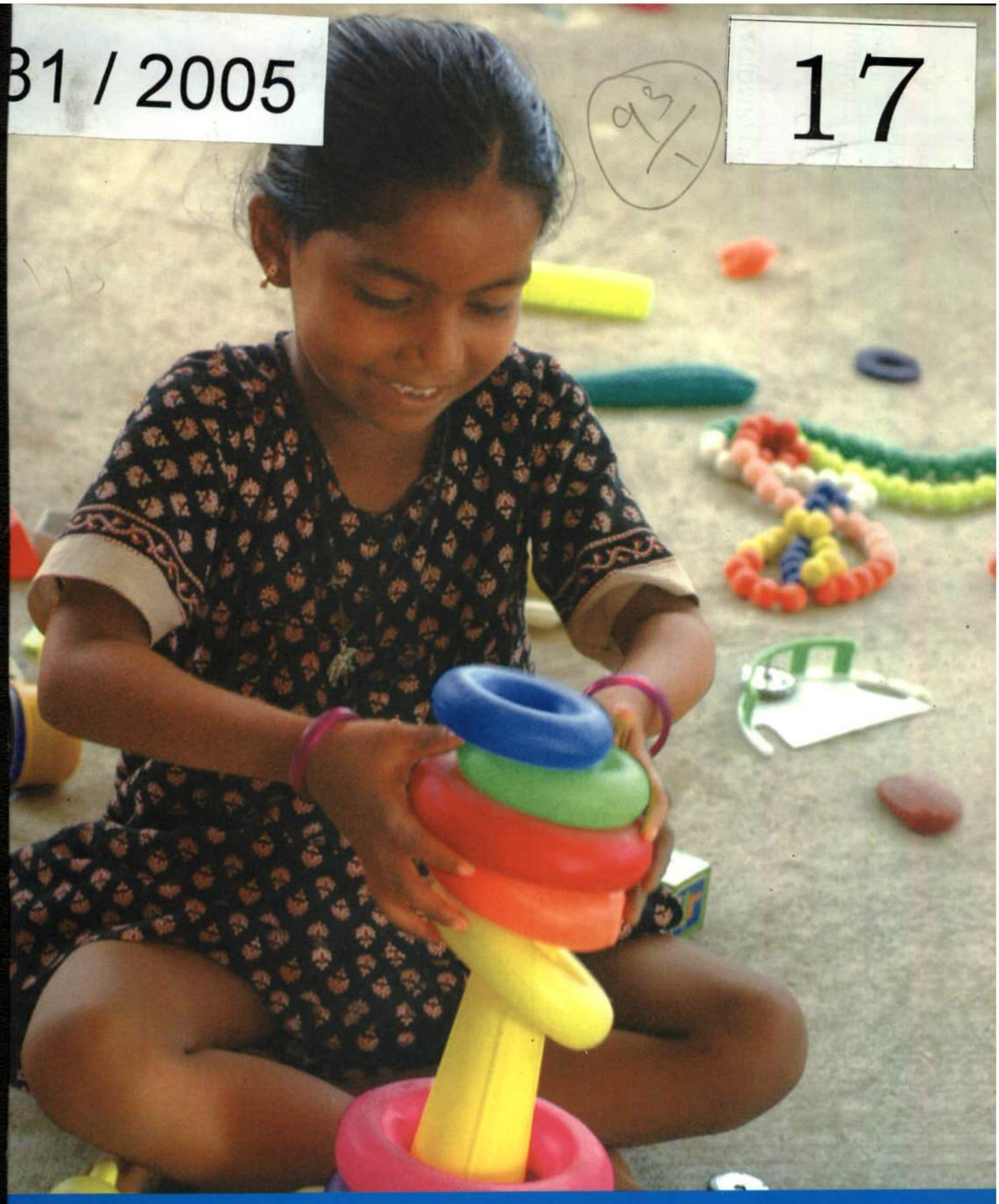

BUILDING BACK BETTER FOR CHILDREN

Government of India/UNICEF's Tsunami Recovery Programme

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BUILDING BACK BETTER FOR CHILDREN

Government of India/UNICEF's Tsunami Recovery Programme

ONE YEAR LATER, DECEMBER 2005

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INTRODUCTION

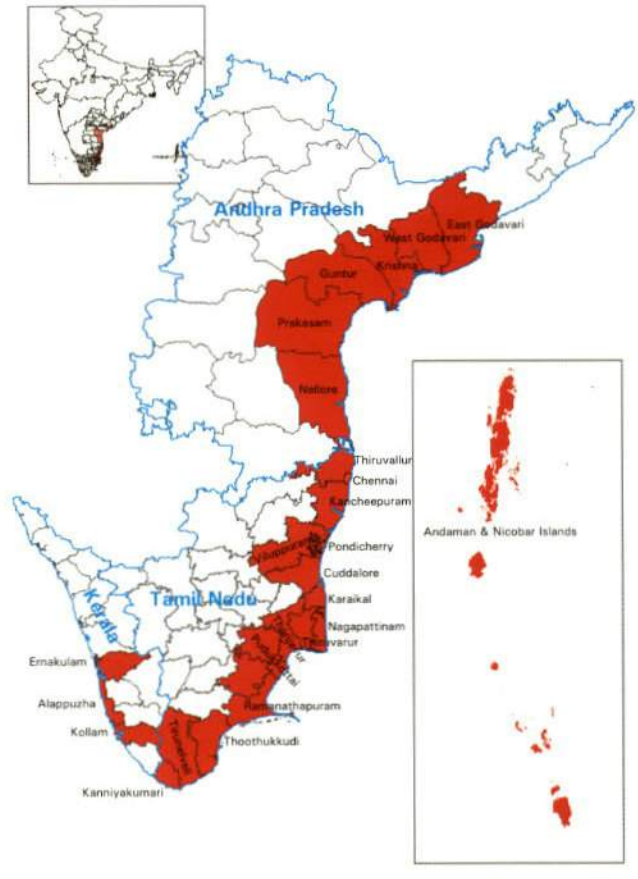
This report covers the first year of UNICEF India's 2005 to 2007 action plan to support the Government of India and partners in **building back better for children** after the 26 December 2004 Indian Ocean tsunami. It reflects on what happened to children and families that day, discusses progress in the recovery effort, and the work still left to do.

The results achieved for children in the states of Tamil Nadu, Andhra Pradesh, Kerala and the Andaman and Nicobar Islands reflect the collaborative effort between the Government of India, UNICEF, international agencies, non-governmental organisations, and most importantly, people in the affected areas.

The tsunami killed more than 12,400 in India: three quarters were women and children[1]. The worst damage was sustained in Tamil Nadu and Andaman and Nicobar, where 58 hospitals and health centres and 358 schools were destroyed or damaged. The Indian Armed Forces evacuated 650,000 people to safety, and emergency authorities quickly set up 930 relief centres to house 604,000 people from destroyed villages.

Many of these centres have now closed, but a year later, there are still 19,000 families living in shelters in Tamil Nadu and 23,500 people in the Nicobar group of islands who have not yet

Tsunami-affected districts



[1]Statistical information in this section is cited from "Tsunami – A report to the nation", Prime Minister Dr. Manmohan Singh, June 3, 2005, http://pmindia.nic.in/tsunamibody.htm.

been relocated to their permanent homes. The work that UNICEF is supporting today is concentrated in these communities.

India's tsunami recovery programme presents an opportunity for all stakeholders to significantly raise the quality of child-centred services to levels higher than they were before the disaster. UNICEF is supporting state and district level administrations to implement initiatives that are sensitive to the social and economic challenges of tsunami-affected communities. The overarching goal is to help rebuild better, stronger and safer communities for children.

In the following sectors, key achievements in 2005 have included:

Health & Nutrition

- 103,629 children vaccinated against measles and reached with vitamin A
- 954 health centres supplied and equipped
- 9,500 early child development and nutrition centres supplied and equipped
- 20,000 bed nets distributed
- 12,700 doctors, nurses, community workers and volunteers trained on child survival skills

Water & Sanitation

- Over 5,300 water tanks supplied
- 300 rainwater harvesting units installed
- Materials for 12,000 sanitary latrines supplied
- 5,000 latrines constructed

Education

- 208,800 children received emergency school supplies and equipment
- Components of quality education introduced in nearly 1,500 schools
- 1,740 teachers trained in child-centred teaching/learning

Psychosocial

- 5,160 teachers, volunteers and social workers trained to provide psychosocial support to children
- 114,000 children benefiting from psychosocial interventions

The 2005 response and the road ahead

Keeping children and women alive was the first priority in the collective emergency response. Not a single child died as a result of vaccine-preventable disease or displacement, arguably the most important indicator of an effective emergency response.

UNICEF worked with government and local partners in relief centres in Tamil Nadu and the Andaman and Nicobar Islands on mass vaccination and vitamin A campaigns that covered 103,629 children.

In 2005, beyond restoring basic immunisation and antenatal care services for people affected by the tsunami, UNICEF has been working with health authorities to enhance the competencies of doctors and nurses and the skills of front-line health and nutrition workers. The overall goal is to address unacceptably high death rates among newborns and infants in many of the poorest affected districts.

In total, UNICEF supported the restoration of services provided by over 9,500 Anganwadi[2] centres where health workers track child growth and development

[2]Anganwadi centres, which are crèches run by the Integrated Child Development Services (ICDS) in India, are the world's largest integrated early childhood programme. There are over 40,000 centres nationwide. UNICEF helped launch the ICDS programme in 1975 and continues to provide financial and technical assistance. This now covers over 4.8 million expectant and nursing mothers and over 23 million children under the age of six. Of these children, more than half participate in early learning activities. The purpose of ICDS is to improve the health, nutrition and development of children and offers health, nutrition and hygiene education to mothers, non-formal preschool education to children aged three to six, supplementary feeding for all children and pregnant and nursing mothers, growth monitoring and promotion, and links to primary healthcare services such as immunisation and vitamin A supplements. These services are delivered in an integrated manner at the Anganwadi centre in villages.

Ensuring a healthy start for children

Enmay's 10-day-old baby is weak, and at 2.25 kg, Joseph is also underweight. Suzanna, a government health worker, and Unicy, a child care centre or Anganwadi worker (AWW), tell Enmay and her husband Jose that Joseph also shows signs of dehydration.

