infrastructure throughout the Maldives. With an average elevation of just 1.5 meters above sea level, all inhabited islands were affected. The disaster caused 82 deaths, approximately half of whom were children, affected one-third of the population, and initially displaced 30,000 people.

HEALTH AND NUTRITION

Following the immediate response, UNICEF's assistance in health and nutrition aimed to ensure that children in all atolls had access to quality health services, through macro-level policy interventions and the development of a comprehensive healthcare surveillance system to promote household-level behavior change.

Since 2007, UNICEF has supported a Government-led Integrated Early Childhood Development (IECD) Programme, focusing on behaviour change and the use of community monitoring tools to ensure children in five atolls benefit from exclusive breastfeeding, timely and complementary feeding, full immunization, vitamin A, and growth monitoring, fostering acceleration to the achievement of MDG 1. In 2008, the Government of Maldives (GoM) took the ownership of this Programme and has been funding its gradual expansion to other atolls.

Overall, UNICEF has helped train 761 health staff in various aspects of delivery of quality health and nutrition services, including vaccine management, delivery of newborn care services, and the use a national online Nutrition and Child Health Surveillance System (NCHSS) to identify vulnerable children and reach them with appropriate services in a timely manner.



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WATER, SANITATION AND HYGIENE

Following the tsunami, UNICEF supported the installation of communal rainwater harvesting systems, providing water year-round to camps, schools, mosques and public buildings in communities lacking safe water supplies due to tsunami damage or pre-existing shortages. UNICEF also supported families through the provision of rainwater harvesting kits and household water tanks. During the dry season, safe drinking water was provided via reverse osmosis desalination units. The combination of these initiatives has benefited some 54,000 people and has significantly increased the number of households who have adequate supply of water all year-round.

Through 2007 and 2008, UNICEF supported the installation of a vacuum sanitation system on 4 islands covering an estimated population of over 6,000 (though the system has the capacity to serve up to 12,000 people). This was completed during 2009 and handed over to the respective authorities and communities. The project will contribute to environmental sustainability by preventing contamination of the limited fresh ground water by human waste, and the technology used is expected to serve as a pilot in the effort to standardise technical and managerial norms for Sanitation Systems in general. Active community participation was ensured through Project Management Committees, while selected community members were

Effective Immunisation Impact

In **Maldives**, the tsunami had a dramatic impact on social services and infrastructure, including the health care system, which suffered physical damage and destruction, and lost essential medical supplies and equipment in nearly all facilities. A measles outbreak did occur among older children indicating that the potential for infectious disease transmission was enhanced by tsunami-related changes in the Maldives, including population movements, crowding and reduced defences.

There were, however, no major outbreaks of communicable diseases in the displacement camps or among residential affected populations following the tsunami. Provision of replacement vaccines and syringes by UNICEF was clearly an important activity, with considerable success demonstrated in maintaining high immunisation levels and low infectious disease occurrence.

In the relief stage, immunisations were a high priority, and 95 percent of children received vaccines against measles, polio, tuberculosis, diphtheria, pertussis, tetanus and Hepatitis B. A second campaign reached 100,000 children and young adults with vaccines against measles and rubella, a 90 percent coverage rate. UNICEF provided support or itself carried out key activities including: public health campaigns; special vaccination campaigns; the continuation of routine immunisation activities; provision of supplies for first aid and evacuation; orientation of those national health workers to priorities in emergency response; and provision of supplies to facilitate routine medical and surgical care.

It can therefore be stated strongly that the activities to reduce the potential impact of immunisation-preventable diseases were timely, appropriate, and largely effective.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in the Maldives (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

also trained on operations and maintenance of the systems.

To ensure safe water and sanitation are supported through good hygiene practices, communities were provided with the knowledge and tools to improve and promote good hygiene and environmental practices, particularly amongst school children. The primary school Environmental Studies Curriculum was supported through UNICEF developed resource materials, which were fed into an Environmental Studies National Curriculum in 2009.

EDUCATION

UNICEF response aimed to bring children quickly back to secure learning spaces and to do so in ways that laid the foundations for recovery. UNICEF has since supported the construction of 41 schools, benefiting over 8,000 children, and provided materials and supplies to almost 150 preschools, primary and secondary schools, benefiting over 28,000 children.

Particular emphasis was placed on improving the quality of education. With UNICEF's support, the MoE rapidly expanded the CFS teaching methodology at the primary level to establish a psychosocially supportive and protective environment for children. By 2009, 96 per cent of preschools and 69 per cent of the primary schools have started the CFS approach, and 44 per cent of all primary school teachers up to grade-7 have been trained on all components of a child friendly environment. UNICEF also provided training and support to establish ECD centres, with 99 per cent of all pre-school age children now participating in organised ECD activities.

The Maldives' unique geography poses particular logistical challenges which impact the delivery of education. Therefore, in 2007, UNICEF assisted the MoE in setting up 20 Teacher Resource Centres (TRCs) across the country. These TRCs are equipped with computer laboratories and broadband internet access and have helped to link the

Education Innovation in the Maldives

In Maldives, immediately following the tsunami, UNICEF focused on bringing children quickly back to secure learning spaces, and to do so in ways that laid the basis for the transition to the recovery period. UNICEF's work with Child-Friendly Schools and Child-centred Teaching-Learning was highly relevant. The reach of the CFS approach was good, increasing the knowledge of teachers, school administrators and parents. The main hurdle, however, was attaining critical mass: while rollout of the training is proceeding, the relatively small number of teachers involved remains a challenge.

