

Sri Lanka

Executive Summary 2006

When the Common Humanitarian Action Plan (CHAP) Sri Lanka was launched in September 2006, renewed violence in the country had caused considerable new displacements. The new wave of open hostilities in the north and east brought the country to the brink of a new war. The humanitarian consequences included hundreds of civilian casualties and a newly displaced population of more than two hundred thousand persons. Human rights and protection of civilians remained deeply problematic with the spiraling violence, which led to child recruitments, abductions, torture and murder. The provision of essential needs such as food, health, water and sanitation to the affected populations remained challenging and insufficient, exposing vulnerable communities to further risks. The conflict had also resulted in the breakdown of family structures and social safety nets, and affected economic conditions and livelihoods. Restricted or insufficient humanitarian access prevented aid agencies from timely and uninterrupted delivery of emergency assistance. Aid workers had witnessed a serious shrinking of humanitarian space due to threats, attacks, access curbs and bureaucratic hurdles.



In addition, the Tsunami recovery programmes in the north and east had slowed or stalled altogether. The Ceasefire Agreement (CFA) signed in 2002 allowed some 418,500 IDPs from the original conflict induced caseload of 735,000 to return to their homes during between 2002 and 2006. However, the violence and terrorist attacks caused thousands to again leave their homes and escape for safety. The new insecurity also led over 8,700 persons to flee to India during the year. Despite the CFA, since January 2006 targeted killings of civilians, artillery bombardments, and aerial attacks occurred. National and international monitoring bodies raised concerns about numerous human rights violations by non-state actors. Various initiatives to mediate a solution to the crisis have proved unsuccessful. The volatile situation has been compounded by operations conducted by the LTTE splinter group, commonly referred to as the Karuna faction.

Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required (per reporting year)	■ \$30,000,000
Total amount of CERF funding received by window (rapid response/under-funded)	■ \$9,998,971 (\$4,704,105 in September and \$5,294,866 in December)
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	■ Entire amount for UN/IOM implementation
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age)	■ Approximately 400,000

Geographic areas of implementation

- Northern and eastern affected districts plus Ampara, Batticaloa, Trincomalee, Vavuniya, Mannar, Kilinochchi, Mullativu and Jaffna

Decision-making

The Resident/Humanitarian Coordinator, with the support of OCHA, led the process to channel applications notices and submissions through nine sectors. UN agencies that were sector leads (UNHCR: protection/shelter, UNICEF: education/wash, WFP: food/logistics, WHO: health, UNDP: livelihoods, OCHA: coordination, DSS: security) formed part of the consultative process to agree on priorities. Both local and international NGOs were included in the process as members of the sectors.

Projects addressing immediate life-saving needs were prioritized such as protection, shelter, water and sanitation. Whether sectors were underfunded or unfunded, the feasibility of the project (within stipulated time frame) and technical completeness of the application were also reviewed. Common services that made a critical contribution to delivery of humanitarian assistance were also given due consideration. CERF served as seed funding for the CHAP from September to December 2006 totalling \$30 million.

Lack of access to certain areas because of safety/security reasons or restrictions placed by the non-state actors prevented UN agencies from accurately assessing needs among the affected population. Similarly, bureaucratic procedures set by the Government of Sri Lanka (GoSL) slowed down rapid evaluation activities and planning of programmatic interventions at immediate and medium terms. At times, data collected was not allowed to be made public by the Government, having an impact on transparency.

Implementation

Strong partnerships and collaboration in all sectors was maintained with Government authorities, UN agencies, NGOs and inter-governmental organizations to ensure coordination and implementation of projects.

Table 2: Results achieved in 2006

Agency	Activities
WHO	<ul style="list-style-type: none">▪ Channeled funds to UNFPA (\$149,800), IOM (\$149,800), Sewalanka (\$45,000) and World Vision (\$93,000) and coordinated health sector with the Ministry of Health (MOH)▪ Provided health services through mobile clinics, essential drugs, distribution of bed nets and health awareness campaigns▪ Partners focused activities where limited health services available to IDPs in hard to reach areas