Trained by UNICEF, the two are part of a UNICEF-supported system for strengthening home-based care and for providing special care for under-nourished newborns in tsunami hit Andaman and Nicobar Islands. Suzanna and Unicy ask Enmay a series of questions in order to better understand what other health problems Joseph may have.

UNICEF specialist Dr. Mahesh Srinivas examines 10-day-old Joseph in Car Nicobar.
Credit: UNICEF/India/Pallava Bagla

They conclude that Enmay has not been breastfeeding Joseph correctly, and offer her advice, promising to return for another check on him in five days. Enmay, who had suffered from a previous miscarriage, is glad to learn how to recognise symptoms of disease early. "God has heard our prayers. I need all the advice I can get to take care of him," Enmay said.

This is Enmay's first baby, born after the tsunami hit Car Nicobar Island in December last year. For an island with a population of 20,000, Joseph is a precious addition.

"Close to 50 per cent of newborn deaths in India occur during the first seven days of birth. Many young lives are lost because parents fail to recognise warning signs, because sick children are not taken to health facilities on time, and because many mothers do not have sufficient knowledge on the protective value of breastfeeding," said Dr. Mahesh Srinivas.

"UNICEF's Integrated Management of Neonatal and Childhood Illnesses (IMNCI) approach deals with neonatal and childhood illness holistically, allowing health workers to address a wide range of issues simultaneously," he said.

UNICEF has initiated the IMNCI programme in five districts within five Indian states. Set up with the government after the tsunami, Nicobar is the first district where the programme is fully rolled-out.

For Enmay, the advice to better care for Joseph is life-saving. Despite the fact she had taken iron tablets, vitamins and nutrient supplements and received pre-natal care from the AWW during her pregnancy, Joseph continues to be sickly.

The reason for his low birth weight is not difficult to find: the tsunami changed Enmay's eating habits. Huge bodies of water left behind by receding tsunami waves have made the traditional wild boar hunting too dangerous. Livestock rearing is yet to resume. Coconuts used to be an integral part of local diets, but the once-swaying trees are dead or are dying in the stagnant saline water. For most of the year, the island's inhabitants relied on rations which consist of rice and vegetables that came by sea from Port Blair once a week.

The Andaman and Nicobar Administration is providing extra rations for pregnant and lactating mothers, and nutritional supplements for children are also a high priority.

Like Joseph, his two-year-old neighbour, Swati, is also benefiting from UNICEF's interventions. She has received vitamin A, fortified biscuits and all her vaccinations on time. Her elder brother, Viresh, goes to the Anganwadi near their house where Unicy gives him supplementary food.

"These concerted efforts have played a key role in ensuring that the feared second wave of deaths from diseases never happened," said Dr. Srinivas.

in order to detect and address signs of malnutrition, and provide nutrition counselling to mothers. One year after the tsunami, many Anganwadi centres have been equipped with basic supplies such as weighing scales and counselling material that they had previously lacked. In many communities, Anganwadi centres are becoming distribution points for vitamin A and iron supplementation.

Support for Anganwadi workers is especially critical in rural communities where there are few doctors, in efforts to promote child survival. This year, UNICEF supported training for over 12,000 Anganwadi workers and volunteers to upgrade their skills. The training focused particularly on counselling for mothers on appropriate newborn care and feeding practices; teaching mothers to recognise signs of common but potentially fatal illnesses; and making it clear to them when they must bring children to a health facility for immediate treatment.

In some shelter communities where over-crowding and unhygienic practices like open defecation were creating a health risk, the construction of basic sanitation facilities and hygiene awareness campaigns by NGO partners and UNICEF helped to minimise outbreaks of diarrhoea and other deadly diseases often spread by contaminated water. In Tamil Nadu in particular, the introduction of community-level management and monitoring of water sources and sanitation facilities, along with intensive public awareness-raising on appropriate hygiene practices, helped to improve living conditions.

Sanitary latrines have afforded a sense of privacy and security for women living in shelters. Equally importantly, the participation of women in UNICEF-supported training to build latrines, repair hand pumps, and mobilise neighbours on good hygiene and sanitation practices, has been instrumental in managing shelter conditions, and creating a sense of self-reliance and ownership over the assets that have been installed.

During the emergency phase, clean water arrived immediately to children and families in relief centres. More than 5,300 water tanks were supplied to shelters in Tamil Nadu, Andaman and Nicobar islands, and to affected villages in Andhra Pradesh. These will be re-located to people's permanent homes once they are built.

The chronic shortage of fresh water in Nicobar villages and along the coast of Andhra Pradesh is being alleviated by the introduction of rooftop rainwater harvesting units. This year, 110 Nicobarese youth assisted in installing around 290 demonstration rainwater harvesting units in their communities and supplies for 2,480 units have already arrived. In Andhra Pradesh, demonstration units installed in 10 selected schools and Anganwadi centres may provide a sustainable model for coping with a chronic lack of fresh water brought on by saline ingression in coastal areas and drought in landlocked districts.

Schools re-opened within two or three weeks, some in UNICEF-supplied school tents. The rapid return to classes was essential for restoring a sense of normalcy for children and their teachers. UNICEF supplies, including textbooks, readers, basic stationery, blackboards, desks and chairs, and recreation kits reached 208,800 children in affected primary schools.

Furniture has had a major impact especially in schools which, prior to the tsunami, had none. In conservative caste-based societies, so-called lower-caste children are perceived to have no right to sit on chairs. For many of these children, the new furniture has come to symbolise the idea that equal opportunity is every child's right.

Building back better for children also brought more focused attention to improving the quality of education for tsunami-affected children. This year, UNICEF worked with education authorities to provide training to over 1,740 teachers and academic support staff on child-centred, participatory teaching methods – a progressive departure from the traditional learn-by-rote approach. Teachers are supported by relevant teaching-learning materials and hands-on resources for children. This year, nearly 1,500 schools are significantly closer to providing children with a better quality education.

The tsunami orphaned 480 children and widowed 787 women. Dislocation and despair made many more vulnerable. Providing immediate care and protection for tsunami-affected children was a major priority, including providing psychosocial care. UNICEF worked with government, NGOs and mental health professionals to train teachers and volunteers, reaching up to 114,000 children and adolescents through counselling, art, sports, puppet shows, and theatre.

UNICEF is supporting work currently underway, led by state governments, to develop comprehensive databases on the situation of vulnerable children – a critical first step to ensuring that the special needs of these children are programmed into child protection initiatives and policies.

Priorities for 2006

In 2006, UNICEF's tsunami recovery programme will focus on consolidating gains and advancing progress in interventions that are underway in Tamil Nadu and the Andaman and Nicobar Islands. Activities in Andhra Pradesh and Kerala will be absorbed into UNICEF India's regular programme.

In the area of Health and Nutrition, efforts in both Tamil Nadu and the Andaman and Nicobar Islands will focus on strengthening the community-based component of the Integrated Management of Neonatal and Child Illnesses (IMNCI) programme. This means greater coverage in the number of newborns who are visited at home at least three times within the first 10 days of life by a health or community worker trained in IMNCI protocols. The Andaman and Nicobar Islands will continue to build on the success of this year's malaria control measures, with the goal of bringing the malaria fatality rate to zero. UNICEF will support Anganwadi workers and volunteers in their work to help families and mothers sustain healthy feeding and care practices such as exclusive breastfeeding and using adequately iodised salt.

Interventions in Water and Sanitation sector will continue to focus on making sure that shelters have functioning and sustainable waste management systems, and an increased emphasis will be made to ensure affected schools and Anganwadi centres have an adequate supply of safe drinking water and sanitation facilities. In both Tamil Nadu and Andaman and Nicobar, UNICEF will continue to support efforts to improve hygiene practices among families and children living in shelters. As families begin moving into their permanent homes, UNICEF will ensure that water and sanitation assets such as water tanks are also relocated from the shelters.

In affected schools where teachers have been trained on providing Quality Education, support in 2006 will focus on improving learning experience and outcomes in classrooms and strengthening the support teachers receive from district and local-level academic resources. In order to measure the impact of interventions, monitoring children's progress will be an important component of activities.

Tsunami-affected children enjoying themselves at an NGO in Tamil Nadu.
Credit: UNICEF/India/Ranjan Rahi

Next year will provide an opportunity to work with government and NGOs to embrace many psychosocial activities into the broader goal to create a protective environment for children. Much of the data already collected over the course of this year will inform documentation of the situation of children. Data gathering and analysis are essential to providing baseline data on the impact of the

tsunami on children. Strengthening village-level capacities to intervene on child protection issues will also be a priority.

In Tamil Nadu, UNICEF will continue its focus on HIV/AIDS awareness among young people, bringing the total number of trained peer educators from 750 to 1,500, and increasing the proportion of pregnant women who access Prevention of Parent-to-Child Transmission (PPTCT) services.

Budget

UNICEF support for India's tsunami recovery effort is in line with the priorities and strategies of the current five-year Government of India-UNICEF Programme of Cooperation. The total budget of UNCEF India's tsunami recovery programme for 2005-2007 is US$21.6 million. In 2005, US$13,197,027 was spread across affected states and cross-sectoral activities as follows:

Summary budget: Tsunami recovery programme budget for 2005 (US$)

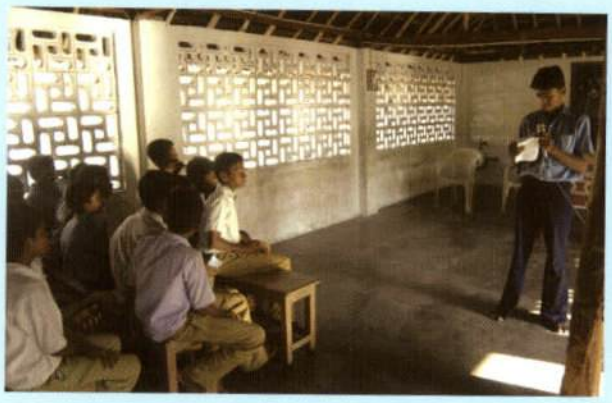
	Tamil Nadu	Andaman & Nicobar	Andhra Pradesh	Kerala	Cross-sectoral	TOTAL
Health	1,081,000	1,098,440	110,000	220,000		**2,509,440**
Nutrition	981,166	839,000	105,000	64,080		**1,989,246**
Water & Sanitation	470,000	1,288,700	282,206			**2,040,906**
Education	1,788,669	966,702	2,067,601	100,000		**4,922,972**
Child Protection	376,230	75,000	95,000	70,000		**616,230**
HIV/AIDS	198,233					**198,233**
Communication					223,000	**223,000**
Emergency Preparedness					510,000	**510,000**
UN Joint Recovery					187,000	**187,000**
TOTAL	**4,895,298**	**4,267,842**	**2,659,807**	**454,080**	**920,000**	**13,197,027**

The funding allocations reflect not just the financial investment needed to help communities recover from destruction, but also what is required to begin raising the quality of child-centred services to levels better than they were before the tsunami.

