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# UNFPA RESPONSE TO INDIAN OCEAN TSUNAMI

UPDATE AT ONE YEAR



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## ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
BAPPENAS	National Development Planning Agency (Indonesia)
BCC	Behavior Change Communication
BemOC	Basic Emergency Obstetric Care
Biro PP	Provincial Office for Women Empowerment (Indonesia)
BKKBN	National Coordination Board for Family Planning (Indonesia)
BPS	Central Bureau for Statistics (Indonesia)
BRR	Rehabilitation and Reconstruction Agency (Indonesia)
CENT	Community Empowerment Network – Trincomalee
CIDA	Canadian International Development Agency
CNO	Center for National Operations
CSC	Community support centre
DMHS	Directorate of Mental Health Services
EC	European Commission
FHB	Family Health Bureau
FP	Family Planning
GAM	Government of Indonesia and the Free Aceh Movement
GBV	Gender-based violence
GHC	Gramodhaya Health Centre
IASC-UNDG	Interagency Standing Committee – UN Development Group
IDP	Internally displaced person
IEC	Information education communication
ILO	International Labour Organization
IOM	International Organization for Migration
MISP	Minimum Initial Service Package
MOH	Ministry of Health
NCW	National Committee for Women
NGO	Non-Governmental Organization
NRRP	National Reconstruction and Recovery Plan
OCHA	UN Office for the Coordination of Humanitarian Affairs
PKBI	Indonesian Planned Parenthood Association
RH	Reproductive health
SDP	Service delivery points
SGBV	Sexual and gender-based violence
SPAN 2005	Population Census in Aceh and Nias
STI	Sexually transmitted infection
TAO	Tambon Administration Offices
UN	United Nations
UNCT	UN Country Teams
UNESCO	United Nations Educational Scientific and Cultural Organization
UNF	United Nations Foundation
UNFPA	United Nations Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UNORC	Office of the United Nations Recovery Coordinator for Aceh and Nias
UNV	United Nations Volunteers
USAID	United States Agency for International Development
WHO	World Health Organization
WVFT	World Vision Foundation of Thailand

## EXECUTIVE SUMMARY

This report marks the year-end update on UNFPA's activities following the massive devastation caused by the Indian Ocean Tsunami on December 26<sup>th</sup> 2004. Thanks to the outpouring of generous donor support, UNFPA has been part of the initial relief and recovery process and is now focused on the reconstruction phase, together with its wide network of partners, sister UN agencies, non-governmental organizations (NGOs) and community based youth, women and religious organizations.

A year after the Indian Ocean Tsunami, work is ongoing to restore reproductive health services and address psychosocial needs in affected communities. In this context, UNFPA's priorities have focused on:

- Moving rapidly to protect maternal health in a region where more than 150,000 women were pregnant and maternal health infrastructure and services had been completely devastated.
- Ensuring the safety and security of women and girls, and preventing gender-based violence. UNFPA is supporting safe shelters for women, monitoring the distribution of relief supplies to prevent exploitation, training community educators, and promoting personal security, including special facilities in temporary refuge shelters for unaccompanied women and children.
- Safeguarding the hygiene and dignity of women and girls through distribution of hundreds of thousands of hygiene packs.
- Helping governments and communities meet the massive need for psychosocial support, to help people cope with the debilitating trauma and loss, and rebuild lives.
- UNFPA is promoting the participation of women in aid distribution and decision making in the rehabilitation and planning processes. UNFPA has supported the conduct of a gender audit, and established an information system for improved gender policy and planning responsiveness.
- In Indonesia, UNFPA is currently supporting the Central Bureau for Statistics (BPS) to conduct a post-Tsunami census in Aceh. While this activity was not part of the initial Flash Appeal, the much-needed census data will contribute towards the longer term rehabilitation and reconstruction of Aceh.

UNFPA has from the beginning been committed to actively supporting a high level of donor coordination throughout the planning and implementation stages. UNFPA as a member of the common OCHA led flash appeal has been fully engaged in the activities of the UN Country Teams (UNCT). At Headquarters level, UNFPA has been an active member of the Interagency Standing Committee – UN Development Group (IASC-UNDG) task force for the Tsunami. UNFPA is part of the Price Waterhouse Coopers sponsored joint financial tracking system and has participated in the joint programme evaluation led by the Evaluation and Studies Unit of OCHA.

As part of the United Nations coordinated inter-agency response, UNFPA country offices in Indonesia, Sri Lanka, Maldives and Thailand are helping to rebuild and re-equip damaged health facilities, while continuing to provide training, medical equipment and supplies to local governments and NGOs to help build their capacity.

In Indonesia, officials are releasing the findings of a UNFPA-funded census in Aceh and Nias, data that will help guide reconstruction planning. UNFPA has strengthened the capacity of the Aceh Provincial Health Office and local health workers to provide quality reproductive health services in Tsunami-affected communities. Eight primary health centres have been equipped with ambulances and instruments for resuscitation and emergency obstetric care. Mobile units are providing similar care to pregnant women in remote villages. With the Fund's support, 10 community centres have been set up to provide psychosocial counseling and outreach, along with income-generation

training, religious and social activities. Through the Indonesian Psychologists Association, counselors have been trained on basic counseling skills, response to gender-based violence, and adolescent and child psychology. UNFPA has continued distributing personal hygiene kits to displaced people through its partners whenever needed. Some 320,000 kits have been distributed this year.

In Sri Lanka, UNFPA is supporting the reconstruction of several hospitals and health units that were damaged or destroyed by the Tsunami. Under an agreement with the Ministry of Health and with the technical support of the United Nations Office of Project Services, UNFPA is helping to restore 18 healthcare facilities providing reproductive health services. These include a maternity complex, several primary health centres and about a dozen medical offices. Most of these projects are due to be completed by June 2006. Each facility will have medical equipment and supplies that meet Government specifications. During this year, service providers in the North and East will be trained to upgrade their clinical and counseling skills. Another area of UNFPA assistance is addressing the psychosocial needs of those affected by the Tsunami. The Fund has helped the Directorate of Mental Health to develop a national policy and to train administrators, health workers and social service personnel. UNFPA is also supporting the establishment of 27 women's centres to respond to women's needs and to counter gender-based violence. The centres, due to open in 2006, will provide basic information and support services and strengthen local coping mechanisms.

In the Maldives, UNFPA continues to assist authorities in restoring the reproductive health care and psychosocial support needs of the displaced. It is working to re-equip damaged facilities to restore comprehensive, quality reproductive health services. A large volume of equipment and supplies will arrive in early 2006. Two fully equipped health boats are being procured to provide emergency care, including transport for women facing complications of pregnancy and childbirth. The Fund has provided reproductive health training for hospital medical staff and community health workers. It has recruited several gynecologists and midwives from abroad to work in hospitals and mobile clinics as well as to train local staff in 2006.

In Thailand, UNFPA is working in four of the worst-affected provinces to address the reproductive health needs of the local population and migrant-worker communities. The focus is on safe motherhood, family planning, gender equality, HIV prevention and adolescent reproductive health. Through its support to the World Vision Foundation of Thailand, UNFPA is providing general health care and reproductive health services to some 5,000 migrant workers and their families through mobile clinics.

Although much has been achieved, the humanitarian needs and challenges are still enormous and many complex issues (issues relating to equity, land tenure, sustainable livelihoods, planning, inter-sectoral and district level coordination etc) still need to be resolved. Most governments have set up institutional mechanisms with mandates for inter-sectoral coordination and are now focusing more on long term reconstruction.

### **Flash Appeal and Funding**

- In the Flash Appeal launched on 6 January, UNFPA requested a total of US\$ 27.9 million. Based on continuously changing ground reality, this figure was later revised to approx US\$ 31 million for UNFPA projects in Indonesia, Sri Lanka and the Maldives. In addition to the Flash Appeal, UNFPA mobilized resources for Tsunami-related activities in Thailand and for the census in and around the affected areas in Indonesia.

- Total pledges to-date approximate US\$ 27 million (approx. 95% of the original Flash Appeal). UNFPA's own contribution from its regular resources has been approx. US\$ 3 million towards the Tsunami, including large scale purchase of RH equipment / supplies and commodities out of the Reproductive Health Commodity Security Trust Fund. The largest individual donor-pledges are shown in the adjacent table.

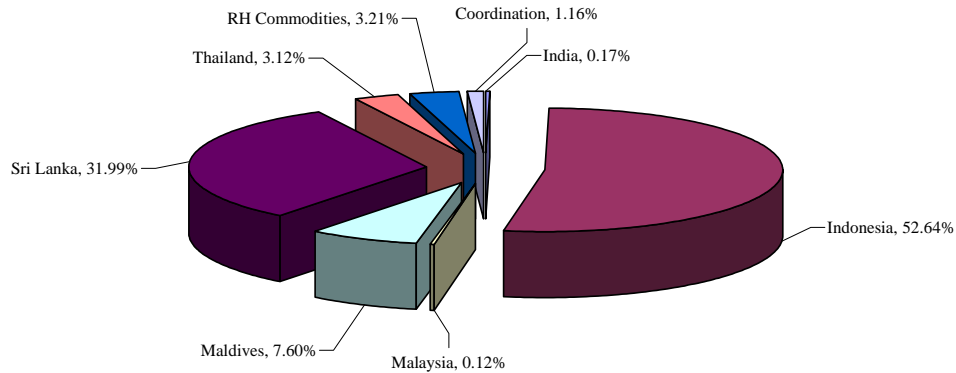
Country	Pledges to Flash Appeal (Millions of USD)	Pledges Outside of Flash Appeal (Millions of USD)
Germany	8.1	
Japan	5.5	
Norway	2.0	
Finland	2.0	
OCHA	1.8	0.9
Netherlands	1.6	
EC	1.0	
China	1.0	
New Zealand	0.7	1.0
Australia	0.4	0.4
*UNF	0.4	
oSweden	0.3	
tCanada		0.1
<b>eTotal</b>	<b>24.8</b>	<b>2.4</b>

The funds contributed by Japan, Finland, Norway and New Zealand, with the kind consent of the respective donors, have been placed in a multi-donor Tsunami pooled fund.

### Utilization of funds

Utilization of funds as of 31 December (figures are in thousands of US\$)					
Country	Funds Received for Flash Appeal	Funds Received Outside Flash Appeal	UNFPA contribution from Regular Resources	Total Available Funds	Total Expenditures (Provisional as of 31 December 2005)
India			50	50	50
Indonesia	13,702	1,821	417	15,940	11,630
Malaysia			35	35	35
Maldives	2,150		150	2,300	610
Sri Lanka	8,957		728	9,685	5,077
Thailand		496	450	946	613
RH commodities			971	971	971
Coordination			352	352	128
<b>Total</b>	<b>24,809</b>	<b>2,317</b>	<b>3,153</b>	<b>30,279</b>	<b>19,114</b>

### Distribution of Received Funds



(For detailed analysis and utilization of the funding received, please see enclosed country-wise reports.)