IOM	<ul style="list-style-type: none"> ▪ Worked to strengthen the national disease surveillance system through continuous monitoring of health determinants among IDPs ▪ Activities to improve disease control and prevention ▪ Facilitated access to primary, secondary and referral health care services for conflict-affected persons, including direct assistance to camp residents in accessing outside health services ▪ Provided essential medical equipment to national health institutions and organized health-camps in IDP communities ▪ Conducted hygiene promotion trainings through IOM field offices and NGO implementing partners ▪ Implemented a health project with NGO partners in Kilinochchi and Mullaitivu districts, Trincomalee district and Ampara district ▪ Implemented water and sanitation activities with partners to address basic needs of recently displaced people including the construction of emergency toilets at IDP sites or on host family's properties and hardware sanitation interventions reinforced through hygiene promotion programmes
UNFPA	<ul style="list-style-type: none"> ▪ Addressed reproductive health and personal hygiene needs of women and girls ▪ Continued support in the Trincomalee District ▪ Provided over 10,000 hygiene packs to women and girls in IDP centres in Trincomalee and Batticaloa, maintained buffer stock of personal hygiene packs and reproductive health kits to be quickly dispatched as needed in conflict affected areas ▪ Partnership with Population Services Lanka (PSL) to provide essential ante-natal and natal care services to pregnant women through mobile clinics and existing health institutions ▪ Provided emergency transport to pregnant women
WFP	<ul style="list-style-type: none"> ▪ Delivered food aid through GoSL to affected areas by land, air and sea ▪ Procured and distributed 5,993 MT of food commodities through WFP Special Operation (SO) and local government District Monitoring United (DMU) ▪ Dispatch from warehouses carried out by government partners ▪ Implemented the use of commercial contractors and UNOPS for the construction of warehouse sites and direct management for a fleet of trucks with steering committee of WFP, UN agencies and NGOs provided guidance and supervision
FAO	<ul style="list-style-type: none"> ▪ Initiated project to immediately support local vegetable, root crops and pulses production in Jaffna to reduce food insecurity of 5,000 IDP and conflict-affected families and improve their nutritional status ▪ Project included local production and increased consumption of vitamin and mineral rich fresh vegetables and pulses, and vaccination of animals for immediate increased milk production ▪ Partnered with Government counterparts (Department of Agriculture and the Department of Animal Production and Health) and NGO partners (CARE, Caritas, Sewalanka and World Vision)
UNHCR	<ul style="list-style-type: none"> ▪ Worked closely with OHCHR and National Human Rights institutions to promote monitoring and advocate human rights and the Rule of Law ▪ Activities also coordinated with ICRC, UNICEF, and NGOs including NRC, DRC, OXFAM and CARE ▪ Maintained continuous liaison with the Ministry for Resettlement and Disaster Relief Services, the Ministry for Disaster Management and Human Rights, the Ministry of Nation Building as well as Government agents, the Human Rights Commission and police in the field ▪ In coordination with UNOPS, SOLIDAR and NRC, created a Shelter Coordination Cell (SCC) coordinating issues related to shelter policies, contingency, site identification, site planning and management ▪ Channeled \$400,000 to NRC for shelter/site management activities and \$303,000 to SOLIDAR for shelter activities as part of broader pool of programme collaboration arrangements

Partnerships

Formulation of sector priorities between sector leads and partner agencies, while clearly demarcating duties and responsibilities of all parties involved proved critical to ensure effective use of CERF allocations as start-up funds for time-critical interventions of the 2007 Sri Lanka CHAP. Agencies were able to use the framework to communicate, consult and inquire. OCHA ensured adequate information on the use of CERF and its linkage to CHAP to all members by providing technical guidance and maintaining a simple monitoring system to keep agencies abreast of updates and developments. The inter-agency coordination framework mitigated numerous structural related problems and confusions related to the urgency of the emergency environment, workload on staff and agencies readjusting financial requirements and project deliverables. Collaborations among CERF implementers and respective partners functioned satisfactorily, though bureaucratic challenges slowed ground operations, which were beyond the control of agencies.

Results

Sri Lanka received CERF funds through the rapid response window. These funds made it possible to start critical activities, deliver life-saving services and ensure support to affected populations while helping beneficiaries maintain food self-reliance where possible. The rapid operationalizing of most of the CERF projects further provided time-critical seed funding for priority CHAP projects. Synergy support was provided through common services such as logistics and safety and security. Allocation of CERF funds also prompted early collaboration in most sectors, in terms of both prioritization and start up of critical activities. It further provided time and building momentum for discussions with donors to provide and release additional funding through the CHAP term.

CERF funds have notably helped resource the **food sector**, which was severely underfunded, as well as the agriculture sector where funding enabled mid-season planting and a subsequent harvest in April 2007. In the **health sector**, the CERF grant helped fill crucial unmet funding gaps and made it possible for WHO to respond in a timely manner to address the acute health needs of IDPs. Without the CERF grant, WHO and other implementing partners like UNFPA, IOM, Sewa Lanka, World Vision Lanka could not have provided essential, reliable, good quality, life-saving health care services and emergency supplies to IDPs including in many hard-to-reach areas. The collaborative work with UN agencies and NGOs was very much facilitated, creating a favourable environment and building trust among healthcare providers, IDPs and host communities served.