Child leaders help peers in war against HIV/AIDS

S. Elibaribi, 15, is grim-faced as he speaks of what he learnt at an HIV/AIDS training session. One of the two UNICEF-trained peer educators in tsunami-affected Nagapattinam's Natarajan Dhamyanthi High School, he takes his role very seriously.

"Before the training I knew nothing about HIV/AIDS. I thought that whoever gets HIV dies immediately," he said. "Now I know that an HIV-positive person should be taken care of and not neglected."



A Red Ribbon Club started by students to promote HIV/AIDS awareness among children in Tamil Nadu.
Credit: UNICEF/India/Sandeep Biswas

"Initially my classmates were very shy. But now they surround me and ask questions about HIV/AIDS. Children in hostels (boarding houses) ask about masturbation and sex too," he said.

Asked how he sees his new role: "I feel a lot of responsibility. If I don't know the answer of some question I ask my teacher."

Once a week, a Red Ribbon club meeting is held at the school, and children are encouraged to ask questions. Peer educators and teachers address their queries.

While one child wants to know whether a cure for AIDS has been discovered, another wants to know what will happen if the blood of an infected person gets mixed with food. "Since the tsunami, many rumours have been doing the rounds. We clarify all their doubts in the Red Ribbon club meetings," says R. Bhubaneshwari, the school headmistress.

In another school, Ravathi is the female peer educator. The 15-year-old says she felt very proud and happy when she was selected for the training. "Before, I thought if one person gets infected, then all members of family get the disease. Now I know how it spreads. I think HIV-positive people should be taken care of."

Ravathi says most of her classmates are too shy to ask her questions, and that only her good friends approach the topic. A visit to her class confirms what she means. When asked how many know about HIV/AIDS, hands go up slowly, with much coaxing and reluctance. The good news, however, was that every girl raised her hand when asked whether they knew how HIV was transmitted.

BUILDING BACK BETTER IN TAMIL NADU

Overview

The tsunami struck all 13 districts along Tamil Nadu's coastline. Over 8,000 people died; 289 children were orphaned, and 562 women were widowed. The government evacuated over 400,000 people from destroyed coastal villages to temporary locations, including schools, temples, churches, and government offices. Within four months, nearly 82,000 people were moved into 118 shelters constructed by the government and NGOs. Most shelters are located in the worst-affected districts along the coast: Nagapattinam, Cuddalore, and Kanniyakumari.

Each family was allocated a one-room living space approximately 10 x 15 feet, constructed out of tin sheets and set out in rows. The majority (87 per cent) are fishing families who lived closest to the shoreline; the rest are mainly from the socially-disadvantaged Dalit community whose livelihoods (e.g. unloading boats, selling fish) depended on the fishing industry.

One year after the tsunami, there are still 19,000 families in 92 shelters waiting to be relocated. Prolonged monsoons, legal issues on securing and obtaining permission to use land, and continued discussion among villagers on where to relocate, have all contributed to delays in the construction of new permanent homes.

Shelter conditions have attracted criticism from the media and rights activists[3], and a UNICEF-supported assessment in March showed that hygiene practices in shelters had deteriorated to the extent that they were becoming a health risk. In response, UNICEF interventions this year have included mobilising communities to keep shelters clean; increasing access to water and sanitation facilities; introducing solid and liquid waste disposal systems and hygiene education; and initiating community-level management of key water, sanitation and hygiene activities.

Health and nutrition

UNICEF's long history of working in emergency situations helped identify and fill critical shortfalls in children's health, particularly in relief shelters. UNICEF supported government efforts in these shelters to vaccinate 75,857 children against measles and distribute vitamin A. UNICEF supported the replacement of lost and damaged supplies and equipment in Nagapattinam District Hospital and 595 health facilities to help restore antenatal care and emergency obstetric services. UNICEF also provided supplies and equipment (e.g. kitchen utensils, plates and tumblers for midday meals, play material, growth monitoring equipment, and growth tracking charts)

[3]Human Rights Watch, After the deluge: India's reconstruction following the 2004 tsunami, May 2005, Volume 17, No.3 http://hrw/english/docs/2005/01/14/india10019.htm

to help restore and improve services in 531 tsunami-affected Anganwadi centres.

The tsunami recovery programme is an opportunity to make progress in bringing down Tamil Nadu's high infant mortality rate[4], which at 43 deaths per 1,000 live births, has seen no improvement in the last three years. The vast majority of infants who die are newborns who do not make it past their first 28 days, with the first week seeing the heaviest toll. In these very early days of life, everything the mother does, and the kind of support she gets from her community, are critical.

The tsunami recovery programme allowed UNICEF to promote the introduction of the Integrated Management of Neonatal and Child Illnesses (IMNCI) programme in the three worst-affected districts. IMNCI, the main thrust of India's national child health strategy (2004-2009), is an intervention package and strategy that addresses the most common causes of infant and child deaths and illnesses: pneumonia, diarrhoea, malaria, anaemia and malnutrition. Under the IMNCI protocol, a trained community worker visits mothers and newborns in their homes at least three times within the first 10 days of birth to make sure both are doing well and that timely medical attention is provided when necessary.

There are two main components to IMNCI. The first part is to strengthen the skills of doctors and staff in health facilities in identifying, classifying, and treating childhood illnesses according to a standard protocol. The community component of IMNCI improves the skills of frontline health and nutrition workers in counselling, caring for young infants, and paying specific attention to severely malnourished children. A major innovation in tsunami-hit Tamil Nadu has been the selection and training of 1,080 community-based Anganwadi volunteers to support the Anganwadi worker in delivering this service, and in identifying children who are not being reached.

Front-line workers, and Anganwadi workers in particular, have become the backbone of the IMNCI programme. This year, they have begun to go from house to house to teach mothers how to recognise the danger signs that indicate when newborns and young children are sick, and when they need to seek a doctor's help. They are providing mothers with counselling and information on important health practices such as exclusive breastfeeding and the importance of keeping newborns warm; using iodized salt; hand washing; and how to obtain and use oral re-hydration salts (ORS) to treat diarrhoea. More attention is also given to babies with low birth weight. By the end of the tsunami recovery programme, 90 per cent of targeted villages will have a fully trained IMNCI worker, and more than 90 per cent of newborns will be visited three times before they are 10 days old.

Children in an Anganwadi in Nagapattinam enjoying their mid-day meal.
Credit: UNICEF/India/Sandeep Biswas

Independent surveys show that malnutrition rates in Tamil Nadu shelters are comparable to those in the rest of the state (37 per cent). While the good news may be that interventions are helping to prevent malnutrition rates from drastically rising, there is still much work to do to make sure that all children receive adequate calories and micronutrients. Serious changes in children's nutritional status are perceptible only over time, and the role of Anganwadi workers to keep regular records of changes in children's growth and development is critical in identifying trends in their nutrition status, and in taking corrective action if needed.

[4]Infant Mortality Rate (IMR) is the number of children under 12 months old who die each year out of every 1,000 who are born.

The extent to which families can regain their means of livelihoods will have an impact on children's health and nutrition. There is no conclusive information on how many people are out of work, or whether the expiry of a US$22-per-month cash assistance programme has had a negative impact on children's health and nutrition. Traditionally, men control household spending patterns. Even for widows entitled to compensation of approximately US$2,400, it is typically her male relatives who decide how the money will be used.

This year, the government provided fishermen with compensation money for lost and damaged boats and some NGOs provided new boats as well. There are, however, fishermen who will not return to the sea because they are too afraid. Others want to fish but do not have appropriate nets.

Water supply, sanitation and hygiene

In the days and weeks following the tsunami, Tamil Nadu was overwhelmed by offers of assistance from as many as 300 NGOs, as well as private companies, well-meaning individuals and communities from as far away as the state of Gujarat. The government and United Nations Coordination Team took quick action to make the most of good intentions, so as to avoid chaos and duplication.

One of UNICEF's most important contributions in the water and sanitation sector was in creating working partnerships with key stakeholders and government to agree on common purposes, divide responsibilities, and identify appropriate technical support. This type of coordination and networking will have a life beyond tsunami recovery, as water and sanitation issues are applicable state-wide.

In the emergency phase of the disaster response, UNICEF's first priority was to provide 2,850 water tanks to shelters; prepare shallow trench toilets; clean up the worst relief centres; and conduct hygiene camps to reduce the health risks associated with open defecation and other unsanitary practices. As efforts to improve living conditions made progress, UNICEF and NGO partners constructed sanitary latrines to serve 19,000 families. To date, UNICEF has supported the construction of 106 sanitary latrines in 92 shelters.

One year later, sanitation facilities are being upgraded in many shelters, but they are not used by everyone. For generations, families have lived along the open sea, and latrines and toilets were uncommon. UNICEF's efforts this year focused intensively on convincing families and children to use latrines as a matter of health and hygiene. Privacy, security and comfort were also important, especially for women and adolescent girls. Shelter-based community-level management and monitoring of water sources and sanitation facilities, as well as awareness-raising on hygiene practices, have been an important innovation that has engaged people living in the shelters to participate in keeping their environment clean.