#### ***Many Thanks To Our Donors and Partners***

UNFPA extends its warm gratitude to all the donors and partners for enabling us to address the maternal health needs and special vulnerabilities of women and girls affected by the Tsunami. The generosity and timely support of our various donors has meant that several thousand women have been able to give birth safely; thousands have been granted their dignity and the necessary safety and counseling to help re-build their lives and those of their families; governments are looking at institutionalization of gender concerns in planning and relief distribution and long term lasting capacities in the health-sector have been created.

## INDONESIA

The western coast of Nanggroe Aceh Darussalam was the region hardest-hit by the December 26, 2004 disaster, causing large scale public infrastructure damage and crippling public services including the health system in the province, torn by 3-decade of armed conflict. The disaster reportedly killed around 130,000 people with at least 37,000 people missing and made an estimated 500,000 people homeless. Moreover, many lost members of their families, some 263,300 people lost their livelihood and 6,600 people became physically impaired. The disaster left a tremendous impact to the survivors, creating huge demands for reproductive health (RH) and psychosocial supports to assist them, especially the (pregnant) women and girls in the camps and barracks. At the request of the Government of Indonesia and based on joint-need assessments, UNFPA launched its response under the UN Flash Appeal targeting around one million immediate beneficiaries in the four hardest-hit districts of Banda Aceh, Aceh Besar, Aceh Jaya and Aceh Barat.

As stated by the government of Indonesia, the emergency phase ended in March 2005. UNFPA shifted the emphasis of its Tsunami response from the provision of humanitarian assistance to capacity building of its local partners. This was aimed at ensuring smooth transition to rehabilitation and reconstruction phase to better support both the target beneficiaries and Aceh communities in general. In an effort to ensure synergy, UNFPA works closely with the Office of the United Nations Recovery Coordinator for Aceh and Nias (UNORC) and with various national and international organizations working in the health, gender and psychosocial sectors with UNFPA taking the lead in reproductive health and gender working groups in Aceh. All have been conducted in coordination with the Rehabilitation and Reconstruction Agency (BRR), which was set up on 30 April 2005 to implement the post-Tsunami reconstruction and recovery master plan.



In general, humanitarian works were carried out without significant difficulties but security and safety remain a concern. Two shooting incidents occurred, injuring two humanitarian workers and over 400 earthquakes shook the province, creating fear and panic. The signing of the peace accord between representatives of the Government of Indonesia and the Free Aceh Movement (GAM) in August 2005, followed by decommissioning of arms by GAM rebels and troops withdrawal by the Indonesian military was a positive development, fostering hopes for peace and order in Aceh. Such environment is needed to make the execution of rehabilitation and reconstruction efforts and longer-term development possible.

Early in December 2005, UNFPA participated in a coordination meeting organized by BRR and attended by stakeholders working in both Aceh province and Nias Island. The aim is to generate donors' supports and orchestrate the 2006 recovery - development efforts in Nias Island further devastated by the March 28, 2005 earthquake. The March quake killed about 1,500 people, left at least 2,000 homeless and severely damaged local infrastructure. UNFPA's initial response to the earthquake included dispatching a team of doctors to conduct a rapid needs assessment and sending two truckloads of RH supplies and commodities as well as personal hygiene kits.

### **Key results and Challenges ahead**

Reproductive health: UNFPA strengthened the capacity of the Provincial Health Office and local health workers to enable the provision of quality reproductive health services to serve members of the community as well. Basic Emergency Obstetric Care is also made available to pregnant women in remote villages through mobile service.



Psychosocial support: The 10 community-based Rumoh Peusijek Hatee (the soul soothing homes) have been positioned to further stimulate community development. Various income-generating training, religious and social activities have been added to the centers to meet the needs of the community living in the center's vicinity.

Hygiene kits: To ensure dignity of displaced people, UNFPA, through its partners moved quickly to distribute personal hygiene kits and continued to do so until end of 2005 as and when the needs arose. Around 2,700 kits were sent to support the survivors of the October flash flood in Southeast Aceh district. Until the end of December 320,000 kits had been procured and distributed.

Health promotion/Gender-based violence: Through its collaboration with local media, including Serambi Indonesia, local state-owned television station TVRI, state-owned Radio Republik Indonesia, Suara Baiturrahman Radio Station, UNFPA conveys various messages on health and gender issues. The Fund also initiates the publication of special women section in Serambi Indonesia daily called, *Wanita Sehat* or Healthy Women. Similar topics are also disseminated from two Banda Aceh-based, UNFPA-supported RH information centers in Muhammadiyah University and the State Institute of Islamic Studies Ar Raniry. Priorities on gender have been broadened from prevention of gender-based violence (GBV) to also include women empowerment through the provision of livelihood programme and gender mainstreaming in the post humanitarian agenda in Aceh. The latter includes providing trainings for camp coordinators, community and religious leaders and through Provincial Office for Women Empowerment (Biro PP) re-strengthening commitment of provincial, district and subdistrict officials so that gender-sensitive approach is adopted in the development phase in Aceh.

Census: UNFPA, at the request of the National Development Planning Agency (BAPPENAS) supports Central Bureau for Statistics (BPS) in conducting the Population Census in Aceh and Nias (SPAN 2005). The much-needed post-Tsunami census results serve as ground for proper development planning for all organizations working in the two affected regions. SPAN 2005 took three months from data collection to data dissemination and covers all parts of Aceh province including the conflict-prone areas, making it the quickest and the most complete population count in Aceh. A population census usually takes one year to complete and previous census in Aceh only covered 60% of the province due to security issue.

Despite the progress, challenges faced by the project continue to include:

- Limited capacity of the implementing partners: local authorities and NGOs have their own technical weaknesses and human resources limitations, creating challenges in networking and establishing coordination, lack of initiatives in jointly developing programmes to serve Acehnese community, especially the internally displaced persons (IDPs).
- High human resource turnover among national and international staff which slows down efforts to implement programmes.
- Changes in the structure of the implementing partners: there have been major operational, structural and personnel changes within the implementation partners and these changes also affected humanitarian activities.
- Security situation: security in some parts of UNFPA's areas of works – like in Aceh Jaya and Aceh Barat - in the conflict-stricken Aceh remained fragile thus affecting trips to and programmes implementation in these particular areas.
- Logistics problems due to damaged infrastructure.
- Stress and fear: over 400 earthquakes within ten-month-period caused panic to people living and working in Aceh.
- Unavailability of modalities/mechanism to tackle emergency measures at local authorities, hampering quick action and coordination efforts

## Project 1: Reestablishment of Reproductive Health Services

The project targets four most affected districts in Nanggroe Aceh Darussalam province. The 18-month-project duration requested in the UN Tsunami Flash Appeal proposal has been implemented in two phases – immediate response (6 months) and medium-term response (12 months). The first phase focused on implementation of the Minimum Initial Service Package (MISP) to reduce maternal and infant mortality and morbidity, the transmission of HIV/AIDS and the risks of gender based violence, while the second phase seeks to strengthen local government capacity for implementation of more comprehensive RH services. Upon request of the Indonesian Government and in line with the BRR recovery and reconstruction plan in Aceh and Nias, UNFPA RH support focuses on eight primary health centres (Puskesmas), in districts most affected by the Tsunami: Banda Aceh, Aceh Barat, Aceh Jaya and Aceh Besar.

### Key Results Achieved

Assessments: A series of needs assessments such as RH joint assessment conducted with the Ministry of Health have been undertaken in order to identify the needs of local government, district hospitals, puskesmas, clinics and beneficiaries. Based upon the findings, RH supplies have been given and capacity of the local government has been enhanced through trainings accordingly.

Coordination Mechanism and Partnerships: UNFPA has been active in collaborating with the local government, UN sister agencies, bi-lateral organizations and civil society. Reproductive Health sub-sector working group was set up by UNFPA to assist coordinating the government, UN agencies and civil society in re-establishing RH services throughout Aceh Province. UNFPA also contributed to providing tangible inputs in the health sector of the 2006 UN Strategy as well as assistance in district hospitals and puskesmas in Meuraxa and Kreung Sabee Sub-Districts within the framework of the UN joint programming. With regard to the strategic planning, UNFPA supported the provincial health office in the emergency and 2005-2006 post emergency plan in partnership with World Health Organisation (WHO) and United Nations Children's Fund (UNICEF). Furthermore, in collaboration with United States Agency for International Development (USAID), UNFPA supported the National Coordination Board for Family Planning (BKKBN) for facilitating the procurement of the contraceptives and establishing logistic system through capacity building workshops.



Staff checks the new ambulances

Re-establishing RH services: UNFPA assistance focuses on providing comprehensive support to re-establishing RH services in the provincial hospital, district hospitals, 8 selected puskesmas and 3 selected clinics and 8 puskesmas (satellite health posts) in Banda Aceh, Aceh Besar, Aceh Jaya and Aceh Barat.

RH Supply Provision: 8 priority Puskesmas have been equipped with ambulances including basic resuscitation equipment and emergency obstetric care. The total number of 534 midwifery kits was distributed through Indonesian Midwife Association, UNICEF, and international NGOs to midwives providing enough support up to 43,254 pregnant women in the UNFPA assisted districts. Furthermore, 85 RH kits were distributed to health facilities covering the estimated 1,348,735 people. Contraceptives for the whole province until August 2006 were nearly secured through Aceh Provincial BKKBN.

Non-RH Equipment: 5 cars are provided with Provincial Health Office for logistic support for programme operations and field monitoring.

Capacity Building: The total number of 346 health workers from 20 health facilities have been trained to provide services with quality of care, establish the referral system and management issues such as logistics and rehabilitation of the health facilities. As a result, by September 2005, 2084 pregnant women (65%) received ante-natal care to prevent delivery with complications and for referral, 1714 births (64%) were attended by trained health workers. 1570 women (60%) were followed up with post natal care. Although 4 cases of maternal death were reported in the UNFPA RH needs assessment, there was no case reported after UNFPA's intervention in the priority working areas. UNFPA supported the provincial health office in strengthening the capacity of reporting and monitoring mechanism.

### Key Activities Planned for 2006

In the framework of the recovery and reconstruction plan in Aceh, the rehabilitation of 56 polindes in four districts is requested by the government of Indonesia to serve larger population in the community. The land assessments for 56 locations have been recently completed and UNFPA is now in the process of selecting contractors through competitive bidding.

