EVALUATION
REPORT

CHILDREN AND THE 2004 INDIAN OCEAN TSUNAMI:

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

COUNTRY SYNTHESIS REPORT

EVALUATION OFFICE
November 2009

unite for children

unicef

EVALUATION
REPORT

CHILDREN AND THE 2004 INDIAN OCEAN TSUNAMI:

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

COUNTRY SYNTHESIS REPORT

EVALUATION OFFICE
November 2009

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Maldives.
Country Synthesis Report.
© United Nations Children's Fund (UNICEF), New York, 2009
United Nations Children's Fund
3 UN Plaza, NY, NY 10017

November 2009

The independent evaluation was commissioned by UNICEF Evaluation Office engaging an inter-divisional reference group that provided overall direction and support to the evaluation process. The Country Synthesis Report is based largely on the sector specific reports which examine the impact and outcomes of the overall response (humanitarian relief and recovery/transition) on key sectors of UNICEF's involvement and draw lessons related to recovery and transition issues. Drawing from sector reports, the Country Synthesis Report was prepared by Jon Bennett (Team Leader) and Jenny Reid Austin. The sector reports were written by sector-specific teams led by: Neil Boothby (Child Protection), Richard Garfield (Health and Nutrition), John Ievers (WASH) and Anne Bernard (Education). Krishna Belbase, Senior Evaluation Officer in the Evaluation Office, managed the evaluation with the involvement of the Maldives Country Office. Suzanne Lee edited and formatted the report.

The purpose of the report is to facilitate the exchange of knowledge among UNICEF personnel and its partners. The content of this report does not necessarily reflect UNICEF's official position, policies or views.

The designations in this publication do not imply an opinion on legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

For further information, please contact:

Evaluation Office
United Nations Children's Fund
Three United Nations Plaza
New York, New York 10017, United States

PREFACE

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

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

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

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

Finbar O'Brien
Director
Evaluation Office
UNICEF New York Headquarters

ACKNOWLEDGEMENTS

This report was made possible thanks to the significant time, contributions and advice of many people, both inside and outside UNICEF. The evaluation team gratefully acknowledges the assistance of the UNICEF Country Office, including the sharing of documents and data in support of the evaluation. The support and comments provided by Mohamad Naeem, Mansoor Ali, Joshua Kakaire, Ameena Mohamed Didi, Ken Maskall, Sherine Girguis, David Proudfoot and Shadiya Adam were particularly valuable.

Special recognition goes to the sector evaluation teams, including national consultants and field researchers who undertook field level data collection and analysis. For *Child Protection:* Neil Boothby and Alison Paul; for *Education:* Anne Bernard, Ahmed Sharef, Zameela Ahmed and Mhd Siraj; for *Health/Nutrition:* Richard Garfield and a team of consultants led by Shiyara Mohamed Didi; for *Water, Sanitation and Hygiene:* John Ievers and Hemantha Wickramatillake.

Many people graciously took the time to meet with the team members during the course of the evaluation, including central and local government officials, teachers, social workers and other professionals, as well as the many parents, children and community members who participated in the discussions, interviews and field surveys conducted as part of the evaluation.

We also thank staff from various UN agencies, other international organizations and local NGO staff - too numerous to acknowledge individually - who have contributed their time, insights, information and thoughts to this evaluation.

CONTENTS

EXECUTIVE SUMMARY i

1. BACKGROUND AND METHODOLOGY 1
1.1 Introduction 1

2. THE EVALUATION 7
2.1 Evaluation Purpose 7
2.2 Evaluations To-date 7
2.3 Towards Impact Evaluation 8
2.4 Methodology 9
2.5 Staffing 10
2.6 Limitations 10

3. UNICEF'S PROGRAMME (2005-2008) 13

4. RESPONSE TO THE TSUNAMI BY SECTOR 15
4.1 Water, Sanitation and Hygiene (WASH) 15
4.2 Education 21
4.3 Child Protection 29
4.4 Health and Nutrition 34

5. CROSS-CUTTING ISSUES 41
5.1 National/Local Capacity Development 41
5.2 Cross-cutting Issues 42
5.3 Disaster Preparedness 44
5.4 Targeting the Disadvantaged 44
5.5 Human Rights-based Approach to Programming (HRBAP) 45
5.6 Gender Issues 46

6. CONCLUSIONS AND RECOMMENDATIONS 47

7. SECTOR RECOMMENDATIONS 51
7.1 Water, Sanitation and Hygiene (WASH) 51
7.2 Education 53
7.3 Child Protection 54
7.4 Health and Nutrition 56

REFERENCES 59

ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AGO	Attorney General's Office
ARC	American Red Cross
ARI	Acute Respiratory Infection
CBO	Community-Based Organisation
CCA	UN Common Country Assessment
CCCs	Core Commitments for Children in Emergencies
CCT	Child-Centred Teaching-Learning
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFS	Child Friendly Schools
CFSC	Child and Family Service Centre
CP	Child Protection
CRC	UN Convention on the Rights of the Child
DGFS	Department of Gender and Family Services
DRR	Disaster Risk Reduction
ECCD	Early Child Care and Development
EDC	Educational Development Centre
FCPU	Family and Child Protection Unit
FCSC	Family and Child Services Centre
FHS	Faculty of Health Sciences (MCHE)
FPU	Family Protection Unit
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GoM	Government of Maldives
HRBAP	Human Rights-Based Approach to Programming
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDC	Island Development Committee
IDP	Internally Displaced Person
IECD	Integrated Early Childhood Development
IFRC	International Federation of Red Cross and Red Crescent Societies
IGMH	Indhira Gandhi Memorial Hospital
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organisation
JICA	Japan International Cooperation Agency
LDC	Least Developed Country
LRRD	Linking Relief, Rehabilitation and Development
M&E	Monitoring & Evaluation
MCHE	Maldives College of Higher Education
MDGs	Millennium Development Goals
MEEW	Ministry of Energy, Environment and Water
MGF	Ministry of Gender and Family
MGFDSS	Ministry of Gender, Family Development and Social Security
MHF	Ministry of Health and Family
MIC	Middle Income Country
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MOE	Ministry of Education
MOH	Ministry of Health
MPS	Maldives Police Service
MTR	Mid-Term Review
MTSP	Medium-Term Strategic Plan

MWSA	Maldives Water and Sanitation Agency
NDMC	National Disaster Management Centre
NGO	Non-Governmental Organisation
NNCB	National Narcotics Control Board
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
ONCHSS	Online Nutrition and Child Health Surveillance System
RGC	Regional Growth Centre
RO	Reverse osmosis
ROSA	UNICEF Regional Office for South Asia
SEN	Special Educational Needs
SSCS	Social Support and Counselling Services
SSW	Social Service Worker
TEC	Tsunami Evaluation Coalition
TRC	Teacher Resource Centre
U5MR	Under-five Mortality Rate
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
URC	Unit for the Rights of the Child
USD	United States Dollars
VPA	Vulnerability and Poverty Assessment
WASH	Water, Sanitation and Hygiene
WDC	Women's Development Committee
WES	Water, Environment and Sanitation
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

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

Overall Humanitarian Response to the Tsunami

The Indian Ocean tsunami on December 26, 2004, caused significant destruction, including loss of life, displacement, loss of livelihoods, and damage to infrastructure throughout the Maldives. As the lowest country in the world with an average elevation just 1.5 metres above sea level, all inhabited islands in the Maldives were affected with the surge flooding nearly all 200 islands and causing significant damage to thousands of homes and infrastructure. The disaster resulted in the deaths of 82 people[1]—approximately half of whom were children—affected one-third of the population, and initially displaced 30,000 people. Total costs of recovery and reconstruction were estimated at USD $375 million[2].

Immediately following the tsunami, the Government of Maldives (GoM) established the inter-ministerial National Disaster Management Centre (NDMC) to coordinate relief. Thereafter, a National Recovery and Reconstruction Plan was drafted and a special Ministerial Committee and Taskforce carried forward the national response.

Emergency relief and recovery efforts were challenged by significant logistical constraints in transport across hundreds of scattered islands. Disaster preparedness was poorly developed, including among UN and other agencies on the ground. Aided by large external donations, the recovery effort was soon underway and the government declared the emergency relief phase over by the end of January 2005, just over a month after the disaster.

By February 2005, the Maldives UNICEF sub-office was upgraded to a Country Office, no longer linked to Sri Lanka and the Area Office structure. In the recovery phase, having identified human resource and capacity limitations in government and civil society, UNICEF responded to the "build back better" approach by focusing on long-term development needs and national-level capacity development, particularly within ministries.

The Evaluation

UNICEF commissioned an evaluation in 2008 to assess its humanitarian response to the three countries hardest hit by the 2004 Indian Ocean tsunami: Indonesia, Sri Lanka and the Maldives. The purpose of the evaluation in the Maldives has been to determine outcomes and impacts of UNICEF's response to the tsunami, and draw lessons and recommendations—both for the UNICEF and the sectors as a whole—that will be useful for strengthening ongoing programmes or policies to improve the wellbeing and rights of children. In addition, the evaluation draws lessons for recovery/transition programming that will be useful in informing future responses to disasters of this nature.

[1] There were 82 deaths with an additional 26 people missing, presumed to have been killed by the tsunami.
[2] Total costs of recovery and reconstruction, estimated at USD $375 million, excluded the needs of the tourism sector.

The evaluation was conducted between August 2008 and July 2009. The focus is primarily on the tsunami recovery and early development responses, and on UNICEF's interventions in four major sectors of the agency's programme involvement within the country, namely water, sanitation and hygiene; basic education; child protection; and child and maternal health and nutrition. These sectors financially accounted for the majority of UNICEF's tsunami response (89 percent) in the Maldives. In examining sector issues, the evaluation has taken a broad-based approach often focusing on national and sub-national data and drawing conclusions that can be relevant for the sector as a while. The evaluation also addressed findings in relation to cross-cutting issues through the recovery to development transition, including: national and local capacity development; partnerships; disaster preparedness; targeting the disadvantaged; human rights-based approach to programming; and gender issues.

Evaluation Findings

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

Water, Sanitation and Hygiene (WASH)

The water, sanitation and hygiene (WASH) sector arguably had the greatest needs following the tsunami due to the destruction of most of the water storage tanks and groundwater membranes, and cracked or leaking sanitation systems leading to further contamination of groundwater. There was extensive damage to housing and infrastructure that affected about one-third of the population and destroyed fourteen islands. In the intervening four years, UNICEF has been the lead agency in WASH, contributing to significant asset replacement and procurement. The WASH sector represented 37 percent of UNICEF's total programming expenditure in the Maldives.

Immediately following the emergency, UNICEF worked with the GoM to procure testing and sanitation equipment. It also worked with other agencies and donors to secure large-scale access to safe water through the use of reverse osmosis units and rainwater catchment systems. In particular, emergency water supply, in the form of reverse osmosis plants, addressed a life-threatening situation by providing desalinated water supply potential for the designated 'safe' consolidation islands. This has had the additional effect of strengthening the government's disaster preparedness capacity. However, delays in sourcing UNICEF plants reduced the effectiveness of UNICEF's contribution.

Existing government initiatives to increase rainwater harvesting were accelerated by UNICEF and the International Federation of the Red Cross (IFRC), and provided more equitable access for different socioeconomic groups for both recovery and the long-term. Critical to providing equitable access was the switch from a credit to a grant system. This, coupled with back-up community tanks, will reduce water shortages and mitigate high costs associated with producing rainwater by desalination. One distinct change in the management of WASH facilities has been the shift from household- to community-managed systems: the WASH sector built approximately thirty expensive and complex sanitation systems on key islands after the tsunami, four of which were built by UNICEF. The systems have strong potential, but were over-designed and have challenges for sustainability without cooperative management, adequate support and maintenance. Further, with the near complete coverage of rainwater harvesting systems on the atolls, the time needed for people to collect water will potentially become insignificant, although sourcing and usage of non-drinking/cooking water remains unchanged for the atoll islands.

UNICEF did not make a significant investment in emergency hygiene promotion in the emergency and early recovery phases. The emergency hygiene materials that were provided in the emergency and early recovery phases were delayed and would have had greater impact with better planning for distribution and better communication with users on content. This, coupled with underperformance of

hygiene promotion in the sanitation sector, contributed to unhygienic practices. However, UNICEF is developing an environmental education programme for children. Although this is in the pilot stage, it is projected to have a large impact on hygiene behaviour. The evaluation findings showed a significant gap: displaced children and groups faced insufficient and substandard sanitation facilities in the early recovery period. UNICEF provided significant amounts of WASH assets, but was unable to address this gap in service provision for IDPs until the reconstruction phase.

Relevant to its commitment to build back better, the early development phase is ongoing and the UNICEF programme proposes that target communities have access to improved and sustainable sanitation and water sources. More specifically, the programme aims to ensure that: all communities have access to safe water through household rainwater harvesting units, community rainwater harvesting, desalination plants using reverse osmosis, and mobile desalinisation plants for preparedness; communities on four target islands (one highly affected by the tsunami) have access to sustainable tertiary sanitation systems; and communities are provided with the tools required to improve and promote good hygiene and environmental practices, particularly among school children in 2008. Originally planned for completion by 2008, the programme is still in progress.

The evaluation found that UNICEF's choice to invest in capital-intensive programming was not balanced with appropriate national capacity development. The limits of UNICEF's human, institutional and knowledge capacity were not matched with responsible rates of expenditure or longer-term plans for sustainability. UNICEF intervened in areas where policy and support frameworks were less developed and where the institutional capacity to maintain the systems were still basic. Greater investments were made in physical infrastructure than in the capacity to make these interventions sustainable. Capacity development, programme planning and implementation should occur within an ongoing development framework, and will be key to resolving many of the other challenges facing sustainability in the WASH sector, such as sustaining water supply and sanitation systems, and planning for the long-term security of the Maldives.

Education

Education in the Maldives had for many years prior to the tsunami been accorded a high degree of importance. This included a number of child-centred interventions for young children, and the Child-centred Teaching-Learning (CCT) approach, developed in collaboration with UNICEF, that had already been evaluated as a success and was planned for expansion to all underserved schools.

The tsunami had a significant impact on the sector, damaging or destroying approximately one-third of schools in the Maldives. Further, many expatriate contract teachers did not return after the disaster. In the immediate aftermath of the tsunami, relief focused on action to quickly bring children back to secure learning spaces and to do so in ways that laid the basis of the transition to a phase two recovery. In particular, the MOE and donor community assessed the severity of need and provided materials and supplies to almost 150 preschools, primary and secondary schools. UNICEF took a lead role in this as the main contributing donor to the sector and to the work of the Ministry of Education (MOE) during the entire relief, recovery and early development period. UNICEF provided over 50 percent—USD $20.9 million—of the MOE's USD $40 million budget.

Evaluation findings show that the rapid response by the GoM and donors in rebuilding, rehabilitating and resupplying schools was key to enabling the similarly rapid return to normal enrolment and participation levels, with schools playing an important role in providing a stable environment for children. Contributing to this normalisation were the targeted and relevant actions taken by the MOE and development agencies like UNICEF to respond to the immediate physical and psychosocial needs of tsunami-affected children, teachers and communities.

One caveat in this was a number of internally displaced (IDPs) children who were hosted in overcrowded neighbouring schools for lengthy periods of time with few systematic efforts to address their unique needs. These children, in particular, appeared to have struggled much longer with trauma and adaptation issues. In some cases, this created lingering adjustment problems; displaced children

and youth are consistently lower in school performance and completion rates, and absenteeism among them remains problematic in some schools.

Addressing the human resource gap immediately following the tsunami, UNICEF and the MOE collaborated in a successful and innovative effort to use final-year students from the College of Higher Education to replace the large number of foreign teachers who did not return. Together with other agencies, they also trained teachers and community volunteers in psychosocial counselling for children. Both actions, coupled with the provision of child-friendly teaching devices and learning materials, enabled schools to be reasonably quickly available to children during the recovery period, and modestly effective in producing more child-centred, facilitative teaching and in enhancing children's learning behaviour. There have also been reports of positive changes in parents' participation in the life of schools.

Limited human resource capacity has continued to be a barrier, however, including development and retention of trained teachers at all grade levels; continued deployment of untrained teachers to fill short-term posts; and reliance on foreign contract teachers. Preschools have also continued to be less then fully effective, due to both a lack of capacity among teachers at this level that result in weaknesses in quality and consistency of delivery, and also due to the fact that preschools do not fall under the formal school system and thus, until recently, struggle with poor conditions of service for teachers.

The most important outcome within the education sector resulting from post-tsunami responses has been to invigorate MOE uptake, and then expansion, of innovations in quality child-friendly and child-centred education. Together with UNICEF, the MOE moved quickly to extend CCT to the 68 tsunami-affected schools as a key element of the build-back programme. The ideas and partnerships created through this influenced MOE policies, in general, toward schools as psychosocially supportive and protective environments for children. Most graphically, this is reflected in the wider introduction of Child-Friendly School (CFS) classroom arrangements (furniture, materials, layout) and, to a lesser extent, CFS teaching methods.

With UNICEF advocacy and technical support, the MOE has begun to make progress on addressing the situation of children with special needs, producing strengthened sector capacities for assessing these children and their needs. It continues to be the case, however, that more vulnerable, hard-to-reach children are not being actively sought out and the numbers of excluded children may be higher than official numbers suggest.

There are further challenges. Indicators of the effectiveness of CFS methods on children's actual learning outcomes remain uncertain. There have been reports of child abuse in schools, and ambiguous indications of outcomes in terms of improved sanitation and water -- both core CFS concerns. Critically, while the Teacher Resource Centres established during recovery to provide in-service training through e-learning have been an important new development, their potential effectiveness has been limited. Typically located in the atoll capitals, they have had difficulty servicing teachers unable to travel from their respective islands due to resource and time constraints. Additionally, there remain the needs to develop both a stronger CFS-oriented, in-service curriculum and to strengthen capacities of the TRC coordinators to deliver it through a distance modality.

Nevertheless, the country continues to be on track to realise Millennium Development Goal 2—the achievement of universal primary education—by 2015, based on a literacy rate of 98 percent and a net enrolment rate of 100 percent. There was also an increased transition rate to secondary school in 2007, which rose for the first time in six years. Public spending on education has been increasing year by year; it has risen from an estimated value of USD $19 million in 1998 to USD $98 million in 2007.

Child Protection

The most significant early protection response to the tsunami aimed to address psychological distress amongst disaster-affected communities. UNICEF and its partners focused on psychosocial distress in

the emergency response phase. UNICEF's early response to address child protection was largely financial and technical, with a more comprehensive post-tsunami psychosocial needs assessment exercise initiated by UNICEF two months after the tsunami. UNICEF promoted a "second wave" of psychosocial support, extending training and support programmes for community volunteers and teachers at atoll, capital and island levels—efforts that NGOs, such as the American Red Cross (ARC), continued and strengthened thereafter.

Early response psychosocial programming was oriented around two main areas: training and the provision of direct interventions. Although early development outcomes show that psychosocial programmes may have provided relief to disaster victims, they did not strengthen community capacity to support children long-term, particularly those children living on outer islands.

UNICEF's recovery response supported the Ministry for Gender and Family (MGF) to decentralise social services and to address gaps in the "protective environment" for children. The establishment of 21 social service centres—Family and Child Services Centres (FCSCs)—and new social work training programmes are among the most significant outcome achievements in the child protection sector. Facing human capacity concerns, their work remains largely centre-based and community-focused. Psychosocial trainings and collaboration with other international agencies led to the establishment of point-of-contact Family Protection Units (FPUs) at the hospital in Malé for children coming into the health system with abuse issues or mental health/trauma related to the tsunami.

The early development response consolidated a more comprehensive child protection system for the Maldives. The three focus areas included: Child Protection Services; Justice for Children; and the HIV/Drug Prevention Project. A strategy to engage community members in the process of establishing the new social service centres, however, was lacking, and the effectiveness of social welfare and child protection efforts have been affected accordingly. Neither the government nor UNICEF had the capacity to properly engage communities in participatory development processes. Although UNICEF continued to work with several civil society partners into 2007 and 2008 to develop their capacities, there is no comprehensive effort to develop civil society capacities nationwide.

Psychosocial programmes supported by UNICEF and other agencies may have provided relief to disaster victims, but they did not strengthen community capacity to support children long-term. Tsunami funding enabled the government and UNICEF to revitalise pre-existing plans for the decentralisation of social services.

UNICEF has also worked with the government and NGOs to raise awareness and place child rights and drug abuse prevention on the national agenda. The legislative framework shows that GoM has fulfilled its reporting obligations on the Convention on the Rights of the Child (CRC), and efforts to integrate the CRC into domestic law have been strengthened—although enforcement has been delayed.

There have been substantial GoM budgetary increases over the last four years, though it is difficult to gauge actual disbursements to individual sectors since there is little disaggregation of budgetary expenditure. Psychosocial emergency responses mirrored the centralised approach by the GoM: they were top-down, demonstrated a predominantly male perspective, and rarely reflected realities and perspectives outside of the capital. UNICEF's overall protection programme was diminished by the lack of realistic planning and in-house sector expertise. Nevertheless, UNICEF's child protection programme has maintained a close working relationship with key government agencies. The "Wake Up" initiative on drug abuse is a new departure for UNICEF and one worth pursuing further.

Health and Nutrition

The tsunami damaged or destroyed much of the health care infrastructure, and resulted in the loss of essential medical supplies and equipment in nearly all facilities. The tsunami highlighted the lack of access to health care for many affected populations, particularly in the peripheral islands. In spite of attempts by the Ministry of Health (MOH) to bring in trained health care staff from non-affected areas,

there were insufficient numbers of trained staff to perform an adequate and comprehensive emergency health response.

UNICEF's funding in health and nutrition expanded significantly after the tsunami, and the agency has played a key role in every area of progress in health, nutrition and HIV since the tsunami. During relief, UNICEF closely coordinated with government counterparts to organise the flow of information and technical advisory activities. The agency was instrumental in the production of rapid assessments on nutrition and food distribution, implementing vitamin interventions, procuring supplies and food for IDPs, promoting breastfeeding and food ration guidelines, and supporting rehabilitation and temporary construction of health facilities. The temporary health posts, in fact, provided continuity toward the upgrading of health facilities that occurred in later stages.

