

# EVALUATION REPORT

## THE 2004 INDIAN OCEAN TSUNAMI DISASTER

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

INDONESIA

EVALUATION OFFICE  
MAY 2006

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



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**The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's response (emergency and recovery phase). Indonesia Report.**

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The report was prepared by Jessica Alexander, Lynne Bethke, Sheri Fink, Suzanne Reiff, Sheila Reed, Lewis Sida and Kirk Thompson; independent consultants contracted by the Evaluation Office. Wayne MacDonald, Senior Project Officer in the Evaluation Office at UNICEF Headquarters provided guidance and oversight of the process.

The purpose of the report is to assess the situation, facilitate the exchange of knowledge and perspectives among UNICEF staff and to propose measures to address the concerns raised. The contents of the report do not necessarily reflect the policies or views of UNICEF.

The text has not been edited to official publication standards and UNICEF accepts no responsibility for errors.

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# PREFACE

Indonesia was the country worst hit by the tsunami of December 2004 that killed over 130,000 people in Aceh and North Sumatra, and left 500,000 homeless. Soon after, the region was hit by yet another devastating earthquake on March, 2005 which heavily impacted the Island of Nias. Prior to these two events, Aceh was a province marked by internal conflict. The December 2004 Indian Ocean tsunami only added to the seriousness of the situation, overwhelming an already stretched population.

UNICEF rapidly mobilized over \$200 million for immediate use by the Indonesia country office. This was a record, and due largely to systematic fundraising and communication efforts of UNICEF. It allowed the organization to respond to immediate relief needs of people in the worst affected areas.

This evaluation of UNICEF's tsunami emergency response in Indonesia was commissioned by the UNICEF's Evaluation Office in collaboration with UNICEF's Office of Emergency Operations (EMOPS) and UNICEF's Programme Division.

To ensure objectivity, the evaluation was conducted by a team of highly regarded, independent evaluators, with professional competence in sectors of specialization. The evaluation team comprised Jessica Alexander (child protection), Sheri Fink (health and nutrition), Lynne Bethke (education), Suzanne Reiff (water and environmental sanitation), Kirk Thompson (finance and administration and supply and logistics), Lewis Sida (team leader) and Sheila Reed (deputy team leader), the last two with expertise in emergency management. Wayne MacDonald, Senior Project Officer in UNICEF's Evaluation Office provided guidance and oversight to the evaluation process.

This evaluation report of UNICEF's tsunami emergency response in Indonesia is based on the independent findings and recommendations of the evaluation team. The Country Office for Indonesia has prepared a management response to the recommendations of this Evaluation which is found in Annex 8.

Taken together, this evaluation is also linked to a series of independent evaluations commissioned by UNICEF Evaluation Office that focus on UNICEF's emergency relief efforts in other tsunami affected countries – Sri Lanka and Maldives. All three country evaluation case studies have been integrated into a separate Synthesis Evaluation Report prepared by Lewis Sida and Peter Wiles.

The purpose of the evaluations is to identify major achievements, to take note of any constraints and gaps in UNICEF's response, and to highlight potential policy implications. The external experts assessed UNICEF's emergency response to meeting its "Core Corporate Commitments for Children," paying particular attention to the relevance, appropriateness, impact, effectiveness and efficiency of that response.

The evaluation findings show that UNICEF's humanitarian response was largely effective, given the lack of warning and sufficient preparedness. This report identifies a number of shortfalls in UNICEF's role, leadership, effectiveness in each of the sectors of its action. It makes recommendations for more effective and efficient performance of UNICEF's emergency response, and contribution to development.

Jean Serge Quesnel  
Director  
Evaluation Office  
UNICEF New York Headquarters

## **ACKNOWLEDGEMENTS**

We would like to thank the many people, too numerous to acknowledge individually, who have contributed their time, energy and thoughts to this evaluation, including those directly affected by the tsunami disaster, UNICEF staff, government officials and staff of other agencies.

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# Areas visited by the UNICEF evaluation team



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## ACRONYMS AND ABBREVIATIONS

ALNAP	Active Learning Network for Accountability and Performance	M&E	Monitoring and Evaluation
BRR	Aceh and Nias Rehabilitation and Reconstruction Agency	MOSS	Minimum Operating Safety Standards
CAG	Cash Assistance to Government	MoU	Memorandum of Understanding
CC	Children's Centres	MSEE	Minimum Standards for Education in Emergencies
CCC	Core Corporate Commitments for Children in Emergencies	NAD	Nangroe Aceh Darussaiaim
CRC	Convention on the Rights of the Child	NFI	Non-Food Items (relief goods)
DFAM	Department of Finance and Administration	NGO	Non-Governmental Organization
DFID	Department for International Development (UK)	OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
ECD	Early Childhood Development	OIA	Office of Internal Audit
ECU	Emergency Coordination Unit	OIC	Officer In Charge
EFH	Emergency Field Handbook	OSOCC	On Site Operations Coordination Centre (Run by OCHA)
EMOPS	Office of Emergency Programmes	PD	Programme Division
EPI	Emergency Programme of Immunization	PDAM	Water Authority of Indonesia
EPRP	Emergency Preparedness and Response Plan	ProMS	Programme Management System
FT	Fixed Term contract	PU	Public Works department of government of Indonesia
Gol	Government of Indonesia	RALS	Rapid Assessment of Learning Spaces
GAM	Gerakan Aceh Merdeka or Free Aceh Movement	SSA	Special Services Agreement
GNI	Good Neighbours International	TEC	Tsunami evaluation coalition
IASC	Interagency Standing Committee (United Nations)	TLC	Temporary Living Centre (also called 'barracks')
IDP	Internally Displaced Person	TFT	Temporary Fixed Term contract
IFRC	International Federation of the Red Cross and Red Crescent	TNI	National Indonesian Armed Forces
IMCI	Integrated Management of Childhood Illness	UNDP	United Nations Development Programme
INEE	Inter-Agency Network for Education in Emergencies	UNFPA	UN Population Fund
IOM	International Organization of Migration	UNICEF	United Nations Children's Fund
IRC	International Rescue Committee	UNOPS	United Nations Office for Programme Services
IT	Information Technology	UNORC	United Nations Office for Reconstruction in Aceh and Nias
MCH	Maternal and Child Health	WatSan	Water and Sanitation
MoE	Ministry of National Education	WES	Water and Environmental Sanitation
		WFP	World Food Programme
		WHO	World Health Organization
		YDD	Yayasan Dian Desa (Indonesian WES NGO)





# EXECUTIVE SUMMARY

## OVERALL HUMANITARIAN RESPONSE

The December 2004 tsunami killed over 130,000 people in Aceh and North Sumatra and left over 500,000 homeless. In March 2005, another earthquake affected the region, including Nias Island. The national and international humanitarian response was largely effective, given the lack of warning and insufficient preparedness. Timely health and water interventions helped prevent outbreaks of disease or excess mortality in the aftermath. Most families were quickly housed in temporary accommodation and received food, water, clothing and household items.

The current situation is far less satisfactory. Over 120,000 affected people still live in tents and transitional buildings, often with sub-standard sanitation, variable access to water and vulnerability to flooding in the rainy season. Another 250,000 remain with host families, taxing their resources. While extraordinary funding is available, large percentages of these funds remain unspent by many international organizations.

## PURPOSE

The purpose of this evaluation of UNICEF's tsunami response in Indonesia is to:

- identify major achievements during the emergency response phase
- take note of any constraints and gaps in that response
- highlight potential policy implications for the future.

The evaluation team was comprised of seven independent experts. Data collection methods included a desk review, structured individual informant and focus group interviews and consultations with UNICEF country office and New York Headquarters staff during the course of workshops held in January 2006. There were time and logistical constraints to pursuing all issues in-depth.

## IMPACT

The UNICEF tsunami response had numerous achievements to its credit. It launched a measles campaign and undertook the distribution of mosquito nets and potable water, all of which contributed to the control of communicable disease. Malaria rates fell below normal, a significant achievement. In Water and Environmental Sanitation (WES), UNICEF provided drinking water to temporary settlements, drilled boreholes and built a large gravity-fed system. In addition, UNICEF and partners assisted with the registration of almost 2,000 separated and unaccompanied children, set up 21 children's centres and coordinated psychosocial activities; and helped to clean up schools and distributed school supplies, including tents, recreation kits, 6,000 'schools in a box'<sup>1</sup>, and close to 600,000 text books. These inputs helped children get back to school, cope with trauma, and resume learning.

A beneficial impact of the international presence in the tsunami response has been a potential end to the conflict in Aceh. UNICEF has made continuous efforts to help children affected by the conflict as well as by the tsunami. In addition, innovative programmes initiated in Aceh will contribute to learning and replication in other areas of the country. The tsunami response diverted staff attention away from regular programmes in other parts of Indonesia, however, causing delays in important health interventions. UNICEF's coordination with and support for partners have contributed to sustainability, but more attention must be given to capacity building and reaching the most vulnerable.

## APPROPRIATENESS AND RELEVANCE

UNICEF undertook numerous assessments in the first six months following the tsunami, many of them planned and implemented with other, partner organizations. UNICEF also provided information and support for assessments of other organizations. These assessments were used by both UNICEF and partners to inform programme choices. Many assessments have been of high quality, in particular the nutrition surveys. Overall, however, the assessments were constrained by weakness of data, type of data collected and use of data. The March 2005 nutrition survey identified acute malnutrition among women and children but it did not elicit sufficient response. Sector-wide assessments proved problematic, particularly in WES. In education, the Rapid Assessment of Learning Spaces was still not complete at the end of 2005.

The Indonesia country office concentrated on meeting immediate needs in the first weeks of the response and did not start detailed programme planning until March 2005. A lack of strategic planning in the first six weeks weakened attention to cross cutting issues such as participation, and to connections between the sectors. The comparative advantage UNICEF has as an interlocutor between the government and non-government response (combining policy work, sector leadership and operations) was also sometimes lost in the push to deliver inputs. The plan of action outlined in the Core Corporate Commitments for Children in Emergencies (CCC) may have been a useful tool to bridge the gap between broad flash appeal objectives and detailed planning later.

<sup>1</sup> School supplies and materials for up to 80 students (in double-shift classes of 40), plus supplies for the teacher, are delivered in a locked box which can double as a blackboard when coated with the special paint included in the kit. Using a locally developed teaching guide and curriculum, teachers can establish makeshift classrooms almost anywhere, thus ensuring the child's right to education, no matter how unstable the situation.

At over US \$200 million, UNICEF's tsunami response funding is the largest in its history, and is the result of extremely successful fundraising and communications work. The substantial funding has drawn UNICEF into infrastructure projects, generally appropriate given the devastation. To date about 25 percent of funds allocated to Indonesia have been spent. Pressure to spend the funds has resulted in unrealistic time frames for some projects such as the revitalization of the community-based health system (posyandu). Ironically, UNICEF has addressed many of the CCC, and yet the poorest tsunami-affected children still live in sub-standard conditions.

UNICEF focused its coverage on urban areas, on the severely affected west coast and in Simeuleu and Nias. This decision was based on where damage was the greatest and where there were relatively fewer agencies. Greater coverage to meet the needs of host communities and Internally Displaced Persons (IDPs) is required in former conflict areas, in eastern and rural areas and in areas of Northern Sumatra. As a sector leader, UNICEF was not always effective in encouraging joint responsibility for geographic coverage or ensuring that assistance was proportional to needs.

## **EFFECTIVENESS**

As a result of both external and internal constraints, UNICEF'S assistance did not start until 10 days after the tsunami, and did not start in volume until about three weeks later. Subsequently, over-complex internal procedures have created issues around timeliness of delivery and follow up. However, UNICEF did mount a timely and effective response in Nias following the March 28, 2005 earthquake, which bolstered the UN leadership role.

UNICEF relies on partners for much of its implementation, but the scale of the destruction and a legacy of martial law meant there were serious capacity issues. Local government was depleted and overwhelmed. The local non-governmental organization (NGO) sector was relatively small because of the conflict, and international NGOs were struggling to programme their own funds. This left UNICEF with a dearth of implementing partners. UNICEF tried hard to build partner capacity, working with and through local government, and through its sector leadership. This may have been more successful if UNICEF itself had greater capacity.

UNICEF was tasked with the responsibility of coordinating three sectors together with a major measles campaign. UNICEF also played a role in wider coordination, such as in influencing the UN to work in the Temporary Living Centres (TLCs), and during the Nias response. UNICEF fulfilled its coordination role well in psychosocial assistance, child protection and education. In WES, a separate coordinator was initially deployed; a commendable initiative in what was possibly the most difficult technical sector. Despite this, UNICEF'S leadership in WES was not consistent. In particular, it never gained an overview of the issues and consequently could not guide partners to cover needs. The measles campaign was sometimes chaotic, and lessons can be learned for future exercises. In nutrition, UNICEF, the World Food Programme (WFP) and the World Health Organization (WHO) have not effectively addressed malnutrition identified in UNICEF'S earlier assessments.

UNICEF'S monitoring and evaluation efforts were constrained by weak monitoring capacity, and by Phase three and four UN security requirements.

In addition, UNICEF's indicators were mainly quantitative. UNICEF did not undertake a separate vulnerability analysis and apart from sector-based efforts such as the nutrition survey, had little information on which to base its targeting. The majority of the people in temporary arrangements are hosted IDPs, and they and their host families have been unevenly targeted for assistance. UNICEF's recovery activities need a greater gender focus, particularly in providing psychosocial support to adults, addressing trafficking and abuse, assisting single parent households, and increasing consultation with women. UNICEF did not meet standards for participation, and could have assessed capacity within affected communities much earlier and included IDPs in programme implementation.

### **EFFICIENCY**

The tsunami response presented formidable management and leadership challenges, which have been largely met by hard working and dedicated UNICEF staff. No country representative was in place when the tsunami struck. The early deployment of an emergency manager to the Aceh programme successfully speeded up the response but created tensions which reduced synergies with the Indonesia country programme. This structural tension might have been resolved by the earlier deployment of a country representative, the recall of an earlier representative, or clarifying levels of authority.

A major management issue affecting efficiency was the lack of continuity in the position of operations officer in Banda Aceh for the first six months. Another was the recruitment of staff at low levels of seniority relative to other emergency operations and relative to the size of the budgets they were being asked to manage.

The human resource challenges faced by all agencies were daunting. The UNICEF staff in Aceh increased from 2 to 69 in three months and the Indonesia office expanded four fold by May 2005. Overall, the rapid 'scale up' was a success. There were a few problems, including time delays in deployment of some staff on mission, and lack of training in procedures for new staff. Following the initial phase, there was a 'transition gap' whereby there were gaps, and in some cases rapid turnover, in the period between initial deployments and permanent recruitment. An under-estimation of the required staffing levels resulted in staff working very long hours.

UNICEF's supply was generally satisfactory but slow in getting started. UNICEF's logistics capability in the field was less robust and it took almost three weeks to set up an office in Banda Aceh. Once the logistics pipeline to Banda Aceh began to operate, supplies arrived quickly. However, the lack of an effective tracking facility meant that staff was often unable to determine where shipments were and when they would arrive, sometimes hampering relief and programme efforts. IT and telecommunications service was commendable - office communications, including HF, VHF and sat-phones were operational soon after the opening of the new office. MOSS security compliance to Phases three and four was also quickly established.

The complex administrative procedures surrounding project implementation were a serious constraint to UNICEF's response. Projects were slowed, partnerships compromised and monitoring hampered. Staff joined without sufficient understanding of complex procedures and were not quickly trained. There were insufficient operations staff and there is no flexibility in the system to streamline fiduciary controls in emergencies. Despite some waivers being available, staff are hesitant to deploy these since they will be held responsible if problems arise.

## HEALTH AND NUTRITION

UNICEF's health and nutrition response largely met the CCC. UNICEF appropriately focused early efforts on measles immunisations, vitamin A supplementation, nutritional surveys and early distribution of emergency medical supplies. During the next phase, UNICEF developed four programmes in immunization, nutrition, communicable disease control and maternal and child health; there was a laudable early awareness of and planning for longer-term development needs. In January 2005, UNICEF's nutrition survey indicated acute malnutrition and anaemia in tsunami-affected districts. This continues to be the case one year later, indicating a lack of positive impact on these problems during the first six months.

The effectiveness of UNICEF's health and nutrition programmes was challenged by external constraints as well as by delays in UNICEF cash payments, reimbursements, printing and supply deliveries, by poor field monitoring, and by inadequate support of outreach and training activities. These had a negative impact on major programmes such as the UNICEF-led measles immunization campaign, which resulted in lower than optimal coverage. Efficiency suffered from hiring difficulties and insufficient staffing.

UNICEF promoted the right to health for all, for example by aiding conflict-affected populations. UNICEF prioritized provincial and district-level capacity-building in health and nutrition, and its health and nutrition programmes align well with national priorities. However, HIV/AIDS prevention activities were not undertaken.

## WATER AND ENVIRONMENTAL SANITATION (WES)

There were a number of achievements in the early UNICEF WES response, including collaborative WES assessments, water supply to 28,000 IDPs with at least 15 litres of drinking water per day through tanker operations, and the removal of rubble and waste in at least 15 IDP camps.

Subsequently, however, UNICEF's WES response faced many obstacles. Hygiene kits arrived late, toilet construction was slow, inappropriate squatting pans were ordered and emptying pit latrines took time, leading to open field defecation. UNICEF started hygiene promotion activities three months after the disaster, missing the opportunity to promote timely and key hygiene messages. Standards and guidance on adequate latrine construction were not disseminated early enough and as a result, many latrines were inappropriately constructed.

Although UNICEF held regular meetings with sector partners, the lack of a consistently dedicated coordination staff meant that UNICEF could not adequately carry out the coordination role.

## CHILD PROTECTION

The core of UNICEF's child protection response was the establishment of Children's Centres (CCs), which acted as hubs for registration, tracing and psychosocial activities. By June 2005, UNICEF had created 21 centres - 19 in Aceh province and 2 in Nias. To date, UNICEF has contributed the most registered separated and unaccompanied children to the central database due to its large network of partners and staff. UNICEF's advocacy in this area resulted in sound governmental policies to protect vulnerable children. Coordination within the sector was strong within the first six months.

However, many IDP children do not have accessible CCs, and CC staff needs further training in all areas and improved living and working conditions to increase their effectiveness. Further, greater community involvement in the centres is necessary to foster ownership. The response to address abuse focused on training and deployment of policewomen to the affected areas, but a stronger response was necessary within the first six months. Lack of staff made it difficult for the child protection section to carry out the breadth of activities required.

## **EDUCATION**

UNICEF worked with the Government of Indonesia to enable children to resume education activities as quickly as possible. Schools were officially re-opened on January 26, 2005, one month after the tsunami. Re-opening schools was a critical step with regard to the psychosocial health of children, even though not all children returned to school or attended on a regular basis. UNICEF's initial response was timely; the agency was able to mobilize nearly 600 education kits (theoretically enough for almost 50,000 children) by the end of January 2005, and used multiple distribution channels to deliver supplies to the schools. Following the initial period, however, the response slowed.

During the first six months, UNICEF's response was largely based on numbers provided by the MoE and was primarily logistical. While this made it easier for children to go back to school, it did not necessarily address their more qualitative needs. UNICEF did, however, train 240 early childhood teachers and assisted in the recruitment and training of 1,110 emergency primary school teachers in cooperation with the Provincial Departments of Education. The salaries of both the early childhood and primary teachers were paid by UNICEF for six months. The early childhood teachers were deployed following their initial training and the primary teachers were deployed for six months beginning with the new school term in July. While the child protection section provided some psychosocial training for teachers, in the first few months extra psychosocial support to both teachers and children would have been beneficial and would have been an opportunity to improve teaching skills through an emphasis on an interactive, child-centred approach. During the first six months, little consultation occurred with communities and their input was not usually factored into planning for educational activities.

## KEY RECOMMENDATIONS \*

THEME	RECOMMENDATION	ACTION	EXECUTOR
Participation	UNICEF must develop strategies and procedures for including affected people in decision making in the emergency and recovery/reconstruction phases. Public information on programmes and plans should also be a priority.	<ul style="list-style-type: none"> <li>• Trial in Aceh of strategy group as per September strategic review.</li> <li>• Greater public dissemination of UNICEF programme plans through media.</li> </ul>	Indonesia Country Office
Assessment	UNICEF must be able to deploy rapid assessment teams with agreed upon assessment tools and methods and strategies for follow-up.	<ul style="list-style-type: none"> <li>• Investigate idea of regional sector specialists available for rapid deployment for assessments.</li> <li>• Continue to standardize assessment methods.</li> </ul>	Regional Office  Office of Emergency Programmes (EMOPS)
Preparedness	Emergency preparedness and response planning should include standardized CCC training. Emergency response psychosocial and education programmes should incorporate emergency preparedness learning to help in recovery	<ul style="list-style-type: none"> <li>• Develop emergency preparedness training module on CCC that can be incorporated into induction training.</li> <li>• Develop emergency preparedness material for schools in Aceh together with MoE.</li> </ul>	EMOPS  Indonesia Country Office
Monitoring	Monitoring approaches should include resources to promote collection of qualitative data to determine behaviour and attitude changes. Evaluations and strategic reviews should take place earlier in the response and more regularly.	<ul style="list-style-type: none"> <li>• Develop a qualitative monitoring practice in Aceh (useful to wider organization).</li> <li>• Promote strategic reviews and real time review in emergency programmes.</li> </ul>	Indonesia Country Office  EMOPS, Regional Offices, Evaluation Office
Partnerships	Develop better guidance on how to work with partners in emergencies, especially depleted local governments. Global agreements for personnel, both standby and private, should also be developed.	<ul style="list-style-type: none"> <li>• Develop models for working with depleted governments in the absence of big NGO partners Consider grant facility and staffing complement.</li> <li>• Work with standby partners to ensure requisite skills and personnel availability.</li> </ul>	EMOPS, Regional Offices

\*Key, sector specific recommendations have been included in the relevant sections



**KEY RECOMMENDATIONS\***

THEME	RECOMMENDATION	ACTION	EXECUTOR
Operations	UNICEF should strengthen emergency operations support. Experienced emergency operations staff should be deployed on day one.	<ul style="list-style-type: none"> <li>Emergency operations officer to be employed in ERT.</li> <li>Emergency operations officers to be prioritized for regional rosters.</li> </ul>	EMOPS Regional Offices, DHR
Coordination	UNICEF needs a clear strategy on how to carry out its leadership and coordination functions. It should collaborate to develop tools for coordination and invest in training staff in data processing, management and analysis. UNICEF needs to clarify its responsibilities and inform all actors.	<ul style="list-style-type: none"> <li>Develop tools for coordination, including sector wide assessment tools, data processing capability and sets of standards in sectors that can be deployed early.</li> <li>Clarify accountabilities of UNICEF as sector leader.</li> </ul>	Programme Division (PD), EMOPS  EMOPS, through Interagency Standing Committee (IASC) clusters
Human resource technical staff	UNICEF must widen its pool of technical staff, especially for WES and child protection.	<ul style="list-style-type: none"> <li>Increase technical staff experienced in emergency response at global and regional levels.</li> <li>Ensure rosters have good technical people.</li> <li>Develop training and mentoring schemes.</li> </ul>	PD, EMOPS, Regional Offices
Human resource deployment	Ways should be found to ensure fast deployment beyond the period of the 'trigger' and before the new emergency programme is in a stable recruitment pattern.	<ul style="list-style-type: none"> <li>Screening and approval processes should be examined to see how these can be speeded up.</li> <li>Country offices that delay release of staff after agreement should be sanctioned by management.</li> <li>Complex contractual issues (TFTs having to step out for a month) require innovative solutions.</li> </ul>	DHR, Regional Offices, senior management
Familiarization	Country offices should develop familiarization packages for new staff, including basic language skills.	<ul style="list-style-type: none"> <li>Basic induction packages should be developed as standard in emergencies.</li> <li>Language training should be resourced in places such as Indonesia where the national language predominates and the basics are straight forward.</li> <li>Basic English training should be available for all new national staff.</li> </ul>	EMOPS, Country and Regional Offices Country Offices, DHR  Country Offices

\*Key, sector specific recommendations have been included in the relevant sections

**KEY RECOMMENDATIONS\***

THEME	RECOMMENDATION	ACTION	EXECUTOR
Training	Essential administrative and control procedures should be mandatory learning for new staff.	<ul style="list-style-type: none"> <li>Financial and administrative rules should be collated and made straightforward and accessible to new staff.</li> <li>Training modules similar to the security CD should be developed for incoming emergency staff. A certification process should be considered.</li> </ul>	Department of Finance and Administration (DFAM) DFAM, DHR
Finance	Procedures for approving and paying for activities with partners must be streamlined and made more coherent, especially in emergency situations.	<ul style="list-style-type: none"> <li>A study should be urgently commissioned into the business processes generated by the combination of financial rules and ProMS requirements with a view to simplifying and streamlining them.</li> </ul>	DFAM
Audit	Audit must generate a model for examining emergency programmes that properly acknowledges the risk of not implementing programmes in a timely fashion (so as to balance against strict adherence to rules).	<ul style="list-style-type: none"> <li>Programme results to be included as key criteria in audit reports.</li> </ul>	Audit
Supply	UNICEF supply division should develop a range of logistical support materials that facilitate the immediate opening of offices and accommodation in difficult circumstances.	<ul style="list-style-type: none"> <li>Develop a temporary office kit (perhaps as part of joint UN working) similar to OSOCC.</li> <li>Develop temporary accommodation kits.</li> <li>Stock range of logistics and IT kits similar to MSF or BRCS ERU.</li> </ul>	
Logistics	Boost country logistics capacity by ensuring that a larger logistic staff is deployed in the initial phase.	<ul style="list-style-type: none"> <li>Expand pool of logistic experts available for rapid deployment using Copenhagen emergency team as a central point.</li> <li>Develop regional rosters of logistics experts and logistics officers.</li> </ul>	EMOPS Copenhagen  Regional Offices

\*Key, sector specific recommendations have been included in the relevant sections



# RÉSUMÉ ANALYTIQUE

## VUE D'ENSEMBLE DE L'ACTION HUMANITAIRE

Le Tsunami de décembre 2004 a fait plus de 130.000 morts à Aceh et dans le nord de Sumatra et plus de 500.000 sans abris. En mars 2005, un autre tremblement de terre frappa la région, y compris l'île de Nias. L'action humanitaire nationale et internationale a été efficace compte tenu de l'absence d'alerte et l'insuffisance de planification préalable en prévision de la catastrophe. L'aide apportée dans les domaines de la santé et de l'approvisionnement en eau ont contribué à éviter une poussée épidémique de maladies et ont empêché un taux de mortalité excessive au lendemain de la catastrophe. La plupart des familles ont été rapidement logées dans des abris temporaires et ont reçu des vivres, de l'eau, des vêtements et des articles ménagers.

La situation actuelle est loin d'être satisfaisante. Plus de 120.000 personnes touchées continuent à vivre sous les tentes et ou dans des bâtisses provisoires, souvent dans des conditions d'assainissement en dessous des normes prescrites, avec un accès variable à l'eau et vulnérable aux inondations pendant la saison des pluies. Un autre groupe de 250.000 personnes demeurent avec les familles hôtes, devenant un fardeau pour leurs ressources, et grevant leurs ressources. D'énormes ressources financières sont disponibles, dont de larges pourcentages demeurent non dépensés par un grand nombre d'organisations internationales.

## OBJECTIF DE L'ÉVALUATION

Les objectifs de l'évaluation des interventions de l'UNICEF face au tsunami en Indonésie sont:

- Identifier les résultats principaux des interventions au cours de la phase d'urgence ;
- Prendre note de toutes les contraintes et lacunes relatives à ces interventions ;
- Souligner les implications éventuelles pour les politiques à venir. L'équipe d'évaluation était composée de sept experts indépendants. Les méthodes de collecte de données comprenaient : une étude des dossiers, des entretiens structurés soit individuellement avec des habitants soit avec des groupes de discussion ainsi que des entretiens avec des fonctionnaires de l'UNICEF du bureau de pays et du siège de New York, à la faveur d'ateliers qui se sont tenus en janvier 2006.

## IMPACT

L'intervention de l'UNICEF face au Tsunami compte de nombreux résultats positifs. L'UNICEF a lancé une campagne contre la rougeole et a distribué des moustiquaires et de l'eau potable, deux interventions qui ont contribué à éviter les maladies contagieuses. Les taux de paludisme sont descendus au-dessous de la normale, un résultat important en matière d'eau/environnement/assainissement. L'UNICEF a

fourni de l'eau potable aux campements temporaires, accompli des forages et construit un large système d'eau gravitaire. De plus, l'UNICEF et ses partenaires ont aidé au recensement de près de 2.000 enfants séparés de leur familles et non accompagnés, mis sur pied 21 centres pour enfants et coordonné les activités psychosociales. Ils ont également aidé au nettoyage des écoles et ont distribué des fournitures scolaires, y compris des tentes et des trousseaux de matériel de récréation ainsi que 6.000 "écoles dans une boîte"<sup>2</sup>, et près de 600.000 manuels scolaires. Ces contributions ont permis aux enfants de retourner à l'école, de vaincre les traumatismes et de se consacrer à l'apprentissage.

Un impact bénéfique résultant de la présence internationale venue en aide aux victimes du Tsunami a été la résolution potentielle du conflit dans la province de Aceh. L'UNICEF a fourni des efforts continus pour secourir aussi bien les enfants victimes du conflit que les enfants touchés par le Tsunami. De plus, certains programmes innovateurs initiés à Aceh serviront d'exemples pour la formation et pour répliquer dans d'autres régions du pays. Les actions en réponse au tsunami ont détourné l'attention du personnel des programmes réguliers dans les autres régions de l'Indonésie causant ainsi des retards dans des interventions importantes relatives à la santé. Le rôle de coordination que l'UNICEF a assuré par rapport à ses partenaires et l'appui qu'il a fourni à ces partenaires a contribué à la durabilité des résultats. Cependant, une attention plus soutenue doit être prêtée au renforcement des capacités et à l'atteinte des plus vulnérables.

### QUALITÉ ET PERTINENCE

L'UNICEF a entrepris de nombreux bilans au cours de six premiers mois qui ont suivi le tsunami, dont plusieurs ont été planifiés et réalisés avec des organisations partenaires. Ces bilans ont été utilisés à la fois par l'UNICEF et par ses partenaires pour informer le choix des interventions. Plusieurs bilans ont été de bonne qualité, particulièrement les enquêtes nutritionnelles. En général, cependant,

la qualité des bilans a souffert de la faiblesse des données, du type des données réunies et de l'utilisation de ces données. L'enquête nutritionnelle de Mars 2005 a permis d'identifier une malnutrition aigüe chez les femmes et les enfants, mais n'a pas suscité une réaction suffisante. Les bilans sectoriels se sont avérés problématiques, particulièrement dans le domaine de l'eau/environnement/assainissement. Dans le secteur de l'éducation, l'évaluation rapide des "espaces d'apprentissage" n'était toujours pas terminée à la fin de 2005.

Le bureau de pays s'est concentré sur les besoins immédiats au cours des premières semaines de son intervention et n'avait pas commencé de planification détaillée de son programme avant Mars 2005. Le manque de planification stratégique au cours des six premières semaines n'a pas permis de prendre en compte les considérations relatives aux activités intersectorielles telles que la participation et aux relations entre les programmes. L'avantage comparatif de l'UNICEF en tant que point de contact des interventions gouvernementales et non gouvernementales (alliant l'élaboration des politiques, la direction sectorielle et les activités opérationnelles) a été aussi parfois perdu dans les efforts de livrer matériels et équipements. Le Plan d'action contenu dans les Principaux engagements de l'UNICEF pour les enfants dans les situations d'urgence aurait pu s'avérer utile pour combler les lacunes entre les objectifs très généraux de l'Appel éclair et une planification détaillée à venir.

Pour un montant de plus de 200 millions de dollars, le financement de l'UNICEF pour l'aide au tsunami est le plus élevé de son histoire. Il est le résultat d'un travail de communication et de collecte de fonds extrêmement réussi. Le financement substantiel a attiré l'UNICEF dans les projets d'infrastructure, généralement appropriés considérant l'ampleur du désastre. A ce jour, environ 25 pour cent des fonds alloués à l'Indonésie ont été dépensés. La pression de dépenser les fonds s'est traduite par des calendriers d'exécution non réalistes tels que pour celui de la revitalisation du système de santé communautaire

<sup>2</sup> "Des fournitures et du matériel scolaires répondant aux besoins de 80 élèves maximum (en deux classes de 40 élèves, par roulement), plus du matériel à l'intention d'un enseignant, sont livrés dans une boîte fermée à clé et qui peut servir de tableau lorsqu'on l'enduit d'une peinture spéciale qui se trouve dans la boîte. Les enseignants peuvent utiliser des programmes et manuels élaborés sur place pour organiser des classes de fortune pratiquement n'importe où, assurant ainsi le respect du droit des enfants à l'éducation, quelle que soit l'instabilité de la situation dans laquelle ils vivent. Source: Intranet de l'UNICEF. Note de la rédaction.

(le Posyandu). L'ironie veut que l'UNICEF ait pris en compte un grand nombre des Principaux engagements de l'UNICEF pour les enfants dans les situations d'urgence, cependant, les enfants les plus pauvres touchés par le tsunami vivent encore dans des conditions en dessous des normes établies.

L'UNICEF a concentré ses interventions dans les régions urbaines, sur la côte ouest et à Simeuleu et Nias, les plus durement touchés. Cette décision a été basée en tenant compte de l'intensité des dégâts et du nombre relativement réduit d'agences d'aide humanitaire présentes dans ces régions. Une plus grande couverture géographique permettant de répondre aux besoins des communautés hôtes et des personnes déplacées est nécessaire dans les zones précédemment touchées par le conflit, dans les Régions Est et les régions rurales et dans les régions du nord de Sumatra. En tant que chef de file de secteur, l'UNICEF n'a pas toujours été efficace dans ses efforts à encourager une responsabilité conjointe par rapport à la couverture géographique ou pour assurer que l'aide soit proportionnelle aux besoins.

## **EFFICACITÉ**

La cause de contraintes internes et externes, les interventions de l'UNICEF n'ont commencé que 10 jours après le tsunami, et n'ont commencé à grande échelle que trois semaines plus tard. Par la suite, les procédures internes particulièrement complexes ont créé des problèmes de promptitude, de livraison et de suivi. Cependant, l'UNICEF organisa une intervention prompte et effective à Nias, à la suite du tremblement de terre du 28 mars 2005, et qui donna de l'impulsion à son rôle de chef de file des Nations Unies.

L'UNICEF dépend de ses partenaires pour la majeure partie de son travail de mise en œuvre, mais l'ampleur de la destruction et la prévalence de la loi martiale ont aggravé les problèmes de capacité. Les structures locales du gouvernement étaient affaiblies et dépassées. Le réseau des organisations non gouvernementales (ONG) était restreint à cause du conflit et les ONG internationales s'efforçaient de programmer leurs propres ressources.

Ceci laissa l'UNICEF dans un grand besoin de partenaires pour la mise en œuvre de son programme. L'UNICEF a fait de gros efforts pour renforcer les capacités des partenaires en travaillant avec et à travers les structures locales du gouvernement et dans l'exercice de ses responsabilités de chef de file. Ce rôle aurait été encore plus important si les capacités de l'UNICEF avaient été elles-mêmes à la hauteur.

La responsabilité de coordonner trois secteurs d'activité ainsi que l'importante campagne de vaccination contre la rougeole avait été confiées à l'UNICEF. L'UNICEF a également joué un rôle dans une forme plus élargie de coordination telle que la tâche d'amener les Nations Unies à travailler dans les Centres d'hébergement temporaires et aussi dans le cadre des interventions au Nias. L'UNICEF a rempli avec succès son rôle de coordination des interventions relatives au domaine psychosocial, à la protection de l'enfant et à l'éducation. Dans le secteur de l'eau/assainissement/environnement, un Coordonnateur indépendant avait été nommé au début, une initiative digne d'éloges pour un secteur technique considéré comme le plus difficile. En dépit de cette initiative, la performance de l'UNICEF en tant que chef de file de ce secteur était inégale. En particulier, il n'a pas été possible de dégager une vue d'ensemble de tous les problèmes et par conséquent, l'UNICEF était incapable de guider les partenaires dans leurs efforts de couvrir tous les besoins. La campagne de vaccination contre la rougeole a été parfois désordonnée et des enseignements pourront être tirés pour servir dans de futures initiatives. L'UNICEF, le Programme alimentaire mondial (PAM) et l'Organisation mondiale de la santé (OMS) n'ont pas adressé de manière efficace les problèmes de malnutrition identifiés dans les bilans initialement effectués par l'UNICEF.

Les efforts de l'UNICEF en matière de suivi et évaluation ont été rendus difficiles par la faible capacité de suivi et par les exigences des Phases Trois et Quatre de sécurité instaurées par les Nations Unies. De plus, les indicateurs de l'UNICEF étaient surtout qualitatifs. L'UNICEF n'a pas entrepris d'analyse séparée de vulnérabilité et mis à part les efforts sectoriels spécifiques tel que l'enquête nutritionnelle, avait peu d'informations qui permettent de cibler les actions. C'est ainsi que la plupart des personnes

dans les abris temporaires étaient en fait des personnes déplacées par le conflit et recueillies par des familles hôtes et n'ont pas toutes été ciblées selon les mêmes critères quant à l'assistance dont elles peuvent bénéficier. Pour la phase de relèvement, les activités de l'UNICEF devront prendre en compte les aspects liés au genre, y compris un appui psychosocial à l'intention des adultes, ainsi que les questions de trafic et de violence à l'égard des femmes, une aide aux ménages monoparentaux et enfin, un souci plus grand de consulter les femmes bénéficiaires.

### **EFFICIENCE**

Les activités en réponse au tsunami ont présenté des défis extraordinaires de gestion et de leadership qui ont été largement relevés par un personnel travailleur et dévoué. Il n'y avait pas de représentant en place au moment où le tsunami avait frappé. Le déploiement immédiat d'un gestionnaire des programmes d'urgence à Aceh a permis d'accélérer les interventions mais suscita également des tensions qui ont minimisé les synergies avec les le programme régulier pour l'Indonésie. Cette tension structurelle aurait pu être résolue par un déploiement plus rapide d'un représentant pour le pays, le rappel du représentant précédent ou bien en explicitant les niveaux d'autorité.

Un problème majeur de gestion affectant l'efficacité a été le manque de continuité dans le poste du Chargé des opérations à Banda Aceh pendant les premiers six mois. Un autre problème a été le recrutement de personnel dont les grades, déterminés par rapport aux autres opérations d'urgence, sont relativement peu élevés dans ce cas, compte tenu de la taille des budgets qu'on leur demandait de gérer.

Les défis que présentait la question des ressources humaines à toutes les agences étaient effrayants. Le personnel de l'UNICEF à Aceh est passé de 2 à 69 fonctionnaires en l'espace de trois mois et en Mai 2005, la taille Bureau de pays pour l'Indonésie a quadruplé. Dans l'ensemble, l'augmentation rapide a été un succès. Il y eut quelques problèmes y compris dans le déploiement de fonctionnaires en mission

et le manque de formation dans les procédures pour le personnel nouvellement recruté. Suite à la phase initiale, il y eut une "transition creuse" caractérisée par des postes restés vacants et dans certains cas une rotation rapide pendant la période entre les déploiements initiaux et les recrutements permanents. La quantité de personnel requis avait été sous-estimée, ce qui obligea le personnel en place à travailler pendant de très longues heures.

Les approvisionnements assurés par l'UNICEF étaient généralement satisfaisants, bien que lents à démarrer. Par contre, les capacités logistiques de l'UNICEF sur le terrain n'étaient pas aussi solides et il fallut presque trois semaines pour installer un bureau à Banda Aceh. Une fois la filière logistique devenue opérationnelle, les fournitures commencèrent à arriver rapidement. Cependant, l'absence d'un système de localisation efficace rendant impossible pour le personnel de déterminer où les chargements se trouvaient à quel moment et quand ils sont supposés arriver, entravait parfois les secours et le travail de programmation. Les services de technologie de l'information et de télécommunication ont été admirables. Les communications internes, y compris la radio HF et les téléphones satellites étaient opérationnels peu de temps après l'ouverture du nouveau bureau. De même, la conformité aux normes minimales de sécurité opérationnelle pour les Phases trois et quatre a été promptement établie.

Les procédures administratives complexes relatives à la mise en œuvre des projets ont présenté de sérieuses contraintes aux interventions de l'UNICEF. Elles ont contribué à ralentir les projets, à compromettre les partenariats et à gêner le suivi. Le personnel a pris fonction sans avoir suffisamment compris et intégré la complexité de ces procédures ni avoir reçu de formation rapide. Le personnel chargé des opérations était insuffisant et il n'y a pas de flexibilité dans le système pour rationaliser les contrôles fiduciaires dans les opérations d'urgence. Bien que certaines dérogations existent, les chargés des opérations hésitent à y recourir sachant qu'ils seraient tenus responsables au cas où un problème pourrait surgir.

## SANTÉ ET NUTRITION

Les interventions de l'UNICEF dans les domaines santé et nutrition ont largement rempli les critères relatifs aux Principaux engagements de l'UNICEF pour les enfants dans les situations d'urgence. Comme il se doit, l'UNICEF a focalisé ses efforts initiaux sur la vaccination contre la rougeole, et la distribution de vitamine A, les enquêtes nutritionnelles et la distribution anticipée d'équipement médical d'urgence. Au cours de la phase suivante, l'UNICEF a développé quatre programmes : vaccination, nutrition, contrôle des maladies transmissibles et santé maternelle et infantile. Il y eut une prise de conscience louable dès au départ de planifier pour les besoins de développement à long terme. En janvier 2005, l'enquête nutritionnelle de l'UNICEF indiquait une malnutrition aiguë et de l'anémie dans les districts touchés par le tsunami. C'est encore le cas, un an plus tard, indiquant une absence d'impact positif par rapport à ces problèmes, au cours des six premiers mois.

L'efficacité des programmes de santé et nutrition de l'UNICEF ont été affaiblis par des contraintes extérieures ainsi qu'au sein même de l'UNICEF, par les délais dans les paiements en espèces, les remboursements, les livraisons de matériel, par un suivi sur le terrain insuffisant, et par l'appui inadéquat des activités de proximité et de formation. Ceci eut un impact négatif sur les programmes majeurs tels que la campagne de vaccination contre la rougeole organisée par l'UNICEF et dont la couverture fut moins qu'optimale. Les difficultés dans le recrutement et l'insuffisance de personnel ont également affecté l'efficacité des interventions.

L'UNICEF a promu le droit à la santé pour tous par exemple en aidant les populations affectées par le conflit. L'UNICEF a considéré le développement des capacités en matière de santé et nutrition au niveau provincial et de district comme une priorité et son Programme de Santé/Nutrition est bien alignés sur les priorités nationales. Cependant, des activités de prévention contre le VIH n'ont pas été initiées.

## EAU ET ASSAINISSEMENT DE L'ENVIRONNEMENT

Il y eut de nombreux résultats au cours de la phase initiale de l'intervention d'urgence relative au domaine de l'eau et de l'assainissement, y compris des bilans conjoints du secteur, l'approvisionnement en eau à 28.000 personnes déplacées, avec au moins 15 litres d'eau potable par jour, au moyen de camions citernes et le nettoyage de décombres et d'ordures dans au moins 15 camps de personnes déplacées.

Eventuellement, cependant, l'intervention de l'UNICEF a dû faire face à beaucoup d'obstacles. Les trousseaux d'articles d'hygiène sont arrivés tard, la construction des toilettes était lente, des cuvettes inappropriées avaient été commandées et la vidange des latrines prit beaucoup de temps, ce qui mena les populations à déféquer en plein air. L'UNICEF a initié les activités de promotion d'hygiène trois mois après le désastre, perdant ainsi l'occasion de faire la promotion de messages essentiels sur l'hygiène dans les délais souhaitables. Les normes et les conseils sur la construction appropriée des latrines n'ont pas été disséminés suffisamment à l'avance et c'est ainsi que de nombreuses latrines n'ont pas été construites correctement.

Bien que l'UNICEF ait tenu des réunions régulières avec les partenaires sectoriels, le manque de personnel de coordination dévoué et à l'approche systématique s'est traduit par l'incapacité de l'UNICEF d'assumer de manière adéquate le rôle de coordination.

## PROTECTION DE L'ENFANCE

L'élément principal de l'intervention de l'UNICEF dans le domaine de la protection de l'enfant a été l'établissement de "centres pour enfants" qui ont fait fonction de centres d'activités tels que les enregistrements, les retraçages, les activités psychosociales. Au 2 juin 2005, l'UNICEF avait créé 21 centres pour enfants dont 19 à Aceh et deux à Nias. A ce jour, l'UNICEF a contribué le plus grand chiffre d'enfants enregistrés, séparés et non accompagnés



à la base centrale de données, dû à son immense réseau de partenaires et de personnel. Le plaidoyer de l'UNICEF dans ce domaine a entraîné des politiques solides pour la protection des enfants vulnérables. La coordination au sein de ce secteur a été solide au cours des premiers six mois.

Cependant, de nombreux enfants déplacés n'ont pas accès aux Centres pour enfants, et le personnel de ces centres avait besoin de formation supplémentaire dans tous les domaines ainsi que des conditions de vie et de travail pour renforcer leur efficacité. De plus, une plus grande participation de la communauté dans le fonctionnement des centres est nécessaire pour encourager l'appropriation. L'intervention contre la violence est focalisée sur la formation et le déploiement d'agents de police féminins dans les régions touchées, mais une intervention plus musclée était nécessaire au cours des six premiers mois. Le manque de personnel a rendu difficile à la Section de la protection de l'enfance de mettre en œuvre le volume requis d'activités.

### **EDUCATION**

L'UNICEF a collaboré avec le gouvernement de l'Indonésie pour permettre aux enfants de reprendre les activités d'écolage aussi vite que possible. Les écoles avaient officiellement rouvert leurs portes le 26 janvier 2005, un mois après le tsunami. La réouverture des écoles était une action critique pour la santé psychosociale des enfants, bien que les enfants ne sont pas tous retournés à l'école ou bien ne fréquentaient pas l'école sur une base régulière. L'intervention initiale de l'UNICEF arriva à point. L'UNICEF a été capable de mobiliser près de 600 kits d'éducation (en théorie, suffisamment pour 50.000 enfants) à la fin de janvier 2005, et a utilisé une variété de moyens de distribution pour livrer les fournitures aux écoles. A la suite de la période initiale, cependant, l'intervention se trouva ralentie.

Au cours des six premiers mois, l'intervention de l'UNICEF a été largement basée sur les chiffres fournis par le Ministère de l'éducation nationale et était de nature logistique. Bien que cette intervention ait contribué à faciliter la rentrée des classes pour les enfants, elle n'a pas nécessairement adressé les besoins d'un enseignement de qualité. L'UNICEF a cependant formé 240 enseignants et a aidé au recrutement et à la formation d'urgence de 1.110 enseignants d'école primaire en coopération avec les départements provinciaux de l'éducation. Les salaires des enseignants d'école primaire et de jardins d'enfants ont été payés par l'UNICEF au cours des six premiers mois. Les enseignants spécialisés pour le jeune enfant ont été déployés selon leur formation initiale, alors que les enseignants du primaire ont été déployés pour six mois à partir du nouveau trimestre de l'année en juillet. La Section de la protection de l'enfant a fourni une formation psychosociale légère aux enseignants, au cours des quelques premiers mois, un appui psychosocial à la fois aux enseignants et aux enfants aurait été apprécié et aurait fourni l'occasion d'améliorer les compétences d'enseignement à travers une approche interactive, participative et centrée sur l'enfant. Au cours des six premiers mois, peu de consultations ont eu lieu avec les communautés et leurs contributions n'ont généralement pas été prises en compte dans les activités de planification pour l'éducation.

## RECOMMANDATIONS ESSENTIELLES

THEME	RECOMMANDATION	ACTION	RESPONSABLE
Participation	L'UNICEF doit développer des stratégies et procédures for inclure les populations dans les prises de décision relatives aux phases d'urgence et de relèvement/re-construction. La médiatisation des plans et programmes doivent aussi être une priorité.	<ul style="list-style-type: none"> <li>• Tester la stratégie de group à Aceh, (selon la revue stratégique de septembre.</li> <li>• Disséminer plus largement les plans du programme de l'UNICEF à travers les media.</li> </ul>	Bureau de l'Indonésie
Bilans	L'UNICEF doit pouvoir déployer des équipes d'évaluation rapide avec des outils acceptés et des méthodes et stratégies pour assurer un suivi.	<ul style="list-style-type: none"> <li>• Considérer l'idée d'avoir des spécialistes de secteurs dans les régions disponibles pour des déploiements rapides pour effectuer des évaluations.</li> <li>• Continuer la standardisation des méthodes d'évaluation.</li> </ul>	Bureau Régional  Bureau des opérations d'urgence (EMOPS)
Préparation	La planification relative à la préparation et aux interventions d'urgence doit être accompagnée d'une formation sur les Principaux engagements de l'UNICEF pour les enfants dans les situations d'urgence. Les interventions psychosociaux et d'éducation doivent incorporer les aspects de préparation à l'urgence pour aider dans le relèvement.	<ul style="list-style-type: none"> <li>• Préparer un module de formation sur les Principaux engagements de l'UNICEF pour les enfants dans les situations d'urgence à incorporer dans l'induction</li> <li>• Développer du matériel, de préparation à l'urgence pour les écoles d'Aceh. Avec le concours du Ministère de l'éducation.</li> </ul>	EMOPS  Bureau de l'Indonésie
Suivi	Les approches de suivi doivent inclure les ressources pour collecter des informations qualitatives et déterminer les changements de comportements et d'attitudes.	<ul style="list-style-type: none"> <li>• Développer une pratique de suivi qualitatif à Aceh (utile pour toute l'organisation).</li> <li>• Promouvoir des revues stratégiques et des revues à temps réel dans les programmes d'urgence.</li> </ul>	Bureau de l'Indonésie,  Bureau régional, EMOPS, Bureau de l'évaluation
Partenariats	Développer un guide amélioré sur la manière de travailler avec des partenaires dans les urgences, en particulier avec un gouvernement local très affaiblis. Des accords généraux pour le personnel à la fois de réserve et privé, doivent aussi être conçus.	<ul style="list-style-type: none"> <li>• Développer des modèles pour travailler avec des gouvernements affaiblis et en l'absence de grandes ONG partenaires. Considérer des facilités de prêt et du personnel complémentaire.</li> <li>• Travailler avec des partenaires de réserve pour assurer que les compétences exigées ainsi que la disponibilité du personnel sont garanties.</li> </ul>	Bureau régional, EMOPS

\* Les recommandations essentielles relatives à chaque secteur en particulier apparaissent dans les parties concernant ces secteurs.

RECOMMANDATIONS ESSENTIELLES			
THEME	RECOMMANDATION	ACTION	RESPONSABLE
Opérations	L'UNICEF doit renforcer l'appui aux opérations d'urgence. Le personnel ayant de l'expérience dans les opérations d'urgence doit être déployé dès le premier jour.	<ul style="list-style-type: none"> <li>• Poster un Chargé des opérations dans l'Unité d'interventions d'urgence.</li> <li>• Les chargés d'opérations d'urgence doivent figurer dans les rosters régionaux.</li> </ul>	EMOPS  Bureaux régionaux, Division des ressources humaines
Coordination	L'UNICEF a besoin d'une stratégie claire sur la manière d'exécuter ses responsabilités de chef de file et de coordination. Il doit développer des outils de coordination et investir dans la formation du personnel dans la collecte, la gestion et l'analyse des informations. En collaboration avec ses partenaires. L'UNICEF a besoin de clarifier ses responsabilités et d'en informer tous les intervenants.	<ul style="list-style-type: none"> <li>• Développer des outils pour la coordination, y compris pour bilans de secteur, capacité de traitement des données et une série de normes dans les secteurs susceptibles d'être déployés tôt dans l'urgence.</li> <li>• Clarifier les responsabilités de l'UNICEF comme chef de secteur.</li> </ul>	Division des programmes, EMOPS  EMOPS, à travers le Comité permanent inter-organisations (IASC)
Ressources humaines et personnel technique	L'UNICEF doit élargir sa masse de personnel technique, surtout pour l'eau, l'environnement, l'assainissement et la protection de l'enfant.	<ul style="list-style-type: none"> <li>• Augmenter la masse de personnel technique avec expérience dans les urgences aux niveaux régional et global.</li> <li>• S'assurer que les rosters contiennent des bons techniciens.</li> <li>• Développer des systèmes de formation et de guide.</li> </ul>	Division des programmes, EMOPS, Bureaux régionaux,
Ressources humaines et déploiement	Trouver des moyens pour assurer un déploiement rapide au-delà de la période de déclenchement et avant que le nouveau programme d'urgence n'atteigne la phase normale de recrutement.	<ul style="list-style-type: none"> <li>• Examiner les processus de présélection et de sélection dans le but de les accélérer.</li> <li>• Sanctionner les bureaux de pays qui tardent à libérer leur personnel après qu'ils aient donné leur accord.</li> <li>• Trouver des solutions innovatrices aux questions complexes de certains contrats (TFTs qui doivent se retirer pour un mois).</li> </ul>	Bureaux régionaux, EMOPS, Division des ressources humaines,
Familiarisation	Les bureaux de pays doivent développer des kits de familiarisation pour les nouveaux fonctionnaires y compris pour des capacités linguistiques de base.	<ul style="list-style-type: none"> <li>• Développer des kits simples d'initiation comme norme pour les urgences.</li> <li>• Contracter des formations linguistiques là où la langue nationale prédomine et où les éléments de base sont simples comme en Indonésie.</li> <li>• Offrir une formation en Anglais de base pour le nouveau personnel national.</li> </ul>	EMOPS, Bureau de pays Division des ressources humaines, Bureau de pays

\* Les recommandations essentielles relatives à chaque secteur en particulier apparaissent dans les parties concernant ces secteurs.

## RECOMMANDATIONS ESSENTIELLES

THEME	RECOMMANDATION	ACTION	RESPONSABLE
Formation	Les connaissances des procédures administratives et de contrôle doivent être obligatoires pour tous les nouveaux fonctionnaires.	<ul style="list-style-type: none"> <li>• Réunir toutes les procédures financières et administratives, les simplifier et les rendre accessibles au nouveau personnel.</li> <li>• Développer des modules de formation similaires au CD relatif à la sécurité pour le personnel arrivant. Un processus de certification doit être développé.</li> </ul>	<p>Division des affaires administratives et financières (DFAM)</p> <p>Division des ressources humaines</p>
Finance	Les procédures d'approbation et de paiement pour les activités avec les partenaires doivent être simplifiées et rendues plus cohérentes. Dans	<ul style="list-style-type: none"> <li>• Une étude devra être engagée d'urgence pour réviser les processus de travail qui combinent les procédures financières et les obligations du système informatisé de gestion des programmes (ProMS) particulièrement pour les situations d'urgence, dans le but de les simplifier et de les rendre plus cohérentes.</li> </ul>	DFAM
Audit	L'audit doit concevoir un modèle pour examiner les programmes d'urgence, qui reconnaisse le risque d'une mise en œuvre tardive des activités (par rapport à l'adhérence stricte aux règlements et procédures)	<ul style="list-style-type: none"> <li>• Inclure les résultats du programme comme critère essentiel dans les rapports d'audit.</li> </ul>	Bureau de l'audit interne
Fournitures	La division des fournitures de l'UNICEF doit développer une série de matériel logistique d'appui pour faciliter l'ouverture immédiate de bureaux et d'installations dans des circonstances difficiles.	<ul style="list-style-type: none"> <li>• Développer un kit temporaire de bureau (peut-être dans le cadre d'un bureau conjoint) similaire au Centre local de coordination des opérations (OSOCC).</li> <li>• Développer des kits d'accommodation temporaire.</li> <li>• Stocker des kits logistiques et de technologie de l'information similaires à ceux de MSF ou de l'Unité des interventions d'urgence de BRCS.</li> </ul>	Division des fournitures (Copenhague)
Logistique	Augmenter la capacité logistique en s'assurant qu'un nombre plus important de logisticiens soit déployé dès la phase initiale des interventions d'urgence.	<ul style="list-style-type: none"> <li>• Augmenter la masse des experts en logistique disponibles pour un déploiement rapide, en utilisant l'équipe d'urgence de Copenhague comme centre de référence.</li> <li>• Développer des rosters régionaux d'experts en logistique et de chargés de logistique.</li> </ul>	<p>EMOPS</p> <p>Bureaux régionaux</p>

\* Les recommandations essentielles relatives à chaque secteur en particulier apparaissent dans les parties concernant ces secteurs.