Working with the government and NGOs, UNICEF identified 397 people in the shelters who became Link Volunteers -- one volunteer for every 50 families, acting as a bridge between NGOs, authorities and shelter residents. The volunteers also raise awareness about safe water use and storage, encourage proper hygiene, and help maintain newly-installed assets like hand pumps. Almost all (90 per cent) are women who, prior to the tsunami, were active members of self-help groups. (See page 29)

Link Volunteers are currently completing an extensive household survey to identify practices and gaps in waste disposal, water handling, and household health and hygiene conditions. The results will be critical in planning and prioritising interventions for the remainder of the tsunami recovery programme.

Another group of shelter-based volunteers focusing on hygiene are the 195 Sanitation Animators,

selected and supported by UNICEF to facilitate the creation of after-school children's clubs that promote messages on clean environment through games and drama. One of the most effective ways of communicating messages on sanitation and hygiene to everyone in the community is through theatre scripted with popular representations of Hindu gods and local humour.

More recently, UNICEF has supported training for 300 Link Volunteers and Sanitation Animators in hand pump repairs and masonry to construct latrines. These practical skills have helped to build a sense of ownership and self-reliance in looking after their communities' sanitation facilities, and will be transferable once families move into their permanent homes.

The lack of privacy in crowded living conditions has created particular hardships for women and adolescent girls in shelters. Menstrual hygiene has emerged more publicly as an issue that needs to be addressed. In some shelters, women's self help groups have begun to make low-cost sanitary napkins out of locally available materials. Following the ongoing baseline survey that will, among other things, examine how adolescent girls cope, UNICEF will help support ways to make these cotton napkins available in schools. There are plans next year to build separate girls' sanitary latrines in schools that will include incinerators to address the environmental concern of napkin disposal.

The School Sanitation and Hygiene Education (SSHE) programme is already a state-wide initiative. For the last three years, UNICEF has actively promoted SSHE in its four focus districts outside tsunami-affected zones in Tamil Nadu. The tsunami recovery programme created an opportunity to focus intensively on schools in tsunami-hit districts where the quality and access to sanitation facilities is uneven or badly under-used. This year, UNICEF supported 12 training sessions for both adults and children in tsunami-affected areas on safe chlorination, the use of Oral Rehydration Salt (ORS), and proper hand washing.

[5]"Tsunami failed to deter them", The Hindu newspaper, May 5, 2005.

Education

Most tsunami-affected schools in Tamil Nadu reopened within two weeks after the tsunami. Some children were temporarily relocated to other buildings while the government worked on reconstructing damaged schools. In May, the media reported that students in tsunami-affected districts had better exam results than other districts. The government credited this remarkable achievement to the psychosocial support and education assistance offered by district administrations and voluntary organisations in helping children overcome hardship and trauma[5].

Children less than five-year-old learning and playing at an ICDS centre in Tamil Nadu.
Credit: UNICEF/India/Sandeep Biswas

As part of the building back better initiative, UNICEF worked with the government and NGO partners to introduce the Quality Education Package in 251 primary schools, directly benefiting about 70,000 children. The programme focuses on strategies and methods to improve children's learning outcomes and, among many other things, recognises that children must actively participate in their learning. It includes working with teachers to design, develop, and make available context-appropriate learning and teaching materials, and provides supplies, including books, globes, maps, colourful wall charts and flashcards to help teachers cope with multi-grade classroom situations common in Tamil Nadu's education system. This year, UNICEF supplemented the government-supported

Quality Education training by providing additional training for 500 teachers in enhancing children's reading skills.

Tsunami recovery funding also allowed UNICEF to successfully experiment with introducing basic school furniture as a component of the Quality Education Package. In most rural government schools, children sit on the floor. In a caste-conscious society where at its most conservative, Dalit children are denied the privilege of sitting on chairs, school furniture has had a powerful equalising effect in the classroom. For many children it has come to symbolise that equal opportunity is an entitlement for all children. This year, 1,875 teachers and 76,014 children in 330 schools received basic desks and chairs, and, for younger children, traditional low tables known as *chowkis*.

UNICEF supported the government's June to October state-wide enrolment drive to encourage parents to send their children to school. The enrolment drive in the five worst-affected districts revealed that almost a third of children from Dalit families were not enrolled in classes. It is safe to assume that a number of these children are working. Typically, boys clean nets while girls sell fish, work as domestic servants, or look after younger brothers and sisters at home. Poverty remains a major issue and constraint. While school may be free for Scheduled Caste children, parents may not be able to afford the most basic supplies, like a pencil or notebook. Sometimes the nearest school is simply too far away for children to get to everyday.

Although most children of fishing families are registered in schools, it is difficult to confirm whether they are regularly attending. Recently-introduced motorboats are commonly thought to be a pull factor for boys. These new boats require more hands-on labour to operate than traditional catamarans, and boys may be joining their fathers to fill this gap.

Where out of school children between the ages of six and 14 were identified, UNICEF has been supporting government-run bridge courses that teach basic academic skills so they can catch up with their school-going peers and eventually be mainstreamed into government schools. UNICEF is currently supporting 20 bridge courses in Nagapattinam, and in 2005, 250 boys and girls were mainstreamed into regular classes.

Child protection

Psychosocial support takes on many forms, including individual counselling as well as group activities such as sports, games, songs, puppet shows and dramas.

In 2005, 1,336 teachers and 1,006 volunteers were trained to recognise and deal with trauma in children and provided with activity kits for up to 80,000 children in the three worst-affected districts. Beyond 2005, UNICEF will work with government and others to cover a total of 200,000 children in the 10 remaining affected districts under psychosocial and child protection programmes.

The impact of the tsunami on children's vulnerability is still being documented in Tamil Nadu. This exercise is difficult in part because there is a lack of baseline data[6] to establish whether, and by how much, children's vulnerability has increased after the tsunami. Rigorous data collection on the situation of children is one of UNICEF's priorities for tsunami-affected areas in Tamil Nadu.

Data collection will include a study covering orphans and single-parent children in the three hardest-hit districts to identify, for example, incidences where next-of-kin have come forward solely to access compensation money that was owed to the child; or cases where vulnerable

[6] "Eliminating child labour by 2007 a tough task: Comptroller Auditor General", The Hindu newspaper, October 5, 2005.

Helping children recover

It is nearly dusk and Vineeta, 11, Anita, 10, and Poorna, 8, are busy skipping rope while a group of children cheer.

The three Rasi sisters are the only ones in the southeastern coastal village of Pettoda in tsunami-hit Cuddalore district of Tamil Nadu to have lost two members of their family in the tsunami.

For UNICEF volunteers, Vineeta's happy demeanour is a good sign. When they first met her nearly a year ago, she had told them that the sisters stayed awake night after night, unable to sleep without their mother's lullaby.

"I don't know why God took our mother. But I am told that she is watching us and would not like to see us sad," says Vineeta, even as she resumes play.

Immediately after the disaster, children were showing signs of deep-seated trauma, UNICEF State Representative Tim Schaffter said. "Many children were aloof – particularly those whose parents, siblings or friends had died. Some of the older children were reported to have started bedwetting, which was a clear sign of trauma."

Working in partnership with Nehru Yuva Kendra Sangathan (NYKS), an association of youth volunteers, UNICEF set up spaces and organised activities to help children try to recover and heal.

First, youth volunteers drew children out of relief camps and temporary shelters and got them to do what they would normally do -- play.
"The response was tremendous. By February there was not a single child in the relief camps or shelters who did not play," says Mani of NYKS.

Recurring tremors continued to scare the children and they were reluctant to go back to school, said Ganesha, a volunteer. To help allay their fears, the youth volunteers "explained to them what tsunami is and that it is a rare phenomenon."

"Sujata *didi* (sister) brought us to this centre and told me what a tsunami is. I am not scared of tsunami anymore," said 14-year-old Kartikevani, who lives in a temporary shelter in Nagapattinam.

Encouraged by volunteers, children started going back to schools. Simultaneously, UNICEF also began training teachers to help them identify signs of trauma in children and help them deal with it.

To help keep children as active as possible, 25 after school centres were formed in worst-hit temporary shelters. The UNICEF-supported centres continue to date. Children get individual attention there, and all efforts are made to make learning fun.

Children display their drawings following a UNICEF-conducted workshop in a temporary shelter in Nagapattinam.
Credit: UNICEF/India/Sandeep Biswas

"I like coming here. We do yoga, dance, sing songs and the teacher is very good. I like to do my homework here. It is too noisy in the house," said 12-year-old Abhinaya.

Some children not directly affected by tsunami, but who were nevertheless impacted, have also benefited from increased support within the community for getting children back into school.

Vijayanthi's father, a daily wage earner, could get no work for three months in the wake of the tsunami. He could not pay the 11-year-old's school fees and wanted her to take care of her three-year-old brother.

Villagers told NYKS volunteers about her. The volunteers talked to her eldest brother, who agreed to pay the school fees, and arranged for her to leave her younger brother at a UNICEF-supported child care centre or Anganwadi. Vijayanti is back in school. "I want to be a doctor. I saw doctors taking care of my mother when she was in hospital. I want to be like them," she said. UNICEF and NYKS continue to organise activities for children and young people in affected districts, including painting and theatre workshops.

"The children got scared when they heard about the earthquake in Kashmir. But they did not brood on the issue for too long," says Ganeshan. Schaffter says if some children need care and support over a longer period of time, UNICEF will ensure it is provided. "We are with them until they are fully rehabilitated."

children were forced into early marriages. The study will also provide critical information on children who are not in school, and ensure that eligible families are aware of the various government assistance programmes that can help them cope financially.

UNICEF-conducted theatre workshops for tsunami-affected children.
Credit: UNICEF/India/Sandeep Biswas

Field observations confirm that the need to assess and respond to the situation of vulnerable children is urgent. In Nagapattinam, two professional mental health counsellors from Nehru Yuva Kendra Sangathan, UNICEF's main NGO partner in psychosocial interventions, began offering services to families living in shelters in August. Within three months, the number of referrals had tripled.