Although the potential for infectious disease transmission was enhanced by tsunami-related changes in the Maldives, there were no major outbreaks of communicable diseases in the displacement camps or among residential affected populations following the tsunami. This strongly suggests that activities to reduce potential impact of immunisation preventable diseases were timely, appropriate, and largely effective.

In the recovery phase, UNICEF enhanced surveillance by conducting a nutritional survey of IDPs, helped to establish MaldivInfo to gather Millennium Development Goal-related (MDG) data, and provided technical support, training and health facility equipment that fed into the Online Nutrition and Child Health Surveillance System (ONCHSS). Both of these systems provided critical information for the recovery phase and will strengthen longer-term primary health and preventive care.

Malnutrition rates for under-five children remain a challenge for the Maldives. The newly established ONCHSS notes persistent and chronic patterns of malnutrition among children under age five, despite substantial improvements in the quality of health care services across the country. Further, investments by the international community and UNICEF in particular, do not appear to have focused strongly on technical capacity development, health personnel training and critical policy issues. The 2015 MDG child mortality rate (under-five mortality rate, or U5MR) target has already been met in the Maldives, with 16 deaths per thousand births in 2006 and a continually declining rate of 11 deaths per thousand births in 2008. Infant mortality is also low (11 deaths per 1000 live births in 2008), with neonatal mortality being the largest component of all child mortality in the Maldives.

The country has also witnessed a decline in the maternal mortality rate (MMR), from over 400 deaths per 100,000 live births in the early 1990s to the current rate of 57 deaths per 100,000 live births (VRS, MoHF), although issues related to health, nutrition and wellbeing among Maldivian women and children are still not fully addressed.

Since the tsunami, the sector has seen a successful reconstruction of the national health system; dozens of health facilities with modern equipment have been built, including the use of Internet-based systems that aid communication and data sharing critical in a country with such geographic dispersion. There is a need for training and professional development of local health workers, which will reduce costs and build institutional capacity over the long-term. There are additional capacity development issues that must be overcome in order to assure sustainability of various health and nutrition programmes.

While the programmatic focus of the funds utilised by UNICEF in the Maldives appear to address key health and nutrition issues, there appears to be a lack of funding for longer-term priorities. The country may have been even better off in facing its current challenges if the development of national capacity in these areas had been conceived of early in the recovery process, and if their funding had occurred throughout the last five years.

Conclusions

Arguably, the attention to large-scale infrastructure development, particularly in the WASH sector, provoked a disjuncture between development and the expertise and capacities necessary to meet the needs of more vulnerable, tsunami-affected households. This may have been exacerbated by a high turnover of short-term and relatively inexperienced consultants in the transition out of an emergency-relief mode of operation into development programming.

The emergency was heavily resourced, with Red Cross and NGOs having significant independent financial reserves and direct implementation capacity. UNICEF's greatest impact in all sectors was made through investing in sector leadership—identifying gaps, addressing systemic issues and setting priorities. Yet, it is apparent that the pressure from UNICEF and donors to spend money within a certain time frame influenced decision making about programme strategies.

The evaluation identifies a number of recurring themes across all sectors: the disincentives to national capacity development when the use of expatriates as teachers and health workers is so widespread; the lack of continuity in the use of the private sector as service deliverers; the prevailing top-down (Malé-based) developmental approaches that discourage the development of the nascent and still small civil society; the disparities in access to basic services and vulnerability of populations in outlying islands, particularly the Northern atolls; and the relatively little long-term thinking over what to do with a young, urbanised, under-employed youth and all of the problems, including drug abuse, that this entails.

If the strategic planning for the transition from relief through recovery to development was compromised by transaction costs involved in protracted infrastructure work, we should also note that at that time the GoM was mainly engaged in succinct, sector-specific thinking and limited holistic planning. Despite a gradual improvement in the education and skills of senior civil servants, the civil service still lacks policy, implementation, and administrative capabilities. The division of UN responsibilities under the United Nations Development Assistance Framework (UNDAF) has begun to address this; for example, UNICEF's flagship MaldivInfo database has proved particularly valuable as a planning tool.

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

1) Planning for emergency response through recovery and development should balance both longer-term capacity development with investments in assets and infrastructure, all of which should be reflective of local need.

2) UNICEF should protect the investments made in the relief, recovery and development phases by planning for sustainability, such as maintenance support and continuity of human resources capacity development.

3) There must be a high priority placed on disaster preparedness and disaster risk reduction in this highly vulnerable country.

4) Disaster preparedness planning should include needs development assessment tools for each sector and trainings that have been pre-tested in various contexts.

5) Through inter-agency collaboration, there is a need to support human resource capacity development in education, local health care and child protection, preceded by a coordinated needs assessment.

6) There should be support for and maintenance of evidence-based systems of data collection and management to better inform policy, strategic planning and allow for strengthened monitoring and evaluation.

7) Given challenges in implementation capacity and decision making in an environment with high staff turnover and competing priorities, UNICEF should support and develop guidelines for the provision of needed items, equipment and materials during emergencies.

8) UNICEF should support the meaningful participation of communities, CBOs and national NGOs to leverage their knowledge and encourage their commitment to sustaining and strengthening outcomes of tsunami interventions.

1. BACKGROUND AND METHODOLOGY

1.1 INTRODUCTION

This country report is a synthesis of the evaluation of UNICEF's response to the 2004 Indian Ocean tsunami (2005-2008) in the Maldives, with focus on the recovery and early development phases. The synthesis is drawn from findings obtained from four sector evaluations that examined UNICEF's humanitarian response in the Maldives: water, sanitation and hygiene; basic education; child protection; and child and maternal health and nutrition.

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

Country Context

The Maldives is an archipelago of 1,190 islands in the heart of the Indian Ocean. The islands are clustered into 26 natural atolls—rings of coral reef—which are divided into 20 administrative atolls. The coral reefs in the Maldives are the seventh largest in the world. The country has the lowest elevation in the world, with an average elevation of just 1.5 metres (4.9 feet) above sea level. This makes the country vulnerable over the long-term to erosion, natural disasters and climate change as sea levels rise. The population of approximately 300,000 inhabits 200 of the islands, while 87 are used for high-end tourist resorts. More than one-third of the population lives in the two square kilometres of the capital, Malé, which is one of the most densely populated cities in the world. The population is predominantly Sunni Muslim, and the local and official language is Dhivehi. English is widely used and taught in schools.

The Maldives has had the highest nominal per capita income in South Asia, and an annual growth rate of nine percent. The last 20 years have seen rising incomes and a very rapid development process, leading to one of the fastest declines in mortality rates in the world. Growing urbanisation has also led to social problems, particularly among the young.

Prior to the tsunami, the Maldives had made substantial progress towards achieving the Millennium Development Goals (MDGs) and was scheduled to graduate from being a Least Developed Country (LDC) to a Middle Income Country (MIC).[3] The World Bank reports:

> *The development of the tourism and fisheries sectors, favourable external conditions, large inflows of external aid, and good economic management contributed to a steady rise in the gross domestic product (GDP), averaging 7.5 percent in the past 15 years.*[4]

By 2007, GDP in the Maldives was USD $1.1 billion and GDP growth was 22.5 percent.[5] The Maldives is currently considered a lower-middle-income economy.[6]

---

[3] UNICEF. *UNICEF 2005 Maldives Annual Report*. 2005, p.4.
[4] World Bank. "The World Bank in Maldives: Country Brief". August 2006, p.1.
[5] World Bank. "Maldives at a glance". September 24, 2008. http://go.worldbank.org/RJKKD5YKG0
[6] World Bank. Data & Statistics: Country Groups. http://go.worldbank.org/D7SN0B8YU0

Tsunami Context

The tsunami caused 82 confirmed deaths[7]—57 of which were children[8]—and affected one-third of the population, initially displacing some 30,000 people. One year later, there were still approximately 11,000 internally displaced persons (IDPs).

The surge flooded all but nine islands, causing significant damage to infrastructure, including health facilities, schools, transportation and communications. Financial losses in the health sector—including buildings, equipment and supplies—were estimated at USD $12 million in 2005,[9] while the education sector lost an estimated USD $21.1 million in rebuilding and construction costs, school supplies, uniforms, equipment, and teaching and learning materials.[10] Total costs of recovery and reconstruction—excluding the needs of the tourism sector—were estimated at USD $375 million.[11] While more than 8,000 homes[12] needed to be repaired or rebuilt, the accumulation of silt and sand required numerous additional rebuilding projects, as well as an engineering need for the complete rebuilding of a number of islands.

The country was economically vulnerable due to its dependence on tourism and fishing industries, both of which were affected greatly by the tsunami—in turn, affecting livelihoods and self-reliance. The tourism sector—which has since regained its tourist numbers due to large private sector investment—contributes over 33 percent of GDP, and more than 10,400 jobs were estimated to have been lost following the tsunami.[13] Initial UNICEF estimates in 2005 put national economic losses at USD $470 million, or 62 percent of GDP,[14] but when the full environmental and other implications became clearer, the overall cost was much higher, estimated in 2006 at 83 percent of GDP.[15]

From Emergency Response to Recovery to Early Development

The Government of Maldives (GoM) quickly responded with the establishment of an inter-ministerial National Disaster Management Centre (NDMC) to coordinate relief; this was later divided into three departments handling relief, reconstruction and logistics. A National Recovery and Reconstruction Plan, a special Ministerial Committee and Taskforce, and relief units to handle the emergency response in various areas were also established. The Tsunami Relief and Reconstruction Fund was established to harmonise donor budgets.

As the emergency relief effort moved to recovery, it became evident that there were significant logistical challenges for rebuilding, particularly with transporting building materials. UNDP noted that access and communications were a significant problem due to widely dispersed outer islands.[16]

---

[7] There were 82 deaths, with an additional 26 people missing and presumed to have been killed by the tsunami.
[8] NDMC, 2005. www.tsunamimaldives.mv
[9] Government of Maldives, IFRC, World Bank, Asian Development Bank, et al. *The Maldives: One year after the Tsunami*. 2005, p.21.
[10] Ibid, p.22.
[11] United Nations. *Common Country Assessment: Republic of Maldives*. 2007, p.27.
[12] A total of 5,215 houses needed repair, and another 2,879 needed reconstruction, totalling 8,094 homes. Government of Maldives, IFRC, World Bank, Asian Development Bank, et al. *The Maldives: One Year After the Tsunami*. 2005, p.18.
[13] Channel Research. *A Ripple in Development? Long-term Perspectives on the Response to the Indian Ocean Tsunami, 2004. A Joint Follow-up Evaluation of the Links Between Relief, Rehabilitation and Development (LRRD)*. Draft Report. May 5, 2009, pp.55, 91.
[14] Ibid, p.55. See also, UNICEF. *UNICEF 2005 Maldives Annual Report*. 2005, p.3. See also, UNDP. *Survivors of the Tsunami: One Year Later – UNDP Assisting Communities to Build Back Better*. 2005, pp.5, 12.
[15] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Maldives*. UNICEF Evaluation Office Evaluation Report, May 2006, p.i. See also, Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.16.
[16] UNDP Bureau for Crisis Prevention & Recovery. *The Post-Tsunami Recovery in the Indian Ocean: Lessons Learned, Successes, Challenges and Future Action*. April 2005, p.2.

On some islands, harbours have silted up as a result of the tsunami, and jetties have been damaged or destroyed. The price of marine diesel fuel has increased to the point where a single boat trip can cost thousands of dollars. Airlifting is not always an option as some islands are just too small and lack appropriate landing areas.[17]

Although UNDP helped to develop the first Early Warning System in the Maldives, disaster risk reduction (DRR) is a continuing challenge. When the tsunami struck, there was a marked lack of disaster preparedness, both within the country and indeed among UN agencies on the ground. Hitherto, UN agencies had for the most part undertaken direct implementation in addition to their more traditional roles as providers of technical assistance to government.[18] There were no operational INGOs in the country and few local NGOs or civil society organisations. International organisations in the Maldives faced constraints related to national and local capacities, noting, for instance, ill-advised, confusing or bureaucratic official policies and procedures; politicised and centralised decision making—particularly with respect to beneficiary targeting—and concerns about corruption and distrust of local leaders.[19] Moreover, ineffective communication presented a challenge not only to a coordinated response, but also hindered the participation of the local population.

The lack of participation of the local population and community leaders extended to monitoring and evaluation (M&E) activities. In 2006, UNICEF reported limited monitoring due to the lack of planning, insufficient presence on the islands and poor follow-up. A number of programme implementation problems were not resolved in the first six months.

The recovery effort was greatly aided by the significant financial resources donated. The traditional funding gap between the relief phase and recovery was largely avoided, and recovery projects were able to start early.[20] With the assistance of UNICEF, WFP, UNDP, WHO, UNFPA, OCHA, IFRC, International non-governmental organisations (INGOs), national non-governmental organisations (NGOs) and the private sector, GoM was soon able to shift its attention to the recovery stage. The government reported that the emergency relief phase was concluded by the end of January 2005, just over a month after the disaster.

Maldives Reform Agenda

The introduction of the March 2004 reform agenda was a sea change in a political reform process only temporarily disturbed by the tsunami. In 2005, the Parliament voted to introduce a multi-party system and the government reported a political and judicial reform programme that would provide greater transparency and accountability.[21] The UN's 2007 Common Country Assessment (CCA) found that there was widespread demand for democratisation, local representation and accountability.[22] UNICEF captured the mood in 2007:

The economic and political environment in the country remains tense, despite steady progress being maintained in transition towards full democratic governance with a conclusive outcome in the referendum for a presidential model of Governance and real progress being made in the redrafting of the Constitution.[23]

In 2008, the Maldivian Democratic Party won the presidential election and the new constitution, which included fundamental rights and freedoms while retaining Islamic national identity, was ratified. The

---

[17] Ibid, p.2.

[18] Bennett, et al. *Coordination of international humanitarian assistance in tsunami-affected countries*. July 2006, p.50.

[19] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean Tsunami: Synthesis Report*. July 2006, p.92.

[20] Ibid, p.71. See also, UNDP Bureau for Crisis Prevention & Recovery. *The Post-Tsunami Recovery in the Indian Ocean: Lessons Learned, Successes, Challenges and Future Action*. April 2005, p.2.

[21] Ibid, p.35.

[22] United Nations. *Common Country Assessment: Republic of Maldives*. 2007.

[23] UNICEF. *UNICEF 2007 Maldives Annual Report*. 2007, p.3.

separation of powers doctrine is expected to pave the way for the establishment of a number of independent institutions necessary for good governance.

The tsunami exposed a level of vulnerability in the Maldives that coincided with new political dynamism emerging from the reform process. It also opened the country to further scrutiny not only over its ability to respond appropriately to needs on the ground, but also to accede to international standards and obligations. Health issues, gender-based violence, child abuse and drug abuse were now openly discussed in the media and between government and international agencies. The tsunami response and the new ideas generated through initiatives such as MaldivInfo was to some extent a lens through which this new openness to experimentation could be tested.

Ongoing reforms, in addition to the constitution, include the judicial system, the architecture for multi-party systems and the promotion of an enabling environment to facilitate decentralisation and the strengthening of civil society. The opening of the media and promotion of NGOs/community-based organisations (CBOs) will be crucial steps for incorporating poor and marginalised people into governance processes.

Current Challenges

Almost five years after the tsunami, capacity constraints—including staff numbers and the lack of technical and institutional know-how—remain a challenge for the GoM. While housing and care for IDPs are generally regarded as one of the big successes of the relief and early recovery period, there are still IDPs in temporary shelter situations, and some IDPs and other vulnerable groups are still receiving food aid.[24] As part of its disaster risk reduction efforts, the GoM proposed a resettlement programme in 2007—the Population and Development Consolidation Program[25]—as part of a Safer Islands Strategy, whereby communities living on smaller, less inhabited, and potentially more vulnerable islands would be settled on larger islands with better natural protection and enhanced coastal defenses. However, in 2008, it was found that the consolidation programme was hindered by land shortages, requiring the resettlement of small island populations to larger islands that had less developed facilities than the resettled populations were originally expected to receive.[26]

Local NGOs in the country are fragmented with few coordinated efforts. Yet, there is an increase of NGOs due to tsunami funding and increased programming. A 2009 joint evaluation found that the international response “only moderately boosted civil society”.[27] These civil society organisations receive limited financial support, need capacity building at multiple levels, and are seldom recognised within civil society and by the government for their work.[28] They are often viewed by local authorities as competitors for island development projects, and the general belief is that the government is the only ‘owner’ of development.[29]

Despite these obstacles, UNICEF found in 2008 that the Maldives was on track to reach all the MDGs. However, inequalities remain within the Maldivian population, notably with respect to access to basic services. There have also been problems in reducing dependence and developing self-reliance among tsunami-affected populations. In spite of high unemployment rates and the imbalance of income and access in certain sectors among populations in the atolls and Malé, insufficient attention has been paid to livelihoods development. Significant income disparities still exist between those working in tourism and fisheries and people employed in less successful sectors; and between inhabitants of Malé and those living in the atolls, the latter being largely cut off from the benefits of economic growth and

---

[24] LRRD Report: Tsunami Evaluation Coalition. *A Ripple in Development? A Long-term Perspective on the Response to the Indian Ocean Tsunami*. SIDA Ref. no 2008-001230. Draft Summary Report – Volume 1, p.18, 26.
[25] United Nations. *Common Country Assessment: Republic of Maldives*. 2007, p.28.
[26] Government of Maldives Ministry of Planning and National Development. “Project Summary: Host Island Development”. 2008.
[27] Channel Research, op. cit., p.30.
[28] Ibid.
[29] United Nations. *Common Country Assessment: Republic of Maldives*. 2007, p.89.

having more limited access to income-generating opportunities, health services, nutrition, quality education and protection services.

In 2008, the national elections signalled a political transition toward democratic principles, bringing increased enthusiasm for development in the social sector. At the same time, however, the social landscape in the Maldives has changed significantly. There has been rapid urbanisation and overcrowding in the capital; erosion of traditional family arrangements and structures; increases in juvenile delinquency and drug use among children and youth; lack of access to good quality education and health care; and rising unemployment rates. The cumulative effect has been additional social problems. There remain insufficient services and programmes for children and youth throughout the country, especially in more remote areas.

2. THE EVALUATION

2.1 Evaluation Purpose

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

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

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

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

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

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

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

2.2 Evaluations To-date

At the end of 2005 UNICEF conducted a major evaluation of the emergency response and initial phase (first six months after the tsunami) for the Maldives, Indonesia and Sri Lanka.[30] UNICEF also participated actively in the Tsunami Evaluation Coalition (TEC), which produced a series of evaluations and reports covering thematic topics, including: coordination; needs assessment; the impact of the international response on local and national capacities; links between relief, rehabilitation and development; and the funding response. In addition to this, there were regional consultations and 'lessons learned' exercises that captured some of the key findings.[31] The recommendations and lessons from these evaluations have influenced adjustments in programme design and management, as well as the formulation of UNICEF's emergency/early recovery response policies and capacities. More recently (end-2008), a follow-up Linking Relief Rehabilitation and Development (LRRD) study was undertaken by the Tsunami Evaluation Coalition.

---

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

In preparation to undertake the Impact Evaluation, the UNICEF Evaluation Office in New York commissioned an 'evaluability' study in the Maldives that provided valuable learning to inform the development of a full-scale, three-country evaluation to assess the impact of UNICEF's response.[32]

2.3 Towards Impact Evaluation

A challenge across the humanitarian and development communities is how, and when, to examine the long-term impact of significant investments usually made in the first three years after a disaster such as the tsunami. For UNICEF in the Maldives, the challenge is deepened by the fact the each sector is at a different stage of the project cycle. In some cases, for example, construction was still underway in 2009; in others, capacity development began very late in the project cycle. Ideally, impact would be measured some years after project completion (though this varies for each sector), but precisely because UNICEF's approach has been sector-wide and purposely built into national planning priorities, it is important to identify the specificities of the programme now. A compromise over the parameters and definition of 'impact' has therefore been necessary.

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

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

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

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

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

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

(a) To what extent has the tsunami response created opportunities for accelerated improvements in the sector? Did governments adequately use this opportunity, and UNICEF's contribution, to develop new approaches or enhance an existing agenda?
(b) In terms of socioeconomic and demographic data, are we able to see significant changes pre- and post-tsunami that can be attributed to national/international

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

responses? To what extent have UNICEF's interventions contributed to these overall changes?

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

The evaluation's 'cross-cutting' themes pertain to those recovery and transition programming issues that underlie all sector work. For example, we look at the extent to which UNICEF interventions have effectively supported the restoration of public service institutions (including their human resource capacity where this was depleted). Although each sector tangentially comments on the cross-cutting issues, the synthesis report pulls together some of the important findings, providing lessons, and making recommendations accordingly. The themes are:

- **National/Local Capacity Development**. The extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity.
- **Partnerships.** The extent to which UNICEF's choice of, and relationship with, partners has contributed to positive (or negative) results and changes in the wellbeing of children.
- **Disaster preparedness**. The extent to which UNICEF contributed to disaster preparedness and risk mitigation, particularly in terms of enhanced capacity of national bodies.
- **Targeting the disadvantaged.** The extent to which marginalised populations—communities in remote islands with limited services, women, including impoverished household heads —were identified and included in programmes, and evidence of improvements in this respect.
- **Human Rights-Based Approach to Programming (HRBAP).** Much of the programmatic approach to HRBAP is implicit or explicit in sector work. Here we add only the broader contextual analysis, asking how how adequately the various elements of the human-rights-based approach to programming were applied, especially in the shift from humanitarian relief to the recovery phase.
- **Gender issues.** How the UNICEF programme has addressed gender inequities at sectoral and policy levels.

2.4 Methodology

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

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

Sector-specific details on methods are provided in each sector report. The field teams were recruited from October 2008 onwards. The average duration of fieldwork was 2-3 weeks per sector, during which teams (usually two persons) undertook structured focus group and/or household visits. Some

sectors (WASH/health and nutrition, and education/child protection) combined their teams and site visits.

The field data supplements and verifies a broader set of data. It was not intended to be an extensive stand-alone survey exercise. The samples, though representative, are purposive rather than random and are not intended to replace the more extensive periodic national data gathering undertaken by various ministries.

The evaluation also looks at a number of important cross-sectoral issues. In each sector, reference is made to UNICEF Core Commitments for Children in Emergencies (CCCs),[33] the extent to which UNICEF took part in inter-agency needs assessments and/or other surveys, and how it reported on the general situation of children and women. Likewise, for the recovery and early development phases, the evaluation refers to UNICEF's Medium-Term Strategic Plan (MTSP) and issues related to human rights-based approach to programming, gender mainstreaming, and national/local capacity development. Finally, we examine the extent to which UNICEF has contributed to disaster preparedness and risk mitigation efforts.