As most of the procurement and trainings in 8 puskesmas are completed in line with the workplan, UNFPA aims to reach additional 8 puskesmas in other sub-districts within the same target districts for replication of successful practices and interventions.

### Resources

Donor	Budget	Provisional Expenditure	Balance
Multi Donor (Pooled)	\$ 2,200,000	\$ 1,174,057	\$ 1,025,943
China	\$ 400,000	\$ -	\$ 400,000
EC	\$ 480,355	\$ 488,267	\$ (7,912)
Germany	\$ 4,070,556	\$ 2,466,566	\$ 1,603,990
UNFIP	\$ 380,952	\$ 222,946	\$ 158,006
UNFPA Core	\$ 54,421	\$ 34,038	\$ 20,383
<b>Total</b>	<b>\$ 7,586,284</b>	<b>\$ 4,385,874</b>	<b>\$ 3,200,410</b>

## Project 2: Provision of mental health services through psychosocial support centres

*- with emphasis on women and young people*

Due to lengthy armed conflict, the need for psychosocial support was already high even before the Tsunami disaster as the conflict caused psychological distress to at least 50% of the population (source: Provincial Health Office). During the Tsunami, 90% of Acehese families lost 1 or more members due to the disaster (source: Provincial Health Office). Through this project UNFPA is providing much-needed psychosocial services to Tsunami-affected populations by establishing community support centres (CSCs) that have psychosocial outreach services. The community psychosocial support centres include services to prevent gender-based violence and provide care for the violence survivors. The livelihood activities are organized through these centres, in addition to providing a venue for maintenance of peer support groups; psychological counselling;

counselling on reproductive health concerns; and referrals. 10 CSCs are set up nearby health facilities to facilitate referrals in four UNFPA priority districts, namely Banda Aceh, Aceh Barat, Aceh Jaya and Aceh Besar.

## **Key Results Achieved**

Assessments: Prior to the establishment of the CSCs, implementing partners NGOs Fatayat NU and Flower Aceh conducted needs assessment in Banda Aceh and Aceh Besar. Needs assessments were also conducted with youth to identify their needs.

Establishment of CSCs: To respond to the needs in the four UNFPA target districts, 2 CSCs were additionally established to 8 CSCs which was in the initial workplan while strengthening two community centres managed by the Provincial Office of Women Empowerment (Biro PP) and BKKBN.



Capacity building: 40 counselors have been trained and received refresher training on basic counselling skills, participatory approach to community, as well as knowledge on adolescent and child psychology by the Indonesian Psychologist Association. As of November 2005, the trained counsellors have handled 452 cases.

Psychological healing services: As of November 2005, 16,759 women and 3,800 men have benefited from cultural re-exploration activities enhancing psychological healing amongst the Tsunami survivors, especially internally displaced persons (IDPs). The artists from Jakarta and Aceh conducted drawing, traditional bamboo-flute making, poetry writing, and practicing traditional dance with the community members. The CSCs are stocked with religious books, and religious-based activities are hosted at the centres to provide a source of comfort to IDPs.

Livelihoods activities: In partnership with International Labour Organization (ILO), non-conventional livelihood skills such as Business Awareness, Business Planning, and Vocational skills on tile making were introduced to young women between the ages of 19-29 and other vulnerable women who lost their spouses and other family members who held household responsibility. As of November 2005, 660 women joined this initiative. The livelihood activities aim to serve as an entry point for reducing psychological distress of the IDPs as well as for promoting women's economic empowerment.

Preventing gender-based violence: 40 counselors from 10 CSCs together with selected Puskesmas, have been trained by a local NGO, INSIST on responding to gender-based violence in order to link the activities with health staff. Up to November 2005, 39 cases of gender-based violence were reported to the counsellors. Amongst them, 20 cases were taken care of in the form of counselling and 8 cases are to be handled whereas 11 clients withdrew from the intervention voluntarily (due to social pressure).

Outreach services: the community outreach programme was conducted in order to speed up the response to the needs of Tsunami-affected communities and to introduce the services in the community. 52 health awareness creation sessions targeted 509 women, men and young people in the barracks and tents.

Strengthening capacity of mental hospital: UNFPA supported developing referral system from CSCs to mental hospitals and provision of psychotropic medicines to Puskesmas. Technical support is provided to mental hospital through a psychiatrist.

Supporting women's empowerment: The Women Centre, a comprehensive service centre for women's empowerment was also damaged by the Tsunami. UNFPA supported the reestablishment

of the centre run by Biro PP. The centre has several activities on life-skill trainings and counselling for IDPs and education for men and women, youth and children.



Youth initiatives: A concert of a well-known Acehese singer, Mr. Rafly was supported by UNFPA, ILO and ICMC to draw young population and the Tsunami victims to some semblance of normalcy. In collaboration with ILO, UNFPA organized a workshop participated by selected displace youth representatives, local youth organization and UN sister agencies, international NGO and donors to find ways to support youths.

### Key Activities Planned for 2006

The establishment of 10 CSCs and the reestablishment of 2 additional community centres are now completed but will still require support for operational costs. Focusing on the sustainable development and recovering livelihood, UNFPA will continue to provide supports in capacity building of service providers in the areas of livelihood activities, advocacy on gender equality through male involvement.

### Resources

Donor	Budget	Provisional Expenditure	Balance
Multi Donor (Pooled)	\$ 301,503	\$ 71,344	\$ 230,159
EC	\$ 45,049	\$ 114,690	\$ (69,641)
Germany	\$ 1,356,852	\$ 662,193	\$ 694,659
The Netherlands	\$ 300,730	\$ 154,635	\$ 146,095
<b>Total</b>	<b>\$ 2,004,134</b>	<b>\$ 1,002,862</b>	<b>\$ 1,001,272</b>

### Project 3: Provision of personal hygiene packs

UNFPA conducted needs assessment on gender and reproductive health in early January 2005 immediately after the Tsunami attack in Aceh. Hygiene kits were produced based on the findings of the assessment that women and young girls living in IDP camps tend to be more vulnerable in maintaining hygiene and protecting dignity than men and young boys. A hygiene kit includes basic hygiene supplies such as, sanitary napkins, disinfectant, soap, toothpaste, toothbrushes, headscarf, prayer mat, underwear, and long-sleeved shirt, to ensure Acehese women and girls can carry out activities in public comfortably. The kits are accompanied by information on basic reproductive health and hygiene, and were distributed along with other basic supplies by implementing partners including government, UN agencies, NGOs and voluntary organizations. Based on the subsequent assessment showing the imminent hygiene needs of men, a new kit was designed for them. In line with other UNFPA supported Tsunami projects, the areas where the kits are mainly distributed to internally displaced persons (IDP) camps in Banda Aceh, Aceh Barat, Aceh Jaya and Aceh Besar. After the earthquake in Nias, the distribution coverage has extended to Nias and other districts with much need in Aceh.

## Key Results Achieved

Assessment: A needs assessments was conducted in the first week of January to identify the specific needs of women and girls living in the IDP camps.

Hygiene kits: UNFPA's action was timely in responding the needs of the Tsunami survivors. 320,000 personal hygiene kits in total have been procured and its distribution is almost completed and will be done by the end of December 2005. About 70% percent of the kits are for the female, and the rest for the male. While communities identified women's hygienic needs as most urgent, it was also clear that men lost everything and are also in need of hygiene supplies.

Partnerships: Hygiene kits were distributed through various implementing partners, international and national NGOs, USAID and UN sister agencies such as UNICEF, ILO, and International Organization for Migration (IOM). From April, the distribution has been handled mainly by the Provincial BKKBN office, which uses its existing network at the village level. Distribution is now covering 11 districts instead of four districts. UNFPA covers the distribution costs.



Gender and culturally sensitive approach: UNFPA responded immediately by purchasing hygiene kits that were specifically designed for the Acehnese context. The objective of this project is being achieved as the kits are reaching populations that need them, and this has reduced the vulnerability of women and girls in the emergency phase. In addition to the information included in the hygiene kits, 20 staffs from the provincial government office and 30 focal points from IDP camps participated in workshops on gender-based violence organized by Biro PP. During this workshop, participants learned about the problems faced by survivors of violence; how to response victims in a holistic and sensitive manner.

## Resources

Donor	Budget (US\$)	Provisional Expenditure (US\$)	Balance (US\$)
Multi Donor (Pooled)	\$ 1,600,000	\$ 1,572,120	\$ 27,880
Australia	\$ 381,679	\$ 332,694	\$ 48,985
China	\$ 200,000	\$ 192,240	\$ 7,760
EC	\$ 257,900	\$ 290,746	\$ (32,846)
The Netherlands	\$ 421,591	\$ 357,345	\$ 64,246
Sweden	\$ 284,495	\$ 284,495	\$ -
<b>Total</b>	<b>\$ 3,145,665</b>	<b>\$ 3,029,640</b>	<b>\$ 116,025</b>

## Project 4: Prevention of gender-based violence in the emergency and reconstruction phases

The breakdown of social and infrastructure systems in the disaster-affected areas may lead to an increase in sexual violence and exploitation, unwanted pregnancies, preventable maternal and infant deaths, and an increase in the spread of HIV/AIDS and other sexually transmitted infections



(STIs). This project seeks to address these problems and reduce the risk of gender-based violence for displaced populations through a phased approach.

The first 6 months of this project focused on promoting safe access to basic services, by providing information on prevention of gender-based violence (GBV) in the temporary settlements through available media channels, including face-to-face and group discussions with affected populations. The rest of the months dedicated on capacity building of the decision-makers, community leaders in the camps and barracks, NGOs as well as the affected population. Various IEC materials on reproductive health including HIV/AIDS, women's empowerment and gender-based violence have been developed and distributed to different channels such as university information centres, CSCs, health facilities, community centres supported in other UNFPA Tsunami projects.

## Key Results Achieved

**Assessment:** UNFPA in collaboration with OXFAM and Biro PP supported a gender assessment conducted by the Centre for Women's Studies of the State Institute of Islamic Studies Ar-Raniry. A training manual on gender-based violence in the barracks was developed by a local NGO, INSIST.



**Mass Media:** Awareness creation on the UNFPA-mandated issues throughout Aceh Province were undertaken through TV, newsletter and newspapers with special attention to the IDPs living in the barracks and tents. Radio programme was effective in reaching out to the vulnerable population as the radio equipments were distributed to IDPs by a UN sister agency as a part of the information programme. Ensuring the level of understanding of the audiences, radio and TV programme were introduced in an interactive manner. One million women, men and young people through Aceh Province are estimated to have received messages on reproductive health, including HIV/AIDS and gender equality through radio and TV programmes. Amongst them, 9500 IDPs at 95 barracks are estimated to have received information on reproductive health and gender equality through newsletters and newspapers.