One useful initiative was the inventive use of student 'tsunami teachers'. At the time of the tsunami, the Maldives's 1,800 foreign teachers—35 percent of the entire teaching force—were on holiday, and by the end of January, only 60 percent had returned. This was mitigated by a UNICEF and GoM collaboration to use 180 final year students from the College of Higher Education, Faculty of Education, to fill their places. Called 'tsunami teachers' by the schools, they were in place very quickly, brought improvised teaching aids with them, and had the advantage of speaking Dhivehi. Not only did they teach, they also appear to have provided psychosocial assistance for children and community members at a time when the community was in disarray. The psychosocial benefit was also increased by the MOE, with UNICEF and other agencies, training teachers and community volunteers in psychosocial counselling for children.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in the Maldives (2005-2008), Country Synthesis Report. UNICEF Evaluation Office, New York, November 2009.

twenty atolls in the country. Through 2008 and 2009, UNICEF provided support to expand broadband internet access to 100 more schools, providing internet access to 40,000 students and 6,000 teachers.

CHILD PROTECTION

The most significant early protection response to the tsunami aimed to address psychological distress amongst disaster-affected communities. With the Social Support and Counseling Services, national volunteers worked in Malé and several of the affected outer islands to promote psychosocial support activities. UNICEF promoted a "second wave" of psychosocial support, extending training and support to atoll, capital and island levels. In all 321 community volunteers and teachers were trained, with psychosocial support provided to 21,000 children.

Following the initial response, UNICEF focused on revitalising the GoM's plans to decentralise child protection services to the

atoll capitals. Twenty-one Child and Family Service Centres (CFSCs) were established at the atoll capital level. To strengthen the CFSCs, UNICEF worked with the GoM to develop the Procedure Manual on Delivery of Service and to conduct training of social service workers, trainers, managers and case workers to ensure that children and their families have access to coordinated protection services.

To allow policy makers and service providers to better respond to cases of abuse, violence, and exploitation, UNICEF provided support to draft the Juvenile Justice Bill establishing the Juvenile Justice Unit, strengthening the rehabilitation and reintegration of Juvenile offenders, and standard operating procedures for the Family and Child Protection Unit of the Maldives Police Service (2007); to undertake a national study on 'Understanding the Situation of Children in Maldives' (2008); and to draft the "Children's Rights and Child Care and Protection" Bill which aims to better integrate the CRC into domestic law (2008-2009).

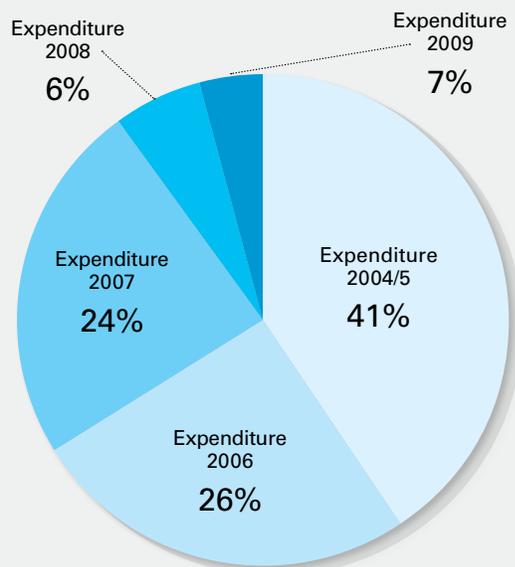
HIV AND AIDS AND DRUG ABUSE PREVENTION

The tsunami response provided an opportunity to promote public discussion and mobilise political commitment to address many pre-existing vulnerabilities, such as HIV and AIDS and drug abuse. In 2006, a Rapid Assessment on HIV and AIDS was supported, which facilitated a national dialogue on HIV and AIDS prevention, contributing to the government drug prevention/rehabilitation programmes, and assisted in developing a plan for Voluntary Counselling and Testing (VCT) services and the development of a National Strategic Plan on HIV and AIDS in 2007.

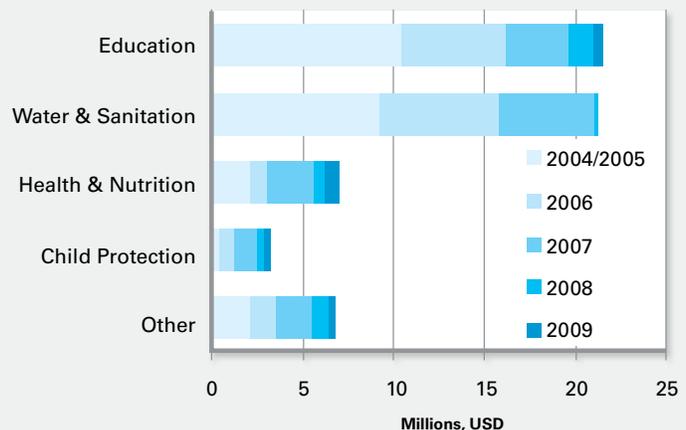
In order to maintain and control the current low prevalence of HIV, UNICEF has supported the Government to build the knowledge of health care workers on HIV and AIDS and strengthen their capacity to provide VCT, as well as to prevent mother-to-child transmission (PMTCT) of HIV. In 2008, UNICEF also supported a Biological and Behavioural Survey to quantify the magnitude of infection, understand its spread nationally, assist in programme planning, guide behaviour change communication plans and strengthen policy and advocacy. UNICEF also supported Government and Civil Society capacity to deliver community-based aftercare services and prevention of drug abuse.

Financial Summary

FINANCIAL OVERVIEW, MALDIVES (UP TO 31 OCTOBER 2009)



EXPENDITURE BY SECTOR, MALDIVES (UP TO 31 OCTOBER 2009)



- Expenditure figures for 2009 are from January to October 2009 only. These figures are extracted from UNICEF's Management Information System and should be considered provisional. Actual expenditure will be available following closure of UNICEF's 2009 accounts in April 2010.
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INDIA

The tsunami took a widespread toll on lives and infrastructure, affecting 2,260 km of India's coastline on the mainland and the entire Andaman and Nicobar Islands. According to the Government of India (GoI), approximately 2.79 million people were affected; more than 12,000 lost their lives; over 600,000 were displaced; and 150,000 houses were damaged or destroyed. It is estimated that about 75 percent of those who lost their lives were women and children.