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

2.5 Staffing

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

Team Leader: responsible for team management and for collating and synthesising each country synthesis report, plus analysis on cross-cutting issues.
International Sector Consultants (Water/Sanitation/Hygiene, Education, Child Protection, Health/Nutrition): responsible for the final sector reports per country and for the overall management of their sector teams.
National Sector Consultants (one for each sector, though in some cases an individual may cover two sectors): responsible for collection of data under instruction from the international team. Also responsible for managing the Field Survey teams and analysing data obtained.
Field Survey Teams: responsible for gathering primary data from focus group discussions, questionnaires and observation.

2.6 Limitations

As with all evaluations, there are limitations that should be noted. Principally, the evaluation could not measure a significant proportion of changes that will take place in people's lives that can be attributable to UNICEF's interventions since some of the changes that are likely to occur have not materialised yet. Some interventions remain in planning or pilot stages or may be under continued construction and/or distribution. Further, policy development and capacity building may be in process, which does not yet allow concrete results to be seen. The recovery and development environment includes ongoing adjustments, construction and development in order to allow for technical assistance. Thus, the evaluation can only provide indicative impacts at varying result levels. An additional constraint is the relatively brief time and limited intensity of inputs since recovery began.

There may have been difficulties in attaining information related to the pre-tsunami situation due to a lack of documentation. In some cases, discussions are limited to potential changes based on

[33] UNICEF. *Core Commitments for Children in Emergencies*. March 2005. www.unicef.org/emerg/files/CCC_EMERG_E_revised7.pdf

comparisons with other interventions and an historical and contextual analysis. Evaluation teams used secondary data, participant recall, and other retrospective techniques in part to recreate pre-intervention conditions, yet there can be conflicting data when obtained from different sources. The evaluation necessarily relies upon accuracy of project documents, partner reports and existing monitoring and evaluation systems.

3. UNICEF'S PROGRAMME (2005-2008)

At the time of the tsunami, there were eleven staff members in the Maldives UNICEF sub-office. By February 2005, the number had increased to 25 and the office was upgraded to a Country Office, no longer linked to Sri Lanka and the Area Office structure. While the pre-tsunami annual programme budget was approximately USD $700,000, by May 2006 programme funds were almost 40 times pre-tsunami levels with a four-fold increase in staff—46 employees by the end of 2006. Large donation amounts led to a 50-fold increase in the resource envelope made available to UNICEF. However, much of this was allocated to the humanitarian emergency. As a result, it obliged the team to make rapid high volume procurements that were to put increasing strain on the weaker supply and logistics capacity of counterparts.[34]

In the immediate post-tsunami phase, shelter and livelihoods were identified as the most pressing needs of survivors,[35] but the largest quantity of UNICEF funds in 2006-07 was allocated to WASH (Table 1). The adolescent livelihoods programme (part of the child protection programme) had not yet begun.[36]

Table 1. UNICEF Expenditure by Sector, Maldives (through end December 2008)[37]

	2004/2005	**2006**	**2007**	**2008**	**2004-2008**
Education	10,348,223	5,776,653	3,304,326	1,437,964	20,867,166
Health & Nutrition	2,059,289	892,390	2,576,911	599,395	6,127,985
Water & Sanitation	9,207,178	6,458,719	5,300,600	165,765	21,132,262
Child Protection	289,335	915,283	1,199,625	444,175	2,848,418
Other	2,031,528	1,429,156	2,005,889	810,568	6,277,141
Total Maldives Expenditures	**23,935,554**	**15,472,201**	**14,387,351**	**3,457,867**	**57,252,972**
Total Allocations for Maldives					**59,568,338**
Funds Remaining					**2,315,366**
% Remaining					**4%**

The need to rapidly disperse funds, and the spending of funds on high technology, expensive and visible infrastructure projects, to some extent reduced attention on the less visible social sector and community-level programmes that would have required country and region-specific expertise.[38] For example, although local and women's development committees were consulted to ensure project buy-in, they were rarely involved in decision making over the more expensive infrastructure equipment. The evaluation is aware, however, that the government modus operandi at that time was very top-down and infrastructure-driven. Moreover, as demonstrated below, UNICEF achievements have been made in the less visible, sector work.

[34] UNICEF. *UNICEF 2005 Maldives Annual Report*. UNICEF Maldives, 2005, p.2.

[35] Tsunami Evaluation Coalition. *Joint Follow-up Evaluation of the TEC LRRD Evaluation (LRRD 2). Revised Document Review*. SIDA Ref. no 2008-001230, and Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report.* July 2006.

[36] UNICEF. *Limited Program Review and Evaluability Assessment: UNICEF Post Tsunami Recovery Response*. UNICEF Evaluation Office. May 2008, p.13.

[37] UNICEF. "Expenditure & Allocation Tables". Internal document, UNICEF Programmes Division, New York, October 2009.

[38] Ibid, pp.12-13.

A 2008 review of literature relating to UNICEF's emergency response found that efforts were, for the most part, timely and effective.[39] In the recovery phase, having identified human resource and capacity limitations in government and civil society, UNICEF responded to the "build back better" approach by focusing on long-term development needs and national-level capacity development, particularly within ministries. This shift from service delivery to institutional capacity and empowerment was highly appropriate given the increased capacity needs in the aftermath of the tsunami and the funds that the organisation commanded.

With a high premium on rapid fund disbursement, there has been a tendency to allocate programme funds to the general population rather than direct it to more vulnerable groups such as IDPs, women-headed households or adolescents.[40] Social problems were soon to arise among IDPs living in overcrowded conditions—including children living in tsunami IDP camps almost three years after the disaster—with increased levels of drug abuse and domestic violence.[41]

In the post-tsunami years, the Government of Maldives has given increasing priority to health services, nutrition rates, employment, education, access to safe water, and protection services. Child nutrition, unemployment—particularly among women whose unemployment rate is 23 percent compared to 7.9 percent among men[42]—and high rates of substance abuse remain major challenges. These concerns are particularly acute at island level; the challenge now is to promote diversification and pro-poor growth that addresses inequality, regional and gender disparities, and age considerations. In the following chapters, we describe the successes and challenges in more detail.

---

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

[40] Ibid, p.12. We note, however, that the GOM actively discouraged segmentation of the target group due to acute political sensitivity at the atoll levels to the safe island policy initiative. There was considerable political tension between the ruling government party and emerging opposition groups from mid 2005 onward – a major disturbing factor when seeking closer community input to UNICEF's work.

[41] These problems were identified early on. See, for example, the independent evaluation report: UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Maldives*. UNICEF Evaluation Office, New York, May 2006.

[42] UNICEF. *Limited Program Review and Evaluability Assessment: UNICEF Post Tsunami Recovery Response*. UNICEF Evaluation Office, New York, May 2008, p.9.

4. RESPONSE TO THE TSUNAMI BY SECTOR

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

4.1 Water, Sanitation and Hygiene (WASH)

Context and Sector Response

With an average elevation just 1.5 metres above sea level, the Maldives is in a fragile situation and highly vulnerable to climate change and natural disaster. The country relies upon three different pragmatic water sources: desalination/reverse osmosis, rainwater harvesting, and groundwater. In Malé, the capital, and neighbouring urban islands—as well as tourist resorts—the high demand for water due to high population density requires that seawater be desalinated. The **reverse osmosis** process that removes salt from the water requires technical and institutional capacity, technology, and imported diesel fuel, all of which are a significant financial investment. **Rainwater harvesting** is the most sustainable and primary source of drinking and cooking water used by nearly all households. However, many islands also have water needs that cannot be met by rainwater catchment systems; household and community tanks meet these non-potable water needs. Rainwater harvesting is vulnerable to changes in rainfall patterns, and during the dry season—December to March—people rely on unsafe groundwater, or purchase or import water from other islands, boats and mobile reverse osmosis plants. The capacity to test and monitor the quality of rainwater is currently limited, and there is an urgent need to establish standards for its collection, storage and use. **Groundwater** is found just 1 to 1.5 metres below the islands' surfaces in fragile freshwater aquifers that collect and store rainwater that has soaked through the ground. However, ineffective and damaged sanitation systems have contaminated this important source. The Ministry of Energy, Environment and Water (MEEW) estimates that 20 percent of all water used by households is for drinking and cooking, and the remaining 80 percent is used for bathing, washing clothes and cleaning. This 80 percent comes from groundwater obtained from family wells. However, on some densely populated islands, heavily contaminated negates the use of these water sources and requires the need for expensive desalination plants for both drinking and non-drinking water.

Before the tsunami, most of the atoll islands managed their water supply and sanitation needs at the household level. Almost all households—98 percent—relied on rainwater harvesting for drinking and household wells for non-potable water. Household water treatment is low (between 11 and 27 percent), depending on the district.

On the atoll islands, access to improved sanitation remained almost unchanged between 1995 and 2006, with 42 percent of the population having access to improved sanitation. Various sanitation technologies have been tried in the islands in the last few decades, including composting toilets, small-bore sewerage systems, drainage pits and on-site septic tanks. However, before the tsunami, all community sewerage systems failed, mainly because of blockages, lack of maintenance and poor design.

WASH was arguably the most urgent requirement following the tsunami. The Maldives experienced less absolute damage from the tsunami than Indonesia or Sri Lanka, but proportionally more economic and other damage per capita. There was extensive damage to housing and infrastructure that affected about one-third of the population and destroyed fourteen islands. Drinking water was unsafe, and soil and water were contaminated by agro-chemicals and solid waste. This affected the potable water and food supply, causing a public health hazard. The tsunami destroyed most of the storage tanks as well

as the fragile fresh groundwater membranes through seawater intrusion. Sanitation systems across the islands were cracked or leaking, leading to further contamination of groundwater.

The International Federation of the Red Cross (IFRC) was the largest actor in water and sanitation, and UNICEF has led the WASH response overall. The United Nations Development Programme (UNDP) and the Japan International Cooperation Agency (JICA) also had a large role in the response, along with the Asian Development Bank's (ADB) contribution of USD $5 million for government capacity development. Immediately following the emergency, the international community worked with the GoM and communities to desalinate and provide water to most affected islands. The medium-term recovery period continued its focus on affected populations, as well as addressed longer-term challenges, including wide-scale rebuilding on affected islands and the provision of rainwater harvesting tanks and sanitation systems. Many of the long-term sewerage and water supply systems provided by donors—designed to last for 35 to 50 years—have yet to be completed.[43]

Most agency strategies have involved direct intervention. The solutions provided after the tsunami are radically changing the water supply and sanitation infrastructure available on the outer islands, and more specifically, moving these populations away from traditional household self-managed systems to community systems.

UNICEF's Response

UNICEF has been the lead agency in water and sanitation in the Maldives, contributing to significant asset replacement and procurement. The WASH sector represented 37 percent of UNICEF's total programming expenditure in the Maldives. Before the tsunami, UNICEF had a small water and environmental sanitation (WES) programme with one staff member who concentrated on affordable sanitation systems and hygiene promotion in the Maldives sub-office. The emergency phase represented an enormous scale-up. The sub-office became a country office, the WASH budget increased by a factor of forty, and staff quadrupled to four people. In the emergency phase, UNICEF's WES team concentrated on supplying equipment and assets for emergency water supply systems. In 2005, UNICEF had considerable problems scaling up WASH activities, and while it worked in close collaboration with the GoM, there were some problems in coordinating with other assistance providers (including OCHA, IFRC and UNDP). However, in 2005, a partnership began between UNICEF's WES programme and the newly created MEEW. In response to the 2006 Mid-Term Review (MTR) recommendations, a safe island sanitation programme design emerged and has become the focal point for integrated water and environmental sanitation management support at island level.

In the recovery phase, UNICEF worked with the GoM to procure testing and sanitation equipment that would support rebuilding and foster long-term access to WASH facilities for the Maldivian population. Significant progress was made in terms of the population's access to safe water through the use of reverse osmosis (RO) units and rainwater catchment systems, provided by UNICEF, IFRC, Oxfam and the governments of Singapore and Germany.

In 2009, UNICEF is piloting a school-based environmental awareness education programme to promote appropriate WASH behaviour among children. Meant to transfer awareness from children to their families, it is hoped that positive change will occur in practice if accompanied by appropriate facilities for hygiene and waste management. This 'green schools' pilot programme builds on the Information and Advocacy project—co-created by UNICEF and the Educational Development Centre (EDC) in the Ministry of Education—which used an environmental toolkit, field guides and other materials that were distributed to all primary and lower secondary schools in 2007. This project was developed around four key principles: preserving biodiversity, promoting renewable energy, waste minimisation and safe sanitation systems. The programme is expected to have a high potential impact as it is ingrained within government systems.

[43] This was the case as of March 2009.

Future plans include the development of a national media campaign on water supply behaviour and environmental practices. Ongoing challenges include the impact on programme implementation by over-ambitious planning efforts; delays here have negatively impacted some related activities.

Outcomes and Impacts

- ***Emergency desalinated water addressed immediate post-tsunami needs and helped people survive the dry season:***

In addition to successfully addressing a life-threatening situation with an emergency water supply—in the form of reverse osmosis plants—the tsunami response increased the desalination water supply potential for the designated 'safe' consolidation islands. However, delays in sourcing UNICEF plants and in involving communities and important sectors within communities as partners in the water and sanitation sector reduced the effectiveness of UNICEF's contribution to recovery.

- ***Rainwater harvesting accelerated an ongoing development programme:***

UNICEF and IFRC replaced and provided new rainwater harvesting systems and tanks. This accelerated an ongoing development initiative to provide all households with clean water supply, and was critical not only for recovery, but in increasing the rainwater harvesting capacity for almost all atoll households for the long-term. This, coupled with back-up community tanks, will reduce water shortages and mitigate high costs associated with producing water by desalinisation. Existing government initiatives to increase rainwater harvesting capacity were accelerated by tsunami funds, and changed from a credit-based system to a grant system, to potentially reduce annual water shortages and associated costs, while also reducing disparities between rich and poor households' acquiring tanks. While the costs of producing drinking water have increased, they have not been transferred to beneficiaries.

The quality and coverage of UNICEF's rainwater systems—both at household and community storage levels—were in line with government policies and have had a significant impact on the water supply for the wider population. It should be noted, however, that delays in sourcing and installing UNICEF systems delayed the recovery aspect of this initiative by one dry season.

- ***Insufficient investment in emergency hygiene, but potential for changes in hygiene behaviour due to forthcoming environmental education programme for children:***

UNICEF did not make a significant investment in emergency hygiene promotion in the emergency and early recovery phases. While hygiene kits were critical in replacing needed items lost during the tsunami, the quality and coverage of the hygiene kits during the initial period would have had a greater impact with better planning for distribution and better communication with users on content. This, coupled with underperformance and hygiene promotion in the sanitation sector, contributed to unhygienic practices. Further, key hygiene messages did not translate into significant practice change. The provision of family water, hygiene and clean-up kits contributed to early recovery, but delays in sourcing and distribution reduced effectiveness. UNICEF chose to focus more on hygiene in the development phase.

It is believed that UNICEF's environmental education programme—which is at pilot stage—can achieve its proposed outcomes and result in practice change if other initiatives to improve facilities for solid waste management are successful. This programme has a high potential for impact, as it is ingrained within government systems. It is targeted to educate children in 50 percent of schools and change hygiene and environmental behaviour.

- ***Insufficient investment in emergency sanitation***:

As with hygiene, UNICEF chose to not significantly invest in emergency sanitation during the emergency and early recovery phases, but rather to focus on this during the sustainable development stage instead. The WASH sector built approximately thirty expensive and complex sanitation systems on key islands after the tsunami, four of which were built by UNICEF.

- ***A shift in household-managed to community-managed sanitation systems:***

The sanitation infrastructure being built after the tsunami was radically changed from household-managed systems to community systems during recovery and early development. The new sanitation systems have the potential to improve groundwater quality if maintained, and provide fertiliser for agriculture. This is important since, over the last decades, the Maldives has made significant progress to provide universal access to sanitation, but failed to protect the fragile groundwater lens. Yet there are some sustainability challenges for this new system, as described in the section below.

- ***Unchanged habits for sourcing and use of non-drinking/cooking water:***

The sourcing and usage of non-drinking/cooking water is unchanged for the atoll islands. The evaluation found that there has been no significant change in household water treatment habits on the atolls. In addition, water-fetching times will potentially reduce, lessening the impact on children and women who spend time collecting water.

- ***Sanitation facilities for IDPs and schools were below international standards:***

During early recovery, most displaced people found refuge with host families that were gaining access and sharing sanitation facilities. Where these facilities were not available, people reverted to openly disposing of human waste. Open defecation was most apparent where people were displaced, either on their own island or when relocated to new islands. This resulted in a proliferation of flies, increase in diarrhoeal diseases and associated health and non-health risks. There existed a significant gap in the provision of appropriate temporary sanitation facilities until reconstruction progressed. Islands that hosted IDPs experienced enormous pressure on facilities, especially in schools. With the influx of IDPs, after six months, some schools had ratios of one latrine to 300 or more students--a ratio that neither met UNICEF nor international standards. Lacking suitable partners, UNICEF was unable to respond with a programme to address this gap. This situation only normalised on critical islands during the reconstruction phase.

UNICEF procured 1,500 septic tanks, 30 de-sludging units and 30 de-watering units with generators. These were unused due to lack of planning, capacity and communication.[44] In 2009, the septic tanks were used as community water tanks. Schools, regardless of size, received two latrines, resulting in inappropriate student to latrine ratios.

UNICEF Programme Performance

RELEVANCE

The evaluation found that UNICEF's water supply strategy was appropriate for the conditions following the tsunami and for longer-term requirements. In the Maldives, where there are geographic and logistical challenges, UNICEF was right to choose to provide inputs to produce water as opposed to shipping in water or supporting the continued use of military systems. UNICEF also chose to support multiple pre-existing systems of enhancing household and backup community rainwater harvesting systems, which has permitted more effective use of resources and the potential for positive sustainable impact.

- ***There is a need for more appropriate balance between capacity building and investments in infrastructure, as well as careful planning to ensure that WASH systems are suitable.***

UNICEF's choice to invest in capital-intensive programming was not balanced with appropriate national capacity development. Further, the evaluation found that UNICEF and other actors over-designed and over-resourced water supply and wastewater infrastructure with the significant financial resources available. There was little evidence that the ten NGO implementers understood the limitations of small islands to sustain even non-potable groundwater supply. Instead, they planned less appropriate, complex engineering systems. Fewer financial resources or a more comprehensive needs analysis and planning period would have forced prioritisation and more pragmatic solutions. The need

[44] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase), Maldives.* UNICEF Evaluation Office, New York, May 2006.

for government and community capacity building, as well as long-term sustainability, was overlooked and under-resourced. The complex planning by ten agencies placed considerable demands on the MEEW and the Maldives Water and Sanitation Agency (MWSA). Extended delays and lack of leadership during a period of almost one year (August 2005-July 2006) undermined progress for all agencies in the WASH sector due to late appointment of officials, budgetary confusion and limited technical capacity of core MEEW technocrats.

EFFECTIVENESS AND EFFICIENCY

UNICEF took the lead in the water and sanitation sector, but relations with the government were stronger than with international actors. Strengthened coordination and strategic leadership could have filled gaps and enhanced UNICEF's contributions. The UNICEF WES team used the guidelines in the CCCs extensively but did not develop strategic action plans during the initial phases. The team's main focus during the emergency period was the provision of water supply systems, managed by the government, as well as the sourcing and distribution of hygiene and clean-up kits. The quality and coverage of sanitation in the initial period neither met UNICEF's CCCs nor Sphere standards due to an understandable lack of leadership and available capacity in the Maldives.

- ***Insufficient Capacity Resulted in Missed Opportunities and Sustainability Challenges.***

In addition to the paucity of local NGO capacity in the emergency and early recovery stages, the Maldives also lacked capacity—in government and in the private sector—to complete the construction tasks required. Key government documents, often developed with external, UN assistance, have repeated concerns about the GoM's capacity to maintain new water and sanitation systems. Yet all key asset acquisitions were completed with the request, consent and agreement of the GoM despite its concerns over its own capacity to sustain and manage those assets. The initial humanitarian and recovery plan of the GoM included development activities, especially in sanitation, without there being sufficient foresight into the optimal use and sustainability of the equipment requested.

This lack of capacity within the Maldives reduced UNICEF's capacity to lead the sector, resulting in missed opportunities in the sector and sub-optimal implementation strategies. The quality and coverage of water supply systems at all stages were high for both UNICEF and the sector, but indications are that water supply systems were over-resourced. UNICEF did not fully use available learning and information from key strategic documents, such as the government's five-year plan and UNICEF assessments in the programme. The sharing and information use between UNICEF and other main international sector actors was poor.

- ***There is a Need for Water Quality Surveillance.***

Health and non-health impacts of WASH programming could be further improved with the development of a water quality assurance system, which is lacking in sufficiency in the Maldives. There are real risks of contamination from unclean and unmaintained rainwater catchment systems, as well as during water storage and use. In spite of the rapid installation of water systems, no effective system for water quality assurance yet exists on the atolls, neither for rainwater nor for water produced by reverse osmosis. The need has increased with the distribution of new household and community water tanks and reverse osmosis systems. WHO is supporting the GoM in a water quality assurance initiative as part of its wider programme. UNICEF did source water testing equipment, but this was only available only after six months, and it remains largely unused, thereby reducing its effectiveness.

The existing policy framework and institutional systems do not assure water quality in the atolls. This is especially so for rainwater harvesting, both from community and household tanks. As these systems age, water quality assurance will become more important. The expensive membranes of the reverse osmosis systems need to be replaced approximately every five years, depending on usage and maintenance. The rainwater harvesting systems similarly need to be maintained and kept clean. The water quality assurance system should be decentralised and linked with the established disease surveillance systems. Water testing capacity, developed in response to the tsunami, can contribute to initial requirements. The low levels of household water treatment should be considered as a significant factor in water quality assurance.

SUSTAINABILITY

- ***Sustainability for Community-Managed Sanitation Systems:***

Supported change management did not sufficiently accompany the transition from humanitarian action to long-term sustainable interventions. For example, the sanitation programme demanded a change from management by households to management by the community. The programme was based upon clear needs and agreements from the government, but the systems built by the international community did not address the failure of all previous attempts at communal sanitation systems.