**Focusing on youth:** Two information centres for young women and men were established in the Muslim universities in Banda Aceh. The information centres aim to serve students within the university as well as reaching out to the community levels. 1200 female and male students from 20 senior high schools in Banda Aceh and 900 young people in 24 barracks in Banda Aceh and Aceh Besar have been trained as peer educators. The promotion of adolescent reproductive health through a radio talk show programme was facilitated by the Indonesian Planned Parenthood Association (PKBI) with the support from UNFPA. Supporting activities include provision of counselling for the youth, peer-educator programme, livelihood initiatives, prevention of STIs/HIV/AIDS and various games.

**Culturally sensitive approach:** 20 religious leaders have been trained on the above-mentioned topics. Women, men and young people living in 20 barracks in the four UNFPA targeted districts were reached by the leaders at weekly basis for interactive discussions. By the end of November 2005, 1200 IDPs are estimated to have received information on reproductive health and gender equality through 180 interactive discussion sessions conducted by religious leaders.

Reaching out the community, the IEC materials produced by the information centres were distributed to 10 Community Support Centres established under UNFPA psychosocial support programme, 20 schools and Health centre.

Knowledge sharing: Experts from BKKBN, Biro PP, Gynaecological Association of Banda Aceh, Provincial Health Office, PKBI, Yayasan Pulih, Mental Health Hospital served as resource persons in TV, radio and newspaper programmes.

Gender mainstreaming and women’s empowerment: UNFPA has been strengthening the role of Biro PP. Biro PP and UNFPA took a lead on initiating the gender working group consisting of NGOs, international agencies and government institution. The group serves as a coordinating body to strategically plan and implement activities promoting gender mainstreaming at institutional and policy level as well as women’s empowerment at the community level. The group met one a week at regular basis. A gender mainstreaming training was organized by UNFPA in conjunction with National Development Planning Board (BAPPENAS), the French Government and the Ministry of Women’s Empowerment for 500 sub-district authorities in Aceh to ensure full participation of community in the development of the district plans.

Preventing gender-based violence: Women rights issues including property rights and reproductive rights were identified by stakeholders such as police, Office of Religious Affairs, representatives from IDP camps, Biro PP and national women NGOs through workshops supported by UNFPA. Based on the findings, the paralegal volunteers have been recruited by a national NGO MISPI to provide outreach activities for paralegals services and focus group discussion to women in the IDP camps and community in Banda Aceh and Aceh Besar districts.

Interagency partnerships: UNFPA provided contribution in integrating three issues of gender, RH and religious values in training modules as well as providing the training on them in the context of an interagency project lead by UN Educational Scientific and Cultural Organization (UNESCO). UNFPA has also committed providing a gender specialist to UNORC, who will be based in UNORC to develop a gender strategy with the Bureau for Rehabilitation and Reconstruction in Aceh and Nias (BRR).



### Key Activities Planned for 2006

- Following up the challenge mentioned above, the advocacy activities on sensitive issues such as gender-based violence, women’s empowerment and gender equality will be further strengthened next year as well as under the UNFPA 7<sup>th</sup> Country Programme.
- Advocacy activities targeting youth, men and women will be continued at two newly established information centres.
- UNFPA will continue supporting gender mainstreaming and promotion of gender equality through capacity building, technical support and provision of services.

### Resources

Donor	Budget (US\$)	Provisional Expenditure (US\$)	Balance (US\$)
Multi Donor (Pooled)	\$ 1,200,000	\$ 659,567	\$ 540,433
China	\$ 100,000	\$ 84,717	\$ 15,283
EC	\$ 59,238	\$ 60,112	\$ (874)
<b>Total</b>	<b>\$ 1,359,238</b>	<b>\$ 804,396</b>	<b>\$ 554,842</b>



## Project 5: Census

Although, this project was not part of the initial Flash Appeal, UNFPA is supporting the Central Bureau for Statistics (BPS) in conducting a population census to get accurate demographic data on post-Tsunami Aceh. Among of the people who have been enumerated are displaced people who intend to live for more than 6 months (but not visitors intending to stay for less than 6 months) and people who live in boats, public places such as markets, regardless their residential status. This has been categorized as de facto enumeration, and was conducted at the end of data collection, or known as 'Moment Telling'. The much-needed census data will be used to get socio-economic information of the generally disrupted situation, but will also be essential in the planning of rehabilitation and reconstruction programmes in Aceh. The data was available and disseminated at the end of 2005.

To support the Population Census in Aceh and Nias (SPAN), socialization of the activity has been conducted through various channels including outdoor media, radio broadcast, press conferences and special meetings with local formal or informal leaders. Billboards and large banners were set up in strategic places and press conferences were held by BPS NAD.

The security situation in NAD is conducive and the conduct of the census faced no difficulties most areas. No serious incidence of conflicts has occurred during the data collection. In general, the census was carried out in record time.



*Enumerators with respondent in Aceh*

### Key Activities Planned for 2006

- Census data will continue to be analyzed to serve as baseline data for the Aceh recovery and reconstruction plan as a whole not to mention to the UNFPA supported programmes.

### Resources

Donor	Budget	Provisional Expenditure	Balance
Australia	\$ 381,679	\$ 356,334	\$ 25,345
Canada*	\$ 101,336	\$ 203,795	\$ (102,459)
New Zealand	\$ 1,000,000	\$ 934,579	\$ 65,421
UNFPA Core	\$ 350,000	\$ 349,860	\$ 140
<b>Total</b>	<b>\$ 1,833,015</b>	<b>\$ 1,844,569</b>	<b>\$ (11,554)</b>

\*Funds available from existing agreement

### Conclusion

UNFPA supported the government of Indonesia in partnership with the national and international communities that lives of women in Aceh are saved through the reestablishment of comprehensive RH services and the Fund's psychosocial project help ease the suffering of displaced women and girls through the counselling services, while at the same time empower them with livelihood skills to rebuild their lives. Despite technical and managerial challenges emerging at various implementation stages, Tsunami survivors are gradually returning to their normalcy.

Recovery and reconstruction in post Tsunami Aceh is a long-term process that requires joint efforts, involving various national and international partners. The support to people in Aceh should be continued in the development phase, which requires additional time for quality implementation. In this regard, UNFPA Indonesia wishes to kindly request generous donors extension of UN Flash Appeal till Year 2006 with no additional funding. We continue to ensure that our efforts are efficient and we deliver quality services geared to meet the needs of Tsunami-affected communities and individuals.

## SRI LANKA

The catastrophe unleashed by the Tsunami on December 26, 2004, claimed over 35,000 human lives, injured 21,442, displaced about a million people initially and devastated over two thirds of the island's coastline. Apart from striking already comparatively poor coastal communities, the Tsunami compounded previously existing vulnerabilities resulting from civil conflict by making the North East the hardest hit region.

The Tsunami seriously impacted the health sector, with several hospitals and health units partially or completely damaged, thereby affecting the delivery of reproductive health services. The psychosocial consequences of the Tsunami were enormous. However, while the health authorities were able to restore the provision of essential healthcare services to the affected populations, the psychosocial interventions in the immediate aftermath of the Tsunami proved to be quite complicated with an unprecedented proliferation of agencies and individuals attempting to address psychosocial needs, with no clear consensus on how to understand and respond to the psychosocial distress. The state healthcare system was not well equipped either technically or logistically to deal with psychosocial issues as it was mainly involved in providing individually oriented clinical mental health services as treatment for mental disorders.

Further, as in other natural disasters, the impact of the Tsunami tended to be gendered, having displaced and claimed the lives of more women than men. However, the disaster response was largely based on the assumption of gender neutrality. As a result, the particular needs of women were largely neglected, specifically during the emergency phase, where issues of sanitation, privacy and personal security of women were not taken into consideration, making women more vulnerable to sexual and gender-based violence. Hence, there has been a general failure to perceive women not only as victims but also as key actors in shaping the recovery, which marginalizes women's productive role.

A particular feature of the post-Tsunami scenario is that significant a number of men were forced to assume the role of primary care-givers in the family due to the death of their spouse which provides a potential opportunity to transform gender roles. UNFPA has played a major role in ensuring a gender sensitive response to Tsunami relief and recovery efforts.

### Key Results and Challenges Ahead

UNFPA has made great strides in addressing the critical challenge of restoring and rehabilitating the damaged RH facilities in nine districts. Significant quantities of reproductive health kits for management of safe deliveries and obstetric complications, blood transfusion supplies, drugs contraceptives and hygiene packs have been supplied and distributed.

UNFPA has strengthened national capacities in addressing psychosocial needs by providing personnel and logistical support to the Directorate of Mental Health Services (DMHS). Community based women's centers and safe spaces that address GBV and promote women's solidarity networks are being established. On behalf of the UNCT, UNFPA has taken on the focal role for coordinating the Gender-Based Violence and Psychosocial sectors. As the focal agency responsible for coordinating gender sensitive disaster response, UNFPA supported the setting up of a Gender Desk at the National Committee for Women (NCW) and continues to support efforts to monitor and ensure that gender is mainstreamed in reconstruction activities. UNFPA chairs both the UN Gender Working Group as well as the recently initiated GBV Forum.



Reproductive Health kits arrive

Similarly, as the focal agency for coordinating the psychosocial interventions, UNFPA supported the setting up of the psychosocial desk at the Center for National Operations (CNO) and continues to chair the Psychosocial Forum.

A year following the disaster much has been accomplished. The emergency relief was successful in meeting the immediate needs of the affected people, with the provision of temporary shelter, food and medical assistance. As a result, epidemics and deaths that many feared would follow the disaster never happened. This rapid stabilization of the emergency situation enabled the shifting of attention to the more difficult and complex challenges of recovery and reconstruction. Nevertheless, many challenges remain:

- Weak capacity of implementing partners. Absorptive capacity on the ground and speed at which projects move are largely dependent on the local capacity, which in areas like gender and psychosocial have been weak.
- Overall coordination mechanisms at the district level and between the districts and central authorities remain weak given the large number of players in the health sector.
- Start up challenges relating to the reconstruction work of health facilities have been formidable. These relate to formalities like identification of alternate land for reconstruction, coastal buffer zones, acquisition of land, surveys, transfer of ownership to the Ministry of Health, authorization by the Urban Development Authority, designing, planning, layouts, approvals, contract biddings, bill of quantities for health facilities etc. Meanwhile, to ensure proper fund utilization and accountability, UNFPA is adhering to its own internal financial regulations and procurement procedures regarding bidding, contract approval etc to the extent possible that at times poses some delays. But once all the approvals are in place, expenditure will rapidly accelerate.
- In Sri Lanka the political environment continues to be volatile in both the North and East with increasing instability in the South.
- Addressing equity issues and balancing needs and priorities of Tsunami-affected and conflict-affected internally displaced persons (IDPs) to ensure that reconstruction efforts do not perpetuate inequalities and create tensions between communities.

