

**A REVIEW OF CURRENT
AND POTENTIAL ACTIVITIES
IN SRI LANKA**

**Supported by the
Displaced Children and Orphans
Fund**

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EXECUTIVE SUMMARY

Sri Lanka has suffered 13 years of civil war that has left between 30,000 and 50,000 dead and displaced hundreds of thousands within the country as well as generating a massive refugee exodus. The northern and eastern parts of the country continue to be seriously affected. The impact on children has been extensive and profound. A very high proportion of those who remain in camps for displaced persons are Muslim.

Another serious problem threatening the well-being of children in Sri Lanka is sexual exploitation and abuse, by both foreign tourists and nationals. A recent study estimated that as many as 30,000 children, mostly boys, are involved in some form of prostitution.

The Displaced Children and Orphans Fund (DCOF), which is administered by the Office of Health and Nutrition of the U.S. Agency for International Development (USAID), provided \$250,000 for use in Sri Lanka in 1991, which the USAID mission in the country used to make a grant to Terre des hommes to provide family-like care for a group of displaced children. In 1995 DCOF provided an additional \$300,000 to USAID/Sri Lanka. These funds were obligated under the mission's Citizens Participation Program to address the continuing needs of displaced children. Most of these funds have been provisionally earmarked to provide a grant to the International Federation of Red Cross and Red Crescent Societies (IFRC) in response to a proposal to provide shelter and medical assistance to those displaced in camps in nonconflict areas in the north central part of the island.

A team of two sent by DCOF visited Sri Lanka March 28- April 9, 1996, to assess and recommend any appropriate modifications to the IFRC proposal and to assess other non-governmental organizations (NGOs) and their activities for possible future support using resources from DCOF that would be managed by USAID/Sri Lanka. The team reviewed the portions of the mission's strategy to which DCOF could be relevant, the roles DCOF might play, and the management procedures the mission would follow in administering DCOF funds. In addition to Strategic Objective for Citizen Participation, DCOF funds could also be used to address its Special Objective One for humanitarian assistance in the Northern and Eastern Provinces or its Special Objective Two for HIV/AIDS prevention as specified in its 1996 Results Review and Resources Request. In the case of all new NGO grantees, the mission ensures that a review is done of the organization's local capacity and systems to manage and control USAID funds.

The IFRC Proposal

A small IFRC staff implements programs by contracting with staff of its member organization, the Sri Lankan Red Cross Society (SLRCS). The memorandum of understanding (mou) between the two organizations was seen by the team as essential to the continuation of DCOF funding to

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IFRC. USAID/Sri Lanka has made one grant (not with DCOF funds) to IFRC. This grant's funding has been channeled to IFRC through the American Red Cross. It began January 1, 1994, and is due to terminate June 30, 1996. It includes provision for a mobile health team, the continuation of which is included in the new IFRC proposal. The DCOF team stressed the importance of the mission's carrying out a timely evaluation of the mobile health team's work under the current grant, the findings of which would be used to modify, as required, the pending grant to IFRC using DCOF support.

IFRC's new proposal (submitted in October 1995) includes continuation of mobile health team services for 51,000 residents of camps for displaced persons and 20,000 residents of surrounding villages as well as provision of thatch and poles to enable camp residents to repair their houses. Almost all of the camp residents are Tamil-speaking Muslims. The project period proposed by IFRC is January 1 - December 31, 1996. The total proposed budget is SL Rs14,879,156 (US\$297,583 at the rate of Rs50: \$1). Of this amount, Rs11,965,656 (\$239,313) would be for the provision of shelter materials and Rs2,913,500 (\$58,270) would be for the mobile health team.

In exchanges between the mission and the Office of Health and Nutrition prior to the team's visit, it was agreed that, although the proposal was not a close fit with all DCOF guidelines, it would address genuine needs among children displaced due to the armed conflict and that the mission could proceed with it. The DCOF team visited two of the camps that would benefit from the proposal; talked with camp residents, members of one mobile health team, and the district coordinator; reviewed relevant reports and documents; and discussed their initial observations with the mission and IFRC. The DCOF team found that continuation of the proposed services would help maintain the positive health status of the children living in the camps. A summary of their recommendations is presented in the next section.

Regarding the second part of their scope of work, the team prepared profiles of nine local and international NGOs and assessed the potential of each to address the needs of children affected by armed conflict as a DCOF partner. These NGOs are profiled in the order of their potential as a DCOF partner, as assessed by the team. The report calls attention to the importance of addressing psychosocial needs of children in areas currently or recently affected by armed conflict where needs are high and identifies key considerations regarding the geographic areas in which funding might be provided.

Sarvodaya, a national NGO that is working in more than 8,600 villages throughout the country, was identified as having the best potential as a DCOF partner. Together with a group of Canadian researchers, it recently took part in a study of the psychosocial impacts of armed conflict on children in three Sri Lankan communities. Sarvodaya gave the DCOF team a draft proposal that included provision for follow-up services in these three areas, as well as expansion of the program to other sites, and the development of a rapid assessment instrument to measure clinically the impact of trauma on children in Sri Lanka. The budget total in the draft proposal was Rs5,571,750 (about \$111,400).

Terre des hommes (Tdh) is an international NGO based in Lausanne, Switzerland. In addition to

maintaining three family group homes, it is assisting grassroots groups to operate two preschool and two play group programs in communities affected by armed conflict in Batticaloa. This has been supported in part with USAID funding, which will terminate at the end of 1996. With additional DCOF funding Tdh could continue these activities and expand to other areas.

The Family Rehabilitation Center (FRC) provides health and counseling services, with the goal of rehabilitating survivors of torture and armed conflict. In addition to its headquarters in Colombo, FRC operates 13 centers around the country. It has started weekly play groups for war-affected children in seven districts. The mission could explore the possibility of extending these to daily activities; the FRC has already approached Tdh on this possibility.

Redd Barna (RB) is the Norwegian Save the Children organization. It is operating five Child-Centered Community Development projects in different districts and three for emergency relief. These include preschools, youth clubs, vocational training for youth, and income generation training and credit for widows. To reduce psychosocial distress, play groups are organized among children under five years of age, and "talkshops"(structured opportunities for activities, exchange, and group problem solving) have been carried out with adolescents. RB promotes and supports community-based caregivers for unaccompanied children and had strong technical support from an internationally recognized psychologist based at the RB headquarters in Oslo. It is not clear, however, whether RB would need or wish to obtain USAID funding.

PLAN International is a humanitarian, private, voluntary, child-focused development organization based in the United Kingdom. In Hambantota, in the southern part of the island, PLAN has initiated a project that includes women's employment training, improvements in water and sanitation, a housing credit scheme, and additional activities for youth. While not affected by the ongoing civil war, many of the families in this area were reported to be headed by women whose husbands were killed during an insurrection in 1988-89. PLAN has also supported the local PEACE campaign against the sexual exploitation of children and its efforts to increase public awareness of the dangers of HIV/AIDS. PLAN's activities in Hambantota could be considered for DCOF funding, but the fact that the insurrection ended in 1989 makes it a lower priority than areas affected by recent conflict. PLAN might also be a channel for providing assistance to PEACE (see below) or other efforts to combat the sexual exploitation of children in the country.

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Nest is a local NGO that seems to focus largely on direct health and welfare assistance to families. Its Community Health Workers work in nine districts to help individual families solve their problems. Nest's Community Health Workers have the potential to provide counseling and assistance to adults and children affected by the war, in conflict areas as well as bordering areas. Its approach is more service-oriented than community-based. Nest would not be in a position to manage a direct grant from USAID.

Save the Children Fund (SCF), an international NGO based in the United Kingdom, is in the process of reviewing its activities, with a view to changing its program approach. In the future, it plans to work more closely with local partners organizations and to measure specifically the impact of interventions on beneficiaries, especially children. Current plans include the maintenance of its relief program in Jaffna, but with increased attention to the program's impact. With an increased future emphasis on children and given its knowledge of and involvement in the conflict areas SCF may become a viable candidate for DCOF support.

The team prepared profiles of two organizations that are addressing the sexual exploitation of children. The Salesians operate the Don Bosco Technical Center (DBTC) in Negombo, just north of Colombo on the west coast of the island, which provides vocational training for youth. The Salesians also run a rehabilitation center for young boys who have been involved in the sex trade. Following a three-month residential program of rehabilitation, boys 15 years of age and older are accepted into the DBTC for vocational training. Those younger than 15 remain in the rehabilitation center until it is possible to place them in boarding schools. Reportedly, very few of the boys who have completed the rehabilitation program return to prostitution. The rehabilitation program could be considered for direct funding by USAID. However, the team was concerned that young boys are placed in boarding schools rather than families and that the number of children and youth the program can reach is quite limited in relation to the size of the problem.

Protecting Environment and Children Everywhere (PEACE) is a campaign against the sexual exploitation of children and child prostitution in Sri Lanka. PEACE's major efforts have been directed at public awareness, influencing government policy, and educating the public, parents, teachers, media, and social workers. It has also provided assistance to the police in the preparation of complaints against those accused of sexually abusing children and legal counsel to victims of the sex trade. Some of the community-level activities of PEACE might be appropriate for DCOF support, but it is not in a position to receive direct funding. The team also expressed some concern about the approach that PEACE takes in its HIV/AIDS prevention efforts.