Before the tsunami all communal systems on the atolls failed through blocking, poor design and lack of maintenance. The potential cost of running these systems for the islands is high, the human and institutional capacity to manage the complex systems is low, and key policy frameworks are still in development. The sanitation systems built as a response to the tsunami are complex engineering feats that are over-designed and expensive. This new method necessitates cooperative management and financial recovery, which is not yet available on the islands. Increased capacity is required at all levels.

At the time of the evaluation, the sector had not developed these systems within an ongoing development framework. GoM agreed to these systems, but also stated that it does not have the capacity to manage and maintain them. In 2009, UNICEF is investing in a comparative study to support the government in making future decisions on the most relevant technology for environmentally safe sanitation.[45] The evaluation could not measure impact from this intervention since the systems were nearing completion at the time of the evaluation, so no impact had yet occurred.

- ***Sustaining Water Supply Systems:***

The rainwater harvesting systems are an established and medium-term sustainable technology that is aligned with both government policy and community structures. The systems have a projected life span of about 15 years if properly maintained and should be replaced at community and household level without external assistance.

Due to the rapid need for desalination, the GoM has not yet been able to scale-up its capacity; however, with external assistance from the ADB and the UN, the GoM's management capacity is increasing. Further, the reverse osmosis equipment is expensive and reliant upon imported diesel fuel since renewable energy sources require greater economies of scale to be viable.

- ***Planning for the Future:***

The Maldives is severely vulnerable to climate change, which will result in disappearing islands and be further impacted by population growth. The GoM has developed the safe and consolidation islands plan as a long-term strategy. In the WASH sector, partly as a response to opportunities from the tsunami, the Maldives's seventh National Development Plan (2006-2010) has charged the Maldives Water and Sanitation Agency with ensuring that all islands with populations over 2,000 have adequate sewage treatment facilities.[46] The new systems built with tsunami funds will surpass this objective. It is unlikely that the government will replicate these in future due to their expense and complexity; the current priority is to monitor, manage and maintain existing systems.

UNICEF'S Role and Contribution

High levels of independent funds reduced the traditional donor demand for coordination, prioritisation and planning in the reconstruction and sustainable development phases of the WASH sector. Independently funded partners also reduced UNICEF's programmatic options, as UNICEF struggled to find partners to fund.

---

[45] The evaluation could not measure impact from this intervention since the systems were nearing completion at the time of the evaluation so no impact had yet occurred.

[46] See Maldives Water and Sanitation Authority. Maldives water and sanitation authority five-year activity plan 2006-2010. May 2006.

Nonetheless, UNICEF and the sector's two-pronged strategy of providing both rainwater harvesting systems and back-up reverse osmosis plants has increased both the government's disaster preparedness capacity for life-saving water supply and the existing government initiative to increase water supply capacity on safe islands. The sector, intervening within existing development frameworks, built back better in both water and sanitation, not only for tsunami-affected households but also for the entire atoll population.

The UNICEF water and environmental sanitation team used the guidelines in the CCCs extensively, but the quality and coverage of sanitation in the initial period neither met the CCCs nor Sphere standards due to an understandable lack of leadership and available capacity in the Maldives. Overall, however, the sector, intervening within existing development frameworks, built back better, not only for tsunami-affected households but also for entire atoll populations.

Lessons

- ***When implementing agencies are financially independent, it is more effective for UNICEF to invest in coordination, quality oversight and the identification and filling of gaps and opportunities.***
- ***A longer-term timeframe and strategic outlook is required for development projects; this was not always the case with projects budgeted for and initiated in the tsunami emergency phase.***
- ***Supporting existing developmental initiatives was more effective than initiating new ones.***

Building on existing developmental programmes – and improving them – would ultimately lead to better outcomes.

- ***Good context analysis at critical stages can significantly improve effectiveness, relevance and sustainability.***

UNICEF needs to ensure better use of programme development, design process and key tools. Critical to this is managing resources and limitations—time, money and people.

- ***The tsunami exposed shortfalls in water quality assurance and disaster preparedness, as well as provided opportunities to address these issues. Responses should include these opportunities.***
- ***Investments in planning and preparedness pay dividends economically, socially and in terms of speed of recovery.***

4.2 Education

Context and Sector Response

Education in the Maldives has long been a high priority—the country achieved universal primary education (grades 1-7) in 2000, in large measure due to a strong cultural commitment to children's education. In the years prior to the tsunami, many innovative education interventions were introduced. For example, the Ministry of Education's (MOE) national Early Child Care and Development (ECCD) strategy established, along with UNICEF, five model community-based ECCD centres for improving the quality of psychosocial experiences and teaching/learning practices for young children, and undertook capacity building for parents, teachers, material developers, administrators and supervisors. In 2002, the MOE identified the country's educationally least-served schools and introduced a Child-centred Teaching-Learning (CCT) approach to grades 1 and 2, trained teachers in CCT methods adapted to local conditions, and instruments for monitoring and recording students' learning were developed. Evaluated as a success, a planned expansion of the programme to all under-served schools was put on hold due to the tsunami. Yet advocacy by UNICEF—and presumably a readiness on the part of the MOE—resulted in its being quickly extended to 68 tsunami-affected schools in the early days of the build-back programme.

The tsunami had a substantial impact on the education system in the Maldives. About 100 of the country's 315 schools were affected, of which two-thirds were destroyed or suffered severe damage. There was also a considerable loss of the country's teachers; 60 percent of expatriate teachers did not return to the Maldives after the tsunami. Low numbers of trained teachers, and low retention rates among those trained specifically in child-friendly active learning and teaching, persist.

Over the first few post-tsunami days and weeks, the MOE and donors cooperated in assessing and acting on the situation of schools under the umbrella of a recovery task force. By the end of January, all affected schools had been visited, assessed and rehabilitation plans had begun. In addition to UNICEF's response, the World Bank provided some USD $2 million from an existing project; AusAID provided technical assistance to assess structural integrity of schools; the ADB provided funds for furniture; and Save the Children, UNFPA and IFRC supported psychosocial counselling. By necessity and choice, significant attention was given to making community mobilisation the cornerstone of the recovery process, a point of departure that continued through much of the relief to recovery transition in the education sector.

Overall, there was relatively little major shifting of students and schools after the tsunami. But the relentless migration to the capital from the atolls has put extra strain on overcrowded schools in Malé. Enrolments, which never fell significantly, were soon back to pre-tsunami levels and the country continues to be on track to realise Millennium Development Goal 2—the achievement of universal primary education—by 2015, based on a literacy rate of 98 percent, and a net enrolment rate of 100 percent. The sector has taken strong steps towards universal secondary education and, as of 2007, the transition rate to secondary school was reported to have risen for the first time in six years.[47] By the end of 2008, the MOE offered Maldivian Rufiyaa 2,000[48] to students who did not have access to secondary education so that they could study in a school of their choice on another island. Public spending on education has increased each year, rising from USD $19 million in 1998 to USD $98 million in 2007.

UNICEF'S Response

UNICEF took a lead role in the education sector over the whole of the post-tsunami period. It put a hold on its normal programming when the tsunami struck, replacing planned 2005 activities with an "emergency response based on the Core Commitments for Children in Emergencies and the assessments carried out after the disaster".[49] Divided into two phases, the first part of 2005 focused on action to bring children quickly back to secure learning spaces and to do so in ways that laid the basis of the transition to a phase two recovery period. UNICEF worked closely with other donors. As the main donor for the education sector, UNICEF was soon providing over 50 percent—USD $20.9 million—of the USD $40 million budget, shared with the MOE.[50]

UNICEF collaborated with the MOE in arranging teams of teachers to conduct analyses of both the human and physical damage of the tsunami on the system in some of the more seriously affected islands. Drawing on lessons and tools developed from the 2001 Gujarat earthquake, they assessed numbers and severity of affected children and teachers; availability of teaching-learning materials, equipment and furniture; and the structural integrity of buildings and water and sanitation facilities. Meanwhile, anticipating needs, UNICEF immediately began to provide back-to-school materials to children,[51] and basic child receiving materials to almost 150 preschools, primary and secondary schools. Another important collaboration was between UNICEF's education and child protection units. Identifying a need for psychosocial support in schools, the MOE took action early on with agencies like

[47] UNICEF. *UNICEF 2007 Maldives Annual Report*. UNICEF Maldives, 2007, p.3.
[48] Maldivian Rufiyaa 2,000 is approximately USD $156, as of July 2009.
[49] UNICEF 2005. p.17.
[50] Government of Maldives Ministry of Planning and National Development. *Millennium Development Goals: Maldives Country Report 2007*, p.16.
[51] The evaluation notes that among the back-to-school materials provided, the School-in-a-Box kits provided were not as effective as they might have been by not always including instructions on by whom and how to use them.

UNICEF, Save the Children and the IFRC to train teachers and community volunteers to provide psychosocial support. UNICEF's education and child protection units provided financial support to train 321 teachers on all affected islands in psychosocial counselling and ways to develop remedial activities. Further support was given to the MOE to carry out a psychosocial situation and needs assessment, and workshops conducted as part of this assessment process equipped over 1,000 children, adolescents, parents, teachers and health workers with basic knowledge and skills to cope with the effects of the disaster.

With increased funding available through UNICEF, the GoM in 2005 launched a rapid expansion of the Child-Friendly Schools (CFS) teaching methodology for primary school teachers, using an e-learning approach due to logistical and geographical challenges. The idea was to scale-up teaching capacity not only for teaching methods that establish a psychosocially supportive and protective environment for children, but also to train new teachers addressing the widespread shortage.

To support this initiative, UNICEF partnered with the Education Development Centre in the MOE and with the DHIRAAGU, the national Internet and telecom provider, to plan the development of a VSAT-enabled[52] high-speed Internet-linked network of Teaching Resource Centres (TRCs) in all 20 atolls, with the expansion to a further 100 training units confirmed to link remote-island schools in mid-2008. The strategic rationale for the TRC was key: prohibitive inter-island transport costs led to "only 16 percent of local primary school teachers having any training qualification at all. Intensive face-to-face training was, and is still, very expensive. Long-term cost efficiency considerations and the added benefits of wider community access/ownership of the TRC were among key justifying criteria".[53]

Outcomes and Impacts

The tsunami rebuilding process was an opportunity for the MOE and donors to 'seize the moment': to focus action on improving faults and gaps in the sector, using the increased budget and technical assistance available; and to consider pilot approaches for national application. Government support for education has been consistent, and communities have also shown strong commitment to children's access to education and are prepared to pay for it where necessary. In this supportive environment, the CFS-oriented interventions should be a sustainable approach, yet challenges remain. The following is a summary of outcomes.

- ***Child-Friendly, Child-Centred Education:***

The most important outcome within the education sector that resulted from actions taken immediately following the tsunami was the enabled effective uptake, and then expansion, by the MOE of innovations in quality, child-friendly and child-centred education. Before the tsunami, such innovations had been limited to pilot projects. Indirectly, the ideas and programmes introduced and partnerships created in the education sector post-tsunami influenced policy.

- ***School Access and Participation:***

The evaluation confirmed that the rapid response by the GOM and donors, including UNICEF, in rebuilding, rehabilitating and resupplying schools was key to enabling an equally rapid return to normal enrolment and participation levels. In addition to educational outcomes, schools were considered a 'central pillar' and contributor to normalising social life in small and isolated communities. Further, within the sector overall, the quick, targeted and relevant action taken by GoM and development agencies to assess and respond to the immediate physical and psychosocial needs of tsunami-affected children, teachers and communities contributed to the rapid return to normal enrolment and participation levels. There were, however, some indications that internally displaced students may have struggled longer than they should have with trauma and adaptation issues.

Nevertheless, there is no law yet requiring parents to send their children to school, nor are schools obligated to seek out and keep account of eligible children in the community who do not participate.

[52] A VSAT—"very small aperture terminal"—is based upon satellite communication technology.
[53] UNICEF Officer.

The evaluation found that the more vulnerable, hard-to-reach children were not being sufficiently sought out and that the numbers of the excluded may be higher than otherwise thought, including children with disabilities and IDP children. Numbers of school-age children were on the street rather than in school. However, due to a lack of baseline data, it was not possible to determine whether this was specifically a post-tsunami trend.

- ***School Facilities and Teachers:***

School facilities available to children, both primary and preschool, have improved, in particular the child-friendly "set-ups" of furniture, teaching devices and learning materials. Training of teachers in the use of these appeared to have been effective in producing initial changes in more child-centred and facilitative teaching and enhancing children's learning-to-learn behaviour.

- ***Limited Success in Preschools:***

Preschools have been less effective than they could have been, in part because preschools do not fall under the formal system, but primarily because policy has not adequately recognised preschool teachers' need for professional level salaries and conditions of service. With the introduction of CFS in 2005, there was an increase in the demand for preschool teachers, and a number of individuals were trained. However, it is possible—although this was not verified by the field team—that many of them moved to primary schools as untrained teachers because of the higher salaries paid to temporary 'relief' teachers there. Vacant positions in preschools needed to be filled again with untrained replacements. Trained local teachers remain few, but are at least growing in number: from 380 in 2004 to 774 in 2007.[54] The problem is in part related to the lead time needed to generate sufficient teachers year-on-year. It is also a challenge to retain already-trained teachers due to inadequate salaries and large workloads.

- ***Advocacy for Children with Special Needs:***

Toward the end of the tsunami building back period, UNICEF's advocacy for and technical support of children with special education needs facilitated development of new policy in this area, along with identification guides and strengthened sector capacities for assessing children and placing them in appropriate learning environments. There is now a movement toward protecting and enabling children with special needs to have access to good quality education. By 2008, a Special Educational Needs (SEN) strategy and implementation plan was expected to be approved; meanwhile, both teachers and health care workers were beginning to use some initial training to identify and assess children early enough to allow appropriate placement/support programmes and prevent serious loss in their learning. It is assumed that all children will be gradually appropriately screened and supported.

- ***Limited Success in Teacher Resource Centres:***

Outcomes with respect to Teacher Resource Centres have been constrained by limited cost-benefits perceived by the teachers expected to use them and by TRC coordinators' limited capacity for outreach and participatory programme planning/development. The majority of teachers in focus group discussions for this evaluation indicated that they had not used TRCs, chiefly due to the difficulties and costs of transport to and from the centres, which are placed on atoll capital islands. Teachers in focus groups reported finding the computer lab useful, yet users appeared to be primarily language teachers, expatriates and those already familiar with the technology, not necessarily those most in need of the resources. TRC coordinators agreed with the cost impediments to teachers' participation, and were confronting their own budget constraints: too few funds either to run programmes based on teachers' needs, or to carry out activities proposed by schools. Rather than computer-based training, teachers and principals expressed a preference for supervised training in pedagogical skills and how to engage with students, and opportunities to test new classroom management methods. Extending Internet facilities to more islands might well address a major part of the 'usefulness' criterion, but its full potential will only be realised through additional person-to-person interaction and active learning methods.

---

[54] Statistics for this section taken from the Government of Maldives MOE Education Statistics books from 2001 – 2007. www.moe.gov.mv Rearranged and put into graphs by national team leader.

Unfortunately, training in child-friendly methodology through the TRCs has been less than anticipated due to an overly controlled centralised planning system that has tended to slow activity. On the positive side, the government has agreed to grant more authority to TRCs so they can plan their own training activities, and has allocated funds to increase TRC staff for programme implementation. UNICEF, along with key education policy makers, has recently identified the need for an advocacy campaign to increase incentives for teacher training. The merging of the MOE and the Ministry of Higher Education has further improved collaboration for training in the Child-Friendly Schools programme.

- ***Children's Learning Outcomes:***

There was fewer data available to confirm any differences that these changes in teachers' and parents' behaviour and attitudes may be having on children's learning outcomes. Although several CFS teachers in the focus groups noted their students were realising higher marks on class tests, there were no objective indications of this available to the evaluation team.[55] Anecdotal evidence from CFS-practising teachers suggests improvements in children's learning-oriented behaviours, such as: increased interest and participation in classroom activities; more motivation to study various subjects and work harder with improved study habits; and less disruptive behaviour and a better attitudes towards school. Some new attitudes and skills have also been learned, such as: more self-confidence; better reading and writing ability; more initiative and leadership; expressing more ideas and telling stories more often with more creativity; and being better prepared to face different situations and handle them using better communication skills.

- ***Healthier, More Protective Schools***:

Though not formally a part of CFS actions in the Maldives, the ability of schools to provide children with a physically and psychosocially healthy and protective environment is fundamental to the Child-Friendly Schools concept. Post-tsunami attention was paid to ensuring child-friendly classrooms and hygiene facilities in the rebuilding of schools; and promotion of child rights, gender equality and social cohesion have been among messages to teachers and administrative officers in CFS training. There were some data indicating that teachers encourage mutual respect among children, that they help one another in their work, use polite language and follow the rules of the classroom. Some teachers were also introducing more mixed groupings of children as a way to expose them to classmates of different capabilities and ideas.

- ***Parents' Participation***:

Positive changes were reported in parents' participation, though differences between CFS and non-CFS schools were not significant -- improvements perhaps reflecting a more generalised post-tsunami involvement of the community.

- ***Abuse in Schools:***

Teachers reported little if any child abuse in the form of bullying or physical punishment in schools. Nevertheless, a fairly large number of students in grades 2 to 5 who participated in focus group discussions complained of teachers abusing them in various ways: shouting, hitting, throwing things, pinching, pulling hair or keeping them standing in the sun. Moreover, while several teachers confirmed the existence of school guidelines against harassment, team interviewers noted that most teachers did not seem to know anything about the issue.

- ***Sanitation in Schools:***

There were ambiguous indications of outcomes in terms of improved sanitation and water. Teachers reported introducing life skills, including personal health and hygiene habits, most particularly in terms of children keeping themselves and their environment clean. Unfortunately, while almost all of the schools visited in the fieldwork reported having enough clean water, the majority reported having no drinking water because the rooftop rainwater harvesting tanks supplied by the MOE and/or UNICEF

[55] CFS/non-CFS school test comparisons were not considered valid given the idiosyncrasies of class tests.

could not be used due to a lack of rain or unclean roof catchments. Toilet facilities were inadequate in a third of the schools visited, and many schools did not maintain their cleanliness or functionality.[56]

UNICEF Programme Performance

RELEVANCE

Post-tsunami interventions in the schools were relevant to, and well aligned with, the priorities and needs of both children and teachers. Overall, the various functions of the education sector, from school to Ministry levels, performed well. The evaluation found that UNICEF, in particular, was noted for the value of the Child-Friendly Schools ideas and methods. Further, UNICEF's early decision to suspend its normal programming to quickly return children to school and provide a foundation for the transition to the recovery period has consistently proven to be appropriate.

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

Recognising the need for trained teachers—particularly in the primary schools—the MOE also initiated a system of 'twinning' between schools in Malé and those on the islands, an arrangement through which Malé staff could visit affected schools, provide them with lesson plans, undertake informal training workshops and demonstrate active learning methods.[57]

EFFECTIVENESS AND EFFICIENCY

- ***Inadequate Attention to the Needs of IDP Children:***

Although all students were expected to be in rehabilitated schools by the end of 2007, many unaffected schools were still hosting internally displaced students. In some cases, this meant dealing with over-crowded, often unhealthy living conditions; it was evident from the evaluation data that some schools and communities gave inadequate action to addressing these issues. Children from IDP families who were uncertain about where they would settle remained ineffectively integrated into the host school culture at times. According to the data from the field team, there appeared to be little comprehensive data at school level on the backgrounds of IDP children with respect to schooling; the extent and nature of any trauma they had experienced from the tsunami; or the subsequent adjustment issues they faced. Though IDP children were presumably included in assessment missions immediately following the tsunami, longer-term follow-up reviews were not identified through the fieldwork or documentary data collection.

IDP students were consistently found at or near the bottom of school performance tests, and with the highest dropout rates. They had more frequent and lengthier absenteeism, lower enrolment and displayed more disruptive behaviour. Where host school students were having problems, the presence of IDP students was typically seen as a contributing factor. At the same time, IDP students helped smaller communities with the weight of their numbers, bringing educational opportunities and resources to now-larger schools.

[56] As noted by UNICEF in feedback to the evaluation, this may be less of a problem than implied by the field data since, as a rule, most children bring their own drinking water to school.
[57] World Bank, Asian Development Bank and the United Nations. *Joint Needs Assessment: Tsunami, Impact and Recovery*. 2005. Annex 4, paragraph 13. The field data did not indicate the extent or outcome of this arrangement.

- ***The Child-Friendly Schools Approach:***

The reach of the CFS approach was good; increasing numbers of teachers, school administrators and parents became familiar with, and appreciated the intention of, the approach. However, the evaluation data suggests that improvements in teaching behaviour and learning outcomes may have been diminished by the fairly limited scope of what was being implemented and for whose benefit. For example, most teachers appeared to understand the idea that CFS means using more activities in ways that engaged children—such as discussion circles, news time, story reading, creative work—and managing lessons collaboratively with students. However, while such changes in teaching methods may have had strong outcomes, application appears to have been constrained by the fact that the CFS teacher training programme was only two weeks long and had little follow-up or monitoring. Further, many teachers noted a conflict in time allocation between the CFS teaching methods and the EDC curriculum.

Effectiveness was also challenged by not using a 'whole school' approach in introducing CFS. From a human and financial resource point of view, starting with grade 1 and moving to gradually include higher levels made sense. There were, however, some drawbacks: 1) the narrow base of involved teachers made capacity development less cost-effective to EDC and UNICEF; limited the potential for teachers to mentor one another; and created a sense that CFS was a resource-based 'project' rather than a fundamental change in teaching attitudes and practice; and 2) students moving from CFS learning to a less learner-centred, rights-focused environment experienced adjustment difficulties.