In the aftermath of the tsunami, UNICEF worked closely with GoI and NGO partners in order to ensure sustainability of the interventions. Significant focus was placed on building the capacity of national partners in various sectors. By early 2008, all tsunami-related recovery activities had been absorbed into the GoI's regular programmes.

HEALTH AND NUTRITION

UNICEF provided support for a strategy of Integrated Management of Newborn and Child Illnesses (IMNCI) in the tsunami affected areas. In all, UNICEF provided essential supplies to 4,921 health facilities, as well as nine Mobile Health Units (ambulances), especially built and fitted with modern equipment for the management of sick newborns and at risk pregnant mothers, to the Neonatal care units in both Tamil Nadu, Andaman and Nicobar. In addition, over 20,000 weighing centres were established and equipped with UNICEF support. During the course of the tsunami response and recovery programmes, over 22,000 health workers received training, on subjects ranging from the IMNCI protocol and emergency newborn care, to administering vaccines, to growth monitoring and treatment of malnutrition.



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WATER, SANITATION AND HYGIENE

In order to prevent outbreaks of water- or vector-borne diseases, UNICEF supported the construction of rainwater collection systems and ecological sanitation toilets in shelters, schools and Anganwadi (early childhood development) centres, as well as the restoration of damaged water supply and sanitation systems. In total, 722,191 people benefited from water points and systems restored by UNICEF, and 281,600 people benefited from new sanitation facilities. In addition, some 250,000 school children benefited from improved water and sanitation facilities, and 400,000 school children were reached with hygiene education.

EDUCATION

In the most affected districts, UNICEF focused on ensuring delivery of a Quality Education Package, an inclusive and comprehensive school improvement programme focusing on providing children child-friendly classrooms with age appropriate teaching-learning materials; giving continuous on-site training to teachers on use of innovative teaching learning materials, life skills education and child rights; ensuring a friendly school and classroom environment; and facilitating community participation in the education of children and management of schools. UNICEF also supported special awareness campaigns and programmes to address school drop-out.

CHILD PROTECTION

With UNICEF support, 11,550 teachers, social workers and counsellors were trained to provide psychosocial support. In all, over 170,000 children were provided with access to psychosocial care in Tamil Nadu, Kerala, and Andaman and Nicobar. Child-friendly techniques such as puppetry, play therapy, clay modelling and cultural expressions, along with one-on-one counselling, were used to help children recover from the psychosocial impact of the tsunami.

The institutionalization of children's *panchayats* (village councils) – where children represent their peers and discuss

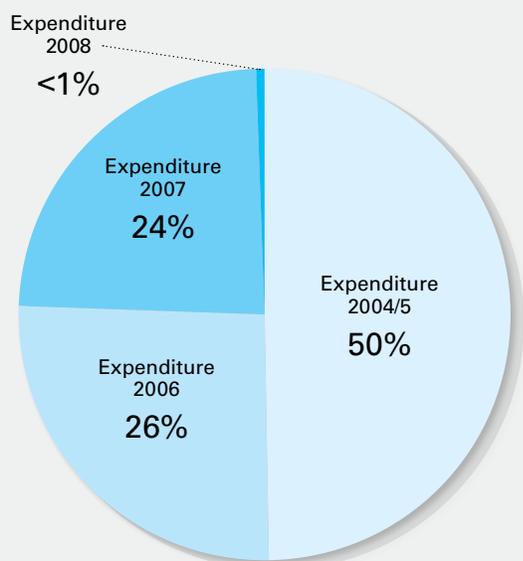
issues like school dropouts, substance abuse and child labour – as part of the local administrative units in Kerala, was also a major achievement.

HIV AND AIDS

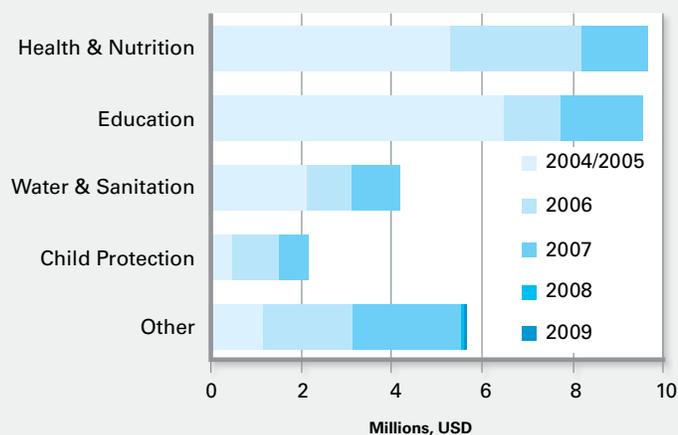
In the tsunami-affected state of Tamil Nadu, where the HIV prevalence rate is much higher than the national average, UNICEF-supported programmes aimed at reaching young people through both school-based AIDS Education Programme and through peer-educators. Through these programmes, over 292,000 children and adolescents were provided with information on how HIV is transmitted and prevented, and how to access support and services.

Financial Summary

FINANCIAL OVERVIEW, INDIA (UP TO 31 OCTOBER 2009)



EXPENDITURE BY SECTOR, INDIA (UP TO 31 OCTOBER 2009)



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THAILAND

The tsunami caused widespread devastation along much of Thailand's 400-kilometre southern coastline, affecting 1.9 million people, including 600,000 children, 300,000 of whom were directly impacted. Over 8,400 people died and some 1,700 children lost one or both parents. UNICEF's tsunami response complemented that of the Thai Government (GoT) and operated within the framework of a coordinated UN response in Thailand. UNICEF played a leading role in child protection, water and sanitation, and education and a supporting role in health.