In the **logistics sector**, the CERF grant equated to 55 percent of the total budget for the WFP Logistics Augmentation Special Operation. The shortfall in funding of \$197,552 did not have any significant impact during 2006. Overall, the CERF provided the necessary funds to allow WFP to fill the required staffing gaps, to initiate construction works, to purchase and install mobile storage units, to purchase 20 trucks and procure information and communication technology (ICT) equipment.

Although it was not possible for UNDSS to establish a full Humanitarian Operations Centre due to bureaucratic hurdles, CERF funds allowed UNDSS to provide improved security service that could be sustained throughout their areas of operation. It enabled safe delivery of programs in the north and east.

Lessons Learned

To ensure better preparation of CERF applications, awareness of CERF conditions and requirements at both field and HQ level could still be improved. Also, when a larger allocation is considered or anticipated (\$8 million to \$10 million as was the case in Sri Lanka in both 2006 and 2007), agencies felt it might be both helpful and feasible to deploy an expert from OCHA Headquarters to consult the Humanitarian Coordinator and the humanitarian team in the process of compiling the applications. Suggested missions should be accepted as a temporary measure until more hands-on experience is gained by both field offices and headquarters. Further awareness raising for donors that CERF is a temporary and partial emergency solution is also needed, to avoid delaying earmarked and targeted funding decisions. Moreover, procedures related to review and approval of no-cost extensions requests should continue to be streamlined to ensure as little delays as possible and prevent agencies from needing to suspend project activities while extension requests are being processed.

On the ground, the fragile security situation was the main constraint to project implementation. Lack of accessibility to IDPs in LTTE-controlled areas greatly hampered the possibility to effectively coordinate the delivery of emergency humanitarian aid in many sectors. Closure of roads, security constraints as well as severe checkpoint procedures hampered the possibility to carry out a comprehensive assessment of the health situation while also rendering transport dispatches problematic, notably for IOM. The difficult operating environment for UNHAS, with the only airport in Jaffna being the military airport and Colombo flights to Jaffna having to leave from an airport shared with the military, meant that UNHAS operations entailed restrictions and various bureaucratic hurdles.

CERF in Action

Four-year-old Mohammad Salibu Kalida from Chettikulam division in Vavuniya came down with a fever. Her father Mohammad Salibu was unable to bring her to a hospital because of the constraints on movements and transport in the area and the absence of any hospitals nearby. However, during this time, World Vision Lanka conducted a mobile clinic programme in Chettikulam, as part of the WHO coordinated Health Intervention for IDPs. Kalida was treated at the mobile clinic and recovered fast, much to the relief of her father.

Salibu explained that the mobile clinics conducted by other organizations had failed to attend to all the patients - they lacked medicine and some only functioned for a few hours. In the clinic, his daughter together with 283 patients was cared for thanks to WHO and World Vision Lanka efforts and CERF support.

Medical personnel who worked with World Vision Lanka to carry out the mobile medical clinics have expressed their satisfaction with the impact of the project. Assessment of needs, selection of target and subsequent health interventions were particularly appreciated amongst the displaced communities. They have requested World Vision Lanka to continue their activities for needy communities in conflict-affected areas.

Sri Lanka 2007

In 2007, CERF provided an additional \$8.9 million to Sri Lanka to address the rapidly deteriorating humanitarian situation in the north and east of Sri Lanka.

The CERF grant enabled UNHCR to provide immediate and life-saving protection for vulnerable displaced populations affected by the armed conflict, including by providing emergency shelters and non-food emergency relief items. In addition, WFP provided emergency food relief.

The CERF grant enabled FAO to start with immediate agricultural assistance activities to the recently displaced and conflict-affected IDPs while UNICEF provided increased and improved access to water, sanitation and hygiene facilities to the affected population.

WHO and UNFPA provide emergency response in the health sector to meet the immediate public health needs of internally displaced persons in the conflict affected areas of Sri Lanka. The WHO response also sought to prevent outbreaks of communicable diseases.

In this context, a CERF grant of US\$ 210,000 - allocated in February 2007 - has enabled the UN Department of Safety and Security (UNDSS) to maintain improvements to its security management capacity in the face of recent upheavals of violence and with the Ceasefire Agreement coming under severe strain.

The boosted capacity of the UN Department of Safety and Security, funded through the CERF in 2006, has enabled various agencies to safely implement their increased number of programmes in a volatile environment. The effective continuation of this crucial common service is necessary to ensure the timely provision of life-saving humanitarian services in Sri Lanka, in line with the CERF's objective to enhance response to time critical requirements based on assessed needs.