UNICEF's work with the government, NGOs and communities to address the vulnerabilities of children builds on existing community resources. In 2002, the government set up 12,000 village "watch dog" committees, to combat human trafficking. Committee members included a representative from the locally elected government (Panchayat), the village administration officer, police, teachers and school principals, all of whom have power to take action to protect children. This year, UNICEF has helped to strengthen the capacity and effectiveness of watch dog committees in all 362 affected villages in Tamil Nadu. Nine hundred members of these committees and self-help groups have been trained on child protection and child rights issues, with collective community responsibility to protect vulnerable children, particularly in post-disaster contexts, as the core principle. The successful reinforcement of the role of village watch dog committees in tsunami-affected districts may serve as a model that could be replicated state-wide.

HIV/AIDS

Tamil Nadu has one of the highest HIV prevalence rates in India, and in tsunami-affected districts, prevalence is as high as 0.88 per cent among pregnant women. In times of crises, the erosion of social safety nets like family and community heightens the vulnerability of women and children.

UNICEF has supported government and partner efforts to promote HIV awareness and to provide life skills for young people through schools and in vulnerable communities. Life skills equip young people with the knowledge and confidence they need to protect themselves from infection and to access HIV services, as well as to learn to be compassionate and supportive of people living with HIV.

Young people are being reached in two ways. The first is through the School AIDS Education Programme, which targets adolescents between 13 and 18 years old state-wide. This year the programme covered 4,328 schools in all 13 tsunami-affected districts. UNICEF supported training for 350 District Institutes of Education faculty members, who in turn, have trained 8,522 teachers and peer educators.

Second, UNICEF supported a local NGO, Nehru Yuva Kendra, in training 750 peer educators in five affected districts. With continued support from NGOs, these peer educators are conducting activities such as street plays and discussions that provide young people with information on how HIV is transmitted and prevented, and how to access services such as testing and counselling. By the end of the tsunami recovery programme, it is expected that 1,500 peer educators will have been trained, reaching up to 18,750 adolescents and young people.

The government's Prevention of Parent to Child Transmission (PPTCT) programme aims to make testing, counselling, and antiretroviral treatment for pregnant women, their partners and newborns, available in up to six health facilities in each district across the state. Antiretroviral treatment, along with prescribed infant feeding practices can reduce the risk of infection to infants by as much as 60 per cent.

This year, UNICEF supported the Tamil Nadu state AIDS Control Society in building the capacity of PPTCT teams in 35 centres within 10 tsunami affected districts. The longer-term aim is to incorporate PPTCT services as an integral part of antenatal care. In addition to qualified medical obstetric staff, the PPTCT team now includes counsellors equipped with the skills needed for disclosing test results, and following up with psychological support. Monitoring and quality assurance of PPTCT is also a major component. In 2005 nearly 46,500 pregnant women in Tamil Nadu's tsunami affected districts have been reached through PPTCT services.

BUILDING BACK BETTER IN ANDAMAN AND NICOBAR

Overview

The total population in the Andaman and Nicobar Islands is less than 400,000, spread out over 35 of the 572-island archipelago. India's mainland is about 1,400 kilometres away and it takes two and a half hours to fly from Chennai to the administrative capital, Port Blair. By boat, it takes up to 24 hours to travel from Port Blair to Car Nicobar, the first of the major islands in the Nicobar group. Great Nicobar is another 12 hours away. Travel is contingent on weather conditions and the availability of a vessel. There are no major roads or bridges connecting the islands.

The Indian Ocean earthquake brought down buildings and schools in the northern Andaman group of islands. The tsunami that followed left 13 islands in the southern Nicobar group partially or completely submerged. The Indian Armed Forces evacuated everyone from six islands and moved them to temporary shelters in Port Blair and other neighbouring islands.

In all, 3,513 people were reported dead; the number of missing remains unknown. The trauma of tsunami survivors was intensified by hundreds of aftershocks that continued for weeks following the tsunami, including two major earthquakes in March and July.

This year, UNICEF established a camp office in Port Blair, the capital of the Union Territory, to coordinate the organisation's response across all the islands, working closely with the islands' administration on implementation. While recovery efforts in Health and Nutrition, Education, and Child Protection are reaching affected populations in both Andaman and Nicobar districts, Water and Sanitation activities have focused on the shelters that have been set up for the mainly tribal populations on the islands of Car Nicobar, Kamorta, Katchal and Teressa.

The sizes of shelters in Nicobar district reflect the Nicobarese family structure. Extended families, also known as "*Tuhets*" are housed together, and several tuhets make up a village, which is headed by a captain. The Nicobarese traditionally live off the land and do not fish or trade commercially. Taking into account the sensitive ecosystems and complex family structure of the population, final resettlement on these islands may take some time.

Health and nutrition

UNICEF was the first humanitarian agency to arrive during the relief phase, when the priority was to make sure no children died from preventable diseases. UNICEF worked with the Andaman and Nicobar Administration to immunise and provide vitamin A to 27,772 children. UNICEF has worked with health authorities to establish on the islands, for the first time, microplans with the goal of ensuring that all children have access to regular immunisation.

There were a total of 98 health facilities in Andaman district, and 37 in the Nicobar group. In all, 34 sub-centres and three primary health centres were damaged by the earthquake and the tsunami. To support the immediate normalisation of basic preventive and curative services, UNICEF provided supplies and equipment such as ambulances, labour room tables, microscopes, disposable delivery kits, laboratory equipment, cardiac defibrillators, water testing equipment, chlorine tablets and ORS to six of these facilities.

The single greatest threat to public health on the islands is malaria. UNICEF supplied 20,000 impregnated bed nets along with mosquito repellents to help protect children living in shelters. This, along with the government's comprehensive public health approach to keep the islands well drained of standing pools of water, resulted in a sharp decline in malaria cases. In Nicobar district, the number of reported malaria cases dropped from nearly 1,900 in the first three months after the tsunami, to around 500 in the subsequent quarter.

This year, UNICEF worked with health authorities to strengthen the disease surveillance programme on all islands. UNICEF provided local laboratory technicians with field diagnostic kits, and in Port Blair, UNICEF helped establish the islands' first centralised surveillance laboratory. This lab is now leading investigations on disease cases and potential outbreaks, and is equipped and staffed to regularly collect and analyse field data as well as to conduct more complex on-site tests on blood and stool samples.

Doctors, particularly specialists, were in very short supply, even prior to the tsunami. Today there are only two paediatricians and two gynaecologists in public hospitals. In remote, mainly tribal locations in the Nicobar islands, a government doctor provides services out of the local health centre. Doctors supported by UNICEF are helping to carry out an integrated public health action plan to provide routine immunisation, antenatal care, vitamin A and iron folate distribution, and to attend to sick people who cannot get to health centres. These doctors also provide crucial monitoring and support to recently-trained health workers who live in these remote communities.

A long-term solution to the shortage of trained medical staff on the islands is to strengthen the capacities of front-line community workers. Auxiliary Nurse Midwives (ANMs), who are government staff in charge of antenatal care, deliveries, postnatal health and immunisation. UNICEF has supported costs for an additional 25 ANMs, who have been posted in remote areas where access to health services is more difficult.

UNICEF-trained health worker conducting home visits in Car Nicobar island.
Credit: UNICEF/India/Pallava Bagla

To raise the quality and coverage of preventive and curative health care, the entire cadre of 527 (soon to be increased to 621) Anganwadi workers are being trained along with ANMs on the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and protocols[7]. Because Anganwadi workers belong to the communities where they work, they readily identify with, and are trusted by the people they serve. This is particularly important for communicating with small tribal groups who generally do not mix socially with people outside their community.

[7]For more details on IMNCI strategy and protocols, please see Health and Nutrition section for Tamil Nadu.

This year, one third of Anganwadi workers have been trained on the IMNCI protocols, and Nicobar became the first district in India to start implementing the two-worker IMNCI model that is so important to child survival in areas where there is no doctor. UNICEF has also supplied trained Anganwadi workers with basic drugs: paracetemol, cotrimoxazole (an antibiotic to treat mild respiratory infections), and de-worming medication.

UNICEF also supported the first phase of government efforts to establish paediatric stabilisation units on the islands. A 12-bed unit for sick newborns was set up and equipped in the main government hospital in Port Blair. Supplies of equipment designed to help sick newborns breathe and keep them warm, were coupled with intensive training for doctors and nurses in treating the most common causes for deaths among newborns: infections, respiratory distress, and low birth weight. Over the next two years, UNICEF will work with the government to establish two-bed paediatric stabilisation units in district headquarters health facilities.

Most Anganwadi[8] centres did not have basic weighing scales or counselling materials prior to the tsunami, which damaged 153 out of a total of 527 centres. UNICEF provided weighing scales, charts, and play material to all centres that did not previously have these items. Workers were provided with communication materials to assist them in counselling mothers on adequate care and feeding, and "Mother Child Protection" cards were produced to help mothers keep track of vaccinations, and to see to it that their child's weight remains within normal ranges.

Nutrition counselling took on extraordinary importance in tribal villages in Nicobar. The tsunami destroyed coconut plantations, wiped out livestock, and stopped people from fishing. Even naturally growing tubers such as Nicobari potatoes and tapioca were destroyed.

Until October, the government provided staples such as rice, potatoes, onions, *dhal* (lentils), cooking oil and tea leaves free of cost. Although the caloric intake among children appeared sufficient, there was a serious lack of vitamins and minerals that are acquired through a more varied diet. Anganwadi centres distributed 87 metric tons of fortified high energy biscuits to pre-schoolers. UNICEF also advocated with the agriculture department to help families to plant kitchen gardens, the most successful of which are now producing squash, spinach, eggplant and pumpkin.

Two independent studies conducted after the tsunami confirmed that among the Nicobarese, levels of "severe" malnutrition among children under three years of age are at less than one per cent, and that there are no cases of "very severe" malnutrition. Interestingly, among the non-tribal population, malnutrition rates are not as good, with over two per cent in the "very severe" category. Only a more detailed examination of this question would provide reasons why this is so. It is possible that non-indigenous populations are overly reliant on imported foodstuffs, which are three times more costly than on the mainland, and offer much lower nutritional value by the time they reach the islands. UNICEF and the government have launched an intensive effort to bring current levels of malnutrition – 37 per cent - down by 25 per cent by the end of 2006.