Thailand has been able to restore essential services to pre-tsunami levels or better, and in 2008 UNICEF was able to fully mainstream remaining tsunami response activities into the regular country programming, with the priority to reduce disparities between children in tsunami-affected areas and other parts of the country.

HEALTH AND NUTRITION

Through to 2007, UNICEF continued to support the delivery of an integrated package of health and nutrition services for those most vulnerable communities due to inadequate local government health budgets for such services. The integrated package included preventive services (immunization, vitamin supplements and de-worming); curative services for common but life-threatening child illnesses (diarrhoea and pneumonia); growth monitoring for young children and distribution of general health and nutrition information. Through these activities, basic health services were improved for the most vulnerable women and children, especially those living in remote areas, on islands, in Muslim communities and in migrant communities. Under the services, pregnant women and sick children in the most remote communities were visited at least once each month. Campaigns also boosted



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attendance at antenatal and nutritional care services among pregnant women, significantly reducing the risk of nutritional deficiency and underdevelopment of the unborn child. Special emphasis was placed on building the capacities of local health providers, and a total of 24,000 health workers and volunteers, including government health staff, village health volunteers, migrant health volunteers, early childhood caregivers, school teachers and community leaders in the six tsunami-affected provinces, received training in basic health and nutrition and young child care.

Responsibility for funding integrated health and nutrition services for children and women in remote and poor communities shifted to the GoT in 2007. UNICEF focused its support on assisting national and local authorities to better monitor children's nutritional status, an indicator of overall well-being, and on access to basic health services, an identified problem early in the tsunami response. Monitoring showed that monthly weighing programmes by GoT health providers continued despite no further financial support in 2007, a strong signal of successful handover.

WATER, SANITATION AND HYGIENE

Once families in temporary camps moved back into permanent housing, priority attention was given to improving water and sanitation facilities in poor and remote

Sustainability of Education:

There is reasonable evidence to suggest achieved gains will prove sustainable. UNICEF strategies have connected with appropriate ministries and national institutions; explicitly engaged provincial and sub-district levels; and have been generally consistent with governmental policy priorities. Momentum has also been achieved through commitment and reliability of key individuals within partner agencies and units. Strengthening the cadre of such leaders will be key to supporting sustainable change in policy, strategy and services.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Thailand (2005-2008), UNICEF Evaluation Office, New York, November 2009.

schools. From 2006 to 2008, UNICEF implemented a three-year programme to upgrade water and sanitation facilities in the poorest schools, as well as provide hygiene practice lessons to school children. By end October 2009, more than 35,000 children were benefiting from improved water and sanitation facilities in 91 schools.

EDUCATION

The tsunami response provided an opportunity to introduce the principles of the CFS initiative. Initially, school administrators and Non-Formal-Education partners were trained as trainers on the five key components of a "child-friendly school", namely: child rights, inclusive education, school self assessment, life-skills (including HIV and AIDS prevention, health, hygiene and nutrition), and school management information systems and tracking/mentoring systems for out-of-school and/or at-risk children. The development of capacities was supported by strategic supply provision for over 158,000 children, including over notebooks, fact booklets,

bookmarks and posters with HIV and AIDS prevention messages, and child-rights-training-kits. Through 2007, the CFS initiative was mainstreamed into national education plans, policies and standards. UNICEF continued to support the initiative, and by October 2009, almost 5,000 principals and teachers had been trained in child-centred learning approaches. CFS indicators have been integrated into the MoE's internal and external quality assurance instruments and mechanisms and into pre-service teacher training for sustainability and wider impact nationwide.

One of the lessons learned from the tsunami was that emergency preparedness could have been much better, and UNICEF, together with the MoE, supported training for officials and school teachers on emergency preparedness and the Inter-Agency Emergency Education (INEE) minimum standards. Emergency preparedness and response plans were developed at the national Ministry of Education level, in all seven sub-provincial

Strengthening Child Protection Systems:

Developing and piloting the Child Protection Monitoring System has been the major investment in the child protection sector in the tsunami-affected provinces. UNICEF strategy has recognized a systems approach as an appropriate means of addressing identified protection risks and a means of developing a model of protection monitoring and response for potential replication on a national scale. Work supporting systems development has greatly raised awareness about child protection in the years since the tsunami. The evaluation found evidence that the chosen approach to child protection systems strengthening is appropriate and coherent, although the separation of monitoring and response elements of the model in its implementation detracts from this coherence.

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Thailand (2005-2008), UNICEF Evaluation Office, New York, November 2009.

education administration offices in six provinces, and in selected schools. In addition, the Thai version of a “school-in-a-box” was developed. As part of emergency preparedness, a life skills-based Avian Influenza and health education curriculum was developed for and distributed to all grades from kindergarten through upper secondary school.