## **Project 1: Restoration of Reproductive Health Services**

Following a client oriented and gender sensitive approach, the project aims at promoting expanded access and increased utilization of comprehensive reproductive health services , including family planning, among individuals and couples affected by the Tsunami through restoration of reproductive health (RH) services in the affected areas. The main components of the project are:

- Restoration/rehabilitation of damaged RH service facilities in order to support the health recovery plan at national, provincial and district levels
- Provision of essential RH equipment and supplies to restore services
- Re-establishment of outreach services for health promotion
- Support to the Voluntary Health Workers programme in areas where there are Public Health Midwife vacancies to restore the domiciliary service provision
- Strengthening capacities and skills of health personnel by providing training and supportive supervision
- Strengthening co-ordination, monitoring and evaluation mechanisms

## Results Achieved

With the shift in emphasis from life-saving relief operations to long-term recovery support during the one year period since 26 December 2004, UNFPA carried out a range of interventions designed to provide humanitarian relief and develop sustainable capacities within its core mandated areas of ensuring reproductive health care in emergency situations, with particular attention to addressing the needs of women and girls.

In the initial relief phase, at the request of the Ministry of Health (MOH), UNFPA provided over 700 Reproductive Health Kits for the management of safe deliveries and obstetric complications, blood transfusion supplies, drugs for treatment of infections and supplies for rape management. Supplies of contraceptives were also provided to cover the shortages in the affected areas. Health information materials were produced and disseminated in camps and temporary shelters. In addition, 55,000 personal hygiene kits, consisting of basic sanitary supplies for women and girls, were assembled and distributed through MOH staff as well as UN High Commissioner for Refugees (UNHCR) in the conflict affected districts of the North.

In the recovery phase, UNFPA signed a Memorandum of Understanding with the MOH to assist in the restoration of RH facilities in the Tsunami affected districts. Prior to developing the programme components, UNFPA conducted a RH needs assessment to identify the gaps in services and also undertook a series of consultations with the relevant district authorities to make the necessary adjustments in plans (and in some cases the MOU) in order to better respond to the local needs and priorities. Based on this consultation process, UNFPA with the technical support of United Nations Office for Project Services (UNOPS) is supporting the health infrastructure reconstruction operations.

The vast majority of infrastructure projects are scheduled to be completed by June 2006. Each facility will be fully equipped with medical equipment and supplies as per the specifications and quality standards provided by the MOH. Based on the findings of the RH needs assessment, a capacity development plan for RH has been discussed with relevant counterparts at the central and provincial levels and will commence early next year with a series of interventions designed to upgrade the clinical and counseling skills of service providers in the North and East. Efforts will also be made to strengthen the supervision and monitoring capacities of health providers in the affected districts.

## Progress Update of RH Infrastructure Reconstruction

District	Facility Type	Place	Progress as at end November 2005
Kalmunai	MOH office	Kalmunai South	Land not identified
		Karaitivu	Construction in progress
	GHC	Nintavur	Land not identified
		Kannakipuram	Construction in progress
Trincomalee	MC	Mawadipalli	Construction in progress
		BH Kalmunai N	Designs not submitted by CECB
	MOH office	Kinniya	Construction in progress
		Kuchchaveli	Construction in progress
Batticaloa	MOH office	Batticaloa	Construction in progress
		Kalawanchchikudy	Construction in progress
	GHC	Kakkajaveddai	Construction in progress
		Thampalawattai	Construction in progress
Matara	MOH office	Matara	Construction in progress
Hambantota	MOH office	Hambantota	Construction in progress
Kalutara	MOH office	Beruwela	Construction in progress
Kilinochchi	MOH office	Pallai	Retendered due to unacceptable rates
Jaffna	GHC	Manalkadu	Construction in progress
Galle	MC	Elpitiya BH	Project transferred to Americares.

GHC = Gramodhaya Health Centre; MOH Office = Medical Officer of Health Office; MC = Maternity Complex

## **Challenges**

The scope of work for the reconstruction of RH infrastructure originally started with twenty (20) sites consisting of 5 Gramodhaya Health Centres (GHCs), 13 MOH offices and 2 Maternity Complexes. Since the signing of the Memorandum of Understanding with the MOH, the list of sites has been amended to accommodate the changing environment. In some cases, the initial list was inconsistent with local needs and requirements due to inadequate consultations between central and local authorities. In other cases, more than one donor had been assigned to the project.

While construction works are now in progress in most of the sites, initial delays were encountered in the allocation of land for reconstruction of building outside the buffer zone. This entailed a complex series of actions related to the acquisition of land, transfer of ownership to MOH and authorization of the Urban Development Authority to build. To date, land has not been identified for two sites in Kalmunai. However, with the recent relaxation of the buffer zone policy and high level commitment to addressing this concern, it is expected that the land for the two remaining sites will be resolved shortly.

UNOPS has established full operational capacity in the country and is scaling up the quality assurance measures. UNOPS has been proactive in finding creative solutions to the above mentioned operational constraints and challenges and continues to make a serious effort to deliver at cost and on schedule, to the extent possible given the complex environment. UNFPA and UNOPS have held two quarterly review meetings to assess the progress and resolve any emerging challenges.

In some districts in the North and East, contractor interest has been poor and the tender periods had to be extended. This is due to a combination of perceived risks associated with uncleared areas of the country, the pre-election political climate and security situation, the frequent hartals leading to a potential breach of contract. In addition, movement in the uncleared areas remains a challenge. In other cases, the bids reflected an unreasonable cost escalation and have been either re-tendered or a decision has been to support direct implementation of the construction inputs through UNOPS teams. In the last quarter, construction works were also delayed due to the heavy monsoon rains resulting in serious floods in some areas.

## **Planned Activities for 2006**

Currently, the process of rehabilitation and reconstruction for development following the initial relief and recovery support is ongoing. The procurement of medical equipment and supplies for the earmarked RH facilities has been processed through the Procurement Services Section, UNFPA, Copenhagen and is scheduled to be delivered in a phased manner in 2006. Due to the delays encountered in construction operations, all completion dates have been advanced to 2006. It is expected that five facilities will be ready for hand-over in the first quarter of next year. The remaining ongoing construction works will require an estimated six-nine months. As for the remaining sites, the constructions works could be completed by end of 2006, provided the above mentioned obstacles are resolved, particularly the allocation of land in Kalmunai.

The in-depth RH needs assessment has been an effective tool for mobilizing support to revamp the RH services in the affected districts. In the ongoing project although capacity building to address the quality service provision by strengthening the skills of health care providers was identified as one of the major activities, due to financial constraints, priority has been given to first restoring the damaged physical infrastructure as requested by MOH. However, plans are now underway for 2006 to put in place interim measures to address the human resource constraints in the North and East and build capacities of health workers in RH service delivery ensuring application of quality standards and skills development in addition to properly equipping them in line with the recommendations of the RH needs assessment. There is high level commitment among the key stakeholders (at district and central levels) to implement the interim measures and this holds great prospects for improving the quality of reproductive health care in the most underserved parts of the country.

## Resources

Donor	Budget	Provisional Expenditure	Balance
Multi Donor (Pooled)	\$ 3,950,000	\$ 2,048,826	\$ 1,901,174
China	\$ 200,000	\$ 200,000	\$ -
Germany	\$ 2,082,768	\$ 1,575,433	\$ 507,335
OCHA	\$ 750,000	\$ -	\$ 750,000
UNFPA Core	\$ 570,000	\$ 570,000	\$ -
<b>Total</b>	<b>\$ 7,552,768</b>	<b>\$ 4,394,259</b>	<b>\$ 3,158,509</b>

## Project 2: Building Psychosocial Well Being among Individuals and Communities Living

This project primarily contributes towards capacity building of communities and the state in effectively responding to and addressing psychosocial needs and gender-based violence in the Tsunami-affected areas. The Project has two strategically linked components; Psychosocial and Gender.

### Psychosocial Component

#### Results Achieved

During the course of this year, UNFPA has strengthened the national capacities in addressing psychosocial needs by providing personnel and logistical support to the DMHS and has contributed significantly towards the development of a national policy and plan for psychosocial and mental health interventions that recognizes the need for multi-sectoral interventions. A psychosocial desk at the Centre for National Operations has been established and UNFPA also assists in coordinating meetings between the DMHS and the non-state sector.

Additionally, UNFPA has supported capacity building efforts of the DMHS by conducting 4 psychosocial sessions for 110 state administrators, healthcare and social service personnel from 8 districts to inform them on promoting psychosocial wellbeing, distributing over 200 copies of guidelines for healthcare workers on how to develop and implement psychosocial responses, and supporting 9 districts to develop plans for promoting psychosocial wellbeing, which is to be implemented over this and the next year. UNFPA conducted 4 workshops for the DMHS and the Mental Health Unit to build their capacities in the arena of psychosocial programming.

As the lead agency appointed for coordinating the psychosocial sector for the UN agencies in Sri Lanka, the UNFPA was involved in generating inter-agency consensus on the psychosocial approach to be taken<sup>1</sup>, facilitating inter-agency dialogue on psychosocial programming where differences were observed. In further support towards coordination efforts that build long-term sustainable interventions both at the centre and the districts, UNFPA has assisted with the mapping of psychosocial interventions in the Tsunami-affected areas by the Consortium of Humanitarian Agencies, which resulted in the recognition that the wellbeing needs of young people and men were being overlooked, and that only limited livelihood opportunities were being offered for women. Hence, UNFPA is supporting the Family Health Bureau (FHB) in building adolescent life-skills.

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<sup>1</sup> “The two extremes of the (psychosocial) approaches are (1) the models which pathologizes the people’s reactions and attempts to cure or treat these as a mass intervention, at one end and (2) the models which attempts to promote wellbeing using the strategies of protection and recovery at the other end. WHO, ILO-IPEC, IOM, UNICEF and UNFPA agreed that the latter model was the preferred UN approach and therefore support would be given to those proposals supporting the latter approach.” (Minutes of 5th May UN Psychosocial Coordination Meeting)

UNFPA is providing logistical support to the Community Empowerment Network – Trincomalee, (CENT), a district coordinating body for psychosocial work functioning under the office of the Deputy Provincial Director for Health Services and chaired by Dr Gadampanathan, the psychiatrist assigned by the Ministry of Health to the Trincomalee district.

Last but not least, UNFPA has provided technical and logistical support for conducting a three-and-a-half day workshop on developing a long-term strategic plan for the psychosocial sector, involving over 40 organizations. The workshop was essential in promoting greater clarity regarding the term 'psychosocial', generating wide consensus on suitable approaches and outlining strategic activities for the key areas of coordination, policy, capacity building and guidelines for good practice.