Continuing the monitoring of trained Anganwadi workers will be a key activity for next year UNICEF will be working with an NGO to train 19 Child Development Motivators who will support Anganwadi workers to ensure that advice and follow-up on care and feeding practices are being carried out competently. The IMNCI programme will be boosted even further by plans to match each Anganwadi worker with a volunteer mother from the community to assist in covering households.

Anganwadi centres became the distribution point this year for vitamin A supplements covering nearly

[8]See discussion on child development and nutrition services provided by Anganwadi workers at centres under Health and Nutrition for Tamil Nadu section.

85 per cent of children between nine months and six-years-old. Next year UNICEF will support two one-week supplementation drives that will be a part of regular government health services. The Anganwadi centre has started to play a critical role in distributing iron folate to pregnant women, and UNICEF will also be supporting training for 150 teachers in secondary schools on providing and tracking iron supplements to adolescent girls.

UNICEF is promoting household consumption of iodized salt – an effective way to ensure proper brain development in unborn and young children. In October, Anganwadi workers tested over 10,000 samples of household salt across the islands and found that over 98 per cent had sufficient levels of iodine. The results are a superb contribution to India's goal to have 90 per cent of households using iodised salt by 2007.

Water supply, sanitation and hygiene

UNICEF's constructed 1,000 sanitary latrines and supplied 500 water tanks in the first relief shelters set up immediately after the tsunami. When people began moving intermediate new shelters back on their own islands a few months later, UNICEF then focused its work on the worst-affected tribal islands in Nicobar district, where salt water had ruined wells and water systems in low-lying villages. In all, UNICEF provided materials for 12,000 toilets (and constructed nearly 4,000 toilet substructures) and supplied 2,480 water tanks to shelters in 43 villages. In addition, four extra water tanker trucks were provided to increase the water supply to villages without water points.

Given that the islands typically receive up to three metres of rain annually, the largest, most underused renewable water resource is rainwater. This year, UNICEF worked with Village Captains and 110 Nicobarese youth to install over 290 demonstration rainwater harvesting units, and has provided materials for 2,210 more. The potential is tremendous: in just half an hour, 300 litres of rain can be collected, providing water for a family for four days.

Logistics and weather are the two biggest constraints in carrying out water and sanitation activities. Everything needs to be imported, and the distances over water and unpredictability of weather cost both time and money. The very fine windblown coral sands available on the islands cannot be used for construction. One truckload of building sand, worth about US$15 on the mainland, costs more than US$300 by the time it reaches the islands. UNICEF and other agencies working in these areas are trying to take advantage of locally available resources and have had some success in finding alternative solutions.

A UNICEF-trained youth explaining the working of a rainwater harvesting unit in Car Nicobar island.
Credit: UNICEF/India/Pallava Bagla

In Nicobar, another source of delay has been in finding labourers to construct latrines. Everything from buildings to roads needs to be repaired, and these bigger infrastructure projects tend to attract more local interest and support, particularly among men. UNICEF has found that the entry point for gaining community support for sanitation has been through women, for whom the latrines have afforded privacy and security.

UNICEF is focusing increasingly on hygiene practices and in encouraging the population to use sanitary latrines. UNICEF supported training for 28 community health volunteers who will raise awareness about safe hygiene practices within their communities, as well as monitor water quality in villages. UNICEF is supporting the development

of communication material in local languages, and working with other NGOs and the government to make sure messages on sanitation and hygiene are consistent. The need for good sanitation and hygiene practices is especially important for children in the Nicobar group of islands, where waterborne diseases such as malaria and diarrhoea are prevalent.

Education

The earthquake that preceded the tsunami damaged 69 schools in the Andaman islands, while the tsunami completely destroyed or badly damaged 50 more schools in the Nicobar group. UNICEF's response, together with the government and local partners, showed that getting children back to school was considered as vital as interventions in health, nutrition and water and sanitation.

School reconstruction was immediately undertaken by the government with the assistance of NGOs. UNICEF supplied 455 school tents and basic school supplies such as back packs, teacher kits, pens and paper. UNICEF also replaced 19,900 sets of desks and benches in all 110 primary schools and middle schools with primary sections that had lost everything.

Pre-tsunami data indicate many positive things about Andaman and Nicobar schools. Unlike most states on the mainland, teacher-to-student ratios were ideal, at about one to 22. Teachers were not faced with the challenges of multi-grade classroom management. In Nicobar, the enrolment rate was 100 per cent.

The fact that the Grade X board examination pass rate in Andaman and Nicobar is only 40 per cent, however, is a troubling sign indicating that children are not acquiring the foundational knowledge they need in literacy and numeracy. This in turn is attributable to a number of observable shortcomings in schools: teachers lack capacity in monitoring children's progress against learning outcomes and in working with different academic levels; and schools lack supplementary readers for children who have already mastered standard texts, as well as hands-on material that can help children learn new concepts.

This year, UNICEF worked with the government to introduce the Quality Education Programme in primary schools throughout the islands. Seventy - five teachers and 12 academic resource persons were trained on Quality Education techniques at one of India's premiere training centres in the state of Karnataka. Teachers have already begun designing lessons so they are more context-specific and relevant to their students.

Education officials selected 77 schools representing both tribal and non-tribal communities in Andaman and Nicobar to initiate the Quality Education Programme. Of these, 10 schools in Andaman and five in Nicobar were selected to become model schools designed to demonstrate the full Quality Education package. Key elements of the package were introduced in Grade I and II this year, though this is only the beginning. Decisions taken in the first year of tsunami recovery will bring a renewed focus to the primary school education of some 50,000 children.

Assistance was also provided to strengthen district- and block-level resources so that teachers have the academic and administrative on-site support they need to implement Quality Education in their classrooms. As many of these structures existed prior to the tsunami, UNICEF focused on supporting government by providing basic equipment, including computers and software for data collection and information dissemination.

Proof of success, especially in terms of children's learning outcomes, will be evident when monitoring data are available. Working closely with the government, UNICEF is supporting a mapping exercise which will track and measure learning outcomes by cohort group from Grade I to V in all 77 Quality Education schools.

Improving school environments, one step at a time

Seena cannot stop smiling. When she left home for school, she had no idea what was in store for her.

The shiny new desks in place of the old muddy mats in her classroom came as a wonderful surprise for her and her friends. "They are better than what we had before," she said, clutching the corner of her new desk with her tiny fingers.

The desks are a welcome addition to their school, which has been running in tents since the tsunami struck Car Nicobar island in December last year. Located on the seashore of Sawai village, their school was badly damaged, with gaping holes in place of walls.

"For the children, the ruins of the school are a constant reminder of that fateful day and what they lost," said Wilson Amos, a district education officer, adding: "In addition to the obvious benefits, the furniture will bring them some psychological relief."

Car Nicobar lies in the heart of the Andaman and Nicobar archipelago in the Indian Ocean. It bore the full fury of the tsunami.

The inaccessibility of these islands is a major challenge in the rehabilitation process. There is no direct air link between the Indian mainland and Car Nicobar. The two-and-a-half hour flight from Chennai to Port Blair, plus the 12 hours by sea to Car Nicobar can test the most keenly planned logistical operations.

Damaged ports and jetties compound difficulties. "Bringing material to these islands or carrying out assembly work is a logistician's nightmare," says UNICEF programme coordinator Subhash Misra.

Children sitting on brand new school tables at the Government Senior Secondary School, Sawai village, Car Nicobar.
Credit: UNICEF/India/Pallava Bagla

"The ordeal is not over once supplies reach the islands. As the villagers have moved deep inland where there is no road connectivity, we had to resort to sending supplies by tractors to some of the places," says Subhash.

The delight shown by children over the new desks was well worth the effort, Subhash said. "The beautiful smiling faces are the best reward we can ever get."

This year also saw the re-vitalisation of Village Education Committees, an elected group within the school's community who, among many other things, have access to government funding so that parents and others can become active in managing their schools.

UNICEF is supporting government efforts to reach children who are not in the regular education programme by providing teacher kits for alternative schools. Andaman has around 650 boys and girls registered in 38 such alternative schools. These children are the most likely to be holding down menial jobs such as fishing and selling. The longer term challenge is to find out what keeps children away from school, and to help them catch up with their peers and become mainstreamed into regular classes.

Child protection

This year, UNICEF supported training for 1,500 teachers in providing psychosocial support to children. Teachers were trained to recognise and address signs of trauma in children, to encourage them to express their anxieties, and in the most extreme cases, to know where to get help. Over the course of the year, teachers reached up to 30,000 children in the worst-affected islands. By the end of the tsunami recovery programme, the aim is to cover some 50,000 children across all the islands.

Teachers showed remarkable commitment and courage in reaching out to children. As a community of professionals, their losses were tragic: 64 died. Teachers were immediately pressed by the government into relief efforts, and many had to spend days away from families supervising the unloading of boats and taking inventory of incoming supplies. UNICEF was the first agency to initiate psychosocial support for children, and recognised that care for the well-being of teachers was equally important.

According to NGOs documenting the impact of the disaster, the tsunami left 650 children orphaned or in single-parent homes. Orphans from tribal communities were absorbed by their *Tuhets* (extended family). It is notable that there is no translation for the word orphan in their vocabulary. Non-tribal children who did not have surviving relatives to care for them are now being cared for in government-run orphanages.

Another initiative this year has been the establishment of a database and tracking system on orphans, single-parent households and other vulnerable children. Working with the local ChildLine[9] organisation, UNICEF is supporting the development of software that will compile information on who and where the vulnerable children are, as well as the factors that make them vulnerable.

Data may also shed more light on the high proportion of disabled children among tribal communities – an observable, but little discussed phenomenon. Doctors surmise that disabilities ranging from cerebral palsy, mental retardation, hearing or visual impairment, and a variety of other physical handicaps, surface because these communities are closed off to outside unions. As a consequence, recessive genes that carry aberrations tend to manifest themselves more commonly. An empirical study on the situation of children will be a first step to ensuring that the special needs of these children are programmed into child protection initiatives and policies.

Another group of children who have not been carefully studied are those from migrant families who may not have legal status on the islands. Most are Tamils who work as petty traders or semi-skilled labourers. As their numbers are not known, it is difficult to confirm if their children are benefitting from government programmes available through Anganwadi centres and elementary schools.