SUMMARY OF RECOMMENDATIONS

IFRC

General Issues

1. USAID/Sri Lanka should ensure that it carries out its final evaluation of the current grant to IFRC in a timely fashion, paying particular attention to the End-of-Project Success Indicators. The findings should be used to modify, as required, the pending DCOF grant to IFRC.
2. A new grant to IFRC should be contingent on the continuation of the IFRC's MOU with the SLRCS. The mission should request a briefing from IFRC following the review of its MOU with the SLRCS in August 1996. Should the MOU not remain in place, USAID assistance should be terminated immediately.
3. USAID/Sri Lanka should provide an initial grant to IFRC, using the available DCOF funds, solely for the shelter component of the proposal. Current funding for the mobile health teams extends through June 1996. This allows time for IFRC and the mission to explore the issues described in this report and amend the grant to add provision for appropriate health services.
4. Two conditions of funding should be that DCOF funds will be made available for a maximum of one year and that the IFRC will make a commitment to seek funding from other sources to continue health and shelter services, as needed, beyond 1996.

Shelter Assistance

5. USAID/Sri Lanka should monitor carefully the assessment and provision of shelter materials.

Health Issues

6. IFRC should include information on child nutrition in the progress reports submitted to the mission, perhaps on a quarterly basis.
7. IFRC should give much more attention to sustainable approaches to promoting the health of camp residents and ensuring their ongoing access to health services. Greater attention should be given to ensuring and enhancing access to local health services and facilities as well as to training camp residents in order to reduce their dependence on the parallel system of the mobile health teams.
8. IFRC should consider giving greater attention to ensuring that each camp has an adequate

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number of usable latrines.

9. IFRC should review the geographic areas covered by each of the five mobile health teams, with a view to making adjustments to rationalize the number of visits made to each camp, taking into account such factors as population size, health problems, and travel time to reach the camps.

10. Any adjustments in the responsibilities or camps covered by the mobile health teams should be made with a view to improving the health of those in the camps rather than increasing services to village residents.

Psychosocial Needs

11. IFRC/SLRCS should play an advocacy role with regard to children's participation in school. In addition to the health statistics it compiles monthly, IFRC should collect and report to USAID/Sri Lanka statistics on the school participation of children in the camps by age and sex.

12. IFRC should review with camp residents and USAID/Sri Lanka whether provision should be made in the new grant for further distribution of school materials and/or recreational items.

Potential DCOF Grantees

13. USAID/Sri Lanka should actively explore the possibility of making one or more new DCOF grants to address the needs of children affected by armed conflict. In so doing, the mission should give priority to activities to benefit children currently or recently affected.

14. Of the NGOs assessed, Sarvodaya was identified as having the best potential as a DCOF partner. Several others are also seen as meriting serious consideration and are listed in priority order in the report.

15. In addition to assistance for war-affected children, the mission should, to the extent that staff and financial resources permit, consider support for activities to address child prostitution.

LIST OF ACRONYMS

CCCD	Child-Centered Community Development
CIDA	Canadian International Development Agency
CIPART	Citizens Participation
DBTC	Don Bosco Technical Center
DHA	Democracy/Humanitarian Assistance Office
DCOF	Displaced Children and Orphans Fund
ECPAT	End Child Prostitution in Asian Tourism
FRC	Family Rehabilitation Center
GSL	Government of Sri Lanka
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HTSP	Health Technical Services Project
IFRC	International Federation of Red Cross and Red Crescent Societies
IDPs	internally displaced persons
ICRC	International Committee of the Red Cross
JVP	Janata Vimukthi Peramuna (People's Liberation Front)
LAMSCO	Lanka Management Services
LTTE	Liberation Tigers of Tamil Eelam
MOU	Memorandum of understanding
NGO	Non-governmental organization

NORAD	Norwegian development agency
NOVIB	development agency of the Netherlands
ODA	Overseas Development Authority (UK)
PEACE	Protecting Environment and Children Everywhere
PVO	Private Voluntary Organization
R4	Results Review and Resources Request
RB	Redd Barna
SCF	Save the Children Fund
SIDA	Swedish International Development Agency
SLRCS	Sri Lanka Red Cross Society
Tdh	Terre des hommes
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

MAP OF SRI LANKA

INTRODUCTION

Armed Conflict in Sri Lanka

One legacy of Sri Lanka's 13 years of civil war is that many of its children and youth, particularly in the northern and eastern parts of the country, have never known what it is like to live in peace. The current war began in earnest in July 1983. The Liberation Tigers of Tamil Eelam (LTTE) ambushed and killed 13 government soldiers, sparking anti-Tamil riots that left some 2,000 people dead, 18,000 shops burned, and 100,000 people homeless and began a major refugee exodus.¹ While 1983 was a watershed year in the island's history of communal violence, it was not the beginning. Sinhalese-Tamil riots in 1958 killed 300 to 400 and led the Government to relocate forcibly 25,000 Tamils to the north. In 1977 Sinhalese mobs in Jaffna and elsewhere left 300 dead and forced 35,000 into camps.

The death toll from this ongoing conflict between the government and the LTTE exceeded 30,000 by mid-1995, and the government's October 1995 offensive to take Jaffna has left at least another 1,500 dead. Since 1990, but before the current offensive, 700,000 people had been internally displaced, 76 percent of whom remained so at the time of the team's visit. An additional 418,000 have sought refuge outside the country. Eight of the country's 25 districts have suffered the disruption of organized life and the destruction of infrastructure. The October offensive led to the displacement of between 300,000 and 453,000 including some who had already been forced from their homes.²

About 74 percent of the country's population are ethnic Sinhalese, who are predominantly Buddhist. Ethnic Tamils make up 18 percent of the population and are primarily Hindu. Both groups trace their roots on the island at least two millennia. The majority of the Tamil population lives in the north and east of the country. A minority of the ethnic Tamils, who are concentrated in the country's central highlands, are decedents of workers brought to the island by British colonists in the nineteenth century to work on the tea plantations. These ethnic Tamils are often considered separately from other Tamils in the north and east. About 7 percent of the country's population are Muslims, who, although they are predominantly Tamil-speaking, form an ethnically distinct population.

An unusual dimension of the ongoing conflict is that in the areas it controls, the LTTE allows the government to maintain its Agents, operate schools and health services, and provide food assistance. The government has allowed NGOs (non-governmental organizations), which already had programs in the parts of the country now controlled by the LTTE, to continue to work there. However, moving supplies considered to have strategic value, such as medicines, across the lines ranges from problematic to impossible. NGOs are in the difficult position of having to maintain working relationships with both parties. Although encouraged by the government to provide relief assistance in LTTE-controlled areas, they are sometimes also accused of being pro-LTTE.

In addition to the tension and violence between Tamils and Sinhalese, the southern part of the country also has a history of violent conflict involving the Janata Vimukthi Peramuna (JVP, or People's Liberation Front), an ultra-left Sinhalese youth movement that began an insurrection in 1971 that left 8,000 dead.³ In 1988 the JVP began another insurrection aimed at overthrowing

the government which was violently suppressed by the government, and by 1989 the death toll was much higher.

Sri Lanka's children have been affected by armed conflict in many ways. The United Nations Children's Fund (UNICEF) estimates that a third of the displaced are children. They have suffered the loss of home, possessions, and the support of a familiar community. Some have also lost parents or other family members. More than 1,200 children who had lost both parents were identified in camps outside the LTTE-controlled north in 1994.⁴ It does not appear, however, that many children remain on their own after losing their parents. Generally, they are taken in by their extended families or by others. Some are sent to institutions. The war has contributed to the institutionalization of more than 7,600 children in private and state-run residential care facilities.⁵

Children have been wounded and permanently disabled. The proportion of children among the 30,000 dead is unknown. Children have, willingly or otherwise, been recruited to fight, effectively ending their childhood. The LTTE has recruited children as young as 10 years old. A July 1995 confrontation left 150 children dead, said by the government to have been an LTTE "baby brigade."⁶

The psychosocial trauma caused by war is harder to see than other effects, but its consequences can be profound and long-lasting. A recent study in three war-affected areas found that 76 percent of the children interviewed showed some degree of trauma (see page 20). Another study found that the mental health of child combatants had been very seriously affected by their experiences. Also, the education of hundreds of thousands of children has been disrupted or ended by the war.

A lack of economic opportunities for youth has helped to fuel the violence, both in the north and the south. Ethnic chauvinism has been another driving force. The disruption of their education by armed conflict has likely contributed to the frustration of many youth. Even those who complete school in rural areas often find themselves without employment opportunities because of the lack of vocational education and urban youth's better opportunities to study English. Angry at their lack of marketable skills and economic opportunities, children and youth are more easily recruited by armed groups.