SUSTAINABILITY

Government support for education has been consistent, and communities have also shown strong commitment to children's access to education. However, sustaining the progress made in building more child-friendly schools and child-centred teaching will be underpinned by Maldivians' strong socio-cultural norms that support children's schooling, a newly energised pro-education government, and a broad acceptance of the CFS concept. Sufficient action must be addressed in the following areas:

- ***Child-Friendly Schools Approach***:

One of the problems for sustainability in the education sector is the extent to which teachers equate both Child-Friendly Schools and Child-centred Teaching-Learning more with resources and materials than with their own thinking and behaviour in the classroom. This risk will continue until teachers are more fully exposed to, and feel sufficiently supported in their attempts to apply the theories and methods necessary to facilitate child-centred learning. There is also the challenge of attaining critical mass: while rollout of the training by EDC and UNICEF is proceeding, there are still relatively few teachers involved, most of whom are teachers of early grades rather than representing all of the grades taught in any one school. Further, CFS teachers already have large workloads requiring a great deal of preparation; a somewhat limited capacity to interpret materials in learner-centred methods; and too few materials overall, a problem of the system as a whole not yet having a strong CFS-oriented curriculum and materials-base from which they can draw. Overcoming these concerns will require deepening and extending coverage of child-centred teaching and active learning to all grades and beyond the physical / infrastructure aspects of the CFS approach.

- ***Preschool Teachers:***

In preschools, there are potential risks to sustainability of the EDC/UNICEF child-centred approach. Insufficient salaries and conditions of service have been the most immediately significant factor, although these have now begun to be resolved through a better rationalisation of credentials requirements and corresponding pay levels. The more challenging issues to resolve continue to be those of too few trained teachers and of retaining those who have been trained.

- ***Teacher Resource Centres:***

At the time of the evaluation, the issue of sustainability for Teacher Resource Centres was particularly contentious, concerned with questions of whether their design, methods and resources were appropriate to realising outcomes worth being sustained. Relatively few teachers are receiving the breadth and depth of support needed to constitute effective professional development, and teachers

were reported as needing to engage on a more regular and meaningful basis. Additionally, concerns were expressed among teachers, principals and TRC coordinators about funding for maintaining the centres and the impact on the schools that house them. Since that time, however, according to UNICEF, “a completely different story” has been emerging and, while there continue to be “resource management constraints”, there is recognition that “school management policy and community roles in sustaining the TRCs—possibly in a wider application role—need to be explored in the CFS holistic Total School sense”.[58]

UNICEF’s Role and Contribution

To a large extent, a January 2005 joint needs assessment, thorough in covering immediate and medium- to long-term issues, formed the basis of the MOE/UNICEF agenda throughout the post-tsunami period. The collaboration between UNICEF’s education and child protection units for teacher training in psychosocial counselling and remedial activities has helped many tsunami-affected children and parents. UNICEF also had a partnership role with the Education Development Centre in the MOE and the DHIRAAGU, (the national Internet and telecom provider), to plan the development an Internet-linked network of TRCs in all 20 atolls. The shared commitment in the Maldives to key CFS, CCT, Early Child Care and Development and TRC innovations allowed a reasonably coherent build back better strategy. There was comprehensive school assessment and rehabilitation planning. Formal and informal assessments found the model to be effective in creating a more motivating classroom learning environment, enabling stronger learning outcomes and building community interest and participation in the school. They had also identified the need to try to bridge intra-atoll distances, suggesting the potential of using distance modalities. The logic of the transition from relief to development has been strong in building on established practice and relationships.

Lessons

- ***Generic post-emergency interventions (e.g. School-in-a-box kits) should soon be replaced by development interventions more closely tailored to the needs - and involvement - of affected communities*.**

- ***The re-opening of a classroom at the end of the relief phase is only a baseline and beginning of process towards recovery. New needs and opportunities arising beyond that will need to be tracked consistently.***

- ***The criteria for selecting temporary teachers post-crisis needs to be broadened.***

This is especially the case for children suffering trauma. The insistence on academic qualifications may be inappropriate; other skills - the ability to communicate effectively in the mother tongue, with cultural empathy and flexibility – are equally important.

- ***Adapting approaches to the needs and concerns of communities renders greater results.***

CFS in schools should better reflect established norms, thus becoming more acceptable to parents, teachers and children. Such adaptation is more likely to promote ownership of the innovation and sustained implementation.

- ***Consider applying CFS beyond the immediacy of the school.***

In a middle-income country with the basics of a well-established education system in place, and staff at policy and programme levels with a solid understanding of the role of education in national development, there are good reasons to apply CFS with a wider lens and move it beyond the immediacy of the school. Where issues of general societal behaviour changes occur, as they do in many countries in political transition, the CFS emphasis on equality, participation and critical thinking should be a central part of processes used to cope with change, even for very young children. This wider social change perspective has not yet become a major theme of CFS in many countries,

[58] UNICEF Country Office Officer, October 2009.

including the Maldives, and has been a gap in its evolution as a concept of education reform, rather than simply school reform.

4.3 Child Protection

Context and Sector Response

From 1991, legislation in the Maldives began to lay foundation for fulfilling children's rights, with the introduction of Law 9/91, on the "Protection of the Rights of Children" and the ratification of the Convention on the Rights of the Child (CRC). In 2002, GoM ratified the two optional protocols to the CRC.

The most significant early protection response to the tsunami aimed to address psychological distress amongst disaster-affected communities. A self-organised group called "Social Support and Counseling Services" lobbied to be included as a formal sector of the National Disaster Management Centre (NDMC) and also helped to establish a multi-sectoral coordination working group. With the help of this group, national volunteers worked in Malé and several of the affected outer islands to promote psychosocial support activities. UNICEF promoted a "second wave" of psychosocial support, extending training and support programmes for community volunteers and teachers at atoll, capital and island levels—efforts that NGOs, such as ARC, continued and strengthened thereafter.

The recovery response promoted government restructuring. In 2006, the Ministry for Gender and Family (MGF) was reorganised in an effort to meet its objectives of promoting and facilitating the welfare of women, children and family rights in the Maldives. This involved establishing different units under the Ministry to deal with various facets of promoting women's, children's, and family rights, including the Family and Child Protection Authority (replacing the URC – Unit for the Rights of the Child), Family and Child Protection Services and Family and Community Development. The Maldives Police Service's special unit to deal with child and family related concerns—the Family and Child Protection Unit (FCPU) based in Malé—started training officers to deal with child abuse.

The early development response focused on revitalising GoM's plans to decentralise child protection services to the atoll capitals. Twenty-one Child and Family Service Centres (CFSCs) were established at the atoll capital level—with the intention of eventually placing social service providers in the outer islands as well. Different levels of government-supported social work training programmes were established to support the Ministry's decentralisation programme.

In 2007, the MGF, in collaboration with the Attorney General's Office (AGO—and now Prosecutor General's Office), began the process of reviewing legislation to bring it into conformity with the principles of the CRC. The AGO's work included incorporating provisions of international human rights law into domestic legislation. With the national elections in 2008, the Maldives entered a period of political transition. The government has recently prioritised a commitment to children, as demonstrated by various research studies, new draft legislation, and increased budget allocations.

Table 2: Government Budget Allocation[59]

(In Million Rufiyaa (MRf); 1 United States Dollar (USD) = 12.75 MRf)

Sector	2000	2001	2002	2003	2004	2005	2006	2007	2008
Social Services	1140.5	1198.3	1532.8	1,667.6	1,746.8	1,985.3	3639.4	5093.6	5731.3

Source: Department of Treasury and Finance, Government of Maldives, 2008

According to Department of Treasury and Finance data (Table 2), since 2000 there has been a five-fold (55 percent) increase in the budget for "social services",[60] from which child protection is funded. The percentage of the Maldives's total budget allocated to social services increased from 42 percent in 2000 to 51 percent in 2005, and 52 percent in 2006.[61]

Disaggregation of budgetary expenditures indicates that the education and health sectors combined received over half of the total social services budget allocation from 2000-2005. The Committee on the Rights of the Child noted that the Maldives' allocation of budgetary resources in favor of child welfare was insufficient.[62]

UNICEF'S Response

In the aftermath of the tsunami, UNFPA was appointed lead United Nations coordinator for the protection sector, and within this context, UNICEF's early response to address child protection was largely financial and technical. UNICEF commissioned an IFRC team to conduct a rapid assessment of the psychosocial condition of affected populations. The results of the assessment, which indicated widespread trauma in varying degrees, led to the training of volunteers to provide psychosocial support.

UNICEF financially supported the MGF's implementation of a Psychosocial First Aid course to deal with the emergency situation. This involved the training of 300 teachers and provided them with basic skills in understanding the nature of trauma among children and in assisting them, through creative arts and expressive therapies, in the immediate aftermath of the disaster.[63] UNICEF also supported the Psychosocial Support and Counseling Unit at the NDMC to conduct various activities in the four relief camps in Malé and other tsunami-affected islands. In doing so, approximately 21,000 children were reached[64] with materials such as toys, clay, paints, crayons and paper.[65]

Two months after the tsunami, a more comprehensive post-tsunami psychosocial needs assessment exercise was initiated by UNICEF, with partners including: the Unit for the Rights of the Child (URC) in the Ministry of Gender, Family Development and Social Security (MGFDSS), the Faculty of Health Sciences of the Maldives College of Higher Education, the Narcotics Board and the Society of Health Education. A consultant led the exercise along with the UNICEF Maldives Child Protection Officer. The assessment focused on identifying medium- and long-term psychosocial needs of children and their caregivers, and on determining other children's vulnerabilities. A workshop conducted in parallel with the assessment focused on four target groups, namely, children, parents, teachers and health care workers.

The scale of the emergency needs in the Maldives dwarfed the regular UNICEF Maldives Program of Cooperation. By March 2005, the number of personnel had quadrupled and tsunami funding had increased to USD $31 million. UNICEF Maldives child protection response appeared to be in need of

[59] Sources: MGF (2006). Combined report to the CRC Committee; Ministry of Finance and Treasury (2008), Budget in Statistics 2008.
[60] Includes: Health, Education, Social Security and Welfare (added in 2003), and Community Services.
[61] Government of the Republic of the Maldives, 2005.
[62] Committee on the Rights of the Child, 2007.
[63] Michaelson, 2005; UNICEF Maldives, 2005.
[64] UNICEF. *UNICEF 2005 Maldives Annual Report*. 2005.
[65] Michaelson, 2005.

support because of its small staff, inexperience in emergency management, and the absence of strong local NGOs.[66]

UNICEF's recovery response supported the Ministry of Gender and Family (MGF) to decentralise social services and to address gaps in the "protective environment" for children. UNICEF's child protection programme also worked with UNFPA to provide training and technical support to the Family Protection Unit (FPU) at Indira Gandhi Memorial Hospital in Malé. The FPU became a point-of-contact for children coming into the health system with abuse issues or mental health/trauma related to the tsunami.[67] UNICEF continued to support the GoM's drafting of the first periodic report (combined first and second report) to the Committee on the Rights of the Child. It also facilitated trainings on family conferencing by the Juvenile Court and workshops on the "rule of law" by the AGO.[68]

UNICEF's early development response refocused its child protection programme in an effort to consolidate its support for a more comprehensive child protection system for the Maldives. The three focus areas included: Child Protection Services; Justice for Children; and the HIV/Drug Prevention Project. During this time, UNICEF supported the drafting of the Juvenile Justice Act and the National Strategic Plan for HIV/AIDS. In 2008, UNICEF and then MGF began a national study, "Understanding the Situation of the Children in Maldives", to gather quantitative and qualitative data on violence against children.

UNICEF Maldives' financial allocations to the child protection sector increased as a percentage of its overall operational budget. Since the tsunami, the percentage of UNICEF Maldives' child protection budget to the total budget has risen from eight percent in 2005 and 2006 to 13 percent in 2007, to around 20 percent in 2008/09. Protection sector expenditures, however, did not keep pace. While approximately USD $4 million was allocated to child protection in 2005, only some USD $300,000 (7.5 percent) was spent.[69]

Outcomes and Impacts

- ***Psychosocial Programme:***

The emergency response by UNICEF and its partners addressed psychosocial distress. The evaluation sought to determine the outcomes of these psychosocial programmes by asking parents to rank their communities' ability to support children's psychosocial wellbeing immediately after the tsunami and as of January 2009. Community members from atoll capitals reported that their capacity to care for children was back to where it was before the tsunami but not better than before.[70] In contrast, community members on outer islands perceived that their capacity to care for and protect children immediately after the tsunami was significantly "diminished", with little to no improvement to-date. Psychosocial programmes may have provided relief to disaster victims, but they did not strengthen community capacity to support children long-term.

- ***Decentralised Social Services:***

Tsunami funding enabled the government and UNICEF to revitalise pre-existing plans for the decentralisation of social services. The establishment of 21 social service centres—Family and Child Services Centres (FCSCs)—and new social work training programmes are the most significant outcome achievements in the child protection sector.

FCSCs, however, face key challenges. They are primarily staffed by young adults (average age 23.5 years) with limited training (37 percent had three-month Social Service Worker certificates from the Center for Continuing Education; 63 percent received one-year diplomas or advanced certificates) and

[66] UNICEF. *Documentation of UNICEF's Response to the Tsunami Disaster in South Asia: India, Sri Lanka and the Maldives*. September 2005.
[67] UNICEF. *UNICEF 2005 Maldives Annual Report*. UNICEF Maldives, 2005.
[68] Ibid.
[69] UNICEF. *UNICEF 2005 Maldives Annual Report*. 2005.
[70] Child Protection Sector PowerPoint Presentation for Maldives Country Office, October 2009.

limited experience (ranging from one month to two years). Their work remains largely centre-based and focuses on: case management; workshops about the centre's role in the community; counselling; and participation in community events. Community mobilisation, linkages with CBOs, and advocacy and prevention programmes are not evident. Almost all island participants throughout the atolls were aware that the centres existed, but they were largely unaware of their purpose or services. The absence of a community engagement strategy and civil society involvement limits FCSC effectiveness.

- ***Civil Society Development:***

UNICEF worked with Journey, a national NGO whose members are recovering drug addicts, to put the issue of drug abuse and child rights on the Maldives national agenda. These efforts led to growing dialogue between government, NGOs and civil society on how to tackle this serious and growing threat to the nation's youth. Innovative and promising partnerships and programmes—such as Wake-up!—have also been piloted, and the new coalition government has pledged increased attention to drug abuse prevention and addiction treatment.

Other NGOs and their programmes have sustained as well. The evaluation assessed the extent to which NGOs that emerged after the tsunami addressed child protection and wellbeing concerns, as well as the extent to which they continue to currently do so (as of January 2009). According to recent reports that examined civil society actors within the capital,[71] 14 of 32 Malé-based NGOs identified their focus as child- and/or drug-related, four of which primarily focus on drug issues. Of these 14 child-focused NGOs, four (29 percent) have suspended operations. Additionally, of the one-half of these child-focused NGOs (seven out of 14) that formed after the tsunami, four (57 percent) are not presently active.

The number of active NGOs in the outer islands also has decreased. Countrywide, over 700 organisations have sought registration with the government through 2008. However, only a handful of organisations are active, primarily due to a lack of internal capacity and financial support for the civil society sector in general.[72] Additionally, a 2009 assessment by the Raajje Foundation cited a lack of coordination, cooperation and pooling of resources within the sector as problematic.[73]

- ***Legislative Framework:***

The government has committed to the principles and values of the Convention on the Rights of the Child, and fulfilled its reporting obligations on the CRC by submitting periodic reports. Efforts to integrate the CRC into domestic law have been strengthened, even while enforcement is lagging behind. Child rights advocates suggest that Law 9/91 (the Law on the Protection of the Rights of the Children) is insufficient to safeguard children's rights, and also that key amended legislation remains in draft form.

UNICEF Programme Performance

RELEVANCE

UNICEF's Core Commitments to Children in Emergencies were used to guide the early response of UNICEF Maldives. Directives on rapid assessment, psychosocial support and separated children—which helped determine this was not a significant problem—were most relevant. UNICEF's transition from a service delivery approach to an institutional and capacity building approach during the recovery phase was appropriate given the increased capacity needs in the aftermath of the disaster and the funds that UNICEF commanded.

At the same time, much of UNICEF's work in this sector was undertaken by international consultants. UNICEF found it difficult to obtain either temporary or long-term technical, national assistance because of an insufficient pool of local expertise. Assessment exercises were affected accordingly, and at times

[71] Raajje Foundation, 2009.
[72] Ibid.
[73] Ibid.

appeared to be disconnected from island culture and realities. The post-tsunami psychosocial needs assessment chronicled post-traumatic stress symptomology at the expense of an investigation of family and community supports.[74] Their assessment lacked sufficient guidance on how to engage extended families or island level committees in social welfare and community care roles. The absence of a relevant focus and analysis on social and community strengths may, in part, be responsible for the shortcomings of the psychosocial programme's outcomes.

EFFECTIVENESS AND EFFICIENCY

- ***Effectiveness:***

One of the more effective post-tsunami achievements has been the acceleration of the social service delivery model. Thirty social workers graduated from the Social Service Worker (SSW) course in 2008, and have begun working in the 21 FCSCs in the atolls and in the DGFPS/Ministry of Health and Family (MHF) in Malé. Centre and Ministry personnel have also undergone training for a newly developed procedure manual governing their work. The Procedure Manual on Delivery of Services, also developed with UNICEF, pulls together information on the statutory requirements of national legislation and international conventions to provide practical guidance on social work best practices and tools. While significant challenges remain, the process of decentralisation is slowly achieving some of its intended objectives.

At the same time, the effectiveness of UNICEF's overall protection programme was diminished by the lack of realistic planning and in-house sector expertise. UNICEF Maldives's annual reports state that one-third of planned activities in 2006, and a similar proportion in 2007, remained incomplete due to over-ambitious planning by the programme, difficulties in multi-sectoral cooperation, bottlenecks and lack of absorption capacity in government.[75] A lack of inter- and intra-sectoral coordination, including the lack of capacity in government agencies to coordinate various stakeholders, and high staff turnover, have resulted in instability within UNICEF's work on drug abuse/prevention.[76] The lack of social sector expertise—especially as it relates to social sector and community development specialisation and access to local knowledge—also limited the effectiveness of child protection programming.

- ***Efficiency:***

In the Maldivian context, a distinction may be made with regard to national level partnerships and related island governments, on the one hand, and civil society and community needs and priorities on the other. With this distinction in mind, there appears to have been an imbalance in national level human and financial investments compared to civil society and social sector investments. The absence of NGOs or competent academic institutions that could be commissioned to conduct rapid, social sector assessments in the Maldives was also a drawback to efficient programme planning. At the time, there was not a regional roster of consultants/organisations that could be drawn upon for early deployment of experts to conduct rapid, social protection needs assessments.

SUSTAINABILITY

The new coalition government's 'manifesto' highlighted the growing drug abuse problem as one of five priority areas, and stressed its commitment to take action, including decriminalisation of drug addicts. Other child protection and child welfare items are not mentioned within the stated government priorities.

The merging of departments and ministries that followed the change in government has raised concern among child protection advocates that child protection and welfare concerns will be marginalised within larger bureaucracies. The Children's Act and Juvenile Justice Act remain in draft form, awaiting further consultation with appropriate government officials and other stakeholders.

---

[74] See IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.
[75] UNICEF. *UNICEF 2006 Maldives Annual Report*. 2006. UNICEF. *UNICEF 2007 Maldives Annual Report*. 2007.
[76] UNICEF. *UNICEF 2007 Maldives Annual Report*. Maldives, 2007.

A flaw in almost all protection programmes was the lack of a systematic process for consultation with local communities. The extent of local island buy-in and ownership of projects is one of the most important determinants of the long-term viability and sustainability of social welfare and child protection programmes. Hence, it is important to ensure the necessary human resources—with country-specific social sector expertise, community development and gender specialisation—to review and support analysis and programming planning. Social sector expertise is also necessary for strengthening the qualitative aspects of monitoring and evaluation focusing on addressing women's and children's rights in a culturally sensitive manner.

If UNICEF's child protection programme is to become a central component of country efforts in the future, more consistent human resources will be required—particularly social sector, gender and socio-legal expertise. Better access to local knowledge and a better understanding of community development processes would also improve the programme's focus, integration and sustainability. The current approach of relying solely on short-term consultants for assessment and research purposes is not optimal, and may be one reason for the fragmented and over-ambitious nature of previous programmes.

UNICEF'S Role and Contribution

UNICEF played a supportive role within the UN family as UNFPA led protection and psychosocial responses. Yet, UNICEF Maldives could not take a child protection leadership role: unique risks faced by children in response to this disaster were joined—and in some cases, subsumed—under concerns related to women and older persons.[77]

The government's programme to decentralise social services to the atolls through the establishment of FCSCs would not have had as much momentum without UNICEF's support and advocacy. The child protection programme's technical and financial support to the Advanced Social Service Worker certificate has provided Maldivians with an opportunity to be trained locally in social service delivery that is contextually relevant.

UNICEF's child protection programme and country director worked hard to put the issue of drug abuse and child rights on the Maldives's national agenda, and have promoted a growing dialogue between government, NGOs and civil society. These partnerships resulted in efforts to raise the consciousness of Maldivians about the issue of drug abuse in their communities, as well as to build local capacity to respond to this problem.

Lessons

- ***UNICEF Maldives could not take a child protection leadership role.***

Unique risks faced by children in response to this disaster were joined—and in some cases, subsumed—under concerns related to women and older persons.

- ***A common constraint for protection programmes is the lack of a systematic process for consultation with local communities.***

The extent of local island buy-in and ownership of projects is one of the most important determinants of the long-term viability and sustainability of social welfare and child protection programmes.

- ***If child protection is to become a central component of UNICEF Maldives's efforts in the future, more consistent human resources will be required.***

The current reliance on short-term consultants for all substantive work contributes to fragmentation. There is a need for more consistent social sector, gender and socio-legal expertise.

4.4 Health and Nutrition

[77] Patel, 2006; UNFPA Maldives, 2006b.

Context and Sector Response

Nearly 35 percent of the population in the Maldives resides in the capital of Malé—making it one of the highest population densities in the world. Three other islands have even higher population densities, while lacking much of Malé's infrastructure and services. The extreme levels of overcrowding cause acute respiratory infection (ARI), a major health problem, and increase the risk of infection from contagious disease. The rest of the population is scattered over approximately 198 islands, many with fewer than 200 residents. Partly as a result of scattered settlement on many small islands, there is a high health worker-to-population ratio, but low productivity-per-worker, thus yielding limited output and outcomes compared to other countries at similar levels of development.

Each of the Maldives's 22 atolls has one to three health centres that provide basic health care and improved amenities in maternal health services. Island health posts and family health sections at island offices provide health services at the island level—these facilities are at the bottom of the health service hierarchy. Family health workers and *foolhumaas* (traditional birth attendants) provide health care at these outlets.