## **Planned Activities for 2006**

The UNFPA's enduring analysis of the psychosocial sector emphasizes the need to build adequate capacities for psychosocial wellbeing promotion and protection at decision-making and service provision levels at the centre and districts. It is recognized that in order to be effective, consensus of approach, a shared vision and acceptance of diversity of roles in psychosocial and mental healthcare is necessary.

Over the next year, the UNFPA will continue to support the DMHS and the FHB in building services and skills in the Tsunami-affected areas. This will include the provision of technical support for capacity assessments, curriculum development, and training programs as well as the logistical support for equipment, personnel and other related costs.

UNFPA together with the DMHS will provide support to the districts in implementing the plans currently drawn up to strengthen the psychosocial wellbeing of people in Tsunami-affected districts. This will include greater coordination of services affecting psychosocial wellbeing and better monitoring of issues affecting psychosocial wellbeing at district level.

UNFPA will support the University of Colombo in developing a psychosocial assessment methodology, which will contribute towards the development of long-term courses on the determinants of psychosocial wellbeing and psychosocial programming. This will contribute towards the national capacity building in a long-term and sustainable manner.

## **Gender Component**

### **Results Achieved**

During the year considerable groundwork had to be undertaken to operationalize the project, particularly due to lack of adequate national mechanisms available to address gender concerns. This led to some delays, despite which, significant progress was made during the year in implementing activities that aimed at developing capacities of both the state and the community. The Gender Desk set up at the NCW initially focused on addressing sexual and gender based violence through awareness raising and capacity building activities and has thus been instrumental in improving protection measures in temporary shelters and camps. With the transition from relief to recovery, the Gender Desk has also expanded its focus to integrating gender in the overall reconstruction efforts and has conducted several meetings at the district level to sensitize Government Agents and other senior administrators. The Desk has in fact appointed Gender Focal Points who also serve as Project Coordinators at the district level to ensure that gender is mainstreamed and that women's needs are not marginalized in reconstruction efforts.

The first phase of the Gender Audit, which was commissioned with the aim of contributing towards the creation of an enhanced policy and planning environment for addressing women's needs, was completed. The audit specifically focused on ascertaining the gender dimension of the support provided during the relief and recovery phases. Findings indicate a gender neutral response during the emergency phase and



inadequate attention to needs of women and girls in the recovery process due to lack of gender disaggregated data and weak mechanisms for gender mainstreaming. Given this need for an information system for improved gender policy and planning, UNFPA is supporting the NCW in setting up a repository of data and information on gender issues, specifically on GBV. In this regard, a rapid mapping exercise to examine data collection sources and secondary analysis of existing data/research and reports concerning gender issues in the Tsunami context have commenced. In addition, UNFPA has also successfully negotiated with the Department of Census and Statistics to incorporate Domestic Violence indicators in the DHS, which is scheduled to commence early next year.

During the year a series of training programs aiming at building capacity of frontline government and NGO workers to effectively respond to gender and gender-based violence (GBV) issues were successfully completed. A major outcome of the series of TRAINING OF TRAINERS programs conducted with the technical assistance of the Centre for Refugee Research, Australia, is the transfer of capacity building skills to the local community through the development of a resource pool of 27 trainers specialized on gender and GBV issues. These trainers conducted 12 training programs for 188 frontline government and NGO workers in 6 districts in September, November and December 2005, and thereby strengthened district level capacity to respond to gender and GBV issues.

Among the significant results achieved during the year is the establishment of a GBV Forum (membership includes UN agencies, bilaterals, international NGOs, NGOs and NCW) under the leadership of UNFPA. The objectives of the forum are: to serve as a mechanism for enhanced coordination and collaboration on GBV related work in Sri Lanka; to facilitate regular sharing of resources, information and experience on implementing programmes relating to GBV; and to strengthen multi-sectoral responses by promoting integrated strategic approaches to GBV. On December 3<sup>rd</sup>, 2005, the Forum successfully completed its first collaborative initiative, which involved a public campaign to end violence against women, to mark the '16 Days of Activism'. The campaign involved learning, sharing and expressing thoughts and views on violence against women through drama, music and the painting of personal messages on to a T-Shirt and joining together in a Human Chain of Solidarity wearing the T-Shirts. In addition, stalls of organizations working on Gender, GBV and women's rights issues to share their work with the public were set up at the venue. Over 900 people participated in this campaign which was given wide media coverage. The campaign was successful in bringing out the issue of VIOLENCE AGAINST WOMEN into the open, in drawing public attention and mobilizing popular support for the Campaign to end violence against women.

Preparatory work relating to the setting up of Women's Centres and the component on Strengthening Health Sector Response to sexual and gender-based violence (SGBV) were initiated during the year. This included extensive consultations with various stakeholders, the completion of a mapping exercise to identify needs of the community and locations for the centers and the conduct of feasibility study to integrate SGBV in healthcare settings.

An overarching challenge at the institutional level is the limited capacities of the line ministry, the Ministry of Women's Empowerment and Social Welfare and UNFPA's key implementing partner, the NCW to implement a project of this nature. Despite the strong commitment of NCW to addressing SGBV, the limited management experience and lack of human resources have seriously constrained the timely delivery and implementation of the project.

Whilst the project subscribes to the concept of SGBV as a multi-causal issue requiring a multi-sectoral response, it aims to specifically promote SGBV as a public health concern. Given the sensitivities



*Displaced Mother and Daughter*

surrounding the issue, formal adoption of SGBV as a public health priority is a challenge. However, a window of opportunity has presented itself with the involvement of the MOH in the revision of the National Plan of Action for Women, specifically the one focusing on Women and Health, which is coordinated by the MOH with the Family Health Bureau as the focal agency. This plan of action, which draws on the strategies suggested in a national consultation workshop on GBV, held in 2004, organized by the UN Gender Working Group and chaired by UNFPA, seeks to mainstream gender into the health sector and thereby provides a strategic entry point to introduce and recognise SGBV as a public health priority.

### Planned Activities for 2006:

Activities that commenced during 2005, specifically those relating to the Gender Desk, data collection, capacity building and *GBV Forum* would continue during 2006 with greater intensity. In addition, the following activities would be launched and completed in 2006:

- The establishment of 27 Women's Centres, to provide safe and accessible spaces for women and girls and promote women's solidarity networks; strengthen local coping mechanisms to effectively respond to psychosocial needs and GBV concerns through community mobilization and the provision of a multi-service facility. These centres will be set up in selected locations of four Tsunami-affected districts, namely, Matara, Hambantota, Batticaloa and Ampara and will be facilitated by Women in Need (WIN), Muslim Women's Research and Action Forum and Sarvodaya . The centres will be located in close proximity to temporary shelter sites or in areas where there are plans for permanent settlements and will be managed by women from the affected community under the supervision of the above NGOs. The centres will mobilize communities to respond to gender and GBV issues through community-based self help groups and other community development activities. Activities planned for 2006 include training programs on centre management, mobilization of communities, data collection and gender and GBV issues; conducting mobile clinics; setting up referral networks; setting up of community-based self-help groups/women's committees; conducting awareness programs on RH, gender and GBV issues; and launching of advocacy campaigns on male accountability.
- Strengthening Health Sector Response to SGBV, which will involve training all categories of healthcare staff; developing and displaying Behavior Change Communication (BCC) material; establishing and implementing a screening system to identify victims and women at risk; building clinical and counseling capacities for rape management, setting up and implementing a referral mechanism with linkages between the health centre, community and other service providers.
- Enhancing Male Accountability for GBV, which will involve TRAINING OF TRAINERS programs on male accountability; sensitization workshops at community level; development and display / dissemination of BCC material; support to male peer educators to increase awareness.

### Resources

Donor	Budget (US\$)	Provisional Expenditure (US\$)	Balance (US\$)
Multi Donor (Pooled)	\$ 373,000	\$ 306,294	\$ 66,706
The Netherlands	\$ 926,995	\$ 255,234	\$ 671,761
Germany	\$ 630,935	\$ 88,737	\$ 542,198
<b>Total</b>	<b>\$ 1,930,930</b>	<b>\$ 650,265</b>	<b>\$ 1,280,665</b>

### Conclusion

One year after the Tsunami, UNFPA has made significant progress in restoring and rehabilitating the severely damaged health facilities in 9 districts. In addition, UNFPA has provided large quantities of hygiene and medical equipment and supplies to ensure safe deliveries and address emergency obstetric complications. National capacity has also been strengthened in the areas of psychosocial support and addressing the special vulnerabilities of women due to gender-based violence.

In 2006, UNFPA will complete the work on the restoration of all the health facilities and the 27 women's centers that is underway in collaboration with various UN partners and NGOs and continue to play a lead coordinating role in ensuring an equitable gender-sensitive response towards the victims of the Tsunami. Ensuring long term sustainability of UNFPA's interventions remains an overriding prerogative.

## MALDIVES

The Tsunami had a devastating impact on the Maldives. It affected all the people of the Maldives to some degree and severely affected one-third (100,000) of the population (290,000). Extensive damage was caused to the built infrastructure of the islands. Groundwater aquifers, already contaminated from inadequate sewage disposal were further polluted and inundated with salt water. The Tsunami rendered 13 islands uninhabitable and initially displaced 29,577 people. The worst affected atolls were Raa, Dhaalu, Meemu, Thaa and Laamu.

There were some 4,000 pregnant women in December 2005 and it was estimated that 1,500 of those women were amongst those displaced. Today 11,232 still remain internally displaced. Over 5,100 people are living in temporary shelters, while 4,073 people are living with host families and 2,241 people are sheltered in their own houses and tents. Continued support is being provided for internally displaced persons (IDPs) registered on 18 different atolls, including food, shelter and health care. This assistance is being provided by the Government of Maldives with the support of the international community.

In the immediate aftermath, UNFPA responded by distributing reproductive health and hygiene kits to health facilities and to the IDPs within the country. These kits were dispatched within the first few weeks and reached the needy women in the affected communities.

UNFPA also supported the national authorities in ensuring that immediate psychosocial support was provided to affected communities through mobile counseling teams. UNFPA played a key role in drawing the attention of the donors and national authorities towards addressing women's needs and strengthening the protection of women and adolescents in the relief and recovery phase.

As part of the UN team, UNFPA played a crucial role in launching the Flash Appeal ensuring that reproductive health, psychosocial and gender issues were given due attention. UNFPA also contributed towards formulating the Joint Needs Assessment Report as part of the UN team, in close partnership with the Government of Maldives, the World Bank, and the Asian Development Bank (ADB).

Given the need for reliable baseline data, UNFPA played a key role in ensuring modules on RH and psychosocial health were incorporated into the National Tsunami Impact Assessment conducted by the Government of Maldives.