CHILD PROTECTION

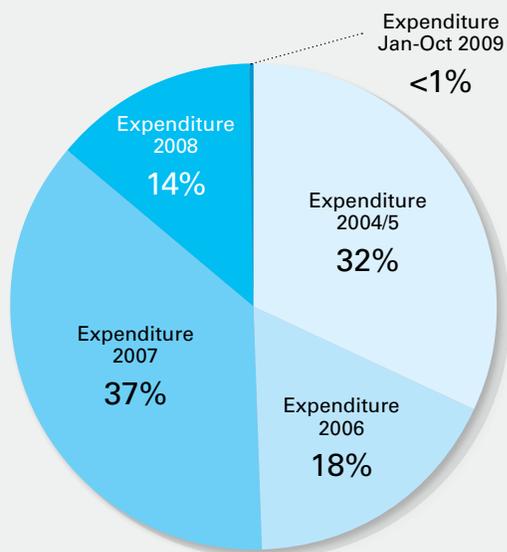
Through 2005 and 2006, UNICEF provided ongoing support for children’s psychosocial recovery through training of 1,600 teachers and school visits by psychological teams. As part of the psychosocial recovery programme, teachers were trained on ‘red ball-child-play’, strengthening the trainees’ capacity for coaching sports-linked health, life skills and conflict resolution activities. Moreover, equipment for football, volleyball,

basketball and typical Thai national sports were purchased. Overall, 150,000 children benefited from these psychosocial support activities.

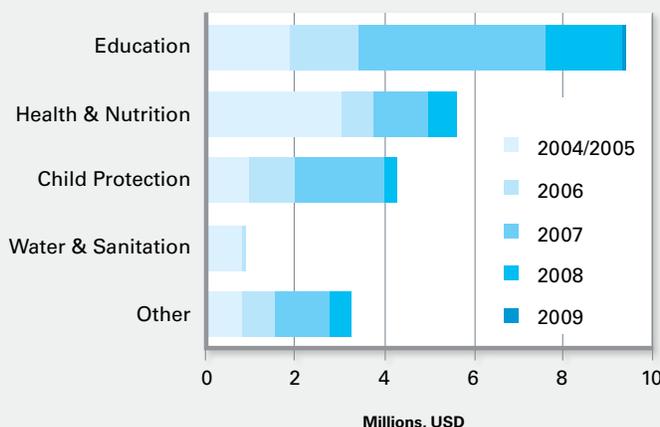
Thailand’s recovery from the tsunami has been instrumental in building national systems to strengthen child protection. A model Child Protection Monitoring System (CPMS) was initially established in 2007 to identify and monitor the situation of children orphaned by the tsunami, as well as other at-risk children. Information from the monitoring system is used by local administration officials to develop plans for child protection at the community level and to allocate budgets and services. The CPMS was expanded from 27 sub-districts in 2007 to 36 sub-districts in 2008, and is now being considered for national replication.

Financial Summary

FINANCIAL OVERVIEW, THAILAND (UP TO 31 OCTOBER 2009)



EXPENDITURE BY SECTOR, THAILAND (UP TO 31 OCTOBER 2009)



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MYANMAR

While Myanmar was not as profoundly affected by the tsunami as some of its neighbours, access to basic health, education and other social services for children living in tsunami-affected areas, and other coastal areas of Myanmar, was extremely limited even before the tsunami hit. Pursuant to UNICEF's global policy of bringing local social services in tsunami-affected areas to a level "better than before", UNICEF supported a full range of activities to restore communities and transform young lives in the three tsunami-affected States/Divisions of Rakhine, Ayeyarwady and Tanintharyi.

Since the 2005 tsunami, Myanmar has been affected by a series of crises, including cyclone Mala (2006), seasonal floods and storms (2007) and cyclone Nargis (2008). Unfortunately, two townships previously affected by the tsunami were particularly hard hit by cyclone Nargis. While tsunami response and recovery interventions helped the communities cope in the cyclone's aftermath, the devastating scale of the storm did wipe out much that had been rebuilt after the tsunami. Along with other emergency funding, remaining tsunami funds in 2008 allowed UNICEF to provide life-saving drugs and hospital equipment, water purification and hygiene materials, and latrine pans and pipes to build sanitary household latrines in these two townships. Tsunami funding also helped build temporary learning spaces and train teachers on psychosocial support to children to help them cope during the cyclone Nargis emergency.

HEALTH AND NUTRITION

Over the years, UNICEF supported response has contributed to a general strengthening of available maternal and child survival services in the tsunami-affected areas. During 2009, funds from the tsunami programme were used to procure



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supplies for prevention and control of iron deficiency anaemia. Overall, 733 health facilities across 53 most-heavily affected townships have received essential drugs, cold chain and other equipment. Of these, 24 townships are now supported under UNICEF's regular health and nutrition programme.

To prevent and control cases of malaria, 208,776 women and children in 17 tsunami-affected townships benefited from the distribution of anti-malaria insecticide treated bednets between 2006 and 2008. A strategy of micro-stratification and micro-planning was introduced into the MoH in order to strategically provide required inputs (supplies, training, etc) for a more cost-effective project and a greater impact in terms of morbidity and mortality reduction.

Lessons learned from the tsunami response have positively influenced the country's preparedness and response to other emergency situations, particularly in terms of medical supply preparedness and management. Following cyclone Mala and other emergencies in 2006, UNICEF was able to quickly mobilise and deliver

emergency relief goods, including family kits, insecticide treated bednets, and essential drugs for local health centers, in the affected areas. Following cyclone Nargis in 2008, UNICEF distributed child survival kits to help treat up to 600,000 episodes of diarrhoea, 300,000 cases of pneumonia and 60,000 cases of post-partum haemorrhage prevention, and in cyclone-hit township hospitals, 6,200 cases of neonatal sepsis and severe pneumonia. UNICEF also provided support for therapeutic feeding programmes to respond to identified pockets of severe acute malnutrition.

WATER, SANITATION AND HYGIENE

While the immediate response phase focused on preventing acute drinking water scarcity, on disinfecting drinking water sources and on improving emergency sanitation, UNICEF programmes gradually shifted to restoring and improving access to sustainable safe water and sanitation facilities. Altogether 553 water points were restored across tsunami-affected townships, benefiting around 83,850 people. The use of ceramic water filters and *WaterGuard* (a diluted chlorine solution) were promoted to increase the use of safe drinking water for the communities in the coastal and delta areas. This strategy played a crucial role in minimising the risk of waterborne disease outbreaks when tsunami-affected townships were struck by cyclone Nargis. As part of the cyclone response, 250,000 people were supported with water purification materials, and around 75,000 people also benefited through the provision of 15,000 sets of latrine pans and pipes provided to build sanitary household latrines.