# RESUMEN EJECUTIVO

## RESPUESTA HUMANITARIA GENERAL

El tsunami de diciembre de 2004 cobró más de 130,000 víctimas mortales en Aceh y Sumatra Norte y dejó sin hogar a más de 500,000 personas. En marzo de 2005, un nuevo terremoto asoló la región, incluyendo la isla Nias. La respuesta humanitaria nacional e internacional fue en gran medida efectiva, dada la falta de advertencia y la insuficiente preparación. Intervenciones oportunas en salud y agua ayudaron a prevenir los brotes de enfermedades o el exceso de muertes en la etapa postsunami. La mayor parte de las familias fue rápidamente acogida en albergues temporales y recibió alimentos, agua, ropa y artículos domésticos.

La situación actual es mucho menos satisfactoria. Más de 120,000 damnificados continúan viviendo en tiendas de campaña y edificaciones transitorias, a menudo con servicios de saneamiento por debajo del estándar, acceso variable a agua y vulnerabilidad a las inundaciones en la temporada de lluvias. Otras 250,000 personas permanecen alojadas en las viviendas de familias receptoras y representan una carga para los recursos de dichas familias. Si bien se cuenta con fondos extraordinarios, grandes porcentajes permanecen sin ejecutar por parte de muchas organizaciones internacionales.

## PROPÓSITO

El propósito de la presente evaluación de la respuesta de UNICEF al tsunami en Indonesia es:

- identificar logros de envergadura durante la fase de respuesta a la emergencia;
- tomar nota de cualesquier restricciones y vacíos en dicha respuesta;
- destacar las potenciales implicaciones en términos de políticas para el futuro.

El equipo de evaluación estuvo formado por siete expertos/as independientes. Los métodos de recolección de información incluyeron: una revisión de gabinete, entrevistas tanto estructuradas con informantes individuales como con grupos focales y consultas con el personal de la oficina nacional y de la sede central de UNICEF en Nueva York, en el curso de una serie de talleres realizados en enero de 2006. Restricciones logísticas y de tiempo impidieron profundizar en todos los temas.

## IMPACTO

La respuesta de UNICEF al tsunami puede exhibir numerosos logros. El lanzamiento de una campaña contra el sarampión y la distribución de mosquiteros y agua potable contribuyeron a frenar la propagación de enfermedades transmisibles. El índice de malaria disminuyó por debajo de su nivel habitual, un logro significativo. En el sector de agua y saneamiento ambiental, UNICEF facilitó agua potable a los asentamientos temporales, perforó pozos y construyó un gran sistema de distribución de agua por gravedad. En adición, UNICEF y sus socios colaboraron con el empadronamiento de casi 2,000 niños y niñas no acompañados y separados de sus familias, establecieron 21 centros infantiles y coordinaron actividades psicosociales; asimismo, ayudaron con la limpieza de las escuelas y distribuyeron suministros escolares, incluyendo tiendas de campaña, equipos de recreación, 6,000 "escuelas en una caja"<sup>3</sup> y cerca de 600,000 libras de texto. Estos insumos ayudaron a los niños y niñas a volver a la escuela, manejar el trauma y reanudar el aprendizaje.

<sup>3</sup> Se reparte una caja cerrada con suministros y materiales escolares para un máximo de 80 estudiantes (en salones de doble turno, de 40 alumnos/as cada uno), más suministros para el maestro o maestra. La caja puede servir de pizarra si se le pasa una capa de la pintura especial que viene con el equipo. Utilizando una guía para el maestro/a y un programa de estudios desarrollados localmente, los maestros/as pueden establecer salones de clases provisionales en casi cualquier parte, garantizando con ello el derecho de los niños y niñas a la educación, independientemente de cuán inestable sea la situación. Fuente: Intranet de UNICEF. Nota de la editora.

Un impacto beneficioso de la presencia internacional en la respuesta al tsunami ha sido el potencial término del conflicto en Aceh. UNICEF ha realizado constantes esfuerzos para ayudar a los niños y niñas afectados por el conflicto tanto como por el tsunami. Además, programas innovadores iniciados en Aceh contribuirán al aprendizaje y a la réplica en otras áreas del país. La respuesta al tsunami distrajo la atención del personal de programas regulares en otras partes de Indonesia, sin embargo, generando retrasos en importantes intervenciones de salud. Las coordinaciones y el apoyo de UNICEF a sus socios han contribuido a la sostenibilidad, pero es necesario prestar mayor atención al desarrollo de capacidades y llegar a los más vulnerables.

### **IDONEIDAD Y RELEVANCIA**

UNICEF efectuó numerosas evaluaciones durante los primeros seis meses después del tsunami, muchas de ellos fueron planeadas y ejecutadas con organizaciones socias. UNICEF también contribuyó con información y apoyo a las evaluaciones de otras instituciones. Dichas evaluaciones fueron utilizadas tanto por UNICEF como por sus socios para informar las decisiones programáticas. Muchas evaluaciones han sido de gran calidad, especialmente las encuestas de nutrición. En general, sin embargo, las evaluaciones se vieron restringidas por la debilidad de los datos, el tipo de datos recolectados y el uso de los mismos. Si bien la encuesta de nutrición de marzo de 2005 identificó desnutrición aguda entre las mujeres y los niños/as, no generó una respuesta adecuada. La realización de evaluaciones sectoriales resultó problemática, especialmente en el sector de agua y saneamiento ambiental. En el área de educación, la "evaluación rápida de los espacios de aprendizaje" aún no había sido terminada a fines de 2005.

La oficina nacional de Indonesia se concentró en atender las necesidades inmediatas durante las primeras semanas de la respuesta, y no inició una planificación programática detallada sino hasta marzo de 2005. La falta de planificación estratégica

durante las primeras seis semanas debilitó la atención dedicada a temas transversales tales como la participación, y a las conexiones entre sectores. La ventaja comparativa que tiene UNICEF como intermediaria entre la respuesta del gobierno y la respuesta no gubernamental (combinando trabajo en políticas con liderazgo sectorial y operaciones) se perdió asimismo en ocasiones, bajo la presión de repartir insumos. El plan de acción detallado en los Compromisos Corporativos Centrales de UNICEF para los niños y niñas en emergencias (CCC) podría haber sido una herramienta valiosa para acortar la distancia entre los objetivos generales del Llamado Urgente o Flash Appeal y una planificación pormenorizada hacia adelante.

Por un monto superior a US\$200 millones, el financiamiento de la respuesta de UNICEF al tsunami es el más alto en la historia de la institución y obedece a una labor de recaudación de fondos y comunicaciones extremadamente exitosa. Este sustancial financiamiento ha arrastrado a UNICEF hacia proyectos de infraestructura, en general apropiados, dada la devastación. A la fecha se ha ejecutado cerca del 25 por ciento de los fondos asignados a Indonesia. La presión de gastar los fondos ha dado lugar a marcos cronológicos poco realistas en el caso de algunos proyectos, por ejemplo, la revitalización del sistema de salud basado en la comunidad (posyandu). Aunque UNICEF ha actuado conforme a muchos de los CCC, irónicamente, los niños y niñas más pobres afectados por el tsunami siguen viviendo en condiciones por debajo de los estándares.

UNICEF focalizó su cobertura en las zonas urbanas, en la seriamente afectada costa oeste y en Simeuleu y Nias. Esta decisión se tomó en función de las zonas donde el daño era mayor y donde había una presencia relativamente menor de organizaciones de apoyo. Se requiere una mayor cobertura para atender las necesidades de las comunidades receptoras y las personas desplazadas internas en áreas anteriormente en conflicto, en la zona este y el medio rural y en

algunos sectores de Sumatra Norte. En su calidad de líder del sector, UNICEF no siempre fue eficaz en incentivar una responsabilidad conjunta respecto de la cobertura geográfica o en cerciorarse de que la asistencia fuese proporcional a las necesidades.

## EFFECTIVIDAD

Como consecuencia de restricciones tanto externas como internas, la asistencia de UNICEF no comenzó sino hasta 10 días después del tsunami, y no empezó en grandes volúmenes sino hasta unas tres semanas después. Posteriormente, procedimientos internos excesivamente complejos han generado problemas con la oportunidad de la ejecución de la respuesta y con el seguimiento ex post. No obstante, UNICEF sí organizó una respuesta oportuna y eficaz en Nias luego del terremoto del 28 de marzo de 2005, lo cual reforzó el liderazgo de Naciones Unidas.

UNICEF se apoya en socios para gran parte de la ejecución de su trabajo, pero la magnitud de la destrucción y el legado de la ley marcial hicieron que enfrentara serios problemas en materia de capacidad. El gobierno local se encontraba seriamente desabastecido y desbordado. El sector de organizaciones no gubernamentales (ONG) locales era relativamente pequeño en razón del conflicto, y las ONG internacionales luchaban por programar sus propios fondos. Esto enfrentó a UNICEF a una escasez de organizaciones ejecutoras socias. UNICEF hizo grandes esfuerzos para desarrollar las capacidades de sus socios, trabajando con y a través del gobierno local, y a través de su liderazgo en el sector. UNICEF podría haber tenido más éxito de haber tenido mayor capacidad.

UNICEF recibió la responsabilidad de coordinar tres sectores además de una campaña de envergadura contra el sarampión. UNICEF desempeñó asimismo un papel de coordinación más amplio, entre otras cosas influyendo en Naciones Unidas para que interviniera en los centros de estancia temporal (CET), así como durante la respuesta en Nias. UNICEF llevó a cabo su rol de coordinación satisfactoriamente en

las áreas de asistencia psicosocial, protección infantil y educación. En el sector de agua y saneamiento ambiental, inicialmente se destacó a una persona para que actuara como coordinador especial para esta área, una iniciativa encomiable en el que posiblemente haya sido el sector técnico más difícil. Pese a ello, el liderazgo de UNICEF en el sector de agua y saneamiento no fue consistente. En especial, nunca desarrolló una apreciación general de los problemas y por lo tanto no pudo orientar a los socios para que cubrieran las necesidades. La campaña contra el sarampión en ocasiones fue caótica pero podrían extraerse lecciones para ejercicios futuros. En nutrición, UNICEF, el Programa Mundial de Alimentos (PMA) y la Organización Mundial de la Salud (OMS) no han respondido con eficacia a la desnutrición identificada en las evaluaciones iniciales realizadas por UNICEF.

Los esfuerzos de seguimiento y evaluación de UNICEF se vieron restringidos por una capacidad de seguimiento débil y por los requerimientos de seguridad de Naciones Unidas para la tercera y cuarta fase. En adición, los indicadores desarrollados por UNICEF fueron principalmente cuantitativos. UNICEF no llevó a cabo un análisis de vulnerabilidad específica y, salvo esfuerzos sectoriales individuales como la encuesta de nutrición, dispuso de escasa información en la cual basar la focalización de las acciones. La mayoría de las personas en alojamiento temporal son personas desplazadas internas temporalmente acogidas por familias receptoras, y tanto ellas como sus familias receptoras han sido focalizadas de manera desigual por la asistencia. Las actividades de recuperación de UNICEF requieren de un enfoque de género más acentuado, especialmente en lo que se refiere a la provisión de apoyo psicosocial para personas adultas, el combate del tráfico de personas y del abuso y el maltrato, el apoyo a hogares monoparentales y el reforzamiento de la consulta con mujeres. UNICEF no cumplió con los estándares de participación, y podría haber evaluado mucho antes la capacidad de las comunidades afectadas e incluido a las personas desplazadas internas en la ejecución de su programa.



## EFICIENCIA

La respuesta al tsunami entrañó desafíos de gestión y liderazgo formidables, que han sido respondidos en gran medida por personal de UNICEF trabajador y dedicado. No había un/a representante nacional cuando ocurrió el tsunami. El destacamiento temprano de un coordinador de la emergencia al programa de Aceh tuvo éxito en acelerar la respuesta, pero creó tensiones que redujeron las sinergias con el programa nacional de Indonesia. Esta tensión estructural podría haberse resuelto con el destacamiento más anticipado de un/a representante nacional, el llamado a un representante anterior o una clarificación oportuna de los niveles de autoridad.

Un importante problema de gestión que afectó la eficiencia de la respuesta fue la falta de continuidad del puesto de oficial de operaciones en Banda Aceh durante los seis primeros meses. Otro fue la contratación de personal en puestos jerárquicos bajos, en relación con otras operaciones de emergencia y con el tamaño de los presupuestos que se les pidió manejar.

Los desafíos de recursos humanos que enfrentaron todas las organizaciones fueron intimidantes. El personal de UNICEF en Aceh creció de dos a 69 personas en tres meses, y la oficina de Indonesia cuadruplicó su personal para mayo de 2005. En general, la rápida "escalada" del personal fue un éxito. Hubo unos cuantos problemas, entre ellos retrasos en el destacamiento de algunas personas en misión, así como la falta de capacitación sobre procedimientos para el personal nuevo. Luego de la fase inicial se produjo un "vacío transitorio", en el sentido que surgieron vacíos - y en algunos casos una rápida rotación - en el período comprendido entre los destacamientos iniciales y la contratación permanente del personal. La subestimación de los niveles de personal requeridos obligó al personal a trabajar jornadas extremadamente largas.

La distribución de suministros de UNICEF fue en general satisfactoria, pero lenta en despegar. La

capacidad logística de UNICEF en el campo fue menos sólida, y la instalación de una oficina en Banda Aceh tomó casi tres semanas. Una vez que la cadena logística a Banda Aceh empezó a funcionar, los suministros arribaron rápidamente. Sin embargo, la falta de un servicio eficaz de rastreo impidió con frecuencia al personal determinar dónde se encontraban los suministros y cuándo arribarían, interfiriendo en ocasiones con los esfuerzos tanto de ayuda humanitaria como programáticos. El servicio de tecnología de la información (TI) y telecomunicaciones fue encomiable: las comunicaciones entre oficinas - entre ellas radioteléfonos de alta frecuencia, radioteléfonos de muy alta frecuencia y teléfonos satelitales - se encontraban operativas poco después de inaugurada la nueva oficina. Asimismo, se estableció rápidamente el cumplimiento de los estándares mínimos de seguridad operacional (MOSS) correspondientes a la tercera y cuarta fase.

Los complejos procedimientos administrativos que circundaron la ejecución de los proyectos constituyeron una grave limitación para la respuesta de UNICEF. Retrasaron la marcha de los proyectos, comprometieron las alianzas con organizaciones socias y obstaculizaron el seguimiento. Miembros del personal se unieron a la respuesta con un conocimiento insuficiente de procedimientos complejos, y no fueron capacitados con rapidez. El personal de operaciones no fue suficiente, y el sistema carece de flexibilidad para dinamizar los controles fiduciarios en una emergencia. Aunque existen algunas exenciones a las que está permitido recurrir, el personal se resiste a valerse de ellas porque se le hará responsable luego si surgen problemas.

## SALUD Y NUTRICIÓN

La respuesta de salud y nutrición de UNICEF se ciñó en gran medida a los CCC. UNICEF focalizó apropiadamente sus esfuerzos iniciales en: vacunación contra el sarampión, suplementos de vitamina A, encuestas de nutrición y la distribución temprana de suministros médicos de emergencia.

Durante la fase siguiente, UNICEF desarrolló cuatro programas de: vacunación, nutrición, control de enfermedades transmisibles y salud materno-infantil. Fue digno de elogio que UNICEF tomara conciencia y planificara tempranamente la atención de las necesidades de más largo plazo. En enero de 2005, la encuesta de nutrición de UNICEF arrojó un cuadro de desnutrición aguda y anemia en los distritos damnificados por el tsunami. Éste continúa siendo el caso un año después, lo cual revela la ausencia de un impacto positivo durante los primeros seis meses en dichos problemas.

La efectividad de los programas de salud y nutrición de UNICEF se vio amenazada por restricciones externas así como por retrasos en los pagos en efectivo, reembolsos, impresiones y entregas de suministros de UNICEF; por un seguimiento precario en el campo; y por un apoyo inadecuado a las actividades de extensión y capacitación. Todo esto tuvo un impacto negativo en programas importantes como la campaña de vacunación contra el sarampión liderada por UNICEF, que resultó en una cobertura inferior a óptima. La eficiencia sufrió por los problemas de contratación y la insuficiencia de personal.

UNICEF promovió el derecho a la salud para todos/as, por ejemplo, ayudando a las poblaciones afectadas por el conflicto. UNICEF priorizó el desarrollo de capacidades en salud y nutrición a nivel provincial y distrital, y sus programas de salud y nutrición se encuentran correctamente alineados con las prioridades nacionales. Sin embargo, no se emprendieron actividades de prevención del VIH/SIDA.

### **AGUA Y SANEAMIENTO AMBIENTAL**

Hubo una serie de logros en la respuesta temprana de UNICEF en el sector de agua y saneamiento ambiental, entre ellos diagnósticos sobre la situación del sector realizados en colaboración con otras instituciones, el suministro de agua a 28,000 personas desplazadas internas (al menos 15 litros de agua

potable al día mediante operaciones con camiones cisterna), así como la remoción de escombros y desechos en al menos 15 campamentos de desplazados internos.

Más adelante, sin embargo, la respuesta de UNICEF en el sector enfrentó numerosos obstáculos. Los equipos de higiene arribaron tarde, la construcción de letrinas fue lenta, se ordenaron bacinicas inadecuadas y el vaciado de las letrinas de pozo tomó tiempo, lo cual llevó a la población a defecar al aire libre. UNICEF inició actividades de promoción higiénica tres meses después del desastre, desperdiciando la oportunidad para promover mensajes de higiene oportunos y clave. No se repartieron a tiempo estándares y pautas para la construcción de letrinas, con lo cual se construyeron muchas letrinas de manera inapropiada.

Si bien UNICEF sostuvo reuniones regulares con los socios en el sector, la falta de un equipo de coordinación a dedicación permanente hizo que UNICEF no pudiera llevar a cabo la función de coordinación adecuadamente.

### **PROTECCIÓN INFANTIL**

El núcleo de la respuesta de UNICEF en el área de protección infantil fue el establecimiento de Centros Infantiles, que fungieron de puntos nodales para las actividades de empadronamiento, de búsqueda y psicosociales. Para junio de 2005, UNICEF había creado 21 centros - 19 en la provincia de Aceh y dos en Nias. A la fecha, UNICEF ha aportado el mayor número de niños y niñas no acompañados y separados de sus familias - empadronados - a la base de datos central, gracias a su amplia red de socios y a su personal propio. Las labores de abogacía realizadas por UNICEF en esta área dieron lugar a sólidas políticas gubernamentales para proteger a la niñez vulnerable. La coordinación al interior del sector fue sólida durante los primeros seis meses.

Sin embargo, muchos niños y niñas desplazados internos no cuentan con centros infantiles accesibles y el personal responsable de los centros infantiles

necesita mayor capacitación en todas las áreas así como mejores condiciones de vida y de trabajo para incrementar su efectividad. Además, es necesario involucrar más a las comunidades en los centros infantiles, a fin de promover el sentido de propiedad. La respuesta al abuso y el maltrato se centró en la capacitación y el destacamiento de mujeres policías a las áreas afectadas, pero se requería una respuesta más fuerte durante los primeros seis meses. La falta de personal dificultó el que la sección de protección infantil llevara a cabo el abanico de actividades requerido.

### **EDUCACIÓN**

UNICEF trabajó con el gobierno de Indonesia para posibilitar que los niños y niñas reanudaran sus actividades educativas lo más pronto posible. Las escuelas fueron oficialmente reabiertas el 26 de enero de 2005, un mes después del tsunami. Reabrir las escuelas fue un paso fundamental para la salud psicosocial de la niñez, aunque no todos los niños y niñas retornaron a la escuela o asistieron a ella regularmente. La respuesta inicial de UNICEF se realizó de manera oportuna; la institución pudo movilizar alrededor de 600 equipos de educación (en teoría, suficientes para casi 50,000 niños y niñas) para fines de enero de 2005, y se valió de múltiples canales de distribución para repartir los suministros escolares. Luego del período inicial, sin embargo, la respuesta disminuyó su marcha.

Durante los primeros seis meses, la respuesta de UNICEF se basó en gran medida en las cifras proporcionadas por el Ministerio de Educación y fue de naturaleza principalmente logística. Si bien esto facilitó el retorno de los niños y niñas a la escuela, no necesariamente incidió en sus necesidades más cualitativas. No obstante, UNICEF capacitó a 240 maestros/as de educación inicial y apoyó con la contratación y capacitación de 1,110 maestros/as de primaria contratados especialmente para la emergencia, en cooperación con los Departamentos Provinciales de Educación. Los salarios de los maestros/as tanto de educación inicial como de primaria fueron asumidos por UNICEF durante

seis meses. Los maestros/as de educación inicial fueron destacados a sus puestos luego de la capacitación inicial, y los maestros/as de primaria fueron contratados durante seis meses, empezando con el inicio del semestre escolar en julio. Aunque la sección de protección infantil impartió cierta capacitación psicosocial a los maestros/as, un mayor apoyo psicosocial en los primeros meses hubiera sido beneficioso tanto para los maestros/as como para los niños y niñas, representando además una oportunidad para mejorar las destrezas de enseñanza, haciendo énfasis en un enfoque interactivo y centrado en el niño/a. Durante los primeros seis meses se llevaron a cabo escasas consultas con las comunidades, y los insumos de éstas en general no fueron tomados en cuenta en la planificación de las actividades educacionales.

**RECOMENDACIONES CLAVE\***

TEMA	RECOMENDACIÓN	ACCIÓN	ENTIDAD EJECUTORA
Participación	UNICEF debe desarrollar estrategias y procedimientos para incluir a las personas damnificadas en la toma de decisiones en las fases de emergencia y recuperación/reconstrucción. La información pública acerca de los programas y planes debe ser también una prioridad.	<ul style="list-style-type: none"> <li>Validación en Aceh del grupo estratégico según recomendaciones de la revisión estratégica en septiembre.</li> <li>Mayor difusión pública de los planes programáticos de UNICEF a través de los medios.</li> </ul>	Oficina nacional de Indonesia
Evaluación	UNICEF debe desarrollar la capacidad para desplegar equipos de evaluación rápida, con herramientas y métodos de evaluación y estrategias de seguimiento acordados.	<ul style="list-style-type: none"> <li>Explorar la idea de especialistas sectoriales regionales disponibles para ser rápidamente destacados para realizar evaluaciones.</li> <li>Continuar estandarizando las metodologías de evaluación.</li> </ul>	Oficina regional  Oficina de Programa de Emergencia (EMOPS)
Preparación	La planificación de las actividades de preparación y respuesta a emergencias debe incluir capacitación estandarizada sobre los CCC. Los programas psicosociales y de educación como parte de las respuestas a emergencias deben incorporar el aprendizaje de mecanismos de preparación para emergencias, a fin de ayudar a la recuperación.	<ul style="list-style-type: none"> <li>Desarrollar un módulo de capacitación sobre preparación para emergencias enfocado en los CCC, que pueda ser incorporado a la inducción.</li> <li>Desarrollar material sobre preparación para emergencias para las escuelas de Aceh, en colaboración con el Ministerio de Educación.</li> </ul>	EMOPS  Oficina nacional de Indonesia
Seguimiento	Los enfoques de seguimiento deben incluir recursos para promover la recolección de datos cualitativos, que permitan determinar los cambios conductuales y actitudinales. Las evaluaciones y las revisiones estratégicas deben tener lugar en una etapa más temprana de la respuesta y con mayor regularidad.	<ul style="list-style-type: none"> <li>Desarrollar prácticas de seguimiento cualitativo en Aceh (que sirvan para la organización más amplia).</li> <li>Promover las revisiones estratégicas y las evaluaciones en tiempo real en los programas de emergencia.</li> </ul>	Oficina nacional de Indonesia  EMOPS, oficinas regionales, Oficina de Evaluación
Alianzas	Desarrollar mejores pautas para trabajar con socios en emergencias, especialmente gobiernos locales desabastecidos. Además, desarrollar contratos globales para personal tanto "de reserva" para emergencias como privado.	<ul style="list-style-type: none"> <li>Desarrollar modelos de trabajo con gobiernos desabastecidos, en ausencia de grandes ONG socias. Considerar su capacidad para manejar donaciones y la posibilidad de apoyarlos con personal complementario.</li> <li>Trabajar con socios "de reserva" para emergencias, a fin de garantizar la disponibilidad de las destrezas requeridas y del personal necesario.</li> </ul>	EMOPS, Oficinas regionales

\* Recomendaciones sectoriales clave han sido incluidas en las secciones relevantes.

**RECOMENDACIONES CLAVE\***

TEMA	RECOMENDACIÓN	ACCIÓN	ENTIDAD EJECUTORA
Operaciones	UNICEF debe fortalecer el apoyo de operaciones de emergencia. Personal de emergencia experimentado debe ser destacado a la emergencia desde el primer día.	<ul style="list-style-type: none"> <li>• Emplear a un/a oficial de operaciones de emergencia en el Equipo de Respuesta de Emergencia (ERT).</li> <li>• Priorizar oficiales de operaciones de emergencia en los listados regionales de personal disponible (rosters).</li> </ul>	EMOPS  Oficinas regionales, Departamento de Recursos Humanos (DRH).
Coordinación	UNICEF necesita una estrategia clara sobre cómo ejercer sus funciones de liderazgo y coordinación. Debe colaborar en el desarrollo de herramientas de coordinación e invertir en capacitar al personal en el procesamiento, manejo y análisis de datos. UNICEF tiene que delimitar sus responsabilidades e informar al respecto a todos los actores	<ul style="list-style-type: none"> <li>• Desarrollar herramientas de coordinación, entre ellas herramientas de evaluación sectorial, capacidad de procesamiento de datos y conjuntos de estándares en sectores que puedan ser desplegados tempranamente.</li> <li>• Aclarar las responsabilidades de UNICEF como líder en el sector.</li> </ul>	División de Programas (PD), EMOPS  EMOPS, a través de conglomerados del Comité Permanente Interagencias (IASC)
Personal técnico de recursos humanos	UNICEF debe ampliar su reserva de personal técnico, especialmente en protección infantil y agua y saneamiento ambiental.	<ul style="list-style-type: none"> <li>• Incrementar el personal técnico con experiencia en respuestas a emergencias a nivel global y regional.</li> <li>• Cerciorarse de que las listas de personal disponible contengan técnicos/as experimentados.</li> <li>• Desarrollar programas de capacitación y mentorazgo.</li> </ul>	PD, EMOPS, Oficinas regionales
Destacamiento de recursos humanos	Idear formas de garantizar un destacamiento rápido de personal, más allá del período de “detonación” de la respuesta y antes de que el nuevo programa de emergencia haya ingresado en un patrón de reclutamiento estable.	<ul style="list-style-type: none"> <li>• Los procesos de verificación y aprobación de candidatos deben ser revisados para determinar cómo pueden ser acelerados.</li> <li>• Las oficinas nacionales que demoren en dejar ir al personal una vez aprobados sus contratos deben ser sancionadas por la dirección.</li> <li>• Los aspectos contractuales complejos (por ejemplo, que el personal bajo contrato temporal con plazos establecidos tenga que descansar un mes) requieren soluciones innovadoras.</li> </ul>	DRH, Oficinas regionales, alta dirección
Familiarización	Las oficinas nacionales deben desarrollar módulos de familiarización para el personal nuevo, incluyendo capacitación básica en el idioma.	<ul style="list-style-type: none"> <li>• Desarrollar módulos básicos de inducción como procedimientos estandarizados en emergencias.</li> <li>• Programar recursos de capacitación en el idioma en lugares como Indonesia, donde el idioma nacional predomina y adquirir nociones básicas del mismo es sencillo.</li> <li>• Proveer capacitación básica en inglés para todo el personal nacional nuevo.</li> </ul>	EMOPS, Oficinas nacionales y regionales  Oficinas nacionales, DRH  Oficinas nacionales

**RECOMENDACIONES CLAVE\***

TEMA	RECOMENDACIÓN	ACCIÓN	ENTIDAD EJECUTORA
Capacitación	El personal nuevo debe aprender obligatoriamente procedimientos administrativos y de control esenciales.	<ul style="list-style-type: none"> <li>• Ordenar las normas financieras y administrativas en un formato sencillo y accesible para el personal nuevo.</li> <li>• Desarrollar módulos de capacitación similares al disco compacto (CD) sobre seguridad para el personal que ingresa a trabajar en respuestas a emergencias. Considerar un proceso de certificación.</li> </ul>	Departamento de Finanzas y Administración (DFAM) DFAM, DRH
Finanzas	Dinamizar y hacer más coherentes los procedimientos de aprobación y pago para las actividades con socios, especialmente en situaciones de emergencia.	<ul style="list-style-type: none"> <li>• Comisionar con urgencia un estudio sobre los procesos comerciales que se generan de la combinación de normas financieras y requisitos del sistema de gestión de programas (ProMS), con miras a simplificarlos y hacerlos más eficientes.</li> </ul>	DFAM
Auditoría	Auditoría debe generar un modelo de evaluación de programas de emergencia que reconozca apropiadamente el riesgo de no implementar los programas a tiempo (de manera tal que represente un contrapeso a la adhesión estricta a las reglas).	<ul style="list-style-type: none"> <li>• Los resultados de los programas deben ser incluidos como criterios clave en los informes de auditoría.</li> </ul>	Oficina de Auditoría
Suministros	La división de suministros de UNICEF debe desarrollar un abanico de materiales de apoyo logístico para facilitar la apertura inmediata de oficinas y alojamiento en circunstancias difíciles.	<ul style="list-style-type: none"> <li>• Desarrollar un equipo o kit de oficinas temporales, quizás como parte de un trabajo conjunto en el marco de Naciones Unidas, similar al OSOCC (Centro en el Sitio para la Coordinación de Operaciones).</li> <li>• Desarrollar equipos de alojamiento temporal.</li> <li>• Mantener existencias de un abanico de equipos logísticos y de TI, similares a los de Médicos sin Fronteras (MSF) o la Unidad de Respuestas de Emergencia (ERU) de la Sociedad de la Cruz Roja Británica (BRCS).</li> </ul>	
Logística	Reforzar la capacidad logística nacional, garantizando que un mayor número de personal logístico sea destacado en la fase inicial.	<ul style="list-style-type: none"> <li>• Expandir la reserva de expertos/as en logística disponibles para su destacamiento rápido, utilizando el equipo de emergencia de Copenhague como punto central.</li> <li>• Desarrollar listas regionales de expertos/as en logística y oficiales de logística disponibles.</li> </ul>	EMOPS, Copenhague  Oficinas regionales

\* Recomendaciones sectoriales clave han sido incluidas en las secciones relevantes.



UNICEF/JOSHUA ESTEY INDONESIA

# 1. INTRODUCTION

## 1.1 PURPOSE OF THE EVALUATION

In order to assess UNICEF's achievements on behalf of children in the tsunami and earthquake affected areas of Sumatra (Indonesia) in the first six months following the disaster, the UNICEF Evaluation Office in New York Headquarters commissioned an independent evaluation of the tsunami response. Evaluations were also completed in the Maldives in October 2005 and Sri Lanka in November 2005. The three country case studies will culminate in a synthesis report and summary.

The purpose of this evaluation is to:

- identify major achievements during the emergency response phase from 26 December 2004 to 30 June 2005
- take note of any constraints and gaps in that response
- highlight potential policy implications for the future.

In view of past, concurrent and planned review and assessment exercises, this evaluation seeks to add value to and avoid duplication of these efforts, which include:

- A UNICEF internal audit process to examine financial systems, internal controls and risk management. This process has been completed for New York Headquarters, the Maldives, the Regional Office for South Asia, Sri Lanka and Indonesia.
- Lessons learned exercises conducted by UNICEF (Global Tsunami Validation Workshop, 8-9 September), and others conducted by UN Office for the Coordination of Humanitarian Affairs (OCHA) for the region and by affected country.
- The Tsunami Evaluation Coalition (TEC), supported by the Active Learning Network for Accountability and Performance (ALNAP) Secretariat to which UNICEF is a major contributor, will focus on five thematic evaluations in coordination, needs assessments, impact on local and national capacities, LRRD and the funding response.

Anticipated clients of this evaluation include UNICEF senior programme and operations management and staff from country offices, regional offices and New York Headquarters. These include the Office of Emergency Programmes (EMOPS), Programme Division (PD), Department of Human Resources



(DHR), Department of Finance and Administration Management (DFAM) and the Programme Funding Office (PFO). In addition, beneficiaries are primary clients and every effort has been made to include their voices in the findings and recommendations. Other stakeholders include UNICEF's Executive Board, National Committees, donors and other organizations and NGOs.

### 1.2 EVALUATION TEAM

The evaluation team was composed of seven independent external consultants, who were selected based on their expertise and availability. The composition of the team offered the appropriate balance needed for the analysis. National consultants were sought but unfortunately the applicants did not have the necessary qualifications.

The team members were Jessica Alexander (child protection), Sheri Fink (health and nutrition), Lynne Bethke (education), Suzanne Reiff (water and environmental sanitation), Kirk Thompson (finance and administration and supply and logistics), and Sheila Reed and Lewis Sida (emergency management). The team leader (Lewis Sida) and deputy team leader (Sheila Reed) covered all three countries and offered a significant number of combined years of emergency response experience and familiarity with the UN as well as other assistance organizations. Following are summaries of the evaluation team members' professional experience.

**Jessica Alexander** is from the United States and was a community services manager in North Darfur (Sudan) with the International Rescue Committee (IRC) in 2005. She has a masters degree in both international affairs and public health and has conducted psychosocial evaluation work with Mercy Corps in Darfur. She has worked with UNICEF on guidance publications regarding combating child trafficking.

**Lynne Bethke** is from the United States and holds a PhD. in Sociology. She worked for three years with the Women's Commission for Refugee Women and Children, which resulted in the publication of a Global Survey on Education in Emergencies. She developed training materials for the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies (MSEE). Her previous

work for UNICEF includes development of Emergency Preparedness & Response training materials (2000-2001) and acting as a resource person at the UNICEF education workshop in Kathmandu (September 2005).

**Sheri Fink** is a medical doctor from the United States who also holds a PhD. in Neuroscience. She is currently affiliated with the Harvard School of Public Health. In addition to authoring many publications, including several on the December 2004 tsunami, she has worked in the region – with WHO in Thailand, and with IRC in Aceh (Indonesia) and in Chennai (India) – on tsunami-related activities.

**Sheila Reed** is an independent consultant from the United States with a background in nutrition and education. She has more than 20 years experience in capacity development and evaluating humanitarian activities, especially in crisis mitigation. From May to July 2005, she led a team to evaluate the CARE and World Vision tsunami response in Thailand and Indonesia.

**Suzanne Reiff** is a Hygiene and Public Health Specialist based in Paris with eight years of water and sanitation experience with the World Bank. She has previous WES evaluation experience with UNICEF in Madagascar.

**Lewis Sida** is an independent consultant based in the United Kingdom, and has conducted major evaluations for Department for International Development (UK) (DFID), USAID, Red Cross, OCHA and a number of NGOs. He was formerly the director of Save the Children UK's emergency response section.

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

### 1.3 METHODOLOGY AND CONSTRAINTS TO DATA COLLECTION

The methodology for the evaluation included:

- A **desk review** of existing documents and materials including strategy documents, plans, proposals, monitoring data, mission reports and previous UNICEF evaluations that focus on emergency response. The secondary sources included evaluations and studies conducted by other organizations.
- Preparation of an **inception report** at the start of the evaluation. The report pared down the areas of enquiry to a more reasonable number.
- **Field visits** to the country office and the affected area included:
  - an initial introduction meeting with the UNICEF management and staff
  - interviews with key personnel, partners, officials
  - visits to selected project sites/areas.
  - an 'end of visit' debriefing to share broad findings with senior UNICEF staff, and to note their comments.
- **Collection of views** from affected people, including IDPs living in temporary accommodations and host families and communities.
- Submission of a **first-draft evaluation report** to UNICEF's Evaluation Office for distribution to stakeholders for factual corrections and other feedback.
- A **validation workshop** held in New York (17–27 January 2006), which included a briefing for global directors, sectoral staff and teleconferences between HQNY and country offices to discuss substantive issues emerging from the first draft.
- Incorporation of comments and production of a **second draft**.
- Contribution of the country report to a **synthesis** report which will cover the three country case studies as well as three others and will add another layer of analysis.
- **Sign-off** and submission to UNICEF's Evaluation Office.

#### **Gender and cultural awareness**

The team used gender sensitive approaches in arranging and conducting interviews. The views of women and children were sought whenever possible, and sensitivity used with regard to the feelings of interviewees concerning their situations.

#### **Confidentiality**

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

#### **Sampling design**

Sampling was purposive, that is, interviewees were selected on the basis of their ability to provide valuable information and the degree to which they represented the population. The team's travel plan was designed to: i) cover as many affected communities as possible in Aceh and Nias; ii) allow evaluators to observe a variety of post-disaster situations on both east and west coasts as well as in central areas; and iii) enable evaluators to interview as many community members as possible, visit a broad range of UNICEF activities, and meet with as many staff as possible from UNICEF, partner organizations and other agencies.

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

While in Banda Aceh, all evaluators made day trips to view activities and visit staff and communities, including to Lamno, Leupung and Lhoong (see map at the beginning of the report). The team was not

able to visit Aceh Singkil, where affected people were receiving little assistance, but it was able to study reports of the conditions and relevant issues have been mentioned in the section on Coverage.

Community sampling took place in several areas in Aceh and Nias, and efforts were made to meet as many community members living in various situations as possible. Community sampling included the following groups:

- IDPs living in tented temporary settlements (Suneddon, Sinabang);
- IDPs living in transitional living centres (TLCs) (Lamno, Lapang);
- hosted IDPs (Banda Aceh, Sigli);
- host communities and host families (Lhoksumawe);
- conflict-affected communities (Aceh Utara district);
- people living in temporary settlements built on the site of their original villages;
- IDPs living in temporary settlements a distance from their original villages;
- IDPs on islands (Simeuleu and Nias);
- evacuees from islands (Pulo Aceh residents living in Jantho area); and
- IDPs who spontaneously returned to their original home sites, or who moved back and forth from temporary settlements.

### Data collection techniques

Data collection methods included:

- participation by the team leader in the lessons learned exercise in September 2005;
- individual informant and focus group interviews using standard sets of questions, which allowed for compiling of basic statistics and the elucidation of trends;
- meetings and briefings with UNICEF staff;
- direct observation; and
- comparison of baseline data and post-intervention data where available.

### Constraints

The team experienced the following constraints to data collection and analysis.

- The questions posed in the Terms of Reference (ToR) were extremely broad. The inception report limited the scope of the study to what was thought to be achievable in the time allowed.
- The team did not have adequate time to review the numerous relevant documents.
- Time and logistical constraints limited the coverage of potential interviewees. Staff on mission to the country office during the first six months had in some cases moved on, and although the team made every effort to contact as many of the staff as possible, some were not contacted due to time constraints.
- Security constraints and availability of vehicles limited the trips made by road to areas outside Banda Aceh.

### Bias reduction

All findings are triangulated (using three or more sources) to mitigate bias. The evaluators tried to mitigate the following biases in their research design:

- **UNICEF bias.** The majority of interviewees were either UNICEF staff or direct recipients of UNICEF assistance. In most areas of Aceh and Nias, UNICEF staff accompanied the team. In order to factor in the opinions of the wider assistance community, the evaluators attempted to include as many other actors as possible, but time constraints made this difficult.
- **Memory bias.** People interviewed were asked to recall events that took place up to 10 months earlier. Many staff members who were present during the response had departed, and some were interviewed by phone or e-mail. Situation reports and other documents were cross checked in order to confirm dates and information.

#### 1.4 EVALUATION ANALYSIS AND CONSULTATION

The evaluation process was designed to factor in as many opinions as possible and include several validation methods. Although evaluators often collected data on their own, these data were reviewed during regular team meetings and trends were identified. The team also discussed common issues between the three countries studied. The evaluators spent extensive time with UNICEF staff working in Aceh and Nias, reviewing findings and discussing problems and constraints. Qualitative data was triangulated to ensure bias reduction, validity and applicability. Cross checks on data analysis, conclusions and recommendations were carried out through reviews of reports by UNICEF staff and teleconferences with the country offices.

The team interviewed more than 190 members of the Government of Indonesia (GoI), UNICEF, as well as other United Nations organizations and local and international NGOs. Over 60 individual and focus group interviews were conducted with IDPs and members of host communities. Please see the annexes for persons and documents consulted and a summary of community interviews.

#### 1.5 GUIDING PRINCIPLES AND STANDARDS

The evaluation placed major emphasis on UNICEF's Core Corporate Commitments for Children in Emergencies (CCC). Also considered in the analysis are the International Federation of the Red Cross and Red Crescent (IFRC) Code of Conduct, Sphere standards, Interagency Standing Committee (IASC) standards and Indonesian and local standards. UNICEF used the Human Rights Based Approach to Programming as a frame of reference.

To ensure quality of the evaluation process and reporting, the country reports have been cross checked against the ALNAP Proforma, which is a state of the art guide to critical contents for evaluations of humanitarian action. UNICEF guidelines for evaluations (2004) were also closely regarded.



UNICEF/JOSHUA ESTEY INDONESIA

## 2. BACKGROUND<sup>4</sup>

### 2.1 INDONESIA, NANGROE ACEH DARUSSALAM (NAD) AND NIAS ISLAND

The islands of Indonesia form the world's largest archipelago and have a total of 54,716 km of coastline. Indonesia is divided into 33 provinces, which are subdivided into districts that are in turn split up into sub-districts and municipalities. Districts are the key administrative units responsible for providing most government services, and in 2004, Indonesia had 440 districts.

Nanggroe Aceh Darussalam or NAD province was established in 500 AD and was annexed to Indonesia after the latter's independence in 1945. It is located on the island of Sumatra and includes a number of outlying islands including Simeuleu Island (population: 80,000). The pre-tsunami population of NAD was estimated to be 4.1 million, and its major ethnic group and language is Acehnese. An armed struggle in Aceh between the National Indonesian Armed Forces (TNI) and the Gerakan Aceh Merdeka separatists or Free Aceh Movement (GAM) has displaced 300,000 people to date. Aceh was placed under martial law and access to the province was restricted. In 2003, a form of sharia, or Islamic law, was formally introduced.

Aceh has substantial natural resources, particularly oil. Despite this wealth, 30 percent of the population lives below the poverty line, which is higher than the national average. Following the tsunami, the inflation rate rose to 17 percent, compared to about 7 percent in other parts of the country, as a result of the influx of international funds.

Nias Island is part of North Sumatra province and has a population of 600,000.

### 2.2 THE EFFECTS OF THE TSUNAMI AND EARTHQUAKES ON ACEH AND NORTH SUMATRA

On 26 December 2004, an earthquake measuring 9.0 on the Richter scale<sup>5</sup> occurred 150 miles off the coast of Sumatra. The tsunami generated struck Aceh and North Sumatra at around 8 a.m. Banda Aceh and the west coast were the worst affected areas. A total of 130,736 people were killed and 36,804 are missing and presumed dead.<sup>6</sup> More than 400,000 people were displaced and 750,000 partially or totally lost their livelihoods. The social and economic costs are substantial and difficult to estimate. Government capacity was severely affected – approximately half of the civil service in Aceh were either casualties or left the area.

<sup>4</sup> Compiled from secondary sources: CIA World Factbook: Indonesia, updated September 2005; DraftTEC Coordination Country Case Study, November 2005; Reed et al, 'Multi-agency Evaluation of Tsunami Response: Thailand and Indonesia', commissioned by CARE International and World Vision International, August, 2005.

<sup>5</sup> The Pacific Tsunami Warning Center estimated the magnitude as 8.5 on the Richter scale shortly after the earthquake. On the moment magnitude scale, which is more accurate for quakes of this size, the earthquake's magnitude was first reported as 8.1 by the U.S. Geological Survey. After further analysis, this was increased to 8.5, 8.9, and 9.0 (U.S. Geological Survey, 2004). In February 2005, some scientists revised the estimate of magnitude to 9.3. Although the Pacific Tsunami Warning Center has accepted this, the U.S. Geological Survey has so far not changed its estimate of 9.0. The most definitive estimate so far has put the magnitude at 9.15 (Source: Wikipedia, The Free Encyclopedia).

<sup>6</sup> Tsunami recovery status report as of December 2005, Aceh and Nias Rehabilitation and Reconstruction Agency, NAD-Nias.

A second major earthquake with a magnitude of 8.7 occurred along the same fault on 28 March 2005 and caused a smaller tsunami (4 m), which affected fewer areas but caused significant damage on Simeuleu and Nias Islands. UNICEF had operations in Simeuleu and following the earthquake, it started operations in Nias.

### **2.3 RESPONSE BY THE GOVERNMENT AND INTERNATIONAL ASSISTANCE ACTORS**

The current Gol had been in office for only two months at the time of the disaster. The Coordinating Ministry for People's Welfare had a standing Council of Disasters and its Secretariat, BAKORNAS, took immediate control of the situation. The Gol took decisive military and administrative action, which supported the international response.

After initially declaring that Indonesia would handle the emergency, the Gol opened Aceh for relief assistance from the international community two days later. Within a week, more than 50 international organizations arrived and the number rose to over 200 by mid-January 2005, ultimately peaking at around 400. Nearly all international organizations were constrained in their immediate response by the following factors:

- Most started operations in Aceh from scratch. The exceptions included UNICEF, which had two staff members present, and WHO, the International Organization of Migration (IOM), the International Committee of the Red Cross (ICRC) and OCHA, all of which had small offices.
- Local government capacity was severely weakened and infrastructure was lost, which impeded communications.

- There was serious competition for resources including flights, office space, vehicles, Acehese staff and interpreters.
- Jakarta-based offices lacked experienced emergency staff; many international staff were away for the holidays.

A United Nations-Gol Joint Disaster Management Centre was established at the Office of the Vice-President and the United Nation's Disaster Management Team met on a daily basis throughout January 2005 and regularly thereafter. UNICEF took the lead on water and sanitation, education and child protection, while WHO led in health. UNICEF had a strategic advantage in that it had established relations with central ministries during its long tenure in Indonesia. A local IASC-OCHA staff member was the focal point in Banda Aceh for inter-agency coordination.

International organizations were wary of the Gol's initiative to place IDPs in TLCs, and some refrained from supporting them due to human rights concerns. Other organizations believed that permanent solutions would be forthcoming and did not wish to invest in the TLCs. Consequently and unfortunately, due to delays in permanent housing reconstruction, IDPs are faced with the possibility of two more years in TLCs and tented settlements, many with substandard living conditions and water and sanitation services.

## 2.4 PROGRESS TOWARD RECOVERY

A major positive side effect of the tsunami response was the opening up of Aceh, and the Gol took advantage of this opportunity to demonstrate improved accountability. The TNI's significant role in the response was widely praised and improved local relations. A peace treaty was signed between GAM and Gol on 15 August 2005 and the disarmament of GAM is expected to be completed in early 2006.

The gradual development of peace, however, has had little impact on the long-term issues that plague the reconstruction process. The Aceh and Nias Rehabilitation and Reconstruction Agency (BRR), created in April 2005, has a four-year mandate and considerable investment from the international community. So far, it has received mixed reviews – while it is aggressively transparent, it has made limited progress on land acquisition and titling<sup>7</sup>. Other assistance agencies struggle with the allocation of beneficiaries for permanent housing and with difficulties in securing building materials.

As of September 2005, Gol figures<sup>8</sup> indicated that 251,000 IDPs are living in host communities, 58,000 in self-settlements and 65,000 in TLCs and public buildings. Those remaining in temporary settlements are likely the poorest of the affected people.<sup>9</sup>

<sup>7</sup> Jakarta Post, "Critics slam huge salary for 'underachieving' BRR", Wednesday, 23 November 2005.

<sup>8</sup> Badan Pengelola Data Elektronik Province, NAD, IDP Report by sub-district and IDP camp/location, , September 2005.

<sup>9</sup> Woodhouse, Stephen J., 'Aceh Strategic Positioning', UNICEF assessment, August 2005.





UNICEF/JOSHUA ESTEY INDONESIA

# 3. OVERALL HUMANITARIAN RESPONSE

This section covers the general issues regarding UNICEF's tsunami response. The Organization for Economic Cooperation and Development – Development Assistance Committee criteria used are appropriateness/relevance, impact, effectiveness, efficiency, sustainability and coordination. The key sectors – health and nutrition, WES, child protection, and education – are analysed in detail in part 4. The full reports on finance and administration, supply and logistics and human resources are found in the annexes and their contents are summarized below.

## 3.1 APPROPRIATENESS AND RELEVANCE

*“These criteria are concerned with assessing the extent to which the objectives of an intervention are consistent with country needs, global priorities and partners’ and donors policies” (DAC, 2001). Did the operations meet needs and respect priorities of the citizens and were they appropriate in the context of the disaster?*

The following topics are addressed in this section:

- Assessment
- Planning – process and development of strategy
- Funding
- Coverage

### 3.1.1 ASSESSMENT

Many international organizations did not gain access to and/or were not operational in Aceh until 1 January 2005. On 26 December, UNICEF had only two staff members in Aceh, both of whom were affected by the tsunami. Thus the standard for rapid assessment within 72 hours, as required by the CCC, was impossible to achieve as the United Nations Disaster Assessment and Coordination team did not have access to logistical support for a common assessment, as did some NGOs and international military units.

Local NGOs and community leaders were the first to provide assessment information.<sup>10</sup> UNICEF undertook a rapid assessment of Banda Aceh with other UN staff on 31 December and collected ad hoc data from government, military, NGOs and other sources to plan for delivery of supplies – such as tents and Schools-in-a-Box – and to begin preparing the Flash Appeal. The data collected among all actors served to form only a rugged picture for several weeks.

This evaluation agrees with a recent internal UNICEF analysis<sup>11</sup> that preliminary figures needed to be verified as soon as possible. However, UNICEF and most other organizations were faced with a chaotic environment in which to start operations. As a

<sup>10</sup>TEC draft Indonesia Country Case Study – Coordination, page 11.

<sup>11</sup>Woodhouse, Stephen J., ‘Aceh Strategic Positioning’, UNICEF assessment, September 2005.

result, it is questionable whether an experienced senior manager might have effected a faster initial rapid assessment, although the overall emergency assessment strategy may have been stronger. The reality of emergency capacities in Aceh stresses the need for: a) preparedness for joint rapid assessments; and b) strengthening government/national capacity to lead and/or participate in such assessments, tapping national human and logistical resources.

The shortcomings with regard to assessment did not include failure to assess. UNICEF has a fairly healthy record of participation in assessments in the first six months, although not all were timely. A recent internal evaluation report mentions that 14 assessments took place from January to September 2005; in reality, the number may be even higher – UNICEF staff in Banda Aceh counted numerous smaller assessments that were either conducted by or contributed to by staff. While UNICEF successfully supported critical nutrition surveys throughout the year, it failed to institute a comprehensive WES survey, although numerous smaller surveys were carried out by various organizations. Other weak areas were in education, where the Rapid Assessment of Learning Spaces (RALS) did not provide timely and comprehensive data, and in child protection/abuse, where only informal surveys were carried out. UNICEF is credited with sharing information conducive to supporting the assessments of other organizations, such as data packs and mapping exercises.

The main shortcomings of the assessments were the weakness of some of the data, the type of data collected and the use of the data. In January 2005, all organizations, including UNICEF, were operating without accurate data on the numbers and locations of affected people. Since there was a considerable amount of double counting, DFID sponsored a GPS survey to verify numbers in February 2005. The disaggregating of gender data did not appear until June 2005. The TEC report mentions<sup>12</sup>: “The absence of baseline data and rare occurrence of data collection on vulnerability (including disaggregated gender data)

was apparent not only in the early phase but also in recovery plans, and will undoubtedly adversely affect programmes...”

The type of data collected as well as the sources of the data were not always reliable. When done by TNI or outsiders, data collection in Aceh was likely to have been top down and non-participative. Major information sources were largely elites and institutional managers. There were few agreed upon assessment tools; however, a rapid Water and Sanitation (WatSan) assessment form was used.

The uncoordinated use of data posed perhaps the largest problem. If data between organizations had been merged and synthesized and areas of coverage agreed upon, there would have been much less overlap, duplication and deficit in Aceh. Combined with UNICEF’s slow delivery, this weakness resulted in extremely uneven coverage in terms of supplies. For example, village chiefs in Sama Tiga, Aceh Barat, reported that families received over 30 bars of soap and three or more hygiene kits from UNICEF and other organizations.

As the disaster moves from the emergency into the recovery phase, continuous assessments that seek out more detailed information are critical. Although UNICEF staff understands the need to seek vulnerable people, there was no comprehensive vulnerability analysis (see section on Vulnerability and Targeting). Given the constraints, a numbers-oriented and ‘one size fits all’ approach was initially inevitable. However, a much quicker deployment of assessors with vulnerability and capacity assessment or other tools to seek out people with special needs and those who did not receive assistance could have been done. Many affected people reported being asked assessment questions, but then saw no results from their responses, either in terms of feedback or in an improvement in services.

<sup>12</sup>TEC Draft Report, ‘Coordination of the International Tsunami Response in Indonesia’, December 2005, page 29.

### 3.1.2 PLANNING – PROCESS AND DEVELOPMENT OF STRATEGY

UNICEF's initial response to the tsunami indicates that all attempts were made to meet the requirements of the CCC. The country office devoted its efforts to ordering supplies to meet immediate needs and setting up operations in Aceh. Consequently, however, there was little formal planning (detailed planning took place months later, in March and April 2005, largely for sector programmes). The focus on supply and delivery was initially appropriate given the overwhelming crisis. Nevertheless, the response for the first six months was limited in impact by weak strategic thinking in the first six weeks<sup>13</sup>.

The dearth of an early strategy affected UNICEF's response in two ways. First, UNICEF focused on and responded in only its selected sectors. There was little evidence of holistic approaches to address the post-tsunami problems that children faced. UNICEF's sector approaches were not always well connected, as a result of which the complex causes of problems such as poor hygiene, education, health and nutrition, and WES issues, were not effectively addressed. The sheer number of small projects limited UNICEF's ability to monitor and determine impact, and fragmented staff efforts. Minimal community involvement in all sectors is also likely to limit success.