UNFPA continues to assist the Management of the Internally Displacement People's Unit, in conducting assessments to determine the needs of the displaced and host populations in relation to the reproductive health care and psychosocial support. It is working closely with OCHA and liaising with government, international and national agencies to ensure IDP needs are addressed; that there is better communication with the IDP communities and that they are being involved and consulted in the recovery process.



*A focus group meeting on assessing psychosocial needs of the people in Thaa Atoll Buruni*

### Key Results and Challenges Ahead

Given the scale of the disaster, the immediate relief response by the Government and other agencies in the Maldives was timely and well-coordinated. Even before any organised relief effort, communities and the private sectors companies mobilised themselves into the relief process by taking in displaced families,

providing food and water to the most affected communities. This unprecedented display of communal unity helped in ensuring that the worst affected did not suffer from want of relief.

Immediate attention was given to addressing emergency medical and health needs. Less than two weeks after the Tsunami, children were able to re-start school, some in temporary shelters and within a month, the first batch of transitional and permanent houses and the island revitalisation programmes were initiated.

The Joint Needs Assessment report carried out by the Government of Maldives, in close partnership with the World Bank, ADB and the UN family helped formulate the National Reconstruction and Recovery Plan (NRRP), based on which the financing requirement totalled US\$ 374.9 million. This plan helped to outline 95 projects across 14 different sectors to cover the replacement of assets lost in the Tsunami. Based on this, the UN system developed a Strategic Framework for Recovery as a complement to the NRRP and established a set of guiding principles to enable the Maldives to build back better.

For the Maldives, the Tsunami highlighted the importance of economic diversification, and brought to the forefront of national policies environmental challenges and difficulties serving dispersed populations in a fragmented island country. One year on successfully addressing emerging tensions between IDPs and host communities remains a new challenge facing the country post-Tsunami.

Despite the progress made in the post-Tsunami national recovery, the country faces numerous challenges. The recovery remains US\$ 113.1 million under-funded in many sectors – namely shelter, water and sanitation and infrastructure.

For UNFPA, even though the projects were drafted under Tsunami Flash Appeal, delays in obtaining official clearances and signatures on the project documents contributed to slowing down the implementation of the project to June/July 2005. Further challenges include:

- transportation and logistical constraints caused by the dispersed nature of the country,
- limited local capacity and human resource constraints,
- need to strengthen active participation of the affected communities to ensure ownership of the programmes and to ensure that the level of dependency among the affected populations does not increase.

## **Projects 1: Restoration of Reproductive Health Services and Rights**

UNFPA provided reproductive health kits as immediate relief, which included safe delivery equipment, management of miscarriage kits, and prevention of STI kits as well as contraceptive commodities.

Particular attention is being made to re-equip damaged facilities to ensure that vital RH services are resumed and procurement of equipment for re-equipping the Tsunami-affected health facilities has been initiated. Given the dispersed nature of the country, strengthening of mobile emergency transportation and promotion of reproductive health education is vital. UNFPA is in the process of procuring two health boats for which international bids have already been issued and procurement is underway.

UNFPA has been giving particular attention to national capacity building on RH to ensure long term sustainability of quality RH services and information. In this regards a United Nations Volunteers (UNV) RH trainer has been recruited and a capacity building/training plan developed for the project. A number of training activities have been initiated including an orientation of health service providers on RH on almost all Tsunami affected islands in collaboration with the Ministry of Health and WHO.

The UNV trainer has also reviewed and made recommendations to strengthen the midwifery curriculum of the Faculty of Health Sciences for training of health service providers.

A national workshop on Reducing Maternal and Neonatal Mortality has been conducted for medical officers in connection with the World Health Day at the Indira Gandhi Medical Hospital. Participants from throughout the country attended this workshop.

A Training of Trainers on RH refresher courses covering health service providers from all the atolls was conducted in December 2005. These trainers will return to their respective atolls and conduct further training of the healthcare workers in the atoll.

To address the shortage of expatriate health service providers following the Tsunami, UNV Gynaecologists and nurse-midwives have been recruited. Services of a volunteer gynaecologist are being provided at Meemu Muli Regional Hospital, and two nurse-midwives are working in Raa Alifushi and Thaa Veymandoo to provide quality reproductive health. Strengthening of mobile services is an important aim of the



*RH supplies provided by UNFPA being prepared for transportation to affected areas*

UNFPA Tsunami interventions and the UNVs have been crucial in introducing outreach services to the most disadvantaged islands in the Atolls and in ensuring that the needy and vulnerable are reached. The mobile/outreach services cover antenatal, postnatal care, gynaecological disorders as well as health education on reproductive health, including family planning. Outreach services have been provided in Meemu, Thaa and Laamu Atolls.

Given the risks of increase in gender-based violence in a post-disaster context, UNFPA has been instrumental in setting up a Family Protection Unit at the Indira Gandhi Memorial Hospital to improve the responsiveness of the health sector to gender-based violence and child abuse. UNFPA has also conducted an introductory training on gender-based violence (GBV) and child abuse for Indira Gandhi Medical Hospital staff to ensure they have the necessary skills for identifying and appropriately addressing likely cases of GBV and child abuse through referrals and counselling. Advocacy and sensitization workshops on the RH and psychosocial needs of IDPs have been conducted for senior level government staff, media, NGO's and donor agencies. UNFPA has also conducted interactive sessions on RH during the training programmes for people working with the IDPs organised by OCHA.

Guidelines on Tsunami and the vulnerable populations namely the pregnant, breastfeeding, youth, elderly and the management of displaced people have been developed and widely distributed.

Given the need for reliable baseline data, a module on reproductive health and psychosocial issues has been included in the Tsunami Impact Assessment (Vulnerability and Poverty Assessment III) being carried out by the government. The field work has been completed and data analysis work is in progress and the report is expected early next year. The findings will further strengthen the national recovery programme.

### **Key Activities Planned for 2006**

As part of Quality of Care intervention, UNFPA has been instrumental in procuring large quantities of RH equipment, a substantial volume of which will arrive in the country in early 2006. Working out the needs of the health facilities has taken longer than initially planned as Ministry of Health needed to work out the specifications and minimum standards for the facilities that were affected. UNFPA will work to ensure that these equipments reach the affected communities and are in place at the earliest possible.

Due to the problems in finding competent agents, the acquisition of health boats and the second phase of

the procurement of items are in advanced stages and would be completed early next year. The piloting of the mobile health services and any fine-tuning will be undertaken early next year.

The UNV gynaecologists and nurse midwives will continue to service the displaced communities and transfer their knowledge and skills to Maldivian service providers in 2006. It is planned that they will continue to serve in the Maldives till October 2006.

Capacity building interventions will continue into next year. Refresher courses on comprehensive RH services will be conducted in atolls throughout the country in January and February. Training of healthcare providers on Basic Emergency Obstetric Care (BemOC) and Family Planning will be undertaken in early 2006. Particular focus will be given to capacity building for emergency preparedness in terms of reproductive health.

Strengthened efforts for the promotion of Reproductive Health and Family Planning and development and printing of IEC materials and health education & promotion activities are planned to be implemented next year.

This project complements the “Reproductive Health Quality of Care” (QoC) Project under the UNFPA CP III, and will be integrated into the QoC project at the end of 12 months. Additional gaps, if any, related to RH capacity building will be identified at the end of the project as part of the evaluation process.

## Resources

Donor	Budget	Provisional Expenditure	Balance
Multi Donor (Pooled)	\$ 460,000	\$ 112,280	\$ 347,720
OCHA	\$ 1,440,000	\$ 227,173	\$ 1,212,827
<b>Total</b>	<b>\$ 1,900,000</b>	<b>\$ 339,453</b>	<b>\$ 1,560,547</b>

## Projects 2: Response to the Psychosocial Impact of the Tsunami

UNFPA supported the national authorities and liaised with local NGOs in the provision of Psychological First Aid during the early days following the disaster. Focus group discussions and individual discussions have been held with the affected community members on an ongoing basis.

Trained staff called ‘Community Educators’ (CE) are working in five affected atolls to provide ongoing assessment and psychosocial support to the affected communities. Placement of these CEs has facilitated opportunities for dialogue and information sharing amongst community members and the national administration and contributed towards improving the recovery response. The CEs have been working closely with IDP committees in addressing the needs of the displaced. Ongoing trainings for the CE are being conducted.

Sensitizing and briefing of health care providers on the early identification and management of psychosocial issues has been conducted by the Ministry of Health with UNFPA and WHO support at the tertiary hospital as well as health facilities throughout the country. These orientation trainings have also cover RH and GBV. Further follow-up trainings are to be organised in early 2006.

In this regard, a UNV Gender Specialist has been assigned to provide technical assistance to strengthen national capacity for gender and human rights responsive programme, and to provide emphasis on gender issues in the recovery process.



Briefing and sensitisation workshops on IDP issues have been conducted for senior level government staff, media, NGO's and Donor agencies. UNFPA carried out an interactive sessions on psychosocial wellbeing, GBV and RH during the training programme for people working with the IDPs organised by OCHA.

UNFPA has continuously advocated the need for greater attention to psychosocial support and mental health care in the Maldives, and the provision of support services for the protection of women and children, particularly in light of increased needs stemming from the Tsunami. Due to this advocacy, there is increased recognition of the issues and support for strengthening interventions on psychosocial health and the protection of women and girls.

A quantitative assessment tool on psychosocial issues has been developed and included in the National Tsunami Impact Assessment Survey being undertaken by the government. The field work has been completed, data collection is underway and the findings are expected in early 2006.

### Key Activities Planned for 2006

The placement of Community Educators in the affected islands proved to be very successful, and even though the CEs were placed for a period of six months, UNFPA has identified a marked need to continue the services of the CEs for at least another six months.

UNFPA will be organising workshops for MOH, relevant UN agencies and NGOs to review findings and implications from the psychosocial module of the Tsunami Impact Assessment Survey once the results are out. This baseline data will provide a useful basis on which to programme recovery initiatives for the coming years.

Interventions will focus on designing and developing qualitative assessment tools and indicators to assess the emerging psychosocial issues and effectiveness of interventions and service delivery.

Compiling and publication of all the training materials used for the training of health care providers in the form of a book which can be used as reference materials by the health care providers. Further reviewing, modification and publication of the existing IEC and BCC materials in booklet form.