The tsunami programme provided support for over 34,500 latrines to be rehabilitated or constructed, benefiting more than 144,000 people, and for improved water and sanitation facilities in schools. In all, 1,162 schools now have improved

sanitation facilities, and 694 schools have improved water and sanitation facilities. Altogether over 70,900 school children have benefited from these programmes. In order to support the adoption of safe hygiene and sanitation behaviours, UNICEF has reached over 21,000 people through hygiene education sessions and 2,150 families were provided with family emergency kits.

EDUCATION

UNICEF provided support to schools in tsunami-affected areas with a comprehensive set of assistance to improve school infrastructure, education supplies, and pedagogical skills of teachers. Overall, 115,190 children have been supported with textbooks, stationary and other materials, and 945 schools have been repaired and renovated by the communities with partial support from UNICEF, benefiting approximately 131,280 children.

The most significant achievement of the tsunami recovery programme was the introduction of the CFS concept and methodologies in all schools in nine tsunami-affected townships. Through the tsunami programme, a total of 21,039 primary school heads and teachers have been trained on child centred teaching learning methodologies and 6,615 Parent Teacher Association members have participated in two-day orientation workshops on community mobilisation to promote CFS. Life-skills education and school-based Sanitation and Hygiene Education have also been incorporated into the curriculum for the CFS schools. Further, early childhood care services are being provided for approximately 3,600 young children in 176 ECD pre-primary classes (ECD centres) attached to selected schools of those townships. These interventions have contributed not only to increased access to primary education for the tsunami-affected children but also to the overall quality improvement of education in the schools of those townships.

CHILD PROTECTION

Following the tsunami, UNICEF supported psychosocial care activities for over 23,000 children. UNICEF has also focused on supporting initiatives to strengthen child protection response capacities. Following on from the development in 2006 of a training manual to build capacity for community-based psychosocial care and protection during and after emergencies, UNICEF has worked to train staff from NGOs and government agencies, including the Ministry of Social Welfare, Relief and Resettlement, and community members.

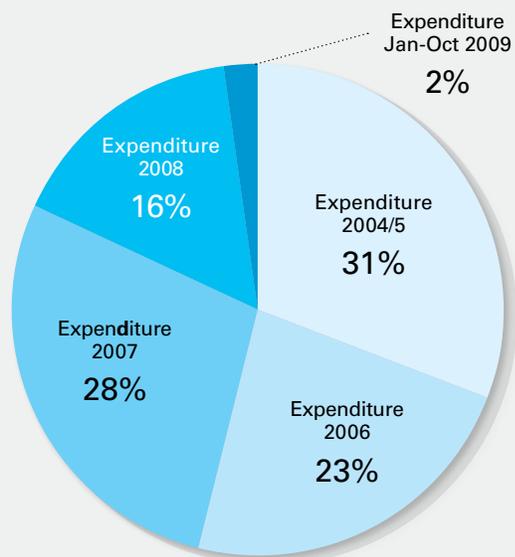
As part of a long-term capacity development strategy, UNICEF also

provided technical and material support for the launch of the country's first post-graduate Diploma in Social Work.

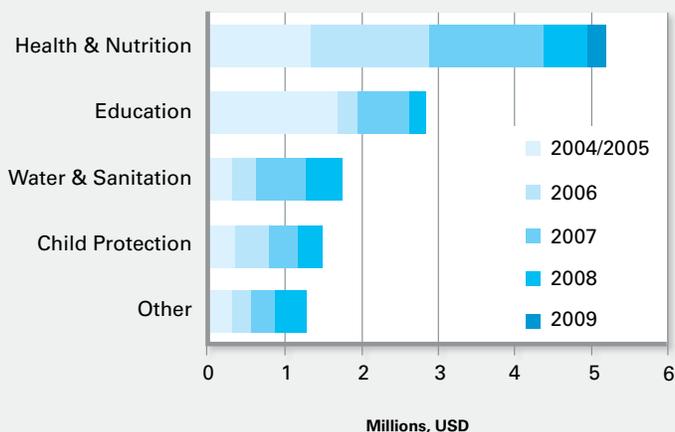
These initiatives helped Child Protection actors respond quickly in the Ayeyawaddy Delta following cyclone Nargis. 1,077 separated and unaccompanied children were registered and supported through regular visits to monitor interim care placements, provision of child protection kits, educational and health support, and access to vocational training and income generating activities for caregivers. By end October 2009, 1,017 children were reunited with their parents or extended family members.

Financial Summary

**FINANCIAL OVERVIEW, MYANMAR
(UP TO 31 OCTOBER 2009)**



**EXPENDITURE BY SECTOR, MYANMAR
(UP TO 31 OCTOBER 2009)**



- Expenditure figures for 2009 are from January to October 2009 only. These figures are extracted from UNICEF's Management Information System and should be considered provisional. Actual expenditure will be available following closure of UNICEF's 2009 accounts in April 2010.
- Other includes: Operational and Technical Support; Planning; Monitoring and Evaluation; Communication and Advocacy; HIV/AIDS activities

Note: Due to rounding figures may not add to total

SOMALIA

North-eastern Somalia was the worst hit by the tsunami, which caused damage along more than 600kms of coastline and killed nearly 300 people on the Somalia coastline. In the immediate response, UNICEF led the provision of shelter materials, clean water and community sanitation and, in collaboration with WHO, emergency medical care. Given the remoteness and inaccessibility of tsunami-affected locations, almost all of the tsunami interventions are now providing a level of service provision previously unavailable to these communities. This includes increased access to health care, better water systems and schools where few previously existed.