Prior to the tsunami, rapid growth, from a very low level of institutional development in the 1980s and 1990s, resulted in systems for health and nutrition that remained organisationally weak. Communications and supervision, in particular, were underdeveloped and the country depended heavily, and increasingly, on the employment of doctors and nurses hired from other countries. Since 2000, the GoM has allocated a high level of national and development funding—especially from WHO and UNFPA—for the training of health workers in the country (mainly nurses and community health workers) and abroad (mainly doctors).

The Maldives is on track to graduate from a Least Developed Country (LDC) to a Middle Income Country (MIC). In the last 20 years, a very rapid development process has occurred, leading to one of the fastest declines in mortality rates in the world, rapid urbanisation, rising incomes, and social problems that have accompanied such a dislocation. In spite of the country's development, issues relating to health, nutrition and wellbeing among Maldivian women and children are still not fully addressed; malnutrition and the high prevalence of underweight children are of particular concern.

The tsunami had a dramatic impact on social services and infrastructure, including the health care system, which suffered physical damage and destruction, and lost essential medical supplies and equipment in nearly all facilities. Widespread displacement resulted in higher population density, and decreased access to health services in Malé. The tsunami highlighted the lack of access to health care for many affected populations, particularly in the peripheral islands. In spite of attempts by the MOH to bring in trained health care staff from non-affected areas, there were insufficient numbers of trained staff to perform an adequate and comprehensive emergency health response.

In the relief stage, immunisations were a high priority, with two campaigns reaching more than 100,000 children and young adults. The Ministry of Health (MOH) distributed essential medicines that were provided by the World Health Organization (WHO) and the IFRC. The recovery effort among multiple external partners rebuilt dozens of health facilities, including two atoll hospitals and one regional hospital, and provided new equipment, Internet-based communications and modern laboratories. Two more hospitals are currently under construction and another regional hospital is being upgraded and expanded.

Nearly five years after the tsunami, malnutrition remains a challenge for the Maldives. Despite substantial improvements in the quality of health care services across the country, the newly established Online Nutrition and Child Health Surveillance System (ONCHSS) notes persistent and chronic patterns of malnutrition among children under age five.

UNICEF's Response

UNICEF's health and nutrition programme scaled up dramatically post-tsunami. The total budget for health and nutrition—and water and environmental sanitation—for 2004 was USD $154,700, most of which was used in two nutrition/health projects. The tsunami led to an enormous expansion of UNICEF-related funding in health and nutrition for the Maldives. After the UN Flash Appeal targeted USD $2,520,000, health and nutrition funds topped USD $4,758,235 in just 90 days. The total UNICEF contribution from 2004-2008 was USD $6,127,985.

UNICEF conducted several rapid assessments—in part with the mobilisation of teachers—in the first weeks after the tsunami. Children's nutritional status was assessed, as well as the adequacy of the general food distribution ration for vulnerable segments of the population. Four days after the tsunami, UNICEF commissioned an IFRC team to conduct a rapid assessment of the psychosocial condition of affected populations, particularly women and children.

UNICEF reestablished pre-tsunami nutritional interventions, Vitamin A supplementation, and de-worming. In addition, it provided support for the construction of temporary health posts and rehabilitation of damaged health facilities. The coordination efforts by UNICEF were related to assessments, supplies-related procurements, food for IDPs, awareness about the importance of breastfeeding, and school-related actions.

In the recovery phase, UNICEF conducted a nutritional survey of IDPs in an affected atoll, and supported the establishment of MaldivInfo to include more than 25 years of MDG-related data. UNICEF provided technical support to the GoM on food ration guidelines and the use of infant formula in emergencies. In collaboration with the Health Education Unit of the MOH, UNICEF produced and disseminated materials, videos and radio spots on public health and environmental sanitation measures.

Finally, in the development phase, UNICEF has continued development of MaldivInfo; provided technical support, training and health facilities equipment for the establishment of the ONCHSS. UNICEF provided financial support for the rehabilitation of five health posts and five health centres on the basis of the MOH Health Sector Funding Gap Analysis in the National Recovery and Reconstruction Plan.

Outcomes and Impacts

- ***The 2015 MDG Infant Mortality Rate Has Been Met:***

To successfully reach the MDGs, the Maldives needs to decrease the child mortality rate to 16 per 1,000 live births by 2015, and it has already more than done so. The infant mortality rate (IMR) declined from 34 per 1,000 live births in 1990 to 12 per 1,000 live births in 2005, while the under-five mortality rate (U5MR) declined from 48 per 1,000 live births in 1990 to 16 per 1,000 in 2005.[78] Importantly, there are no notable differences in child mortality between the rural (atoll) population and the urban (Malé) population or between genders.

- ***Decline in the Maternal Mortality Rate:***

The maternal mortality rate (MMR) has declined from over 400 per 100,000 live births in the early 1990s to 72 per 100,000 in 2005. The proportion of deliveries attended by qualified staff was reported to be 87 percent in 2004 and 94 percent in 2006.

- ***Child Malnutrition is Declining but Remains Too High:***

By 2005, nutritional indicators for children in the Maldives had improved in comparison to rates prior to the tsunami. However, given the low national rates for IMR and U5MR, the rates of under-five children that are underweight (21 percent), wasting (13 percent), and stunting (16 percent) were still relatively

[78] Maldives key indicators, 2006.

high.[79] This survey showed that children between the ages of 24-35 months are most vulnerable, indicating improvements in breastfeeding in comparison to the 2001 Multiple Indicator Cluster Survey (MICS) survey, and showed a continuing problem with low-quality complimentary foods later in the weaning and post-weaning period. Further, a survey carried out by UNICEF three months after the tsunami indicated that the nutritional status of internally displaced persons was notably worse than national averages.

- ***There Was No Major Outbreak of Communicable Disease Post-Tsunami:***

There were no major outbreaks of communicable diseases in the displacement camps or among residential affected populations following the tsunami. A measles outbreak occurred among older children; the immunised age group (lowered to six months) showed low rates of infection in 2005, demonstrating the inadequacy of some immunisation activity in the years prior to the tsunami. Further, it demonstrates that the potential for infectious disease transmission was enhanced by tsunami-related changes in the Maldives, including population movements, crowding and reduced defences. Thus, it can be stated strongly that the activities to reduce the potential impact of immunisation preventable diseases were timely, appropriate, and largely effective.

- ***Tsunami Recovery Funding Complemented Rapid Economic Growth with Reconstruction of the National Health System:***

Growing demand and the multi-agency recovery response have resulted in increased health care facilities and personnel. Tsunami recovery funding was provided at the same time that rapid economic growth was occurring. This facilitated the creation of more modern infrastructure and services for more effective administration where the population has been concentrated. More atoll health centres are being built and some upgraded to atoll hospitals, while some atoll hospitals are becoming regional hospitals. Four hospitals, twelve health centres, and 30 health posts were rehabilitated or reconstructed. Tsunami funds permitted the building of health facilities on the most affected islands and the renovation and improved equipping of existing facilities on many other islands. As a result, the quality of the facilities in many areas today is excellent, including the equipping of all health centres with continuous Internet capacity, a critically important element in a country with such a geographic dispersion. It creates the opportunity for the development of a system of remote consultation with specialists in Malé or in other countries, even among those in small, remote islands. Further, the improved medical facilities offer increasing sophistication in surgical, obstetric and laboratory facilities.

The completion of the majority of the rehabilitation and the reconstruction of health facilities for the national health system shows considerable benefit to the country. Despite delays and challenges for UNICEF, the construction is appropriate and well used. The construction is of high quality, consistent with other modern local building in size and materials, and well integrated into the national system.

UNICEF's Programme Performance

RELEVANCE

UNICEF's support for the construction of temporary health posts and rehabilitation of damaged health facilities was appropriate and provided continuity toward the upgrading of health facilities that occurred in later stages. Yet, it is not clear on what basis these decisions were made since it was the MOH that collected information on needs and set priorities, apparently without an overall health development plan.

Provision of replacement vaccines and syringes as requested by the MOH was clearly an important activity, with considerable success demonstrated in maintaining high immunisation levels and low

[79] Definitions: *Underweight:* Moderate and severe - below minus two standard deviations from median weight for age of reference population; severe - below minus three standard deviations from median weight for age of reference population. *Wasting:* Moderate and severe: below minus two standard deviations from median weight for height of reference population. *Stunting:* Moderate and severe: below minus two standard deviations from median height for age of reference population.

infectious disease occurrence. The procurement and distribution of infant scales and food from local sources for immediate distribution to IDPs was important. While UNICEF's procurement of cold-chain equipment was important, it has been criticised for being too extensive and premature because a full needs assessment had not yet been done; however, in the long run, the equipment has been of value to the country and does not appear to have impinged on funds available for other programme activities.

EFFECTIVENESS AND EFFICIENCY

The international community's response to the tsunami had a clear and important role in stabilising the country, in repairing health facilities, supplying essential goods to reduce morbidity and mortality, and in maintaining the country's progress on preventive and promotional aspects of health and nutrition. Yet during the early stages of tsunami recovery, international staff was more engaged in programmatic activity than in strengthening national planning ability. In retrospect, it is clear that the programme actions went well. However, assistance to national planners for medium- and longer-term planning skills would have assisted in further advancing programmes and integrating them into normal country programmes when tsunami-related funding was to end.

The decline in mortality among children is a major achievement, and shows that the tsunami created a short-term detour, rather than a long-term impediment, to existing social progress. Notably, there was no influx of baby bottles or formula in IDP camps; exclusive breastfeeding remained stable at around 23 percent of infants for the first six months, which might not be the case in the absence of UNICEF coordination. Capacity to monitor children's growth and weight, important for monitoring any nutritional deterioration and perceived risk, was rapidly re-established after the tsunami. Provision of appropriate infant food to help maintain nutritional status and mitigate the risk of complications from inappropriate food for IDPs was successful. Additionally, as part of the tsunami recovery maternal health programme, the need for "friendly services" for adolescents was identified. More than 50 percent of the nation's population is under 24 years of age and their access to services is still limited. In collaboration with the school health programme (MOE), the Youth Centre (Ministry of Youth), UNFPA, and the Society for Health Education, the Indira Ghandi Memorial Hospital in Malé opened an adolescent clinic to provide reproductive and sexual health counselling. A future challenge will be to extend these services to youth in the islands.

With strong MOH leadership in a largely public health system, most coordination was performed by the MOH. Yet it took some time before the MOH developed the Health Sector Funding Gap Analysis as part of the National Recovery and Reconstruction Plan, which delineated a list of reconstruction, rehabilitation and supply needs to replace—and in some cases, 'build back better'—the health care infrastructure. Yet the support of health facilities reconstruction has not yet found a parallel in the retraining of health workers except in the narrow areas of breastfeeding support and immunisation promotion. These activities, which would require national decisions regarding development models and cost planning for the health system, are primarily issues for the national authorities that do not yet appear to benefit from a coherent consensus.

SUSTAINABILITY

While the programmatic focus of the funds utilised by UNICEF in the Maldives appear to address key health and nutrition issues, there appears to be a lack of funding for longer-term priorities. The country may have been even better off in facing its current challenges if the development of national capacity in these areas had been conceived of early in the recovery process, and if their funding had occurred throughout the last five years. The following are specific challenges facing sustainability of different aspects of the health and nutrition sector in the Maldives.

- ***There is a Need for Capacity Development at Multiple Levels***

Post-tsunami, the international community's efforts to begin to address psychological and psychosocial aspects of health, encourage island-level health promotion activities, and improve epidemiologic monitoring for primary care are key activities to move from emergency response to development for the country. These activities, however, have not yet reached fruition in programming by the MOH and

other related governmental bodies. The capacity development among national technical staff to develop these programmes, and the national policy capacity to integrate them into the country's developmental priorities, has not yet been sufficient. Another significant constraint is that much of the skilled and unskilled workforce of several reconstruction aid agencies is sourced from outside the country, primarily as a result of scarce local technical expertise. Although the tsunami brought employment opportunities in the construction, trade and transport sectors, there is no evidence that those opportunities have contributed to a significant reduction in unemployment, particularly with the rise of youth entering the work force.

- ***There is a Need for Human Resources and Technical Capacity Development***

Investments by the international community and by UNICEF in particular do not appear to have focused strongly on the technical capacity development, health personnel training, and policy issues which are critical for the country. Especially in the context of rapid changes occurring in governance in the Maldives, opportunities to assist in these areas are suddenly far greater and demand catch-up action by the international community if the country is to achieve balanced and sustainable development in the years ahead. These limitations have a great deal to do with the rapid pace of development of the Maldives, and there were limitations in participation of the population until the recent elections opened up the policy environment. Constraints also included the limited knowledge and experience among UN staff that came as part of surge capacity for the tsunami response. More training and guidance for those mobilised for large-scale disasters would make these surge staff more capable to contribute. As the response to the storm surge in 2006 showed, pre-disaster training and preparedness among local island health workers and NGOs that are already on the ground in affected areas are crucial.

In both the government and private sector, the gap between emerging requirements and the availability of skilled manpower was filled by recruiting expatriate health professionals. This is a major driver of increased costs to the health system, which also causes a high degree of frustration that mid-level health workers, trained for community health promotion, are not able to practice these skills in a health system dominated by more highly skilled, more clinically oriented, foreign health workers. While there is a widespread belief that both training of national health workers—and employment of additional expatriates is needed, there is a need to develop a coherent strategy to address the continuing and emerging health needs of the country. While it would have been possible to fill the positions of general duty medical officers and nursing staff with an increased training of Maldivian personnel after the tsunami, the existing limited training and management capacity in the health system made it easier to hire foreign workers. This short-term strategy is now problematic for the health system, with rising costs and consumer expectations.

- ***Long-term Food Security and its Impact on Nutrition***

Atoll populations spend 40 percent of their budgets on food, as compared to 27 percent in Malé, and food deliveries are irregular in the smaller atolls. The food crisis that began in 2008 may, overall, end up impacting this population more seriously than did the tsunami. The geographic distribution of nutritional status among children under five years of age reveals important inequalities in access to food, and these are consistent with a need for strenuous health promotion to assure diet diversity and adequacy among children in remote atolls. It is therefore necessary to monitor the nutritional status of children to identify pockets of high malnutrition and emerging pockets of nutritional stress, particularly in the atolls. There have been two nutritional surveys to-date, and a third survey related to the food price crisis is now underway. UNICEF's efforts to develop the online, clinic-based information system are critically important.

- ***Attaining and Sustaining the Millennium Development Goal Achievements***

The main challenge for the Maldives is sustaining its MDG-related health improvements achieved in the last decade given the small size of most island populations; the high usage of foreign medical workers; the emergence of socio-medical problems, especially among young people; a low level of participation among the population in many aspects of preventive and promotional health care for children and women; and limited capacity in monitoring of health behaviours and outcomes.

Most of the health issues addressed by UNICEF, like community health and primary care more broadly, relate most directly to women and children. The work in early emergency response, and the continuing and evolving needs for longer-term development, mainly impacts women. There is high prevalence for anaemia among adolescent girls, pregnant women and women of child-bearing age. Acute respiratory infections are the most common cause of serious morbidity among children.

As of mid-2004, 14 people had tested positive for HIV, and ten people had died of AIDS. No HIV cases have been reported among pregnant women so far. The evaluation found that HIV/AIDS prevention was not given adequate attention; nonetheless, there is no evidence that there was any transmission of HIV as a result of tsunami-related conditions. HIV/AIDS surveillance has improved throughout the country, and a high degree of awareness among the local population on the causes and preventive measures of HIV/AIDS have resulted in the low prevalence. Trends in sexually transmitted diseases, however, have not been properly determined yet, and adequate surveillance needs to be undertaken. High intravenous drug use and an increasing sex trade indicate that the Maldives faces a challenge to ensure sustained low HIV prevalence. Efforts are underway to further strengthen awareness programmes and must continuously measure impact of these programmes. With UNICEF support, the 2007-2010 National Strategic Plan on HIV/AIDS was developed and approved by the National AIDS Council; this was the first time a national plan has recognised the need to develop specific interventions for vulnerable and most-at-risk populations, with a specific focus on most-at-risk adolescents and young people.

UNICEF's Role and Contribution

UNICEF has played a key role in every area of progress in health, nutrition and HIV since the tsunami, and the organisation closely coordinated with government counterparts to organise the flow of information and technical advisory activities. UNICEF's early tsunami recovery activities were well focused on the country's emergent needs, and its longer-term programming has initiated action in all areas where further developmental progress has been made. UNICEF led primarily in the area of nutrition, one of its key corporate commitments, in coordination with other UN agencies and the IFRC. MaldivInfo became an important informational tool in the recovery phase, and UNICEF continued to lead the development of the national Online Nutrition and Child Health Surveillance System—linked to the Birth Registration system—which is greatly needed for strengthening primary health care and preventive care actions.

Lessons

- ***The tsunami was a short-term detour, rather than a long-range impediment, to social progress.***

The successful reconstruction of the national health system has illustrated that the tsunami was an impetus to build the sector back better to meet the long-term needs of the Maldivian population. The disaster response, to a large extent, contributed to subsequent developments.

- ***Pre-existing contextual and developmental issues were the biggest constraints on recovery and building back better, or smarter, in affected areas.***
- ***Coordination between training and a fuller understanding of the epidemiologic burden of the country is crucial.***

The country has a well developed system of health care facilities, but poor articulation of the actions of health workers with the actual epidemiologic burden of the country limits its effectiveness.

- ***There is a need for better, longer-term assessments to inform need, planning and programme development.***

5. CROSS-CUTTING ISSUES

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

Until 2006 there had been a difficult relationship between the UN and GoM. The UN was prohibited from dealing directly with ministries, and reports of rape and abuse in IDP camps were denied by the government and openly ridiculed by the press. This was to change quite rapidly as the political climate in the country improved.

UNICEF’s recognised, longer-term contribution to development will most likely be less for its high-expenditure infrastructure than for the ‘software’ such as the “Wake Up” initiative against drug abuse, and the strengthening of legislation on child protection and education. Indeed, by its own admission, **UNICEF’s overall efforts to “build back better” may have been overambitious**, and to some extent lost sight of the critical needs and negative social developments arising in the camp-based, aid-dependent IDP population.

Arguably, **the attention to large-scale infrastructure development**, particularly in the WASH sector, **provoked a disjuncture between this and the expertise and capacities necessary to address the needs of more vulnerable, tsunami-affected households**. This may have been exacerbated by a high turnover of short-term and relatively inexperienced consultants in the transition out of an emergency-relief mode of operation into development programming.

Staff capacities, with respect to policy and programme design at national level and planning for the transition from relief through recovery to development, were thus inadequate. Nevertheless, in child-friendly schools, the transition was relatively smooth because it was built upon established relationships between the MOE/Educational Development Centre and UNICEF, and elaborated on reasonably well proven—albeit still developing—CFS and Quality of Education actions.

5.1 National/Local Capacity Development

An important question for the evaluation was the extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity. This would imply recognition of the limitations on sustainable public expenditure; matching the support to infrastructure with appropriate attention to human resource and institutional constraints; and taking account of the varied structural nature of social and economic exclusion in the affected areas, in attempts to reverse patterns of social exclusion.

A limitation of capacity development in the Maldives is that “strategies have mostly focused on the national level and so far, remain highly centralised”.[80] Further, local organisations have limited relationships with the GoM and are still seeking credibility and support. Nonetheless, the support local civil society organisations receive from the international community has strengthened their position and should allow more opportunities for their advocacy and service delivery.[81]

The UNDAF process enabled UNICEF, in particular, to look critically at vulnerability issues and to introduce a more robust monitoring and evaluation system. One significant outcome applauded by the government was MaldivInfo, an adopted version of the global UN DevInfo Software,

[80] Channel Research, op. cit., p.82.
[81] Ibid, pp. 30, 84.

developed specifically for the Maldives by UNICEF and the Ministry of Planning and National Development. The software was launched in June 2007, with subsequent training for ministry officials. The Database of MaldivInfo consists of information from the Census 1990, 1995, 2000, 2006, Vulnerability and Poverty Assessment 1 (VPA I), Vulnerability and Poverty Assessment 11 (VPAII), Statistical Yearbooks, Reproductive Health Survey, and Multiple Indicator Cluster Survey. However, child protection indicators were more difficult to incorporate. As a flagship information system, MaldivInfo was able to trace 30-years of development improvements in the country and lay bare the challenges that a more responsive government is now able to address.

In water, sanitation and hygiene, the tsunami has necessitated a rapid scale-up of the GoM's capacity in some critical infrastructure areas due to the supply of equipment and systems. Yet, **the use of inappropriate solutions or unsupportable technologies by various agencies requires levels of technical expertise and financial recovery not available on some islands**. MEEW and MWSA have acknowledged that they do not have the capacity to manage or monitor all of the 70 new water and sanitation systems without external assistance. UNICEF is providing training and equipment at the community level.

5.2 Cross-cutting Issues

UNICEF's programme as a whole should be understood in the context of the differentiated partnerships among the UN country team member agencies and the impact that common country processes have had on the choice of interventions. The UN Common Country Assessment (CCA) in 2007 presented an analysis of the major development challenges facing the Maldives, suggesting that the entry points for UN system support—short-listed for areas of inclusion in the United Nations Development Assistance Framework 2008-2010—were around three thematic issues:

- **Social and economic equity:** notably for the most vulnerable and marginalised sections of society;
- **Environment management and disaster risk reduction:** improved access to environmental services and reduced vulnerability to disaster risks; and
- **Governance:** a more active participation in national and local governance combined with greater rights awareness.[82]

UNICEF benefited from having a long-established presence in the Maldives, and was able to quickly build upon existing relationships with government ministries and agencies. The influx of agencies into the Maldives post-tsunami, however, contributed to the chaotic environment in the relief stage and illustrated the necessity of managing assistance efforts by multiple agencies.[83] The duplication of efforts not only led to inefficiencies and increased transaction costs, but also roles and responsibilities among agencies were unclear without a clearly designated body responsible for monitoring response and recovery efforts.[84] In 2007, UNICEF reported that the tsunami in the Maldives, Sri Lanka and Indonesia also exposed major challenges to working in tandem, including:

> *The burden that heavy coordination systems can play on programme implementation; the need for inter-agency sectoral leads; the importance of government-led coordination when capacity allows; the necessity to separate inter-agency coordination from sectoral programming within the organization to protect both coordination and UNICEF programmes while maintaining objectivity; and the challenge that staff turnover can have on sectoral leadership.*[85]

---

[82] United Nations. *Common Country Assessment: Republic of Maldives*. 2007.
[83] Government of Maldives and United Nations. 'Government of Maldives and United Nations Post-Tsunami Lessons Learned and Best Practices Workshop: Report on Main Findings'. Maldives, 17-18 May, 2005.
[84] Ibid, p.19.
[85] UNICEF. *Thematic Humanitarian Report 2007 – Annex 1. UNICEF's 2007 Response to the Indian Ocean Earthquake and Tsunami*. 2007, p.53.