### Resources

Donor	Budget (US\$)	Provisional Expenditure (US\$)	Balance (US\$)
Multi Donor (Pooled)	\$ 100,000	\$ 83,706	\$ 16,294
China	\$ 100,000	\$ 44,623	\$ 55,377
OCHA	\$ 50,000	\$ 25,107	\$ 24,893
<b>Total</b>	<b>\$ 250,000</b>	<b>\$ 153,436</b>	<b>\$ 96,564</b>



## **Conclusions**

UNFPA project interventions were timely and instrumental in providing immediate relief to the women and adolescents of the severely impacted communities. They contributed towards the restoration of comprehensive reproductive health services and protecting the reproductive and psychosocial health and rights of the affected communities. The project activities are expected to continue till June/July 2006 and these interventions are vital to ensure the projects' long term sustainability and the continued capacity of Maldives to respond to future emergencies.

The monitoring and evaluation of the activities will be undertaken in the middle of 2006, prior to the conclusion of the projects. It is important to note the likelihood of continued support for capacity building, including deployment of human resources and short-term technical expertise, particularly in areas like psychosocial support, mental health and gender based violence, which are relatively new to the country.

## THAILAND

The Tsunami has claimed over eight thousands of lives in Thailand alone and left hundreds of children orphaned and many women and men widowed. With support from UNFPA, the Department of Health, Ministry of Public Health and the World Vision Foundation of Thailand (WVFT) has provided the reproductive health information and services including the post-traumatic counselling to the Tsunami affected population in Phang-nga, Ranong, Phuket and Krabi provinces.

Hundreds of thousands of people were affected by the Tsunami that hit Southern Thailand on 26 December 2004. Over 400 fishing villages along the Andaman coast were impacted and tens of thousands of people in the fisheries and tourism sectors lost their means of livelihood.

UNFPA was already providing services in Ranong and Phuket provinces before the Tsunami struck – after the disaster, those existing networks of Burmese-speaking community health workers working with local medical networks were expanded to cover Phang Nga and Krabi provinces too.

In the initial response to the crisis, UNFPA Thailand has provided immediate relief assistance to the local people and migrant workers affected by the Tsunami through the mobile clinic/team under the existing UNFPA-funded project being implemented by the WVFT in Ranong and Phuket. It has also worked with UNCT as a team to address the problems since the emergency period and will continue the efforts for a longer-term recovery.

Soon after the Tsunami strike, UNFPA Headquarters has provided US\$ 500,000 in response to the emergencies in Thailand. From this amount, US\$ 50,000 was contributed to the UN Emergency Relief Funds Bank Account at the Ministry of Foreign Affairs in December 2004. US\$ 33,349 was spent on the emergency relief supplies e.g. medical supplies, first aid kits, food and drinking water for distribution by WVFT to the victims and for needs assessment missions and monitoring.

In January 2005, UNFPA conducted a field based needs assessment in four most affected provinces in collaboration with the Department of Health, Ministry of Public Health, the Institute for Population and Social Research, Mahidol University and the WVFT. The mission identified several areas needing immediate action, with medium to longer-term relief and reproductive health (RH) care objectives.



A pregnant woman in despair among other villagers affected in Ban Nam Khem Phang-nga Province.

Based on the recommendations from the needs assessment mission, two projects were formulated and approved to address reproductive health needs of the local population and the migrants focusing safe motherhood, family planning, gender equality, HIV prevention and adolescent reproductive health, including behavioural change communication and counseling.

Two Tsunami projects were approved following the recommendations from the Need Assessment Mission in January 2005. Both projects are providing similar services, but to different target communities:

- Thai communities affected by the Tsunami;
- Migrant workers communities.

## Project 1: Reproductive Health Care Services

The project addresses two urgent needs: (1) improved access to reproductive health information, counseling and services for women, men, and adolescents and older persons in the newly developed communities; and (2) capacity development of health service providers and community volunteer groups. The project covers: provision of basic needs and sanitation; emergency obstetric care; involvement of community/youth health volunteers including women and girls, trauma related counseling, through existing or new one-stop health service centres and mobile clinics; behavioural change; development of community health plans; outreach services; networking with local stakeholders; and sharing of experience.

Under this project, Rapid Assessment and Baseline Survey were conducted by the College of Public Health, Chulalongkorn University in the Tsunami-affected Thai communities, especially, vulnerable groups. The findings of the research have been published and disseminated to the implementing agencies, stakeholders and general public in September 2005 whereby the project intervention has been refined to best meet the needs of the target group.

To date, the project activities have been implemented as planned with satisfactory results. More than 12,000 people have been covered by the project. Almost all targets have been achieved due to good collaboration with the local communities and the concerned authorities. Among these indicators are:

- At least 70% of service delivery points (SDP) providing integrated, gender-sensitive and age-specific reproductive health, family planning, HIV information, counseling and services according to the established Standards of Care. (Result: over 80% of SDPs are capable and operational).
- At least 80% of service providers at selected SDPs trained in providing quality, integrated, gender-sensitive, age-specific service provision, counseling and interpersonal skills, especially youth-friendly communication skills; RH needs of the older persons. (Result: more than 90% of the target group has been trained).
- 100% of selected SPDs providing emergency obstetric services according to the approved standards. (Result: 100% achieved)
- At least 90% of pregnant women attending selected SDPs receiving four or more Ante-natal Care contacts according to the approved standards. (Result: 93% received)
- At least 80% of male and 80% of female clients satisfied with RH services including choice of birth spacing method offered, Ante-natal Care and STI/HIV/AIDS prevention and counseling. (Result: 90% of both male and female satisfied with the services)
- Over 80% of youth clients (80% of males, 80% of females) at selected SDPs satisfied with RH education and services including RTI/STI/HIV/AIDS (Result: Not yet measured since the activities have just begun)
- Over 80% of older persons at selected SDPs satisfied with RH services and counseling. (Result: 90% satisfied).
- At least 70% of the trained members of the community health team/volunteers participated in the community-based activities. (Result: more than 95% participated).
- Referral system for RH care and service between the communities and the government-run health service centres established. (Result: Referral system between SDPs and community health volunteers/mobile teams/mobile clinic established and running).



A doctor was examining a woman at a temporary shelter for the Burmese migrants in Ranong.

The key to success owed to the right approach in which the beneficiaries and the communities have been involved and participated in the project design and interventions. The mobile clinic is one of the effective means to increase access to health care services and information by the vulnerable and outreach population. However, UNFPA is working in close collaboration with other implementing agencies, donors, stakeholders and concerned authorities to avoid duplication of work and ensure effective delivery of the assistance.

## **Project 2: Expanding Reproductive Health Care Services to Tsunami Affected Areas**

This project targets one of the most vulnerable population groups affected, namely the migrant workers and their families from Myanmar. About 6,740 migrant workers and their families and 4,500 local populations have been reached by the project for provision of general and RH care services through the existing service delivery points and the UNFPA-funded mobile clinics for the hard to reach clients. So far, US\$ 51,465 have been spent which is about 88 % of the total budget allocated for this project.

Under this project, UNFPA has also commissioned the IPSR/MU to conduct a Baseline Survey in the Tsunami-affected migrant workers in Phang-nga and Ranong. The research was completed in July 2005. The findings and recommendations from the research have been used to fine tune the project interventions to best meet the needs of the beneficiaries as well as for the information of the stakeholders and interested parties concerned with the migrant issues.

The project has been implemented as planned and achieved most of the indicators despite the constraints mentioned in the “lessons learned” below. The following are the results, so far, vis-à-vis the indicators:

- To cover 100% of the Burmese migrants and 40% of local population in 4 villages in Phang-nga Province and 1 village in Ranong Province (Result: covered 90% of Burmese migrants and over 70% of the Thais in the target area)
- 100% of service delivery points (i.e. SDPs refer to a mobile clinic and a stationary clinic of WVFT) providing integrated, gender-sensitive, and age-specific RH/FP/HIV information, counseling and services according to established standards of care (Result: 71%)
- At least 75% of service providers (i.e. Burmese speaking health care providers directly employed by the project) at SDPs trained in integrated, gender-specific, age-specific service provision, counseling and interpersonal skills (Result: 75%)
- At least 60% of clients with identifiable emergency obstetric needs referred to a network of service providers at tertiary level interface (primary level interface consists of Peer Trainers, Social Network Groups and Community Health Volunteers; secondary level interface comprises a WVFT mobile and stationary clinic; tertiary level interface is Thai Muang, Thakuapa and Kuraburi district hospitals) (Result: 100%)
- At least 50% of pregnant women attending SPDs receiving two or more antenatal care contacts according to approved standards (Result: 72.8%)
- At least 40% of clients (males and females) satisfied with Reproductive Health Services such as choice of family planning (FP) methods, antenatal care counseling and management of STIs, and Voluntary Counselling and Testing for HIV (Result: 100%)

The project interventions which have been designed based on the evidence and recommendations from the needs assessment and the baseline survey have proved to be relevant and on the right track.

As there are a number of unregistered migrant workers and their families in the target areas, good cooperation from the employers/gatekeepers has been necessary for the smooth operation of the project.

One of the major constraints that the project has been facing is the sensitivity of the migrant issues in Thailand. In particular, the law enforcement on the deadline for registration of the migrant workers which became effective at the end of June 2005 has brought more difficulties for the project in reaching the target groups than it has been already

Although the research findings from IPSR indicated that the total number of registered migrants was much less than that of last year, there is a continuous inflow of the migrants despite the illegal status. This demands attention to the health and social issues in particular among those unregistered migrants.

Considering the vulnerability of this population group and the constraints from the supply side i.e. the governmental organizations, UNFPA plans to extend the project to address the RH needs and issues of the migrants in the Tsunami affected areas in a longer-term from 2006-2007. A project proposal has been submitted to OCHA to secure financial assistance for US\$ 500,000 for this purpose.

The project has started in September 2005 with cooperation from the Provincial Public Health Offices in the respective provinces and the Tambon Administration Offices (TAO) in the target areas. The project aims to involve, mobilise and empower the community to run their reproductive health programmes focusing on prevention of HIV/AIDS, STIs and unintended pregnancy by applying community-based participatory need assessment and social marketing for effective and sustainable interventions during and after project completion. A referral system will also be established to enhance access to health services. It is expected that the TAO will support the interventions after the project completion.

## Resources

<b>Donor</b>	<b>Budget</b>	<b>Provisional Expenditure</b>	<b>Balance</b>
OCHA	\$ 496,759	\$ 351,318	\$ 145,441
<b>Total</b>	<b>\$ 496,759</b>	<b>\$ 351,318</b>	<b>\$ 145,441</b>

## Conclusions

Although Thailand was not part of the initial Flash Appeal, UNFPA project interventions were instrumental in providing immediate relief to the women and adolescents in minority communities severely impacted by the Tsunami. The interventions contributed towards the restoration of reproductive health services and protecting the reproductive and psychosocial health and rights of the affected communities. The project activities are expected to continue till June/July 2006 and these interventions are vital to ensure the projects' long term sustainability.