HEALTH AND NUTRITION

Prior to the tsunami, there were only two Maternal and Child Health centres in the area and one health post functioning with minimal expertise and drug supply. As part of the tsunami response, over 68,900 people now have improved access to basic health services through the rehabilitation of 14 primary health care facilities, training of healthcare staff and provision of equipment, medical and nutrition supplies.

During 2009, in a new push to reduce under-five child mortality rates, the remaining tsunami response funds were used to support a Child Health Day campaign in Puntland, including the coastal areas and the camps where people displaced from the coast continue to live. During the campaign, children were immunised against measles, diphtheria, whooping cough, tetanus and polio. At the same time, Vitamin A supplementation, nutritional assessments, de-worming, distribution of oral rehydration salts and



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water purification tablets, breastfeeding promotion, and tetanus toxoid vaccination of girls and women aged 15–49 years were also carried out.

WATER, SANITATION AND HYGIENE

To increase access to safe drinking water for tsunami-affected areas, UNICEF repaired a total of seven water supply systems, to benefit an estimated population of 29,800. UNICEF also rehabilitated 23 wells contaminated by intrusion of sea water or otherwise physically damaged by the tsunami, benefiting a further 15,500 people.

EDUCATION

UNICEF focused mainly on reconstruction of schools (including installation of safe water and sanitation facilities) and advancing policy initiatives designed to improve the quality of education in the classroom while increasing enrolment. Construction and/or renovation of six permanent and nine temporary/semi-permanent schools was undertaken alongside increased community mobilisation activities, all of which have increased primary school enrolment from 1,700 children in 2005 to some 6,000 children at present. The children are also benefiting from the training of 186 teachers

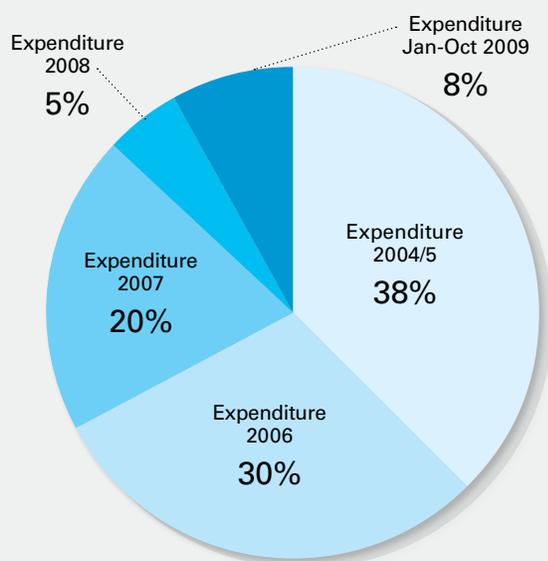
in child-centred teaching and learning approaches. To support the management of these schools, UNICEF supported training for Head Teachers and District Education Officers on school administration, management and sustainability issues. Community Education Committees were established to manage the schools and mobilise parents to send their children to class. The new schools also reached out beyond the enrolled students, with an informal education programme developed for 350 out-of-school adolescents.

CHILD PROTECTION

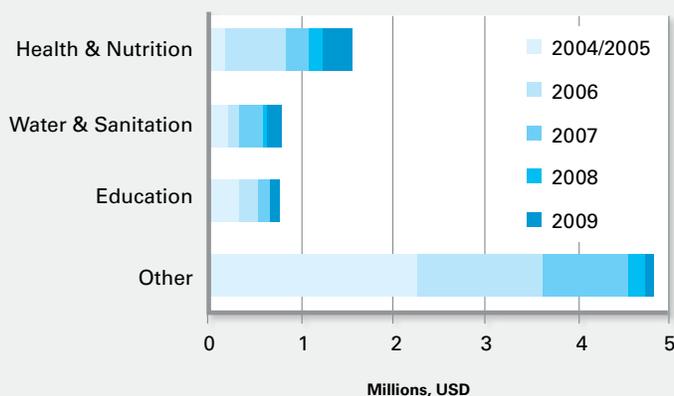
During the tsunami response, over 300 social service providers, including teachers, health workers and child protection advocates, were trained in psychosocial counselling, improving access to psychosocial support for over 1,500 children. As part of Community Driven Recovery programming, UNICEF also supported training for community resource persons to support for and monitor the implementation of Community Child Protection Action Plans.

Financial Summary

**FINANCIAL OVERVIEW, SOMALIA
(UP TO 31 OCTOBER 2009)**



**EXPENDITURE BY SECTOR, SOMALIA
(UP TO 31 OCTOBER 2009)**



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MALAYSIA

The 2004 tsunami, though much less destructive than in other affected countries, was one of the worst natural disasters in Malaysia's history, claiming 69 lives and leaving an additional 8,700 homeless and without livelihoods. The post-tsunami recovery initiatives provided an opportunity for greater multi-sectoral dialogue on previously highly sensitive subjects such as child protection and HIV issues. UNICEF was well placed to take this agenda forward with the Government by advising on policies and legislation and supporting the development of responsive services for children.

CHILD PROTECTION

Particular emphasis was placed on providing timely and effective psychosocial interventions specifically targeting post-traumatic stress disorder and establishing community-based social support networks. UNICEF supported the introduction of a National School Emergency Preparedness Programme which was launched and piloted in Kedah, and was expanded nationwide in 2007. All school children in Malaysia (over 5 million) have now received education on school-emergency preparedness and response. Over 1,000 school counsellors were trained as master trainers on psychosocial activities to be implemented through schools as part of emergency response. The community-based psychosocial and mental health is an example of an innovative model for recovery programmes, and has been replicated and integrated into the national emergency preparedness plan. Through 2008, UNICEF continued to support this programme through the development of learning materials for pupils and training of teachers, counsellors and youth volunteers.