Secondly, the weak 'big picture' analysis hampered UNICEF's ability to maximize its comparative advantages. UNICEF excels in and is known for acting as an interlocutor between government and the humanitarian community; setting sector strategies; defining timely policy; and advocating with government and other agencies. Strategic planning, which would have optimized inputs, was constrained by weak data (and few comprehensive assessments), the scramble to get staff into position, the weak capacity of some implementing partners, as well as the chaos created by the huge number of

assistance actors. These were challenges faced by all organizations and arguably issues that must be dealt with in most emergencies.

UNICEF's planning has become progressively more strategic. In contrast to the earlier need for strategic direction, programme planning in March and April 2005 was detailed and timely. Staff aimed to consolidate programmes started in the first three months and put in place results based management. Although achieving goals and objectives has been challenging in practice, planning was sound and well conceived. The country office has engaged in several rounds of planning, including a strategic review early in September 2005 that led into annual work-planning for 2006.

As an overarching organizational issue, UNICEF needs to achieve a balance between jump-starting short-term response activities, which are sometimes generic in nature, and taking leadership to guide actors toward comprehensive goals that respond to carefully identified needs, which take culture and context into consideration. While UNICEF staff generally embodies strategic thinking, the organizational culture does not always support this thinking. For example, planning formats currently in use do not include context, analysis and the goals of UNICEF's interventions. As a result, the connection between the overall aims of the intervention as typically set out in documents such as the Flash Appeal on the one hand, and the projects and activities contained in work-plans on the other, is very weak. These documents are almost totally disjunctive. UNICEF does not promote strategic planning early in an emergency as evidenced by the use of pre-emergency budget and planning formats, which may not be appropriate (see Health and Nutrition section). Use of the Plan of Action that is outlined in the CCC after two weeks may have resolved some of these issues.

<sup>13</sup> See for instance, 'Lessons learned and challenges from the UNICEF tsunami response in Aceh, Indonesia', an exercise undertaken by UNICEF Aceh staff on 7 March 2005.

### 3.1.3 FUNDING

UNICEF’s funds for the tsunami response programme are the largest in the history of the organization and would have exceeded funding for any single country if the spending had progressed according to plan<sup>14</sup>. The amount raised for Aceh and Nias is \$220 million and may well increase before the programme concludes. UNICEF has spent 25 percent of the \$195 million currently allocated (around \$50 million). The 5 January 2005 Flash Appeal drew in \$50.4 million, which was supposed to cover needs for six months and thus far has effectively done so. This leaves over \$150 million of tsunami funds unspent for Indonesia (a large percentage of the funds is committed to permanent school construction).

The record-breaking funding offers a tremendous opportunity to help the children and their families affected by the tsunami. At the same time, it has presented UNICEF with some unique challenges, particularly the pressure to spend much of the money in a limited time. Due to these pressures, some programmes have unrealistic time frames for their implementation, for example, the revitalization of the *posyandu* (community-based health system).

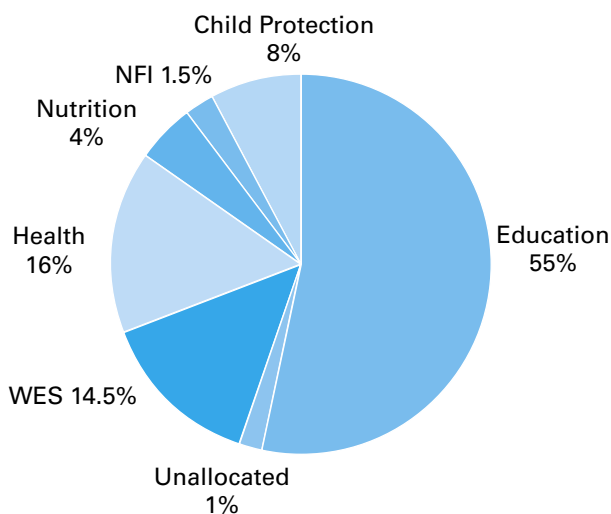
The large amounts of funds drew UNICEF into large scale infrastructure projects. The rationale behind decisions to spend money is largely undocumented, but due to weak strategic planning, staff was more likely to commit to permanent construction, such as schools, as a relatively quick way of absorbing funds. A recent internal strategic assessment concludes that investment in infrastructure is a top down initiative that is likely to be inefficient.<sup>15</sup>

As a result of weak documentation of decision making processes, it is also difficult to ascertain how priorities for allocating funds among sectors were determined. Health and nutrition received more funding than WES, where needs were arguably as great. UNICEF’s health and nutrition budget is larger than WHO’s, although WHO took the lead in the health sector.

### 3.1.4 COVERAGE

Under coverage, UNICEF is evaluated for how well it met needs across the affected population and geographic areas and ensured that assistance provided was relevant to levels of need. Recent evaluations by other organizations and synthesis reports<sup>16</sup> indicate that general coverage of needs was uneven in nearly every sector and across geographic areas. UNICEF saw itself in the business of gap filling and used its mandate to work with the government towards this end. In health, for example, UNICEF worked through provincial and district health centres and did not directly serve the temporary settlements. While this was an effective approach initially, UNICEF did not move in to fill gaps left by health NGOs that departed after a few months.

As a coordinator, UNICEF was not particularly effective in influencing other organizations to take responsibility for coverage, especially in WES, despite dedicated efforts at information sharing. UNICEF disseminated surveys and gap monitoring sheets in order to direct other organizations’ attention to uncovered needs. For example, the nutrition surveys (January and March 2005) laid out needs district by district, an important potential contribution to coverage. However, follow-up by other organizations was weak, notably the failure of WFP to use nutrition survey data to target food aid. Coverage in WES was confounded by weak support for sanitation in the construction stages of the TLCs and later by agencies not taking responsibility for upgrading facilities.



**Figure 1: Percentage Breakdown of Budget Allocations Across Sectors**

<sup>14</sup> The largest programmes to date have been Iraq (\$153 million in 2003) and India (\$101 million in 2001). Source: ‘UNICEF expenditure on programmes/ projects 1999 – 2005’, internal spreadsheet.

<sup>15</sup> Woodhouse, Stephen J., ‘Aceh Strategic Positioning’, observations and recommendations to UNICEF, September 2005, pg 2.

<sup>16</sup> Cosgrave, Reed, among others.

A recent strategy report<sup>17</sup> indicates that “...there is too much money allocated to areas directly affected by the tsunami with very limited attention to parts of Aceh that have suffered from civil conflict.” This evaluation supports that conclusion. Health and nutrition indicators were undoubtedly worse in conflict areas where there were also tsunami IDPs. UNICEF made some efforts to extend its reach to conflict affected areas through partners (see section on Conflict below).

UNICEF focused more attention on the west coast, which sustained greater impact from the tsunami. Nonetheless, levels of need with regard to geographic areas warrant scrutiny. Significant numbers of IDPs were living in Pidie (32,067), Lhokseumawe (16,412), Aceh Utara (28,113) and Bireuen (14,043) in February of 2005, amounting to 23 percent out of a total of 400,901.<sup>18</sup> UNICEF discussed the need to open an office in Lhokseumawe but this did not transpire. Other NGOs opened operations along the north and east coasts, and UNICEF was wary of competing with them.

The trend toward concentration of efforts near Banda Aceh continues. In August 2005, OCHA reported<sup>19</sup> that less than 25 percent of recently assessed needs in Pidie have been covered while 95 percent of needs in Banda Aceh were covered. According to OCHA, this is also a reflection of how resources are thinly spread outside of urban centres. UNICEF is working in other districts that are in greater need of attention, including Simeuleu, where there is effective collaboration seeking coverage, and Nias. UNICEF should intensify advocacy for coverage of vulnerable children in conflict and rural areas, and in eastern and lower western areas such as Aceh Singkil.

### 3.2 IMPACT

*“This criterion assesses the totality of positive and negative, primary and secondary effects produced by a development intervention, directly or indirectly, intended or unintended.”* (DAC, 2001) Outcome is related to impact in that it focuses on changes in behaviours, relationships, actions and activities of people and groups with whom a programme works directly.

#### **This section covers the following:**

- Targets achieved
- Conflict
- Sustainability

#### **3.2.1 TARGETS ACHIEVED**

As discussed in the Planning section, UNICEF did not develop results based plans until March/April 2005, which makes judging earlier impacts and outcomes difficult. Indicators for monitoring objectives were not included in the Flash Appeal until the March mid-term review. Most of these indicators are numerical and few indicate process-related outcomes such as increases in understanding and participation.

UNICEF targets aimed for in the Flash Appeal are shown in Table 1 below with achievements relative to the overall aims. Although UNICEF met some of the numerical goals, monitoring was not detailed enough to assess the appropriateness and effectiveness of the inputs (see Monitoring section). UNICEF undoubtedly achieved significant impact in the tsunami response. However, one must keep in mind that it is often difficult to disaggregate UNICEF’s impact from that of others; many actors contributed to saving lives and supporting tsunami-affected people.

Some of UNICEF’s exceptional achievements include:

- providing significant supplies for WES, health and education;
- early advocacy with Gol to prohibit adoption of separated children (achieved 2 January 2005) and to ban the movement of Acehnese children outside of Aceh (achieved 3 January 2005);
- strong advocacy against the placement of children in residential care (Gol policy statement issued in February 2005);
- laudable role in coordinating the psychosocial sector and CCs;
- seeking sustainable solutions to water provision in temporary settlements;
- targeting mosquito net distribution and nutrition surveys in former conflict areas;
- opening of schools and learning spaces soon after the tsunami, provision of temporary schools in the form of tents, and clean up of schools; and
- inclusion of child friendly elements in the MoE reconstruction strategy.

<sup>17</sup> Woodhouse, Stephen J., ‘Aceh Strategic Positioning’, UNICEF assessment, September 2005, pg 3.

<sup>18</sup> SATKORLAK, on HIC website, 24 February 2005.

<sup>19</sup> OCHA, Indonesia: Situation Report, 15 August 2005.

**Table 1: Targets for UNICEF Flash Appeals**

Project aims and beneficiaries from Flash Appeals, (6 January and 6 March, 2005)	UNICEF's outputs/achievements in Indonesia, Aceh and North Sumatra (first six months)
<p><b>Project title:</b> Provision of non-food items to affected families.</p> <p><b>Aim:</b> To provide affected families with shelter and non-food items to maintain a minimum level of daily basic activities.</p> <p><b>Beneficiaries:</b> 35,000 families in Aceh and North Sumatra province</p>	<p>83,000 family hygiene kits distributed.</p>
<p><b>Project title:</b> Provision of primary health care services and supplies.</p> <p><b>Aim:</b> To protect women and children from common water and airborne communicable diseases (measles and other vaccine-preventable diseases, malaria, diarrhoea and water-borne diseases).</p> <p><b>Beneficiaries:</b> 5 million people – 1.7 million children (6 months to 15 years).</p>	<ul style="list-style-type: none"> <li>• Assisted health authorities in the immunization of 1.1 million children against measles.</li> <li>• Provided emergency medical supplies, including emergency health kits, oral re-hydration solution, tetanus anti-sera, and amoxicillin syrups and capsules.</li> <li>• As of October 2005, provided 92,520 mosquito nets and supported the distribution of 74,841 partner-provided nets.</li> <li>• Distributed 500 midwife kits to health authorities and NGOs.</li> <li>• Supported the revision of 400,000 maternal and child health care handbooks.</li> <li>• Conducted two trainings on maternal and child health for health authorities in June 2005.</li> <li>• Provided financial and technical assistance to the maternal and child health section of Aceh's provincial health office.</li> </ul>
<p><b>Project title:</b> Nutrition improvement.</p> <p><b>Aim:</b> To ensure adequate nutrition intake by vulnerable populations, especially malnourished children under 5 years, pregnant and lactating women.</p> <p><b>Beneficiaries:</b> 1.2 million people; supplementary feeding, de-worming, iron supplements to pregnant &amp; lactating 123,000 women and 180,000 U5C with malnutrition Beneficiaries in Aceh and other affected areas in Sumatra (4 million) Vitamin A to children under 15: 1.7 million (including some 560,000 under five years)</p>	<ul style="list-style-type: none"> <li>• Vitamin A campaign reached nearly 500,000 children, aged 6-59 months.</li> <li>• Rapid nutrition survey in January 2005 and comprehensive cross-section health and nutrition survey in February /March.</li> <li>• Cash assistance given in April to the provincial health office for nine months of provincial and district-level nutritional programmes and monitoring.</li> <li>• Provided iron tablets for pregnant women.</li> <li>• Supported two nutritionists in Alifan, Simeuleu, a remote sub-district with high levels of malnutrition.</li> <li>• Trained hospital/health centre staff on management of acute malnutrition; conducted training of trainers for district nutrition coordinators on feeding practices.</li> <li>• Co-produced guidelines for infant feeding in emergencies with WHO and distributed to health partners.</li> <li>• Provided information, education and communication materials on breastfeeding to health authorities.</li> </ul>

Project aims and beneficiaries from Flash Appeals, (6 January and 6 March, 2005)	UNICEF's outputs/achievements in Indonesia, Aceh and North Sumatra (first six months)
<p><b>Project title:</b> Provision of clean water supply and basic sanitation facilities.</p> <p><b>Aim:</b> To ensure that children and women have access to clean water and basic sanitation facilities and use good hygiene practices in Aceh and other affected areas of Sumatra, especially in IDP camps, hospitals, health centres and schools.</p> <p><b>Beneficiaries:</b> 2 million children, 220,000 under 5 years.</p>	<ul style="list-style-type: none"> <li>• Supported trucking of potable water to more than 28,000 IDPs with 15 litres of water per day through the operation of large water treatment facilities.</li> <li>• Delivered more than 20,000 hygiene kits to IDPs in the first five weeks after the tsunami.</li> <li>• Supported the municipal sanitation department in environmental clean up campaigns in 15 IDP camps and delivered clean-up material and tools to both the municipality and the IDP communities.</li> <li>• Supported public works in de-sludging latrines in 15 IDP locations in Banda Aceh.</li> <li>• Introduced more sustainable water supply services such as the multi-village gravity-fed schemes and drilling of boreholes.</li> </ul>
<p><b>Project title:</b> Emergency support for basic education.</p> <p><b>Aim:</b> To ensure that schools are equipped with immediate and temporary education facilities so that children can learn and receive psychosocial support from teachers.</p> <p><b>Beneficiaries:</b> 1,100 schools, 165,000 children and 6,600 teachers.</p>	<ul style="list-style-type: none"> <li>• Opened schools/learning spaces soon after the tsunami (by 26 January 2005 in most areas).</li> <li>• Included child friendly elements in the MoE reconstruction strategy.</li> <li>• Cleaned-up schools.</li> <li>• Provided school supplies to the vast majority of children in Aceh province, 5000 Schools-in-a-Box,, 600,000 textbooks and 800,000 stationery kits.</li> <li>• Provided temporary learning spaces in the form of school tents.</li> </ul>
<p><b>Project title:</b> Child protection, reunification of separated children and psychosocial recovery.</p> <p><b>Aim:</b> To protect children and women from violence, abuse and exploitation; assist in the reunification of children. separated from their families; and promote the psychosocial recovery of children and their families.</p> <p><b>Beneficiaries:</b> 200,000 people, including 40,000 women and 140,000 children.</p>	<ul style="list-style-type: none"> <li>• Staffed and equipped 21 CCs throughout Aceh and Nias.</li> <li>• Delivered 1922 registrations to the tracing database, the most of all the other agencies in the network. Of these, 1569 were separated children, 236 unaccompanied children and 117 from single parents.</li> <li>• Facilitated the reunification of 142 children.</li> <li>• Distributed 5770 hygiene kits, 570 cooking utensils and 8890 children's clothes to families caring for separated and unaccompanied children.</li> <li>• Conducted initial training for 400 psychosocial staff, and trained and dispatched 50 policewomen to 7 child centres in April 2005.</li> </ul>
<p><b>Project title:</b> Coordination and support services for tsunami affected countries and for UNICEF's global and regional response.</p> <p><b>Aim:</b> To ensure provision of effective coordination and support both nationally and regionally.</p>	<ul style="list-style-type: none"> <li>• Took lead coordination role in WatSan (with Oxfam), child protection and education.</li> <li>• Laudable role in coordinating the psychosocial sector and CCs.</li> </ul>



Internal administrative constraints that reduced UNICEF's impact included:

- delays in enacting preparedness measures as set out in the Emergency Preparedness and Response Plan (EPRP);
- cumbersome administrative procedures for hiring and seconding staff and approving funds;
- delays and inefficiencies in the supply chain;
- shortfalls in transfer of ongoing programme concepts, strengths and experience for linking emergency to recovery programmes in Aceh;
- weak linkages between sectors;
- assessments did not always target appropriate inputs and influence others to respond to needs;
- insufficient support and training for new staff to learn procedures; and
- a limited concept in some sectors of the role of coordinator and the wide range of activities and skills required for successful coordination.

### 3.2.2 CONFLICT

One of the most positive developments in Aceh post-tsunami is the peace process between the Gol and GAM. The overwhelming loss of life and the effective response of TNI and the President set the scene for a détente, and pragmatic negotiation by the parties to the conflict solidified the effort. Although most interviewees could not provide hard evidence, they felt that the international community's attention to and presence in Aceh had helped to reinforce trust in the peace process.

Although the international presence is likely to have benefited the peace process, it is less certain that assistance organizations consciously employed peace-building strategies. The United Nations' blanket application of Phase 4 security made it difficult for its agencies to visit and have contact with people in the conflict-affected areas. UNICEF was no exception in this regard. It is to the credit of the United Nations and GAM that their representatives tried to be in regular contact and engage in discussions relating to the tsunami relief effort. More recently, the UN Office for Reconstruction's support for a joint meeting including GAM and Gol representatives in November 2005 is a praiseworthy effort.

UNICEF has been involved in implementing peace building in education programmes in Aceh since 2001 and continued to provide some resources for conflict affected areas post-tsunami. For example, mosquito nets were distributed in the Nagan Raya district and the health and nutrition surveys extended to all districts of Aceh (see Health and Nutrition section). With increasing access and a lessening of the security restrictions, UNICEF will increase focus on the needs of conflict-affected populations in Aceh in addition to those affected by the tsunami. UNICEF is commended for this equitable approach.

### 3.2.3 SUSTAINABILITY ISSUES

UNICEF has built capacity in Aceh and Nias with the aim of realizing long term impacts, and staff members are engaging in strategic and collaborative approaches built on the solid foundation of results based planning. Self assessment exercises such as the one conducted by Meulaboh staff are useful for identifying needs for internal capacity development. However, in his analysis of strategic positioning, Woodhouse cautions that if cross-cutting concerns are not attended to, UNICEF's impact in the long run may be reduced. These include strengthening capacity of government and other partners and reaching the poorest children. These aspects are discussed in the Vulnerability and Targeting, and Partnership sections.

UNICEF's response has been heavily supply-centred and has diverted staff from less visible protection issues that have long term impacts. As a result, the efficacy of protective mechanisms was reduced and several opportunities for addressing problems during emergencies were not sufficiently highlighted for international attention. Sector issues that deserved more attention in the first six months include:

- protection of children and women vulnerable to abuse;
- support for children's rights in *dayahs* (religious boarding schools) and other institutions;
- development of improved hygiene practices and disease awareness; and
- HIV/AIDS initiatives.

Another issue with regard to sustainability is the impact of the emergency on UNICEF's regular programmes. The 2004 mid-term review (MTR) highlights numerous achievements as well as needs in all sectors; however, the emergency hampered the flow of regular programmes as staff and administrative work focused on Aceh. In health, for example, safe motherhood programmes in other parts of Indonesia were delayed, and planned assessments and immunization campaigns were postponed.

### 3.3 EFFECTIVENESS

*"This criterion is used to assess the measure or merit of an activity, i.e., the extent to which an intervention has attained or is expected to attain, its relevant objectives efficiently and in a sustainable way."* (DAC, 2001) This criterion measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criteria of effectiveness is timeliness. Issues of resources and preparedness should also be addressed under effectiveness.

This section covers the following topics:

- Timeliness
- Partnerships
- Coordination
- Monitoring and evaluation
- Targeting and vulnerability analysis
- Gender
- Participation
- Emergency preparedness

#### 3.3.1 TIMELINESS

UNICEF response staff arrived in Banda Aceh on 31 December, 2004, five days after the tsunami. In the next few weeks, UNICEF deployed a number of technical staff and began ordering and procuring supplies including medical kits, vaccines, water treatment plants, plastic sheeting, family kits and School-in-a-Box kits. The first UNICEF activity took place on 4 January, 2005 when a local NGO partner opened the first CC. This was quickly followed by the initiation of the measles campaign on 6 January, delivery of health kits to the Ministry of Health and a small distribution of plastic sheeting. By 10 January, however, a UNICEF internal situation report complained "The lack of supply is seriously hindering

our efforts and causing strain with government partners who are waiting for supplies"<sup>20</sup>. After this stressful period, UNICEF supplies began arriving in large quantities.

In reality, UNICEF activities did not commence for 10 days after the disaster and the response was not in full swing for another week. Compared to other major responders, UNICEF's timing was slow. WFP began food distributions in Banda Aceh on 2 January; the Indonesian Red Crescent distributed relief items almost immediately, backed up by IFRC's international teams on 1 January; Medecins sans Frontiers' medical teams began work in Banda Aceh on 29 December. The speed of the response was internationally scrutinized. Agence France Presse reported on 1 January: "Countless survivors of the devastating tsunami on Sumatra Island remained isolated and without food or water on Saturday nearly a week after the disaster struck, as Indonesia began the New Year facing a death toll of over 100,000"<sup>21</sup>

UNICEF had committed itself in a November 2004 emergency plan to responding with relief items for 20,000 people within 24 hours. This clearly did not happen. In addition, the Indonesia programme and UNICEF did not seem to have enough emergency managers on call to scale up such a programme.

There were both external and internal reasons for UNICEF's average response time. External constraints were largely faced by all responders. The Banda Aceh airport was seized up and reaching affected areas of Aceh was extremely challenging, especially along the west coast where the road had washed away. For UNICEF, external constraints were compounded by a lack of preparedness within the Indonesia country office. The new representative was not yet in place, and some senior and sector staff were absent as a result of the holiday season, which may have slowed decision making.

UNICEF's activities picked up considerably after the first two weeks with the influx of supplies. Latrines were constructed with the public health department, water was trucked to some 24,000 people, temporary schools and CCs were set up with UNICEF tents and supplies. All of this activity was timely and contributed significantly to helping

<sup>20</sup> Dates and activities taken from internal UNICEF situation reports.

<sup>21</sup> Agence France Presse, "Yudhoyono orders faster aid delivery for Indonesia's tsunami survivors"; 1 January 2005.

affected communities.<sup>22</sup> Following this surge, however, UNICEF's response slowed considerably as time consuming procedures were put in place for project approvals and supplies (see Finance and Administration).

UNICEF mounted an admirable and rapid response in Nias to the 28 March earthquake, which also affected Simeuleu and Northern Sumatra. Within 12 hours of the earthquake, UNICEF initiated a joint assessment mission with WFP and upon arrival moved into immediate action. Using helicopters and NGO resources, UNICEF and WFP managed a medical evacuation of the injured to Medan and a rapid assessment of all affected population centres. Following this, UNICEF deployed non-food relief assistance from the Banda Aceh warehouse (tents, plastic sheeting, family kits, etc.) and moved rapidly into public health, WES, child protection and education activities.

The Nias response is notable because it illustrates best practices and what can be achieved once standing capacity is established. It also demonstrates that the United Nations can assume the lead if its organizations are in place early enough. Not only did UNICEF direct the immediate operation, but it also led in the non-food items (NFI) sector, health, WES, child protection and education. Some of these responsibilities shifted as other agencies joined the effort, but UNICEF's leadership role was clear and was bolstered by early action, assessment and analysis.

### 3.3.2 PARTNERSHIPS

Prior to the tsunami, Aceh had long been closed under martial law and affected by conflict, as a result of which UNICEF and its partners faced major challenges in the working environment. Partner organizations, both government and local NGOs, had insufficient capacity in terms of human resources and management skills. Following the tsunami, most local government staff members were either casualties or grieving. For example, out of 32 district education officers on the west coast, 20 had perished. Local NGOs suffered losses as well and their remaining staff was often poached by international organizations. International NGOs struggled to establish themselves; most had received a surfeit of funding and did not want to enter into contractual relationships with United Nations agencies.

As a result of these constraints, UNICEF's partnership arrangements have not been completely satisfactory, although partners are commended for their collaboration and dedication to assisting the affected people. Implementation through partners can slow activities because of time required to pass through their system as well as through UNICEF's internal processes. Also, in certain instances UNICEF relied on international partners such as IOM (for temporary school building), when a local approach would have been more appropriate.

Although building of local capacities is critical, evaluation of the sectors indicates that UNICEF fell short on capacity development for partners. UNICEF has to be willing to invest adequately in partner skill and knowledge development. UNICEF should also emphasize to its staff the need to carefully examine local capacities. Few capacity assessments have been carried out to learn of partners' concerns and collect their recommendations on how to improve their performance. Although UNICEF conducted some effective training, it was not always followed up with more in-depth training, monitoring, and inputs to improve services.

Many organizations looked to UNICEF for a 'strategic partnership'. By virtue of its established relations, UNICEF offers an opportunity for international organizations to enhance advocacy with government and for government to gain access to NGO technical expertise and resources. UNICEF might have applied more effort to encouraging collaboration through sharing material or human resources.

### 3.3.3 COORDINATION

Coordination in Aceh has been one of the most challenging humanitarian activities due to the sheer scale of the devastation coupled with the huge number of actors in the relief response. The TEC coordination evaluation lists numerous problems of coordination, which outweigh the success stories.<sup>23</sup> However, it is important to note that coordination is a voluntary exercise; many organizations working in Aceh in the first months did not participate in 'formal' coordination forums or did so sporadically.

<sup>22</sup> The DEC beneficiary study indicates that people were broadly happy with assistance during the relief phase in Aceh.

<sup>23</sup> TEC Draft Report, 'Coordination of the International Tsunami Response in Indonesia', December 2005.

UNICEF assumed responsibility for coordination in child protection, education, WES, and a part of health and nutrition with WHO (see sector reports). UNICEF's coordination role was strong in psychosocial assistance and in coordinating the CCs. In education, UNICEF's coordination activities with MoE were generally praised – working groups were quickly established to cover education quality and reconstruction. In health, UNICEF's role in liaising between government and other organizations was respected, although UNICEF's initial efforts to coordinate the measles campaign was weak and lacked a strategy.

In WES, UNICEF responded relatively quickly; by 31 December 2004, a WES specialist arrived in Banda Aceh and started initial coordination meetings with Oxfam. However, coordination in WES was subsequently plagued with difficulties. The three international staff dedicated to WES left in March and April 2005, and a permanent officer arrived only in May. UNICEF attempted to collate rapid assessment information; however, the large amount of information to process, unreliable data from some NGOs, and inadequate staffing led to gaps in information concerning service needs.

A critical theme for UNICEF's self appraisal is whether the organization has the capacity to take the lead in coordination. In Aceh, most international NGO partners looked to UNICEF to provide an overview and suggest a division of labour<sup>24</sup>. To accomplish this, UNICEF needed to organize timely assessments (preferably jointly) and use a variety of coordination mechanisms (meetings, e-mail, personal interactions) to ensure that needs were addressed. UNICEF tried to meet the challenge but did not do so to the scale or with the speed that the response necessitated. For example, the RALS is still not completed almost a year later, and the monitoring system for WES in tented camps and TLCs has only recently been put into place. Nutrition is nearly a forgotten sector and the three coordinating partners – WHO, WFP and UNICEF – have not yet adopted suitable measures to address the problem of 1 percent severe acute malnutrition in some areas (classified by WHO as a public health emergency).

In the sectors coordinated by UNICEF, most agencies sought leadership in terms of strategy building and seeking solutions to complex issues. The government undeniably leads, but in Aceh, the Gol looked to the United Nations for significant support. Tenacity was required of leaders to demand coverage and responsibility due to the large numbers of agencies with huge resources, and a relatively benign set of controls from the Gol.

Within coordinating forums, UNICEF's leadership role in the general response was tentative at first. On the issue of TLCs, the government proposed barrack-type structures constructed by contractors and the TNI. As such structures had been previously used for moving populations during counter-insurgency operations, many civil society groups felt they were potentially open to abuse. The United Nations initially supported this position and distanced itself from the government plan. Later however, when IDPs had willingly moved into the TLCs, it was obvious that services needed to be provided and that fears of human rights abuses were largely groundless.

UNICEF influenced the United Nations to change its position and advocated for the assistance community to provide services (especially WES) to the TLCs. This leadership helped support rights of the IDPs and undoubtedly had an impact. If the United Nations had been able to mount a coordinated response to transitional shelter needs, taking up issues earlier and more productively with the Gol (such as putting forward an alternative vision), it is likely that fewer people would be living in tents and substandard conditions today.

Organizations in Aceh still struggle with the meaning of coordination. The United Nations ORC and UNICEF in Meulaboh are promoting an important multi-agency initiative that aims to incorporate the elements that were missing at the beginning of the response – information sharing with communities about the activities of organizations, increasing community-level organizational coordination, and promoting community feedback into international and national coordination efforts. The initiative proposes creative forms of outreach that involve all key actors and groups, as well as a variety of forms of communication and influence.<sup>25</sup>

<sup>24</sup> This theme was repeated in numerous interviews across all of the sectors.

<sup>25</sup> Project proposal, 'To Enhance Communications and Cooperation between Aid Organizations and communities in Aceh Barat and Nagan Raya'; paper for discussion at UN ORC and UNICEF chaired group meeting, 11 November 2005.

### 3.3.4 MONITORING AND EVALUATION (M&E)

UNICEF's monitoring efforts were hampered by weak coordination in M&E planning for the tsunami affected areas, lack of a strategy to verify results, and inadequate staff and staff time to devote to visiting affected people. Although the country office in Jakarta had an integrated M&E plan that included tsunami related assessments, the Banda Aceh office was not aware of the planned activities as staff was relatively new. Since August 2005, new M&E staff has received training and is now incorporating the integrated M&E plan into its annual work plan (AWP).

Although verification of numbers of items distributed is important, monitoring is a much broader exercise and should include collecting information on results of inputs for the affected people. Programmes require follow-up and guidance. The issue is summarized well in the following statement: "Programme implementation suffers from an excessive focus on monitoring inputs rather than outputs. Excessive internal processes including e-mail also detract from within provinces substantive programme outcome monitoring based on direct field observation."<sup>26</sup>

Monitoring efforts need to be directed toward judging impact and outcome (changes in behaviour, understanding and attitudes) and ascertaining whether equity was achieved, inputs were proportional to needs, inputs were culturally appropriate and whether beneficiaries were satisfied with and understood the benefits of the inputs. Without this data, it is difficult to trace UNICEF's impact. A good example of impact assessment was the collection of baseline data before and after the malaria prevention programme. Quantitative data collection also supports the development of an accountability feedback loop between UNICEF and end users – IDPs, community members, and parents and students. The M&E section has developed monitoring sheets and baseline data collection sheets to support a more orderly monitoring system, although they are still numbers-oriented and should be supplemented with purposive sample surveys.

UNICEF staff was constrained in monitoring activities by inadequate human resources and MOSS security regulations, which required two vehicles and permission ahead of time to leave Banda Aceh.

This resulted in cases of ineffective use of UNICEF contributions, such as in health, where monitoring could have identified incorrect procedures in operating vaccine refrigerators and the delayed distribution of health publications. UNICEF staff generally visited CCs once or twice a month and these visits were highly appreciated by CC staff. More recently, UNICEF education staff has spent significant amounts of time on school site selection and construction issues, which has left little time for working on issues more directly related to the teaching and learning process.

At times, UNICEF relied on partners to effectively monitor activities, which has had mixed results. For example, after an obstetric delivery training exercise, post-training monitoring was provided by a training centre in Aceh that successfully promoted the transfer of training to others. On the other hand, CC staff monitoring separated children rarely elaborated on the conditions of the child as indicated by the monitoring forms, so UNICEF staff is now in the process of redrafting the form. UNICEF is also supporting capacity development to help the government improve monitoring in Aceh Barat and Aceh Jaya with positive results.

In terms of evaluations, UNICEF should engage in earlier analyses that would feed into the ongoing response. Of particular use would be the real-time evaluation that is conducted by external or external/internal teams and presents results for immediate management feedback and incorporation into ongoing activities. It serves as a form of monitoring but with a more objective perspective than internal monitoring can usually supply. The recent strategic review of operations in Aceh was an excellent initiative and should be a standard feature at earlier and regular points in the response.

### 3.3.5 TARGETING AND VULNERABILITY ANALYSIS

In the first months of the response, the Banda Aceh-based IASC identified seven broad categories of people requiring assistance.<sup>27</sup> These included: i) people living in various forms of temporary shelters including mosques and schools; ii) people living in spontaneous group settlements; iii) people living with host families; iv) those who moved or were planning to move to TLCs; v) people who returned to their

<sup>26</sup> Woodhouse, page 3.

<sup>27</sup> 'Indian Ocean Tsunami Flash Appeal 2005 Mid-term Review', 9 March 2005, page 2.

homes to repair or rebuild them; vi) others who may or may not have lost their homes but who lost assets, access to markets and means of income; and vii) vulnerable host families who are faced with additional pressure on their resources.

This early identification of vulnerable groups indicates recognition of disparities between people living in various situations. Yet, very little was done to assess more specifically and on a continuous basis how the needs varied among these groups and then to target the most needy. UNICEF's target numbers did not change between January and March 2005 in the Flash Appeal and mid-term review, despite expansion of programmes in Meulaboh, movement and changing statuses of IDPs, and refined needs assessments.

An overwhelming majority of IDPs live with hosts rather than in any other form of temporary arrangement. Interviews with hosted and host families indicate differences in levels of assistance received. Some received substantial assistance, notably in the Banda Aceh area, while others (for example, along the east coast) received very little support; some were not even aware of UNICEF's assistance. GoI policy is to replace houses for those who had land titles, but for those without ownership rights, a house may not be forthcoming. Thus, the poorest may be forced to stay in temporary arrangements or rebuild on their own, if they are able to do so. The long-term effects on hosted and host families in terms of health and protection of children should be assessed in relation to potential recovery and reconstruction outcomes.

UNICEF's nutrition surveys of January and March 2005 were important attempts to find vulnerable children. As vulnerability is not always obvious, UNICEF should have undertaken a comprehensive vulnerability analysis to identify children most in need of assistance, particularly those with single parents; those in extended families, with unrelated host families or in boarding schools (dayahs); those in conflict affected areas; and adolescents (see Child Protection section). Some vulnerability and capacity assessments are planned for 2006.

### 3.3.6 GENDER

In a March briefing note, Oxfam warned of the tsunami's potential effect on the status and safety of women and the need to research and address potential social impacts. The large percentage of female deaths (3:1 in areas surveyed) meant that widowers faced child rearing alone and women IDPs might be more vulnerable to extra workloads, early marriage, and to abuse in temporary shelters or housing. The United Nations Population Fund (UNFPA) cautioned early on about the potential for violation of reproductive rights of women. Despite these warnings, however, strategic approaches to address gender (both male and female) issues were not pursued by organizations to the degree that the response warranted.<sup>28</sup>

UNICEF's numerous strengths related to responding to needs of children are mentioned in the Targets Achieved section. Notwithstanding these achievements, an internal strategic evaluator laments the "...relative neglect of a gender focus in the Aceh and Nias recovery and reconstruction programmes." Areas where UNICEF should have devoted greater attention to gender issues include:

- greater psychosocial support for adults and training for community leaders to enhance their understanding of and support for gender issues;
- inclusion of single parents in the cash assistance programme for separated and unaccompanied children;
- much greater consultation with women to learn about their special needs and their satisfaction with services provided, particularly WatSan, health and protection;
- earlier response to reports of trafficking and abuse (according to the Flash Appeal, this was a joint responsibility with UNHCR, which left in March 2005, and UNFPA);
- working more closely with UNFPA, the Provincial Bureau of Women Empowerment and Acehese women's groups to promote greater inclusion of women in leadership and decision making structures and appreciation of their capacity in child protection; and
- ensuring that data was disaggregated by gender and age in order to promote appropriate strategies.

<sup>28</sup> Cosgrave, John, 'Summary of Issues from Secondary and Tertiary Data' Tsunami Evaluation Coalition, November 2005, page 11.

### 3.3.7 PARTICIPATION

Notwithstanding its achievements, UNICEF programmes require more attention to be brought up to standard. Participation by affected people in decisions concerning the assistance given to them is a key standard found in the IFRC and NGO codes of conduct and the Sphere Standards Common to All Sectors, among others. The UNICEF Emergency Field Handbook (EFH) offers numerous mechanisms to be applied but is particularly thin on guidance for ensuring participation, which is only touched upon in most sectors. The CCC do not directly promote participation nor do the draft indicators, which do not include affected people as sources of information to verify measures of success.

The poor encouragement by international organizations of IDP and local community participation in the tsunami response is lamented in numerous evaluations.<sup>29</sup> UNICEF needs to compensate as soon as possible by providing training and guidance to staff and partners on how communities can be involved immediately in emergency and recovery responses and on ways to promote their participation. Unfortunately, people interviewed in communities did not feel that they were part of a consultative approach and women and poorer members of society were not equitably involved in decision making.

In the WES sector, for example, Sphere and the EFH encourage community participation in ensuring that hygiene standards are met – hygiene practices are substandard in Aceh and Nias. Community-led initiatives such as hygiene committees were not developed early in Aceh. UNICEF's participatory hygiene and sanitation approach (PHAST), which aimed for community participation, was not given enough resources to work in Aceh. Work in other sectors also indicated an insufficient understanding of what would be needed to support the Acehnese to develop their participation and ownership.

UNICEF should avoid a tendency to build programmes from the outside. Rather, a priority first step should be an assessment of the available human resources

and their abilities. For example, the CCs were established rapidly without adequate community involvement, especially from parents. The result was a weak understanding of the CCs' activities and a lack of voluntary participation in community-based support for the CCs. Involving community members and IDPs who had skills or could be trained to work in the CCs might have stimulated more interaction from communities and helped to strengthen the cultural awareness of other CC staff, many of whom were not Acehnese.

### 3.3.8 EMERGENCY PREPAREDNESS

One of the greatest lessons of the tsunami disaster concerned the lack of warning systems and effective national and local preparedness systems. The GoI is now undertaking two important initiatives, the first to pass draft legislation that empowers ministries to prepare and respond to emergencies, and the second to install national early warning systems as part of regional and global networks. Operationally, the Bakornas-PBP (national coordination body for disaster management and IDP/refugees) and the Satkorlak-PBP (province coordinating unit for disasters and IDP/refugees) still suffer confusion over the lines of responsibility and authority.<sup>30</sup>

UNICEF's EPRP was developed in 2004 but was deficient in logistics planning and stockpiling supplies. The EPRP ranked the likelihood of a natural disaster in Aceh as high, however, the potential number of people who might be affected was underestimated. The EPRP was updated in 2005 to reflect current conditions and threats, and the United Nations Disaster Management Team is now working on a joint contingency plan. The MTR of January 2003 also mentions emergency preparedness support programmes as a long-term programme focus, with some programmes to be implemented in Aceh. Despite these measures, staff was not ready to respond to such a large scale disaster.<sup>31</sup> UNICEF needs a strategic approach for emergency response, which is currently not reflected in plans. Such a strategy would clearly define UNICEF's leadership and coordination roles and include its relationships with all other actors outside the United Nations system.

<sup>29</sup> Cosgrave, John, 'Summary of Issues from Secondary and Tertiary Data', Tsunami Evaluation Coalition, November 2005, page 11.

<sup>30</sup> TEC Draft Report, 'Coordination of the International Tsunami Response in Indonesia', December 2005, pages 4 and 5.

<sup>31</sup> 'Audit Report on the Tsunami Response Operations of Indonesia Country Office', September 2005.

Because communities and local governments are always the first responders, a lack of preparedness in Aceh undoubtedly led to greater death and destruction. There is still a significant amount of fear in communities; the 28 March earthquake led to increased trauma reactions especially among children. Interviewees expressed the need for community-based disaster risk reduction and preparedness measures. Since understanding the characteristics of a hazard and learning ways to prevent and respond to a disaster are empowering, UNICEF should have incorporated these aspects more strategically within education and child protection programmes. In Meulaboh, UNICEF contributed to an awareness campaign through the creation and distribution of a leaflet, 'What is a Tsunami and Earthquake'. This was a positive initiative and should have been more widely employed.

Activities for disaster risk reduction in Aceh and Nias are still fragmented and most have not yet been implemented. UNDP is assisting BRR to assess the disaster proofing in designs for new construction. Incorporating such structural measures is cost effective since structures may be lost if the predicted large events occur. The appropriate siting of buildings is another issue. One UNICEF temporary school visited by the team near Meulaboh was so vulnerable to flooding from a nearby river that children could not come to school when it rained.

In its regular programme, UNICEF has used an Emergency Preparedness Training Module to train more than 20 districts Satkorlak with 15 more targeted for training.<sup>32</sup> UNICEF has plans to extend this training to Aceh as well. UNESCO also plans to undertake community awareness, preceded by an assessment. UNDP has implemented limited community-level disaster risk reduction mapping and planning. UNICEF should join forces with other organizations and strengthen government systems to improve dissemination of information to children.

### 3.4 EFFICIENCY

This criterion measures how economically resources or inputs (funding, expertise, time, etc.) are converted to outputs.

This section covers the following topics:

- Management and leadership
- Human resources
- Finance and administration
- Supply and logistics
- Communications and fundraising
- Information Technology and communications

#### 3.4.1 MANAGEMENT AND LEADERSHIP

The tsunami disaster presented unique management and leadership challenges to the Indonesia country office. UNICEF's emergency response model puts the country office at the centre. The country office typically spearheads the scale-up and regional office, while emergency operations in New York HQ supply extra human resources. When the tsunami struck, however, there was no country representative assigned for Indonesia and some of the senior staff was out of the country for the holidays. With an absence of leadership in Jakarta, New York HQ chose to deploy an emergency manager to run the operation in Aceh. This position had a similar level of seniority as the officer in charge (OIC) in Jakarta, which left the reporting lines relatively unclear.

Similar arrangements are standard practice for organizations that specialize in rapid emergency response<sup>33</sup>, such as IFRC, CARE and UNHCR. Typically, the arrangements cause some friction with development or permanent staff, which if constructively viewed can have creative results. Emergency teams bring a sense of urgency and instincts for working within the international response system; country teams know the local context, have valuable contacts and are responsible for ensuring the smooth transition from response to recovery. However, the potential for synergy did not materialize particularly well in Indonesia. Rather, the tension created by parachuting in an emergency team created a rift between the Banda Aceh and Jakarta offices. Unfortunately, as a result, the Banda Aceh office was

<sup>32</sup> Audit Action Plan for Tsunami Audit 2005, Indonesia Office', page 1.

<sup>33</sup> USAID deploys disaster response teams who are nominally responsible to the mission in country, but also bring considerable autonomy as they are spending the OFDA budget. The same is true of DFID who deploys emergency standby personnel from their CHAD Operations Team. IFRC, MSF, Oxfam, Save the Children and so on deploy similar mechanisms – emergency personnel including managers who ostensibly report to the country programme (where there is one), but in reality operate dual reporting lines.



not able to fully draw upon UNICEF's<sup>34</sup> experience, cultural knowledge and contacts within government. This rift was only resolved once the new country representative was in place in February 2005.

Despite the challenges presented by the initial rift between the emergency programme and the country office, UNICEF scaled up human resources relatively quickly. By the end of April 2005 there were over 100 staff members in Aceh. This was commensurate with the large job at hand, with two major exceptions. The first was that there was no operations officer in Banda Aceh from January to July 2005, and no country representative until February 2005. Since UNICEF has a complex programme management system, it appears negligent to have no operations oversight in Banda Aceh in one of the biggest programmes in UNICEF history. Furthermore, to leave the country without a representative for the first month of the operation was inexplicable. The previous representative could have been recalled, or the new one fast tracked.

The second exception was that staff in Aceh was recruited at a relatively low level of seniority. Having the right kind of senior managers and giving them the authority to run the operation flexibly and quickly is critical. Each of the sectors had a budget similar to a normal UNICEF country programme (over \$10 million), but technical managers were only recruited at an L3 level. Although UNICEF was fortunate to recruit capable and committed staff to these key positions, it is possible that with more experienced staff, UNICEF's comparative advantage might have been further advanced. In comparison, in Darfur, the head of the emergency programme is a D1 position (L5 in Aceh) and the technical managers are P5.

A further complication in the overall tsunami response was the fact that two regional offices were involved. This divide might have been bridged by assigning a roving officer to promote synergy between regions as well as within country offices and to ensure coherence between emergency and recovery programmes.

### 3.4.2 HUMAN RESOURCES

Interviewees (UNICEF staff in Jakarta and Banda Aceh) who had experienced all or part of the six-month post-tsunami period indicated that the workload

during that period was overwhelming and many staff members were highly stressed as a result. UNICEF staff members are commended for their dedication and the long hours they contributed to the tsunami response. As of November 2005, staff remained overloaded with work, often covering duties not in their job descriptions. Prior to the tsunami, the country office had 103 Fixed Term Contract / Temporary Fixed Term contract (FT/TFT) staff with seven zone offices accounting for 11 of them. Post-tsunami, the Indonesia office expanded almost four-fold, numbering 381 by 31 May, 2005, and the country office will have undergone a 10-fold increase in funding by the end of 2005, compared with 2004 and previous years.

UNICEF's Executive Director in New York HQ announced a Corporate Emergency on 28 December, 2004 and authorized a 'trigger' to facilitate the temporary secondment of skilled managers for key positions in Banda Aceh and Jakarta. The trigger did not work as well as expected. Several heads of offices as well as some of the chosen candidates reportedly used the two-month lead time that letters of offers allowed and delayed their arrival.

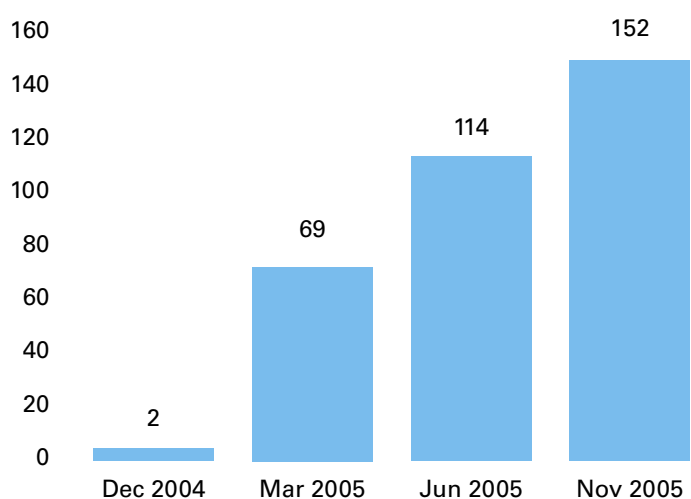
In the first days of the emergency, the human resources division in Jakarta, working in a high-pressure environment, processed over 380 applications. Recruitment activities were hampered by a recruitment process that was slow and intensive and geared for normal operations and inappropriate for emergencies. The emergency decision regarding modalities to expedite recruitment had very limited effect on speeding up: a) immediate availability of funds for post approval; b) creation of the post and issuing an IMIS number; c) advertising the post; d) short-listing candidates; e) interviewing all on the shortlist; f) checking references; and g) medical clearances<sup>35</sup>. Essentially, the decision allows a candidate to be approved without an APC but does not permit bypassing the other steps.

It is estimated that, on average, six months are needed for a suitable internationally-sourced candidate to become effective on the job. There are three phases, each requiring about two months: a) recruitment; b) deployment; and c) job familiarization. The Banda Aceh office requested that TFT candidates

<sup>34</sup> 'Lessons learned and challenges from the UNICEF tsunami response in Aceh, Indonesia', an exercise undertaken by UNICEF Aceh staff on 7 March 2005.

<sup>35</sup> Medical clearance is a mandatory requirement imposed by the United Nations.

identified be recruited as soon as possible, i.e, within an expected 2-3 days. When faced with delays, DHR suggested using SSA contracts as an interim measure. However, SSA contracting had to be processed at the country office level. Unfortunately, this added an extra workload of 70 contracts in January 2005 alone and swamped country office capacity. Human resources staff was required to work 15 hours a day for seven days a week for the first two months.



**Table 2: Banda Aceh Office: Staff Levels**

The situation in Banda Aceh was much the same. Despite a huge increase in staff in less than a year (see Table 2 above), the rapid increase in workload outpaced the ability of staff to handle it. The office also reported very heavy levels of overtime. For example, the finance and administration staff was on duty an average of 36.5 overtime hours, and were paid for 22.2 of them over a six-week period during September and October 2005. Managers typically worked similar or longer hours.

### **Training and learning**

UNICEF's workflow is poorly documented and hard to understand. Although the jobs performed by UNICEF support staff are basically the same in each of its

offices, each office must devise its own procedures. This is not done effectively either in Indonesia, or in the other country programmes evaluated in the Maldives and Sri Lanka. Nationally-recruited staff in Banda Aceh was often required to 'learn by doing' and did not receive enough support from supervisors or enough training to help them produce quality work. In some cases, staff did not receive job descriptions for weeks after starting their jobs and the descriptions often did not change as their duties evolved.

### **Sustainability of local hiring practices**

UNICEF's local hiring practices are also complicated and when management staff is desperate, it may hire staff without going through all the procedures. This sometimes results in staff being let go or needing to be rehired. UNICEF's short contracting periods, normally six months, results in qualified staff being diverted to stable government jobs or to NGOs that offer longer contracts. While UNICEF wishes to hire Acehese staff, the latter may have weak English and management skills due to years of underdevelopment in Aceh. Since Javanese and foreign staff may ultimately leave Aceh, UNICEF should invest in skill development of the Acehese, who will be the society builders of the future. For example, some of UNICEF's drivers in Banda Aceh are academically qualified but need stronger English skills.

### **3.4.3 FINANCE AND ADMINISTRATION**

UNICEF is committed by virtue of the CCC to ensure the establishment of an efficient financial and administrative management structure. The EFH also provides guidelines for implementing commitments with checklists and tools. It is notable that the EFH makes no exceptions to its accounting rules and procedures and does not acknowledge that UNICEF staff may need to deviate from them in certain circumstances. Financial Rule 112.29<sup>36</sup> actually says that competitive bidding may be waived in emergencies. However, most UNICEF staff was unaware of this waiver.

The evaluation team found that UNICEF staff was mindful of the need to respond promptly and effectively to emergency needs, but nearly always unwilling to deviate from prescribed or standard procedures – whether documented or not. Numerous instances of delays in providing services to

<sup>36</sup> 'Exceptions to Competitive Bidding', Book G, Chapter 7, Section 4.0. Book G is only available to UNICEF staff and only via the UNICEF Intranet and on the CD that accompanies the EFH.

beneficiaries were justified by the need to 'stick to the rulebook' despite common sense that said they should do otherwise. For example, the country office was unable to order more than \$200,000 worth of supplies from Copenhagen in the week following the disaster, when logically the response demanded substantially more. This is related to the funds normally available to the OIC, which took several days to adjust.

Where staff has shown creativity and flexibility in order to respond in a timely manner, they have been open to criticism. For example, the internal audit pointed to the failure to use competitive tender for ongoing Long Term Agreements at the apex of emergency response (mid-January 2005), when needs were greatest and skilled staff were in extremely short supply. However, the delays caused by use of the tendering procedure may have had an adverse impact on UNICEF's beneficiaries (for a more extensive discussion of finance and administration issues, please refer to annex 3).

#### **Emergency procedures and regulations**

UNICEF field staff and partner organizations (extensive interviews took place with UNICEF staff and partners, see annexes for persons consulted) frequently pointed to the bureaucratic rules as barriers to effective delivery of emergency assistance. Staff expressed need for clarification on procedures, uses of forms, and who to approach for guidance when they were unsure of what to do.

Without exception, programme units reported time delays in pushing their requests through the system. Programme work may eventually get blocked when, for instance, one or more Cash Assistance to Government (CAG) remains un-liquidated for more than nine months. The rationale is that six months should be ample time to clear a CAG and nine months is more than enough. In practice, however, the programme units in the tsunami operations (Aceh, including Banda Aceh, Nias, Simelue and Meulaboh) have to work with inexperienced government staff, who have difficulty accumulating the receipts in nine months, let alone six months or less. Approximately 23 percent of all Indonesian CAGs in 2005 were un-liquidated after six months (as of 31 October, 2005). The rate of liquidation, however, is significantly slower in Aceh because of the inexperience of the

partner organizations. It should be noted that the liquidation of CAGs is still within the nine month limit as CAG-based aid only commenced in February.

Funding blockages as barriers to the achievement of the CCC is a critical issue that UNICEF management must address. When programme work gets blocked, emergency aid to tsunami victims stops. For example, it took six months for Programme Management Systems (ProMS) to become operational in Banda Aceh and then transmission rates were slow. This evaluation concludes that ProMS itself is not the problem. As a system, it is stable, reliable and an anchor for UNICEF field work. The problems lie with the controls and procedures that are applied in using the system. Symptoms of serious problems within the system in regard to their relevance in emergencies include:

- Long overtime hours are being worked by operations and finance staff to cope with the backlog.
- Training in administrative procedures was not provided until July 2005 and written procedures were only made available in July.
- In conjunction with training by an experienced financial officer, staff can use the Basic Guidelines as a reference document to make the system work properly for the programme unit. The procedures, however, do not explain what can or should be done in emergencies when time is of the essence.
- There are NO exceptions to standard procedures, even in the case of emergencies.

Of particular concern is reliance on receipts to liquidate CAGs and the time required to collect receipts and painstakingly check them for signature duplications and forgeries (see annexes for illustrative case example). In effect, the receipts are proxies for the delivery of goods and services but not positive proof that they were received by beneficiaries. A stronger verification would be to monitor deliveries through random sampling, which could be carried out in far less time. Interviewees indicated that this monitoring option is acceptable to Jakarta finance and administration staff, yet it is not documented in the recently-completed Basic Guidelines, nor is it yet widely known to programme staff in Indonesia.

#### 3.4.4 LOGISTICS AND PROCUREMENT/SUPPLY

Overall, UNICEF's procurement/supply performance was commendable, particularly regarding its support and coordination role with the UN Joint Logistics Centre (JLC), WFP and other United Nations agencies in setting up the forward base in Subang, and in coordinating the air bridge to Banda Aceh. UNJLC was strengthened with 11 UNICEF staff for several months to support overall planning and execution.

Also commendable was the performance of logistics in Banda Aceh and Jakarta. While there were numerous delays in getting supplies from the Indonesia port of entry to the theatres of operation, most of the delays were attributable to airport and road congestion resulting from a huge influx of supplies from many sources. It was not until mid-January 2005 that the site for the present Banda Aceh warehouse was acquired; UNMIC tried but was unable to acquire a common storage area for all United Nations agencies.

Copenhagen also coordinated the generous in-kind assistance provided by corporate donors. It is difficult to calculate the value of this assistance, but it was certainly in the millions of dollars. It is of interest to note that far more donations were refused than were accepted. Reasons for refusal include inappropriateness to the needs of the tsunami victims and programmes to support them, unacceptable conditions linked with the donation, and inappropriate timing of delivery.