There was little coordination among individual donor and international agency personnel visiting islands during the post-tsunami assessment procedures. The same kinds of questions were repeatedly asked.[86] The Tsunami Evaluation Coalition found that some populations were interviewed many times but not truly consulted, while the greatest affected populations, including IDPs, women-headed households and other vulnerable groups were not targeted for assessment.[87] These inadequate efforts were to colour perceptions and levels of participation over the long-term.

In hindsight, UNICEF realised that it had been too dependent on needs assessments conducted by the GoM, rather than carrying out independent assessments and directly accessing communities. The reliance on government directives may have contributed to an incidental disengagement from beneficiary needs, priorities and recovery time frames. A top-down approach in planning had often been a consequence of working closely with government in the Maldivian political context.[88]

Nonetheless, **UNICEF's partnership with the GoM has led to improved capacity within the government and a greater openness to institutional development initiatives**. For example, UNICEF supported the development and capacity development of the GoM's newly established Ministry of Energy, Environment and Water. Coordination between the two partners in 2006 led to the formulation of environmental and development planning guidelines and the gathering of pre- and post-tsunami sector baseline data.

The heavily centralised GoM curtailed potential new partnerships with local NGOs during the relief and recovery phases; where NGOs existed at all, they worked hand-in-hand with the GoM, which determined the allocation of responsibilities. For example, the child protection programme has always been implemented with the cooperation of concerned government entities. Although consultations and programme development included consultation with women's NGOs and women's development communities at the island and atoll levels, the extent to which this entailed genuine participatory decision making is difficult to discern.

The tsunami response also exposed weaknesses in UNICEF's staffing agreements with external partners for standby response—such as NGOs, UN agencies and the private sector. Staff was seconded to work for UNICEF from 15 different standby partners. Following the tsunami, UNICEF signed separate Global Standby Agreements in order to establish a consistent procedure that it could rely upon in the event of future emergencies.[89] This is particularly important given that UNICEF dealt with limited human resource, technical capacity and preparedness in the critical months following the tsunami.

Post-tsunami assessments[90] signalled that the national NGO sector is very limited, with only three national NGOs identified. However, community-based groups, such as youth clubs, sports groups, island development committees (IDCs) and women's development committees (WDCs) were more robust,[91] perhaps signalling a tradition of community collaboration. More recent civil society assessments have shown a large increase in national NGOs—currently 32—based in Malé.[92]

Due to the increased funding availability and programming by international actors in the atolls, the numbers of NGOs/CBOs in the atolls appears to have expanded post-tsunami. Government institutions at the atoll level began to explore and link with these organisations in order to capitalise on

[86] Government of Maldives and United Nations, op. cit., p.7.

[87] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006.

[88] UNICEF. *Limited Program Review and Evaluability Assessment: UNICEF Post Tsunami Recovery Response*. UNICEF Evaluation Office. New York, May 2008, p.14.

[89] UNICEF. "Indian Ocean Tsunami: UNICEF Staffing Response". Submitted by the Emergency Unit, TMS, UNICEF Division of Human Resources, New York, December 2006, p.23.

[90] World Bank, Asian Development Bank and the United Nations, op. cit. See also, Patel, S. op. cit.

[91] Patel, S., op. cit.

[92] Raajje Foundation, op. cit.

efforts to build up a protective environment for children, including through the establishment of 'safe spaces', in some locations. Unfortunately, with the corresponding decreases in funding, NGO/CBO presence and capacity in the islands has subsequently decreased; therefore, linkages have not been fully capitalised upon, and there is less coordinated response to issues faced.

5.3 Disaster Preparedness

Because the Maldives is highly vulnerable to natural disasters, climate change and the impacts of population growth, the GoM has developed the Population and Development Consolidation Program as a long-term strategy. The GoM now has an early warning system for tsunamis and tropical cyclones, and it has undergone some small-scale disaster training and drills. While the NDMC, established post-tsunami, is meant to address disaster risk reduction and response, the country's Disaster Management Act remains in draft form[93] and a national preparedness plan is only now being finalised. Yet, the precarious geographic situation of the Maldives does not have any realistic sustainable solutions:

> *Risk reduction is a difficult issue for the Maldives as the geography of the islands leaves them continually exposed to tropical storms and the (relatively low) risk of tsunamis. There is no natural high ground, and many inhabited islands are so small that applying a buffer zone as [done] in Sri Lanka would lead to them having to be abandoned. The new president now talks openly of buying land away from the Maldives where the population could be resettled.*[94]

UNICEF made important efforts to develop preparedness, including the sponsorship of workshops for emergency needs assessment. It also piloted and developed a standardised template for 72-hour, post-event rapid assessments and an 'Emergency Info' module developed. In the WASH sector, the government has rapidly increased its disaster preparedness capacity for water supply with land-based and mobile water sources, including reverse osmosis desalination plants on boats.

5.4 Targeting the Disadvantaged

The GoM and UN found that the needs of disabled and older people, and pregnant women, were not always addressed in the early tsunami response, which has resulted in a call for policies to be developed and included in disaster management operations.[95] In the early response phase, the GoM provided blanket distributions to affected communities post-tsunami, rather than addressing the needs of vulnerable groups. There were no facilities for children with disabilities at the island level, although there was provision for special classes funded by the government.[96] Marginalised children—including those orphaned/abandoned prior to the tsunami, and children with disabilities—were largely ignored in the child protection sector response. On the other hand, in the education sector, UNICEF advocated for and provided technical support to children with special needs, which has resulted in strengthened sector capacities for assessing these children and their needs.

To address regional disparities, the GoM has developed Regional Growth Centres (RGCs) to increase development in areas where there has been restricted access to social and health services and physical infrastructure.[97] However, **the 2007 UN Common Country Assessment reports that the**

[93] Channel Research, op. cit., pp.71-72.
[94] Ibid, p.74.
[95] Government of Maldives and United Nations, op. cit., pp.7, 10.
[96] Government of Maldives Ministry for Gender and Family. "Plus 5" Review of the United Nations General Assembly Special Session on Children 2002 and World Fit for Children Plan of Action. 27 December 2006, pp.16, 24; paragraph 6.16.
[97] United Nations. *Common Country Assessment: Republic of Maldives*. 2007, p.29.

Maldives has a long way to go in providing for such access and addressing the social protection needs of vulnerable women, youth and children.[98] The UN system has committed to:

> *...support efforts to develop competencies in various social institutions to identify and meet the needs of [children, young people, women, and persons with disabilities]….The UN system will also monitor compliance with ratified conventions relevant to this area to ensure that marginalized and vulnerable groups benefit equitably*.[99]

5.5 Human Rights-based Approach to Programming (HRBAP)

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

Common Understanding

1. All programmes of development co-operation, policies and technical assistance should further the realisation of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.
2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.
3. Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.[100]

In the Maldives six core international human rights treaties have been ratified,[101] with the last two being in 2006—the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). **Legislative reforms and awareness campaigns have included the participation of the public, including young people**. There are some concerns, however, about the upholding of human rights due to Islamic law.[102]

There has been notable progress with regard to child protection and rights. The GoM has fulfilled its reporting obligations on the Convention on the Rights of the Child by submitting periodic reports. The Ministry of Gender and Family collaborated with the Attorney General's Office (AGO) in 2007 to begin the process of reviewing legislation to bring it into conformity with the principles of the CRC. The AGO's work included incorporating provisions of international human rights law into domestic legislation. UNICEF has also worked with the government and NGOs to raise awareness and place child rights and drug abuse prevention on the national agenda.

These are important steps for the Maldives in overcoming the challenge in harmonising its international legal obligations with its national laws, enforcing them, and ensuring that members of society understand their rights. **While the GoM has taken steps in this direction, more work is required to ensure policies are translated into change on the ground, and adequate funds are allocated for proposed reforms**.[103] UNICEF anticipates a need for ensuring the protection of access to social services among the significant child and youth population, in which 56 percent of the population is under 25 years of age.

---

[98] Ibid, p.126.

[99] Ibid, p.133.

[100] See Stamford Inter-Agency Workshop. "The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among the UN Agencies". 2003, p.1.

[101] The four ratifications prior to 2006 were: International Convention on the Elimination of all Forms of Racial Discrimination (ICERD), Convention on the Rights of the Child (CRC), Convention on All Forms of Discrimination against Women (CEDAW), and the Convention on Torture (CAT).

[102] UNICEF. *Mid Term Review of the 2003-2007 Country Programme of Cooperation between the Government of the Republic of Maldives and the United Nations Children's Fund*. November 2005, p.27.

[103] UNICEF. *UNICEF 2008 Maldives Annual Report*. 2008, p.44.

The UNICEF-supported MaldivInfo database, which holds over 30 years of MDG-related data, has doubtlessly contributed to human rights-based programming and decision making. The challenge, however, has been to ensure that commitments made in the international arena are fully reflected nationally, particularly within legislation and enactments within national law.

5.6 Gender Issues

The Maldives acceded to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 1993. The GoM has a Gender Equality Council that advises and monitors government policy.

> *Maldivian women are among the most emancipated in South Asia and the Islamic world. There is no institutional discrimination along gender lines in access to education and health services or for jobs in the public sector. School enrolment rates for girls and boys are almost the same and very high, as are the adult literacy rates. Women are employed in the government and in manufacturing, and they account for 70 percent of active persons in agriculture.*[104]

Nonetheless, women's inclusion is limited, and the Women's Development Councils are not functioning bodies that adequately represent women and advance their interests.[105] UNICEF reports that women's testimony is equal to half that of a man in matters involving adultery, finance and inheritance. The high prevalence of sexual abuse of young girls and physical abuse of children and youth are also urgent protection concerns. Gender-based violence (GBV) is underreported and understood to be domestic violence, "often considered a 'private' matter".[106] The 2005 Human Rights Survey found that "women agreed with all the justifications for [gender-based] violence more often than men did".[107] Women are often invisible or treated without adequate care of services due to a lack of trained social workers, GBV and confidentiality guidelines, and other constraints. **Because gender issues are rooted in the complex socio-cultural, economical, institutional and judicial environment, advocacy and gender-sensitive programming must remain a priority**. The UN system has committed to mainstreaming gender into all policies and programmes in the Maldives.

In the Maldives, girls account for approximately half of all primary and secondary students. In the evaluation of the education sector, there was unanimous agreement among field respondents and documents that there had been no discrimination in terms of girls' and boys' equal access to the teaching-learning materials provided as assistance. This may, in part, be attributable to the promotion of gender equality in Child-Friendly Schools training for teachers and administrative officials. UNICEF and others, for the most part, rebuilt gender-separate facilities.

In health and nutrition, most of the health issues addressed by UNICEF relate most directly to women and children, and in spite of this, the challenges to be overcome are primarily related to child and maternal health. Yet many health issues, such as nutrition, were pre-existing issues prior to the tsunami and require a longer-term development approach.

[104] World Bank. "The World Bank in Maldives: Country Brief". August 2006, p.2.
[105] United Nations. *Common Country Assessment: Republic of Maldives*. 2007, p.78.
[106] Ibid, p.55.
[107] Ibid, p.55.

6. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

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

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

The emergency was heavily resourced, with the Red Cross and NGOs having significant independent financial reserves and direct implementation capacity. **UNICEF's greater impact in all sectors was through investing in sector leadership—identifying gaps, addressing systemic issues and setting priorities**. Yet it is apparent that the pressure from UNICEF and donors to spend money within a certain time frame affected decision making on programme strategies.

In the **WASH** sector, positive outcomes were achieved in terms of the population's access to safe water, and other gains. The weakness in the early response was in-country capacity, with UNICEF struggling to meet the initial surge requirements within the context of a multi-country response.[108] The sanitation infrastructure being built after the tsunami is radically changing from household-managed systems to community systems, though the cooperative management systems required to maintain this have been slow in developing. Most importantly, the choice to invest in capital-intensive programming was not balanced with appropriate national capacity development; policy and support frameworks were less developed, and the capacity to maintain the systems was still basic. UNICEF's ten NGO implementers were preoccupied with complex engineering systems while the need for government and community capacity building, as well as long-term sustainability, was overlooked and relatively under-resourced.

In the **health and nutrition** sector, notwithstanding a lack of attention to technical capacity development, the disaster response to a large extent contributed to subsequent developments. In most areas, today's quality of new or rehabilitated facilities (many funded by UNICEF) is excellent, and the decline in mortality among children, for instance, is a major achievement. UNICEF's support to MaldivInfo and the development of the national Online Nutrition and Child Health Surveillance System has helped strengthen primary health care and preventive care actions.

The use of highly skilled, more clinically oriented, foreign health workers has to some extent curtailed capacity development of national staff. Meanwhile, some of the specific disaster-related objectives (such as emergency preparedness) and groups in need (such as IDPs) were less than fully addressed. In terms of nutrition, the 2008 food crisis may end up impacting the atoll population more seriously than the tsunami. There continue to be inequalities in access to food, and these are consistent with a need for strenuous health promotion to assure diet diversity and adequacy among children in remote atolls.

In **child protection,** there have been substantial GoM budgetary increases over the last four years, though it is difficult to gauge actual disbursements to individual sectors since there is little disaggregation of budgetary expenditure. The establishment of the NDMC has been a significant positive step. However, psychosocial emergency responses mirrored the centralised approach by the

[108] UNICEF. Children and the 2004 Indian Ocean Tsunami: UNICEF's Response in the Maldives – Water, Sanitation and Hygiene Sector Report (2005-2008). UNICEF Evaluation Office. New York. p.33.

GoM: they were top-down, demonstrated a predominantly male perspective, and rarely reflected realities and perspectives outside of the capital. UNICEF's overall protection programme was diminished by the lack of realistic planning and in-house sector expertise. Nevertheless, UNICEF's child protection programme has maintained a close working relationship with key government agencies. Further, the "Wake Up" Drug Abuse Prevention and Advocacy Campaign has proven to be a positive new departure for UNICEF and one worth pursuing further.

In **education**, the inventive use of student 'tsunami teachers' was a success that helped to meet the needs of schools, provided unexpected support to students and parents, and helped to provide on-the-job training that would contribute to the teachers' development and teaching abilities. Immediately following the tsunami, UNICEF focused on bringing children quickly back to secure learning spaces, and to do so in ways that laid the basis for the transition to the recovery period. UNICEF's work with Child-Friendly Schools and Child-centred Teaching-Learning was also highly relevant. The reach of the CFS approach was good, increasing the knowledge of teachers, school administrators and parents. The challenge, however, is in attaining critical mass: while rollout of the training by EDC and UNICEF is proceeding, there are still relatively few teachers involved. Likewise, with the TRCs, relatively few teachers are receiving the breadth and depth of support needed to constitute effective professional development.

The Maldives is currently undergoing a rapid—though largely peaceful—governance transition. The evaluation coincided with a change of government and an accelerated reform process that may yet see greater levels of atoll-level ownership of development initiatives; the tsunami response has contributed to greater awareness and demand at sub-national levels. There has been an encouraging increase in national NGOs.

Strengthening the capacity of the civil service will be critical if the country is to provide public services at a level consistent with the country's upper-middle income aspirations. Despite a gradual improvement in the education and skills of senior civil servants, the civil service still lacks policy, implementation and administrative capability. Over half of the civil service is concentrated in three ministries: education, health and defence services.

The evaluation covers only certain sectors, but it confirms the findings of the 2008 UN Human Development Report that vulnerability is outpacing the country's ability to provide safety nets.[109] Two particularly vulnerable groups are women and unemployed youth. The concentration of poverty in the Northern atolls and among particular population groups is of particular concern.

For UNICEF itself, strategic planning for the transition from relief through recovery to development was compromised by the transaction costs involved in protracted infrastructure work and a related lack of capacity available to the country office. At the same time, the GoM has been engaged mainly in succinct sector-specific thinking, limiting holistic planning. Nevertheless, the division of responsibilities under the UNDAF enabled UNICEF to pioneer the flagship MaldivInfo database, which has proved particularly valuable to the health and nutrition sector. Capacity development generally remains centralised, however.

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

---

[109] UN Human Development Report, 2008, referred to in http://www.undg.org/docs/RCAR/2008/MDV/letter-to-the-SG-2008-RC-Annual-Report-Maldives--signed.pdf

Recommendations

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

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

3) ***Where investments in assets and infrastructure are undertaken, these should be complemented with longer-term capacity development and a clear indication of responsibilities towards maintenance.***
UNICEF should ensure that longer-term, comprehensive planning for capacity building and coordination are built into the project planning to allow for greater sustainability. This should include support for maintenance, continuity and human resources development, and anticipate needs after agencies and donors exit.

4) ***Continuity of senior staff over the transition period should be assured.***
Effective exit strategies for emergency programmes are unlikely to occur unless more development-oriented staffing is in place at an early stage of the recovery.

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

6) ***UNICEF should continue to support national NGO/CBOss and promote ownership and participation among stakeholders to sustain and strengthen the effectiveness of initiatives and interventions.***
Mobilise and leverage existing community resources and local knowledge, and provide support to stakeholders—such as families, children, youth and communities—and civil society, community-based organisations and national NGOs. The sometimes greater efficiency and sustainability of national NGOs and CBOs over INGOs has been noted. NGOs should be recognised for their important contributions. UNICEF should strengthen community linkages by engaging communities and these organisations in schools, children's centres, disaster preparedness planning, and risk reduction exercises, among other areas.

7) ***UNICEF should promote the collection and analysis of disaggregated data on vulnerability—both qualitative and quantitative.***
Although domestic and local safety nets will always be of paramount importance, adherence to human rights principles and international standards will only be assured through institutionalising participatory methods of recognising and measuring inclusion and exclusion.

8) ***Prioritise developments in disaster preparedness and disaster risk reduction.***
Due to the severe vulnerability of the Maldives, it is critical to ensure that disaster preparedness and disaster risk reduction are among the highest priorities. This will require planning, advancing existing and future legislation, and rapidly implementing necessary provisions.

9) ***Through inter-agency collaboration, support human resource capacity development in education, local health care and child protection, preceded by a coordinated needs assessment.***
This includes enhancing the capacity of the existing civil service (policy, administrative and implementation capability), as well as developing skills in more specialist areas such as socio-legal and health training.

7. SECTOR RECOMMENDATIONS

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

7.1 Water, Sanitation and Hygiene (WASH)

WASH Recommendations for the Government of Maldives and Partners

1. **Funding partners should discuss a sustainable action plan for the country's desalination and sanitation systems.**

The GoM and funding partners should develop an action plan to build the GoM's capacity to manage and maintain WASH systems to ensure long-term sustainability. Various agencies are handing over different sanitation systems to the GoM with significant financial investments. These will be critical for planning around island consolidation. Plans should include the efficient use of resources for disaster risk reduction and preparedness, focusing on slow on-set disasters and risks of climate change, environmental degradation and migration.

2. **Establish a water quality assurance and monitoring system for drinking water.**

The existing policy framework and institutional systems do not ensure water quality in the atolls, especially for rainwater harvesting systems and desalination systems. Over time, these systems age, requiring ongoing maintenance, cleaning and replacement parts. The water quality assurance system should be decentralised and linked with established national disease control mechanisms. The water testing capacity developed in response to the tsunami can contribute to initial requirements. The low levels of household water treatment should be considered as a significant factor in water quality assurance.

3. ***Combine water supply and sanitation systems with other utilities on more populous islands to gain synergies, support sustainability, reduce costs and allow for easier cost recovery mechanisms.***

Water treatment and sanitation systems produce and use electricity. They have similar power generation capacities as other utilities and when not in use, stored energy can be reused. Similarly, maintenance of all utilities requires a specialised set of core competencies—such as plumbing and electrical work. Combining utilities will reduce these overall requirements at island and atoll level. The people of the Maldives consider water and sanitation as a service that should be free, and if the burden of cost recovery is too great, people on less densely populated atolls will retain or revert to ineffective pre-tsunami systems. Utility bills should be combined to facilitate payments and ease of collection, as in Malé.

4. **Use renewable energy alternatives in utilities, including water supply and sanitation, to reduce fuel dependence for long-term sustainability.**

The Maldives island water supply, sanitation and utility systems are energy-intensive and vulnerable to fuel price fluctuation. Efforts in line with the government commitment to become carbon neutral in ten years should be placed on renewable energy sources. Both wind and solar sources of energy are being explored. It should be considered, however, whether smaller communities can support these systems.

5. **Harness the capacity of the private sector and military in disaster planning.**

The military and private sector—primarily fishing fleets and resorts—played an important informal role in the supply of desalinated water in the immediate post-tsunami period. This residual capacity could be used during seasonal shortages and emergencies.

WASH Recommendations for UNICEF Maldives and Partners

1. **Enhance investment in reverse osmosis and sanitation systems.**
UNICEF has ensured short-term sustainability of reverse osmosis and sanitation systems, and should now invest in the long-term management of the sector's thirty systems with both the GoM and other organisations, such as the Asian Development Bank (ADB), WHO and IFRC.

2. **Collect evidence of impact to inform future evidence-based programming for the WASH sector.**
UNICEF and other sector agencies should measure the impact of the rainwater harvesting and desalinisation systems on water availability, quality, cost and shortages. Such evidence should be factored into disaster preparedness and risk reduction activities, with a focus on slow on-set disasters and risks of climate change, environmental degradation and migration.

WASH Recommendations for UNICEF – Global

1. **Preparedness planning should identify and integrate countries' long-term priority objectives in sector development and risk reduction.**
Investments made during the tsunami emergency contributed to both disaster preparedness and risk reduction, but decisions made early in the emergency were not based on a comprehensive analysis. This opportunity now exists before a future emergency.