A number of issues that have come to light since the tsunami are already sounding alarms among the tribal community. The sudden wealth among survivors who received compensation for family members killed in the tsunami has created lifestyle changes among some Nicobarese. The most troubling trend has been the sudden availability and increased consumption of bootlegged alcohol, sold at prices 10 times higher than on the mainland. In October, the Tribal Council told the Administration of Andaman and Nicobar that alcoholism was a problem and pleaded for intervention. There is no documentation to prove whether this reported increase of alcohol consumption is translating into abuse and neglect of children and women, but the circumstantial evidence is a compelling enough reason to make data collection and documentation on the situation of children a priority.

[9]Childline is a partnership platform bringing together the Ministry of Social Justice and Empowerment, Government of India, UNICEF, the Department of Telecommunications, street and community youth, non-profit organisations, academic institutions, the corporate sector and concerned individuals. See http://www.childlineindia.org.in/aboutus01.htm

BUILDING BACK BETTER IN ANDHRA PRADESH

Overview

The tsunami affected seven districts along the Andhra Pradesh coast. While the damage was comparatively less than in Tamil Nadu and Andaman and Nicobar, the trauma and shock caused by the tsunami was felt by people in coastal villages who lost homes and livelihoods. One hundred and seven people died; most of them were fishermen at sea.

Most of the activities supported by UNICEF in Andhra Pradesh were concentrated in the worst-hit districts of Prakasham, Nellore and East Godavari. The tsunami recovery programme in Andhra Pradesh concluded in December 2005; monitoring the impact of interventions will be absorbed within the regular programme.

Health and nutrition

Interventions in restoring health services focused on the two hardest-hit affected districts: Prakasham and Nellore, where infant mortality rates of 78 and 67 per 1,000 live births respectively, are higher than the state average (62 per 1,000).

In collaboration with the National Neonatology Forum, UNICEF focused on strengthening the skills and competencies of health professionals to care for sick newborns. In 2005, UNICEF supported training for 225 medical officers and 175 nurses and health workers, and supplied essential newborn care equipment to 136 health centres and 10 referral hospitals. The improved care and facilities will make a difference to the children born every year in these districts.

With malnutrition rates at between 50 to 65 per cent in tsunami-affected districts, improving child nutrition is a key concern. There are a total of 8,586 Anganwadi centres in Prakasham, Nellore and East Godavari, each serving approximately 100 children. Anganwadi centres are the community focal point for nutrition counselling for mothers and midday meals, and fixed-day services like routine immunisation and children's growth monitoring. Some 300 centres were damaged by the tsunami. UNICEF supplied weighing scales to 860 centres, as well as growth monitoring cards, counselling material, ORS packets and salt testing kits to all centres in the three districts.

UNICEF also supported training for 11,166 Anganwadi workers in four districts. The close contact that Anganwadi workers have with families helps them monitor many state-supported initiatives, including tracking mothers who receive extra food rations from the government for their underweight children, and whether households are using iodised salt.

Every village has a Mothers' Committee made up of women whose children benefit from the services of the Anganwadi centre. This year, in an effort to assist the Anganwadi workers, volunteers from

Mothers' Committees have also been able to go from house to house to provide counselling and follow-up on behalf of the Anganwadi worker. Because they speak from experience, they often have a positive influence in helping other mothers improve the way children are cared for and fed.

Only 37 per cent of households use adequately iodised salt. In tsunami-affected districts where about a third of the population live below the poverty line, UNICEF advocacy has supported the government's move to sell only iodised salt in fair price shops.[10]

Supply of iodised salt in Andhra Pradesh is insufficient to meet the state-wide demand. In four tsunami-affected districts, UNICEF and a Canada-based NGO, Micronutrient Initiative, have been working with 10 salt producers to help boost salt production. Together, they helped repair broken salt iodization plants, and supplied free potassium iodate so that production could quickly restart. Funding from the tsunami recovery programme also paid for salt testing kits which have become a huge success in getting families and children to understand the importance of iodine in their diets. Salt testing kits are clever and simple: one drop of salt testing liquid will turn sufficiently iodised salt bright purple. School children and Anganwadi workers have been key in getting families to test the salt they use, and in persuading non-iodised salt users to switch.

Water and sanitation

In the two worst-affected districts of Prakasham and Nellore, UNICEF led the testing of 2,000 public water sources for salinity and bacterial contamination. The study found that 15 per cent of water sources, concentrated in 56 communities, were affected with saline. To augment the supply of drinking water in saline-affected villages, UNICEF has installed 56 water tanks and replaced 542 broken handpumps.

In 80 affected communities in Nellore district, UNICEF has trained local NGOs on water quality surveillance, hygiene and sanitation. The training has increased communities' self-reliance in maintaining their water supplies.

In Andhra Pradesh, landlocked districts experience recurring drought, while coastal districts suffer from saline exposure. At 10 schools and Anganwadi centres, UNICEF has supported the introduction of rain water harvesting, which may provide a sustainable model for responding to chronic freshwater shortages in the state.

Education

Communities in affected areas are essentially divided between fishing families and the more economically-deprived Dalit communities. Children from fishing families tend to go to private schools that offer better learning environments, while government schools cater to children from the poorest families, and often lack the most basic teaching and learning material.

Venkatramanama in her newly furnished classroom at the Palipalam Government School in Andhra Pradesh.
Credit: UNICEF/India/Tom Pietrasik

UNICEF supported the government's initiative to introduce the Quality Education programme into

[10]Fair price shops are run by the Department of Food and Civil Supplies and provide subsidised staple items for sale to below poverty line consumers.

these classrooms for the first time. In 2005 the government has focused on providing teachers in 1,003 targeted schools with training in Quality Education methodology. UNICEF is also providing blackboards, teaching and learning materials, supplementary reading material, and desks and chairs for 38,000 children in Grades I and II, and for almost 40,000 children in Grades III and IV.

Similar to the experience in Tamil Nadu, the furniture has had a profound effect in making classrooms much more welcoming places for children to learn. Unlike Tamil Nadu and Andaman and Nicobar islands, the education authorities of Andhra Pradesh worked with UNICEF on a completely new design that departs from traditional wood or metal benches and tables. The tables and chairs for younger children are made out of durable moulded plastic in primary colours. For older children, the brightly coloured desks and chairs create a cheerful, lively classroom atmosphere. The feedback from children, parents and teachers was extremely positive. The government has taken a first step towards scaling up the furniture initiative, with plans to introduce similar school furniture in Hyderabad district. Monitoring over the next two years will reveal the positive influence quality education will have on enrolment and retention.

Child protection

Child protection interventions focused on 15,000 children in 100 villages in two districts. During the emergency phase, UNICEF coordinated information-sharing with NGOs and international agencies, and facilitated meetings with relief officials, donors and NGOs both at the disaster site and also at state level.

UNICEF's work on psychosocial care in Andhra Pradesh drew on expertise and experience from neighbouring Tamil Nadu. A training module for psychosocial care developed in that state was adapted for local participants. The increased attention given to the importance of psychosocial care has helped to break down negative attitudes and perceptions about mental health issues.

With volunteer doctors and local NGO workers, UNICEF entered into a dialogue with the *Kapu* (local leaders from fishing villages) in order to undertake a rapid assessment of psychosocial needs. The team found depression and post-traumatic stress disorder among adults and children in the villages they visited.

UNICEF's longer-term approach aims to help children in these villages cope with the stresses and pressures of daily life – an activity in keeping with UNICEF's goal to create a protective environment for children and young people. The training of 600 volunteers is being led by social workers who will also be able to provide referral services in cases of severe distress.

Andhra Pradesh is a destination, source and transit point for the trafficking of women and children. Some of the reasons attributed are the status of the girl child, low levels of education, caste and poor livelihood options for families. The upheaval following the tsunami increases the vulnerability of children and women to exploitation and HIV infection.

At the request of the Department of Women Development & Child Welfare, UNICEF partnered with the Nirmala Niketan School of Social Work in Mumbai to consult with key stakeholders in five tsunami-hit districts. Anti-trafficking action plans were developed based on feedback from women, young people, officials, NGOs and the police.

BUILDING BACK BETTER IN KERALA

Overview

Although the tsunami affected three coastal districts in the state of Kerala, the extent of damage was not nearly as severe as in neighboring Tamil Nadu or the Andaman and Nicobar islands. A total of 177 people died.

Kerala is one of the most developed states in India, and government resources and capacities are comparatively more advanced and better prepared than they were in other affected states to cope with the crisis. All relief shelters were dismantled within a few months. Government requests for assistance were limited to Health and Nutrition, Education and Child Protection. UNICEF's tsunami recovery programme for Kerala has been managed and staffed through the UNICEF field office in Chennai. Most interventions were completed this year.

Health and nutrition

Kerala's health care system is good. There is a dispensary every few kilometres providing low-cost health care for children. Virtually all mothers are taught to breastfeed, and a state-supported nutrition programme for expectant and new mothers has helped reduce infant mortality to 14 per 1,000 live births – almost five times lower than the national average. The maternal mortality ratio, at 198 per 100,000 is more than twice as good as the national average. UNICEF provided supplies and equipment to 51 health facilities in the three affected districts.

Education

Basic education indicators in Kerala also exceed national averages. The literacy rate is over 90 per cent. Seventeen years ago, Ernakulam district was the pilot site of the state government's "Total Literacy" campaign and became the country's first totally literate district. UNICEF has supported the government in getting children back to school by paying for replacement textbooks, notebooks and uniforms for 8,444 tsunami-affected children. The cloth for uniforms was purchased locally and stitched by women belonging to self-help groups, as part of poverty-reduction efforts in communities.

Child protection

UNICEF supported the deployment of 60 trained social workers to carry out psychosocial counseling and activities with children and families. Starting with nearly 100 villages, the programme currently focuses on 38 villages. Based on these interactions, a database of 18,000 children has been developed. Attempts are also being made to form children into clubs associated with "Kudumbashree", an initiative of the Government of Kerala for organising and mobilising women through self-help groups.