Collaboration with the military turned out to have far less of an impact than was originally expected. Several countries, including the United States and the United Kingdom, pledged free use of their military aircraft to transport material for the relief effort. However, coordinating schedules proved to be very difficult. The supply division relied instead on commercial carriers for nearly all their shipments. These carriers offered extremely low cargo rates in backhauling to the Far East. In addition, several airlines provided in-kind assistance, most notably British Airways.

UNICEF's well developed logistical capability was hampered by having to "...get things through the system" which, noted by one source and agreed to

by three others, took up to 95 percent of their time. Preparations to send relief supplies were undertaken prior to the arrival of the first UNICEF staff in Banda Aceh in the first week of January 2005. The accounts had been closed for the end of the year but they were re-opened on 28 December, 2004 by New York HQ to release a small amount of funds to procure needed supplies. Substantially more funds were needed to release emergency items stocked in Copenhagen, but financial arrangements to allow release of these funds were not completed until 30 December.

The first shipments from Copenhagen left on 29 December but did not arrive in Banda Aceh until the first week in January<sup>37</sup>. On 1 January, food and medical supplies were still inadequate for traumatized survivors. Supplies brought in by other United Nations agencies, the IFRC, MSF and other NGOs were also piling up in Banda Aceh, Medan and the air base in Jakarta. By 4 January, there were eight UNICEF staff in Banda Aceh and Medan, and by 10 January shipments were starting to arrive in quantity. By mid-January, the site for the Banda Aceh warehouse had been leased and supplies temporarily stored in five separate locations were being trucked to the new site.

Copenhagen's procurement procedures are sound. A more in-depth analysis, based on a sampling of procured items, would almost certainly attest that UNICEF procures and delivers goods at the lowest possible price. However, the effectiveness and timeliness of UNICEF's logistics performance could be significantly improved in order to be more supportive of the CCC in two areas:

**1. Emergency office kit:** Compared to other emergency responders (IFRC, MSF) and other United Nations organizations, UNICEF was a latecomer. Despite having a liaison office prior to the tsunami and the infrastructure in Jakarta to support it, the new office in Banda Aceh was not ready until mid-January. UNICEF's programme work that followed was essentially date-stamped by this milestone.

UNICEF could have been operational in Banda Aceh much earlier if it had the capability to quickly provide communications, ground transportation, shelter and logistical support to a rapid response/needs

<sup>37</sup> The first shipment of tarpaulins was expected on 31 December but was diverted to Medan because of congestion at the Banda Aceh airport. The supplies were then transported by road to Banda Aceh, arriving on 2 January. This was followed on 3 January by the arrival of four emergency health kits.

assessment team and follow-on activities. This, in turn, could have been done if UNICEF had the capability to quickly ship a suitably-configured emergency office kit to Banda Aceh. The development of this capability should be a high priority for UNICEF in order to meet its CCC.

**2. Procurement tracking facility:** At present, it is possible to track the status of an order from initial approval to receipt of goods. But, depending on where an order or component item happens to be in the supply chain, tracking can either be relatively easy or very difficult and time-consuming. In tracking orders through the emergency response and recovery phases, programme units usually followed up on orders through the warehouse in Banda Aceh. The warehouse could reply accurately if ProMS had been updated with the quantity shipped and the date of arrival. However, if the order had not been posted, warehouse staff had to contact Copenhagen by phone or by e-mail to find out where the order was.

The lack of a user-friendly and comprehensive tracking capability meant that programme units were in the dark about when their orders were going to arrive throughout the first six months of the response. Although the supply division has a tracking system that works, it depends on one individual to make it work properly. Furthermore, some suppliers did not have tracking capability. In addition, few sea shippers were willing to commit to a firm ETA.

The tsunami response saw fewer instances than might have been expected where programme units needed to trace the whereabouts of items and expedite their delivery in order to maintain schedule. But this was primarily due to the constraints of heavy administrative and financial procedures on the execution of projects and related procurement activity. One can anticipate the eventual lifting of these constraints, creating the need for an effective tracking facility to enable programme units to maintain schedule. To this end, UNICEF should commission the development of an integrated tracking system spanning all steps and activities in the supply chain.

**Emergency Coordination Unit, Supply Division, Copenhagen:** In response to previous evaluations, the Supply Division set up an Emergency Coordination Unit (ECU) in January 2004. The ECU consists of

two experienced logisticians and one experienced emergency coordinator, and maintains a roster of logisticians available for rapid deployment. The ECU is mandated to ensure the immediate filling and dispatching of emergency orders. The Supply Division has established a global network of emergency supply hubs – the hubs in Dubai and Johannesburg were reportedly very useful during the tsunami emergency. Emergency supplies account for about 20 percent of the Supply Division’s annual turnover.

The Supply Division responded quickly to most orders (most within 24 hours for in-stock items). The following reasons were given for the late arrival of some shipments:

- **Delays in ordering:** There was no mechanism that permitted the ordering of emergency stocked items until the necessary funds had been encumbered. There is no exception to this rule for emergencies.
- **Time needed for procuring non-stock items:** Provisioning non-stocked items can take an average of seven weeks.
- **In-country items temporarily unavailable:** The country office first tried to buy locally, but whenever they were unable to do so, supplies had to be ordered from Copenhagen.
- **In-country logistics:** Orders could be filled within 48 hours and shipped to Subang. Once there, however, it could take several days for airlifting to Jakarta or Medan, with additional days for customs clearance and local handling. There were often unanticipated delays in forwarding supplies to Banda Aceh.

### 3.4.5 COMMUNICATIONS AND FUNDRAISING

The UNICEF communications strategy is largely responsible for the wide media coverage it received. The funds pledged provide the opportunity to make a real difference for children in Aceh and Nias. However, the media coverage also put UNICEF under tremendous pressure to deliver, without a realistic portrayal of constraints to be overcome.

A recent evaluation of UNICEF’s communications concluded “The media campaign put pressure on the rest of the organization to back up its advocacy with fast-track delivery of supplies ... but there were those among the UNICEF staff who worried that some of the organization’s operational and administrative difficulties would compromise the credibility that it gained through its media visibility.” Rather than have

it appear that UNICEF misled the public on what could be accomplished, staff with media responsibilities should ensure that a fair picture of reality on the ground is provided to the public. Also, UNICEF, among others, did not adequately communicate to affected people how the resources garnered on their behalf were being spent. This lack of information on aid programmes has been noted in the TEC coordination evaluation.

UNICEF's high visibility has also put extra demands on staff, many associated with numerous visits from journalists, national committees and teams of consultants seeking to document/ analyse the work being done. The Banda Aceh office received visits from three national committee teams preparing media coverage for the tsunami anniversary at the same time that the evaluation team was visiting. The TEC coordination team has noted: "Staff time and strain on logistics from visiting delegations - agency senior staff to politicians, press and 'tsunami tourists" – is unacceptable. The IASC should urgently introduce monitored guidelines on this issue, requiring all agencies and donors to report on the numbers and cost of visiting delegations"<sup>38</sup>

#### 3.4.6 IT AND TELECOMMUNICATIONS

The performance of the IT and mobile telecommunications team in Aceh was highly commendable and very much appreciated. The IT team included two of the three regional mobile telecommunications officers, and IT support from HQ in addition to other IT staff. The IT team selected technology appropriate to the needs of the environment, including Satphones (Iridium and Inmarsat-M), and MOSS-compliant Motorola VHF units. They obtained licenses for HF and VHF radio equipment and were leaders in setting up common frequencies for all UN agencies.

The IT team used Banda Aceh to test new wireless technology that greatly enhanced UNICEF's IT system and earned it a great deal of credit with other agencies. In Aceh, UNICEF was responsible for agency connectivity to the Internet. The IT team configured RoHS / MOSS compliant IEEE 802.11g wireless communication facilities through which UNICEF was able to provide broadband Internet access for other United Nations agencies, NGOs and other partners who needed wireless Internet connections in Banda Aceh. This facility was not approved and had not been recommended by New York HQ.

The IT team set up the wireless system in the UNICEF office and provided wireless Internet access in all seven guesthouses. Although this system did not allow access to Lotus Notes, it did provide wireless printing facilities.

In both Meulaboh and Banda Aceh, the IT team implemented VSAT systems that were used for primary connectivity in Banda Aceh and Nias, and as a back-up system in Meulaboh. By providing other agencies with access to their e-mail and Internet, UNICEF provided an invaluable service and gained a lot of kudos and respect from other agencies.

The IT team's performance was (and still is) widely appreciated. The systems certainly improved the quality of communications for UNICEF and other agencies. One important lesson to be learned from this experience is that when good people (both technically competent and with team player attitude) are engaged and given the freedom to do what they judge is best, positive results will follow.

<sup>38</sup> TEC Draft Report, 'Coordination of the International Tsunami Response in Indonesia', December 2005.



UNICEF/JOSHUA ESTEY INDONESIA

# 4. PROGRAMME COMMITMENTS

## 4.1 HEALTH AND NUTRITION

### 4.1.1 CONTEXT

In the weeks before the tsunami hit Aceh, UNICEF was preparing for a measles campaign scheduled for early 2005. UNICEF health staff had created a cold room in Banda Aceh to store heat-sensitive vaccines. They planned to provide refrigerators and vaccine carriers to outlying districts, and to offer training to health workers.<sup>39</sup>

Within days of the tsunami, it became clear that the cold room was lost, and its vaccines and supplies destroyed. Aceh's health infrastructure was hit hard. Out of 244 health facilities, 53 were incapacitated, as were the governmental health offices that covered the districts of Banda Aceh and Aceh Jaya.<sup>40</sup> The provincial health office, hospital and public health laboratory were either badly damaged or flooded. Most painful of all, 691 provincial and district health staff were dead or missing—about 20 percent of the province's health workforce<sup>41</sup>. The health directors for Banda Aceh and Aceh Jaya districts had been lost.

### 4.1.2 UNICEF HEALTH AND NUTRITION PROGRAMMES – FIRST SIX MONTHS

UNICEF's health and nutrition response in Aceh had two phases. In the first two months, UNICEF took on a significant coordinating role and focused its efforts on measles immunizations, vitamin A supplementation, nutritional surveys and distribution of an early tranche of emergency medical supplies. During the next phase, project planning intensified and led to four distinct programmes in immunization, nutrition, communicable disease control and maternal and child health.

UNICEF's major outputs during the first six months included:

- Assisting health authorities to immunize some 1,113,494 children aged 6 months to 15 years against measles in partnership with the government, United Nations agencies and NGOs between January and April, 2005. A coordinated vitamin A supplementation campaign reached nearly 500,000 children aged 6 to 59 months.<sup>42</sup> UNICEF provided expertise, operational costs and vaccination-related supplies.

<sup>39</sup> Hilman, Ingrid, 'Field Trip Report', 4-18 January 2005. Also, interviews with UNICEF staff present in Indonesia before the tsunami.

<sup>40</sup> Idrus, 'Country presentation, Ministry of Health, Republic of Indonesia'. WHO Conference on Health Aspects of the Tsunami Disaster, Phuket (Thailand), 4-6 May 2005.

<sup>41</sup> Idrus, 'Country presentation, Ministry of Health, Republic of Indonesia'. WHO Conference on Health Aspects of the Tsunami Disaster, Phuket (Thailand), 4-6 May 2005.

<sup>42</sup> UNICEF, 'Measles Control in Aceh and North Sumatra', final report to American Red Cross, 30 October 2005.



- Making emergency medical supplies available in the first six to eight weeks, including emergency health kits, oral rehydration solution, tetanus anti sera and amoxicillin syrups and capsules.<sup>43</sup>
- Coordinating mosquito net distribution in Aceh's malaria-endemic regions. As of October 2005, UNICEF had provided 92,520 mosquito nets and supported the distribution of 74,841 partner provided nets in Banda Aceh, Pidie, Sabang Island and multiple districts along Aceh's west coast<sup>44</sup>.
- Providing 83,000 family hygiene kits and 500 midwifery kits to health authorities and NGOs.
- Supporting the salaries of eight doctors in Simeulue district following the 28 March earthquake.
- Supporting the revision, printing and delivery to health authorities of 400,000 maternal and child health care handbooks. UNICEF conducted two trainings on maternal and child health for health authorities in June 2005 and provided financial and technical assistance to the maternal and child health section of Aceh's provincial health office.

UNICEF also undertook an early rapid nutritional survey in January 2005, and a comprehensive cross-sectional health and nutrition survey in February/ March 2005, the results of which were released in April 2005. To address some of the nutritional problems that were identified, cash assistance was provided to the provincial health office to support a comprehensive array of district-level nutritional programmes. UNICEF provided iron tablets for pregnant women, donated UNIMIX and Plumpynut nutritional supplements to several districts where there were reports of malnutrition, and supported two nutritionists in Alifan (Simeulue district) following the 28 March earthquake. UNICEF trained hospitals and health centre staff on the management of severe acute malnutrition and conducted training of trainers for district nutrition coordinators on feeding practices, particularly for infants. Guidelines for infant feeding in emergencies were co-produced with WHO and distributed to health partners. Information, education and communication materials on breastfeeding were provided to health authorities.

#### 4.1.3 APPROPRIATENESS AND RELEVANCE

##### Assessment

There was no communication from UNICEF's two Banda Aceh-based staff members (one education officer and one driver) immediately after the tsunami. The UNICEF Jakarta team met on 26 and 27 December and participated in coordination meetings with other United Nations agencies, but communications to and from Aceh remained blocked.<sup>46</sup> In the absence of objective assessments, emergency health kits were ordered for 20,000 people. These arrived in Jakarta on 30 December.

The Gol invited the international community to enter the previously closed conflict zone on 28 December. On 29 December, Jakarta-based representatives of UNICEF and other United Nations agencies, coordinated by OCHA, formed a team to assess the situation in Aceh. The first Jakarta and New York-based UNICEF staff members reached Banda Aceh on 30 December as part of the United Nations Disaster Management Team. On 31 December a one-day joint United Nations assessment of the city was conducted, the results of which were presented to the UNICEF team in Jakarta the following day.

According to a member of the team that stayed on in Banda Aceh, there was pressure to begin intervention immediately and no further structured assessments were performed in the early days. Information was gathered as aid was distributed, and health priorities were set based on the realization that devastation was massive, many health workers were killed, and the remaining staff needed 'everything'.<sup>47</sup> While this is not an ideal form of assessment, it is understandable given the difficult logistical situation at the time. Early health priorities reflected lessons learned from previous disasters and UNICEF's global Memoranda of Understanding (MoU) and they were developed in consultation with governmental and United Nations agencies.

<sup>43</sup> Interviews with UNICEF health staff present during the early tsunami response' November 2005.

<sup>44</sup> Auld, Andrew, 'Total Numbers on ITNs Distributed', provided November 2005.

<sup>45</sup> UNICEF news, 'My door is open 24 hours': More than 3400 midwives receive support from UNICEF', 14 October 2005.

<sup>46</sup> Internal e-mail correspondence dated 10 October 2005 from a UNICEF officer involved in the early response.

<sup>47</sup> Interview with a UNICEF health/nutrition officer, November 2005.

The province's poor pre-tsunami vaccination coverage (55 percent) combined with the fact that thousands of Acehnese were displaced indicated that a measles outbreak with the potential to sicken and kill children was a dangerous possibility<sup>48</sup>. Therefore, assisting the government in coordinating a measles vaccination and vitamin A distribution campaign was appropriately given top priority. The campaign began in Banda Aceh on 5 January and was later extended to other districts.

As additional staff members arrived in Banda Aceh over the following week, UNICEF placed greater emphasis on conducting and leading assessments. In January and early February, these included rapid coverage surveys to assess the progress of the measles campaign, a census of camps in Banda Aceh (with volunteer students from Jakarta)<sup>49</sup>, and a survey-based mapping of needs and relief activities conducted in Banda Aceh and Aceh Besar (with WHO and the Australian Medical Team)<sup>50</sup>. An assessment of malaria and dengue risk in Banda Aceh (with WHO), which found large numbers of anopheline malaria vectors on the edge of tsunami-hit areas, led to UNICEF's involvement in coordinating mosquito net distribution<sup>51</sup>.

In addition, UNICEF helped organize and participated in a major joint assessment (with government, military, donor agencies, United Nations and NGOs) that focused on three districts along Aceh's isolated west coast – Aceh Besar, Aceh Jaya and Aceh Barat. The assessment operations were headquartered on the U.S.S. Abraham Lincoln and took place between 13 – 20 January. The assessment found considerable destruction in districts outside of Banda Aceh, and UNICEF appropriately established a field office in the west coast town of Meulaboh. This assessment highlighted the need to re-establish community health and maternal and child health care services.<sup>52</sup> These later became programme areas for UNICEF's health work.

Until March 2005, however, assessments were not performed along the east coast or in other areas of Aceh. This is an important gap, because the four districts (Banda Aceh plus the three west coast districts) accounted for only slightly more than half of the total estimated number of IDPs in Aceh.<sup>53</sup> Following the 28 March earthquake, UNICEF conducted numerous assessments of health facilities in Simeulue and Nias. Also in March, a joint UNICEF/WHO nutrition team visited east coast districts to assess the nutrition conditions in some of the TLCs.

UNICEF's nutrition assessments began in mid-January 2005. A technical expert seconded to UNICEF by the Atlanta based Centre for Disease Control (CDC) conducted a rapid nutrition survey in Banda Aceh and Aceh Besar (17-20 January)<sup>54</sup>. The survey covered 19 camps and included 614 children and 334 women of reproductive age. The prevalence of global acute malnutrition was 12.7 percent (95 percent confidence interval: 9.3-16.1 percent) and severe acute malnutrition was 1.5 percent (95 percent confidence interval: 0.7-2.2 percent) in children aged 6 months to 5 years. These surpassed the critical level for acute malnutrition although they were close to expected pre-tsunami levels in this population. Malnutrition was found to be associated with poor dietary intake and illness. A very high prevalence of acute illness in children was found (e.g. cough 69.7 percent, fever 55.9 percent and diarrhoea 42.6 percent). Vaccination status (measles, tetanus) was low. Reproductive-aged women were also in surprisingly poor health conditions. Specific actions were recommended, including continued prioritization of vaccination as well as immediate supplemental feeding for children. The survey report recommended that in the medium-term, de-worming of children and nutritional surveillance at camps be prioritized.

<sup>48</sup> Hudspeth, C., 'Measles Campaign Brief', 9 January 2005.

<sup>49</sup> Interview with UNICEF health/nutrition officers (November 2005) and examination of early UNICEF situation reports.

<sup>50</sup> UNICEF Banda Aceh, 'Health Sector Update', 5 February 2005.

<sup>51</sup> UNICEF Banda Aceh, 'Health Sitrep', 31 January 2005.

<sup>52</sup> WHO, 'Inter-agency rapid health assessment: End of mission report, from the offshore platform - USS Abraham Lincoln', 13-19 January 2005.

<sup>53</sup> Banda Aceh, Aceh Besar, Aceh Jaya and Aceh Barat had a combined total of 220,089 IDPs. The total number of IDPs in all of Aceh (21 districts) was 400,501.

Source: Satkorlak, 'Victims and IDPs by District', 24 February 2005.

<sup>54</sup> Mokdad, Ali, 'Rapid nutrition assessment, Banda Aceh and Aceh Besar', 17-19 January 2005.

However, the consultant who performed the survey—UNICEF’s only technical expert on nutrition present in Aceh—left immediately upon presenting these results to the UNICEF Jakarta office. After his departure, the planning of UNICEF’s nutrition response was delayed.<sup>55</sup> Furthermore, because of the ‘quick and dirty’ nature of the assessment, some in UNICEF were cautious in believing its more worrisome results and felt that more study should be done prior to planning and taking action.

Further assessment of the nutritional situation was addressed by a UNICEF-led comprehensive, cross-sectional nutrition survey (February-March 2005).<sup>56</sup> It was intended to provide solid baseline knowledge and guide governmental and non-governmental programming in nutrition and health. To a great extent, the survey findings agreed with the earlier ‘quick and dirty’ study. Furthermore, malnutrition and anaemia were found to be problems in both non-IDP and IDP populations. Anaemia surpassed levels reflecting a critical public health problem (greater than 20 percent). UNICEF helped build the capacity of national counterparts by assisting them in conducting data analysis and report preparation for the study. This was valuable, and UNICEF staff believes that this step promoted a sense of national ownership over the findings and governmental support for the survey. However, UNICEF staff noted that because the counterparts were not as seasoned in this type of research, considerable additional time was required to work with them in order to produce a solid report. Partly due to this, results were not released to Aceh-based relief agencies until late April 2005. Several agency heads lamented that the chance for the results to guide the early relief response, particularly in nutrition, was lost.

Other than these assessments, UNICEF health staff gathered information through keeping a close tab on the findings of other agencies that were able to get into the field. For example, WHO oversaw infectious disease surveillance, and WFP reportedly conducted a rapid food security assessment. UNICEF relied heavily on information provided by the government,

which had representatives in all districts. However, it was hindered by poor communication<sup>57</sup>. For example, the government provided a list of health centres for UNICEF to support in responding to emergency obstetric complications. UNICEF only later discovered that at least one of the health centres lacked a delivery room<sup>58</sup>. There were not enough UNICEF staff members available to independently assess the selected sites before initiating the programme.

In summary, UNICEF was unable to perform assessments in the first 72 hours of the emergency. However, in the following weeks it participated in multiple health and nutrition assessments both alone and with partners. In the first two months, these assessments were mainly focused on 4 out of 13 tsunami-affected districts, which represented only half of the IDPs. At times, the assessments were not used as fully as they could have been to guide programmes, both within UNICEF and outside, either because they weren’t believed (rapid nutrition survey) or results weren’t released in time for partners to use them for early planning (cross-sectional nutrition survey).

**Appropriateness of interventions:**

For the most part, UNICEF’s health and nutrition activities were appropriate, respectful of the Acehnese culture, and conformed well with internationally accepted standards in emergency disaster response. However, one senior health staff member noted that some of the first medicines that UNICEF sent to Aceh for the emergency response had expired. This is unacceptable for an organization of UNICEF’s stature and emergency experience, and measures should be taken to prevent it from happening again.

**Planning, funding and local capacity:**

Work on the 2005 Project Plan of Action began in February and continued for many weeks in coordination with government authorities. Health and nutrition project officers were asked to provide outlines of what they wanted to accomplish and the funding they required. The large sum available along with donor-driven pressure to spend the funds within the year led to considerable optimism over what could be accomplished in such a brief time period. In reality, some of the complicated problems that UNICEF chose

<sup>55</sup> Interview with a UNICEF health/nutrition officer, November 2005.

<sup>56</sup> GoI, Food and Nutrition Research and Development Centre, Indonesian Ministry of Health, SEAMEO-TROPMED-RCCN-UI, and UNICEF, ‘A comprehensive assessment of nutrition and its determinants in tsunami-affected districts in Nanggroe Aceh Darussalam, Indonesia’, February-March, 2005.

<sup>57</sup> Interviews with UNICEF health officers, November 2005; UNICEF Aceh situation reports, January 2005.

<sup>58</sup> Interview with a UNICEF health/nutrition officer, November 2005.

to address, such as posyandu revitalization—re-activating the province’s community-based health care system—demanded significant time and human resources.

As of November 2005, health and nutrition programmes had more than \$42.8 million in funding for 2005—UNICEF’s second largest programme after education<sup>59</sup>. This amount was \$15 million more than the WES budget, a sector where UNICEF took the lead coordinating role and which was reportedly the vital response sector for UNICEF. In fact, the budget for UNICEF’s health and nutrition section alone was nearly twice the entire budget for WHO’s programmes in Aceh (\$24 million)<sup>60</sup>. WHO took overall lead among agencies working in the health sector. The financial support for Aceh appeared out of balance—UNICEF Indonesia’s health and nutrition budget was only \$1.5–2 million before the tsunami, and significant needs remained in other parts of the country<sup>61</sup>.

The large sum available to the UNICEF health and nutrition sector would have been appropriate to needs had donors allowed it to be used for a longer time period and in programmes that had the potential to benefit the rest of the country. Aceh and North Sumatra do have substantial health and nutrition risks compared with most other parts of Indonesia, due to both the effects of the tsunami and to years of conflict and poor development. But, addressing these problems will require time.

By November 2005, only \$13.5 million (less than one-third) of the 2005 health and nutrition budget had been spent<sup>62</sup>. The timeline of the Project Plan of Action was not matched by the level of human resources and operational support required to implement it. In addition, governmental capacity to utilize UNICEF funding was severely reduced. Provincial and district health offices required substantial support merely to manage the donations. As of November 2005, provincial authorities had not yet completed a provincial strategic and recovery plan for the health sector.

### Coverage

Health and nutrition efforts were heavily weighted toward the most severely damaged areas. This was a reasonable proxy for needs in the early days of the emergency response. It was also appropriate given that it was presumed that the most national health workers had died and the most health structures had been destroyed in these areas. Still, as mentioned above, it was known that nearly half of all IDPs were living outside Banda Aceh and the three west coast districts to its immediate south. But relatively few NGOs were working outside these areas<sup>63</sup>. IDPs in the east overburdened local health systems and lived in camps facing the same risks as IDPs in the west. Indeed, the only significant measles clusters in the post-tsunami period arose in the east coast district of Aceh Utara. By March 2005, assessments, including UNICEF’s own comprehensive nutrition survey, pointed to significant needs in other geographic areas, for example, high levels of acute under-nutrition in Aceh Utara and on Simeulue Island.

Outside of Banda Aceh, UNICEF supported only a single field office—in Meulaboh—and established a small presence in several other sites on the west coast and, following the 28 March earthquake, on Simeulue and Nias. Coverage and effectiveness would have been improved if proposed field offices in Lhokseumawe (east coast) and Aceh Besar had been opened. This would have allowed Banda Aceh’s health and nutrition team to focus on the role of overall coordination. According to UNICEF staff, the additional offices were never opened because there simply were not enough human resources within the UNICEF team with the expertise to get them running.

#### 4.1.4 IMPACT

##### Outcomes

In health, the most important outcomes relate to death and disease, and on these counts, health programmes in Aceh were largely successful. According to WHO<sup>64</sup>, which coordinated surveillance in Aceh, deaths due to communicable diseases were not higher than normal, and there were no major outbreaks following the tsunami. Given infectious disease risk factors such

<sup>59</sup> ProMS data provided by UNICEF Jakarta office, November 2005.

<sup>60</sup> E-mail correspondence with WHO official, December, 2005.

<sup>61</sup> Interview with UNICEF health/nutrition officer, November 2005.

<sup>62</sup> ProMS data provided by UNICEF Jakarta office, November 2005.

<sup>63</sup> HIC Sumatra, ‘Response sheet report—health’, 29 January 2005.

<sup>64</sup> WHO Regional Office for South-East Asia, *Moving Beyond the Tsunami: The WHO Story*, 2005.

as overcrowding, poor sanitation, and initially low vaccination rates, these statistics at the least suggest a positive impact of health interventions undertaken in Aceh.

UNICEF's health and nutrition section sponsored several direct measurements of programmatic impact. For example, in malaria-endemic Sabang, a consultant from the Center for Disease Control and Prevention (United States) conducted a malaria survey in April 2005. The survey found that 5.5 percent of the island's population was harbouring malaria parasites. UNICEF then supported the distribution of 15,000 mosquito nets by CARE in June 2005. A post-intervention survey was performed. Rather than increasing, as had been expected during the rainy months, the prevalence of parasitemia had dropped to 3 percent, which is roughly a 45 percent decrease, and one that is consistent with proper use of bed nets in other settings. This indicates that the UNICEF-supported programme achieved its goal.

Impact on maternal and neonatal deaths will be clearer after data are reported for 2005. The health expert on the evaluation team informally surveyed hospitals, health centres, district health officials and camp dwellers. All of those surveyed reported knowing of maternal and/or neonatal deaths in 2005, indicating that such occurrences remain a problem (as they were before the tsunami), and continuing efforts to address them are merited.

The measles vaccination campaign was extended until April 2005. During that time, approximately 60 cases of measles were documented in IDP camps and surrounding populations—none of the children died. Government reports credit the campaign with achieving a 92.65 percent (or 90.8 percent) coverage. However, the UNICEF-supported rapid confidence monitoring survey performed in March/April 2005 indicated 81.4 percent coverage<sup>65</sup>. The discrepancy is likely due to an original underestimate by the government of the number of children in Aceh that needed vaccinations (the 'denominator'). A more comprehensive survey performed by CARE in July/

August 2005 in three tsunami-affected districts found even lower coverage rates of 55.9 percent, 45.9 percent, and 61.8 percent<sup>66</sup>. Preliminary results from UNICEF's September 2005 survey indicated an average of 49.9 percent coverage among the population in 20 additional districts<sup>67</sup>. It is possible that by the summer, parents forgot whether their children had received vaccinations. However, the low figures suggest that measles vaccinations did not penetrate as far as expected into the general population. Fortunately, the rate of actual measles infection has remained low. Wider coverage was achieved with vitamin A supplementation.

A comparison between the health and nutrition situation in February/March and September 2005 can be made based on results from UNICEF's second cross-sectional nutrition survey. (Report and dataset delivery were delayed and were still being prepared as of early February, 2006, however, results were shared with partners in two well-attended PowerPoint presentations in Aceh). The second survey includes 10 districts not included in the former survey and is missing three districts (data from these districts were collected and analysed separately by CARE). The results from an initial analysis are shown in Table 3. A comparison is provided between the 10 overlapping districts. The results suggest a trend toward improved health status in nearly all categories. Stunting among children—a chronic problem—not surprisingly remained roughly the same, as did anaemia. Micronutrient supplementation had not had an impact on the general population because distribution of Vitalita sprinkles increased only among IDPs. Persistent anaemia may also be due to the fact that children were still harbouring intestinal parasites and had not yet been treated with de-worming agents. Anaemia can have serious negative consequences for health and mental functioning in children.

As for global acute malnutrition and severe acute malnutrition, a comparison may be made for three districts—Banda Aceh, Aceh Besar and Simeulue—which were surveyed by CARE in July/August 2005. Table 4 reflects data from UNICEF's February/March 2005 survey and CARE's July/August 2005 survey.

<sup>65</sup> Provincial Health Office, Nanggroe Aceh Darussalam and UNICEF, 'Rapid Convenience Monitoring .

<sup>66</sup> CARE International, IEHRB, CDC, 'Integrated Health and Nutrition Baseline Survey Preliminary Results', PowerPoint presentation, Banda Aceh, 13 October 2005.

<sup>67</sup> Preliminary data tables from UNICEF-led comprehensive health survey conducted in August 2005.

**Table 3: Analysis Based on Preliminary Data Tables**

	February 2005 <sup>68</sup>	February 2005 (10 districts) <sup>69</sup>	September 2005 (10 districts) <sup>70</sup>
<b>Women of reproductive age</b>			
Anemia	30.2%	30.1%	26.3%
Diarrhoea	8.7%	9.1%	2.6%
Cough/ARI	24.2%	24.1%	10.5%
Fever	22.2%		No data provided
Vomiting	9.1%	10.8%	3.2%
Skin infection	12.9%	13.0%	6.7%
<b>Children</b>			
Diarrhoea	24.3%	26.0%	9.0%
Coughing/ARI	47.5%	47.9%	32.3%
Fever	53%	56.3%	32.4%
Vomiting	13.3%	15.2%	4.7%
Skin infection	24.9%	25.2%	18.2%
Measles	3%	Data not given	1.3% (all districts)
Measles vaccinated	34.4%	27.1%	48.4%
Wasting	11.4%	11.2%	8.4%
Stunting	38.1%	38.2%	35.2%
Underweight (WFA < -2SD)	43%	43.5%	40.5%
Anemia 6 to 59 mos.	48.2%	48.0%	50.5%
Received vitamin A:	60%	56.7%	86.3%
Received Vitalita: (micronutrient sprinkles)	1.7%	1.1%	21.9%
Mosquito nets:	Half had nets		46.4% (slept with net)

**Table 4: Global Acute Malnutrition and Severe Acute Malnutrition Data**

	Feb/March	July/Aug
<b>Global Acute Malnutrition ages 6-59 months. (&lt;2 SD WFH and/or oedema)</b>		
Banda Aceh	12.6% (95% CI : 8.9-16.3%)*	8.7% (5.29-12.11%)
Aceh Besar	7.6% (95% CI : 4.8-10.4%)	9.1% (6.25-11.95)
Simeulue	18.6% (95% CI : 14.3-22.9)	16.6% (13.41-17.79)
<b>Severe Acute Malnutrition ages 6-59 months. (&lt;-3 SD WFH with or without oedema—above 1% is WHO cut off for public health emergency)</b>		
Banda Aceh	0.7% (95% CI : 0.0-1.6%)	0.4% (-0.36-1.16)
Aceh Besar	1.0% (95% CI : 0.0-2.0%)	1.3% (0.18-2.42)
Simeulue	4% (95% CI : 1.8-6.2%)	2.3% (1.02-3.58)

\*C.I. given in annexes of original UNICEF report—these were slightly changed in the PowerPoint provided in February 2006.

<sup>68</sup> Gol, Food and Nutrition Research and Development Centre, Indonesian Ministry of Health, SEAMEO-TROPED-RCCN-UI, and UNICEF, 'A comprehensive assessment of nutrition and its determinants in tsunami-affected districts in Nanggroe Aceh Darussalam, Indonesia', February-March, 2005.

<sup>69</sup> Ibid. Averages derived by removing the three districts not surveyed in August 2005.

<sup>70</sup> Based on preliminary data tables from the UNICEF-led comprehensive health survey conducted in August 2005. Averages were derived using data from the same 10 districts that were surveyed in February 2005.

Thus, the results from February and July 2005 were not significantly different. Trends in malnutrition indicated an increase in Aceh Besar and a decrease in Banda Aceh and Simeulue. However, acute malnutrition in Simeulue was still at an unacceptably high level, and the survey showed that children commonly harboured intestinal helminths (worms), which contribute to malnutrition and anaemia.

UNICEF's preliminary results for the additional 10 districts surveyed in September 2005 suggest statistically significant drops in global acute malnutrition in Aceh Timur and Aceh Barat Daya, and statistically significant drops in severe acute malnutrition in Aceh Barat Daya and Aceh Utara. However, levels of global acute malnutrition exceeded 10 percent in Aceh Selatan and Bireun (in both cases rising, though not significantly, compared with February 2005). Severe acute malnutrition in Nagan Raya dropped slightly but remained above 2 percent.

Overall, the nutrition response in the first six months likely contributed to the important improvements in nutrition seen in certain areas, such as the overall reduction of wasting and significant drops in global and severe acute malnutrition in several districts. However, persistent high levels of both in some sub-districts, and deaths reported due to malnutrition in various parts of Aceh indicate that efforts to address acute malnutrition have been insufficient. It is important to keep in mind the context prior to the tsunami; malnutrition was already a serious problem in Aceh. While in early surveys the levels of acute malnutrition overall may have been comparable to other parts of Indonesia, they still exceeded critical levels, and in some areas were even more seriously elevated. The additional stress experienced by the population provided even more of a rationale for an urgent nutrition response along the lines recommended in the first and second UNICEF nutrition surveys, focusing on deworming, micronutrient supplementation, targeted supplementary feeding for children, therapeutic feeding in certain areas, and improved sanitation/

hygiene. The reasons for delays in actualizing some of these responses are explored further below, along with an exploration of programme effectiveness meant to provide a fuller understanding of the degree to which all of the above health and nutrition outcomes were linked to UNICEF activities.

### Gaps

Gaps were noted in three areas:

1. **Community-based interventions:** The health and nutrition section distributed supplies to provincial and district health authorities and to NGOs. Often, though, UNICEF did not provide support for distribution of its supplies beyond the district department of health. For example, health officers interviewed in one east coast district complained that they were not given funds to distribute 100 UNICEF-donated midwife kits to midwives who needed them in distant health clinics and camps.

After the large wave of NGOs receded in March 2005, UNICEF staff noted that the most at-risk IDPs in camps and barracks were left without services. A proposal was made to provide integrated health, nutrition and sanitation services and information to the camp population. Funds were available, but the programme was called off because supplies—namely tents—were not.<sup>71</sup> This problem should have been surmountable. The result of not having such a programme, in the opinion of UNICEF staff and NGO partners, was that communities did not understand how they could access services and information, and thus the demand for such services was not as high as it should have been.

2. **Technical information and training materials:** NGO partners wanted more technical standards and educational materials from UNICEF on areas of the agency's expertise, such as pregnancy, malaria prevention, nutrition and vaccination. These would have been used to guide NGO programmes and provide IDPs with accurate information, extending UNICEF's reach.

<sup>71</sup> Interview with UNICEF health/nutrition officer, November 2005.

3. **HIV/AIDS:** Although the prevalence of HIV infection in Aceh is assumed to be low, disasters increase risk factors for HIV transmission.<sup>72</sup> Steps outlined in the Minimum Initial Service Package are widely endorsed by the humanitarian community as appropriate and necessary early responses to HIV prevention in displaced persons situations. These include enforcing respect for universal precautions against HIV (such as gloves, protective clothing and disposal of sharp objects) and guaranteeing the availability of free condoms. UNICEF did distribute some needle collection containers, although our research in the field found they were not always being used. UNICEF began planning for other HIV interventions in April-May 2005 and is only now, a year after the tsunami, beginning to implement HIV/AIDS prevention programmes.

#### **Effect of the tsunami response on ongoing programmes**

In the first six months following the tsunami, ongoing health and nutrition programmes for Indonesia were largely set aside.<sup>73</sup> Staff members and administrative work were directed toward Aceh. In Papua and East Nusa Tenggara Timor, safe motherhood programmes were delayed. Planned assessments in other parts of the country for Integrated Management of Childhood Illness (IMCI) programmes, and an updating of the country's 15-year-old immunization manuals were postponed, as were posyandu revitalization and tetanus immunization campaigns.

Diverting attention to the emergency was appropriate in the short term. However, the negative impact on existing health programmes might have been minimized if preparedness plans had identified potential emergency staff, especially nationally and regionally. In the long run, UNICEF's tsunami response may benefit children's health and nutrition nationally. Innovative programmes, such as community-based therapeutic feeding, will be piloted in Aceh, opening the possibility for later use in other parts of Indonesia.

#### **4.1.5 EFFECTIVENESS**

In general, planned activities in health and nutrition corresponded well with actual needs and UNICEF's global commitments. However, the health and nutrition sector faced its greatest challenges in ensuring programme effectiveness. There were severe deficiencies in the timeliness and monitoring of activities, and these affected partnerships and coordination. Programme officers faced significant constraints, some of which were internal to the organization, such as inadequate staffing and overly burdensome administrative procedures. These operational problems point to larger issues that UNICEF may wish to address in order to improve the effectiveness of its emergency response.

#### **Constraints**

A discussion on effectiveness must begin with a recognition of the severe difficulties posed by this particular disaster. One UNICEF health officer summed it up best: "This was a disaster that affected hundreds of kilometres of coastline, it affected thousands of different small communities, many of which were very isolated, and it also had decimated the key counterpart staff that we might normally be expected to collaborate with. The next problem was the incredible influx of poorly coordinated international support."

UNICEF's major partner was a hard-hit provincial health office—one that needed to be involved in all sectoral activities. The province's few health staff members were over-stretched, which impacted the timeliness and effectiveness of UNICEF interventions. In addition, one of the major impetuses for coordination between health NGOs and UNICEF during emergencies—the need for financial support—was not a factor here given the generous donations provided to NGOs.

United Nations security guidelines and the Phase 4 designation of most of Aceh placed significant restrictions on UNICEF's ability to respond to certain areas with the poorest health and nutrition indicators,

<sup>72</sup> Fink, Sheri 'HIV in the Aftermath: Breaking the HIV/AIDS and Disaster Connection', IAVI Report, 13 June 2005.

<sup>73</sup> Interview with UNICEF Indonesia health/nutrition officers, November 2005.



particularly in conflict-affected areas. In some cases, UNICEF responded to this problem effectively by working through national NGOs that were willing and able to operate in these areas.

### **Timeliness**

Delays in cash payments, reimbursements and provision of supplies were some of the greatest obstacles to programme effectiveness. Perhaps more than any other section, health/nutrition needed to be able to provide funds to cash-strapped district offices so that health authorities could organize meetings and trainings, and mobilize staff to gather information or provide services in remote areas. Without an operations officer in Aceh during the early post-tsunami months, programmatic staff seeking cash faced a frustrating ordeal involving rules that changed as quickly as the officers who made them. Permission for an expenditure would typically be granted and later rescinded. In numerous instances, health and nutrition staff members paid out of pocket in order to honour commitments and accomplish their programmes. The lack of ready cash also affected relationships with other agencies. One UNICEF officer described feeling embarrassed by this: “We had to turn to WHO so many times to pay for things because we couldn’t.”

Because cash could not be provided quickly, emergency health staff trainings and outreach and awareness campaigns sometimes did not take place. This happened often during the measles vaccination and vitamin A supplementation campaign. It contributed to the difficulties in achieving UNICEF’s goal of vaccinating 90 percent of those in the 6 months to 15 year age group. UNICEF’s March/April 2005 rapid convenience monitoring survey<sup>74</sup> indicated that 26.2 percent of parents whose children were not vaccinated claimed this was because they were unaware of the campaign, and 10.9 percent skipped vaccination because they incorrectly believed their children could not be immunized due to minor illnesses.

At times, government staff could be convinced to commence programmes with the promise of later reimbursement by UNICEF. There are disturbing cases in which these reimbursements were subject to later revision and/or extreme delay. For example, costs for an Expanded Programme on Immunization (EPI) meeting that the Aceh provincial health authority conducted in July 2005 were still not reimbursed as of November 2005. Similarly, the district health office in Pidie had not received a promised reimbursement for the operational and socialization costs involved in a bednet distribution that took place in April 2005. Said one health officer there: “We had to borrow from each staff member to pay for trucks, gas and an incentive to the people distributing the nets.” Such hold ups did not go unnoticed by NGO partners that distributed nets in coordination with UNICEF. One international NGO health officer described fielding phone calls from health authorities asking where the refunds were<sup>75</sup>. In another case, government microscopy experts refused to hand over data on the level of malaria parasites in the population—a key variable in UNICEF’s latest cross-sectional nutrition survey—because they have not been paid for their work on a previous study.

Late supply delivery has also plagued programme implementation, from the 14 emergency ambulances that took eight months to appear in Aceh, to some of the microscopes, midwife kits and supplementary and therapeutic foods that have as yet failed to materialize. The reasons for these delays are complex and involve factors both within and outside of UNICEF’s control. For example, a requisition for 14 ambulances was placed on 5 January 2005, and the ambulances were ordered on 13 January from Japan. Delays should have been expected in ordering new vehicles from outside Indonesia and having them delivered by ship. The ambulances arrived in the port in Medan on 12 March. After clearing customs, they sat at the port: the sub-contracted trucking company was staging a work slow-down because UNICEF had not paid the main contractor. Approximately a month

<sup>74</sup> Provincial health office, Nanggroe Aceh Darussalam and UNICEF, ‘Rapid Convenience Monitoring Survey: Survey Report’, March-April, 2005.

<sup>75</sup> Interview with NGO health officer, November 2005.

later, the Indonesian government clamped down on humanitarian goods in certain restricted classes, such as vehicles, and it took a long time before the final inspections and counterpart documentation were completed.<sup>76</sup>

In several cases, other United Nations or non-governmental agencies offered to provide the needed items more quickly (one district received seven ambulances before UNICEF's arrived in September<sup>77</sup>). This put health authorities in an awkward position—accepting the items would lead to redundancy, but not accepting them meant denying the population important health services.<sup>78</sup> One senior programme officer for a partner United Nations agency went so far as to accuse UNICEF of a “credibility gap”—stating it was much better at “selling itself and its programmes” than actually delivering on its promises.

Finally, printing delays have reduced the effectiveness of several key health programmes. Immunization cards arrived weeks after the emergency measles campaign began, meaning that thousands of children lack records of ever having received vaccinations. This led to the possibility of giving children duplicate vaccinations and potentially harmful dosages of vitamin A, because inadequate coverage found in post-vaccination surveys led campaigns to be repeated again and again, added to which the population was very mobile. To make matters worse, the cards were designed to record only measles immunizations, making them useless for future general vaccination campaigns.

Likewise, outreach materials for programmes such as malaria bednet distributions and mass polio immunization campaigns were received after the events they should have preceded. Numerous potential beneficiaries likely remained unaware of the important services being provided. The reasons for these delays are complex, and are explored in further detail below.

### Monitoring

One result of the weak field presence noted earlier was poor monitoring of UNICEF's interventions. Staff rarely went out into the field to ensure that donated supplies and cash were actually disseminated and correctly used. Evidence of the ineffective use of UNICEF contributions was found virtually everywhere throughout this evaluation, and was noted by colleagues in other United Nations agencies. UNICEF staff complained of being unable to get into the field—one project officer who had worked for 10 months in Banda Aceh had left the city only five times.

Examples of where early follow-up could have identified and led to the correction of serious problems include:

1. UNICEF-provided refrigerators in various districts were not being kept powered on, risking the inactivation of heat-sensitive vaccines. Health workers did not know how to use, or were unwilling to purchase, kerosene.
2. A health officer vaccinating children at an IDP camp did not know that when the temperature monitor on the vaccine vial changes colour, the vaccine should be discarded.
3. Used needles were collected in a punctured plastic bag, despite UNICEF having supplied safe needle collection boxes to health authorities.
4. Midwife kits were piled up in district health office warehouses for months while midwives complained of not having received them.
5. Staff of an international NGO found UNICEF's mother and child handbooks sitting in a warehouse in Simeulue district and not being used at village health posts.
6. A UNICEF staff member found that informational posters on breastfeeding and tsunami-related health education, which were printed and sent out in late August 2005, were sitting unused in the district health warehouse in Aceh Barat district in October.
7. Ambulances donated for the transport of women with emergency obstetrical complications were being used, if at all, as transport vehicles for health officers. Support for emergency medical technicians and operating costs was not provided.

<sup>76</sup> Information provided by UNICEF supply section officers via e-mail, December 2005.

<sup>77</sup> Interview with district health office personnel, November 2005.

<sup>78</sup> Interview with district health workers and a UNICEF health/nutrition officer, November 2005.

At times, UNICEF used partners to effectively monitor activities. For example, after an obstetric delivery training exercise, post-training monitoring was provided by a training centre in Aceh. The positive effects of this monitoring were seen during this evaluation—in each of the districts where health workers had been trained, they returned to train others at their health clinics.

### Partnerships

UNICEF's main health partners were provincial and district health authorities. Health authorities who were interviewed expressed gratitude for UNICEF's support. In many districts, UNICEF and WHO provide the main additional sources of support for a vastly increased post-tsunami workload not budgeted for by the government. In addition, UNICEF's health and nutrition section has worked hard to build the capacity of its governmental partners.

Still, there are several ways in which these partnerships might have been made even more effective:

1. Improving the ability of displaced governmental health staff to perform vital functions in the immediate tsunami aftermath would have been a good early target for UNICEF support, e.g. providing them with a place to work and the use of office equipment.
2. Supporting the distribution of supplies beyond district health authority warehouses, and paying for socialization costs to make populations aware of the new services.
3. Giving government partners timely written updates on the status of proposals made to UNICEF so that health authorities could make plans with other agencies that were interested in supporting similar programmes.
4. Countering the perceived high staff turnover rate within UNICEF that was consistently criticized by partners during this evaluation.
5. Releasing funds to the provincial health office bank account in spite of outstanding receipts for a pre tsunami neonatal tetanus vaccine campaign would have been appropriate. Much of the documentation was destroyed, but UNICEF demanded that the provincial EPI coordinator re create it, which took months.

6. Providing, in certain cases, stronger and more corrective guidance to national and international partners in their health and nutrition response to the tsunami.<sup>79</sup>

In addition to working with government, UNICEF initiated important partnerships with national and international NGOs for some of its health programmes. For example, on Aceh's west coast, UNICEF extended its reach in maternal and child health and nutrition by working with Indonesian medical volunteers who formed the national NGO Ibu4Aceh.

UNICEF did a commendable job mobilizing partners to participate in its labour-intensive cross-sectional nutrition survey. Some of these partners<sup>80</sup> were dismayed, however, when they did not receive raw data from their sub districts in a timely manner, and had to wait months for the official report instead.

### Coordination

UNICEF took an early lead, along with government, in the difficult task of coordinating the measles immunization campaign. UNICEF also moved into coordinating roles in nutrition and malaria prevention. On the west coast, UNICEF's strong presence in Meulaboh led to its coordinating, for a time, the overall health sector. Perhaps most importantly, throughout the early months following the disaster, UNICEF helped governmental health authorities and hospital directors coordinate with the massive influx of international health NGOs<sup>81</sup>.

Examples of positive coordination include:

- UNICEF health staff briefed international NGOs on the workings of the Indonesian health system and mapped the activities of international agencies on the west coast;
- bilingual UNICEF health staff served as willing bridges between government health workers and international responders;
- UNICEF-coordinated health meetings allowed NGOs and United Nations agencies to head off potential overlap and redundancy in their programmes; and
- UNICEF staff were described as "good, accessible, available" by health staff at an international NGO; "UNICEF plays very well here," said a United Nations health partner on the west coast.

<sup>79</sup> Interview with Aceh-based health director of an international NGO; November 2005. Interview with UNICEF staff about partnerships during the nutrition survey, November 2005—UNICEF took the opportunity to help a national organization develop its capacity. Unfortunately, the group was not up to the task, resulting in a poor quality report turned in two months late that had to be re-written by UNICEF.

<sup>80</sup> Consistent complaint heard in interviews with health staff in several Aceh-based NGOs and United Nations agencies, November 2005.

<sup>81</sup> Governmental health authorities, hospital, health centre and NGO staff interviewed, November 2005.

Still, coordination posed a challenge in some of UNICEF's major activities:

**Measles immunization coordination:**

Initial meetings on the immunization campaign were uniformly described as unorganized. Agencies picked out areas on a map where they wanted to work and then immediately set out to begin the campaign. UNICEF and the Ministry of Health quickly provided vaccines and materials, but little if any pre-mobilization, training or organization. There was no strategy. Experts both outside and inside UNICEF agreed with this assessment by a seasoned public health specialist: "It was one of the worst organized campaigns I have seen."

At times, coordination between UNICEF and government authorities was difficult, as the latter adopted a 'business as usual' attitude towards the campaign—immunization posts were open for only a few hours a day. Social mobilization was also poor. Coordination with government was all the more challenging because of rapid turnover in immunization staff sent by the Ministry of Health in Jakarta and the fact that the provincial EPI manager had lost his family in the tsunami.

A significant problem was that UNICEF's pre-existing vaccination campaign budget and planning templates did not cover critical elements such as supervision, social mobilization and additional transport, yet these templates were used for the emergency campaign<sup>82</sup>. According to an early UNICEF situation report: "The Ministry of Health is not happy about...what they perceive as UNICEF's lack of responsiveness in releasing funds during the immediate post-tsunami period."<sup>83</sup> Governmental health workers feared UNICEF's financial processes and were afraid to diverge from hastily drawn-up micro-plans even when needed (e.g. using a boat to deliver vaccines to difficult-to-reach areas). Tension with the Central Ministry of Health also arose over the fact that UNICEF could not purchase measles vaccine locally. The supplier, Biopharma, had lost its WHO pre-qualification. A shortage of vaccines later resulted;

however, this was not UNICEF's fault, as it had offered to purchase the vaccine from other manufacturers, and the Gol declined this offer.<sup>84</sup>

By 24 January 2005, 54,410 children had been vaccinated. The initial rate of vaccination was 80-400 per day, and it rose to 4000 per day. Experience showed that with proper planning, vaccinating even higher numbers of children in Aceh was possible. In one instance, a WHO staff member was sent to Aceh Besar, where vaccination campaigns were already underway. He organized, trained and prepared a team, and within six days, they immunized an additional 50,032 children<sup>85</sup>.

Over time, UNICEF's coordination of the immunization campaign improved. UNICEF trained NGOs on how to conduct measles campaigns. Throughout, UNICEF staff were praised for their willingness to assist the multiple agencies involved in the campaign, and in areas where UNICEF was present, its staff responded quickly to problems (e.g. organizing same-day ring vaccination after two measles cases were found in one west coast camp). Overall, the problems in coordinating the mass measles campaigns were the result of multiple factors and UNICEF had control over only some of these. More human resources, more deliberate planning and socialization, and more flexibility in the use of funds would have benefited the campaign.

**Maternal and Child Health (MCH) Coordination**

UNICEF coordinated well with the provincial health authority and United Nations agencies on dividing district-based work in MCH. However, this mapping exercise did not extend to NGOs working in the sub-sector. The health coordinator for a prominent international NGO was unaware that UNICEF had initiated emergency obstetric training and health centre upgrades in the sub-districts where his NGO had worked on MCH projects since February 2005. Likewise, UNICEF's MCH officer was unaware of this NGO's activities.

<sup>82</sup> Interview with former UNICEF health/nutrition staff member, December 2005.

<sup>83</sup> UNICEF Banda Aceh, 'Weekly EPI Sitrep', 6 February 2005.

<sup>84</sup> E-mail correspondence with UNICEF Supply Section, Copenhagen, December 2005.

<sup>85</sup> WHO, Regional Office for South-East Asia, *Moving Beyond the Tsunami: The WHO Story*, 2005.

### Nutrition Coordination

UNICEF has provided valued coordination and leadership in the nutrition sector. Early in the response, UNICEF mobilized two regional nutritionists who provided invaluable support to programmes—such as nutrition surveys—in Aceh before a permanent staff member was hired to oversee the response. However, kwashiorkor and child malnutrition deaths in Aceh highlight the need to evaluate how effectiveness could have been improved. Interviewees stressed that given UNICEF's high profile role in nutrition coordination, photos of children suffering from severe malnutrition could pose a threat to the organization's reputation. UNICEF's surveys clearly indicated that malnutrition was a problem in Aceh. A rate above 1 percent severe acute malnutrition is classified by WHO as a public health emergency. The question is: when an indicator of severe acute malnutrition indicates an emergency but is considered 'normal' in a country, should UNICEF respond if it has the resources? Perhaps 'build back better' should be the motto for nutrition as well.

In the combined Flash Appeal (6 January, 2005)<sup>86</sup>, UNICEF took responsibility for "...ensuring adequate nutritional intake of vulnerable populations." Activities were to include supplementary feeding, de-worming and iron supplements, in particular for pregnant and lactating women and malnourished children under 5 years. De-worming has not yet taken place due to the government's opposition to the de-worming medicine provided by UNICEF<sup>87</sup> (the medicine UNICEF provided, albendazole, is on the WHO list of drugs approved for mass de-worming campaigns, as is the government's preferred drug, pyrantel). In August 2005, a UNICEF nutrition consultant found a major gap to be a lack of fortified complementary food targeted to areas with high wasting, or as a complement to community-based therapeutic feeding<sup>88</sup>. Vitamin A supplementation was focused on UNICEF's programme districts and not on the districts where UNICEF's own survey had suggested it was most needed.