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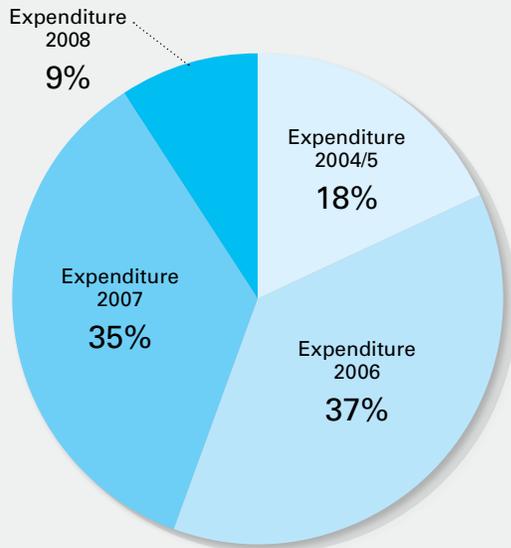
HIV AND AIDS

To address pre-existing vulnerabilities, UNICEF sought to strengthen the resilience of children and young people living in tsunami-affected areas and reduce risk-taking behaviour such as intravenous drug use and lower vulnerability to contracting HIV. In collaboration with the MoE and the local Help University College a pilot programme to increase life skills was implemented in 2006, and this was successfully expanded in 2007. The programme included training of principals, teachers and students on HIV and AIDS and life skills, as well as the establishment of youth centres for both in and out-of-school youth, enhancing the government's ProStar programme.

At an institutional level, UNICEF used the tsunami interventions as a strategic platform to contribute to the development of a national policy and legislations in such areas as Harm Reduction and PMTCT. This not only contributed to the sustainability of regional and community projects in Kedah, but guarantees the nationwide application of best practices and lessons learned from the tsunami-related interventions. UNICEF was also able to leverage its HIV and AIDS work to support the MoH to draft the National Strategic Plan on HIV and AIDS 2006-2010.

Financial Summary

FINANCIAL OVERVIEW, MALYSIA (UP TO 31 OCTOBER 2009)



EXPENDITURE BY SECTOR, MALYSIA (UP TO 31 OCTOBER 2009)



- Expenditure figures for 2009 are from January to October 2009 only. These figures are extracted from UNICEF's Management Information System and should be considered provisional. Actual expenditure will be available following closure of UNICEF's 2009 accounts in April 2010.
- Other includes: Operational and Technical Support; Planning; Monitoring and Evaluation; Communication and Advocacy; HIV/AIDS activities

Note: Due to rounding figures may not add to total

ANNEX 1 TSUNAMI PROGRESS AND RESULTS ACHIEVED: SUMMARY OF INDICATORS AS OF 31 OCTOBER 2009

Indicator Description	India	Indonesia	Malaysia	Maldives	Myanmar	Somalia	Sri Lanka	Thailand	Total
Health & Nutrition									
% of children 12-23 months old who are fully immunized	96%	67%	NA	85%	79%	NA	96%	94%	
% of children 12-23 months old who are immunized against measles	96%	65%	NA	97%	79%	NA	96%	94%	
% of children 12-23 months who are immunized against polio	96%	69%	NA	98%	83%	NA	99%	94%	
# health facilities where UNICEF construction completed		34	-	8	NA	14	34	NA	90
# people benefiting from anti-malaria bednets	40,000	3,069,008	-	NA	208,776	11,208	132,000	NA	3,460,992
# of health facilities provided with equipment	4,921	598	-	14	733	14	506	532	7,318
# health staff in target areas trained in healthcare practices	22,753	9,106	28	761	NA	59	3,538	24,000	60,245
% of children aged 6-59 months receiving vitamin A supplement last 6 months	82%	75%	-	N/A	62%	80%	95%	NA	
Water and Sanitation									
estimated # people benefiting from restored/reconstructed water points	435,000	149,087	-	NA	83,850	15,500	129,030	9,000	821,467
estimated # people benefiting from new sanitation facilities	281,600	141,745	-	6,000	144,475	600	73,785	1,200	649,405
estimated # people benefiting from restored water systems	287,191	195,300	-	54,000	NA	29,800	155,500	NA	721,791
# schools equipped with both improved water and sanitation facilities	4,500	208	-	8	694	7	714	91	6,222
# school children benefiting from the school WES facilities	250,000	45,829	-	NA	70,993	3,375	145,840	35,169	551,206
# school children reached with hygiene education	400,000	42,726	-	300	NA	3,375	273,000	628,690	1,348,091
Education/ Early Childhood Development									
# of permanent schools where UNICEF construction completed	-	291	-	41	NA	6	27	NA	365
# children benefiting from these permanent schools	-	58,677	-	8,216	NA	6,000	13,651	NA	86,544
# children benefiting from semi-permanent or repaired schools	-	21,150	-	1,365	131,280	NA	91,060	NA	244,855
# children ever having received emergency education supplies	617,620	861,100	-	28,636	115,190	6,000	421,498	158,156	2,208,200
# principals/teachers trained in child-centered learning approaches	5,369	9,067	-	2,590	21,039	186	3,578	4,998	46,827
Child Protection									
# child protection centres where UNICEF construction completed	-	4	-	1	NA	NA	27	NA	32
# children benefiting from UNICEF-assisted psycho-social activities	170,000	73,259	800,000	21,000	23,591	1,568	85,000	150,000	1,324,418
HIV/AIDS									
# people reached with HIV education	292,195	13,916	8,000	NA	NA	42	NA	32,700	346,853