Among those who have been displaced by armed conflict, a very high proportion of those who remain in camps are Muslim. In 1990 LTTE told Muslims in the three northernmost districts that they would be killed if they did not leave. Ninety-five percent of the residents of camps outside the conflict areas that are assisted by the International Federation of the Red Cross are Muslims. Displaced Sinhalese and Tamils have larger communities within which they have been better able to find alternatives to continued camp residence. Traditionally, the majority of Muslims have lived in the northern (Mannar) and eastern provinces, where, before they were displaced, they constituted 17 percent of the population.⁷

Sexual Exploitation of Children

In addition to armed conflict, another serious threat to the health and psychosocial well-being of children in Sri Lanka is extensive sexual exploitation and abuse by foreign tourists and nationals. A recent study estimated that as many as 30,000 children are involved, especially on the western and southern coast, where the beaches draw large numbers of tourists. The problem was also reported to be growing in Kandy.

Some children are taken to guest houses, where they are kept for a time and sexually abused by pedophiles and then discarded. Reportedly, such children often become self-employed prostitutes on the beaches frequented by tourists. Boys working on the beaches are said to be between eight and 16 years old. Boys are reported to be capable of earning Rs35,000 (\$700) per month through this illicit activity, an income out of the reach of most Sri Lankans. While some older girls have been involved in prostitution, the incidence among boys is apparently much higher. Since 1992, however, the number of very young girls who are being sexually exploited has reportedly increased.⁸ As street children, sexually exploited children fall within the scope of this report.

Action Supported Through the Displaced Children and Orphans Fund

The Displaced Children and Orphans Fund (DCOF) was established in 1989 by an act of the United States Congress and is administered by USAID's Office of Health and Nutrition in Washington, D.C., supported by the Health Technical Services Project (HTSP). The Fund has evolved into a program that focuses on displacement of three categories of children: unaccompanied children affected by war, street children, and children orphaned as a result of HIV/AIDS. The Fund has responded to the needs of children, including those affected by crises and situations that fall between what is commonly termed emergency assistance and traditional, sustainable development strategies. Additional information about DCOF is included as Appendix 1.

In 1991 DCOF provided \$250,000 for activities in Sri Lanka. These funds were obligated under the mission's private voluntary agency (PVO) Co-financing II Project and, along with mission funding, used for a grant totaling \$389,100 to Terre des hommes. This grant assists displaced children, including orphans, through placement in a family-like environment and, where appropriate, provides for vocational training. The grant is ongoing and has a current termination date of December 31, 1996.

In 1995 DCOF provided an additional \$300,000 to USAID/Sri Lanka. These funds were obligated under the mission's Citizens Participation Program. Most of these funds have been provisionally earmarked to provide a grant to the International Federation of Red Cross and Red Crescent Societies (IFRC) based on a proposal to provide shelter and medical assistance to those displaced in camps in nonconflict areas in the north central part of the island. This report includes

comments and recommendations with respect to the IFRC proposal.

Visit of the DCOF Team

A team selected by the USAID Office of Health and Nutrition and HTSP visited Sri Lanka March 28- April 9, 1996, to assess the IFRC proposal and, as appropriate, recommend any modifications to improve the proposed assistance to internally displaced persons (IDPs) or to meet DCOF guidelines. The team was also to assess other non-governmental organizations (NGOs) and their activities for possible future support using resources from the DCOF that would be managed by USAID/Sri Lanka. This scope of work reflects a modest modification, based on the team's discussions with mission officials shortly after its arrival in Sri Lanka, to make the report more responsive to the mission's needs. The team consisted of John Williamson, team leader, and John Miller.

In Colombo the team had discussions with officials of USAID/Sri Lanka, the United Nations High Commissioner for Refugees (UNHCR), UNICEF, and staff members of a number of international and local NGOs working in the country, especially those providing assistance to the displaced or other target groups of DCOF. The team undertook two field trips. The first included the Negombo, Kurenegala, and Kandy areas; the second, Nuwara Eliya. The mission's program and strategy of assistance to Sri Lanka and documentation on the current grant to IFRC provided the team with key reference points. The team's itinerary and contacts are included as Appendix 2.

The team wishes to thank the many people from USAID/Sri Lanka, United Nations bodies, and international and local NGOs, who were most generous in sharing their time, knowledge, and experiences. Without their help, this report could not have been prepared.

USAID/SRI LANKA MANAGEMENT OF DCOF ACTIVITIES

The team envisions that the system the mission currently has in place to manage and monitor grants will be used for any future DCOF-funded activities. This section describes portions of the mission's strategy to which DCOF can be relevant, roles DCOF might play, and the management procedures it is anticipated that the mission would follow.

As presented in the USAID/Sri Lanka's February 1996 Results Review and Resources Request (R4), the mission's Strategic Objective Three deals with Greater Empowerment of People to Participate in Democracy. Under this objective, USAID/Sri Lanka aims to work with local organizations, including citizen's groups and NGOs to help people address their problems and be part of the solutions. The mission's Citizens Participation (CIPART) Program is a key component for addressing this objective. In 1995, DCOF funding of \$300,000 was obligated under the CIPART Program to address the continuing needs of displaced children.

Special Objective One of the R4 relates to Humanitarian Assistance to the Northern and Eastern Provinces' Humanitarian Crisis. Until August 1995, when the security situation in the northern and eastern provinces deteriorated, the mission intended that DCOF resources would be used in these areas to address the needs of displaced children. This is still the hope, when conditions permit. Until such a time, the intention is to use DCOF to address the needs of displaced children affected by the security situation who are in more accessible parts of the island.

Under its Special Objective Two, HIV/AIDS Prevention, the mission is, among other things, supporting vocational training and rehabilitation for male-child prostitutes, many of whom are street children, involved in the sex trade in Sri Lanka. The DCOF team found that there are serious problems among street children in the country, especially young boys who have become victims of the sex trade. Although the relative number of street children in Sri Lanka is lower than those in some parts of the world, those drawn into the sex trade are recognized as a group warranting special attention. A recent study estimated that over 30,000 children, primarily on the island's western and southwestern coasts, are involved in prostitution. This sexual abuse and exploitation is inherently damaging to their psychosocial well-being and development. Sexually transmitted diseases also were reported to be common among these children, and a number of boys have reportedly contracted AIDS and subsequently died. Several local organizations have been actively engaged in increasing public awareness of this problem, providing information and education on the issue, and rehabilitating young boys involved. There may be a future role DCOF could play to help such groups continue their efforts.

The responsibility for project management within the mission of DCOF activities is in Democracy/Humanitarian Assistance (DHA) Office. This office currently manages both the CIPART Program and the PVO Co-Financing II Project, the latter being the source of funding for an ongoing grant to the IFRC for assistance to the displaced. In addition to their project management responsibilities, officers within this unit will be the contact point for NGOs to discuss potential DCOF activities and submit proposals for future DCOF funding.

Once a proposal is acceptable to the concerned DHA Project Officer, it is put before a mission Project Review Committee, which consists of Office Chiefs (or their designees), including the Controller's Office, and the DHA Project Officer. The Project Review Committee members are drawn from individual Strategic Objective Teams established by the mission. At the current time, humanitarian assistance and HIV/AIDS support fall under the auspices of the Team for Strategic Objective Three, Greater Empowerment of People to Participate in Democracy. In addition to this mission review procedure, there is also a joint Government of Sri Lanka/USAID Project Review Committee, represented by the mission's Project Officer concerned and two officials of the Government of Sri Lanka's External Resources Department of the Ministry of Finance. At the time of the DCOF team's visit, no decision had been taken by the mission with respect to the use of this joint review mechanism.

It is the DCOF team's understanding that prior to receipt of USAID/Sri Lanka funds (which do not have a "notwithstanding" provision), a US or international NGO must be registered with USAID/Washington. If this is the case, then the mission would, following a review of the NGO's local financial systems and controls, proceed with program documentation to permit the Regional Contracting Officer in Bangkok to negotiate a grant. Where a local NGO is involved, it must first be provisionally registered with the mission and then registered by USAID/Washington within one year.

It is conceivable that an occasion may rise where the "notwithstanding" provision of the DCOF legislation could be used to proceed with a grant to an organization not registered with the mission or USAID/Washington, e.g., IFRC, which reportedly is not, to date, registered.

In the case of all new grantees, the mission ensures that a review is done of the organization's local capacity and systems to manage and control USAID funds. Currently, such reviews are carried out by the staff of accounting firms under contract with the mission. The three firms under contract at present are: Lanka Management Services (LAMSCO), Coopers and Lybrand, and Ernst and Young. The contracts with these firms have been reviewed and approved by the mission's Controller. In the case of a Cooperative Agreement, pre-award surveys of an intended grantee are undertaken by staff from the Controller's Office of the mission.

With respect to financial and progress reporting, it is anticipated that grants made with DCOF funds will provide for the same reporting requirements as set forth in grants now funded under the mission's PVO Co-Financing II Project. In addition to financial documentation and reporting, grantees would be expected to provide a work plan, quarterly progress reports and a final report and, as well, to carry out a final evaluation of the activity supported by DCOF. Lastly, each grant would have the appropriate provisions with respect to USAID's audit rights and requirements.

THE PROPOSAL SUBMITTED BY THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Overview of IFRC

The IFRC encourages, facilitates and promotes humanitarian activities in many countries. It is the federation of all national Red Cross and Red Crescent Societies and, thus, the Sri Lanka Red Cross Society (SLRCS) is a member of IFRC.