BUILDING BACK BETTER IN EMERGENCY PREPAREDNESS AND RESPONSE

An important lesson learned from the tsunami experience is that better preparedness would have minimised the devastating impact. India has some of the worst disaster-prone areas in the world. Approximately 80 per cent of the country is vulnerable to cyclones, floods, landslides, drought and earthquakes. Combined with poverty, communities in disaster-hit regions live within a vicious cycle of social and economic hardship and vulnerability.

The death rate from disasters in poor countries is much greater than in rich countries, even if the frequency and magnitude are the same. A range of development factors determine the probability of people being killed in disasters, including the concentration of people in earthquake-prone cities, in flood-prone valleys or in exposed coastal areas. In India, with a huge and growing population of over one billion people, an estimated 30 million people are affected and some 5,000 are killed by natural disasters annually. These numbers appear to be rising in recent years.

The human and financial costs of disasters put an enormous strain on development[11] and are serious setbacks towards achieving global commitments to poverty reduction and improved child health and well-being. Responding and recovering from disasters – especially among the poorest communities – take up resources that could have been used to advance child survival and well-being.

UNICEF's commitment to disaster preparedness is founded on well-researched and well-documented evidence that it is not necessary for so many people to die in disasters. Where communities have been prepared and organised, people survive.

This year, UNICEF has established standing agreements with suppliers so that essential emergency supplies, including water purification equipment and certified-quality essential drugs can be procured much more quickly. Discussions are ongoing with interested donors to regularise the predictability of funding needed to prepare for, and respond more efficiently to disasters when they strike.

Funding in 2005 paid for tsunami recovery coordination staff in New Delhi, and the tsunami recovery team in Tamil Nadu and Andaman and Nicobar islands. Logistics and support for the newly established camp office in Port Blair, the capital of the Union Territory, were also funded through these budget lines. UNICEF supported the government's centralised body overseeing the tsunami response by fielding a consultant who acted as an information analyst who collected and consolidated data from all affected areas. Assessment teams were also supported through the tsunami recovery programme. Over the next two years, funding will go to strengthen local capacities in community-based emergency preparedness through training of UNICEF staff, government counterparts, NGOs and communities across disaster-prone areas in India.

[11]UNDP: Reducing Disaster Risk: A Challenge for Development http://www.undp.org/bcpr/disred/documents/publications/rdr/english/rdr_english.pdf

BUILDING BACK BETTER IN COMMUNICATIONS

The tremendous public support that UNICEF received to assist in the tsunami relief and recovery efforts is owed in a big way to its effectiveness in documenting and disseminating the situation of tsunami-affected children. Within 48 hours after the disaster, communication officers, writers, photographers and film crews were on the ground to report on the situation of children and women.

Communication support in the immediate aftermath of the tsunami focused broadly in the following main areas:

- Documenting, in print, photography and video, the impact of the tsunami on children and women, who are always disproportionately affected by natural disasters;
- In light of heightened risk of exploitation and abuse during emergencies, advocating at community, local and national level for protective measures for children and women;
- Producing and disseminating communication materials and tools for use in temporary shelters on safe hygiene; on appropriate child care and feeding practices; on issues of abuse and exploitation; and
- Providing timely, relevant information to national and international media, UNICEF National Committees, and other UN agencies and partners on the context of children in tsunami-affected areas.

Updates on the real lives of children and the UNICEF's collaboration with government and other partners in the recovery effort were published regularly on UNICEF India's website: www.unicef.org/india/.

UNICEF has continued, throughout the year, to work to keep the country's attention focused on the need for continued support to children and families made vulnerable by the tsunami. Funding has helped ensure appropriate staffing, training and equipment.

UNICEF's Link Volunteers connect communities to hygiene

At the crack of dawn, a group of women and children stand in queues waiting for rations to arrive at their Neelakshi Amman Koil temporary shelter in Nagapattinam, Tamil Nadu.

Thirty-eight-year-old Gunawati Rajamaanikan makes her way to the front of the line and uses the opportunity to convey simple hygiene and sanitation tips.

The women listen to her attentively, especially when she says that not washing hands before cooking is the reason their children get sick so frequently. Gunawati is one among them and speaks to them in a language they understand.

Gunawati is a UNICEF-trained Link Volunteer, so named because she and hundreds like her in temporary shelters act as links between tsunami-affected communities and the health and sanitation authorities.

Another volunteer, Raju, says his job is to check the quality of drinking water every day. "I have been given a chloroscope to check the amount of chlorine in the water. A lot of people gather around me whenever I carry out the check. I feel important and I know I am doing some meaningful work," he says.

Lakshmi, who lives in a tsunami shelter, knows how the Link Volunteers are helping. She says, "We cook fish everyday. Before, we used to simply throw fish scales, entrails and other waste in the open. Then Link Volunteers told us that doing so would not only invite flies but would also become a breeding ground for diseases."

Lakshmi and others in the shelter now discard the waste into a big pit and take turns covering it with a thick layer of sand. Lakshmi says the volunteers also educated them on the importance of using toilets. "We have now started using the community toilet and find it very convenient," she says.

The Link Volunteers move around the shelters in the blazing heat, verifying water quality, checking toilets and looking for garbage. In short, they are responsible for helping other survivors maintain sanitation and a clean environment in their temporary homes.

The volunteers take immense pride in their jobs. They serve as the first point of contact for the district administration. "When senior government officials come to our shelter they speak first to us. We are given more importance than the local leaders," says P. Sumathy, a Link Volunteer. Sumathy lost her son and father-in-law in the tsunami and lives among other survivors in Kallar village.

Tsunami-affected childern with a Link Volunteer in Nagapattinam.
Credit: UNICEF/India/Ranjan Rahi

"Because we were present in the field within the first few hours of the disaster, we recognised the need to establish a direct link with the affected communities so that their concerns could be addressed quickly and effectively," said Tim Schaffter, UNICEF's State Representative for Tamil Nadu and Kerala.

"The state government has used the Link Volunteer initiative in a remarkable manner, bringing benefits to the affected people. These volunteers have also helped a great deal in getting others to adopt hygiene practices," he added.

UNITED NATIONS JOINT RECOVERY PROGRAMME

UNICEF is continuing its close collaboration with sister UN agencies (WHO, UNFPA, UNDP, FAO, ILO) in the recovery phase and building on the Joint Assessment Mission of the UN Country Team in India, conducted in February 2005 with the participation of the Asian Development Bank and the World Bank. Agencies worked together to assess needs and define the response of the UN system for the recovery period. In addition to the programmatic interventions which UNICEF has been working with government and UN and other partners throughout 2005, UNICEF has supported UN agencies in complementary initiatives on maternal and newborn care and psychosocial support. UNICEF is also contributing towards staffing the post of coordinator for the Joint UN System Post Tsunami Rehabilitation. The primary task of the coordinator is to ensure commonality of purpose and approach among the recovery activities of UN agencies and enhance synergies towards results.

ACKNOWLEDGMENTS

UNICEF's contribution to improving the situation of tsunami-affected children and women is made possible through the support of individuals and governments who share the Government of India and UNICEF's firm belief that even after tragedy and terrible loss, we must act on our collective responsibility to save lives, restore hope and create opportunities for children.

Donors

The human suffering and devastation caused by the tsunami evoked a worldwide outpouring of sympathy and compassion unmatched by any humanitarian crisis in history. Contributions to UNICEF from around the world amounted to US$585 million. Most of this went to Indonesia and Sri Lanka, which experienced the most extensive losses.

UNICEF India received over US$21 million for the three-year tsunami relief and recovery programme. Over a third comes from the Global Thematic Fund, a consolidation of donations from many sources, including UNICEF National Committees as well as many corporations. More than $13 million came from Japan, the United Kingdom and Finland; UNICEF National Committees in France, Hong Kong, Sweden, Italy and Spain; and from the IKEA Group.

Summary budget: Tsunami recovery programme 2005 - 2007 (US$)

	2005	2006	2007	TOTAL
Health	2,509,440	876,500	259,300	**3,645,240**
Nutrition	1,989,246	385,200	221,600	**2,596,046**
Water & Sanitation	2,040,906	697,800	486,200	**3,224,906**
Education	4,922,972	543,200	482,400	**5,948,572**
Child Protection	616,230	460,800	335,800	**1,412,830**
HIV/AIDS	198,233	212,733	154,233	**565,199**
Communication	223,000	100,000	100,000	**423,000**
Emergency Preparedness	510,000	959,566	720,000	**2,189,566**
UN Joint Recovery	187,000	746,500	746,500	**1,680,000**
TOTAL	**13,197,027**	**4,982,299**	**3,506,033**	**21,685,359**

UNICEF acknowledges the contributions of the following individuals and corporations in India:

2 TEB Air Force, Amarjeet Kaur, Arun Chavan, Aruna Sahgal, AstraZeneca Pharma India Ltd., Avinash Chandra, Avon India, Balajee Shanmugam, Dedicated Technologies Inc., Deepak Mehta, Deepak Satpathy, Devender Jayaram Kuragayala, Ferdinand A.F. Miranda, Goh Chengying, iDOiNK India, Jagpal Singh Dhaliwal, Jeeja Godfrey, K.J. Mathew, Krishna P.V., L.S. Murthy, M.N. Sahgal, MCA & Microbiology Department, Microsoft India (R&D) Pvt. Ltd., Mihir Kanakia, Mona Sharma, Naturell (India) Private Ltd., Neil Mathews, Nicola M. Carrapiett, Ntrance Customer Services Pvt. Ltd., Pallavi Alurkar, Prachi Deshpande, Pharma India Ltd., President Tinoti Prashna, Prudential Process Management Services (India) Pvt. Ltd., Purandare Swanand Shankar, R.K.P. Shankardass, Radha Lenin, Ratna Kapur, Roshan Gupta, S.C. Vanjani, Sadhana Singh, Sandeep Pathak, Sanspareil, Sarada Business Services, Sayantika Saha, Shaila Gandhi, Shilpa Garg, Shilpa Nilange, Shreya Chadha, Socio-Cultural Association, Staff of the Embassy of Italy, Sudhakar Manukonda, The Coffee Club, Utpaal Kamdar, Varun Sahgal, Vijay Uttarwar,Vrunda Shah, Yugal Sharma and Yuvraj Nanavati Parekh.