Of course, UNICEF is not the only agency involved in nutrition activities, and part of the problem has been poorly executed coordination. In February and March 2005, UNICEF, WHO and WFP divided nutrition-related responsibilities. WHO agreed to support therapeutic feeding in hospital settings, WFP to support supplementary feeding and general food distribution, and UNICEF to set up community therapeutic care<sup>89</sup>. However, it appears that the agencies have failed to fully live up to their commitments, and deficiencies have not been resolved through further coordination. For example, WHO did not have the resources to implement therapeutic feeding centres, and it has not done so. The agency felt that UNICEF was better placed to procure the necessary items and had more funding, but this was not immediately communicated to UNICEF. WFP has pulled supplementary foods from its general ration but is not yet targeting them to at-risk areas identified in the UNICEF nutrition survey. Helen Keller International, which committed to providing micronutrient sprinkles in coordination with UNICEF, took time to get its programme going, and generally does not provide the sprinkles beyond IDP camps. Finally, UNICEF has been slow in implementing community-based therapeutic feeding, due in part to delays in contracting for this activity. All these gaps are unacceptable.

It is surprising that UNICEF's extremely important and impressive nutrition survey did not lead to more effective coordination in responding to malnutrition. The findings reportedly had the effect of decreasing general concern about malnutrition, which led to less interest in participating in coordination meetings, and less capacity for response in areas suffering from severe malnutrition. UNICEF staff suggested that this lessening of concern may have been due to NGOs comparing the results on nutritional status to famines in parts of Africa, where some groups choose to close or exit therapeutic or supplementary feeding programmes when global acute malnutrition drops below 10 percent. However, the average level was 12.2 percent in under five-year-olds in Aceh, and significantly higher in certain districts.

<sup>86</sup> Consolidated Appeals Process, 'Indian Ocean Earthquake-Tsunami, 2005: Flash Appeal'.

<sup>87</sup> Interviews with UNICEF health/nutrition officers, November 2005.

<sup>88</sup> Codling, Karen, 'Trip Report: Indonesia', 23-30 August 2005.

<sup>89</sup> UNICEF, 'Outline of Collaboration between Dinas Kesehatan Provinsi Nanggroe Aceh Darussalam and UNICEF for Support to Strengthening Nutrition Interventions in NAD Province in the Aftermath of the Tsunami Emergency', undated.

In addition, for some agencies, the information came too late. By the time the first cross-sectional survey was released in April 2005, agencies such as WHO and World Vision International had already chosen districts to target for nutrition interventions<sup>90</sup>. As for WFP, UNICEF's study suggested that Aceh Utara, Aceh Barat Daya and Simeulue had the indicators for blanket supplementary feeding, but WFP chose to pilot such a programme in Pidie instead simply because that is where they had the capacity to do it<sup>91</sup>. Agency officers say they are unable to effectively coordinate with UNICEF to address malnutrition because they are short on resources. WFP is planning to use the results from UNICEF's second survey to target future MCH programmes, but the results were still being analysed as of late November 2005.

On the other hand, NGOs such as Save the Children and CARE did use the first survey results to direct blanket supplementary feeding and therapeutic feeding programmes to the district of Simeulue. The Simeulue district health office director used UNICEF data on malnutrition in Simeulue in his requests for assistance. Interventions were still relatively new when CARE conducted its health and nutrition survey in July 2005.

Joint survey-based assessments are important. So, too, is the long process of revitalizing Aceh's *posyandu* system for community-based nutritional monitoring. UNICEF has taken a leading role in both these activities. The latter, including planned innovations such as a 'wedding package' to support newlyweds and plans for community therapeutic feeding will hopefully contribute to the goal of raising the health and nutrition status in Aceh to a higher level than it was pre-tsunami. However, a point of criticism is that UNICEF did not coordinate a more rapid response to acute malnutrition. Part of the problem was the lack of a UNICEF nutrition coordinator in Aceh during the early post-tsunami months.

### Principles and Standards

The right to health for all is a key principle. UNICEF respected this principle by reaching out to both tsunami-affected as well as conflict-affected children. For example, UNICEF managed to target mosquito nets to some areas with a high incidence of malaria that were also conflict-affected areas, such as Beutong

Ateuh in the Nagan Raya district. Furthermore, UNICEF extended its health and nutrition survey to all districts of Aceh even before the peace agreement was reached.

While conflict-affected areas of Aceh are still neglected in the overall humanitarian community's response to Aceh, UNICEF is viewed as a particularly impartial and independent actor. For example, a global acute malnutrition commander recently approached UNICEF, rather than any another agency, to seek help for malnourished children in his village. "We asked why did you pick our organization?" said a UNICEF staff member. "He said we know UNICEF supports children." Now that the conflict is over, conflict areas should be made an explicit priority in UNICEF's annual work plan, especially as these areas were also indirectly affected by the tsunami.

The evaluation team questioned national health professionals and tsunami-affected individuals about several health-related human rights issues. The following were found to be widespread throughout Aceh and had not yet been addressed by UNICEF:

1. a widespread practice of female genital mutilation;
  2. a common lack of birth registration; and
  3. a preponderance of child marriage and pregnancy.
- As far as can be determined, UNFPA has not taken up this issue.

While it would not have been practical to launch campaigns on these issues in the immediate post-tsunami period, UNICEF should consider responding to these issues in the future in Aceh.

### 4.1.6 EFFICIENCY

The biggest barrier to efficiency in the health and nutrition section was related to insufficient human resources.

#### Early Response

Soon after the disaster, UNICEF mobilized health experts from the Center for Disease Control and Prevention in the United States. The latter provided excellent technical expertise, but they were not versed in UNICEF's operational procedures, and so had difficulty in "making systems move."<sup>92</sup> Furthermore, an adequate number of complementary national

<sup>90</sup> Interviews with Aceh-based WHO and World Vision International staff members, November 2005.

<sup>91</sup> Interview with WFP officers, November 2005.

<sup>92</sup> Interview with UNICEF health/nutrition staff member, November 2005.

programme staff was not hired to work with these international personnel. This led to the use of existing UNICEF national programme staff as translators, overburdening them. There were likewise few national staff members available to help the international health experts work, often for the first time, with governmental authorities in an Asian context.

Until March 2005, there was no health and nutrition coordinator in Banda Aceh (the selected coordinator was sent for several weeks to initiate the Meulaboh field office, which was suffering from a shortage of capable staff). There was not, and still is not, a national officer for managing the health and nutrition programme, and throughout the early response there were other gaps in health and nutrition staffing. Some of these problems might have been averted by the following disaster preparedness structures within UNICEF:

1. Well-established rosters of national, regional and international technical and operational experts willing to join UNICEF in the event of emergencies.
2. Dedicated in-house emergency health and nutrition experts available to respond in the disaster crisis and early recovery phases. These would logically include experts in immunization, surveys/assessments, nutrition, and health systems rehabilitation and recovery.

### **Third Month and Beyond**

Beginning in March 2005, Indonesian staff members returned to their duty stations and formal UNICEF hiring procedures were re-instituted. However, it took weeks or months to hire national and international staff. Time delays cost the organization good candidates and many weeks of vital programming time. Formal recruiting procedures hampered a quick response to urgent staffing needs. Despite the pulling of the 'global trigger', attempts to bring in health staff from other UNICEF country programmes were often turned down.

Even when programme staff was recruited and hired, there was not enough operational and human resources staff to support them. "Where we had so much more work, the support systems were in the same level that they were in a normal programme," said an officer. In particular, the health and nutrition programmes suffered from the lack of an Aceh-based operations manager to oversee personnel, logistics and financing.

Overall, efficiency was reduced because most health and nutrition staff members were new to UNICEF, and the majority of government partners had never worked with UNICEF. Because of these two factors, programmes in Aceh required twice the effort to produce the same output as in other provinces of Indonesia, according to one veteran health officer.

Problems with staffing persisted long beyond the half-year mark. In November 2005, a national officer who was a first-time programme manager was managing and running a nearly \$7.5 million health programme with only a single, part-time assistant. To be sure, there were significant obstacles in filling key positions because it was difficult to identify national staff members who were technically capable, fluent in English and not already working for the government. To its credit, UNICEF did not pilfer staff from already depopulated governmental health departments.

Furthermore, the staff members UNICEF did hire were nearly uniformly regarded both within and outside the agency as excellent. In the early weeks, the health section did an impressive job of attracting national and international personnel who were already working in the field with other NGOs. Many of the most effective national and international staff members working a year after the tsunami were those who had been hired in the early weeks—these individuals say they were attracted to UNICEF because of the quality of its staff and its good relations with other NGOs in the field.

### **4.1.7 SUSTAINABILITY, CONNECTEDNESS AND COHERENCE**

UNICEF health and nutrition staff has made developing national capacity a strong priority, and has worked closely with governmental authorities in developing programmes. For example, UNICEF's support of nutrition, EPI and MCH experts to work directly inside government offices has been greatly appreciated. At the provincial health office, staff members have helped with finance, planning, logistics, supervision and management, and one person is managing the vital vaccine store.

These actions promote sustainability. Furthermore, UNICEF's programmes cohere well with national and UNICEF health priorities, including improving routine immunization services and injection safety, initiating IMCI, revitalizing community-based monitoring of child development and pregnancy, and strengthening emergency obstetrics care. In terms of disaster preparedness, the health section maintains two warehouses (Banda Aceh and Medan) with stores of oral rehydration salts, hygiene kits, safe delivery kits, water containers and tents.

#### 4.1.8 LESSONS LEARNED/RECOMMENDATIONS

Notwithstanding the criticisms above, the health and nutrition section in Aceh achieved considerable success in its work in spite of numerous obstacles. The staff members deserve commendation for working extremely hard and choosing excellent priorities for their interventions. The evaluator was impressed with their dedication.

Key observations and recommendations of this evaluation include:

1. Measles vaccination campaigns require more emphasis on planning among partners, training of health care workers, and socialization of the population. UNICEF should continue to lead this priority activity in other emergencies. To do so even more effectively, UNICEF should consider designating in-house technical officers to emergency response. The agency should also develop and distribute technical guidelines on emergency measles vaccination campaigns and cold chain specifications for partners.
2. UNICEF's health and nutrition surveys provided important and unique information on the disaster affected population's health status. It is unfortunate that some critical results and recommendations were ignored by others. UNICEF must seek ways to encourage partner agencies to accept and act upon on its survey findings. Contingency plans should be developed to address any problems that arise during the response. The organization's capacity to conduct rapid, comprehensive health and nutrition surveys should be further strengthened. When nutritional supplementation and/or therapeutic feeding are indicated, UNICEF must prioritize these activities and ensure appropriate staffing and support.
3. In general, more emphasis on supporting community outreach/socialization, including supporting training and transportation-related costs, would improve the effectiveness of health and nutrition activities undertaken by UNICEF and its partners.
4. Country and regional health officers should be well versed in UNICEF's CCC and involved in disaster response preparations, including maintaining rosters of local and regional experts with technical expertise. Said one health officer of the CCC: "I didn't have a copy of it and hadn't read it when the disaster hit."
5. UNICEF medicines sent in an emergency must comply with WHO guidelines, including being approved for use in the country, and having a remaining shelf life of at least one year.
6. Now that the conflict in Aceh is over, former conflict areas should be made an explicit priority in UNICEF's annual health work plan. UNICEF should address, and advocate for action to address, health-related human rights issues including female genital mutilation, lack of birth registration, and child marriage and pregnancy—all common in Aceh.
7. Operational support should be strengthened in an emergency. It is a crucial base supporting the effectiveness and efficiency of health and nutrition technical programmes.
8. UNICEF procedures should allow for greater flexibility in times of crisis, as the current, normal UNICEF procedures are not well suited to the nimble response needed in a major disaster. One staff member summed up the opinion of many health and nutrition officers interviewed for this evaluation: "The United Nations Children's Emergency Fund doesn't have a structure to deal with emergencies."



## 4.2 WATER AND ENVIRONMENTAL SANITATION

### 4.2.1 CONTEXT

The tsunami that hit the Aceh region killed more than 121,911 people,<sup>93</sup> displaced near 400,000 people, and another 113,937 are missing. Alongside with this human disaster, the Aceh province also saw huge devastation to housing, public offices, roads, and water and sanitation infrastructure. According to the UNICEF situation reports and WatSan coordination meetings<sup>94</sup>, more than 91 percent of the sanitation facilities (on site disposal) were destroyed. Water supply facilities in the region were also largely destroyed, affecting piped networks (up to 85 percent in some areas) and treatment plants, and contaminating shallow wells with sea water.

According to the WHO/UNICEF joint Monitoring Programme for Water Supply and Sanitation Services (July 2004), 2002 coverage estimates in Indonesia for improved drinking water sources were 89 percent in urban areas and 69 percent in rural areas. Access to improved sanitation was 70 percent in urban areas and 38 percent in rural areas. However, discussions with Gol partners in Aceh revealed that the regional coverage figures were much lower than the national coverage rates stated above in both urban and rural areas. This was because the region had been closed to international presence due to the GAM insurgency and had seen little financial support for developing these services. Hence, the WES situation, already relatively inadequate pre-tsunami, became a critical one post-tsunami.

#### Overall WES Situation in IDP Settlements in Aceh

The water supply situation in camps is generally uneven. Camps that are easily accessible to water tankers or are near the city of Banda Aceh have good water supply, often above the Sphere standards; however, camps that are further removed have inadequate drinking water supply. Interviews with beneficiaries informed us that the water supply was very irregular. Another frequent comment was that the water tasted heavily of chlorine, and some IDPs living near a river preferred to get their drinking water from there and boil it; they used the water from the bladders or tanks for other uses.

The sanitation situation for most IDPs is less than satisfactory. In 80 percent of the camps visited (both tented and temporary), the sanitation situation was alarming, with broken and badly constructed latrines, and a large number of full and overflowing pits. This situation has led to many beneficiaries practicing open field defecation – behind defective latrines, or on the beach or field.

Given the large amount of funding available, this situation is unacceptable. This evaluation looks at where UNICEF was effective in its WES response and as the lead coordinating body for the sector, the obstacles encountered and the less effective activities undertaken.

#### UNICEF's Initial Response: 6 to 8 Weeks

Two days after the tsunami hit the Aceh region, the President of Indonesia opened the region to the international community for relief and reconstruction activities. Prior to this the region had few international actors on the ground. UNICEF did not have a WES programme in Indonesia when the tsunami hit; hence all support had to be flown in from the outside and a WES team had to be rapidly established.

#### Coordination & Staffing

UNICEF responded relatively quickly to the WES sector coordination needs. By 31 December 2004, a WES specialist arrived in Banda Aceh and started initial coordination meetings with WHO and with the international NGOs present to organize the distribution of NFIs and send water tankers to the most affected areas. Another four international staff members for the WES sector arrived on 14 January 2005, taking over from the first person, and the recruitment of at least three local staff was launched within the first week of January. By 30 January, a hygiene promotion specialist arrived to support hygiene work and a consultant came to work on the rehabilitation of the piped water supply network. But by early February, three of the initial international staff left Aceh, leaving a gap in the WES sector staff and pressure to hire additional support. Coordination meetings were held almost daily in the first months in Banda Aceh supported by Oxfam, which was

<sup>93</sup>WHO data, Internet, 2005.

<sup>94</sup>Sit Rep. 2 & 4 January 2005.

co-chairing these meetings. Rapid assessments were carried out by most WES partners and UNICEF attempted to collate all this information in order to develop a matrix to link WES needs in IDP camps with actions and a distribution of responsibilities amongst the organizations. Minutes from the coordination meetings clearly trace WES activities of the key international NGOs. Yet, interviews with both UNICEF staff and partner organizations that were present in the early weeks indicate that the amount of information to process, unreliable information from some NGOs and inadequate staffing led to gaps in information concerning service needs.

### Assessments

From 2-15 January 2005 at least five different WES assessments took place in Banda Aceh, Aceh Besar, and the west coast; UNICEF participated in at least three joint assessments with other United Nations agencies to prioritize WES needs for the IDPs. Further rapid assessments were undertaken in collaboration with WHO in February to look at the WES service gaps in the tented camps.

### Distribution of NFIs

Hygiene kits were ordered early on 28 December 2004; yet the first 1000 kits were only distributed on 12 January 2005, more than two weeks after the tsunami hit. Further distribution of 20,000 hygiene kits continued over the next month. According to ProMS data, from 4-8 January, UNICEF ordered many essential WES supplies: 8 mobile treatment plants, 97 water testing kits, 25 water tanks, 40,000 jerry cans, 12 water bladders and 12,000 squatting plates for the construction of emergency sanitation, along with other sanitation equipment such as wheel barrows, shovels, rakes and hoes, etc. However, distribution of many of the essential items did not take place until mid February<sup>95</sup>.

### WES Activities Implemented with UNICEF Support

By the end of February 2005, UNICEF had supported the construction of some 100 emergency latrines in IDP tented camps through the NGO Yayasan Dian Desa (YDD) and through the government unit of Public Works (PU). This slow construction

rate was mainly due to PU's inability to function effectively immediately after the disaster and monitor construction progress. Hence, YDD was contracted to carry out this work. Squatting plates arrived towards the end of January, but they were deemed inappropriate; in a country that uses the pour-flush method, people did not like using a squatting pan with a direct drop hole to the pit. To date, approximately 5,000 plates are still in a warehouse in Banda Aceh, and some 800 are in Meulaboh.

An environmental sanitation clean-up campaign was launched with the municipal sanitation department in 15 IDP settlements for collecting refuse and drainage clearance. Two septic tank trucks were deployed through PU contract in Banda Aceh town to de-sludge septic tanks and pit latrines at 15 IDP locations. UNICEF also undertook the direct delivery of hygiene kits, water and sanitation equipment and household water treatment kits to some 2000 families who were not served by other agencies.

### 4.2.2 UNICEF'S MEDIUM/LONG-TERM RESPONSE (NINE WEEKS TO SIX MONTHS)

#### Coordination

Coordination of the WES sector continued with support from WHO and Oxfam. For both the water and sanitation sub-sectors, numerous attempts were made to monitor the trucking of water to IDP camps as well as to identify technical support from partners to raise the poor sanitation standards in the camps. By the end of March 2005, the end of the state of emergency was announced. Several agencies had been pulling out since the end of February, and did not adequately hand over their operations to the WES coordination team. This led to gaps in service for both water and sanitation in certain camps, which UNICEF attempted to fill by requesting other NGOs to service these camps. By early April 2005, coordination needs and complexities increased with UNICEF starting work in Meulaboh, and also in Nias and Simeulue after they were hit by the earthquake on 28 March. Furthermore, the poor water and sanitation situation in the TLCs became increasingly in need of attention as many IDPs continued to move there. Nevertheless,

<sup>95</sup> Sit Rep. 6th, 21st and 28th February 2005.

many international agencies refused to work in the TLCs due to potential human rights violations<sup>96</sup>; there had been a previous negative experience in East Timor with TLCs that were linked to human rights abuses. Although UNICEF attempted to convince the international agencies of the WES needs in these camps, they were unable to convince the WES partners to serve them, leading to the deplorable WES situation in these TLCs.

### **Water Trucking**

UNICEF supported PU for water trucking, financing the operation of nine trucks to IDP camps and supplying additional water tanks for camps. Support was also given to the Water Authority of Indonesia (PDAM) for the operation and maintenance of the GE plant (until September 2005) in Banda Aceh, which supplied 85 percent of the fresh water that was trucked to IDPs in Banda Aceh and Aceh Besar. Furthermore, six small water treatment plants were provided by UNICEF and operated by partners in Nias, Simeulue, Lamtho, Nahoung and Bireuen. However, plants in Simeulue and Nias experienced both technical problems (pump malfunction) and problems due to lack of spare parts and treatment chemicals, which had not been supplied. This led to potable water supply being interrupted in Simeulue for nearly three months. Water trucking also remains a problem in many TLCs as many camps are not receiving enough water.

### **Gravity-Fed Systems**

As water tankering was not a long-term sustainable option, UNICEF contracted YDD to construct gravity-fed systems. Work started in April 2005 and currently 12 villages out of the total of 28 villages planned are being served through two tap-stands per village. The system currently serves approximately 6,800 people but has the potential to reach 15,000 people. The water is currently free; however, plans are that the community will pay a small fee to cover operations and maintenance of the system. Community mobilization activities are planned to organize the management of these multi-village systems.

### **Drilling Boreholes**

Three PAT 301/401 PT drilling rigs that were ordered in the first week of February<sup>97</sup> 2005 arrived in late May. YDD staff was trained in the operation of the rigs. The borehole drilling experienced some initial problems due to the high water table, which led to the collapse of the boreholes. Furthermore, the staff members operating these types of rigs require additional training. The drilling of boreholes is meant to provide water supply in TLCs as well as schools. The drilling started after June 2005, and although this is an appropriate strategy to provide communities with a more sustainable water supply, the implementation of this activity is outside the scope of this evaluation.

### **Latrine Construction**

Latrine construction continued through the contract with YDD in the 28 villages that are also served by the gravity-fed systems. Construction of latrines in schools is also carried out by YDD; 107 schools are to be targeted with new latrines. However, UNICEF WES staff found the fibreglass moulds chosen by YDD for use in the schools to be weak; efforts were made to reinforce these moulds, adding to initial costs. Proposals to upgrade existing latrines in TLCs are being developed by both Dinas Kabersihan (municipal sanitation department) and the NGO Oikos, but have not yet materialized into concrete plans.

### **Garbage Disposal, Clean Up and De-sludging**

Dinas Kabersihan carries out garbage disposal, clean up and the supply of sanitation tools in 18 IDP camps. UNICEF provided one de-sludger to Dinas Kabersihan that can clear septic tanks in about five IDP camps. Nevertheless, the huge need for de-sludging cannot be met by the partners involved, leading to overflowing latrines. Also there is a lack of appropriate sites in which to dump the sludge and in Banda Aceh, there is only one sludge treatment facility, which is not enough to treat all the sludge from IDP camps.

<sup>96</sup> Sit Rep. 28 February 2005.

<sup>97</sup> Sit Rep. 6 February and 14 May 2005.

### Hygiene Promotion

Training of sanitarians from the local hygiene department in the PHAST approach started in early March 2005. By the end of June, some 200 sanitarians had been trained in the condensed PHAST approach (three-day training), including staff from other NGOs and agencies. UNICEF also provided posters to the municipal hygiene department for use in the TLCs and camps. These posters conveyed messages on boiling water and washing of hands, as well as on the hazards of smoking and other public health related issues. The bulk of water testing kits arrived late (October 2005). The municipal hygiene department received 40 kits in March 2005, but at the time of this evaluation, these kits were still unused as the department had not received any training on their usage. A hygiene promotion coordination sub-group was set up by UNICEF, and was generally well attended by partners involved in this sector.

### Key Achievements

UNICEF's key achievements include:

1. supporting the operation of seven water treatment plants to supply more than 28,000 IDPs with 15 litres of treated water per day per person;
2. supporting operation and maintenance cost for nine PU trucks for trucking water to IDP camps;
3. delivering more than 20,000 hygiene kits to the IDPs in the first five weeks after the tsunami;
4. supporting the municipal sanitation department in environmental clean up campaigns in 15 IDP camps and delivering essential clean up material and tools to both the municipality and the IDP communities for clean up efforts;
5. supporting PU in de-sludging latrines in 15 IDP locations in Banda Aceh town;
6. introducing more sustainable water supply services such as the multi-village gravity-fed schemes and drilling of boreholes; and
7. collaborating effectively with WHO on the assessments and on-site inspections for water and sanitation facilities in IDP camps as well providing technical support on the rehabilitation of the sludge disposal facility in Meulaboh.

### 4.2.3 OBSTACLES

#### UNICEF WES Resources and Staffing

Prior to the tsunami, UNICEF did not have a WES programme in Indonesia. As a result, WES specialists from New York HQ and other UNICEF country offices had to be seconded to Indonesia to set up the tsunami WES response and take on the huge task of coordination. Due to a lack of available emergency WES staff in UNICEF and the lengthy procedures involved in hiring from the outside, finding appropriate staff fast was a genuine problem. Furthermore, there was high staff rotation in the first four months: the UNICEF WES programme was led by four different specialists during this time and often there was no overlap between them. This situation led to gaps in coordination, as well as a leadership problem vis-à-vis the partners who were unsure who their next UNICEF WES interlocutor would be.

#### Partnerships

UNICEF works mainly through two types of partners: government and NGOs. Government structures were hugely affected by the tsunami; in certain cases more than 50 percent of WES government staff had died during the tsunami. Setting up MoUs with government structures to carry out emergency WES activities for the IDPs at a time when the government staff themselves were trying to get back on their feet may have been unrealistic (on UNICEF's part).

Work with NGOs was also problematic. Most NGOs did not need UNICEF financing for the tsunami response as they were adequately funded themselves and carried out their own activities. Moreover, many NGOs commented that working with UNICEF was complex and time consuming due to lengthy procedures and that simpler funding options were available with other partners. YDD and Good Neighbors International (GNI) were the only two NGOs that UNICEF contracted to carry out WES activities in the IDP camps and tsunami affected villages in the first six months. Furthermore, many NGOs were unwilling to work in TLCs for several months due to potential human rights violations

linked to this type of housing. UNICEF was unable to motivate NGOs to undertake WES related activities in these TLCs, which led to extremely poor WES conditions in these camps.

### **IDP Movement**

During the first six months, IDPs were continually moving, going from public buildings such as schools in the first couple of days, to tented camps. In mid February 2005, IDPs were moving into TLCs and by mid April many IDPs were returning to their villages on the coastline and installing tents next to their houses. To a certain extent, UNICEF and partners attempted to follow this IDP movement to supply the necessary WES services in each settlement. However, settlements were often ad hoc and with little planning, which meant that providing adequate WES services was a tremendous challenge due to the poor siting of the camps (they were often in water logged areas prone to flooding and were far removed from adequate water sources).

### **Project Proposals and CAGs**

Lengthy processes to set up WES activities such as project proposals and CAGs hampered UNICEF's ability to respond quickly to needs. Furthermore, NGOs<sup>98</sup> commented that contracting with UNICEF was cumbersome and slow, whilst public sector partners<sup>99</sup> expressed frustration with the slow payment for activities supported by UNICEF. For example, a purchase made in January 2005 for pipeline accessories that UNICEF had agreed to finance was procured using PU's own funds to speed up the activities, and was still not reimbursed 10 months later. PU also established a contract with UNICEF to carry out trucking of water until December 2005, but payments for this activity stopped in August. PU continued operating the truck at their own expense until October, but had to eventually stop as they faced a shortage of funds and no further payments were made by UNICEF. A similar account was given by PDAM for the financing of 12 water trucks. At the time of the evaluation only five trucks were being used as they were waiting for UNICEF to pay the operational costs for the previous month and PDAM did not have the budget to advance the money themselves.

### **Overall Performance**

UNICEF performance on WES coordination and implementation of activities from January to June 2005 was average when compared to the activities of other international NGOs such as Oxfam and the Red Cross societies. Although UNICEF did make significant and continued efforts at coordinating sector activities, they faced many obstacles that impeded effective coordination. Furthermore, UNICEF did not contribute substantially to the implementation of WES activities in the IDP camps; this was mainly done by international NGOs. UNICEF carried out some activities in all sub-sectors of water supply, latrine construction, waste management, de-sludging, hygiene promotion, etc. but by doing this they spread themselves too thin. With inappropriate staffing levels to adequately implement activities in all sub-sectors, they were unable to take any one activity to scale and effectively impact WES service levels for the IDPs.

#### **4.2.4 RELEVANCE, APPROPRIATENESS, IMPACT AND SUSTAINABILITY**

### **NFIs**

Most of the NFIs that were distributed to IDPs were highly relevant; the hygiene kits were particularly appreciated by the beneficiaries, although the toilet rolls provided in some of these kits did not serve their intended purpose. Although most of the NFIs did not arrive early, most NGOs active in the field had already distributed these same emergency supplies and UNICEF's supplies, which arrived later, were useful in filling the gaps. The value and impact of these NFIs was high as they provided some much needed and essential items like soap, water buckets, household water treatment kits and clothing.

### **Water**

A notable UNICEF contribution in the water supply sector was financing the operation and maintenance of the GE plant that treated water from the nearby river and provided water supply for nearly 80,000 IDPs per day<sup>100</sup> for Banda Aceh and Aceh Besar. However, a water quality survey carried out by CDC and WHO in April 2005 on the water in the trucks originating from this treatment facility had the following results:

<sup>98</sup> From discussions with Oxfam and IRD.

<sup>99</sup> Public Works in both Banda Aceh and Meulaboh.

<sup>100</sup> Sit Rep 25-30 April 2005.

49 percent of the trucks tested positive for fecal coli form and 26 percent were positive for E. Coli; both these groups of bacteria can lead to diarrhoea in children and adults. Although it is not possible to gauge from this information whether the water was not adequately treated by the treatment plant or if it was the poor hygiene of the trucks that caused the contamination, it did mean that the IDP community could not rely on the quality of water and UNICEF had to advise boiling or chlorinating of the water. This lessened the impact of the treatment plant and increased the overall cost of potable water, which was born by the IDP community. Due to the high operational cost of the GE plant and the arrival of less expensive mobile water treatment plants, operation of the GE plant was halted in September 2005. In June 2005, UNICEF started supporting operational costs of PU's own treatment plant, and financially supported PU staff involved in the operation. UNICEF also supplied another eight treatment plants. However, the initial impact of these plants was lessened due to technical problems and a lack of spare parts and chemicals. Also, no adequate training was given to operate these plants in Simeulue.

UNICEF supported PU's water trucking to the IDP tented camps by paying for the operational costs of nine trucks in Banda Aceh. However, UNICEF's contribution to water tankering operations was relatively small compared to larger NGOs (more than 90 trucks from different NGOs were tankering water to IDP camps). Also, according to the ProMS data system, tankering operations with PU only started on 1 May, 2005. Moreover, UNICEF was tardy in organizing water servicing to the TLCs. Although advocacy with NGOs to supply water to the TLCs was carried out by UNICEF in early April, UNICEF WES section itself was unable to react rapidly to the situation and carry out water tankering to these TLCs. The water supply situation in TLCs has now somewhat improved but remains uneven as some remote camps are not receiving adequate supplies (beneficiaries interviewed in three different camps claimed to have less than five litres of drinking water per person, well below the Sphere standards).

As water tankering is not a sustainable activity, UNICEF appropriately decided to start gravity-fed systems and support the drilling of boreholes. The gravity-fed systems that are being developed by YDD with UNICEF support are a good long-term investment as long as an appropriate community management system is put in place. Drilling boreholes for fresh water supply is planned for both schools and TLCs. Borehole drilling is a particularly appropriate long-term solution in TLCs, where it is likely that communities will be staying for at least a couple of years. Boreholes in schools seem like a less appropriate choice; this is described in the relevant section below.

### **Sanitation**

UNICEF supported waste management in at least 18 IDP camps. This activity was both relevant and appropriate as the municipal sanitation department would have been unable to service these camps without UNICEF's financial support. UNICEF also provided heavy equipment to the sanitation department, which was much needed and are continually being used. Continued support to this department and the strengthening of its capacity should allow for long term sustainable waste management activities for IDP camps as well as for the permanent housing projects.

The decision to purchase 12,000 squatting plates was not an appropriate choice, given the local conditions and cultural preferences. Nevertheless, some of these plates were used in the construction of emergency latrines and served their purpose for a short duration. About 6,000 plates remain stocked in warehouses. An attempt to adapt these plates with water seal bowls is being tested and may be a good use of the remaining plates if the piloting is successful.

The construction of adequate latrines fell short of the needs assessed for the IDP settlements. By mid January 2005 the ratio of people per latrine was 1000:1<sup>101</sup>, and by early February a review of 60 camps revealed that only 20 percent of the latrines constructed met Sphere standards. Although UNICEF,

<sup>101</sup> Sit. Rep 12 January 2005.

the NGOs and the Gol did construct more latrines, many were poorly constructed (in particular in the TLCs) with inadequate pits in water logged areas, leading to the rapid filling up of the pits and the urgent need for de-sludging. Documentation from coordination meetings does show that attempts were made to set guidelines and standards for the construction of latrines in water logged locations; however, this information arrived too late (after March 2005) and hence was not followed by partners carrying out the construction of latrines.

UNICEF did contract YDD to construct latrines, showers and washing places in the same villages that benefited from the gravity-fed systems so as to provide a holistic response to the WES challenge. However, although suitable, this response was tardy as these latrines are still being constructed. Inadequate provision of suitable latrines led to IDP communities practicing open defecation both in and around the IDP camps. Although it is difficult to make a direct link with the impact on public health, according to mothers interviewed in IDP camps, their children suffered from diarrhoea regularly (information provided by eight mothers revealed that their children had experienced on average four episodes of diarrhoea in the past eight months), as did many adults. When asked why they thought they were getting diarrhoea, most stated the poor hygiene situation of the camps as the first or second reason.

De-sludging was inadequate in scale. UNICEF supported the regional sanitation departments with de-sludgers but even with the support of other partners carrying out this activity, the need was greater than the capacity on the ground. This led to many pits filling up and overflowing and becoming potential health hazards. Discussions with IDPs informed us that many people could not use the latrines as they were full, and open defecation was widely practiced. Furthermore, there are not enough appropriate dumping sites (or treatment facilities) for the sludge. This has led to erratic dumping of waste in unsafe places; in one of the IDP camps the evaluation team was informed that a de-sludging truck

(supported by UNICEF) had emptied its contents at the entrance of the camp. Although anecdotal, this account emphasizes the need for monitoring de-sludging trucks and the need to look into adequate dumping sites and treatment facilities.

### **Hygiene Promotion**

Hygiene promotion activities developed by UNICEF started late (March 2005) and key hygiene promotion messages were not being delivered at a time when they were most needed (first six to eight weeks).

UNICEF helped develop posters outlining messages about water conservation, toilet use, hand washing, as well as other public health issues such as the hazards of smoking. None of these posters were seen in either the camps or schools visited. The target audience for these posters was unclear (poor segmentation) as the graphics were appropriate for children, while the messages were for the entire community. The potential impact of these posters is also questionable as on one poster, nine messages were presented in small graphics. Research in communication tools<sup>102</sup> for hygiene promotion indicates that for effective communication, there should be only one message per image/poster.

UNICEF held a three-day condensed training in the MPA/PHAST approach for sanitarians and staff (both from public sector and from NGOs) to carry out hygiene promotion in the IDP camps. In only one camp (Lapang camp in Meulaboh) out of the eight visited did interviewees say that hygiene promotion was effectively being carried out by Oxfam, hence it is difficult to assess the impact of PHAST in this situation.

The PHAST approach is a highly participatory and time intensive method. Its objective is to create demand at the community level for an improved sanitation situation by raising awareness and promoting community analysis of their existing sanitation situation. In a situation like IDP camps where people are constantly moving around and are primarily concerned with improving their shelter and

<sup>102</sup>Towards Better Programming, A Manual on Hygiene Promotion, UNICEF in collaboration with LSHTM, 1999; The Hand Washing Handbook, the World Bank, BNWP, WSP 2005.

getting enough food for the family, it seems that such an approach is inadequate and is unlikely to lead to sustainable results. Focus should be on rapidly delivering a couple of key messages for hygienic behaviour and on supporting the community in carrying out these behaviours by providing adequate sanitation, potable water and soap.

Furthermore, for PHAST to be implemented adequately, a two-week training is normally needed for the facilitators, and generally these facilitators are already familiar with participatory tools. The revised three-day version of PHAST may have borrowed some key hygiene promotion messages from the method; however, it is unlikely that this training managed to convey the subtlety of participatory work needed to implement PHAST. It must be noted that partners who participated in this training appreciated it; however, it was mentioned that the implementation of PHAST was difficult. The actual impact of PHAST will be difficult to assess as there is no baseline or adequate monitoring of activities.

### **WES in Schools**

Activities for WES in schools were slow to start. Two school projects are currently underway to provide water and/or sanitation facilities. GNI has been commissioned by UNICEF (in July 2005) to provide water in five schools, and one of them has also received latrines. Boreholes have been installed in these schools; unfortunately in two of the schools visited the water was salty and was not used for drinking. The borehole is fitted with a pump and water filter. Although GNI will supply maintenance for the filtering for one year and has stated that they will train someone on the pump and filter maintenance and operation, such equipment with high maintenance needs seems inappropriate in a school setting where there is no money to service this type of technology in the long term. A more appropriate water supply option could have been to introduce rainwater harvesting tanks in schools<sup>103</sup> (with training on adequate chlorination of the water for drinking purposes), which is a low-cost option and would have avoided the need for any technical equipment.

YDD has been commissioned by UNICEF to develop WES facilities in another 107 schools. The adequacy of the latrine moulds used is questionable as they are made out of fibreglass, which is not only expensive but also not very robust. UNICEF did identify this weakness and requested YDD to strengthen these moulds by adding cement, which added to the overall cost of the latrines. A more appropriate choice would have been simple cement slabs with ceramic water seal bowls; this would have been cheaper and would have had a longer lifespan.

### **4.2.5 EFFICIENCY AND EFFECTIVENESS**

#### **Coordination**

The biggest challenge that UNICEF faced was to coordinate WES partners and activities in Aceh. The sheer number of NGOs active in the sector, combined with slow staffing and high staff turn-over made this a very difficult task. According to data from the sitreps<sup>104</sup>, UNICEF defined the roles and responsibilities of the coordination team to include the following activities:

- assessing the water supply and sanitation situation in all affected areas;
- identifying needs for repair/rehabilitation or other emergency activities;
- defining and prioritizing interventions;
- assembling information on partner capacities and available supplies and equipment;
- orienting sector partners on appropriate working protocols; and
- monitoring progress and preparing updates.

Discussions with partners revealed that they appreciated UNICEF's attempts at coordination in Banda Aceh; many stated that UNICEF provided a good discussion forum and led efforts well in the first two months after the tsunami. Coordination meetings in Meulaboh were less effective and only really started in March 2005. Partners in this area saw Oxfam as the natural leader in WES as it had been more active there early on. Partners also mentioned that UNICEF leadership became unreliable due to the continuous change in WES staffing. Furthermore, it was also noted that UNICEF could not provide partners with essential, up to date information on ' who was doing

<sup>103</sup>These are being introduced as a solution for schools in the UNICEF school building programme.

<sup>104</sup>7 January 2005.



what where' or on existing gaps. Hence, although coordination meetings were effectively and regularly held, many partners felt they were not getting either the information that they required to carry out their work, or the support that had been promised as per the roles and responsibilities described above. Field monitoring was needed to make the coordination more efficient and provide reliable data on WES situations in camps. It is to be noted that UNICEF had requested for monitoring staff in June 2005; these were only hired and in place at the time of this mission (November 2005).

### **Implementation of WES Activities**

The implementation of WES services for IDPs in camps was not particularly efficient in the first 8 to 12 weeks of the emergency. This was due to two main reasons: firstly, UNICEF found it difficult to hire NGOs rapidly to implement emergency WES activities. Most NGOs were not looking to UNICEF for funding and those NGOs that were looking for funding were rapidly contracted by other donors with more flexible hiring procedures. During the evaluation period, the only NGO contracted by UNICEF to carry out substantial WES activities in the tsunami affected areas was YDD. More NGOs are now being hired to implement WES activities in the camps (including TLCs) and in the reconstruction programmes. Nevertheless, rapid response in providing WES services in the first 12 weeks was hampered by the inability of UNICEF to get activities set up on the ground.

Secondly, getting MoUs and CAGs started with public sector partners took time. The first CAGs became operational in late February 2005, and were with the sanitation department to carry out clean-up campaigns in the camps. In March 2005, UNICEF supported PDAM with employee salaries and for O&M of distribution network. Support to PU for water trucking in Banda Aceh and Aceh Besar started only in May 2005.

Some activities that could have been carried out early on were delayed by the CAG process. For example, the hygiene department in Banda Aceh requested UNICEF in March 2005 for training in the use of water treatment kits that had arrived in Banda Aceh in February; at the time of the evaluation, the training had still not taken place. This same department also submitted a proposal to UNICEF in March 2005 to rehabilitate toilets in schools and TLCs; according to them, a response from Jakarta is still pending.

The main cause for inefficiency here seems to be the inappropriate procedures that UNICEF uses. These remain the same in times of emergencies when parallel, fast-track procedures are needed, as is more freedom in working with different types of partners like the private sector who can be more reactive than government structures.

### **4.2.6 TARGETING AND COVERAGE**

UNICEF contributed to servicing some of the urgent WES needs of IDPs in tented camps. In particular, UNICEF responded to the water supply needs of many IDPs by supporting the operation of the GE water treatment plant and to a lesser extent, water tankering operations in Banda Aceh and Aceh Besar. Unfortunately, water supply was less adequate in Meulaboh. This was due to the initial focus of WES efforts on Banda Aceh and Aceh Besar, but also, according to UNICEF staff in Meulaboh, coordination of partner activities in WES proved difficult. Identifying who was doing what in which camps was fraught with gaps, leading to lack in service delivery. In the IDP camp of Keudeu Ateun, interviewees informed us that water would run out by 4 p.m. each day, and that on average people would get seven litres of water per person per day. Coverage for sanitation was less than adequate in most IDP camps visited. Sphere standards were not being met as there were not enough latrines to adequately service the entire IDP community. Furthermore, due to poor construction of latrines and problems with water logged soil leading to the rapid filling up of pits, many latrines became unusable.

In particular, the targeting of IDPs in TLCs with WES services was not timely. This is partly due to the fact that many NGOs refused to work in these camps due to potential human rights violations associated with this type of housing. Hence, UNICEF could not find any partners. The government partners in charge of constructing these camps were also responsible for the WES services. Unfortunately, the services were poorly planned (inappropriate siting) and constructed. UNICEF is now planning to support the rehabilitation of latrines in TLCs and the provision of water through boreholes. UNICEF should continue to mobilize partners and NGOs to provide WES services in these camps as they will probably be in use for several years.

#### 4.2.7 LESSONS AND RECOMMENDATIONS

The tsunami response in Indonesia highlighted some deficiencies in UNICEF's emergency WES capacity, in particular its potential to be reactive in the first six to eight weeks of a disaster.

1. UNICEF must urgently review its human resource capacity and deployment in the WES sector in emergency responses. We recommend that within week two, UNICEF needs to recruit one senior staff member to fulfill coordination functions, as well as support staff to perform monitoring and reporting functions. When staff changes occur, there must be a period of overlap with the new staff, as well as the production and transmission of clear hand-over notes and existing reports.
2. In major emergency operations, a two to three person team should be sent in at about month two/three to design a comprehensive, one to two year programme that includes detailed supply lists and budgets, in order to provide the overall framework within which all future work would be organized, regardless of new arrivals.
3. Procedures for hiring and setting up contracts MoUs are lengthy and disabling. UNICEF should look into developing parallel processes for emergency situations.
4. When NGOs are not looking towards UNICEF for funding and government structures have been disabled by the disaster, UNICEF needs to look at other options for partnerships for the implementation of emergency WES activities, such as the private sector, while also supporting the rebuilding of capacity of government structures for mid to long-term activities.
5. The sanitation sub-sector could benefit from additional resources, technical support and guidance at the national level. Plastic squatting pans were a wrong choice as an emergency sanitation option for Indonesia. UNICEF should review its guidance on emergency sanitation in South Asia.
6. As the lead in WES, UNICEF should provide guidelines for construction of latrines (appropriate for the context and soil/environmental conditions) within the first week of the emergency. UNICEF should also seek early approval by government of these construction guidelines as compulsory national practice during the emergency to increase compliance by NGOs and other WES partners to use appropriate material and construction methods for the latrines.
7. The PHAST approach for hygiene promotion is not an appropriate method for disseminating key hygiene messages and supporting hygienic behaviours in emergency situations. A more effective approach would be using radio messaging, billboards, and other rapid and highly visual approaches in the first two months. Participatory and community based approaches can be introduced once the communities are established in permanent housing.
8. UNICEF needs to review its programme for WES services in schools. Low cost options need to be found for supplying water services in schools.

### 4.3 CHILD PROTECTION

#### 4.3.1 CONTEXT

In recent years, the Gol has made progress in defending children's rights and building a protective environment for children. Most significant was the enactment of the 2002 Child Protection Law, which is based on principles of the Convention on the Rights of the Child, ratified by the Gol in 1990. The 2002 formulation of the National Plans of Action on Combating the Worst Forms of Child Labour, Eradicating Commercial Sexual Exploitation of Children and Eliminating Trafficking in Women and Children also highlights governmental commitment. More recently, the National Programme for Indonesian Children 2015 was launched in 2004 and contains comprehensive policies and strategies to strengthen child protection practices and systems within the state.

While the above represent positive initiatives from the Gol, a lack of understanding and progress around child protection issues still exists at the provincial level. The Child Protection Law, for example, has not been implemented at the sub-national level<sup>105</sup>. As reported in the Gol – UNICEF mid-term review of 2003, "...key players have a limited understanding of child rights and child protection issues and a limited capacity regarding how to address the root causes of abuse, violence and discrimination."<sup>106</sup> The statistics speak to this reality: 60 percent of children under five are without birth certificates, more than three million children work under hazardous conditions, at least one third of all sex workers are under the age of 18, and some 100,000 women and children are trafficked annually.<sup>107</sup> At the time of the tsunami, awareness and practice of child protection principles was minimal.

#### 4.3.2 UNICEF AND PARTNER CHILD PROTECTION PROGRAMMES

##### Pre-tsunami Programming

UNICEF was one of few agencies working in Indonesia to protect and promote child rights before the tsunami. It worked closely with the government in supporting the development of the Child Protection Law of 2002. Through the Children In Need of Special Protection Programme, UNICEF focused on birth registration, child labour, commercial sexual exploitation and trafficking, child abuse, juvenile justice and institution building. UNICEF also had targeted activities for children affected by the armed conflict.

##### Tsunami Response

The core of UNICEF's child protection response was the establishment of CCs, which acted as hubs for psychosocial, registration and tracing activities. By June 2005, UNICEF had created 21 centres - 19 in Aceh province and 2 in Nias. According to UNICEF figures, 16,813 children benefited from psychosocial support through the centres and 1,082 separated and 70 unaccompanied children were registered through them. UNICEF's implementing partners were two Jakarta based government ministries – Department of Social Welfare (DepSos) and the Women's Empowerment Department or Kementrian Pemberdayaan Perempuan – and two NGOs – Muhammadiyah (based in Jakarta) and Pusaka (based in Medan). At the time of the evaluation, UNICEF had handed the management of the centres over to the provincial Department of Social Welfare (DinSos), which then disbursed funding to the three other partners.

Activities to address abuse focused on training and deployment of policewomen to the affected areas. By April 2005, 30 policewomen were trained and deployed to Aceh to assist local policewomen. In June, another group of 40 policewomen were deployed to conduct monitoring at the CCs.

<sup>105</sup> Gol – UNICEF Programme of Cooperation Mid Term Review Report, October 2003.

<sup>106</sup> *ibid.*

<sup>107</sup> *ibid.*

### 4.3.3 RELEVANCE AND APPROPRIATENESS OF RESPONSE

#### CC

The early establishment of the CC was an appropriate and relevant response. Other organizations carrying out centre-based activities for children commended UNICEF on its speedy action in this regard. Children displayed serious psychological symptoms from the tsunami including aggression, fears, nightmares and flashbacks, withdrawal and hopelessness.<sup>108</sup> Providing a safe environment for them early on helped to alleviate some of the effects. Parents interviewed remembered the centres as a place where their children could play, meet friends and forget what had happened. Further, parents and children appreciated the centre-based feeding programme conducted in the early stages, which attracted many children to the CC.

The evaluation noted that management and staffing of the CC could have been improved to achieve more effective programming. As survivors in Aceh were devastated by the tragedy, UNICEF and its implementing partners found it difficult to staff the centres with qualified local people. As a result, about 80 percent of the CC staff came from Java, creating a number of problems. First, many of the Javanese staff could not speak Acehnese and communicated with children through an interpreter. Second, Javanese were more fearful of the threats of conflict and were reluctant to go to the field to carry out tracing activities. Finally, in some cases children from the religiously conservative Acehnese culture did not relate to the Javanese staff who did not wear traditional headscarves, and were unfamiliar with local social practices. Centre staff recalled that children felt more comfortable with staff from their area.

Hiring such a large proportion of staff from Java had other negative programmatic consequences. There was a high turnover as many could not withstand the harsh living conditions demanded by the job. A UNICEF sitrep reported that four centres run by DepSos had to temporarily shut down because the volunteers went back to Jakarta.

Also, handover to newly arriving staff was poor, resulting in the re-registration of many children. Lack of continuity among psychosocial staff lessened the potential impact of the psychosocial activities, which require building of trust among children. The high turnover also meant that UNICEF had to continually train new staff and was not able to implement more advanced and technical trainings on psychosocial interventions.

#### Assessment

Aside from joint assessments to determine the numbers of separated and unaccompanied children, formal assessments to uncover child protection issues were not systematically carried out within the first six months. Staff collected information through coordination meetings and performed assessments of the centres through monitoring visits. Sitreps in February 2005 mention that UNICEF was planning an assessment of abuse and exploitation, juvenile justice and general child protection. However, at the time of this evaluation, these assessments were just getting started. A formal assessment of the CCs' psychosocial activities was also just getting underway, although plans for this assessment began in July 2005. During the first six months, UNICEF commissioned an assessment through the International Social Service on alternative care models and systems which is currently being finalized. This assessment provides a thorough analysis of the situation for children living in extended families, orphanages and Islamic boarding schools.

One of the main reasons for the movement of children that was cited throughout UNICEF sitreps and internal reports was lack of economic means of parents or caregivers. In some cases, foster families or even parents who lost their livelihoods sent children to institutions where they believed they could get better care. In other cases, and as a March 2005 UNICEF sitrep states, separated children went to 'strangers' due to critical economic need. A June 2005 sitrep stressed the following: "...any action addressing vulnerable families... is very important to be implemented immediately since more and more

<sup>108</sup> Child Protection Sector Working Group, One Month Update, Problem Statement/Information.

children are now sent to institution or pesantren (Islamic boarding school) by the caregivers and/or parents owing to difficult economic situations.”

While UNICEF’s strong advocacy for trafficking prevention led to a sound and expeditious governmental response (explained below in the advocacy section), a deeper awareness of who was perpetrating the crimes and the motivating factors behind the movement of children would have helped to target programming. UNICEF is now starting a cash assistance programme to assist families caring for separated children, but earlier and detailed information about the situation might have elicited a more timely intervention and helped mitigate this problem.

### 4.3.4 EFFICIENCY

#### **Partnerships**

UNICEF’s pre-existing strong relationship with the government at the central level was an important factor in advancing an early child protection response. UNICEF also had close working relationships with NGOs, which helped UNICEF chose suitable partners with whom to implement CC activities. These partner organizations appreciated UNICEF’s guidance and assistance in carrying out their activities, and were proud to be working with the organization. Partners did mention though that they wished UNICEF would treat them more as equals. They vented frustration over UNICEF sometimes acting ‘as the boss’. This may be more about personal issues, but UNICEF staff should be aware of this sentiment.

#### **Supplies, Procedures and Systems**

UNICEF provided recreational kits to the CC and family kits to caregivers of registered children in a timely manner. Centre staff members were pleased with the quality of supplies and put them to immediate use. Children interviewed also appreciated the games available to them. At the time of the evaluation, however, many items were worn out. Volunteer staff said that they had requested replacements, but had not received them. As one volunteer said, “...the toys break and the children don’t come.” Sometimes staff

purchased supplemental play materials out of their own pockets. UNICEF should be more diligent about replenishing play equipment.

CC staff complained that promises made by UNICEF were not always fulfilled. For example, UNICEF told CC staff and teachers they would receive a psychosocial kit containing tools to help them implement the activities following training. Others complained that there was inadequate equipment, such as radios for field trips, but that UNICEF did not approve such requests. While some requests may not be feasible, UNICEF should communicate with partners about their expectations and what can and can not be provided.

#### **Projects with Partners**

Within the first six months of the response CAG was a problem for UNICEF’s CC partners. By the time the second OIC arrived in June 2005, all four partner organizations were close to having their assistance blocked because CAGs had not yet been liquidated. One of the reasons for turning over centre management from UNICEF to DinSos was to avoid the assistance being completely blocked because they were caught up in CAG. With DinSos handling the disbursement, funds could still get to partners while UNICEF had time to then clear the CAG. This process was still happening at the time of the evaluation

### 4.3.5 MONITORING

Separated and Unaccompanied Children  
CC staff monitor registered separated and unaccompanied children through visits every two to three weeks. They fill out an assessment of the child’s well-being, which gets entered into the central database housed at DinSos. The regularity of the visits is noteworthy, and a good example for other regions such as Sri Lanka, where this is not the case. One aspect of the monitoring that could be improved, however, is the depth of information collected by the staff. While the forms ask for detailed information about the conditions of the child, few staff members elaborate further. UNICEF staff is now in the process of redrafting the monitoring form so that it provides

greater depth of information. This should also be coupled with increased training to ensure that monitoring is up to standard.

## CC

CC volunteer staff stated that UNICEF staff visit at least one to two times per month. These visits are highly appreciated and provide an opportunity to discuss issues and receive valuable advice and direction. Each CC also submits a monthly monitoring form in which they report problems, issues and support needed. However, many staff interviewed said that these forms were not useful as requests made were not followed up.

### Religious Institutions (Dayahs/Pesantren) and Orphanages (Panti)

The UNICEF/ International Social Service assessment on alternative care mentioned above provides a detailed account of the institutions for children in Indonesia. A review of these homes is outside the scope of this evaluation, but as many children were placed in various institutions after the tsunami, providing a brief context is necessary. It is not uncommon for unaccompanied or separated children to be placed in panti or orphanages. While DepSos provides funding and has issued general guidelines on the provision of social services to children in these institutions, they have mainly gone unregulated and without consistent monitoring by the government. While exact figures do not exist, the number of children post-tsunami residing in orphanages increased. Also, parents of many children residing in orphanages had survived, but sent their children there because they believed they would receive better care.<sup>109</sup>

A UNICEF sitrep from early April 2005 reveals that child protection staff visited orphanages to gather more information on the likelihood of separated children being housed there. They found the children to be very malnourished and responded by delivering food items. Other ad hoc visits to orphanages documented in UNICEF trip reports also indicate problems such as lack of clean water, electricity, food

and school supplies. These discoveries highlight the need for these centres to be regularly monitored and supported. UNICEF should have been more diligent and proactive in its monitoring and intervention on behalf of children.

*Pesantren* (called *dayahs* in Aceh) are religious boarding schools, mostly privately owned and registered through the Ministry of Religious Affairs. In Aceh, there are an estimated 860 of these schools.<sup>110</sup> As with orphanages, after the tsunami, hundreds of children were placed in these schools leading to overcrowding and poor sanitation.<sup>111</sup> The parents of many of these children had survived, but believed that their children would receive better care in the dayahs. UNICEF is now undertaking a more thorough analysis of the situation, but as with the orphanages, an earlier understanding, closer monitoring, and more proactive intervention could have promoted better protection for these children.

#### 4.3.6 EFFECTIVENESS

##### Coordination

As has been documented in numerous reports on the tsunami response, coordination was a challenge for all actors. Having more than enough money to implement activities on their own created a disincentive for agencies to consult or collaborate with each other. Overcoming this was vital for child protection activities, especially in the tracing arena. Key to implementing a successful tracing campaign is the use of one central database and common procedures and systems. An interagency network to coordinate all family tracing activities was established shortly after the tsunami. This forum, led by Save the Children and of which UNICEF was a member, was able to successfully create a uniform procedure for tracing amongst the 10 other actors involved in this activity.

UNICEF's coordination role in the psychosocial sector within the first few months was laudable. The arrival of numerous new actors to this field coupled with the presence of many experienced agencies created a challenge in meeting the needs of the various players.