The IFRC delegation in Sri Lanka has its headquarters in Colombo. It is staffed by three expatriate delegates (Head of Delegation, Relief Delegate and Financial Delegate) and 13 local staff members, including two accounting staff, an office assistant, and secretarial and support personnel.

The SLRCS and IFRC are assisting thousands of internally displaced persons, living in over 200 camps in the north-central part of the island. There are approximately 50 SLRCS contracted program (both relief and health) staff working in the field or at SLRCS headquarters. In addition to its program with IFRC, several SLRCS branches are collaborating with the International Committee of the Red Cross (ICRC) and UNHCR on programs of assistance to the displaced.

IFRC plays an important implementing role vis-a-vis the programs of the SLRCS as well as providing assistance and advice. However, the SLRCS has faced serious difficulties since 1994, principally related to administrative and financial problems. In early 1995, when these problems reached a crisis point, the Federation narrowed operations of its joint program with SLRCS to the provision of the most essential relief services and took on a supervisory role that aimed to ensure the maintenance of assistance and control over relief operations.

This revised organizational relationship was formalized through a Memorandum of Understanding (MOU) between IFRC and the SLRCS which was signed in July 1995, and renewed in December 1995 following a change in the leadership of the SLRCS. The two parties intend to review the implementation of the MOU in August 1996. The most recent MOU grants responsibilities to IFRC which include: procurement, financial and budgetary control, field supervision, warehousing, vehicle management and maintenance, and reporting. As an example of IFRC's control, although the members of mobile health teams are contract employees of SLRCS, payment of wages to the members is made directly by IFRC. Under the arrangements in place, no grant funds provided by USAID to IFRC pass to the SLRCS.

Relations with the Government of Sri Lanka (GSL)

IFRC is registered with the Ministry of Policy, Planning, and Implementation of the GSL as an international NGO. IFRC reported that the Ministry of Health appreciates the assistance

provided, but has not actively facilitated their work. They also reported that the Ministry has continuing concerns with the SLRCS. At the local level, the members of the mobile health teams are in frequent contact with staff and officials at government health facilities, who assist IDPs referred for services unavailable at the village level. The team judges that there are no major problems with the IFRC/GSL relationship which would hinder the implementation of DCOF-funded activities.

Relations with USAID

The USAID has, to date, funded a grant to IFRC to assist the internally displaced living in camps in the north-central part of the country. This grant was effective on January 1, 1994, and is currently scheduled to terminate on June 30, 1996. The grant originally had seven objectives, including:

1. Undertaking an assessment of psychological needs of children of both sexes and their families and preparing a complete report with recommendations for further programs;
2. Producing a story book for children, suitable for focusing attention on emotionally troubling issues in an acceptable manner and producing a corresponding manual to facilitate effective use of such a book;
3. Providing recreational materials to bring about psychological support to children;
4. Encouraging the children to make drawings for production of posters, greetings cards and calendars for purpose of selling them, generating income for the welfare of displaced children in Sri Lanka; and to draw public attention to the plight of displaced children everywhere;
5. Providing basic health care services (curative/preventive) to the IDPs in some 205 camps;
6. Training Red Cross Camp Volunteers to provide better services to their own communities within the camps; and
7. Providing support for occupational activities for the parents, especially women, to supplement basic assistance, provide skills to help them when they resettle later, and to provide psychological support by developing a greater sense of self-esteem.

The health services were to be accomplished through support for the operations of five mobile health teams. It is a continuation of this health assistance, plus the provision of shelter materials, that is now under consideration for funding under DCOF.

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The current grant with IFRC is funded under the USAID/Sri Lanka's PVO Co-Financing II Project, which is currently scheduled to terminate in July 1997. This project has no available funds to support extensions of current or new activities. The current grant provides USAID funding of up to \$365,208 to cover local currency and foreign exchange costs incurred by IFRC in providing assistance to IDPs.

The current grant's funding has been channeled to IFRC through the American Red Cross, a PVO registered with USAID/Washington. The American Red Cross, under an MOU with IFRC permits USAID payments to be made directly to the local IFRC delegation. In effect responsibility for implementation of the grant has been delegated to the IFRC delegation. For a new grant with DCOF funds, the USAID/Sri Lanka intends to provide its pending grant directly to IFRC, thereby simplifying grant administration. The DCOF team understands that IFRC is not registered with USAID Washington as an international NGO. If this is the case and the mission intends to proceed with a direct grant to IFRC, the team believes it would need to do so using the authority of the "notwithstanding" provision of the DCOF legislation.

The team was informed by the Head of Delegation of IFRC that he would prefer to have a new grant signed by the organization's Geneva headquarters. With respect to reports, following the headquarters' review of and comment on drafts, final versions could be submitted directly to the mission by IFRC's local office.

Under USAID/Sri Lanka's current grant to IFRC, the latter was to provide a work plan, quarterly progress reports, a final evaluation, and a project completion report. In addition, financial documentation and reports are submitted on a quarterly basis. As well, under a USAID contract with LAMSCO, quarterly reviews of IFRC financial records are undertaken. USAID staff report that they are fully satisfied with IFRC's reports to date and judge the organization has the capacity to manage and report on the use of USAID funds. During discussions with the team, the Acting Head of Delegation for IFRC indicated that his organization had no problems with the USAID reporting requirements, although some delays had been encountered in timely receipt of grant reimbursements. This problem, however, has been resolved, and he commended the cooperation of the USAID Controller's staff throughout the period of the grant. It is expected that the same reporting requirements as well as arrangements for the review of financial records will be maintained in the pending DCOF-funded grant to IFRC.

To a great extent, progress reports submitted to date to the USAID have provided information on the achievement of outputs, e.g., number of beneficiaries. It is understood that preparations are underway for the final evaluation of the project at the end of the current grant period, i.e., June 30, 1996, which will provide more substantive information on the project's success. The evaluation will assess IFRC's success in reaching the End-of-Project Success Indicators, which include, for example, the improvement of health education, the alleviation of water-borne and soil-borne diseases, improvement in general health status as well as key lessons learned in carrying out the project. *The DCOF team believes that it will be important for the mission to carry out this evaluation in a timely fashion and to use the findings to modify, as required, the pending grant to IFRC using DCOF support.*

Overview of The IFRC Proposal for Shelter and Health Assistance

Background

Following discussions initiated by the mission, the IFRC submitted on October 23, 1995, a proposal for funding to support housing and health assistance for approximately 51,000 internally displaced persons in camps and 20,00 residents of adjacent villages. The proposed activities include a continuation of health services initiated under the PVO Co-Financing II Project and the provision of shelter materials (previously funded by the Red Cross of the Netherlands). On November 3 the mission contacted the USAID office in Washington responsible for administering DCOF funds regarding possible funding of these activities with DCOF funds (allocated to the mission in 1995 but not yet committed to specific activities). In subsequent exchanges the conclusions were reached that, while the proposed activities did not fit perfectly with DCOF guidelines, they would address genuine needs among children displaced due to the armed conflict and that the mission had a green light to use the available funds for this purpose. Further, upcoming visits by a Peace Corps advisor on youth programs and a DCOF technical team could assist in review and refinement of the proposal. The first visit was carried out during the first two weeks of March 1996, and the DCOF team was briefed by the Peace Corps advisor shortly before their departure for Sri Lanka later in the month.

During their visit, the team visited two of the camps that would benefit from the proposal, talked with camp residents, members of one mobile health team and their district coordinator, reviewed relevant reports and documents, and discussed their initial observations with the mission and IFRC.

Summary of the Proposal

Start and End Dates

The project period proposed was January 1 - December 31, 1996. Support for the mobile health teams would be provided only for the period July 1 - December 31, as this service is funded until June 30 through a current PVO Co-Financing grant from USAID.

Beneficiaries

The proposed beneficiaries include some 51,000 internally displaced persons residing in 220 camps scattered throughout seven districts in the GSL-controlled areas in north-central Sri Lanka. Almost all of the camp residents are Tamil-speaking Muslims. Children below age 15 make up 44% of camp residents. While a breakdown of those younger than 18 years is not available, it seems safe to say that almost half of the proposed beneficiaries are children, using this

international standard.

Muslims living in northern Sri Lanka were forced to flee their homes in 1990 following threats or attacks by the LTTE. Because the Muslim community is relatively small in the country, most of those displaced, unlike Sinhalese, have had to reside in camps. While some of those originally displaced have been resettled out of camps with GSL and international assistance, it appears that most of this population will remain in camps dependent on ongoing support for an indefinite period. The UNHCR is providing support for water and sanitation in camps in the Anuradhapura and Puttalam Districts. The World Food Program and GSL are providing food for all camps, and IFRC/SLRCS has provided, with USAID and other donor support, shelter and medical assistance, to supplement that which may be available from existing GSL health facilities.

In some areas men in the camps are able to earn a limited amount of income from day-labor in the surrounding area, but not enough to become fully self-supporting. In addition to the camp residents, some 20,000 members of the surrounding communities would continue to benefit from visits of the mobile health team. In the view of IFRC, providing services only to those in the camps would generate hostility among people in the adjacent villages towards camp residents.