2. **Involve the private sector and citizens during the reconstruction and development stages.**
The private sector and citizens in the Maldives made a fast and significant contribution to the emergency response, but their involvement was largely outside any coordinated response. In the recovery phase, their involvement in the design and construction of sanitation systems was low. The use of UNOPS as project manager was perhaps less appropriate than using technically qualified private consultant companies which had previous experience in similar environments.[110]

3. **Apply large-scale investment during an emergency to either life saving purposes or align it with existing sustainable developmental priorities.**
Rainwater catchment interventions enhanced existing systems, providing longer term benefits. The same is true of reverse osmosis plants, though management constraints reduced gains. Both the private sector and the military had water production capacities that were only used in the emergency period.

4. **UNICEF, as sector coordinator for the water and sanitation sector, should enhance its leadership role during the transition to recovery.**
The longer timeframe of these phases requires stakeholder and problem analysis. UNICEF, as sector coordinator, should play enhanced role in leading the transition process and ensuring sustainability of gains. This change in emphasis from emergency output to leadership and impact may involve a change in timeframe and programmes requiring discussions and agreements with key donors.

5. **Focus on less sourcing and more coordination.**
In heavily funded emergencies, UNICEF should consider focusing its role more on coordination and strategic leadership rather than asset acquisition and implementation.

6. **UNICEF should further support and develop guidelines for the provision of assets during emergencies, including criteria for implementation capacity and decision making.**
Significant amounts of expensive equipment and materials ordered in 2005 were unused or underused. Some inputs were inappropriate or arrived late. The WASH teams made decisions in

[110] For example, qualified private companies would be those with experience with resorts in the Maldives and other island-based nations, or *Palm Island* developments in the Middle East.

an environment with high staff turnover and little emphasis on hand-over. UNICEF should develop supportive guidelines for large-scale equipment and material sourcing. These could be included in preparedness plans and incorporated into existing long-term agreements.

7. UNICEF should continue its work with the housing and shelter sector to ensure suitable WASH facilities.

Opportunities exist to work closely with the shelter and long-term housing sectors to improve household hand washing technology. UNICEF should reinforce its support to cross-sectoral collaboration, providing guidelines and technical assistance. Closer ties with the private sector and government regulators will improve the quality and availability of materials, especially septic tanks and hand washing facilities. The existing systems for emptying and disposing of sewerage should be analysed as a priority to inform solutions.

7.2 Education

Education Recommendations for the Government of Maldives and Partners

1. Review all curriculum materials to assess their consistency with Child-Friendly Schools principles and Child-centred Teaching-Learning methods.

Poor and insufficient materials do not help untrained and inexperienced teachers. The Ministry should review, revise and create curriculum materials consistent with CFS principles; teachers should be encouraged to engage directly in this process, perhaps working through the auspices of their respective Teacher Resource Centres.

2. Explore options for rationalising the situation of preschool teachers.

Preschool teachers need to be retained through professional development support, monitoring of conditions and mobilising community recognition of the importance of children's early learning.

3. Revisit the relief strategy of "twinning" between schools in Malé and those on the islands.

Though the evaluation has no data on outcomes of this approach, it suggests a potentially highly effective strategy for complementing TRCs in long-term in-service support of teachers' professional development. It could help retain more isolated, qualified teachers in the classroom through professional mentoring and moral support, and help upgrade the skills of unqualified teachers.

4. Build on the experience of assigning Faculty of Education students as emergency teachers to explore options for longer-term involvement of the Faculty with schools.

'Tsunami teachers' were much appreciated. Formalising a 6- to 12-month attachment programme with the Faculty—recognised as a practicum credit and mentored/monitored in conjunction with TRC coordinators—could serve students well; isolated schools and teachers could gain exposure to energised young professionals and opportunities to exchange ideas and experience.

Education Recommendations for UNICEF Maldives and Partners

1. Take steps in collaboration with the Educational Development Centre to broaden the meaning and application of CFS to a 'whole child' and 'whole school' approach.

It is important to introduce awareness-building, training/mentoring, and materials in order to shift thinking from CFS largely as a physical system to a more comprehensive concept comprising: multiple kinds of inclusion; critical thinking and life skills; and children's wider role in society. This could be done by moving from a gradual, class-by-class expansion of CFS, to one aimed at changing how teachers and school managers as a whole think about teaching and learning and the place of children. Options should be explored for introducing CFS to lower secondary schools, and for involving parents in the pedagogical—as well as management—side of school activity.

2. **Continue to encourage and build on the directions taken by the new government in its education policies, particularly as these strengthen the child-centred qualities of the system and have potential for elaborating and reinforcing the CFS framework.**

System support is needed to: 1) provide required technical assistance and facilities to achieve and monitor implementation of the GoM's mandate; 2) establish Local Education Authorities in each regional zone to ensure access to primary and secondary education; 3) build preschools of similar quality throughout the country; and 4) implement comprehensive professional development programmes for teachers. Specifically, seek participation on the technical committee being created to deliberate and advise on a long-term vision for education.[111]

3. **Take advantage of new policies/openings for decentralised management to strengthen the autonomy of TRCs.**

Train TRC coordinators on adult education and participatory programme planning/management in order to enable them to generate and implement joint professional development strategies with their referent teachers. Along with continuing to place computers and internet facilities in schools, help clarify and support the role of principals as pedagogical guides for teachers, and explore options for teacher-teacher twinning or mentoring to complement, extend and consolidate the human resource development inputs provided by TRC coordinators.

Education Recommendations FOR UNICEF – Global

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

Innovations in the Maldives - student teachers, development of the TRCs and e-learning, CFS in schools through classroom set-ups – need thorough assessment in terms of assumptions made and validated, breadth and depth of reach, cost-effectiveness, and implications for both long-term development and future emergencies.

2. **Compare the role of CFS in the Maldives, Sri Lanka and Thailand as Middle Income Countries with quite different tsunami responses.**

The evaluation has not looked at whether or how the CFS model, trajectories and 'place' in national education policies/agendas changed over time in the context of well developed education sectors.

7.3 Child Protection

Child Protection Recommendations for the Government of Maldives and Partners

1. **Implement a comprehensive prevention, care and treatment programme for drug addiction.**

The greatest threat faced by Maldivian children and youth—drug addiction--must be addressed on an urgent and comprehensive basis. There is an urgent need for the government and communities to address drug—specifically, heroine—addiction among children and youth. Responses should involve all stakeholders from government and civil society, while promoting the understanding that this poses a significant child protection and public health problem.

2. **Promote an island-wide child security and child wellbeing community mobilisation campaign**.

Develop a series of well designed and facilitated parent and community leader strategy sessions on how to achieve a healthy environment for children on each island, while also providing

[111] Presidency of the Maldives website. "The first 100 days" statement. www.maldivesinfo.gov.mv Accessed June 2009.

information about the availability and limitations of government support. The series should be solution-oriented and focus on priority themes identified by parents. In addition to providing remedial services for urgent needs, the service providers could play key roles in the community mobilisation campaigns; ensure strategy-to-solution follow-ups; and support and supervise NGO work on children's activity programmes. This effort should be led by both the GoM and communities to develop achievable, realistic standards for all outer islands. Further, there is a need for community members to provide ongoing and sustained support for one community-designated NGO per island so that child wellbeing efforts can be achieved. The NGO, with government budgetary support and high quality community mobilisation training, would be responsible for implementing the island activity programmes.

3. Further develop an effective monitoring and evaluation system.

Efforts to develop a joint database that would house case-related statistics from multiple stakeholders must be prioritised, and delays in commencing the project must be reduced. Information should be shared, publicly accessible, and must have adequate technical capacity to establish and maintain the system. Existing programmes should be evaluated for effectiveness on an annual basis. Technical capacity and government investment are required.

Child Protection Recommendations for UNICEF Maldives and Partners

1. Continue to enhance existing government partnerships

Political changes since 2008 present new opportunities to work with the government on setting child protection priorities. These opportunities must be capitalized upon in order to achieve the goals set forth in the 2008-2010 UNICEF Country Program. UNICEF Maldives must be the key government partner to implement the government recommendations noted immediately above. UNICEF Maldives should continue to enhance its existing partnerships with multiple government agencies and build new partnerships as needed. Each sector's program should provide both strategic direction and technical support for sustainable developments in a way that ensures government responsibility and accountability over emerging social protection systems.

2. Support NGO development and capacity building

The burgeoning civil society within the Maldives requires additional support and UNICEF should continue to assume a leadership role in engaging government, NGO and private sector partnerships. Sustainable and ongoing partnerships, such as that with Journey, should be encouraged to exist and continue. The Child Protection Program, in particular, should support NGO capacity building and technical knowledge as part of the government's mobilization strategy.

3. Build child protection capacity

None of the above will be possible unless UNICEF's Maldives Child Protection Program upgrades its competence—especially in social sector, gender and socio-legal expertise. Ensuring community development perspectives and better access to local knowledge is required as well.

Child Protection Recommendations for UNICEF – Global

1. Enhance child protection emergency response regionally

UNICEF's emergency response capacity was strained by the multiple countries affected by the tsunami. It would therefore be important to identify a cadre of child protection professionals in the South Asia region with proven experience in emergency response to offer surge capacity in the event of future emergencies. Sri Lanka and India would seem to be appropriate locations to begin to build this roster—and UNICEF's protection unit in Colombo would be one source to consult.

2. Develop a medium-term plan for capacity building and technical support

UNICEF could usefully develop a medium-term technical support plan to enhance UNICEF Maldives' capacities to promote community development and address critical child protection concerns. Technical exchange linkages with Sri Lanka and India, as well as with Southeast Asian

countries, such as Indonesia, would be fruitful avenues to pursue. UNICEF staff in the Maldives would greatly benefit from methods training in order to employ (or properly supervise) “real time” assessments capable of determining both the extent of a problem (prevalence) and local perceptions of child security and well-being.

7.4 Health and Nutrition

Health and Nutrition Recommendations for the Government of Maldives

1. **Organize a strong, ongoing program of continuing education for primary health care personnel.**

A serious constraint for the health sector is the lack of adequately-trained personnel. Shortages in professionally and technically skilled national health manpower in almost all areas and levels of the health sector have been addressed by hiring of expatriates, resulting in a high financial burden for the government. This emphasizes the need for appropriate development and management of human resources for health. In addition, in-country training facilities also need to be improved.

Health staff development plans can instead set a goal of training staff from each island to work in that island since expatriats do not usually serve as long or as well, especially in more remote islands.

2. **Implement and use the evolving information management systems.**

Enhanced information management in the health system, especially related to maternal and child health concerns in primary care, is needed. The national online Nutrition and Child Health Surveillance System is an excellent tool toward this end and should now be widely used and adapted over time to the needs of the health system. The country's priorities in food security, breast-feeding, health of pregnant mothers, use of iodized salt, de-worming and micronutrients need data collected through this system to guide key actions, most of which have to do with education and promotion at the community level.

3. **Revisit and redirect policy toward primary health care.**

The MOH should specify priorities and roles in the elaboration of a more cogent plan for primary health. The country has limited staff development activities, and a lack of planning for development of national staff combined with an excessive reliance on the hiring of physicians from other countries to provide primary care. The country has a well developed system of health care facilities, but poor articulation of the actions of health workers with the actual epidemiologic burden of the country limits its effectiveness. Consumer demand for sophisticated care from doctors does not fit with actions known to work in response to major health risks, most importantly in the areas of child under-nutrition and the psychosocial needs of adolescents.

4. **Reduce neonatal mortality by reducing neonatal mortality.**

The most critical intervention needed to further reduce infant mortality is to reduce neonatal mortality, which will require more sophisticated medical equipment; specialised nursing and other paramedic care; and better articulation of the health system between primary and secondary care. Primary care and health promotion should retain their central role in the health system, and can be enhanced with improved management training, skilled use of data for guiding the health system, and expanded use of the Internet for in-service education and clinical care of health personnel.

Health and Nutrition Recommendations for UNICEF Maldives and Partners

1. **Improve communication and participation in programmes for emergency response.**

The magnitude of the tsunami impact and limited capacity of staff on the ground made the response more technical than social, more reactive than proactive, and more of a supply and construction operation than one focusing on social development and human rights. An effective communications programme would offset passivity and dependence resulting from top-down approaches, using established community-based organisations such as youth clubs, Island Development Committees, Women's Development Committees, and Atoll Development Committees. UNICEF should continue to support these activities while also continuing to develop and implement the Online Nutrition and Child Health Surveillance System (ONCHSS) with integrated Birth Registration functions, while expanding its support for training and policy development at the ministry level to integrate these innovations into the national system.

2. Address the need for a rapid assessment process by preparing, in consultation with national authorities, the basic elements of an inter-sectoral assessment tool to facilitate future emergency assessments.

Preparation and training are needed in order to lead or take part in rapid assessments using either the standardised initial rapid assessment or other nationally agreed-upon tools. A rapid needs assessment carried out in the first 72 hours of an emergency is too rapid, too soon, and too superficial to guide actions for the first six to eight weeks following a major emergency. Such an initial assessment is necessary to guide the very first mobilisation of resources and personnel, and should be used to guide the organisation of a more comprehensive, inter-sectoral assessment. Good assessment activities will require such a two-stage activity to be more effective for major disasters. Include, in the assessment tool, the ability to identify local needs in affected areas, highlighting existing capacities, and needed capacities that need to be strengthened. Also to be included is information on exogenous factors such as governance and cultural conditions which are likely to impact the effectiveness and efficiency of programs developed. This information will be especially important for designing a recovery strategy and for evaluation, which should begin within a year of the disaster and be linked through the years to the completion of the emergency program.

3. Reassess the contents of health kits and provide comprehensive health-related kits.

The clinically oriented kits are basically adequate (women's health, children's medical kits, surgical supplements, etc). Kits could further contain materials for program coordination, with communications equipment and administrative materials on paper and with software to facilitate cluster coordination.

4. Identify and integrate reconstruction and recovery plans during the relief programme phase to capture long-term needs.

Relief, reconstruction and rehabilitation efforts do, and must overlap. The identification of phases must be understood to constitute the major current focus at hand, but also be involved in the continuing resolution of issues from a prior phase as well as the emergence of issues for the forthcoming stages. UNICEF relief programme activities are most successful when they take into consideration health issues that were in place prior to the tsunami and are implemented in a way that facilitates both the short-term and longer-term responses needed.

5. Create an emergency Human Resources post to develop and manage roster/surge capacity with longer-term and staff experienced from prior disasters.

UNICEF ROSA should create an emergency human resources post to develop and manage roster/surge capacity, both with individuals with proper training and those with experience in prior disasters. Further, health staff contracts to respond to emergencies should be extended for a longer period to facilitate the transition from stage to stage, and to assist in trust-building, communication and institutional memory. It is recommended that: 1) regular staff be given priority for mobilisation; and 2) short-term staff step in to take the regular tasks of those mobilised. Include, among those recruited to take part in emergency response, regular members of UNICEF staff and contracts and for posts that will last at least one year in duration to preserve institutional memory and affective relations with national authorities.

Health and Nutrition Recommendations for UNICEF – Global

1. **Develop a cadre of personnel skilled in psychosocial aspects of maternal child care for emergency response and recovery.**

In line with the 2006 global UNICEF Health and Nutrition Strategy's prioritisation of caring behaviours in support of young children's nutritional and health status, it is suggested that UNICEF Country Offices would greatly benefit from a cadre of personnel skilled in psychosocial aspects to improve child feeding practices through behavioural change for improved maternal child care. An elaboration of key priorities in this area is particularly important for offices where specialised expertise is lacking in order to support the GoM in addressing this concern.

2. **Develop expertise to better connect the current and evolving epidemiologic burden of a country to its organized health service and finance systems.**

In the Maldives, coverage of clinical services has improved rapidly. Despite the Maldives excellent health advances, epidemiologic and health service expertise has not yet been adequately applied to address mental health needs of tsunami affected groups.

3. **Strengthen service delivery by increasing UNICEF's collaboration with the national level government on its health and development policies.**

Aligning policies in service delivery models with training and workforce policies requires strengthening in the Maldives; UNICEF should increase its collaboration with the national level government to bring these health and development policies in sync.

4. **Promote the meaningful participation of and outreach to community members in order to empower them to make informed decisions and be aware of the availability of resources.**

Experience in the Maldives suggests that more attention to continuous, multi-stage training and policy development in this area is needed to bring this important area to full benefit for beneficiaries.

REFERENCES

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

Committee on the Rights of the Child, *Concluding Observations: Maldives (CRC/C/MDV/CO/3, 8 June 2007),* United Nations.

Government of Maldives, *Tsunami Impact Assessment 2005: A socio-economic countrywide assessment at household level, six months after the tsunami*, 2005.

Government of Maldives Ministry for Gender and Family, *Combined Report to Committee on the Rights of the Child*, 2006.

Government of Maldives Ministry for Gender and Family, *"Plus 5" Review of the United Nations General Assembly Special Session on Children 2002 and World Fit for Children Plan of Action,* 27 December 2006.

Government of Maldives Ministry of Planning and National Development, *Millennium Development Goals: Maldives Country Report*, September 2005.
http://www.undg.org/unct.cfm?module=CoordinationProfile&page=Country&CountryID=MDV

Government of Maldives Ministry of Planning and National Development, *Millennium Development Goals: Maldives Country Report 2007*, 2007.

Government of Maldives Ministry of Planning and National Development, *National recovery and reconstruction plan,* March 2005.

Government of Maldives, IFRC, World Bank, Asian Development Bank, et al., *The Maldives: One year after the Tsunami*, 2005, p.35.
http://siteresources.worldbank.org/INTMALDIVES/Resources/COMM_REPORT_FINAL_26_05.pdf

Government of Maldives and United Nations, *Government of Maldives and United Nations Post-Tsunami Lessons Learned and Best Practices Workshop: Report on Main Findings,* Maldives, 17-18 May, 2005.

Maldives National Narcotics Control Board, 2004 data, www.nncb.gov.mv

Michaelson, R., Post-tsunami Psychosocial Needs Assessment, Maldives. Malé: UNICEF Maldives. 2005.

Patel, S., *Impact of the Tsunami Response on Local and National Capacities: Maldives Country Report*, Tsunami Evaluation Coalition, 2006.

Raajje Foundation, *NGO Capacity and Needs Assessment – Maldives*. 2009.

Tsunami Evaluation Coalition, *Coordination of international humanitarian assistance in tsunami-affected countries*, July 2006, p.50. http://www.tsunami-evaluation.org/The+TEC+Thematic+Evaluations/coordination/

Tsunami Evaluation Coalition, *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*, July 2006, http://www.tsunami-evaluation.org/The+TEC+Synthesis+Report/Full+Report.htm

Tsunami Evaluation Coalition, *Joint Follow-up Evaluation of the TEC LRRD Evaluation (LRRD 2)*. Revised Document Review, SIDA Ref. no 2008-001230.

United Nations, *Common Country Assessment: Republic of Maldives*, 2007. http://www.undg.org/unct.cfm?module=CoordinationProfile&page=Country&CountryID=MDV

United Nations, United Nations in the Maldives – Maldives: A Guide. http://www.un.org.mv/v2/?lid=2

United Nations Economic and Social Council, "Draft country programme document: Republic of Maldives", United Nations Children's Fund Executive Board, Annual Session 2007, 4-8 June 2007.

UNDP, *Survivors of the Tsunami: One Year Later – UNDP Assisting Communities to Build Back Better*, 2005, p.12. www.undp.org/tsunami/UNDP-Tsunamireport-final.pdf

UNDP Bureau for Crisis Prevention & Recovery, *The Post-Tsunami Recovery in the Indian Ocean: Lessons Learned, Successes, Challenges and Future Action*, April 2005, p.2.

UNDP Maldives, *UNDP Tsunami Recovery Efforts in the Maldives 2005-2008, Restoration of Livelihoods: Sharing Experiences*. 2008.

UNICEF, *Annual Report 2005: Maldives Country Office*, UNICEF Maldives, 2005.

UNICEF, *Annual Report 2006: Maldives Country Office*, UNICEF Maldives, 2006.

UNICEF, *Annual Report 2007: Maldives Country Office*, UNICEF Maldives, 2007.

UNICEF, *Annual Report 2008: Maldives Country Office*, UNICEF Maldives, 2008.

UNICEF, *Documentation of UNICEF's Response to the Tsunami Disaster in South Asia: India, Sri Lanka and the Maldives,* Internal Report, September 2005.

UNICEF, "Global Tsunami Validation Workshop, September 8-9, 2005", Colombo, Sri Lanka, 2005.

UNICEF, "Indian Ocean Tsunami: UNICEF Staffing Response", Submitted by the Emergency Unit, TMS, UNICEF Division of Human Resources, New York, December 2006.

UNICEF, *Lessons Learned: UNICEF Construction Programmes in Indonesia, Maldives and Madagascar*, UNICEF Evaluation Office, June 2008.

UNICEF. *Limited Program Review and Evaluability Assessment: UNICEF Post Tsunami Recovery Response*. UNICEF Evaluation Office, New York, May 2008.

UNICEF, "Mid-Term Review of the 2003-2007 Country Programme of Cooperation between the Government of the Republic of Maldives and the United Nations Children's Fund", November 2005.

UNICEF, *Much Done, More To Do: A 24-Month Update on UNICEF's Work to Rebuild Children's Lives and Restore Hope Since the Tsunami,* December 2006.

UNICEF, *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Maldives*, UNICEF Evaluation Office, May 2006.

UNICEF, *Thematic Humanitarian Report 2005 – Annex 1, UNICEF's 2005 Response to the Indian Ocean Earthquake and Tsunami*, 2005.

UNICEF, *Thematic Humanitarian Report 2006 – Annex 1, UNICEF's 2006 Response to the Indian Ocean Earthquake and Tsunami*, 2006.

UNICEF, *Thematic Humanitarian Report 2007 – Annex 1, UNICEF's 2007 Response to the Indian Ocean Earthquake and Tsunami,* 2007.

UNICEF, *UNICEF's 2007 Response to the Indian Ocean Earthquake and Tsunami*, UNICEF Thematic Humanitarian Report 2007.

UNICEF, *UNICEF Health and Nutrition Strategy*, 2006.

UNICEF and the Government of Maldives Department of Gender and Family Services, *Understanding the Situation of Children in the Maldives – Draft*, 2009.

World Bank, "The World Bank in Maldives: Country Brief", August 2006. http://siteresources.worldbank.org/INTMALDIVES/Resources/Maldives_FY07.pdf

World Bank, Asian Development Bank and the United Nations, *Joint Needs Assessment: Tsunami, Impact and Recovery*, 2005.

Yasir, Ahmed, "Gender Analysis of Primary Textbooks", UNICEF Maldives, April 2007.