<sup>109</sup> International Social Service, 'Development of the Alternative Care System at Regional and National Levels in Indonesia', 18 November 2005.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

For example, less experienced agencies needed significant direction and support, whereas veteran psychosocial agencies required more administrative information such as payment standards to local volunteers. UNICEF staff was recognized for its ability to manage this discrepancy of both practice and knowledge. They were also commended for serving as a filter for organizations' activities and effectively cautioning against possible deleterious activities.

UNICEF also chaired the child protection coordination meetings. Some interviewees recommended that the meetings address deeper child protection issues, instead of acting merely as forums to share information and provide activity updates. It was suggested that UNICEF collect and distribute updates beforehand so that meeting time could be used to discuss bigger subjects and themes. Some recommended having each agency present on a certain topic and facilitate a discussion on it. Further, more strategic planning around child protection issues was requested from agencies.

UNICEF's coordination of the four CC implementing partners was also good. Through regular meetings and leadership, UNICEF encouraged partners to work together productively. For example, when double registrations occurred because of population movement, the organizations jointly resolved the issue because they were in regular communication and were familiar with the procedures.

Coordination across sectors was weak. No formal referral mechanisms were established between the CCs and other sectors such as health or education. Volunteer staff varied in their approaches to assisting children who needed medical attention or were not attending school. UNICEF should create procedures for linking the sectors and communicate these to the CC staff to ensure that children receive appropriate attention.

### **Advocacy**

One of UNICEF's strengths was advocacy, especially in the early stages of the response. The country office in Jakarta is credited with significant impact in developing and shaping national policies for child

protection. By 2 January 2005, the President had prohibited adoption of separated children and the following day, banned the movement of Acehese children affected by the tsunami outside of Aceh. The Ministry of Social Affairs issued a policy on separated and unaccompanied children and single parent children affected by emergency situations in February 2005 which called for family and community-based care arrangements for vulnerable children. UNICEF also strongly advocated against the placement of children in institutional care and advocated with NGOs to provide support to foster families or single parent families so they would not have to put children in foster placements.

UNICEF also engaged in advocacy for children's rights with international organizations. For example, UNICEF and Save the Children urged UNDP to consider care arrangements for children whose parents participated in cash-for-work programmes. As a result, UNDP included provisions for child care in contracts with their implementing partners.

### **Addressing Needs of Vulnerable Groups**

UNICEF should undertake a comprehensive vulnerability analysis to identify children most in need of assistance. The UNICEF cash assistance programme for separated and unaccompanied children does not provide funding to single parent households. UNICEF is wary of tension within the communities as this is not an obvious group in need of financial support. However, in other contexts such as Sri Lanka, male widows were a particularly vulnerable group and required special assistance in caring for their children. As female fatalities were much higher than male<sup>112</sup> fatalities in Indonesia, male widows with children may also be a group at higher risk than children who are being cared for by extended family. The needs of all children should be verified.

Some UNICEF sitreps highlight a need to provide psychosocial assistance to adults. Women interviewed in TLCs said they had received little psychosocial support. Adults, particularly parents and community leaders require psychosocial training to increase their awareness of issues and allow them to assist themselves and their families.

<sup>112</sup> Oxfam, 'The Tsunami's Impact on Women', briefing note.

### **Training and Capacity Development**

Overall, the training for CC staff was good. Trainees said that the instruction they received was very useful and provided them with a solid foundation, but they needed more advanced practical training. Communities perceive CC staff as UNICEF employees and staff members face high expectations. The need for more regular and improved training has also been noted in sitreps where monitoring visits reveal that "...new volunteers and their induction into the programme is still slow in terms of knowledge development and approach to children." Another found that "...staff in centres seem[s]... to have very low understanding of child abuse and exploitation issues – urgent need to provide training on a vast range of CP issues to raise awareness of volunteers. Volunteers still see domestic violence as a family issue and are reluctant to approach police, and seem confused as to the role of the police and TNI."

UNICEF also conducted training on tracing activities, but volunteer staff still demonstrated confusion about terminology and the correct registration process. A UNICEF trip report from July 2005 highlights this and mentions that social workers were not very clear on how to fill out the registration form, and did not have a clear understanding of the definition of separated and unaccompanied children. A lack of understanding of information this basic is alarming, and more regular and in depth guidance is needed.

### **Volunteer Staff**

While training is an important tool for building capacity and ensuring quality of staff performance, adequate work conditions are equally important. Staff had not been paid on time in any of the centres visited, with delays ranging from a few weeks to two months. In some cases, staff was required to sign for the disbursement of their pay but only received half of what they signed for.

Volunteer staff also complained about their living conditions. They live together in the centre tents, and are on-call 24 hours per day. They receive little vacation time and complained of fatigue and high burn out. This difficult lifestyle inevitably leads to poor motivation and creativity. UNICEF needs to pay greater attention to supporting CC staff and providing them with better work-life balance and improved living conditions.

### **Human Resources**

The lack of staff for child protection in the first six months made it difficult to carry out programming. As UNICEF took on the dual role of implementing activities through CCs and also coordinating the child protection response, much more support was needed. Staff worked tirelessly and achieved a great deal under the circumstances, but with limited staff in Banda Aceh and Meulaboh, it was close to impossible to carry out all of the work. Further, in May 2005 there was no international OIC in the Child Protection department even though it was known for months that there would be a gap during this period. If UNICEF is serious about child protection in emergencies, greater staffing must be in place from the outset and more emphasis on early identification of staffing needs is required.

### **Principles and Standards**

UNICEF's support for complying with principles and standards was strongest in the psychosocial sector. In conjunction with WHO, it issued a set of standards on psychosocial activities called the Basic Principles of Best Practice for Psychosocial Programming in Aceh, and a set of Do's and Don'ts in implementing activities. Partners stated that these guidelines were invaluable in carrying out their programmes. UNICEF also had strong input into the issuance of guidelines for registration and tracing used by agencies carrying out these activities.

#### **4.3.7 IMPACT**

##### **Achievements**

Given the enormous constraints, UNICEF's accomplishments within the first six months were significant. By June 2005, UNICEF had achieved the following:

- staffed and equipped 21 CCs throughout Aceh and Nias;
- delivered 1922 registrations to the tracing database, the most of all the other agencies in the network. Of these, 1569 were separated children, 236 unaccompanied children and 117 with single parents;
- facilitated the reunification of 142 children with family members;
- distributed 5770 hygiene kits, 570 cooking utensils and 8890 children's clothes to families caring for separated and unaccompanied children; and
- conducted initial training for 400 psychosocial staff, and trained and dispatched 50 policewomen to seven CCs in April 2005.



## GAPS IN ASSISTANCE

### **Abuse and Exploitation**

Numerous reports, including the 'Child Protection Working Group One Month Update', indicate that violence, abuse and exploitation were occurring in TLCs. An assessment conducted by the International Labour Organization confirmed that trafficking for the purposes of exploitation and abuse was occurring and that women and girls were at an increased risk due to the tsunami. In April 2005 UNICEF conducted training for police and dispatched them to the camps, but CC staff and beneficiaries interviewed did not recall a regular police presence in the early months. Also, the first technical working group meeting on child abuse, exploitation and trafficking did not occur in Aceh until 24 June 2005. An earlier and stronger intervention to assess and address abuse and exploitation was necessary.

### **Tsunami Awareness**

As part of the psychosocial and education response, UNICEF could have placed a greater emphasis on raising awareness about the nature of the natural disaster and how to prepare for future disasters. The 28 March earthquake led to increased trauma reactions and psychological distress among the affected population, especially children. One partner organization noted that some parents were afraid about the recurrence of a tsunami and did not let their children interact socially. In Meulaboh, UNICEF supported a disaster awareness campaign through the creation and distribution of a leaflet, 'What is a Tsunami and Earthquake'. This was a positive initiative and the leaflet should have been more widely distributed as there was a need to educate people.

### **4.3.8 SUSTAINABILITY AND CONNECTEDNESS**

A weakness stemming from the rapid establishment of the CCs was that they did not adequately involve communities. The 'Child Protection Working Group One Month Update' paper cautioned that "...the need to deliver child protection services and programmes quickly needs to be balanced with ensuring these programmes will have local ownership and some degree of sustainability." Mothers interviewed in some TLCs had very little idea of what went on in the CCs and what activities were available for their children.

Further, some of the CC staff asked for a cash-for-work programme for the community to clean up the area around the centres. This indicates a lack of community buy-in, participation and ownership of the programme.

As UNICEF works to now expand these centres to the village level, a much greater emphasis on community involvement is necessary in order to promote sustainability. Greater number of CC staff should be hired from the community and local approaches to psychosocial interventions should be encouraged and supported. Coordinating these centres with existing community structures such as posyandu (see Health section for further information) will be an important link.

UNICEF should create a longer-term strategy with regard to the cash assistance programme. CC staff remembered from earlier hand-outs that once these donations stopped, beneficiaries became angry and confused. Children thought that the staff no longer liked them and did not understand why they were no longer distributing food in the centres. A partner report states that children begin to expect the distributions and don't understand that the assistance is temporary. Linking the cash handouts with a sustainable income generation programme and educating beneficiaries about the duration of the cash assistance is necessary to avoid these complications.

CC staff reported that attendance at the centres had waned since their initial opening. This is partly due to families returning to their host villages. Other reasons cited from staff and community were that children were bored with the activities and no longer went to the centres because the food distribution had stopped and they were not interested in what was being provided. New activities and equipment should be introduced and regularly updated to maintain interest and excitement around the centres.

As the government rolls out the death certificate programme at the one-year anniversary of the tsunami, UNICEF must also officially end tracing activities for parents. Many CC staff reported that they were still actively tracing parents at children's request.

These children still have the unrealistic hope that their parents are alive. Ending the tracing activities and formalizing relationships with foster families should now be started. This should be coupled with psychosocial intervention that supports children who may only now be facing the reality of their parents' death.

#### 4.3.9 COVERAGE

Women and girls were particularly vulnerable after the tsunami. According to an Oxfam report, male survivors significantly outnumbered female survivors, in some areas by a ratio of 3:1.<sup>113</sup> Women interviewed stated that there was little or no support given to them and consultation with them was minimal. An OCHA assessment found that there were few or no activities for women within the TLCs and that psychosocial activities for this group were needed.<sup>114</sup> Early marriage was also a concern as widowed men sought new brides and families had difficulty caring for their children. The need for protection and targeted activities for this group should have been and still should be a priority.

#### 4.3.10 LESSONS LEARNED AND RECOMMENDATIONS

UNICEF is in the process of implementing many of the proposed activities such as carrying out numerous assessments, investigating institutions, focusing on addressing abuse and exploitation, and further training of CC staff. The following are recommendations for future programming based on lessons that emerged from the evaluation.

- The Child Protection team was significantly understaffed for the first few months. If UNICEF is serious about mounting a sustained and effective child protection response it must ensure that there is a sufficient number of well trained and experienced staff on the ground in the early stages of the disaster.
- Sufficient resources were not devoted to prevention of abuse and exploitation. Training and deploying of policewomen was not conducted early enough. Given the funding available and the potential advocacy networks through existing partnerships, more could have been done in terms of awareness raising, enhancing community based strategies for prevention and initiating programming that directly targeted women and girls.

- The living and working conditions of CC staff must be improved if UNICEF hopes to lower the high staff turnover rate and foster a more effective working atmosphere. There are other staffing issues such as gender imbalance and timely payment that also need to be addressed.
- CC staff requires support in the form of training and capacity building to implement quality psychosocial programming and to sufficiently monitor the situation of separated and unaccompanied children. UNICEF should give regular and advanced training to assist staff in carrying out their duties.
- Many problems arose from hiring such a large number of staff from outside the region. In future crises, greater emphasis should be placed on hiring and training people from the IDP community itself. This will foster greater ownership and sustainability.
- Greater involvement of the community in CCs is necessary, especially as UNICEF plans to scale these up and bring them to the village level. There has been little community participation until this point and their input and involvement is vital to creating a sustained response. In other contexts like Sri Lanka, the response centred on supporting community-based organizations, and has proven effective in ensuring community participation and building capacities of local people.

<sup>113</sup> Oxfam, 'The Tsunami's Impact on Women', briefing note, March 2005.

<sup>114</sup> OCHA, Report from Assessment of Five Temporary Living Centres in Aceh Barat on 15 March 2005.

## 4.4 EDUCATION

Since 1989, the GoI has been working to achieve universal basic education to grade nine. Throughout Indonesia, the net primary enrolment ratio is approximately 93 percent and the net secondary enrolment ratio was approximately 62 percent in 1992 ('Indonesia: Progress Report on the Millennium Development Goals', 2004). In Aceh province the primary and secondary net enrolment rates are slightly greater than the average for the country ('Indonesia Progress Report', 2004).

While the government has made great efforts to increase school enrolment, primarily by supporting fee waivers and scholarships for poor students, the quality of education throughout Indonesia is relatively low (World Bank 2003). The school year (based on hours of instruction per academic year) for children in grades 1 and 2 is among the shortest in the world (500 hours), although the length of the school year more than doubles for children in grades 3 and 4 (World Bank 2003). In addition, while the GoI has been working to improve the level of teacher qualifications (up to a bachelor's degree), many teachers in Aceh have only completed the diploma level, which is equivalent to 14 years of education.

The conflict in Aceh further diminished the quality of education there. While enrolment rates were comparable to the rest of the country, attendance rates were lower (roughly 70 percent in Aceh compared to 86 percent throughout Indonesia, CGI 2003). This was due to many factors including the destruction of schools, furniture and equipment due to the conflict; greater than average teacher absenteeism; and the stress of the conflict on both teachers and students.

The tsunami added further strain on children and the education sector. According to the Ministry of National Education (April 2005), thousands of children and teachers were killed. In addition, more than 2,000 schools were destroyed or severely damaged by the tsunami, including approximately 1,500 primary schools.

While schools in Aceh officially re-opened on 26 January 2005, exactly one month after the tsunami, attendance was sporadic, especially for the first few months when parents, teachers and children were fearful of aftershocks. Attendance has been reported to be increasing steadily since the tsunami, and was still changing as of November 2005 because families are still seeking permanent shelter.

### 4.4.1 UNICEF AND PARTNER EDUCATION PROGRAMMES

UNICEF has worked in Aceh since mid-2001. From 2001 to 2005, UNICEF's programme consisted largely of distributing education kits and textbooks, a minimal amount of psychosocial training and the development of a peace education curriculum for students in the first year of senior secondary school. At the time of the tsunami, most of UNICEF's programmes were related to the delivery of educational supplies.

UNICEF's partners were largely limited to MoE and the Ministry of Religious Affairs at the national, provincial and district levels. MoE has largely devolved managerial power to the districts. In some ways, this has negatively affected the response to the tsunami, largely because it has complicated coordination efforts as different organizations interact with different levels of government, and because the absence of a centralized database resulted in a lack of baseline data with which to guide the initial response.

Children in Indonesia have access to two types of public education: one governed by MoE and the other by the Ministry of Religious Affairs. The majority of children attend the primary schools under the supervision of MoE. The *madrassahs*, which are supervised by the Ministry of Religious Affairs, have historically been religious public schools but now use the same curriculum as the other public schools. In addition to the public schools, there are numerous private schools and a non-formal network of boarding schools called *pesantren* to which families often send their boys after grade 4. The *pesantren* are private schools with a religious orientation and are

completely funded by charitable donations. *Pesantren* teachers have often been educated within the *pesantren* system. The government does not officially recognize this education.

#### 4.4.2 RELEVANCE AND APPROPRIATENESS

##### **Assessment**

The country office began its RALS on 26 January 2005 in two of the 12 tsunami-affected districts – Banda Aceh and Aceh Besar. A UNICEF consultant and a team of university students worked with MoE to assess the extent of damage and destruction to school buildings in these districts. The final reports from these assessments were completed in March 2005.

Also in March, a decision was taken at the Jakarta level to transfer the RALS to the provincial office. Following this decision, however, there was a two-month delay in transferring money to the government in order to begin the assessment of the other 10 tsunami-affected districts. Data collection did not start until June 2005 and was completed by early July. The process was further slowed, however, since the UNICEF-supplied computers did not arrive until November 2005. By the end of November, all of the survey forms had been entered into the database but no data analysis had yet been conducted for the 10 districts.

Since the RALS information was not available to guide the first distribution of supplies or the subsequent distribution for the start of the new school year in July 2005, UNICEF used pre-tsunami enrolment information provided by MoE, as well as requests from school principals and teachers to estimate the number of needed school supplies. To a large extent, School-in-a-Box kits, procured within Indonesia as well as from Copenhagen, were shipped based on these estimates and numbers were adjusted based on requests from communities or from NGOs who were distributing the supplies for UNICEF.

In light of the delays caused by UNICEF's internal procedures for transferring money to the government

and the reduced capacity of the government, it would have been more effective for UNICEF to invest the time and resources to collect and analyse the data quickly in order to better inform the educational response. After the initial RALS, UNICEF could have worked to further build the government's capacity to institute an Education Management Information System for on-going analysis and monitoring purposes.

##### **Planning and Implementation**

Immediately following the tsunami, UNICEF enlisted the support of a variety of organizations to distribute school supplies. The military moved supplies to inaccessible districts on the west coast of Aceh, and MoE and multiple NGOs including Save the Children, Norwegian Refugee Council-Cardi, Concern, and Fauna and Flora International helped distribute the UNICEF-provided education kits and textbooks. The first distribution of supplies started in mid-January 2005.

Initially, physical access to many areas was not possible as the main road between Banda Aceh and Meulaboh was destroyed and because security constraints and the existence of government 'no go' areas made it difficult for United Nations staff to access many parts of the province. The destruction caused by the 28 March earthquake also made physical access difficult on Simeulue Island as many areas could only be reached by boat. As a result of these access problems, the distribution of education kits and tents was much slower in certain areas of the province, particularly in Aceh Jaya, where the first distribution was not completed until April 2005.

##### **Funding**

UNICEF has received funds of more than \$120 million for the 2005 education programme. Of this amount, 87 percent (or approximately \$90 million) has been reserved for the construction of permanent schools, 15 percent has been requisitioned, 11 percent obligated and 10 percent spent as of November 2005. Because such a large proportion of the funding has been

reserved for the construction of permanent schools and since only two of those schools were started as of November 2005, these percentages are lower than the expenditures for the country office as a whole.

### **Targeting**

Targeting was largely based on MoE numbers. Early on, UNICEF decided to provide school supplies to all children in Aceh province whether or not they were directly affected by the tsunami. In addition, UNICEF and Save the Children agreed to target specific areas – UNICEF the west coast and Save the Children the east coast and Simeulue Island.

UNICEF's focus in the first six months on distribution of supplies and issues related to the construction of schools, coupled with the organization's rigid internal procedures contributed to a 'one size fits all' response that did not take advantage of the opportunity to involve affected communities in decisions surrounding planning and management of educational activities in Aceh. This, combined with the shortage of staff, also meant that UNICEF did not have the resources to assess and possibly respond to emerging needs or factors affecting children's attendance.

#### **4.4.3 EFFICIENCY**

##### **Timeliness**

UNICEF worked with the GoI to enable children to resume education activities as quickly as possible. Schools were officially re-opened on 26 January, 2005 one month after the tsunami, although some schools did open earlier. Helping re-open schools was a critical step with regard to the psychosocial health of children, even though not all children returned to school or attended on a regular basis.

The initial response was also quite timely. UNICEF was able to mobilize nearly 600 kits (theoretically enough for almost 50,000 children) by the end of January and used multiple distribution channels to get the supplies delivered to the schools. Following the initial response (post-March) however, activities became less timely.

### **Distribution of Supplies**

The distribution of supplies happened relatively quickly but was understandably delayed in some cases due to security regulations, problems with physical access and challenges posed by available local capacities. UNICEF's distribution figures indicate where supplies were assigned but do not indicate when supplies were received by the end users (schools and children).

With regard to the start of the school year in July 2005, however, some delays could have been avoided. Capacity analysis of partner agencies (either governmental or non-governmental) did not result in corresponding actions that could have avoided later problems, particularly with regard to government counterparts in districts that were badly affected by the tsunami. For example, in Aceh Jaya only 12 of 33 district education office staff survived the tsunami. Despite the country office's knowledge of the district's diminished capacities, the country office depended on them to distribute supplies for the start of the school year in July 2005. When the supplies still had not been distributed six weeks into the school year, the country office had to more directly support the distribution. While UNICEF's general approach of working through government counterparts is commendable and should be encouraged, extraordinary circumstances such as the tsunami disaster require analysis of government capacity in order to determine how UNICEF can better support and work with the government to ensure timely distribution or implementation of programmes.

The rigidity of UNICEF's internal procedures also resulted in avoidable delays. In March 2005, the Chinese government offered to make an in-kind donation worth \$5.5 million for school backpacks and supplies for 500,000 children. UNICEF was unable to accept the supplies because of conditions demanded by the Chinese government. Despite the best efforts of both UNICEF Beijing and UNICEF Indonesia throughout April and May 2005, the problem was not resolved in time for the start of the new school year (but was subsequently resolved so that the backpacks could be distributed in 2006). Because of this, the Jakarta office was faced with an urgent supply problem to which they responded by assembling

830,000 student stationery kits as an alternative. The distribution of these kits was also delayed, however, once it was discovered that they did not carry the UNICEF logo.

Lack of communication and miscommunication among UNICEF offices in Indonesia also affected the supply/distribution process. The procurement of supplies was handled in Banda Aceh and deliveries were often made by the logistics contractors without consulting the Meulaboh office. This was a problem because the Banda Aceh office was not familiar with the conditions in the districts covered by the Meulaboh office and did not know whether schools had the capacity to receive or store supplies and furniture. Consequently, there were poorly planned deliveries where schools were not informed ahead of time and were not ready to receive the supplies. There were also cases where dispatched trucks could not find the consignees. This caused unnecessary delays for the children and embarrassment for UNICEF staff.

#### **Delays in Approval and Payments**

In general there were no serious delays in the CAG process with regard to the education programme. There were, however, some exceptions. One with significant consequences was related to the six-month employment of 'emergency' teachers. After the tsunami, the Banda Aceh office agreed to pay the salaries of 1,000 teachers for six months. In addition, the teachers received a support package (consisting of a hygiene kit, cooking supplies, tents and food distributed by WFP). Because UNICEF did not want to pay these teachers over the school break in June and because they did not want the teachers to stop being paid in the middle of the school term (September, for example), the decision was taken to employ these teachers beginning with the start of the new school year in July 2005.

Unbeknownst to the Banda Aceh and Meulaboh offices, an agreement was also made in Jakarta to hire another 110 emergency teachers. This lack of communication had two results. First, these teachers were not deployed with the support package and second, as a result of an outstanding CAG, the 110 teachers did not receive their salaries on time.

Because these teachers were mostly deployed in Aceh Jaya, there was little support available for them. NGOs reported that UNICEF teachers were not being paid (or not being paid the correct amount) and were begging for food. While UNICEF rectified the problem quickly after it was discovered, these types of situations are damaging to UNICEF's reputation and credibility.

#### **Temporary Learning Spaces**

While UNICEF responded quickly to the extreme emergency situation by providing school tents, tents are not an acceptable option for more than a few months. Because it will take some time to build all the permanent schools, UNICEF has contracted with IOM to construct temporary schools. UNICEF wisely targeted Aceh Jaya for this construction, as the most number of schools were destroyed in this district and as it also has the harshest weather.

Both IOM and UNICEF miscalculated how long it would take to build the temporary schools. IOM originally said that they could build 200 temporary schools in 72 days so that the schools would be ready for the beginning of the new school term. The IOM process was delayed primarily because they made incorrect assumptions about the condition of the sites and therefore had to do significantly more site preparation than anticipated. The goal for the temporary schools was to have all 200 constructed before school started on 18 July 2005. At the time of the evaluation, the forecast anticipated that 150 temporary schools would be completed by 15 December 2005, and that the remaining 50 would be finished in March or April 2006.

The IOM pre-fabricated model consists of three classrooms (7m x 6m), concrete columns, wood panels and zinc roofs and is designed to be earthquake resistant. In open areas the schools are well-ventilated because of the windows and screens, but in some areas (where ventilation is blocked), they can become quite hot, which may ultimately affect attendance. Since the schools consist of only three classrooms, schools will have to decide how to structure themselves in order to accommodate all six primary grades. The options include a shift system, dividing each of the classrooms into two in order to

create six learning spaces, or using the temporary school for three grades and a tent for the other three grades. None of these options will help in efforts to improve the quality of education in Aceh. A shift system will likely result in fewer hours of instruction per day, especially in the early grades; dividing the classrooms into two will be noisy when classes are large; and keeping certain grades in tents is considered unacceptable by the local community.

The temporary schools will be used for one to three years, while the permanent schools are being constructed, but are designed to last 10-15 years so that they can subsequently be used by the communities for other educational purposes. Community leaders were involved in the site selection process but UNICEF may have missed an opportunity to involve them more during this interim stage.

During the conflict, approximately 1,500 schools were destroyed, most of which were subsequently rebuilt by the communities. UNICEF's decision to contract IOM to build the temporary schools was based primarily on considerations related to the safety of children (hence the need for the construction of earthquake-resistant structures), and the risk of corruption if funds were transferred to local government counterparts. Notwithstanding these concerns, however, multiple questions were raised during the evaluation mission regarding UNICEF's decision to construct the pre-fabricated schools. While distribution of community block grants would have challenged UNICEF's internal procedures, UNICEF had the opportunity to respond with creative solutions that still adhered to standards for control and accountability. Other organizations, such as the World Bank, have previously used community block grants in Indonesia to construct schools. These past experiences could have been evaluated and tailored to UNICEF's needs and could also have been used to involve community leaders, principals, teachers and

parents in decisions surrounding their schools. By structuring block grants in such a way as to involve community representatives from different segments of the community, there would have been less risk of corruption.

#### **Construction of Permanent Schools**

On 8 April 2005, UNICEF signed a MoU with the GoI to reconstruct/ rehabilitate 500 schools. At that point, UNICEF had already entered into negotiations with the United Nations Office for Programme Services (UNOPS) with regard to the Indonesian MoU for school construction. Despite the existence of a global MoU, the Indonesia-specific MoU was not signed until 4 July 2005. This slowed the start of the school construction process.

As of November 2005, only two permanent schools were under construction in Banda Aceh. These two schools will be completed in early 2006. The process of building permanent schools has been affected by several factors. First, the absence of harmonized standards related to school construction is slowing the process for both UNICEF and other organizations building schools in Aceh. As of November 2005, there were still three sets of standards – one from BRR, one from MoE and a third from the Department of Public Works. UNICEF has worked hard to coordinate the school construction process, but due to the complexities involved in reconstruction (given the multiple guidelines and standards), as well as the need to build the schools to a higher standard of earthquake resistance, the process has been delayed. Some organizations are simply choosing one of the standards and starting construction. As far as one MoE representative was concerned, the delay in school construction was puzzling because "...the standards have been set for months."

Concerns about inflation have also delayed the process as UNOPS is revising its cost estimates to determine exactly how many new schools will be constructed. In addition, it is likely that UNOPS will not rehabilitate any of the 200 damaged schools largely because of fears of unseen structural damage that may result in building collapse in the event of an earthquake.

The school construction process has also been affected by an atmosphere in which organizations, including UNICEF, compete for the best school locations. In many cases, this has resulted in organizations securing funding for school construction or negotiating land for sites, only to have another organization step in and build the school. In other instances, NGOs are negotiating agreements at the district or sub-district level, which is seriously affecting coordination efforts. Some of the NGO agreements also have stipulations whereby NGOs that do not begin work on their schools within 60 days are subject to their schools being reassigned to another organization that can complete the work faster. While the UNICEF MoU does not have this stipulation, it is vulnerable to other organizations building schools in areas where UNICEF has not yet begun construction. While this approach does respond to the needs of the communities and the children, it has a very negative effect on planning and on the general morale and efforts of coordination and cooperation. In May 2005, UNICEF worked to overcome this negative effect by organizing a meeting with the relevant authorities in order to determine the number of schools that were to be constructed by UNICEF-UNOPS within each of the seven most affected districts in Aceh and Nias.

While the process of building permanent schools is more consultative than the process used for the temporary schools, and takes into account the needs of both the national and provincial government and the community, the community's involvement relates primarily to site selection. Initially, UNICEF and

UNOPS developed a list of possible modifications that communities could choose from so that the design of their schools would be tailored to their specific requirements. As inflation increases, however, it is likely that the schools will be built following UNICEF's/ UNOPS' minimum standard design, which includes six classrooms, a library, wheelchair accessibility, water and toilets (including separate toilets for boys and girls) and a grass playground. At the sub-district level there is some concern that the new schools will require extensive maintenance. Per UNOPS, however, the schools will be low maintenance. UNICEF should work with UNOPS to determine ways to hold open discussions with the communities so that they have a better understanding of the maintenance needs and are relieved of their anxiety about this issue.

### **Water and Sanitation in Schools**

Water and sanitation is a key component of UNICEF's child friendly approach. As a result, each IOM temporary school is supposed to have two toilets, a water bladder for drinking water and hand-washing facilities. UNICEF will need to closely monitor the enrolment in these schools to determine whether two toilets are enough to ensure that the schools comply with Sphere standards of one toilet per 50 students. In addition, not all of the 90 temporary schools that were constructed as of the end of November 2005 had water and latrines. Since the condition of the tents and the learning spaces is not acceptable in some places, these schools are being used, even without adequate water and sanitation. UNICEF should make urgent arrangements to ensure that each school (tent or temporary structure) has appropriate water and sanitation facilities available.

In addition, problems can arise when temporary schools are built in areas where community members do not have access to water and sanitation. For example, community members use the school's latrines, which results in damage to the latrines, over-use of the latrines and rapid consumption of water from the water bladder. This can leave children without water until the water bowser arrives. This is an issue that needs to be addressed in consultation with WES.



### **Monitoring/Accountability**

Because of the large number of supplies (almost 6,000 education kits), an insufficient number of staff, and problems accessing all tsunami-affected districts, most distributions were not closely monitored. Existing UNICEF education staff has spent significant amounts of time on site selection and construction issues, which has left little time for either monitoring UNICEF's efforts or for working on issues related to the teaching and learning process. The result is that it is difficult to trace tsunami funds and their impact, and there is little or no accountability feedback loop with end users - teachers, principals and students. Still, most supplies were thought to have reached the intended end users, although there were some incidences of theft and slow delivery of supplies.

UNICEF is now working with the government to improve the government's monitoring capacity. This is necessary throughout the province but more so in Aceh Jaya, which is a relatively new district in the province and was badly affected by the tsunami. The MSEE, which were developed through a consultative process led by the INEE, also suggest that end users should be involved in monitoring efforts in order to increase the quality of education programmes and to assure that the educational needs of the community are being addressed.

Monitoring of school construction is the primary responsibility of UNOPS but since UNOPS is a contractor, it also requires monitoring. UNICEF is now recruiting technical specialists for the monitoring of school construction. This should allow existing education staff more time to focus on the substantive issues of the educational response, rather than focusing predominantly on the logistics of supply distribution, site selection and school construction.

#### **4.4.4 EFFECTIVENESS**

##### **Resumption of Learning**

Although schools were officially reopened on 26 January 2005, this date does not reflect students' attendance and participation. Although it is still not clear whether schools have full attendance, at least

through April 2005, attendance was reported to have been sporadic as parents were afraid to send their children to school because of the fear of aftershocks, because they did not want their children to be away from them and because, in some cases, the schools were too far away. The pass rates for the school year were, not surprisingly, quite low. Children had experienced a horrific event and had difficulty concentrating in school (if they attended).

Beyond the psychosocial benefit offered by the re-opening of schools, efforts to provide additional psychosocial support to children, parents and teachers were minimal. The UNICEF child protection section provided psychosocial training to some teachers but this was limited in scope and some did not receive the training until June or July 2005. Providing more psychosocial support to teachers, students and parents through training or short seminars on how to cope with the psychosocial after-effects of the tsunami and the continuing risk of earthquakes would have developed UNICEF's child-friendly approach substantially. Earthquake drills were included in UNICEF's psychosocial training but, again, this was not as comprehensive in its coverage as it could have been.

##### **Principles and Standards**

With regard to UNICEF's CCC, the initial education response in Aceh was a qualified success. The emphasis in the CCC on setting up temporary learning spaces and resuming schooling by providing teaching and learning materials in the form of education kits was certainly achieved. The part of the CCC that is less well defined is the initial phrase that states, "To promote access to quality early learning and education for all children ... UNICEF in collaboration with partners will ..." The emphasis in the early response was primarily logistical, which made it easier for children to go back to school but did not necessarily address any of their more qualitative needs. Fortunately, Indonesia has a well-established formal education system where teachers are reasonably well qualified. Still, in the first few months, extra psychosocial support to both teachers

and children would have been beneficial and would have been an opportunity to improve teaching skills through an emphasis on an interactive, child-centred approach. More focus on the qualitative aspects of the teaching/ learning process would also have reflected UNICEF's own commitments.

Beyond the CCC and UNICEF's Technical Notes for Programming in Unstable Situations, early in the tsunami response UNICEF and some NGOs working in education also made an effort to incorporate the INEE MSEE, Chronic Crises and Early Reconstruction. UNICEF was a key actor in both INEE (currently UNICEF chairs the INEE Working Group) and in the development of the MSEE through the participation and input of UNICEF staff from many countries. While the CCC were, and should have been, a priority in guiding UNICEF's response, efforts to achieve the inter-agency MSEE were less focused and ultimately less successful. UNICEF's primary focus in the first six months after the tsunami was directed at ensuring access to schooling, and coordination with government counterparts and NGOs. UNICEF did well in addressing parts of the MSEE, but its efforts were less directed towards more qualitative aspects that might have helped strengthen the teaching and learning process, and which are also incorporated in UNICEF's internal documents.

In addition, the main emphasis in the response was related to formal education for primary school children. The initial assessment should have incorporated enrolment information for all primary and secondary grades so that UNICEF and others would be able to pinpoint any unmet needs, even if UNICEF could not respond to those needs directly.

### **Human Resources**

Education staff from Jakarta initially rotated to Banda Aceh for two-week periods. Their support was critical to the initial response and to backstopping the response in the first few months. From January until April 2005, the education response in Banda Aceh was led by an education consultant who was recruited by the Jakarta office. In April, a new head of

the education section for Aceh was recruited for two years. As of November, there were two professional-level staff members in Banda Aceh supported by six education assistants; one professional staff member and two assistants in Meulaboh; two assistants in Nias; and three school construction consultants. These staff, backstopped by the education section in Jakarta, had primary responsibility for the implementation and monitoring of a \$120 million programme. All of the staff members are extremely committed and have been working day and night to mobilize supplies, negotiate sites for schools and manage the UNICEF education response. Almost one year after the disaster, however, it is unacceptable that from a human resources perspective, UNICEF is so short-staffed.

Because the office was short-staffed in 2005, they requested two education secondments from within UNICEF, one from Viet Nam and one from India, to help with the emergency response. In both cases the secondment requests were refused. Because UNICEF's internal procedures are relatively complicated, obtaining staff seconded from another office greatly increases the efficiency of a response. For this reason, UNICEF should re-evaluate its internal processes for making staff available to other offices (especially within their region) in the event of an emergency.

### **Teachers**

As discussed above, UNICEF agreed with the government to hire 1,110 emergency primary teachers for six months, beginning in July 2005. UNICEF and Save the Children conducted a Training of Trainers in March for 53 participants, who then conducted the subsequent training of teachers. The emergency teachers received six days of teacher training that included topics such as active learning and child-centred approaches, psychosocial support, peace education and teachers' professional code of conduct. The teacher trainings were conducted in Banda Aceh, Aceh Besar, Lhokseumawe and Abdiya during April. Because of transportation difficulties, the teachers from Aceh Jaya were not trained until July. UNICEF undertook the training and placement

of these teachers with the understanding that, after the initial six months of employment, the government would make an effort to place these teachers on the government's payroll. As of November, it was not known how many of these teachers would ultimately be employed by the government.

Beyond the training given to the emergency teachers, the majority of teachers in Aceh were not given any special psychosocial support or training that would have helped restore teacher motivation and encourage attendance. Teacher support should become a matter of policy in emergencies. Teachers were called upon to act heroically, which many did, to support students and to help them deal with their psychosocial issues. Some support for the teachers would have gone a long way in helping them to cope better with the situation.

#### **Early Childhood Development (ECD)**

UNICEF also supported ECD activities as part of its tsunami response. Between February and April 2005, UNICEF supported the training of 240 ECD teachers, agreed to pay their salaries for six months and deployed them in existing kindergartens in the 12 tsunami-affected districts. The ECD teachers were trained by five Indonesian master trainers and were expected to be able to establish and manage play groups and provide appropriate stimulation through play, story telling and the development of local learning materials. UNICEF estimates that between 4,800 and 6,000 children aged three to five benefited from these teachers.

#### **Distribution of Supplies**

Prior to the tsunami, UNICEF Indonesia had developed a local version of the UNICEF School-in-a-Box kits. These kits are preferable to the kits procured from Copenhagen as they are specific to the educational and cultural needs of Indonesia. In addition to basic school supplies, each kit also contains a set of textbooks and a curriculum guide for use by the teacher. It is likely that these local kits contained outdated textbooks, which is not surprising if they were assembled prior to the tsunami. Because these kits also contained student backpacks, they were preferred over the Copenhagen kits. It would have been better, therefore, if the majority of kits distributed were the local version. Instead, almost four times as many kits were procured off-shore (5,610 from Copenhagen compared to 1,640 locally). Despite recent concerns raised by the Office of Internal Audit (September Audit Findings report), it would have been advisable to increase local production of School-in-a-Box kits (perhaps through the use of multiple suppliers) as they were more appropriate and less costly. The one concern raised about the local kits was that they were bulkier and more difficult to transport. This is a concern that should be taken up with local suppliers in Indonesia.

#### **Textbooks**

As part of its education response, UNICEF also agreed to provide textbooks for primary schools. Two main problems arose with regard to the ultimate use of these textbooks. First, UNICEF, after consultation with MoE, agreed to provide one set of textbooks for every three children. Unfortunately, the reasons behind this decision were not explained at the school level and since teachers and children were accustomed to having their own sets of textbooks, some schools opted not to distribute the UNICEF textbooks as they did not understand how children could share them and did not want to give textbooks to some students and not others.

The second problem was that the first UNICEF procurement of textbooks resulted in the purchase of books based on the 1994 curriculum (rather than the updated curriculum).<sup>115</sup> As a result, principals and teachers in many of the schools visited decided not to use the provided textbooks. Often, each teacher had one set of the new textbooks and used that for teaching the class. The purchase and distribution of textbooks is an area where consultation could have been broader earlier on and included principals and teachers as well as MoE, which did indeed happen for the second large-scale procurement of textbooks.

### **Coordination and Collaboration**

UNICEF's support for coordination (information sharing and influencing actors to pool resources, avoid duplication and cover needs and gaps) in the education sector was generally praised. Coordination meetings in Banda Aceh, chaired by MoE, occurred on a weekly basis and in February 2005 a decision was taken to form two coordination working groups that would meet on alternate weeks. Therefore, the coordination meeting focused on school construction issues meets one week and the group working on efforts to improve the quality of education meets the following. Coordination meetings in Aceh Barat and Aceh Jaya occur on a less frequent basis, although most NGOs in these areas expressed dissatisfaction that activities were not better coordinated. The attendees at the various coordination meetings are generally government and large international organizations, but not all of the actors working in education attend on a regular basis.

### **4.4.5 IMPACT**

The significant impact of UNICEF's emergency education response is recognized by the national, international and local communities. Contributions in the first six months included nearly 6,000 School-in-a-Box kits (approximately 1,600 of which were locally procured and included school backpacks for children), basic school supplies, 2,000 recreation kits, 3,000 plastic plait mats, 500 teacher tents, over 570,000 textbooks and the training of 240 ECD teachers and 1,000 emergency primary school teachers.

Areas where impact/outcome was confirmed or likely include:

- opening of schools/learning spaces soon after the tsunami (26 January 2005 in most areas);
- inclusion of child friendly elements in the MoE reconstruction strategy;
- clean-up of schools;
- distribution of school supplies to the vast majority of children in Aceh province; and
- provision of temporary learning spaces in the form of school tents.

Areas where impact was diffused include:

- use/appropriateness of school tents for more than two-three months was questioned by the community;
- the length of time that it will take to construct both temporary and permanent schools as well as the time it took to distribute furniture and supplies is weakening trust in UNICEF among the NGO community and, to a lesser extent, within the GoI;
- coordination of the reconstruction process and standards has not achieved maximum benefit since the process has taken more than 11 months and organizations are becoming impatient with the lack of concrete results; as a consequence, some organizations are moving ahead on their own;
- water and sanitation in the temporary schools needs improvement; and
- deployment of the emergency teachers and its impact cannot be fully assessed until it is known whether the government ultimately places these teachers on its payroll.

<sup>115</sup>This problem was specifically noted during school visits and discussions with partners in Aceh Barat and Aceh Jaya. The large number of outdated textbooks seen in these schools indicates that the textbooks were not provided with the School-in-a-Box kits but were distributed separately.

#### 4.4.6 SUSTAINABILITY/CONNECTEDNESS

UNICEF tends to focus on supply provision in emergencies to the possible inattention of the effect of these inputs and their relationship to needs. There was little follow-up with recipients regarding their satisfaction with the supplies and any problems they may have encountered, including replenishment of supplies. UNICEF's main conduits for consultation in education are representatives from the various levels of government education offices, which is a critical component of a sustainable response. Nevertheless, the UNICEF Technical Notes also indicate that:

"Almost all UNICEF-supported successful emergency education responses have built on community initiative. Mobilizing and supporting community action to establish basic education services should be the immediate priority of an emergency education programme. The inclusion of communities themselves in responding to the need for education services during an emergency sets the stage for continuous action once the crisis is over. A participatory approach helps recreate a sense of 'community', and develop the competence, confidence and will that leads to sustained and responsible collective action for addressing community problems, issues and concerns" ('UNICEF Technical Notes: Special Considerations for Programming in Unstable Situations', Chapter 3).

It is this consultation with communities that did not occur more widely and, consequently, their input was not usually factored into planning for education activities. While school committees exist in Aceh, these were not used during the first six months.

As noted in the TEC Coordination evaluation, the overall response of the international community to the tsunami adopted a "subject \_ object approach to assistance" where success was measured in terms of 'quantitative output' (in the case of the education response, number of tents and Schools-in-a-Box delivered), "...rather than in a more holistic and sustainable approach to community rebuilding." While undoubtedly those directly affected by the tsunami were horribly impacted by the event, the Acehnese people still had capacities and resources that could have been called upon in terms of the educational response. Community consultation could have occurred more broadly and on a more regular basis when visits were conducted for school site selection. It would have been advisable to expand these meetings or to hold additional meetings during the course of these visits to focus on broader educational issues.

Because the response has done little to meaningfully involve communities, there is a risk that it will be more difficult to secure their involvement in the coming months. As noted in the TEC Coordination report, "Insufficient analysis and acknowledgement

of community self-help in disasters has two results: first, it perpetuates the myth of dependency on external aid; second, it shields the aid establishment from the responsibility to build their responses on existing local capacities.” In this regard, the education sector was no different from any other in terms of its response to the tsunami.

#### 4.4.7 LESSONS AND RECOMMENDATIONS

A resounding lesson from the tsunami experience in most affected countries arose from the underestimation of time required to plan and build infrastructure due to new zoning requirements, land ownership issues, construction standards and lack of capacity of local planners and contractors. This is also the case in Indonesia for school reconstruction.

##### **Recommendations**

Due to the length of time that it will take to construct permanent schools, the temporary buildings will have to last more than a year. Some problems that must be rectified immediately (by UNICEF, IOM or another partner) are:

- Bring sanitation and hygiene up to standard in the temporary schools. Solid waste around schools is excessive in some cases and the grounds of many schools need to be cleared of debris to make them safer for children.
- Guarantee sufficient water for schools. Buckets should be present in latrines for cleaning and hand-washing.
- Hire a UNICEF staff member or a consultant with appropriate experience to monitor UNOPS and the evolving construction situation and to communicate regularly with principals and teachers as well as MoE at the provincial and district levels.
- Re-evaluate internal procedures for making staff available from other offices (especially within their region) in the event of an emergency. The secondment of education staff from within the region would have enhanced UNICEF’s capacity in the education section.
- Make greater efforts to involve communities in discussions surrounding construction and maintenance of permanent schools so the process is better understood by everyone.
- Develop more detailed guidelines globally on how UNICEF can meaningfully involve communities (parents, teachers, principals and children) in planning and implementation of educational activities.
- Proceed with (and strengthen) plans to improve the quality of education and focus more effort on substantive educational issues.
- Analyse the RALS data and conduct further vulnerability analyses to ensure that all children have access to education and are receiving the necessary support.
- In collaboration with the child protection section, focus more effort on psychosocial support for both teachers and children and increase disaster preparedness training.



UNICEF/JOSHUA ESTEY INDONESIA

# ANNEX

## ANNEX 1 PROGRAMME ACHIEVEMENTS (COUNTRY SHEET)

### INDONESIA: SUMMARY OF FINDINGS

Programme commitments	◆◆ Mostly Effective
Appropriateness	◆◆ Mostly Effective
Effectiveness	◆ Adequate
Efficiency	◆ Adequate
<b>Overall</b>	<b>◆◆ Effective / Mostly Effective</b>

- ◆◆◆ Effective: Met CCC / provided excellent outcome for children
- ◆◆ Mostly effective: Met sufficient of CCC/ helped children
  - ◆ Adequate: Mixed performance in meeting CCC/ helping children
  - Ineffective: Did not meet the majority of the CCC or help children

### SUMMARY OF PROGRAMME COMMITMENTS

PROGRAMME COMMITMENTS	
Health and nutrition CCC met	<ul style="list-style-type: none"> <li>• UNICEF appropriately focused early efforts on measles immunisations, vitamin A supplementation, nutritional surveys and early distribution of emergency medical supplies. There was a laudable early planning for longer-term development needs.</li> <li>• The effectiveness of UNICEF's health and nutrition programs was challenged by external constraints and a lack of timeliness in mobilizing cash payments and reimbursements, delays in printing and supply deliveries, poor field monitoring, and inadequate support of outreach and training activities.</li> </ul>
Water and environmental sanitation (WES) CCC partly met	<ul style="list-style-type: none"> <li>• There were a number of achievements, including collaborative WES assessments, water supply to 28,000 IDPs with at least 15 litres of drinking water per day through tanker operations and the removal of rubble and waste in at least 15 IDP camps.</li> <li>• Did not provide consistent leadership for the sector, despite dedicated coordinator early on. Hygiene kits arrived late, toilet construction was slow and emptying pit latrines took time, which led to open field defecation.</li> </ul>
Child Protection CCC were met	<ul style="list-style-type: none"> <li>• Established 21 Children's Centres (CCs), which acted as hubs for psychosocial, registration and tracing activities. Registered separated and unaccompanied children in the central database. Advocacy resulted in sound government policies to protect vulnerable children. Coordination within the sector was deemed strong.</li> <li>• CCs did not cover all IDP children. Staff need further training and improved living and working conditions. Lack of staff made it difficult for the Child Protection section to carry out breadth of activities.</li> </ul>



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## SUMMARY OF PROGRAMME COMMITMENTS

### PROGRAMME COMMITMENTS

Education CCC were met	<ul style="list-style-type: none"><li>• Delivered 500 education kits, school tents by the end of January. Deployed 1,000 temporary teachers. Provided stationery for 600,000 children. Activity supported government to open schools early.</li><li>• Children, their parents and their teachers did not receive the needed psychosocial support. This would have been beneficial and an opportunity to improve teaching skills using an interactive, child-centred approach. In addition, little consultation occurred with communities; their input was not usually factored into planning for education activities.</li></ul>
Appropriateness and Relevance	<ul style="list-style-type: none"><li>• UNICEF undertook numerous assessments in the first six months, many of them jointly planned and implemented.</li><li>• UNICEF concentrated on meeting immediate needs in the first weeks of the response and did not start detailed programme planning until March.</li><li>• UNICEF's tsunami response funding is the largest in its history, at well over \$200 million. Ironically, UNICEF has addressed many of the CCC, yet the poorest tsunami affected children still live in difficult conditions.</li><li>• UNICEF focused its coverage mainly in urban areas, on the severely affected west coast and in Simeuleu and Nias. UNICEF made continuous efforts to help children affected by the conflict as well as the tsunami.</li></ul>
Impact and Effectiveness	<ul style="list-style-type: none"><li>• UNICEF had numerous achievements: the measles campaign, distribution of mosquito nets and distribution of potable water all contributed to the control of communicable disease. Malaria rates fell below normal, a significant achievement.</li><li>• The first UNICEF assistance did not start until 10 days after the tsunami, and did not start in volume until about three weeks later.</li><li>• The scale of the destruction and a legacy of martial law meant there were serious capacity issues for traditional UNICEF partners. Local government was depleted and overwhelmed.</li><li>• The coordination of three sectors together with a major measles campaign was a significant responsibility, which UNICEF took seriously. Psychosocial assistance and child protection was generally done well, as was education. WES was inconsistent.</li><li>• UNICEF's monitoring and evaluation efforts were constrained by weak monitoring capacity, and UN security restrictions.</li><li>• The response diverted staff attention away from regular programmes in other parts of Indonesia, causing delays in important health interventions. Innovative programmes initiated in Aceh will contribute to learning and replication in other areas of the country.</li></ul>
Efficiency	<ul style="list-style-type: none"><li>• The tsunami response constituted formidable management and leadership challenges, which have been largely met by hard-working and dedicated UNICEF staff. Lack of continuity in the operations officer position in Banda Aceh for the first six months affected performance. Levels of seniority of key staff were set too low.</li><li>• The rapid 'scale-up' of staffing was a success. Problems included time delays in deployment of some staff on mission and lack of training in procedures for new staff.</li><li>• UNICEF's supply was generally satisfactory. UNICEF's logistics capability in the field was less robust and it took almost three weeks to set up an office in Banda Aceh.</li><li>• The complex and burdensome administrative procedures surrounding project implementation were a seriously constraining factor in UNICEF's response. Projects were slowed, partnerships compromised and monitoring hampered.</li></ul>

## ANNEX 2

### SUMMARY CHART: COMPLIANCE WITH CCC

HEALTH AND NUTRITION	
(CCC) FIRST 6–8 WEEKS	MEETING THE CCC: COMMENTS
1. Vaccinate all children aged between 6 months and 14 years against measles. At a minimum, all children aged between 6 months and 4 years must be immunized. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilization expertise, and financial support for advocacy and operational costs. Along with the vaccination, provide vitamin A supplementation as required.	<ul style="list-style-type: none"> <li>a) 1,113,494 children aged 6 months to 15 years were vaccinated against measles in partnership with the government, United Nations and NGOs between 5 January and April 2005. A coordinated vitamin A supplementation campaign reached nearly 500,000 children aged 6 to 59 months.</li> <li>b) Provided expertise, operational costs, vaccination-related supplies, and cold chain equipment.</li> <li>c) More support for advocacy and social mobilization was needed.</li> </ul>
2. Provide essential drugs, emergency health kits, post-rape-care kits where necessary, oral rehydration mix, fortified nutritional products and micronutrient supplements	<ul style="list-style-type: none"> <li>a) Essential drugs, emergency health kits, and oral rehydration mix were provided quickly.</li> <li>b) Post-rape-care kits were not provided.</li> <li>c) Fortified nutritional products and micronutrient supplements were obtained, but their distribution was not immediately prioritized, although a UNICEF-led rapid nutrition survey demonstrated the presence of &gt; 10% global acute malnutrition.</li> </ul>
3. Provide other emergency supplies such as blankets, tarpaulins and cooking sets.	Provided these non-food items to IDP populations.
4. Based on rapid assessments, provide child and maternal feeding and support.	<ul style="list-style-type: none"> <li>a) WFP and the GoI supported food distribution.</li> <li>b) UNICEF disseminated information on appropriate infant feeding.</li> </ul>
5. Introduce nutritional monitoring and surveillance.	<ul style="list-style-type: none"> <li>a) Coordinated and supported nutritional surveys in January and February/March 2005.</li> <li>b) Ongoing nutritional surveillance was not introduced.</li> </ul>
<b>Requirements (beyond initial response)</b>	<b>UNICEF Indonesia Response</b>
6. Support the establishment of essential health care services by providing outreach services and home-based management of childhood illnesses and emergency obstetric care services, as well as treatment for malaria, diarrhoea and pneumonia.	<ul style="list-style-type: none"> <li>a) Initiated long-term plans to support revitalization of community-based health services and to provide training and equipment related to emergency obstetric care.</li> <li>b) Rapidly provided antibiotics, anti-malarials and diarrhoea treatments to health officials.</li> <li>c) Provided midwife kits to health officials.</li> </ul>

HEALTH AND NUTRITION	
Requirements (beyond initial response)	UNICEF Indonesia Response
7. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, financial support for advocacy and operational costs for immunization of pregnant women and women of childbearing age.	<ul style="list-style-type: none"> <li>a) Tetanus toxoid was provided.</li> <li>b) Cold chain equipment was provided, but training has been delayed.</li> <li>c) Thus far there has not been advocacy for an immunization campaign.</li> </ul>
8. Support infant and young child feeding, complementary feeding, and when necessary, support therapeutic and supplementary feeding programmes with WFP and NGO partners.	<ul style="list-style-type: none"> <li>a) Provided funding to governmental health partners to support nutrition-related activities at the district level.</li> <li>b) In rare and severe cases, UNICEF directly provided supplementary food materials.</li> <li>c) Piloted a community-based therapeutic feeding programme that it plans to implement more widely.</li> <li>d) Trained hospital and health centre staff on the management of severe acute malnutrition and conducted Training of Trainers for district nutrition coordinators on feeding practices, particularly for infants. Guidelines for infant feeding in emergencies were co-produced with WHO and distributed to health partners.</li> </ul>
9. Provide health and nutrition education, including messages on the importance of breastfeeding and safe motherhood practices.	<ul style="list-style-type: none"> <li>a) Information, education and communication materials on breastfeeding were provided to health authorities, NGO partners, on radio talk shows and at workshops with several dozen camp representatives.</li> <li>b) Training on safe motherhood promotion was provided to 98 representatives from camps on Aceh's west coast. UNICEF is planning a province-wide safe motherhood campaign in coordination with local partners.</li> </ul>

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**WATER AND SANITATION**

(CCC) FIRST 6–8 WEEKS	MEETING THE CCC: COMMENTS
1. Ensure the availability of a minimum safe drinking water supply taking into account the privacy, dignity and security of women and girls.	a) Contributed substantially to providing safe drinking water to 28,000 IDP's. However, the minimum safe drinking water was not met for all the IDP's as many had to manage with 5 litres per person per day. UNICEF has attempted to fill this gap via increased water tankering to the IDP camps.
2. Provide bleach, chlorine or water purifications tablets, including detailed user and safety instructions in the local language.	a) Household water treatment kits and household water filters were distributed to some 2000 families early on.
3. Provide jerry cans, or an appropriate alternative, including user instructions and messages in the local language on handling water and disposal of excreta and waste.	18,000 jerry cans were distributed to IDP's, as well as clean up and sanitary equipment like wheelbarrows and rakes.
4. Provide soap and disseminate key hygiene messages on the dangers of cholera and other water and excreta-related diseases.	a) Soap was provided in more than 20,000 hygiene kits that were distributed to the IDP's. Unfortunately, key hygiene messages were not promoted early on.
5. Facilitate safe disposal of excreta and solid waste by providing shovels or funds for contracting local service companies; spread messages on the importance of keeping excreta (including infant faeces) buried and away from habitations and public areas; disseminate messages on disposal of human and animal corpses; and provide instructions on, an support for, construction of trench and pit latrines	a) More then 1600 shovels and hoes were provided and were observed with some of the beneficiaries interviewed. These shovels were used for the disposal of solid waste and emptying of the gutters. Plastic squatting plates were provided for the construction of emergency latrines. However, the construction rate was slow and inadequate with respect to needs assessed. Also, squatting plates were not appropriate (neither in design not culturally). There are still 5000 plates stored in warehouses. Guidelines on adequate latrine construction in water logged conditions arrived late and were hence unable to influence design of most latrine construction carried out by partners.