Objectives and Activities

The first objective is to provide mobile health services to 51,000 residents of 220 camps and 20,000 people living in adjacent areas. There are five mobile health teams that would continue to visit camps. One team includes five members: a doctor, a health worker, a public health inspector, a dispenser, an assistant, and a driver.

The second objective is to provide palm thatch (called *cadjans* in Sri Lanka) for roofs and walls and structural poles to repair the huts of 37-40,000 camp residents in 165 camps. The proposal calls for a survey of the conditions of huts in the camps (which was to take place in the first quarter of 1996) following which shelter materials would be ordered. Distribution would begin late in the second quarter of 1996 and continue through the end of the year. Some of the materials to be procured would be held in reserve to meet emergency shelter needs that may arise. The thatch deteriorates, and at least that for the roofs needs to be replaced annually. Poles for hut frames have to be replaced on average every two years. Monsoon rains in Sri Lanka typically start in May and continue through November. During the team's visit in early April, rain had started in some parts of the country.

Budget

The total proposed budget is SL Rs14,879,156 (US\$297,583 at the rate of Rs50 per \$1). The summary below presents the amounts of Rupees requested and includes the dollar equivalents for information.

	SL Rs	US\$ equivalent
Shelter repair for 12 months		
Thatch for 8,325 huts	Rs 8,325,000	\$ 166,500
Poles for 4,156 huts	3,640,656	72,813
Sub-total	11,965,656	239,313
Mobile health teams for six months		
Salaries for teams	1,140,000	22,800
Drugs	540,000	10,800
Subsistence for teams	54,000	1,080
Vehicle expenses	615,000	12,300
Rents	42,500	850
Support costs	522,000	10,440
Sub-total	2,913,500	58,270
GRAND TOTAL	Rs 14,879,156	\$ 297,583

Findings and Recommendations of the Team

The Potential of IFRC as a DCOF Partner

IFRC appears to be a capable organization with the capacity to manage effectively DCOF funds and to carry out the activities outlined in its proposal. However, given the serious problems involving the SLRCS, *the continuation of grant activities should be contingent upon the continuation of the IFRC's MOU with the SLRCS. The mission should request a briefing from IFRC following the review of its MOU with the SLRCS in August 1996. Should the MOU not remain in place, USAID assistance should be immediately terminated.*

In 1994 Dr. Nancy Baron, a psychologist, carried out a psychosocial needs assessment for IFRC in camps they are assisting through a grant under the USAID PVO Co-Financing Project. One follow-up to this study was the production and distribution (with funds from the grant) a children's story book, *A Little Elephant Finds His Courage*, intended for use by parents to help their children talk about their fears and concerns, thereby helping to reduce distress related to

psychosocial trauma.

Taking into account the findings of the 1994 study and observations made during the recent visits to camps, it appears that, six years after their displacement, the most significant psychosocial issues for children in the camps arise from the dependency of their parents their ongoing residence in temporary camps, rather than effects of past traumatic events. However, IFRC's focus and current expertise in Sri Lanka essentially appear to be limited to the provision of health and relief services.

This being recognized, however, and in view of the proposed use of DCOF funds, it would seem possible for IFRC to take steps to monitor school participation and continue some of their activities that would have positive psychosocial benefits for children in the camps, such as distribution of school and recreational materials. These are described below under "Psychosocial needs."

The Proposal for Shelter and Health Assistance

While the proposed activities would not be child-focused, approximately half of the beneficiaries would be children who have been displaced due to armed conflict. The health of children in the camps was reported to be relatively good, and this appeared to be the case in the two camps visited by the team. Continuation of the proposed services would help maintain the positive health status of the children living in them.

As the monsoon rains have already started in at least part of the country, there is an urgent need in the camps for materials to repair shelters. The team believes, however, that the portion of the proposal that addresses health services requires further work. In view of the need immediately to procure and distribute shelter materials, *the team recommends that the mission provide an initial grant to IFRC, using the available DCOF funds, solely for the this purpose. Current funding for the mobile health teams extends through June. This allows time for IFRC and the mission to review and resolve the issues described below and amend the grant to add provision for appropriate health services.*

Because the activities proposed do not fit closely with DCOF guidelines, *a condition of funding should be that DCOF funds would be made available for a maximum of one year and that the IFRC would make a commitment to seek funding from other sources to continue these services, as needed, beyond 1996.*

Shelter Assistance

Ensuring that children and their families have adequate shelter is of obvious importance to their health. Inadequate shelter presents a greater health risk to children than to adults. The bulk of the funding proposed would be used to address this need. IFRC has begun to assess the amounts of

shelter materials required and has done some limited initial procurement and distribution using its own emergency funds.

The provision of half the shelter materials required in 1995 was supported in 1995 by the Dutch Red Cross with funds provided by the government of the Netherlands and the balance by other donors. In view of the above-referenced problems of the SLRCS, *the mission must be prepared to monitor carefully the assessment and provision of shelter materials.* Through the proposed survey on materials needed to repair huts, the mission and IFRC may determine that less is required than projected in the proposal, thereby freeing DCOF funds for other purposes.

Health Assistance

The members of the team do not wish to present themselves as health experts, but each has significant experience with programming for refugees and displaced persons. No IFRC health expert was available at the time of the team's visit with whom the issues described below could be explored in depth. With a view to developing a grant agreement that will effectively address not only immediate medical needs, but also the ongoing health needs of children in the target camps, IFRC and the mission should explore these issues further, with the support of such public health technical assistance as may be available.

The reporting format currently used by the mobile health teams includes a number of items specifically relevant to children's health, such as the number of children seen, by age cohort; the immunization status of children under five; the number of children referred for special psychosocial needs; and pregnant women and lactating mothers seen. This appears appropriate to continue. The statistical reports do not, however, include information on the nutritional status of infants and children, which are key indicators of the nutritional status of a population. The nutritional status of individual children in the camps is being monitored using height-for-weight charts. *IFRC should include information on child nutrition, perhaps on a quarterly basis, in the progress reports it would be required to submit to the mission.* These would provide useful health indicators and be consistent with the child-focus of DCOF.

The mobile health teams provide services that supplement those available from local health centers and hospitals that camp residents are entitled to use. However, the availability and accessibility of GSL health services varies considerably among the camps. Also, residents of one of the camps visited said that language was a barrier to the women using the local health facilities, but that men (more of whom presumably speak Sinhala) were able to use them more easily. In more remote camps close to the "border" between the areas controlled by GSL and the LTTE, camps were reported to be located far from GSL health services, leaving residents largely dependent upon the health services provided by the mobile teams. The IFRC also recognized that visits to these more remote camps tended to be less frequent than those to other camps. This can be attributed, at least in part, to the fact that resettlement and camp closing have reduced the number of camps in some

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areas, enabling some teams to visit twice per month, as opposed to once every one or two months in other areas.

As residents have been in the camps for six years and it is anticipated that they will continue to stay there for the foreseeable future, *much more attention should be given to sustainable approaches to promoting their health and ensuring access to health services. Greater attention should be given to training for camp residents and ensuring and enhancing access to local health services and facilities in order to reduce the dependence of camp residents on the parallel system of the mobile health teams.*

Ideally more could be done to enable camp residents to take greater responsibility for meeting their own health needs. Under the current USAID grant IFRC carried health training of some camp residents in Puttalam district; however, because of unsatisfactory implementation, this was discontinued. IFRC has provided each camp with a large first aid box, that the mobile health teams keep stocked. The teams also provide ongoing informal training to the camp residents responsible for these medical supplies.

Inadequate provision for latrines was raised as an issue in both of the camps visited and appears to be a more general problem. The incidence of intestinal parasites (21,354 cases) is second only to acute respiratory infections among the health conditions listed in the December 1995 report of the mobile health teams. A total of 10,473 cases of anemia were also reported as were 6,561 cases of diarrhoea. *IFRC should consider giving greater attention to ensuring that each camp has an adequate number of usable latrines to reduce such health problems.*

In camps not subject to municipal standards for latrine construction, camp residents, if convinced their children's health would benefit, could construct these with tools and shelter materials provided by IFRC. IFRC might also be able to facilitate construction of permanent latrines by UNHCR which is supporting the construction of latrines in camps in Puttalam and Anuradhapura Districts. In camps built on mosque-owned land, however, before UNHCR will pay for latrine construction, they require a letter of assurance from a representative of the mosque that the facilities built will remain unlocked and accessible. IFRC/SLRCS might be able to assist in informing or persuading leaders to provide such commitments. Another reported constraint is that residents of surrounding areas are sometimes unwilling to see any sort of permanent construction done in a camp, including latrines. By helping them to recognize that adequate provision for latrines should help reduce their own health risks, IFRC/SLRCS might be able to help overcome such objections.

There appears to be a need to adjust the respective areas covered by the five mobile health teams. Each of the two camps visited by the DCOF team had received two mobile health team visits during the month. The health of residents in these camps appeared and was reported to be good. However, some camps (reportedly those that are more remote) are visited by the mobile health team less frequently, once every month or two. Table I uses figures from the December 1995 report of the mobile health teams to show the number of patient visits as a percent of total camp population. The figures in the bottom row of the table should give an indication of the

relative proportions of service provided. It appears that there are significant disparities among services provided in the reporting areas, with Puttalam II and Polonnaruwa having the lowest rates. Imbalance in the responsibilities of the teams may have come about partly as a consequence of more camps having been closed in some areas than others.

Table I. Patient Visits as a Percentage of Population Covered by Mobile Health Teams in December 1995

	Puttalam I	Puttalam II	Anuradhapura	Polonnaruwa	Kurunegala, Matale & Gampaha	Total
Total Population Covered	15,808	15,614	12,861	9,489	6,453	60,225
Total number of Camps	66	59	37	8	44	214
Camps Visited	53	60	40	13	33	199
Villages Visited During the Month	-	-	4	6	7	17
Total Number of Patient Visits	2,920	1,831	2,888	1,162	1,683	10,484
Visits as % of Total Population	18.5%	11.7%	22.5%	12.2%	26.1%	17.4%

Providing mobile health team services to adjacent villages is desirable (and some cases probably essential) in order to reduce hostility toward camp residents and enable these services to be provided for camp residents. In view of the DCOF guidelines, however, *adjustments in the responsibilities or camps covered by the mobile health teams should be made with a view to improving the health situation of those in the camps rather than increasing services to village residents.*

Psychosocial Needs

When children and adults in the camps were asked by Dr. Baron in 1994 what children need to be happy, the most common response was "cadjans, so we won't get wet," which is worth noting given the nature of the current proposal. The second priority, however, was education. *IFRC/SLRCS should play an advocacy role with regard to children's participation in school. In addition to the health statistics it compiles monthly, IFRC should collect and report statistics,*

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broken down by age and sex, on the school participation of children in the camps.

School attendance is highly relevant to the psychosocial well-being of the children in the camps, and such monitoring could provide a basis for advocacy in the event some are found not to have adequate access to school or to the uniforms, materials, and supplies they need. The mobile health teams have distributed to camps kits with basic school supplies that UNICEF is providing for war-affected children.

The opportunity to play is also important to children's psychosocial well-being. Under the current grant IFRC procured and distributed recreation materials to camps. This included both kits for families and larger packs for use at the camp level. *Some additional provision might be needed in the current year.* If the amount of shelter material needed is less than projected, this could free funds that could be used either for school-related needs or recreation materials. Another option would be to explore the availability of the modest additional amount of funds needed from USAID or another donor.

ASSESSMENT OF POTENTIAL DCOF PARTNERS

Presented below are profiles of the NGOs whose potential as DCOF partners the team assessed. There are two groups. The first includes organizations addressing needs among children affected by armed conflict, and the second includes two organizations addressing child prostitution. These profiles are presented in priority order according to the team's assessment of their potential as DCOF partners.

In addition to considering the capacity of potential NGO partners to implement quality programs, it will also be important for the mission to consider the geographic areas in which these organizations are able to operate and the children they can reach. The level of psychosocial distress among children is likely to be highest in areas currently or recently affected by armed conflict. It is less of a concern among children in safe situations affected some years in the past. *The mission should seek to use any DCOF funds, beyond those committed to IFRC, to support activities in areas where needs are great. One possibility is current conflict areas in the north or east, to the extent mission policy permits. Also, the team believes that needs are high in some of the areas bordering the conflict.* Weighed against the level of need, however, are other considerations:

- ! Does the potential partner have sufficient access to the area and is there adequate security and stability for ongoing, effective program activities to be carried out?
- ! Would lives be put at risk to implement the program?
- ! Will the mission be able to monitor the program adequately?
- ! Would it be possible to audit the program? (Invoking the "notwithstanding" clause of the DCOF legislation could eliminate this as a constraint.)

NGOs Addressing Needs Among Children Affected by Armed Conflict

1. Sarvodaya

Overview of NGO and Program

Sarvodaya does not fit the mold of a normal NGO because it is also a very large social movement. It was founded in Sri Lanka in 1958 to promote development at the village level. It began with work camps organized in all parts of the country enabling school children and others to participate in labor-intensive development activities. The Sarvodaya Shramadana Movement is based on the Gandhian values of truth, non-violence, and self-sacrifice. It promotes participatory democracy, basic human rights, and environmental sustainability. Its goal as a movement is the creation of a non-poverty, non-affluent society. In 1972 it was incorporated by an act of Parliament. Its core organization, the Sangamaya, is the largest NGO in Sri Lanka. The non-sectarian Movement is active in over 8,600 villages, over one third of those in the country. Among these villages, 1,200 were reported to be in conflict areas. They are working in Mannar (with UNHCR funding), Vavuniya, Polonnaruwa, and Batticaloa. They also have staff assigned to Jaffna and Kilinochchi, but programs there are not operating.

A history of Sarvodaya notes that the growth of its organizational structure has not always kept pace with its growth as a movement. At one stage, problems arose with donors over inadequate reporting. Apparently Sarvodaya took on donor funds more quickly than its administrative capacity developed to manage them.

Sarvodaya's programs address the issues of social, economic, and technological empowerment through a four-stage development process. Major program activities relating to villages include the promotion of integrated development, village banks, technical and management training, water and sanitation schemes, and early childhood development (about 64% of the island's 6,000 preschools are affiliated with Sarvodaya). They are also involved with relief, rehabilitation and reconciliation in areas affected by armed conflict. In addition, the organization supports drug rehabilitation, legal aid, vocational training, nutritional centers, centers for disabled persons, and a women's movement.

In January and February 1995, during a cease-fire period, Sarvodaya cooperated with Health Reach, a joint initiative of the centers for international health and for peace studies at McMaster University, to assess the impacts of armed conflict on children in three communities in Sri Lanka. Three sites were selected for the study in Batticaloa, Kurunegala, and Polonnaruwa districts where 308 Sinhalese, Tamil and Muslim year six school children in eight schools participated in interviews carried out over four days. The summary information available to the team did not indicate whether the children included were selected on a random or other basis. On the first day, children were asked to draw pictures of anything that came to mind, then a culturally adapted version of the Child Post-Traumatic Stress Disorder Reaction Index was completed for each child.

The following day, the University of California Los Angeles Grief and Birleson Depression questionnaires were also completed and a basic physical examination was done. On the third and fourth days, researchers visited the homes of a selection of the children. During these visits, each child's primary care giver was interviewed to complete a family tree diagram, a war trauma questionnaire, a household questionnaire, and an impact of events scale.

Findings of the research were not yet available at the time of the team's visit, but were expected soon. An initial overview, however, indicated that 20.5 percent of the children were rated in the severe or very severe range on the trauma scale. The research was intended to be the first phase of a project that was to include the design and implementation of appropriate programs to address the needs of the children in the communities studied, but regrettably the anticipated funding was not available from the research group. Activities they had proposed for the children included play, art, gardening, and dancing. Sensitization of teachers and local leaders and focus group discussions and follow-up activities with mothers were also foreseen. The response was to include a locally adapted version of "The Spiral Garden," an approach to treating traumatized children developed at the McMillan Rehabilitation center in Toronto by a Canadian artist, Paul Hogan.

At the time of the team's visit Sarvodaya anticipated that the Canadian International Development Agency (CIDA) would provide funding to carry out a follow-up program in Batticaloa, but was seeking funds for the sites in Polonnaruwa and Kurunegala, which would require about one million Rupees (about \$20,000). During the second meeting with a senior Sarvodaya officer, the team was given a draft proposal for follow-up to the Health Reach study, expansion of the program to other sites, the development of a rapid assessment instrument to measure clinically the impact of trauma on children in Sri Lanka, and administrative costs. The total budget included in the draft proposal was Rs.5,571,750 (about \$111,400).

Beneficiaries

No overall figure is available for the number of individuals benefiting from or participating in Sarvodaya's programs. Their 1994-95 annual report indicates that during that period they were involved in carrying out activities in almost 8,000 villages, of which 2,525 were in one of four stages of the four-stage development. A total of 3,824 preschools with over 75,000 children were associated with Sarvodaya. The organizations's activities included mothers' groups, (at 300 sites) the provision of food, the construction and up-grading of facilities, and staff training. A total of 156 water, sanitation, and housing projects were underway or completed in 1995. A total of 1,606 village banks were operating, with an average loan recovery rate of 87%. Over 2,600 management training courses, including almost 41,000 people (58% female) were carried out. There were over 8,200 participants in new agricultural schemes.

In addition, relief and related activities were carried out in 1,763 villages. These included housing repair and construction, support to preschools, and provision of clothing, dry rations, and

medicines.

Organization and Staffing

A chart provided to the team included 518 district staff positions: 35 District Coordinators, 62 Social Program Coordinators, 31 Finance Coordinators, 23 Account Clerks, 26 General Helpers, 33 General Assistants, 20 Drivers, and 288 Divisional Coordinators. Apparently this does not include staff at the National Headquarters. The 1994-95 annual report lists 43 Unit Heads at the Headquarters and a total of 862 staff at the end of that fiscal year (March 31, 1995), a significant reduction from the 1,302 staff at the beginning of the period. Also, during this period, all district and most headquarters staff were placed on one-year service contracts.