WATER AND SANITATION	
Requirements (beyond initial response)	UNICEF Indonesia Response
<p>6. Make approaches and technologies used consistent with national standards, thus reinforcing long-term sustainability.</p>	<p>a) <b>Water:</b> providing water through tankering was clearly identified as being a short term solution. UNICEF is to be commended for quickly looking at other, more sustainable means of providing water through the construction of gravity-fed systems and the request for drilling rigs to drill boreholes. These activities are now being taken to scale.</p> <p>b) <b>Sanitation:</b> upgrading of latrines is planned in most of the TLC's where the sanitation situation represents a health hazard. Construction of latrines is also planned in 104 affected schools. Unfortunately, the proposed design is costly and a simpler, cost efficient design could have been used instead.</p> <p>c) <b>Hygiene promotion:</b> hygiene promotion material arrived late and posters were distributed in April 2005. Message conveyance is confusing due to use of multiple messages and images on the same poster. This substantially reduces impact. Conducted training on the PHAST approach. This approach is normally used to create demand for sanitation in a community; it is not particularly appropriate in an emergency situation where a few quick, key hygiene messages need to be promoted using appropriate communication channels.</p>
<p>7. Define UNICEF's continuing involvement beyond the initial response by:</p> <p>a) establishing, improving and expanding safe water systems for source development, distribution, purification, storage and drainage, taking into account the evolving needs, changing health risks and greater demand;</p> <p>b) providing safe water supply, and sanitation and hand washing facilities at schools and health posts;</p> <p>c) supplying and upgrading sanitation facilities to include semi-permanent structures and household solutions, and providing basic family sanitation kits;</p> <p>d) establishing regular hygiene promotion activities;</p> <p>e) planning for long-term solid waste disposal.</p>	<p>a) Developing gravity-fed systems and pipelines and drilling boreholes will help expand safe water systems for communities. For schools, it may be worthwhile looking into developing rainwater harvesting plans as boreholes mounted with electrical pumps will be difficult to maintain at the school level.</p> <p>b) UNICEF plans to upgrade sanitation facilities in all TLC's with support from other sector partners. As these camps will be occupied for at least a couple of years, appropriate de-sludging should be developed. UNICEF is also planning to support the construction of a treatment plant.</p> <p>c) PHAST training continues to be carried out. In order to assess the impact of this approach, it will be useful to establish a baseline on some key hygiene behaviours and to monitor progress.</p> <p>d) UNICEF is supporting solid waste disposal in the camps, and will continue to do so as long as necessary.</p>

## CHILD PROTECTION

(CCC) FIRST 6–8 WEEKS	MEETING THE CCC: COMMENTS
<p>1. Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.</p>	<p>a) Rapid assessments focused on identifying and registering separated and unaccompanied children. Abuse and exploitation was not directly addressed at this stage.</p>
<p>2. Assist in preventing the separation of children from their caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under 5 years of age and adolescent girls.</p>	<p>a) Through the establishment of CCs, UNICEF trained staff on tracing procedures, who then registered unaccompanied and separated children, traced relatives and facilitated reunification.</p>
<p>3. Ensure that family tracing systems are implemented with appropriate care and protection facilities.</p>	<p>a) UNICEF worked through the interagency tracing network to establish guidelines, procedures and a central database to assemble information.</p>
<p>4. Prevent sexual abuse and exploitation of children and women by:</p> <ul style="list-style-type: none"> <li>a) monitoring, reporting and advocating against instances of sexual violence by military forces, state actors, armed groups and others; and</li> <li>a) providing post-rape health and psychosocial care and support.</li> </ul> <p>Internal measures with regard to humanitarian workers and staff should include:</p> <ul style="list-style-type: none"> <li>a) undertaking and promotion of humanitarian activities in a manner that minimizes opportunities for sexual exploitation and abuse; and</li> <li>a) having all UNICEF staff and partners sign the Code of Conduct and making them aware of appropriate mechanisms for reporting breaches of its six core principles.</li> </ul>	<ul style="list-style-type: none"> <li>a) Policewomen were trained and dispatched to the camps and TLCs in April and June 2005. No formal monitoring of the situation in the camps was conducted.</li> <li>b) Little psychosocial support was provided to women.</li> <li>c) 10,000 copies of the Code of Conduct were distributed to humanitarian workers including UNICEF staff and counterparts. Trainings around the Code of Conduct were also conducted during the distribution.</li> </ul>

CHILD PROTECTION	
Requirements (beyond initial response)	UNICEF Indonesia Response
5. Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.	a) Abuse was monitored informally through CC staff visits to separated and unaccompanied children. Abuse was also monitored during police dispatches.
6. In cases where children are separated, or at risk of being separated from caregivers, working directly or through partners to: <ul style="list-style-type: none"> <li>a) assist in preventing the separation of children from their caregivers;</li> <li>b) facilitate the identification, registration and medical screening of separated children, particularly those under 5 and adolescent girls;</li> <li>c) facilitate the registration of all parents and caregivers who have lost their children;</li> <li>d) provide support for the care and protection of separated children including shelter; and</li> <li>e) support partners involved in tracing and reunification and provide tracing equipment.</li> </ul>	<ul style="list-style-type: none"> <li>a) UNICEF advocated strongly for family and community-based care as opposed to institutionalization or adoption.</li> <li>b) Registration activities were carried out through the CCs. Staff was given training, transportation and tracing kits to carry out these activities. A central database was created in conjunction with an interagency tracing network and is housed at DinSos. CC staff regularly visit registered children and monitor their care.</li> </ul>
7. Provide support for the care and protection of orphans and other vulnerable children.	a) Monitoring of institutions has not yet taken place. Support to children has consisted of psychosocial and recreational activities through the CCs, and distribution of family and hygiene kits to foster families.

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**EDUCATION**

(CCC) FIRST 6–8 WEEKS	MEETING THE CCC: COMMENTS
1. To promote access to quality early learning and education for all children in affected communities, with a specific focus on girls, UNICEF, in collaboration with partners will:	a) Throughout Indonesia, including Aceh, there are no significant disparities between girls' and boys' enrolment in primary school. Therefore, no special focus on girls' education was needed in the tsunami response.
2. Set up temporary learning spaces with minimal infrastructure.	a) UNICEF, the GoI and other organizations worked to officially re-open schools by 26 January 2005. Arrangements were made to accommodate tsunami-affected children in existing schools (sometimes through the use of multiple shifts) and, when that was not possible, in school tents. In some districts (particularly Aceh Jaya and Aceh Barat) school tents were not in place within the first eight weeks.
3. Resume schooling by re opening schools and starting the reintegration of teachers and children by providing teaching and learning materials and organizing semi-structured recreational activities.	a) Schools officially reopened on 26 January 2005, one month after the tsunami. All schools were not fully supplied at that time, but this would have been impossible in light of the logistical and security constraints.
<b>Requirements (beyond initial response)</b>	<b>UNICEF Indonesia Response</b>
4. Re-establish and/or sustain primary education. Provide education and recreational kits and basic learning materials and teacher training.	a) Primary schooling was re-established and Schools-in-a-Box and recreational kits were distributed throughout the province. Some teachers were trained in psychosocial issues but those who were tsunami-affected needed more support. Children needed time to recover.
5. Promote the resumption of quality educational activities in literacy, numbers and life skills issues such as HIV/AIDS, prevention of sexual exploitation and abuse, conflict resolution and hygiene.	a) The 1,000 emergency teachers who received training in March-April 2005 received training on peace education, active learning methodologies and psychosocial support. Efforts beyond this group were nominal during the first six months. Plans were begun, however, to revitalize the gugus system to provide support, training and mentoring to teachers throughout the province.
6. Establish community services around schools (such as WES) where appropriate.	a) WES was uneven and needs improvement in temporary schools.



## ANNEX 3

### SUPPORT FUNCTIONS: FULL REPORT

#### SUPPORT FUNCTIONS: FINANCE AND ADMINISTRATION, LOGISTICS AND HUMAN RESOURCES

For each support function, UNICEF's activities from 26 December 2004 to 30 June 2005 were evaluated in relation to:

- UNICEF's obligations and commitments, as specified in the CCC.
- UNICEF's guidelines to implementing these obligations, as specified in the EFH. The EFH was first published in July 2005, but staff members have used various elements of it for guidance in other publications.
- Other sources of authority in UNICEF.
- Best practices in humanitarian aid.

#### FINANCE AND ADMINISTRATION

##### EMERGENCY GUIDELINES

UNICEF is committed by virtue of the CCC to ensure the establishment of an efficient financial and administrative management structure. This should be accomplished with regional office and HQ support and should lead to effective implementation of the programme and CCC, within an environment of sound financial accountability. The CCC further commit UNICEF to:

- assess financial and administrative capacity, sources of cash, banking and funds disbursement means;
- provide checklists and guidance on funds management at the onset of a crisis;
- put in place internal oversight and control systems while preserving the safety of staff, partners and assets; and
- provide for the deployment of finance and administration staff for emergencies.

The EFH provides guidelines for implementing the above commitments with checklists and tools. Specifically, under 'What to Remember' in Section 2, 'Finance in Emergencies'<sup>116</sup>, the EFH offers clear guidelines on addressing security; handling cash;

communications with the regional offices and HQ; and keeping options open for resuming normal operations. The EFH makes no exceptions to its accounting rules and procedures and the finance and administration section does not acknowledge the need for UNICEF staff to deviate from standard procedures in pressing circumstances.

Waivers, under certain circumstances, are permitted as noted in Financial Rule 112.29<sup>117</sup> which states: "... competitive bidding may be waived when emergency situations or exigencies of the service do not permit the delay attendant upon the issuance of invitations to bid or requests for proposals or the reissue thereof in cases where such solicitation has failed to achieve satisfactory results. In [such cases], the relevant reasons must be recorded in writing and signed by the officer that approved the waiving of competitive bidding".

Most UNICEF staff members that were interviewed were not aware of this waiver. Moreover, in both Jakarta and Banda Aceh, the evaluation team encountered a pervasive mindset of fiduciary prudence and probity that even applied when dealing with emergency situations where minimizing delays in response is important since delays risk putting children's lives and well-being in jeopardy. Numerous instances of fiduciary and procedural caution were justified by staff as a need to 'stick to the rulebook', despite common sense that suggested they ought to do otherwise. For example, it took a critical two to three extra days after New York HQ declared the tsunami a corporate emergency before funds were encumbered in order to release Copenhagen stock for emergency use.

Where staff members show resourcefulness in responding in a timely manner, they are vulnerable to criticism and on occasion have been reprimanded for doing so. For example, a recently-completed Internal Audit report criticized Logistics for failing to go to competitive tender for an expired Long Term Agreement at the apex of emergency response (mid-

<sup>116</sup> Page 393.

<sup>117</sup> Book G, Chapter 7 Section 4.0: 'Exceptions to Competitive Bidding'. Book G is available to UNICEF staff via the UNICEF Intranet, and to UNICEF staff and others on the CD that accompanies the EFH.

January 2005)<sup>118</sup>. The delay caused by having to tender would have adversely impacted the welfare of the project beneficiaries. Such criticism, unfortunately, tends to inhibit resourcefulness and using common sense in emergencies.

The issue here is not the validity of the tendering process (it is essential, under normal circumstances, in order to safeguard UNICEF financial assets), but rather when the tendering process should be applied and when it should be waived. Any delay in providing aid to victims of an emergency contravenes UNICEF's CCC. The agency must be able, at all times and in all locations, to respond with aid to children in need as quickly and as effectively as possible. It must never allow fiscal prudence and probity to trump common sense and doing the right thing in emergencies.

## RECOMMENDATIONS

- 1 UNICEF should formally and explicitly acknowledge that its obligations to the CCC take precedence over adherence to standard fiduciary and procedural controls in times of emergency, and that all staff and contractors are expected to act in the best interests of UNICEF's beneficiaries.
2. The Department of Financial and Administrative Management (DFAM) should clarify to all staff, through appropriate emergency guidelines, the steps to take in times of emergency, including where waivers and other deviations from standard financial regulations can and should be used to ensure timely response to emergency situations.
- 3 The Comptroller's Office should hold DFAM accountable for the effectiveness of its emergency guidelines, and for the extent to which they are made known and applied throughout UNICEF.
4. The OIA should expand the terms of reference of its periodic country office audits to include examination of the effectiveness of emergency guidelines in enabling UNICEF to meet its CCC.

## ProMS

UNICEF field staff and partner organizations<sup>119</sup> frequently pointed to 'bureaucratic' rules and regulations that acted as barriers to effective delivery of emergency assistance. Nearly everybody interviewed echoed the sentiment that the bureaucracy was excessively cumbersome.

ProMS was singled out for criticism, in particular for its slow entering and processing of transactions. It took nine months to set up the ProMS system in Banda Aceh, as a result of which all ProMS entries had to be batched in Banda Aceh and then sent by mail or courier to the Jakarta office for posting. Approximately three months of the nine-month delay was attributable to the lack of communications infrastructure between Banda Aceh and Jakarta, but the remaining six month delay was due to the delay setting up ProMS for use in the Banda Aceh office. Even after ProMS was implemented, transmission rates were slow to the point of seriously impeding system response. Furthermore, the ProMS database is still in Jakarta, which further inhibits the effectiveness of ProMS to Banda Aceh users.

ProMS, however, is not the core issue. As a system, it is stable, reliable and an anchor for UNICEF field work. The problems lie with the controls and procedures that are applied in using the system.

Another equally serious problem was the ability to complete paperwork for ProMS and related procedures. Without exception, programme staff encountered major difficulties in simply finding out what to do in any given situation. There were no procedures to follow. Programme staff was constantly asking for clear and correct information about which payment method to employ, which form to use, what to do next, and who to ask for guidance.

<sup>118</sup> 'Audit Report on the Tsunami Response Operations of Indonesia Country Office', Office of Internal Audit, Draft, 28 September 2005, page 26.

<sup>119</sup> Extensive interviews took place with UNICEF staff and partners; see annexes for Persons Consulted.

### PROBLEMS RELATED TO CAG

Programme staff reported having to spend excessive amounts of time pushing CAG transactions through the system. One consultant reportedly spent 185 overtime hours in a four-month period simply to clear one \$2,000 CAG. Programme work is at risk of becoming blocked when one or more CAG remains un-liquidated for more than nine months. The rationale is that six months should be ample time to clear a CAG and nine months is more than enough. In practice, however, the programme units in the Banda Aceh area, including Nias, Simeulue and Meulaboh, work with unskilled and inexperienced government staff who have difficulty accumulating the required receipts in nine months, let alone in six months or less.

The below Table shows that un-liquidated CAGs are a problem for all of the Indonesia offices, and not just Banda Aceh. Twenty percent of all CAGs by value were un-liquidated after six months and about three percent for more than nine months for Indonesia as a whole. In Aceh alone, 24 percent were un-liquidated after six months, but none for more than nine months since CAG-based aid only commenced in February 2005. The significantly slower rate of liquidation in Aceh, which is due to the inexperience of partner organizations, will begin to be felt in January 2006 when CAG-funded projects launched in March and April 2005 reach their nine-month limit.

**Table 4: Outstanding CAG's, Indonesia Office, October 31, 2005**

LOCATION	Less than 6 months	6 to 9 months	Over 9 months	Total
Central Region, rupiah-denominated	\$3,711,336	\$1,846,079	\$276,836	\$5,834,251
Central Region, dollar-denominated	–	–	1,294	1,294
JaBar Region, rupiah-denominated	\$900,862	–	937	901,799
JaTeng Region, rupiah-denominated	\$604,077	1,764	–	605,841
JaTim Region, rupiah-denominated	\$900,308	–	–	900,308
NTB Region, rupiah-denominated	200,270	–	–	200,270
Sul Sel Region, rupiah-denominated	398,110	4,247	–	402,357
NTT Region, rupiah-denominated	440,253	46,848	465	487,566
Maluku Region, rupiah-denominated	146,404	24,878	71,688	242,970
Papua Region, rupiah-denominated	597,502	4,669	–	602,171
<b>Banda Aceh Region, rupiah-denominated</b>	<b>2,178,603</b>	<b>685,353</b>	–	<b>2,843,956</b>
<b>TOTAL</b>	<b>10,077,725</b>	<b>\$2,613,838</b>	<b>351,220</b>	<b>\$13,042,783</b>

Notes: Central Region - Approximately 90% of CAG relates to Banda Aceh projects. All table figures in US dollars. Rupiah converted at the rate of Rp 10,000 to USD \$1.00

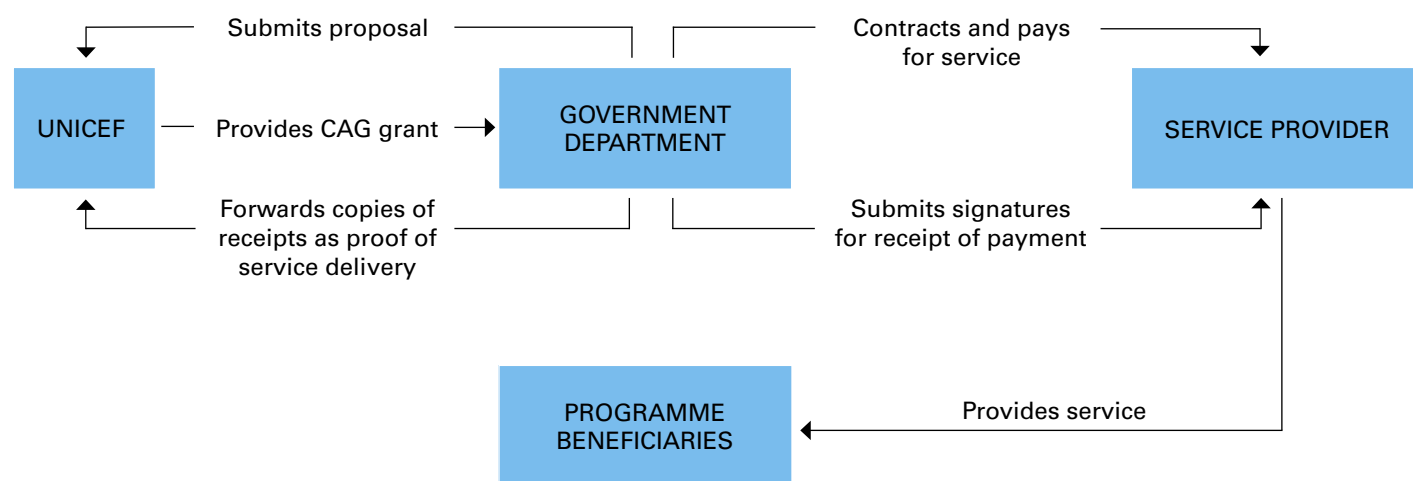
Source: UNICEF Jakarta Country Office. Source table in Rupiah and US dollars.

The current practice of blocking funding to programmes involving delivery by government departments whose CAGs are outstanding for more than nine months poses a dilemma in cases of emergencies. Under normal circumstances, it makes good sense to withhold further funding until such CAGs are liquidated and to provide capacity-building assistance to help them to do so. But this is not the case in times of emergency, when the lives and welfare of children are at stake, and getting aid to beneficiaries promptly is a high priority.

Of particular concern is reliance on receipts to liquidate CAGs and the time required to collect the receipts. The following case study serves to illustrate the problem. A small project to distribute 29,200 repellent-impregnated bednets was carried out in partnership with the Banda Aceh district health office. The distribution had to be done quickly in order to minimize risk of malaria infection for the target population. UNICEF agreed to support the project. The district health office agreed to employ about 100 village leaders and health staff to distribute the nets at the rate of two to three cents per net on average,

i.e. \$7.60 each for delivering on average 300 mosquito nets per person to programme beneficiaries. Since the district health office did not have the funds to pay the participants, UNICEF agreed to use CAG. What then ensued was a complicated, protracted, and error-filled series of steps between March and November 2005 to liquidate about 65 percent of the overall project. At the time the evaluation mission left Banda Aceh (22 November, 2005) there were still about \$650 worth of receipts outstanding. A schematic of the steps taken in this episode is presented below.

What happened in this project is not attributable to incompetence or malfeasance. Everyone involved was skilled, dedicated and hard working, but they were overloaded, stressed, and were carrying out activities that they had not been adequately trained to do. This particular example is but one of many, and is indicative of the long-standing and pervasive problems that Indonesia has been encountering in liquidating CAGs. CAG liquidation is presently based on collecting receipts as a proxy for verifying programme delivery, as shown in Figure 2.

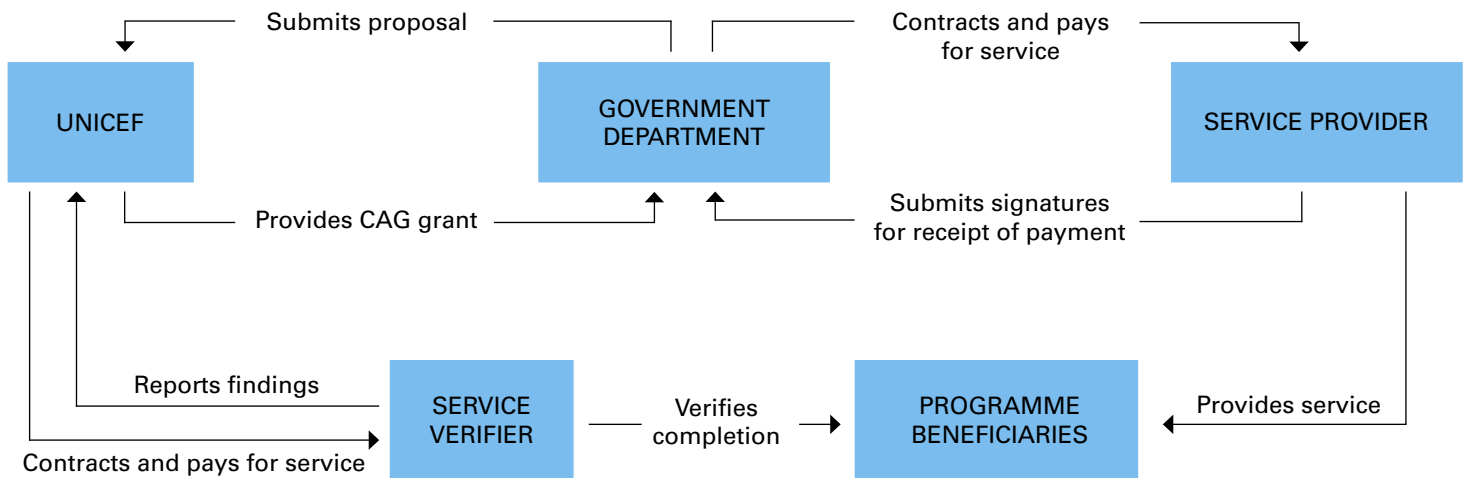


**Figure 2: Current CAG Process: Liquidation Based on Collection of Receipts as Proof of Programme Delivery**

In theory, this approach makes sense, because the Gol (as does any other government) requires each recipient of a payment to sign a receipt signifying how much money was received and what the payment was intended for. In principle, this exchange (money for receipt) should be able to be done promptly and without problems, but in practice, when dozens or hundreds of service providers must be engaged and when these service providers are not conveniently available, this is not the case. According to the Chief Financial Officer of the Indonesia office, it is unrealistic to ever expect full and prompt compliance in collecting receipts. A suggested alternative is presented in Figure 3.

This alternative substitutes physical verification for collecting signatures of those who were paid for providing the required service. The advantages of this alternative are as follows:

- it is a more robust proof of programme completion, hence a more suitable justification for liquidating the CAG;
- it avoids the complications of collecting signatures from hard-to-find service providers and the attendant delays that ensue; and
- it is under the direct control of the programme unit, which can decide what percentage completion is sufficient to liquidate the CAG, and can then justify its action accordingly.



**Figure 3: Alternative CAG Process: Liquidation Based on Physical Verification of Programme Delivery**

### LACK OF APPROPRIATE PROCEDURES

Training in CAG and related procedures was not provided until July 2005 and documentation was only made available to programme units at that time. The procedures that were then provided were very difficult to understand and apply<sup>120</sup>, and appear to have been written for accounting and administrative staff and not programme staff. They do not specify, for example, what a programme officer should do, in unambiguous terms and language, in any particular situation or step in the process. The Basic Guidelines document was written as a reference document, but appears to have been pressed into service as a set of procedures because there was nothing else available for programme unit staff to follow.

The lack of procedures for Indonesia highlights a unique opportunity for UNICEF to exploit the commonality of its worldwide emergency operations. UNICEF procedures are basically the same in all countries, and differ primarily in the names of documents used and certain unique handling requirements that must be respected for specific countries. The commonality among country-specific procedures is what enables UNICEF to transfer its skilled managers from one country to another and to expect them to deliver on UNICEF services quickly and effectively.

These procedures however, are not documented. Consequently, less-experienced managers and qualified managers who do not have prior UNICEF experience, have difficulty in performing effectively under emergency conditions. This presents a significant opportunity to improve UNICEF's emergency response performance and also to address one of the most critical and long-standing human resources problems, i.e. the ability to quickly deploy qualified managers and expect them to perform well in new emergency situations.

### RECOMMENDATIONS: ProMS, CAGS AND PROCEDURES

1. UNICEF, under the leadership of DFAM, should undertake a study to streamline standard operational procedures for use in Indonesia, and by extension and subsequent generalization, in all other country offices. Representatives with field, programme, supply and operations experience should participate in the study in order to provide necessary inputs and reality checks.
2. These procedures should explicitly address emergency situations where speed of response is an important factor in saving lives and minimizing suffering. They should also strike a balance between maintaining necessary financial and operational controls, and meeting the critical time-based needs of UNICEF's beneficiaries.
3. It should be possible, for example, for a qualified programme assistant who has received CD-based training in ProMS but no formal training in finance or accounting, to put the procedures to use within a week or less.
4. These operational procedures should also clarify and recommend alternatives to the collection of receipts in liquidating CAGs, notably the ability of programme units to verify completion of the services contracted for in lieu of collecting receipts.
5. Once a contract with a host country partner has been approved by the CRC, that contract should stand as-is and should not be overruled. If mistakes are discovered afterwards, they should be recorded and dealt with in terms of not repeating the same mistake again. UNICEF should disseminate this modus operandi to all operational and support staff, and the EFH and country office guidelines should be amended to include it.

<sup>120</sup> UNICEF and GoI, 'Basic Guidelines on Handling and Managing UNICEF Assistance and Standard Unit Cost', July 2005.

6. The Comptroller's Office should hold DFAM accountable for the effectiveness of UNICEF procedures and guidelines, and for the extent to which they are made known and applied throughout UNICEF.
7. The OIA should expand the terms of reference of its periodic field office audits to include examination of the effectiveness of these procedures and guidelines in meeting UNICEF's CCC

## LOGISTICS

### BACKGROUND

The UNICEF Banda Aceh office, which had served as a liaison office, was transformed into a major sub-office after the tsunami. The first UNICEF representatives from Jakarta arrived in the first week of January 2005 to set up temporary office facilities and conduct a rapid assessment of needs. Prior to their arrival, preparations for sending relief supplies were undertaken. The accounts had been closed for the end of the year but New York HQ re-opened them on 28 December 2004 in order to release a small amount of funds to procure needed supplies.

Substantially more funds were needed to release emergency items stocked in Copenhagen but financial arrangements to allow release of the funds were not completed until 30 December. The first shipments from Copenhagen left on 29 December but didn't arrive in Banda Aceh until the first week in January 2005. The Banda Aceh airport had been closed since 28 December, due to flooding and damage to the control tower. The first shipment of tarpaulins was expected on 31 December but was diverted to Medan because of huge congestion at the Banda Aceh airport. The supplies were then transported by road to Banda Aceh, arriving on 2 January. This was followed on 3 January by the arrival of four emergency health kits.

On 1 January, food and medical supplies were still inadequate for traumatized survivors. Supplies brought in by other United Nations agencies, the IFRC, MSF and other NGOs were piling up in Banda Aceh, the airport in Medan, and the air base in Jakarta,

but were not reaching the survivors, some of whom were suffering from serious injuries. The Banda Aceh airport was closed on 3 January for a day and a half because a C130 transport hit a cow and damaged its undercarriage.

By 4 January, there were eight UNICEF staff in Banda Aceh and Medan, and shipments were starting to arrive in quantity. Thanks to effective inter-agency cooperation and collaboration with the IFRC and about a dozen NGOs that had already established a presence in the theatre of operations, aid was having a major effect in helping children in the immediate vicinity. MSF was reporting that roads were still impassable to outlying coastal communities, where casualty rates were upwards of 80 percent in some of them.

By mid-January 2005, the site for the Banda Aceh warehouse had been leased and the supplies temporarily stored in five separate locations were being trucked to the new site. The surface area of the present warehouse measures 1700 m<sup>2</sup>. As of the end of October 2005, stock turnover was about \$1 million per month and the value of stock was about \$2 million. The perimeter of the warehouse is now being surrounded by a low-level fence that could be surmounted easily. Access by vehicle is controlled and the gate is locked after hours. Two watchmen are on duty from about 6 p.m. to 8 a.m. and during weekends.

The warehouse is essentially a store-and-forward facility. Supplies are received at the airport where they are checked against the manifest and then shipped to the warehouse. Stock is then entered onto an excel-formatted, simple but effective stock control system that is able to track shipments in and out and items being held for onward delivery, when needed by the programme unit in question. Supplies are kept in the warehouse until they are needed by the programme unit that ordered them. There are no items carried in the warehouse as stocked items. Notwithstanding squatting plates that were ordered by mistake, the level of dead stock is relatively low. Virtually all items are earmarked for a particular project and will be shipped out eventually.

PROGRAM UNIT	SKUs OVER 100 DAYS		TOTAL QUANTITY OF SKUs	% OVER 100 DAYS
	Value (\$000)	Quantity		
WES	\$300	53	79	67%
Education	\$99	18	41	44%
Health	\$270	40	99	40%
Child Protection	\$0	1	9	11%
Nutrition	\$67	32	56	57%
<b>TOTAL</b>	<b>\$736</b>	<b>144</b>	<b>284</b>	<b>51%</b>

SKUs: Stock Keeping Units

**Table 5: Items in Stock in Banda Aceh Awaiting Onward Shipment. Source: Banda Aceh Stock Report 111105.xls**

### EFFICIENCY AND EFFECTIVENESS

UNICEF's logistics performance has been generally satisfactory. A more in-depth analysis, based on a sampling of procured items, would almost certainly uphold the efficiency of UNICEF procurement and delivery of goods at the lowest possible price. However, in terms of effectiveness and timeliness, UNICEF's logistics performance needs improvement, and is not fully compliant with UNICEF CCC.

UNICEF's well developed logistical capability is hampered by bureaucracy, which focuses on maintaining fiduciary caution above all other considerations, even in times of emergency. In response to previous evaluations, the Supply Division

set up an Emergency Coordination Unit (ECU). This unit comprises two highly experienced staff logisticians, with about a dozen more staff members available for rapid deployment in times of crisis. As noted in the section following, Copenhagen has an updated emergency response plan, maintains stock for rapid deployment, and has many items clustered into kits. The most popular kits used for tsunami relief are the new emergency health kits, Schools-in-a-Box and Recreation-in-a-Box.

Effective logistics is the key to timely response in emergencies. The ECU and the Supply Division together have the potential of rapid deployment and could deliver if called upon to do so.



## RECOMMENDATIONS

UNICEF Supply Division should take steps to prepare for immediate deployment of emergency supplies, staff and logistical support at the onset of the next emergency. Considerable preparatory work must be done in advance. Steps should be taken, inter alia, to:

- Assemble a virtual Office-in-a-Box, complete with all facilities needed to run an emergency office in the field in locations where emergencies such as earthquakes, typhoons, floods etc. are likely to occur. Equipment to be provided should include:
  - tent housing, with heating where necessary ;
  - sleeping cots and bedding;
  - collapsible tables and chairs, and one or two lockable filing cabinets;
  - Satphones (both Inmarsat and Iridium), VSat where necessary;
  - electric power generation and distribution equipment;
  - computers, with Internet access through Inmarsat or Iridium;
  - first aid kits;
  - minimum of two 4WD vehicles; and
  - provisions for adequate security.
- Define virtual kits of supplies that are most needed for typical emergencies such as hurricanes, earthquakes, armed conflict, floods, etc. in the various types of climates (mountainous, cold, tropical, arid, etc.) in which emergencies are expected to occur<sup>121</sup>.
- Assemble a virtual team capable of immediate deployment. This team should include a team leader, two logisticians, an ICT specialist, a medical professional skilled in treatments expected to be required on site, a security specialist, and others, depending on the nature of the crisis.
- UNICEF should develop a strategic logistical response in emergencies to provide leadership to NGOs and other organizations that are involved in caring for children in emergencies.

## ECU, SUPPLY DIVISION AND COPENHAGEN

The Supply Division's ECU is mandated to ensure the immediate filling and dispatching of emergency orders. ECU also supports emergency logistics provision and develops inter-agency relations. In order to reduce lead time to delivery and minimize cost, Supply Division has established a global network of emergency supply hubs. The hubs in Dubai and Johannesburg were reportedly very useful during the emergency, although these hubs were not visited during the evaluation. The Copenhagen warehouse stocks over 700 items worth, on average, \$25 million. Emergency supplies account for about 20 percent of its annual turnover of \$85 million.

### Efficiency and Effectiveness

On the day of the tsunami (26 December 2004) the ECU looked for air shipment pre-bookings and prepared to book and deploy supplies, subject to completion of the rapid assessment, confirmation from Jakarta to proceed, and clearance to proceed from THE Office of Emergency Programmes (EMOPS) and the UNICEF Executive Director. On 27 December, the ECU participated in a conference call with New York and the Jakarta OIC to decide on an appropriate first response. A day later, New York HQ declared the tsunami a corporate emergency and the first shipments left Copenhagen for Sri Lanka soon thereafter. The first shipment to Indonesia arrived on site in Banda Aceh in early January 2005.

The Supply Division responded quickly to orders (most within 24 hours for in-stock items). The following reasons were given for shipments that arrived up to three weeks late:

- **Delays in ordering:** There was no mechanism that permitted the ordering of emergency stocked items until the necessary funds had been encumbered. There is no exception to this rule for emergencies. Thus, the encumbrance process took more than two days and included New York HQ approval.

<sup>121</sup> Note that Copenhagen will, by January 2006, have the facility of using Supply Division's 'Supply Toolbox' to assemble the defined kits in a few hours to be ready for deployment.

- **Time needed for procuring non-stock items:** Stocked items in Copenhagen – including items from suppliers with which Supply Division has a Long Term Agreement – can be provided within 48 hours or less. However, provisioning non stocked items generally takes considerably longer because this usually involves manufacturing an order, adding about seven weeks to the estimated time of arrival.
- **Temporarily unavailable in-country items:** During the tsunami, there were a number of instances where Supply Division tried to buy locally but was unable to do so because there were no goods left to buy in the local market. In some of these cases, orders were then redirected through Copenhagen, which added to the estimated time of arrival:
  - 48 hours to fill the order from warehouse stock and ship the order to Jakarta;
  - several days for customs clearance and local handling in Jakarta (because other shipments to the theatre of operations were competing for customs and handling attention); and
  - unanticipated delays in forwarding the items to Banda Aceh. Whether items were procured in Jakarta or offshore through Supply Division in Copenhagen, they had to be shipped to Banda Aceh and the time taken to move supplies through this segment of the supply chain took several days longer than expected. This is because nobody anticipated the size of the tsunami and few anticipated the consequential impact on the supply chain into Banda Aceh.

### **Tracking Orders Through the Emergency Response and Recovery Phases**

- As often happens in emergencies, orders get delayed and sometimes lost. The tsunami emergency was no exception. Programme units usually followed up on late or missing orders through the warehouse in Banda Aceh. The warehouse could usually reply accurately if it was a local order, or an offshore order and ProMS had been updated with the quantity shipped and the date of arrival.
- If an item procured offshore had not yet been posted on ProMS signifying arrival in Indonesia, there was no way to find out exactly where the item was in the supply chain. Warehouse staff had to contact Copenhagen by phone or by e-mail to find out if it was still in the warehouse (rarely), or if it was being provisioned by the supplier, or being shipped to Indonesia. Within each of these segments there were uncertainties.
- The Supply Division in Copenhagen does have a tracking system that works, but it is a one-off database system that was developed on the initiative of one individual and depends on that individual to make it work properly. Furthermore, some suppliers had a tracking capability, while others didn't.
- Shipping by air usually took 24 hours to reach any of the supply hubs into Indonesia, but by sea, shipping could take several weeks and the variance could be a week or more. According to the Supply Division, few sea shippers were able or willing to commit to a firm estimated time of arrival.

### **Conclusions and Lessons Learned**

The lack of a user-friendly and comprehensive tracking capability meant that programme units were in the dark about when their orders were going to arrive throughout the tsunami crisis and into the emergency recovery phase.

The significance of this shortcoming is likely understated and underappreciated. Programme units had many other problems to contend with at the time, as indicated by the large quantity of ordered goods piled up in the warehouse, much of which had been there for more than 100 days. Although programme units knew that these goods were in the warehouse, they had to contend with other important matters before arranging for deployment to the field. This would explain why (the lack of) a good tracking capability was not flagged as a critical issue in the tsunami emergency.

In most supply-driven private sector businesses, the ability to track the whereabouts of customer orders at all times is one of only three or four of the company's critical success factors. Those companies that compete on customer service but do not have an effective tracking capability, are prone to being driven out of business by those that do. One wonders why UNICEF's beneficiaries should be considered to be any less important than private sector customers, and why having a reliable and accurate tracking capability should not be a UNICEF critical success factor.

### **Human Resources**

The CCC mandates the Human Resources Division and its operations staff to ensure the timely deployment of experienced staff. The EFH provides a comprehensive guide for human resources management, including a priority action checklist.

### **Efficiency and Effectiveness**

Interviewees (UNICEF staff in Jakarta and Banda Aceh) who had experienced all or part of the six-month post-tsunami period indicated that the workload during that period was overwhelming and many staff members were highly stressed as a result. As of November 2005, staff members remained overloaded with work, often covered duties not in their job descriptions, and consequently still put in many overtime hours.

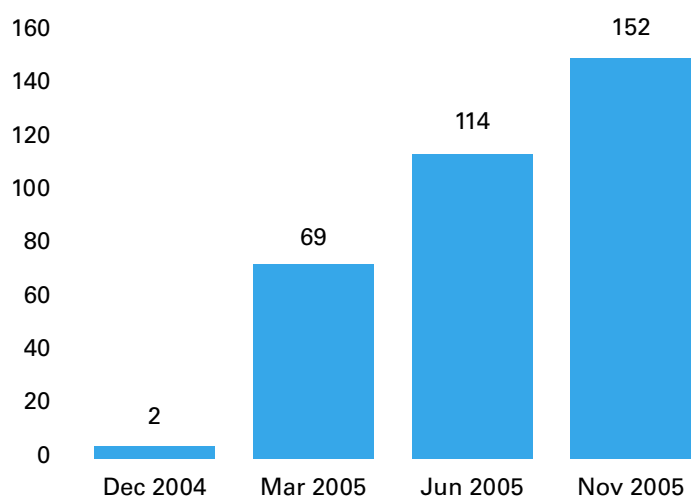
Prior to the tsunami, the Indonesia country office had 103 FT/TFT staff with seven zone offices accounting for 11 of them. Post-tsunami, the Jakarta office expanded almost four-fold to 381 by 31 May 2005 and the country office will have undergone a 10-fold increase in funding by the end of 2005, compared with 2004 and previous years.

UNICEF's Executive Director in New York HQ announced a corporate emergency on 28 December 2005 and authorized a 'trigger' to facilitate secondment and hiring of skilled managers for key positions in Banda Aceh and Jakarta. The trigger did not work as well as expected. Several heads of offices as well as some of the chosen candidates reportedly used the two-month lead time that letters of offers allowed, which delayed their arrival.

In the first days of the emergency, Human Resources Division in Jakarta, working in a high-pressure environment, had to process over 380 applications. These activities were hampered by a recruitment process that was slow and intensive and geared for normal operations and inappropriate for emergencies. The Emergency Decision process has no effect on speeding up: a) immediate availability of funds for post approval; b) creation of post and issuance of IMIS number; c) advertising the post; d) shortlisting candidates; e) interviewing candidates on the shortlist; f) checking references; and g) medically clearing the chosen candidate. What the Executive Decision did was to allow a candidate to be approved without an APC.

On average, six months are needed for a suitable internationally-sourced candidate to become effective on the job. There are three phases, each requiring about two months: recruitment, deployment, and job familiarization. The Banda Aceh office requested that TFT candidates identified be recruited as soon as possible, i.e. within two to three days. When faced with the delays noted above, Banda Aceh suggested using SSA contracts as an interim measure. However, SSA contracting had to be processed at the country office level. Unfortunately, this added an extra workload of 70 contracts in January 2005 alone and swamped country office capacity. Human Resource staff was required to work 15 hours a day for 7 days a week for the first two months.

The situation in Banda Aceh was much the same. Despite a huge increase in staff in less than a year (see graph above), the rapid increase in workload outpaced



**Table 6: Banda Aceh Office: Staff Levels**

the ability of staff to handle it. The Banda Aceh office also reported very heavy levels of overtime. A sample of the overtime hours worked by the finance and administration staff taken over a six-week period during September and October 2005 reveals that staff were on duty an average of 36.5 overtime hours, and were paid for 22.2 of them. Managers typically worked similar or longer hours; for example, the Operations Officer reported working 12-hour days for 7 days a week, and when there were problems, he often worked until 2 a.m.

**Training and learning:** UNICEF's workflow is poorly documented and hard to understand. Even though the work done by UNICEF support staff is basically the same in each of its offices, each office must devise its own procedures. This is not done effectively in Indonesia, or in the other country programmes evaluated in the Maldives and Sri Lanka. Staff members in Banda Aceh were often required to 'learn by doing' and often did not receive enough support from supervisors or enough training to help them produce quality work. In some cases, staff did not receive job descriptions for weeks after starting their jobs and the descriptions often did not change as their duties evolved.

**Sustainability of local hiring practices:** UNICEF's local hiring practices are also complicated and when management staff is desperate for consultants and personnel, it may hire people without going through all of the procedures. This sometimes results in staff being let go or needing to be rehired. UNICEF's short contracting periods, normally six months, result in qualified staff being diverted to stable government jobs or to NGOs that offer longer contracts. UNICEF wishes to hire Acehnese staff but in competing for a job, the latter may have weaker English and

management skills due to years of underdevelopment in Aceh. Since Javanese and foreign staff may ultimately leave Aceh, UNICEF should invest in skill development of the Acehnese, who will be the society builders of the future. For example, some of UNICEF's drivers in Banda Aceh are academically qualified but need stronger English skills.

### **Conclusions and Recommendations**

UNICEF's highly bureaucratic processes for hiring FTs and TFTs made it very difficult to recruit staff quickly, which in turn imposed heavier workloads on existing staff.

UNICEF should make improvements in recruitment, deployment and familiarization, and should insist on timely deployment. These improvements could shorten time for employee effectiveness from six months to four or even less. The following are suggested methods for improvement.

- 1. Recruitment:** New York HQ should temporarily bypass its screening, approval and medical clearance requirements under the aegis of a declared emergency – corporate or otherwise.
- 2. Deployment:** Human Resources should send out a different format of the Offer of Appointment to staff chosen for assignment, requesting them to report for duty immediately, not after two months as was the case with some in Banda Aceh. Under the aegis of the Corporate Emergency, New York HQ should employ more clout to direct the heads of offices affected to release the selected candidates immediately.

**3. Familiarization:** Familiarization can be facilitated by two interconnected activities:

- Job simplification: procedures should be broken down into components and made standard for all offices (this applies primarily to clerical and non-professional staff).
- Training: simplified and standardized procedures lend themselves to standardized training that can be packaged on CDs and delivered to the individual at his/her convenience. For example, the successful Basic Security in Emergencies training CD. UNICEF should offer training on basic management and English language skills.

### **IT AND TELECOMMUNICATIONS**

The performance of the IT and mobile telecommunications team in Aceh was highly commendable and greatly appreciated. The IT team included two of the three regional mobile telecommunications officers, and IT support from HQ in addition to other IT staff.

The team selected technology appropriate to the needs of the environment, including Satphones (Iridium and Inmarsat-M), and MOSS-compliant Motorola VHF units. They obtained licenses for HF and VHF radio equipment and were leaders in the setting up of common frequencies for all United Nations agencies.

The team used Banda Aceh to test new wireless technology that greatly enhanced UNICEF's IT system and earned it a lot of credit with other agencies.

In Aceh, UNICEF was responsible for agency connectivity to the Internet. The IT team configured RoHS / MOSS compliant IEEE 802.11g wireless communication facilities through which UNICEF was able to provide broadband Internet access for other United Nations agencies, NGOs, and other partners. This facility was not approved and had not been recommended by New York HQ.

The IT team set up the wireless system in the UNICEF office and provided wireless Internet access in all seven guesthouses. Although this system did not allow access to Lotus Notes, it did provide wireless printing facilities.

In both Meulaboh and Banda Aceh, the IT team implemented VSAT systems that were used for primary connectivity in Banda Aceh and Nias, and as a back-up system in Meulaboh. By supplying other agencies with access to e-mail and Internet, UNICEF provided an invaluable service and gained a lot of kudos and respect from the other agencies.

The IT team's performance was (and still is) widely appreciated. The systems certainly improved the quality of communications for UNICEF and other agencies. One important lesson to be learned from this experience is that when good people (both technically competent and with team player attitude) are engaged and given the freedom to do what they judge is best to do, good results will follow.

## ANNEX 4

### SUMMARY OF COMMUNITY INTERVIEWS (PARTIAL)

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
Aceh Utara District		
IDPs (mothers and children) from Bantayan village tent camp in Sueneddon sub-district. Camp population = 176 people	UNICEF-supported polio campaign Helen Keller International (UNICEF partner) is distributing VitaLita sprinkles	<ul style="list-style-type: none"> <li>• Every family has two bednets, which is not always enough to fit everyone.</li> <li>• Measles and polio vaccination campaigns have been performed here.</li> <li>• Nutritional monitoring and distribution of VitaLita sprinkles has been carried out by Helen Keller International.</li> <li>• Children don't go to school when their parents don't have the money to pay for transportation. Kids asked for bicycles so they could ride to school.</li> </ul>
Health Centre ( <i>puskesmas</i> ) personnel, Sueneddon sub-district	Clinic personnel attended UNICEF-sponsored basic obstetric/neonatal care workshop, and integrated management of childhood illnesses (IMCI) training	<ul style="list-style-type: none"> <li>• Participants found the training very useful, but the delay in receiving supplies from UNICEF means they can't implement what they learned.</li> <li>• They haven't received any support for nutrition activities yet, even though the district now has the budget for it (UNICEF-supported). Health centre lacks baby scale and height measure.</li> <li>• They have received midwife kits from an NGO (Cardi), but need more.</li> <li>• Midwife knows of one maternal death during childbirth (in barracks) and six neonatal deaths (most recent one month ago) this year in the sub-district.</li> </ul>
Pidie District		
District health office personnel	MCH books IMCI training Midwife kits CAG for nutrition (about 329 million Rupiah, received in June 2005) Planned upgrade of two health centres and one hospital for emergency neonatal and obstetric care One ambulance	<ul style="list-style-type: none"> <li>• Sometimes when trucks come with UNICEF supplies, the driver asks to be paid.</li> <li>• They need support for distributing UNICEF items to district health centres and especially the camps, which are often far from the district health office (Pidie is the largest district in Aceh, with 948 villages).</li> <li>• In April 2005, WHO provided bednets and UNICEF offered to pay the distribution cost. The district health office was still not reimbursed as of November 2005, and they had to borrow from staff members to cover costs.</li> <li>• Four mothers and 53 neonates died in childbirth from January-August 2005 in the district. UNICEF's support for training in obstetric and neonatal care is much appreciated here.</li> <li>• Due to the conflict, some parts of the district have been cut off for years, with no community health work happening; they need support to serve these areas.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<i>Pidie District continued</i>		
		<ul style="list-style-type: none"> <li>• The district health office was awaiting promised <i>posyandu</i> kits from UNICEF. Other agencies offered to supply them, but the health office turned them down as UNICEF was supposed to provide them.</li> <li>• They would like to be able to pay CHWs (kaders) a small incentive.</li> <li>• About 20 malnourished children have been found since the tsunami—one died. The hospital was unable to provide appropriate treatment for them.</li> <li>• It is quite rare to see UNICEF in this district.</li> <li>• UNICEF ambulance was not being used for emergencies or for transporting patients. It was being used as backup transport car for the district, e.g. for monitoring.</li> <li>• They received 40,000 instead of the 75,000 mother and child handbooks they were expecting.</li> <li>• They are very grateful for UNICEF support.</li> </ul>
<b>Simeulue District</b>		
District health office personnel	<p>Cold chain equipment</p> <p>Emergency medical equipment after 28 March earthquake</p> <p>UNICEF supporting several general practitioners</p> <p>MCH handbooks</p> <p>Laptop (November 2005)</p> <p>Financial support for nutrition activities</p> <p>Week-long training in environmental health</p>	<ul style="list-style-type: none"> <li>• UNICEF support in this area mostly started after the 28 March earthquake.</li> <li>• The general practitioners that UNICEF has been supporting are an extremely important contribution.</li> <li>• The financial support that UNICEF has been providing for nutrition activities is not adequate given the significant logistical difficulties in accessing the district (most parts are unreachable by car). Budgeting does not take into account how costly it is to reach many places.</li> </ul>
Seven women, seven children, and the camp coordinator from a tent camp in Jalan Bareu sub-district, Simeulue Timor. Camp population = 821 people (176 households)	<p>UNICEF water tank</p> <p>Helen Keller International is distributing micronutrient supplements</p>	<ul style="list-style-type: none"> <li>• A 40-year old woman died of malaria; one neonate died during delivery at a local health clinic two months ago; one man died of snakebite two months ago (treated at hospital).</li> <li>• The camp has no latrines, but there are two latrines in a destroyed school nearby.</li> <li>• Children have been weighed and measured by Helen Keller International, and are receiving VitaLita and 'ketchup' with iron.</li> <li>• Children are traumatized by frequent earthquakes. There is no place for them to play and they are often sick.</li> </ul>



PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
Simeulue District		
Health Centre ( <i>puskesmas</i> ) in Sinabang, Simeulue Tent camp in Sinabang, Simeulue. Thirty households ; 4 women from Suka Majir and Suka Mamor	Midwife kits Cold chain equipment MCH books No direct UNICEF support	<ul style="list-style-type: none"> <li>• UNICEF support is greatly appreciated.</li> <li>• Not all midwives have received midwife kits.</li> <li>• In 2005, 16 babies under 2 years died in Simeulue Timur.</li> <li>• There was no latrine at camp.</li> <li>• Not all families have mosquito nets.</li> <li>• A new mother was not given UNICEF-sponsored mother-child book (KIA book) or any supplies. She delivered at camp with a midwife.</li> <li>• There were no special activities for kids at camp; no toys.</li> </ul>
Aceh Besar District		
Health clinic ( <i>puskesmas</i> ) personnel in Lhoong sub-district	Midwife kits Mother-child books Basic obstetric and neonatal training Cold chain refrigerator (probably from UNICEF) Measles campaign	<ul style="list-style-type: none"> <li>• Running <i>posyandu</i> (community health/nutrition outreach sessions) with the support of CARE, but have no supplemental food to give malnourished children. Distributing VitaLita micro-nutrient sprinkles, but the community doesn't like them and prefers syrup.</li> <li>• Thirteen midwives are sharing the four midwife kits they received from UNICEF (there should be one kit for each).</li> <li>• Mother and child health books were received and are useful for pregnant mothers.</li> <li>• Obstetrics training was useful, but UNICEF's promised equipment for the delivery room and for training post Training of Trainers hasn't yet arrived.</li> <li>• Two premature babies died in 2005 during neonatal period (same as in 2004). No mothers died in 2005. A senior midwife was killed in the tsunami.</li> <li>• No routine immunization has been done here since the tsunami. Electricity supply is erratic, and staff says it doesn't have the money to buy kerosene to keep the cold chain refrigerator running; if they do use kerosene, it smokes too much. They receive routine vaccines, but throw them away after one week because the refrigerator doesn't run continuously.</li> <li>• Almost all girls undergo 'sunat' (genital cutting) by a midwife or dukon (traditional health worker).</li> <li>• Some girls as young as 15 are having children.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<i>Aceh Besar District continued</i>		
Tent school, Lhoong	UNICEF provided two tents, furniture, teacher bags and supplies	<ul style="list-style-type: none"> <li>• From January – March 2005, these two schools were located in Lamsujen.</li> <li>• They began teaching in February 2005.</li> <li>• Initial enrolment was approximately 50 children; now about 74 are enrolled.</li> <li>• Teachers have had no psychosocial training, and would like to receive this type of training.</li> <li>• They would like more teaching materials.</li> <li>• While they received enough supplies initially, these are no longer enough.</li> <li>• They have received textbooks from World Vision.</li> <li>• Two temporary schools are being built.</li> <li>• Tents are a problem; they are dirty and muddy. If it rains in the morning, children don't come to school. If it starts to rain during the day, children want to go home.</li> <li>• Farthest children come from 5 km away.</li> <li>• Children are late coming to school.</li> <li>• There are no water and sanitation facilities at these two schools. Sometimes someone brings a jerry can with water from the nearby village.</li> <li>• They will move into the temporary schools soon.</li> <li>• It was reported that fewer secondary students in the Lhoong area are attending school after the tsunami. Possible reasons are that parents need their labour, or they are working in the fields.</li> </ul>
Temporary school	Temporary school, furniture, (old) textbooks, recreation kit and supplies	<ul style="list-style-type: none"> <li>• In January 2005 teaching started in an existing school; at that time there were as many as 50 students in a class.</li> <li>• Currently, this school has 39 students and 8 teachers.</li> <li>• World Vision provided backpacks, stationery and a globe.</li> <li>• AMURT provided uniforms, chalk, rulers and textbooks (old ones).</li> <li>• Teachers themselves bought one set of the new textbooks for each class.</li> <li>• From January – April 2005, school took place during normal hours. In May, a shift system was started, whereby grade 1 attended between 8:00 and 10:15; grade 2 attended from 10:15-11:30; and grades 3-6 attended from 8:00-13:10.</li> <li>• In August, two of the eight teachers in this school received five days of psychosocial training (which took place during school hours). However, they are still expecting more training. They feel like they are starting afresh, and expect more training to increase their professionalism.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
Aceh Besar District <i>continued</i>		
		<ul style="list-style-type: none"> <li>• Moved to the temporary school on 18 July 2005.</li> <li>• Principal and teachers want a permanent school because they have to divide each classroom for use by two grades, and two classes take place simultaneously.</li> <li>• Teachers would consider a multi-grade option if they had some training on how to accomplish this.</li> <li>• Two students live about four kms away so are more frequently absent..</li> <li>• Some items from recreation kits need to be replaced, e.g. birdies.</li> <li>• A teacher table and cupboards are needed.</li> <li>• Some materials from the recreation kit are at the principal's home "for security". Although the school is locked, someone has already broken in; luckily, nothing was stolen.</li> <li>• Each child in the school received a stationery kit, and there are about 20 extra kits. There are enough supplies for the rest of the year.</li> <li>• Classroom observations indicated that teachers worked with one or two children at the board, while the rest of the students in their classes did nothing.</li> <li>• The school had two latrines and a water bladder. One latrine was locked for use only by teachers. The other was also used by the community at night.</li> <li>• There have been no hygiene promotion lessons.</li> </ul>
Aceh Jaya District		
Interview with families living in barracks in the Lamno sub-district	No direct support	<ul style="list-style-type: none"> <li>• A 16-year-old mother gave birth at the health centre with a midwife. She was not given a mother-child health book or any other supplies, and finally received a 2003 version of the book from district health workers who came to camp.</li> <li>• Teenage pregnancy seems common here. Another mother interviewed was 22 years old and had a 6 year old child.</li> <li>• Mosquito nets have been provided by Red Cross—all sleep under it.</li> <li>• There were no special activities for kids.</li> <li>• Several children had mumps.</li> <li>• The families are receiving rice, oil, noodles and sardines. They sell the extra rice and buy kerosene and chilli; they sometimes buy fresh fish. They have no land to grow vegetables.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<i>Aceh Jaya District continued</i>		
Ministry of Religious Affairs, primary school Teunom sub-district	UNICEF initially provided a tent, and has now also provided a temporary school, furniture and supplies	<ul style="list-style-type: none"> <li>• School enrolment is 75; at the time of this visit, 15 children were attending school.</li> <li>• The school is located close to a river bank, and when it rains, children do not come since the tent school gets flooded. It is possible that the temporary school will also be prone to flooding.</li> <li>• Generally, attendance is about 75%.</li> <li>• The temporary school had not been officially handed over at the time of this visit. The principal expects that more students will start attending.</li> </ul>
Interview with family with three children, Teunom sub-district	All children received school supplies, but did not know whether they were from UNICEF	<ul style="list-style-type: none"> <li>• Two children attend a public school two kms from their home; one child attends the Ministry of Religious Affairs school across the street from their home.</li> <li>• None of the three children were in school on the day of this visit.</li> <li>• The father said that when it rains in the morning, they do not send the children to school because they are afraid of flooding.</li> </ul>
Interview with principal and teachers at primary school in Teunom sub-district	Built a temporary school Provided school furniture and supplies	<ul style="list-style-type: none"> <li>• School has an enrolment of approximately 100 children. There are 29 children in each class, with two teachers.</li> <li>• Initial enrolment after the tsunami was about 40 children. Schooling initially took place in a tent.</li> <li>• They received school furniture, but it was not enough. They still need 25 more desks and chairs.</li> <li>• They received old textbooks from UNICEF but are not using them. The books are stored at the principal's house.</li> <li>• ADRA provided competency-based textbooks, uniforms and backpacks.</li> <li>• None of the teachers has received any training from UNICEF or any other organization.</li> <li>• One UNICEF emergency teacher is working at the school.</li> <li>• Teachers would like more psychosocial training. Children are still not able to concentrate.</li> <li>• The textbook to student ratio is 1:2.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
Aceh Barat District		
District health office personnel, Meulaboh	Measles campaign in March-May 2005 Hygiene equipment and training	<ul style="list-style-type: none"> <li>• UNICEF promised computer equipment for the district in March 2005; they had still not received this by November 2005.</li> <li>• Made proposal for cold chain training in May 2005, which has undergone three revisions but still hadn't been approved by November 2005. The problem arose because most people who knew cold chain were killed in the tsunami. As result of lack of training, new equipment from UNICEF has been broken.</li> <li>• The budget for kerosene is insufficient, and there is a lack of spare parts for refrigerators (e.g. wicks). Vaccines are being destroyed because they aren't being kept cold when there is no electricity.</li> <li>• UNICEF staff visit often. UNICEF support for vaccination campaigns (measles, polio) was good and is appreciated.</li> </ul>
Four women living in Kaway 16 camp and Ibu4Aceh (NGO) volunteers. Camp population = 880 (245 households)	Supports Ibu4Aceh NGO Provided midwife kit to camp clinic Gave tent for <i>posyandu</i>	<ul style="list-style-type: none"> <li>• Pregnant women are given UNICEF-sponsored mother child books.</li> <li>• UNICEF tent is no longer used for <i>posyandu</i> because it is in disrepair.</li> <li>• UNICEF's midwife kit is not used in the camp because the camp is not a suitable place for women to deliver babies.</li> <li>• UNICEF <i>posyandu</i> kit hasn't been received yet; especially weight and height scales are needed.</li> <li>• At <i>posyandu</i>, 33 children were found to be borderline malnourished based on weight for age in September 2005, and 6 were found in October. No supplementary food outside of general rations was available.</li> </ul>
Four women and six children in Lapang camp (barracks part), Johan Pahlawan, Meulaboh	Partner Helen Keller International distributes VitaLita here and weighs and measures children	<ul style="list-style-type: none"> <li>• Children are healthier since they moved from tent to barracks.</li> <li>• They received nets from CRS and Indonesian Red Cross in August 2005 but are not using them because "it's too hot." They are aware that nets prevent malaria.</li> <li>• They are receiving a monthly ration of rice, oil and sardines, but are no longer receiving noodles. They sometimes need more oil and buy it. People rarely eat canned fish as they are "tired of it" , and prefer to eat just rice with salt.</li> <li>• Children have received Vitalita vitamin sprinkles but don't take them; they think they're medicine.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<i>Aceh Barat District continued</i>		
Health workers at Ujong Tanjung camp, Meulaboh	UNICEF supports Ibu4Aceh, which oversees posyandu in camp	<ul style="list-style-type: none"> <li>• 50 out of 97 registered infants and toddlers under five were seen on the day of this visit; they received height and weight measurement (scales borrowed from health centre), immunizations and a cup of soybean meal. Prenatal care was given to all 24 registered pregnant women at camp.</li> <li>• No underweight children were found on the day of the visit. In the past, if a child was underweight, the community workers would give nutrition education to the mother.</li> <li>• Community health workers are using pink UNICEF mother/child books; however, they didn't get enough from the health clinic and are short of the books.</li> <li>• Vaccinator here was unaware of the vaccine vial monitor, which indicates by change of colour when the vaccine has been stored for too long at the wrong temperature and needs to be discarded.</li> <li>• Vaccinator is storing used needles in a punctured plastic bag.</li> </ul>
Interviewed women living in a single large house with 50 displaced people (30 adults, 20 children), Meulaboh	No direct support	<ul style="list-style-type: none"> <li>• Headaches, scabies and diarrhoea are common among children.</li> <li>• They were using well water until CRS recently began providing clean water.</li> <li>• There are no toilets, and people relieve themselves on the beach.</li> <li>• There are no toys or activities for kids.</li> <li>• Some orphaned children who are living here are being cared for by neighbours.</li> <li>• Red Cross provided mosquito nets three months ago.</li> <li>• They receive monthly WFP rations (they exchange extra rice for eggs and chilies; they feel there is not enough fish); the women have been involved in a cash for work programme, which allowed at least one woman to use her earnings to open her own small kiosk.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<i>Aceh Barat District continued</i>		
Interviewed women living in a single large house with 50 displaced people (30 adults, 20 children), Meulaboh	No direct support	<ul style="list-style-type: none"> <li>• Beginning three months ago, Helen Keller International comes to weigh and measure children.</li> <li>• Several women living here are CHWs—they have been re-activated to run monthly posyandu with the support of WVI. They have scales and supplementary food.</li> <li>• Electricity was restored for the first time on the day of this interview!</li> <li>• Children have received measles and polio vaccines and also receive routine vaccinations at the posyandu. There was one pregnant woman, and she received an anti-tetanus vaccination.</li> </ul>
Interview with principal and school teachers at a primary school	Four School-in-a-Box kits One recreation kit -Textbooks	<ul style="list-style-type: none"> <li>• Textbooks were received in October 2005 and were based on the 1994 curriculum.</li> <li>• There is a shortage of school furniture for children and teachers. Teachers use education kits to sit on in the teachers' room.</li> <li>• In February 2005, enrolment was approximately 66% higher as the school absorbed tsunami-affected children. Many have now left this school.</li> <li>• Trauma was a problem early on, especially for the children who lived in the nearby barracks. If earthquakes occurred, the children would run home, or their parents would come and get them.</li> <li>• The children's capacity to learn decreased after the tsunami, but they are now slowly beginning to improve.</li> <li>• The principal said that the teachers in this school stopped using the 1994 curriculum in 2000. They need more training on the new curriculum.</li> <li>• Four of fifteen teachers received some psychosocial training from DIKNAS.</li> <li>• There is a problem with teacher absenteeism among teachers affected by the tsunami. The school had enough substitute teachers to cope.</li> </ul>
Community interview, family with three children, tented IDP camp, Sama Tiga	One child is likely the recipient of UNICEF supplies via her school.	<ul style="list-style-type: none"> <li>• The family has three children aged 7, 13 and 14. The two younger children started school in February 2005 and the older child started school in March.</li> <li>• One child recalled receiving school supplies from ADRA.</li> <li>• All three children go to school in permanent buildings near the IDP camp.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<i>Aceh Barat District continued</i>		
Interview with group of 10 children (in grades 1-4) living in tented IDP camp.	Unknown	<ul style="list-style-type: none"> <li>• Seven of the children still attend the UNICEF-supported CC.</li> <li>• All of the children attend school in a permanent school.</li> <li>• All children received school supplies but commented that they did not have shoes.</li> <li>• Some started school in February 2005, others in March.</li> </ul>
Interview with two mothers living in barracks (four school-aged children, only two in primary school)	Received school supplies from UNICEF	<ul style="list-style-type: none"> <li>• All children currently go to school; it was not clear when they started, possibly March 2005.</li> <li>• One child goes to a tent school 3 km from barracks, and rides a bicycle to school.</li> <li>• One child originally attended school in a tent but now attends school in a rehabilitated primary school.</li> <li>• The children received two sets of school supplies – one from UNICEF and the other from the school.</li> </ul>
Interview with community leader and some children at a community centre/ school at a barracks.	School tent	<ul style="list-style-type: none"> <li>• There is one temporary school for children who previously attended two other schools (but only 40-50 students).</li> <li>• Originally, students went to a permanent school but there was trouble between the IDP teachers and the host teachers so they started using the tent school.</li> <li>• Children attended the tent school until March 2005, when they moved to a temporary school in the barracks.</li> <li>• Approximately 10 children from the village have moved back to their original village. They do not go to school there since there is no school. IOM is currently building a temporary school there.</li> <li>• Families are moving to places where shelter has been constructed but where there are no schools.</li> <li>• Middle school children stay at the barracks so they can go to school.</li> <li>• In October 2005, UNICEF delivered a school tent for the village but it is not being used and is still at the barracks.</li> </ul>



PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
Banda Aceh		
Health personnel at health centre (puskesmas), Kuta Alam sub-district	One midwife kit	<ul style="list-style-type: none"> <li>• The health clinic re-opened in October 2005 after having been rehabilitated by World Vision International.</li> <li>• Clinic staff runs a daily <i>posyandu</i> in different villages to give vaccinations.</li> <li>• The RCW50EK cold chain refrigerator here was full of vaccines, but the unit was unplugged and not running on kerosene. Health centre staff members complained that “it takes too much electricity,” and they could only run it at night after they were done using their computers.</li> <li>• They have received mother/child health books and are using them.</li> <li>• They have no baby scale and no supplementary food.</li> </ul>
Hosts and hosted IDPs in Kuta Alam sub-district	No direct support	<ul style="list-style-type: none"> <li>• In general, displaced IDPs living with host families were able to access food rations—in the early days aid came from the university. Host families themselves did not receive much (rice in one case). Well water was used at first before the municipal supply started working.</li> <li>• Children were vaccinated at school once it began.</li> <li>• Children are attending monthly <i>posyandu</i>.</li> <li>• There is no psychosocial support for kids.</li> <li>• Families did not have mosquito nets.</li> <li>• Some families received support from their workplaces.</li> <li>• One family interviewed was able to return to their damaged home, but they had to fix it themselves and received no assistance. They are renting and had to pay the yearly rent again in June 2005.</li> </ul>
Two SD schools on same ‘campus’	Built temporary schools and four latrines Provided furniture, supplies and textbooks	<ul style="list-style-type: none"> <li>• Current enrolment in the two schools is 173 students.</li> <li>• Principals said that some students come from 10-15 kms away (they estimated approximately 70 students). This is a private school so there is a school bus to transport children.</li> <li>• There are four latrines for these two schools. One was broken, the other was locked (for use later); and the other two were in use. These latrines were also being used by nearby communities.</li> <li>• There was a water bladder but it was empty at the time of the visit.</li> <li>• Grade 1 students finish school at approximately 10:30.</li> <li>• Three teachers attended the UNICEF psychosocial training in August 2005, and one more teacher is supposed to be trained.</li> </ul>

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
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Banda Aceh *continued*

- The schools received three School-in-a-Box kits (from Copenhagen) and one recreation kit. They do not have enough supplies.
- They received backpacks from Islamic Relief.
- They received new textbooks in September 2005 for grades 1-4 only, but distributed just the grade 1 textbooks because there were enough for all grade 1 students. Two boxes of textbooks were sitting unopened in the teachers' room. Teachers did not want to use the textbooks because there were not enough. They are considering photocopying the textbooks.
- Once the permanent schools are constructed, more children will return to school. Some are now staying at other schools because of the distance they have to travel to this school.
- There are three UNICEF 'emergency' teachers in these two schools. They were all paid (but not on time) and didn't understand why their first payment was reduced (even though this was discussed in the training).

## Protection

Child Centre in Panga

Establishment of and support to the CC

- The office space is falling apart and we don't like working here.
- The tent expired four months ago and we requested another one but the answer was 'please wait'.
- The staff is not paid on time, which impacts the energy and spirit of the workers. We signed for two months and only received one month's worth.
- Strengthening the family support programme was suggested – cases of families doing poorly were found.
- Children still put high hopes on finding their parents. We are still tracing them. The death certificate programme needs to happen soon.
- We should have a better environment for children here.

Child Centre in Cot Seulamat

Establishment of and support to the CC

- Recreation kits are in good shape.
- Training has been very helpful but it was suggested that the community also be trained. Training for parents is necessary for caring for children and for instructing them on what to do if their children are emotionally unstable and how to advise them.
- There was no teenage presence in the beginning, but now there are more teenagers due to the computer and language classes.
- Policewomen came in September 2005; before that CC staff was doing the monitoring.
- No one is monitoring the orphanages.

PERSONS INTERVIEWED/ CONTEXT	UNICEF PROGRAMMES OR INPUTS	FINDINGS/COMMENTS
<b>Protection</b>		
Child Centre in Tanjung Krueng	Establishment of and support to the CC	<ul style="list-style-type: none"> <li>• Visit separated and unaccompanied children twice per week.</li> <li>• Training is provided on abuse, tracing and psychosocial support, but only to CC staff and not to the community.</li> <li>• Visited by UNICEF once every two weeks.</li> <li>• They need more training on child abuse and procedures to follow up – ‘What should we do if we find a case?’ ‘We need more than theory – how to apply it in the community.’</li> </ul>
Child Centre in Camp Pramuka	Establishment of and support to the CC	<ul style="list-style-type: none"> <li>• Some of the children were afraid of the staff members from Java, and the latter didn’t like to conduct tracing activities because of the conflict.</li> <li>• Staff hoped to receive more training in psychosocial support.</li> <li>• Staff members had worked for four months before they received training.</li> <li>• Staff was told they would get tools for the psychosocial training, but they still have not received them.</li> <li>• Children are followed up on once in three weeks.</li> <li>• Policewomen were not present in the early stages.</li> <li>• Vulnerable families need support for small businesses, economic empowerment.</li> <li>• More psychosocial support and training for parents is needed as there is still a lack of knowledge around this.</li> </ul>
Child Centre in Simpang Tiga	Establishment of and support to the CC	<ul style="list-style-type: none"> <li>• Training received was very basic – no knowledge on how to implement activities for children. We need more training in this area.</li> <li>• No training on what is a tsunami. We believe it is a religious event and that God wanted to send us a message.</li> <li>• No specific activities for parents.</li> <li>• The conditions are hard – it’s uncomfortable living here.</li> <li>• Children are now bored with the materials and don’t come as often.</li> <li>• Have to work 24 hours a day with little holidays. It’s very difficult</li> </ul>

## ANNEX 5 PEOPLE INTERVIEWED/ CONSULTED

### UNICEF

Ahmer Akhtar	Project Officer, Health and Nutrition, Jakarta
Alaa F. Alami	Operations Officer, Banda Aceh
Mansoor M. Ali	Senior Advisor, WES Programme Section, New York HQ
Sayo Aoki	Head of Education Section, Banda Aceh
Steve Aswin	Emergency Unit/United Nations Disaster Management Team
Steve Atwood	Emergency Management, Jakarta
Andrew Auld	Project Officer, CDC, Banda Aceh
Umar Bin Abdul Azis	Programme Assistant, Banda Aceh
Kristiano Bangbang	Project Officer, WES, Banda Aceh
Edouard Beigbeder	Chief Zone Office, Banda Aceh
Roberto Benes	Head of Child Protection Unit, Banda Aceh
Erik Bentzen	Head of Education, Jakarta
Douglas Booth	Chief of Section, WES, Jakarta
Ole Boye	Logistics Officer, Emergencies, Supply Division, Copenhagen
Jasmina Byrne	Project Officer, Child Protection
Rajeshwari Chandrasekar	Project Officer, Monitoring and Evaluation, Jakarta
Mr. Cyril	Project Officer, WES, Meulaboh
Bukhari Daud	Project Officer-Education, Banda Aceh
Nakhoum Diakite	Supply/ Logistics Officer, Jakarta
Ms. Dining	Project Officer, WES, Meulaboh
Philip Gerry Dyer	Chief, Humanitarian Response Unit, Office of Emergency Programmes, New York HQ
Lucia Elmi	Emergency Programme Officer, Humanitarian Response Unit, Office of Emergency Programmes
Ross Everson	Supply Officer, Banda Aceh
Anne Fabiani	OIC, Contracting Section, Supply Division, Copenhagen
Shanelle Hall	Deputy Director, Supply Division, Copenhagen
Nerissa Hansen	Warehouse and Logistics Centre, Supply Division, Copenhagen
Soren Winther Hansen	Chief, Warehouse and Logistics, Supply Division, Copenhagen
Julien Harneis	Head of Office, Meulaboh
Dr. David Hipgrave	Chief, Health and Nutrition Unit, Jakarta
Dr. Claudia Hudspeth	former Emergency Coordinator, Emergency Response Team
Dr. Tarek Hussain	Head Health and Nutrition Section, Banda Aceh
Neni Indriati	Abuse and Exploitation Officer, Banda Aceh
Issac Jacob	Psychosocial Officer, Banda Aceh
Neng Lanny Jauhari	Tracing Officer, Melaboh
Jawwad-UI-Haq	Senior IT Assistant, Banda Aceh
Lars M. Jensen	Shipping Officer, Supply Division, Copenhagen
Dara Johnston	Lead Project Officer, WES, Banda Aceh
Irvine Juliandre	Supply Assistant, Nias
Muhammad Jumadi	Programme Assistant, Banda Aceh

Robby Kamarga	Project Officer, WES, Jakarta
Ratna Kesuma	Education Section, Jakarta
Santi Kusumaningrum	Assistant Project Officer, Child Protection Unit
Simon Lawry-White	Senior Programme Officer, Evaluation Office, New York HQ
Susan Lillcrap	Health and Nutrition, Meulaboh
Patrick Loo-Nee	Administrative Officer, Jakarta
Kenneth Maskall	former WES Officer, Banda Aceh
Paul Molinaro	Logistics Officer, Emergencies, Supply Division, Copenhagen
James Moloney	Field Officer Simeulue, Meulaboh
Elham Monsef	Nutrition Officer, Banda Aceh
Mawardi Muhammad	Programme Assistant, Banda Aceh
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Asyraf Muzaffar	Assistant Project Officer, Banda Aceh
Anne Njuguma-Thiongo	Assistant Administrative & Human Resources Officer, Banda Aceh
Tanny Noorlander	Emergency Coordinator, Supply Division, Copenhagen
Novina	Education Assistant, Meulaboh
Yin Yin Nwe	former Senior Programme Officer, Jakarta
Rufina Pardosi	Nutrition Officer, Meulaboh
Kenny Peetosutan	Project Officer, EPI, Banda Aceh
Arnel Penaverde	IT Coordinator, Banda Aceh
Rosmerry Bahari Puteh	Assistant Project Officer, Banda Aceh
Ari Rahuyu	Project Officer, WES, Banda Aceh
Alfian Rejekinta	Health Consultant, Simeulue
Gianfranco Rotigliano	Representative, Indonesia
Safrizal, Administrator	Banda Aceh
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Eka Setiawan	Project Officer, WES, Meulaboh
Raju Shrestha	Contracts Officer, Supply Division, Copenhagen
Amson Simbolon	Assistant Project Officer – Education, Nias
Frederic Sizaret	Protection Officer, Banda Aceh
Brian Sriprahastut	Project Officer, Health (MCH), Banda Aceh
Willem Standaert	Senior Programme Officer, Jakarta
Budi Subianto	Project Officer, Health, Jakarta
Suhandoko	EPI Officer, Meulaboh
Anton Talaha	Finance Officer, Jakarta
Ms. Tanti	Administrative Support Officer, WES, Jakarta
Raoul de Torcy	Chief Field Office, Nias
Colette Turme	Senior Operations Officer, Jakarta
Hadi Utomo	Child Protection, Melaboh
Scott Whoolery	former Head, Health and Nutrition, Banda Aceh
Yulia Widiati	Assistant Field Officer, MCH, Meulaboh
Krishnayani Winata	Education Project Officer, Jakarta
Burhan Yasin	Education Programme Officer, Meulaboh
Iska Zarlinda	Field Monitor, Meulaboh

## INDONESIAN GOVERNMENT

Zainil Abidin	Camp Coordinator, Jalan Bareu, Simeulue
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Mr. Ayub	PDAM, Aceh Besar
Mr Barrizal	PDAM, Meulaboh
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Azis Bustari	District Health Office, Immunization, Meulaboh
Mr. Cecep	Hygiene Department, Banda Aceh
Mrs. Farida	Child Protection, DinSos
Dr. Abdul Hamid	Director, District Health Office, Pidie
Dr. Hanif	Director of Puskesmas, Sinabang, Simeulue,
Ali Hasyimi	District Health Office, Meulaboh
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Mr. Iskandar	Dinas Kabersihan, Meulaboh
Ms. Kuthaski	Ministry of Public Works, Banda Aceh
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Dr. H. Nasruddin	Bupati, Aceh Barat
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Mr. Nyakdin	Ministry of Public Works, Banda Aceh
Mr. Ritonga	PDAM, Banda Aceh
Mr. Saifudin	Dinas Kabersihan, Banda Aceh
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Mr. Triodo	Dinas Kabersihan, Meulaboh
Nuzul Warni	Head of Finance, District Health Office, Pidie
Dr. Media Yulizar	Head of EPI and CDC, Provincial Health Office Ministry of Religious Affairs, Aceh Barat

## OTHER ORGANIZATIONS

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Yasmeen Abdallah	Protection Officer, Save the Children
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Rohan Anderson	Project Officer, UNDP, Banda Aceh

Dr. Rosilawati Anggraini	Reproductive Health Advisor, UNFPA, Banda Aceh
Mr. Arif	Child Protection, Muhammadiyah
Dr. Anshu Banerjee	Team Leader, WHO, Banda Aceh
Ramang Basuki	Sampoerna Foundation
Mr. Usman Basuni	KPP
Elvin Friendly Bidi	ADRA
Dean Brooks	International Rescue Committee
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Regis Chapman	Head of Programming, UNFPA
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Bertil Lintner	Correspondent, Asia-Pacific Media Services, Banda Aceh
Marina Marlina	Spanish Red Cross
Dr. John McComb	Sector Head – Health, Save the Children, Banda Aceh

Sonia Molina	Spanish Red Cross
Colleen Mone	IRC, Epidemiologist
John Mungai	ADRA
T. Mursalin	Advocate, Muhamadiyah
Catherine Mwaniki	Trauma Recovery Programme Manager, ICMC
Tisana Nando	Fauna and Flora International
Dr. Robin Nandy	CDC, Medical Epidemiologist, Global Immunization Division
Mr. Nasir	YDD, Lhoong
Ms. Novr	French Red Cross, Meulaboh
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Kara Pierson	Save the Children
John Pontius	Regional Advisor, USAID, Banda Aceh
Susan Posser	WHO
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## ANNEX 7

### TERMS OF REFERENCE FOR THE EVALUATION OF UNICEF'S TSUNAMI RESPONSE, EMERGENCY AND RELIEF PHASE

#### A. BACKGROUND

The scale of the international response to the Indian Ocean tsunami (26 December 2004) has been unprecedented. Because of the high levels of funding from individual private and government donors (US\$ 585 million), demand has been growing for systematic and independent evaluation that gives evidence of institutional performance in achieving results.

Over the next two years, UNICEF will face pressure to demonstrate what was achieved on behalf of children during the emergency, recovery and development phases. The overarching goal for UNICEF is to produce credible, valid and usable evaluation products for learning and accountability purposes. These deliverables must demonstrate clear linkages to results for children and improved information and reporting on tsunami-related programming and activities.

#### B. UNICEF'S PERFORMANCE REVIEW FRAMEWORK – TSUNAMI RESPONSE

UNICEF is committed to continuous monitoring of its tsunami-related activities, to implementing systematic evaluations and lessons-learned reviews, and to active support of external joint evaluations and monitoring initiatives over the next three years.

Within a broad performance-review framework, each phase of a corporate-level evaluation process will be coordinated by the Evaluation Office. Each phase will have a different focus as UNICEF's response progresses from immediate relief, to transitional activities, and then to longer-term development assistance.

- **2005** Timeliness, effectiveness and relevance of immediate relief effort; progress towards longer-term objectives; and lessons learnt by theme/country/agency.
- **2006** Thematic results in key sectors such as health, education, water and sanitation, and protection.
- **2007** Country programme evaluations to examine overall impact and results as well as the extent to which vulnerabilities have been reduced.

LEVEL	2005 EMERGENCY & RECOVERY	2006 TRANSITION (REHABILITATION RECONSTRUCTION)	2007 DEVELOPMENT
UNICEF regional & country office	Monitoring frameworks	Monitoring & data collection by sector (health, WES, education, protection)	Complementary data collection & analysis (results & outcomes tracking)
	Lessons learned (emergency phase)	Synthesis and consolidation of lessons learned	Lessons learned revisited
UNICEF corporate	Evaluation of emergency phase – core commitments & learning	Thematic data gathering for country programme evaluations (health, WES, education, protection)	Country programme evaluations/ final UNICEF institutional performance
United Nations	UN Special Envoy & Global Consortium - Framework & systems for reporting and tracking results	Data collection and tracking performance	TCPR – Tsunami Evaluation
Other donors & international organizations	External thematic evaluations (TEC)* on coordination, capacities, needs assessment, funding and LRRD	Multi-partite longer-term evaluation (agreed core topics)*	

Where the Evaluation Office has direct responsibility for delivering results for children with or on behalf of others.

Where the Evaluation Office had indirect responsibility and acts with or on behalf of others.

\*Under discussion in the Tsunami Evaluation Coalition (TEC) and other inter-agency forums.

UNICEF's evaluation activities conducted by the Evaluation Office are situated within a broader context of performance-review initiatives within UNICEF at the regional and country level and at the institutional corporate level. At the same time UNICEF will also participate in initiatives at the United Nations level, and beyond – at the donor and international organization level.

### C. EVALUATION PURPOSE

The Evaluation Office has been requested to launch an evaluation of UNICEF's activities during the emergency and relief phase. This evaluation will take place at roughly the same time as several other reviews and assessments scheduled to take place at the regional, country and at headquarters level. These include studies by Communications, Supply, Human Resources, and Water and Sanitation. As well, UNICEF is also launching an audit process to examine financial systems, internal controls, and risk management.<sup>50</sup>

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

- identify major achievements during the emergency-response phase from 26 December 2004 to 30 June 2005
- take note of any constraints and gaps in that response, and
- highlight potential policy implications for the future.

The evaluation will look at headquarters, regional and country offices' relief and recovery activities in the Maldives, Sri Lanka and Indonesia. Contributing to UNICEF's overall commitment to accountability and improved performance, the evaluation will document lessons learned and provide recommendations for the country programme and for UNICEF emergency response and recovery programmes in general.

The evaluation will be carried out by independent experts and will consist of a series of rapid country case studies. The country case studies are to be completed by mid- November 2005. The evaluation will take place from 12 September to 9 December 2005.

### D. EVALUATION CLIENTS

The primary client for the evaluation will be UNICEF senior programme and operational management and staff, both in the field and at headquarters. Specifically, key stakeholders include UNICEF's Emergency Section (EMOPS), Programme Division (PD), and the Programme Funding Office (PFO). At the same time, UNICEF must also reflect the face of beneficiaries affected by this disaster. It is important, within very tight time constraints, to give recipients as much of a stake as possible in the evaluation process, and a clear voice in its conclusions and recommendations.

Important secondary stakeholders include a wide array of external audiences. These include UNICEF's Executive Board, national committees (who collected over US\$ 400 million from the individual public and private donations), government donors (who provided over US\$ 155 million), and other UN organizations and NGOs. Given the diverse range of internal and external clients, evaluation products must be able to withstand outside scrutiny for comprehensiveness and meet international recognised professional standards for rigour.

In order to complete the work quickly, the evaluation will draw on the perspectives of UNICEF staff and those of partners and beneficiaries. 'Partners' refers to national and government organizations, UN agencies, international and national NGOs, and civil-society organizations – according to the context.

### E. EVALUATION SCOPE AND FOCUS

The evaluation should endeavour to highlight best practice as well as shortcomings, for dissemination within and outside UNICEF. In this regard, the evaluation will place major emphasis on the following themes and criteria.

### 1) UNICEF's core commitments for children in emergencies

These core commitments cover:

- a) overall humanitarian response, including operational approach, rapid assessment and coordination
- b) programme commitments in health and nutrition, water, sanitation and hygiene, child protection and education
- c) operational commitments, including security, fundraising, communications, human resources, information technology, supply and logistics, finance and administration
- d) organizational preparedness and support, at levels including regional, country- office and headquarters.

### 2) Lessons pertinent to emergency response

The above themes will be examined from the perspective of the OECD/DAC criteria for evaluating humanitarian action: relevance/appropriateness (including timeliness), efficiency, effectiveness, impact, sustainability and connectedness, coverage, and coherence. These have been expanded into a series of more detailed questions, listed as "Key Questions" below. Specific relevant criteria are listed in the following paragraphs in italics.

#### Overall responsiveness

- What has been achieved by UNICEF? In what sectors? Where? (*impact, coverage*)
- Who benefited and how? Were the 'right' people reached? Were efforts made to ensure that vulnerable groups were not overlooked? (*impact, coverage*)
- Was UNICEF's overall response *appropriate and timely*?
- Was it *coherent* and *connected* (i.e. with appropriate coordination, functional/geographic coherence, long term and policy/practice issues addressed)?
- Did UNICEF meet its objectives within established timeframes? If not, why not?
- What were the major strengths and weaknesses of UNICEF's response to date?

#### Adherence to international principles and standards

- Did UNICEF's performance meet international principles and standards (Code of Conduct, Sphere, IASC Code)?
- Were local people involved in the response? What was their perception of UNICEF's response and its impact?
- Were local capacities and disaster-preparedness capacities strengthened?
- How have human resources been managed, led, supported?
- Have interventions been sensitive to conflict contexts where applicable?

#### Use of funds

- How much money did UNICEF allocate, and spend, and where and on what? Was this reflected in programme plans?
- Did UNICEF add value to the overall response?
- Was the allocation of funds/spending in line with the needs of those affected?
- Were UNICEF's interventions *cost-effective*?

#### Learning

- Is there evidence that UNICEF has learned from the response, and shared lessons from this and previous disasters?
- Does UNICEF have effective systems in place to monitor, evaluate, learn and adapt from its ongoing work?
- What are the main lessons acquired to date on how performance can be improved and risks mitigated?

## F. EVALUATION METHODOLOGY

The UNICEF evaluation should add value and build on, not duplicate, evaluations and learning exercises already carried out or planned within UNICEF at the regional and country offices or at headquarters. The results of the Maldives country case study are expected to feed into a larger country programme evaluation scheduled for October, also to be led by UNICEF's Evaluation Office.

The overall methodology for this evaluation will include:

1. A **desk review** of existing documents and materials including strategy documents, plans, proposals, monitoring data, mission reports, and previous UNICEF evaluations that focus on emergency response.
2. **Field visits** to three countries (Maldives, Sri Lanka, and Indonesia), including visits to the regional offices. Field visits will include:
  - an initial introduction meeting with the UNICEF management and staff
  - interviews with key personnel, partners, officials
  - visits to selected project sites/areas
  - an 'end of visit' debriefing to share broad findings with senior UNICEF staff, and note their comments.
3. **'Beneficiary' views** should be gathered in selected countries, the purpose being to elicit feedback from local people about UNICEF's performance.
4. Submission of a **first-draft evaluation report** to UNICEF's Evaluation Office for distribution to a select number of stakeholders for factual corrections and other feedback.
5. A **review workshop** will be held in New York, led by the evaluators, to discuss substantive issues emerging from the first draft.
6. Incorporation of comments and production of **second draft**.
7. **Sign-off** and submission to UNICEF's Evaluation Office.

The evaluation schedule, accommodation and transport arrangements will be finalised and communicated to all regional and country offices at least one week prior to the field visits. The evaluation process will be facilitated by appointed UNICEF contacts in each country covered.

## G. SUPPORT AND DOCUMENTATION

UNICEF regional offices, country offices and headquarters will provide the following material (in both hard copy and electronic format) to the evaluation teams to assist the evaluation:

- all relevant documents on the agency's response and use of UNICEF funds, especially any appraisal, monitoring, evaluation or audit reports
- names, contact details and roles of key agency and partner personnel in the head office and in the field who can be interviewed by the evaluators.

The Evaluation Office will prepare a package of materials to be given to the evaluators, including appeal-related documentation on financial and other actions.

## H. THE REPORTS

The outputs of the evaluation will include several stand-alone reports.

### 1) Summary synthesis report

This summary should be addressed primarily to the senior executive management of UNICEF. It should be a maximum of 10 pages. It should be concise and based on the evidence of the full report and country case studies, on UNICEF's response as a whole, focusing on the 'core public accountability' questions.

- how much was allocated and spent by UNICEF
- whether UNICEF achieved what it initially set out to do
- whether UNICEF's response was appropriate to the need
- whether UNICEF performance was in line international standards
- major strengths of UNICEF's response to date
- recommendations on how performance can be improved and risks mitigated.



## 2) Full synthesis report

This should not exceed 40 pages, with additional annexes permissible. This report should include key findings from regional and country case studies, plus:

- overview of UNICEF programmes and expenditure geographically and thematically
- analysis addressing the questions raised in key questions below.
- conclusions and recommendations, with a section dedicated to drawing out specific lessons with suggestions for taking forward the lessons learned
- feedback from beneficiaries
- appendices, to include the final evaluation terms of reference, maps, list of interviewees, and bibliography of documents consulted.

The consultants will be bound by normal UNICEF rules of confidentiality and will be briefed on media sensitivities.

## 3) Regional and country case studies (Maldives, Sri Lanka and Indonesia)

These should not exceed 40 pages, with additional annexes permissible. These reports should include:

- overview of UNICEF country programmes and expenditure thematically
- analysis addressing the questions raised in key questions below.
- conclusions and recommendations, with a section dedicated to drawing out specific lessons with suggestions for taking forward the lessons learned
- feedback from beneficiaries
- appendices, to include the final evaluation terms of reference, maps, list of interviewees, and bibliography of documents consulted.

The consultants will be bound by normal UNICEF rules of confidentiality and will be briefed on media sensitivities.

All material collected in the undertaking of the evaluation process must be handed over to the Evaluation Office prior to termination of the contract. The report and all background documentation will be the property of the UNICEF and will be promulgated as appropriate by the UNICEF Evaluation Office.

## I. TIMEFRAME

It is anticipated that the evaluation will last around 13 weeks, with 1 week in New York at the beginning, up to 9 weeks of field visits across the three countries, and 3 weeks of writing up, feedback and revisions. UNICEF is working to a very tight schedule, and there is likely to be little flexibility in the following key dates (all 2005):

### 8–9 September

Country Team Leaders (2) participate in UNICEF lessons-learned Workshop in Colombo (Sri Lanka)

### 12–16 September

Literature review and field-visit preparation in New York for Evaluation Team 1 to the Maldives and Sri Lanka

### 19–30 September

Field visits and data collection by Evaluation Team 1 to the Maldives, including beneficiary feedback

### 3–7 October

First draft of Maldives country case study report submitted to UNICEF Evaluation Office

### 10–14 October

Literature review and field-visit preparation in New York for Evaluation Team 2 to Indonesia

### 10–28 October

Field visits and data collection by Evaluation Team 1 to Sri Lanka, including beneficiary feedback.

### 24 Oct. – 18 Nov.

Field visits and data collection by Evaluation Team 2 to Indonesia

### 1–7 November

First draft of Sri Lanka country case study report submitted to UNICEF Evaluation Office

### 7–14 November

Final draft of Maldives country case study report submitted to UNICEF Evaluation Office

**14–18 November**

Final draft of Sri Lanka country case study report submitted to UNICEF Evaluation Office

**21–25 November**

First draft of Indonesia country case study report submitted to UNICEF Evaluation Office

**21–25 November**

First draft of summary and full synthesis report to Evaluation Office

**5–9 December**

Final draft of Indonesia country case study report submitted to UNICEF Evaluation Office

**5–9 December**

Final draft of summary and full synthesis report to Evaluation Office

**14 December**

Review workshop in New York with UNICEF staff

The evaluator teams should alert UNICEF Evaluation Office immediately if serious problems or delays are encountered. Approval for any significant changes to the evaluation timetable will be referred to Director Evaluation Office.

**J. FOLLOW-UP**

An advisory group drawn from Emergency Operations (EMOPS), Programme Division and Programme Funding Office (PFO) will review the findings of the evaluation. The Evaluation Office will monitor follow-up of the recommendations made to specific regional and country offices and to UNICEF as a whole. UNICEF will decide in what form to publish the evaluation and when, though any changes to the report will be agreed with the evaluation team leaders.

**KEY QUESTIONS****Relevance/Appropriateness**

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

**Efficiency**

6. Were goods and services procured for the Tsunami response at reasonable cost (value for money)?
7. How were existing government and NGO partnerships built on to mount the emergency response? What new partnerships were formed to strengthen or broaden the response, and how successful were these new partnerships?
8. Was a monitoring system already in place or was a monitoring system developed to track changing needs, funds available, programme implementation and the links between them? How and to what extent was information collected and analysed for monitoring of key outcomes, outputs/coverage and inputs? To what extent was monitoring data used to inform decision-making?
9. How clear were the accountabilities and responsibilities of CO/RO/HQ for the Tsunami response? Were there overlaps or gaps at different stages?
10. How well were UNICEF programme and financial management procedures applied to the Tsunami response? To what extent did UNICEF procedures, processes and systems help or hinder efficiency?

11. To what extent did reports, including donor reports, accurately describe the situation and UNICEF response - the achievements, constraints and outstanding needs? To what extent did reports provide an accurate picture of human resource deployment, financial commitments and funds remaining?
  12. How well did the offices manage their inputs (fund disbursement, cash transactions, supply transactions/transportations etc.)? How did utilization rates at end-June [or other agreed end date] compare with planned commitments and expenditures? How well did the CO maintain sound financial management and records, and what adaptations were made to accommodate the Tsunami response? How well did the CO anticipate and meet cash and supply needs and logistic requirements for sub-offices?
  13. How quickly was UNICEF able to establish the appropriate information technology systems and telecommunications equipment? Were these systems appropriate and cost efficient?
- Effectiveness**
14. From the perspective of external stakeholders, how effective were UNICEF emergency interventions? To what extent did the UNICEF response match the UNICEF Core Commitments for Children? How clear a mandate did the current formulation of CCC provide for UNICEF in the country context?
  15. How well did UNICEF use lessons from past emergencies in the Tsunami response? To what extent did UNICEF use innovative approaches to address the challenges presented by the Tsunami?
  16. How well were the distinct needs of women, men, and children identified and responded to?
  17. What level of emergency preparedness did the CO have when the Tsunami struck? When was the last EPRP completed and what provisions did it make? How prompt was Country Office in recognizing the scale of need? How effective and timely was the support provided by the RO and HQ offices?
  18. How well were funds mobilised for the Tsunami? How quickly were funds made available? Did/how well did UNICEF utilize the CERF and EPF facilities? How well did the CO/RO/HQs manage donor relations?
  19. To what extent did UNICEF have the appropriate skills and capacity to mount and sustain a response to the Tsunami? (Right people, right place, right time). How effectively did the organisation mobilise personnel from neighbouring COs, regional offices and headquarters (New York, Geneva, and Copenhagen)? What provision was made for support to staff coping with stress and how effective was this?
  20. How effective was UNICEF in fulfilling its sector coordination roles? How did UNICEF contribute to, and benefit from, interagency collaboration? How well did UNICEF establish a strategic overview of needs and resources available for each sector for which UNICEF had the coordination role?
  21. How well did UNICEF identify vulnerable and excluded groups and make provision for their rights for assistance to be met? What role did UNICEF play in advocating for the needs of vulnerable or excluded groups? How well did UNICEF use the media to advocate for children's rights? How well was the media used to promote visibility for UNICEF? Was the appropriate balance struck between advocacy and UNICEF profiling?
  22. Were the supplies requisitioned for the Tsunami response appropriate to the needs, of adequate quality, and suitable to the local context? How well used were the goods supplied? How well did UNICEF's procurement systems support the emergency response? How timely were supply deliveries to UNICEF, and from UNICEF to end users? How well was the end-utilization of supplies monitored?
  23. To what extent did the CO and field offices comply with the Minimum Operating Security Standards (MOSS)? How aware was staff of UN/UNICEF security arrangements? How effective were the security provisions for protecting staff (international and national) and protection of supplies and assets? Has there been any conflict between the need for staff safety and security and meeting needs of affected populations? Has the balance been struck appropriately?
  24. To what degree were preparedness and response affected by the DFID and ECHO programmes to strengthen UNICEF humanitarian response capacity?

**Impact (early indications only)**

25. To what extent have UNICEF targets been achieved? Are there gaps in UNICEF's fulfillment of its CCC commitments? What results are attributable to UNICEF's role and response?
26. Have there been unintended positive or negative impacts of the UNICEF (or UNICEF-coordinated) Tsunami response on affected or unaffected communities and their livelihoods?
27. For countries in conflict, what are the early indications, if any, of the effect of the UNICEF (or UNICEF-coordinated) Tsunami response on the environment for peace?
28. What was the impact of the Tsunami on UNICEF Country Programmes? To what extent have prior activities been replaced, redesigned? To what extent has UNICEF been diverted away from its support to populations not affected by the Tsunami?

**Sustainability and Connectedness**

29. How well has the CO used the experience from the Tsunami to build its recovery plans? Are the recovery plans appropriate to the country context? Are the plans likely to result in sustainable long term solutions? How well-integrated are UNICEF plans with those of the government and other actors (World Bank, ADB etc.)?

**Coverage**

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

**Coherence**

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

## ANNEX 8

### MANAGEMENT RESPONSE MATRIX

#### EVALUATION RECOMMENDATIONS - UNICEF TSUNAMI EMERGENCY RESPONSE – INDONESIA

EVALUATION RECOMMENDATIONS				
#	THEME	RECOMMENDATION	POSSIBLE ACTIONS PROPOSED BY EVALUATION TEAM	RESPONSIBLE UNIT
RECOMMENDATIONS FOR INDONESIA COUNTRY OFFICE				
1	Participation	UNICEF must develop strategies and procedures for including affected people in decision making in the emergency and recovery/ reconstruction phases. Public information on programmes and plans should also be a priority.	<ul style="list-style-type: none"> <li>• Trial in Aceh of strategy group as per September strategic review.</li> <li>• Greater public dissemination of UNICEF programme plans through media.</li> </ul>	Indonesia CO
2	Assessment	UNICEF needs to be able to deploy rapid assessment teams with agreed upon assessment tools and methods and strategies for follow-up.	<ul style="list-style-type: none"> <li>• Investigate idea of regional sector specialists available for rapid deployment for assessments.</li> <li>• Continue to standardise assessment methods.</li> </ul>	Regional office EMOPS
3	Preparedness	Emergency preparedness and response planning should include standardized CCC training. Emergency response psychosocial and education programs should incorporate emergency preparedness learning to help in recovery.	<ul style="list-style-type: none"> <li>• Develop emergency preparedness training module on CCC that can be incorporated into induction.</li> <li>• Develop emergency preparedness material for schools in Aceh together with MONE.</li> </ul>	EMOPS Indonesia CO

MANAGEMENT RESPONSE		
MANAGEMENT RESPONSE TO RECOMMENDATION	STAFF MEMBER RESPONSIBLE FOR RECOMMENDATION	TIME FRAME
<p>Accepted. UNICEF has developed a strategy for 2006/7 based on the findings of three studies; Survey into the views of Indonesian people on the Aceh and North Sumatra Relief Efforts, UNICEF Programme Communication Assessment and UNICEF Indonesia Tsunami Relief study. Implementation will be accelerated through the recruitment of an L3, NOC and GS staff for programme communication.</p> <p>The CO is working on the establishment of strategic advisory council consisting mainly of senior Acehese individuals to advise the country representative and Head of Banda Aceh field office on specific ways of promoting bottom up community empowerment; increasing the sustainability of UNICEF interventions; reducing the risk of corruption; ensuring the rights of the most vulnerable children in Aceh &amp; Nias are better realized; ensuring better coordination between UNICEF &amp; partners etc.</p> <p><b>Indicator:</b> ToR and first minutes of the meeting for the Advisory Board</p> <p>Studies undertaken</p> <p>2006/2007 communication strategies</p> <p>Newspapers articles and public events related to UNICEF-supported plans</p>	<p>CFO and PO Communication</p> <p>CFO Banda</p>	<p>Completed</p> <p>July</p>
<p>The CO has worked closely with the RO that has already provided a roster of sector specialists for rapid deployment.</p> <p>While generally in agreement with the possible action proposed, the assessment methods should leave flexibility to the CO to adapt assessment methods to the local context.</p> <p><b>Indicator:</b> Availability of roster</p>	<p>HR</p>	<p>Completed</p>
<p>Accepted. As part of the 2006 EPRP, Emergency Unit has already reviewed the training modules which address both recommendations. Training of staff has already started as part of the 2006 Office Learning Plan.</p> <p><b>Indicators:</b> 2006 EPRP, 2006 Office Learning Plan</p>	<p>Director Emergency Operations, HR</p>	<p>On-going</p>

EVALUATION RECOMMENDATIONS				
#	THEME	RECOMMENDATION	POSSIBLE ACTIONS PROPOSED BY EVALUATIONTEAM	RESPONSIBLE UNIT
RECOMMENDATIONS FOR INDONESIA COUNTRY OFFICE				
4	Monitoring	Monitoring approaches should include resources to promote collection of qualitative data to determine behaviour and attitude changes. Evaluations and strategic reviews should take place earlier in the response and regularly.	<ul style="list-style-type: none"> <li>Develop monitoring practice that is qualitative in Aceh (useful to wider organisation).</li> <li>Promote strategic reviews and real time review in emergency programmes.</li> </ul>	Indonesia CO  EMOPS Regional offices, Evaluation office
5	Partnerships	Better guidance needs to be developed for how to work with partners in emergencies, especially depleted local governments. Global agreements for personnel – standby and private should be developed.	<ul style="list-style-type: none"> <li>Develop models for working with depleted government in absence of big NGO partners. Consider grant facility and staffing complement.</li> <li>Work with standby partners to ensure requisite skills and personnel available.</li> </ul>	EMOPS Regional offices
6	Operations	UNICEF should strengthen emergency operations support. Experienced emergency operations staff should be deployed on day one.	<ul style="list-style-type: none"> <li>Emergency operations officer to be employed in ERT.</li> <li>Emergency operations officers to be prioritised for regional rosters.</li> </ul>	EMOPS  Regional offices, DHR
7	Coordination	UNICEF needs to strategise how to carry out its leadership and coordination functions. UNICEF should collaborate to develop tools for coordination and invest in training staff in data processing, management and analysis. UNICEF needs to clarify its responsibilities and inform all actors.	<ul style="list-style-type: none"> <li>Develop tools for coordination including; sector wide assessment tools, data processing capability and sets of standards in sectors that can be deployed early.</li> <li>Clarify accountabilities of UNICEF as sector leader.</li> </ul>	PD, EMOPS  EMOPS through IASC clusters
8	Human Resource (HR) Technical Staff	Ways need to be found to widen the pool of technical staff in particular for WES and child protection.	<ul style="list-style-type: none"> <li>Increase emergency experienced technical staff at global and regional levels.</li> <li>Ensure rosters have good technical people.</li> <li>Develop training and mentoring schemes.</li> </ul>	PD, EMOPS, ROs

## MANAGEMENT RESPONSE

MANAGEMENT RESPONSE TO RECOMMENDATION	STAFF MEMBER RESPONSIBLE FOR RECOMMENDATION	TIME FRAME
<p>Accepted. The 2006 IMEP includes collection of data to monitor behaviour and attitude change.</p> <p><b>Indicator:</b> 2006 IMEP</p> <p>CO found the recommendation extremely valuable and certainly encourage its implementation.</p>	M&E	Completed
<hr/> <p>The CO would agree with the recommendation and the possible action. Our understanding is that EMOPS has developed such arrangements with partners such as: Red R, NRC, and CDC. It has agreements with UNJLC and UNDAC for joint preparedness and training. UNOPS for example was recommended by HQ &amp; Copenhagen as an implementing partner</p> <p>However, there would be a need for EMOPS to identify how large and how many disasters it can simultaneously respond to without overstretching its capacity. A rigorous pre selection of implementing partners as part of preparedness might be needed.</p> <hr/>		
<hr/> <p>Certainly the clarification would help in setting up coordination mechanisms at the outset of an emergency. However, UNICEF needs also to ensure that capacity to play that coordination role is available from day one.</p> <p>UNICEF HQ needs to put resources in training to improve coordinating skills.</p> <hr/>		
<p>Accepted. RO has already developed and provided a roster of sector specialists for rapid deployment.</p>	HR	Completed



EVALUATION RECOMMENDATIONS				
#	THEME	RECOMMENDATION	POSSIBLE ACTIONS PROPOSED BY EVALUATIONTEAM	RESPONSIBLE UNIT
RECOMMENDATIONS FOR INDONESIA COUNTRY OFFICE				
9	HR Deployment	Ways should be found to ensure fast deployment beyond the period of the 'trigger' and before the new emergency programme is in a stable recruitment pattern.	<ul style="list-style-type: none"> <li>Screening and approval processes should be examined to see where these can be speeded.</li> <li>Country offices who delay release of staff after agreement should be sanctioned by management.</li> <li>Complex contractual issues (TFTs having to step out for a month) require innovative solutions.</li> </ul>	DHR Regional offices Senior management
10	Familiarisation	Country offices should develop familiarisation packages for new staff including some basic language skills.	<ul style="list-style-type: none"> <li>Basic induction packages should be developed as standard in emergencies.</li> <li>Language training should be resourced in places such as Indonesia where national language predominates and the basics are straightforward.</li> <li>Basic English training should be available for all new national staff.</li> </ul>	EMOPS COs ROs COs DHR COs
11	Training	Essential administrative and control procedures should be mandatory learning for new staff.	<ul style="list-style-type: none"> <li>Financial and administrative rules should be collated and made straightforward and accessible to new staff.</li> <li>Training modules similar to the security CD should be developed for incoming emergency staff. A certification process should be considered.</li> </ul>	DFAM DFAM, DHR
12	Finance	Procedures for approving and paying for activities with partners must be streamlined and made more coherent, especially in emergency situations.	<ul style="list-style-type: none"> <li>A study should be urgently commissioned into the business processes generated by the combination of financial rules and ProMs requirements with a view to simplifying and streamlining these.</li> </ul>	DFAM
13	Audit	Audit must generate a model for examining emergency programmes that properly acknowledges the risk of not implementing programmes in a timely fashion (so as to balance against strict adherence to rules).	<ul style="list-style-type: none"> <li>Programme results to be included as key criteria in audit reports.</li> </ul>	Audit

## MANAGEMENT RESPONSE

MANAGEMENT RESPONSE TO RECOMMENDATION	STAFF MEMBER RESPONSIBLE FOR RECOMMENDATION	TIME FRAME
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Accepted. The CO is already developing the package as part of the overall revised 2006 EPRP.	Director of Emergency Operations	Completed
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The 2006 Office Learning Plan is already addressing the recommendation.	HRDT	Completed
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The 2006 Office Learning Plan is already addressing the recommendation.	HRDT	Completed
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**Indicator:**

2006 EPRP

2006 Office Learning Plan

Training reports

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<b>EVALUATION RECOMMENDATIONS</b>				
<b>#</b>	<b>THEME</b>	<b>RECOMMENDATION</b>	<b>POSSIBLE ACTIONS PROPOSED BY EVALUATIONTEAM</b>	<b>RESPONSIBLE UNIT</b>
<b>RECOMMENDATIONS FOR INDONESIA COUNTRY OFFICE</b>				
14	Supply	UNICEF Supply Division should develop a range of logistical support materials that facilitate the immediate opening of office and accommodation in the most difficult circumstances.	<ul style="list-style-type: none"> <li>• Develop temporary office kit (perhaps as part of joint UN working) similar to OSOCC.</li> <li>• Develop temporary accommodation kits.</li> <li>• Stock range of logistics and IT kits similar to MSF or BRCS ERU.</li> </ul>	Supply
15	Logistics	Boost in country logistics capacity by ensuring greater number of logistic staff are deployed in initial phase.	<ul style="list-style-type: none"> <li>• Expand pool of logistic experts available for rapid deployment using Copenhagen emergency team as central point.</li> <li>• Regional rosters of logistics experts and regional logistics officers.</li> </ul>	EMOPS Copenhagen  ROs.

**MANAGEMENT RESPONSE**

MANAGEMENT RESPONSE TO RECOMMENDATION

STAFF MEMBER RESPONSIBLE FOR RECOMMENDATION

TIME FRAME

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The RO has already developed and provided a roster of sector specialists for rapid deployment.

HR

Completed

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