Funding

During the 1995-96 financial year, 13 donors gave a total of Rs165.2 million (\$3.3 million). The largest donors were the development agency of the Netherlands (NOVIB), the Government of Japan, CIDA, and the National Development Trust Fund. Sarvodaya has also established an endowment fund with a target of \$5 million that it hopes will eventually provide for their core administrative functioning. At present two-thirds of the organization's cash budget is from donors and the remainder they generate themselves. Sarvodaya exports handicrafts and runs a commercial printing operation to generate income.

In the 1994-95 fiscal year a consortium of donors (NOVIB, CIDA and the Norwegian, British and Swiss development agencies) was Sarvodaya's main source of financial support, but Sarvodaya reported that they had difficulties disaggregating the consolidated contributions of the consortium to satisfy the individual reporting requests of the individual donors and this funding mechanism was discontinued. In its place, Sarvodaya has sought individual donor support for work in specific districts.

Relationship with USAID

Sarvodaya is registered with the USAID mission in Sri Lanka and with USAID Washington. USAID was listed as a donor in the 1994-95 fiscal year. Representatives of the mission indicated that previous concerns about reporting by Sarvodaya had been resolved and that they would be prepared to consider it as a potential grantee.

Relationship with GSL

Sarvodaya has the distinction of being the only NGO in Sri Lanka to have been incorporated by an act of Parliament. Its working relationship with GSL, however, appears to be similar to that of

other NGOs in the country, reasonably functional, but at times difficult. At the time of the team's visit, for example, Sarvodaya was having difficulty with maintaining its cold chain for vaccines being sent to the north because of security checks by the GSL military.

Potential as a DCOF Partner

Of the organizations with which the team met, Sarvodaya appeared to have the best potential as a DCOF partner. Not only do they have an extensive network of staff and community-based programs throughout the country, they have recently participated in a fairly sophisticated study of the impact of armed conflict on children and had developed a draft proposal which outlined appropriate activities to address psychosocial distress among affected children. In addition to activities planned for Batticaloa, it is proposing to initiate services in Kurunegeela and Polonnaruwa, an area that border the conflict, where the team was informed by various sources that children's needs are high. Activities in these last two areas would be accessible for monitoring by the mission.

While overall findings of the Health Reach study were reported to indicate a significant impact of armed conflict on a sizable proportion of the children included in the study, it seems likely that the needs are higher in the more recently affected sites. It would be useful for the mission to review with Sarvodaya the findings of the study to determine whether all sites should be given equal priority for funding consideration or whether some geographic priority-setting might be appropriate. Beyond the kinds of interventions suggested in the draft proposal, it would also be appropriate for Sarvodaya to explore what kinds of indigenous religious or traditional healing ceremonies or practices might be incorporated into a program seeking to alleviate psychosocial distress among children. The paper by Dr. Kirk Felsman, "Social and Psychological Aspects of Emergency Settlement," sent to the mission following the teams's visit, provides general guidance on the development of community-oriented activities to address psychosocial distress among children.

Sarvodaya has received some funding from UNHCR, which indicated informally that had good experience with them as a partner in one district but had some difficulties in another. This was attributed to the decentralized nature of Sarvodaya's organization. If it seems warranted, the mission may wish to follow-up with UNHCR to explore this further.

2. Terre des hommes

Overview of NGO and Program

Terre des hommes (Tdh) is an international NGO based in Lausanne, Switzerland, whose focus is assisting children in distress. It has been working in Sri Lanka since 1979, where it began by

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developing a model village in Nuwara Eliya, in the island's central highlands, for an extremely poor group of Tamils from the tea estates. The land for the village was provided by the GSL. Tdh is in a process of "localizing" its program in Sri Lanka. It is supporting local organizations to implement programs, building their capacity, while gradually reducing its own international funding and helping these partners to obtain other funding.

USAID began providing DCOF along with other funding to Tdh in July 1991. The grant was funded at \$389,100 and was extended with additional funding through December 1996. During this period, the Tdh program has undergone a transition. Initially USAID provided support for two programs: (1) a children's home in Nuwara Eliya with an average of 70 residents, most of whom Tdh had previously identified as being unaccompanied in IDP camps in Eastern Province, and (2) an education and vocational training program that included these and other children.

Tdh eventually recognized that when it had initially identified the children taken to the home, staff had not adequately assessed their backgrounds. The current Tdh Delegate has carried out a process of more fully documenting the children and tracing family members. Supported by USAID funding, Tdh established three family group homes, one each in Batticaloa, Trincomalee, and Nuwara Eliya, and began tracing for their parents or other relatives. About half of the children from the original children's home have been reunited or placed with relatives. Of 56, only four have been unable to locate a parent or relative. Each of the three homes has 10-12 children and a housemother. Most of those in the two homes in the east are in regular contact with the family members identified. All those in the Trincomalee home go to stay with them on holidays, but continue to live in the Tdh home so they can attend school. Insecurity in the Batticaloa area has prevented those in the home from going to live with relatives, but relatives do visit and at times stay overnight with the children.

Tdh has continued to provide financial support to the reunited children, particularly for their educational expenses. The Delegate reported an annual per capita expenditure of Rs 37,850 (\$757) for children in the family group homes and Rs16,296 (\$326) for those who have been reunited. These represent very substantial amounts in a country whose annual per capita GDP is \$600.⁹ The relatively high level of assistance to these children is motivated both by the relationship that has been established with them and a sense of responsibly born of guilt on the part of Tdh for having initially removed them from their families and communities.

While the family group homes are an improvement over the facility previously based in Nuwara Eliya, there have been some problems with turnover among the house mothers. In two and a half years, the family group home in Trincomalee has had four house mothers and the one in Batticaloa has had two. Tdh has addressed this by recruiting older housemothers whom it believes will be less likely to leave.

In addition to the family group homes, Tdh is supporting, with USAID funding, as well as its own, two preschool and two play group programs in communities affected by armed conflict in Batticaloa. In keeping with its localization policy, these activities are directly implemented by five local organizations to which Tdh is providing financial, technical training, advisory, and capacity

building support. In addition to day care and developmental activities, the preschools provide one meal a day that mothers help to prepare. Parents contribute a small amount towards the costs of the program as well as helping to prepare food for the children. Tdh had assisted a third preschool and nutrition program to start in a village in Trincomalee during the cease fire, but it dissolved when the village was abandoned after fighting resumed. Two more preschools were reported to be in process of development.

Of the two after-school play group programs, the one in Batticaloa town has 16 play groups primarily involving Tamil children five to 12 years of age. The second program is in an outlying area and has 15 groups of mostly Muslim children. Both include the provision of food in addition to play activities. They have been established in areas where there has been significant displacement of the population, but are not in camps. Nancy Baron, the psychologist who carried out the psychosocial needs assessment for IFRC and who developed the Little Elephant story book, trained the play group staff.

Beneficiaries/Participants

There are 140-160 children in each of the two preschool programs and about 500 children in each of the play groups. Tdh reported that during the last quarter of 1995 a total of 1,449 children were benefitting directly from the preschools and play groups, and the three family group homes.

Organization and Staffing

Tdh's staff is rather limited. In addition to its expatriate Delegate, Tdh employs one Social Worker/Coordinator, a coordinator in Batticaloa, and three house mothers for the family group homes. The Delegate does his own secretarial work and arranges for accounting services in Nuwara Eliya on a fee for service basis.

Funding

Tdh's budget in 1995 for the three family group homes was Rs1.25 million (\$25,000). Total funding for the entire period of July 1, 1991 through December 31, 1996 for the family group homes, preschools, play groups, and related capacity building with the local organizations concerned is Rs25.5million (\$509,600 at the current rate of exchange), of which 75% is from USAID. The Tdh Delegate indicated that the Norwegian development agency (NORAD) is providing some support for vocational training and Terre des hommes (Netherlands) is assisting a preschool program in Nuwara Eliya.

Relationship with USAID

Tdh is registered with USAID in Washington as an international NGO.

Relationship with GSL

Tdh reported a good working relationship with the GSL, although there have been some problems in dealing with GSL security forces in Eastern Province. It is registered with the Ministry of Policy, Planning, and Implementation. Also, Tdh reports that the LTTE has basically been cooperative in allowing their activities to be carried out in Eastern Province.

Potential as a DCOF Partner

The evolution of the Tdh program in Sri Lanka from institutional care to family reunion, group homes, and community-based preschool and play groups parallels that of DCOF's own priorities. Tdh's commitment to capacity building with local organizations is also in keeping with DCOF's guidelines. Tdh is working with community groups in areas where children are affected by armed conflict on an ongoing basis and in need of the kind of services it has developed. It is also true that the management of their program and success of their activities rely very heavily on the one Delegate. This limits Tdh's capacity to expand and leaves its activities vulnerable to severe disruption or collapse if he were not able to continue.

3. Family Rehabilitation Center

Overview of NGO and Program

The Family Rehabilitation Center (FRC) began as a counseling center in Jaffna, opened by a psychologist from the United Kingdom. Initially affiliated with the International Center for Ethnic Studies, in 1992 it became an independent organization. Its aim is to rehabilitate people affected by torture and armed conflict. Its beneficiaries include army personnel, widows, families of torture survivors and missing persons, children affected by armed conflict and displaced persons. Primarily they provide physical and mental health services. They are involved with providing limited material assistance, such as walking aids and crutches. Where needed, it makes referrals for prosthetics to Friend-in-Need. They do provide some assistance for children's education.

In addition to its headquarters in Colombo, FRC operates 13 centers around the country, which provide counseling services. Six of the centers also include clinics that provide medical services and physiotherapy. Most of these are based in the facilities of other NGOs, such as Sarvodaya (see above). They collaborate with such other organizations as the International Committee of the Red Cross, SLRCS, the Human Rights Task Force, Quaker Peace and Service, Redd Barna

(see below), World University Service, and the Rural Development Foundation in Puttalam and the Eastern Rehabilitation Organization in Batticaloa. GSL public health midwives sometimes accompany their field staff on home visits.

Many of their staff have some level of training in counseling. Their Colombo-based staff includes a doctor who does training and counseling, a social worker, and four counselors (two Sinhalese and two Tamil), each with six months of training. A psychologist from the university provides them clinical supervision. Also, a Danish team from a center in Copenhagen specialized in rehabilitation work with torture survivors provided one week of training for 40 FRC staff.

In Puttalam, Batticaloa, Trincomalee, Polonnaruwa, Anuradhapura, Vavuniya, and Mannar FRC has started Saturday play groups for displaced children. These involve games, songs, dancing, and drawing. They have discussed with Tdh the possibility of expanding these to meet daily. The play groups are run by leaders who receive a small stipend. The leaders are encouraged to involve mothers in running the groups.

In addition to counseling, medical and physiotherapy services, FRC conducts three-day empowerment training courses for widows of all ethnic groups. Each of these residential courses includes 30-35 women, who receive training regarding self-employment, basic accounting, and dealing with legal problems. These courses also have therapeutic benefit for participants, who have the opportunity to share their grief and discuss their own problems. From each group trained, 10 participants are selected to become “Befrienders” who do community outreach work, including public health education and sensitization to children’s developmental needs. They also make referrals to the centers.

In addition to their other services the centers have monthly support groups for widows. These include training on health topics, cooking, various income generating activities, and obtaining loans.

Beneficiaries

Although the team did not obtain current statistics on the numbers of beneficiaries assisted by FRC, a review of the organization’s 1994 annual report provides some indication of the scope of its impact. The report presents 12,134 as a conservative estimate of the total number of people reached. This estimate was broken down as follows:

- 2,809 received medical assistance;
- 6,189 were served by mobile health clinics;
- 908 received counseling;
- 700 children were involved in play groups;
- 473 widows participated in empowerment or follow-up training;

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- 346 received eyeglasses;
- 74 were given hearing aids;
- 307 received physiotherapy;
- 191 participated in Befrienders and other training: and
- 105 survivors of torture received skills training, special education, or assistance with self-employment

Some of these programs did not operate for the entire year.

Organization and Staffing

FRC operates under the guidance of a nine-member Board of Directors. In addition, it has a seven-member International Advisory Board, which includes four doctors. There are 23 FRC staff based in Colombo and 28 in the centers. At the headquarters the staff includes an Executive Director (who is a doctor), a social worker, four counselors, an occupational therapist, a Public Relations Officer (who also does counseling), an accountant, an accounts assistant and computer specialist, a cashier, a documentation officer, two secretaries, a clerical assistant for the centers, a program assistant for correspondence with the centers, and various international students on placement. There is also project director position that was vacant at the time of the visit.

Seven people who were completing six months of training with Nest (see below), are scheduled to start work in the centers in May. The centers are staffed with field officers and field coordinators and the Befrienders.

Funding

FRC had income of Rs11.5 million (\$230,000) in 1994. It has a Rs14 million (\$280,000) budget for 1996, which has not yet been fully raised. Danida has committed Rs8 million (\$160,000) and Rs1.5 million (\$30,000) is expected from the Sri Lanka-Canada Development Fund. UNICEF provides about Rs96,000 (\$1,920) to supplement travel costs of FRC staff in Anuradhapura. Some small public donations are also received which are used for a scholarship fund. FRC is also expecting some funding from Diakonia Sweden. Other donors who have supported FRC in the past include the United Nations Voluntary Fund for Torture Victims and Oxfam.

Relationship with USAID

FRC is not registered with the mission and has never received USAID funding.

Relationship with GSL

FRC is registered with the Ministry of Health's Social Services Department. It did not report any problems in its relationship with the GSL. Public health midwives and family health workers of the Ministry of Health work with FRC's field staff. It has also conducted training for public sector doctors and teachers.

Potential as a DCOF Partner

FRC appears to offer some potential as a DCOF partner. Most of their services are not child-focused, but the expansion of the play groups is one area that the team would encourage to be explored, perhaps in conjunction with Tdh, with whom FRC has already consulted about increasing these activities. The team noted that FRC's accounts for 1994 were audited by Ernst and Young, providing evidence of the soundness of its financial record keeping and accounting procedures. However, the team was unable to assess FRC's capacity to manage or meet the reporting requirements of a direct USAID grantee.

4. Redd Barna

Overview of NGO and Program

Redd Barna (RB) is the Norwegian Save the Children organization. It is an independent NGO, but is affiliated with other Save the Children bodies through the International Save the Children Alliance. Founded in Norway in 1946, it is working in 20 countries, and has been in Sri Lanka since 1974. RB takes fundamental guidance for its activities from the United Nations Convention on the Rights of the Child and gives priority to assisting children in especially difficult circumstances. The 1995 annual report indicates that in Sri Lanka the organization has begun a process of moving from the role of service provider to that of facilitator of local partners. The team was also informed that RB plans to withdraw from Sri Lanka by the year 2000.

RB is carrying out nine projects in Sri Lanka, five for Child Centered Community Development (CCCD) in Puttalam, Ginigathena, Hanguranketha, Matale, and Vellavelly; three for Emergency Relief in Jaffna, Mullaitivu, and Batticaloa; and one for street children in Colombo. Components of CCCD projects typically include preschools, including health and nutritional monitoring and feeding; child/youth clubs; vocational training for youth; and income generation training and credit for mothers. Emergency Relief Projects typically include activities to support and assist widows and their children; assistance for unaccompanied children; and relief activities with a broader community focus. To reduce psychosocial distress play groups are organized among children under five years of age and "talkshops"(structured opportunities for activities, exchange, and group problem solving) have been carried out with adolescents. The project for street children includes day activities; health, hygiene and nutrition services; and very limited income generating activities.

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RB is active in the 32-member National NGO Consortium for Relief and Rehabilitation Work in the North and East. Advocacy for children's rights at the local and national level are also part of RB's program in Sri Lanka. Its Resident Representative is a member of the Advisory Committee.

Beneficiaries

The 1995 annual report indicates that the five CCCD projects were in 50 villages and included a preschool and a child/youth club in each. A total of 1,775 children participated in preschool and 3,551 in the clubs. The emergency relief projects included an additional 13 preschools with 313 children as well as 23 playhouses for over 440 children; assistance for 301 unaccompanied children; and assistance for 980 widows and their children, including arranging credit for income-generating activities. The project for street children is relatively small, including 75 children and their families.

Organization and Staffing

At the end of 1995, RB had a total of 355 staff members in Sri Lanka, 30 of whom were based at its Secretariat in Colombo, 244 at CCCD projects (including 144 preschool teachers), and 81 "Supporters" in emergency relief projects. The Colombo staff includes a Resident Representative, an Assistant Resident Representative, five Senior Program Coordinators, an Administrative Officer, a Coordinator for Personnel and Training, an Accountant, an Information Officer, and 19 support staff.

The Senior Program Coordinator who talked with the team said that Elizabeth Jareg, a RB psychologist based in Oslo, makes annual visits to advise the program in Sri Lanka. Dr. Jareg has an strong international reputation in the area of psychosocial distress among children in especially difficult circumstances.

Funding

The team did not obtain any information about funding for the program, other than being informed that the annual budget is prepared locally, then reviewed and funded by RB headquarters in Oslo. No donor funding is provided locally to support the RB program in Sri Lanka.

Relationship with USAID

RB has not registered with USAID and USAID funds have not been provided to the organization.

Relationship with GSL

RB is registered with the Ministry of Health's Department of Social Services as voluntary social service organization. The Senior Program Coordinator with whom the team met described the relationship with the GSL as "up and down." Consistent with what was said by other NGO representatives, the fact that RB staff cross over from GSL-controlled areas to work in locations controlled by the LTTE, even though the GSL welcomes such work in principle, can cause strained relationships. Maintaining a working relationship with the GSL in connection with its activities in conflict areas was described as like walking on a razor's edge.

Potential as a DCOF Partner

In three areas affected by armed conflict (Jaffna, Mullaitivu, and Batticaloa) RB is providing support to unaccompanied children and their care givers and carrying out activities to address psychosocial and material needs among other children, particularly those living with their widowed mothers. They have a good international reputation for work in these areas and strong technical support from their headquarters, as well as from resource people in Sri Lanka. From the one meeting the team had, however, it did not appear that RB had a need for or would be interested in seeking DCOF funds. Should this not be the case, and if RB were interested in seeking USAID funding, it would need to seek registration.

5. PLAN International

Overview of NGO and Program

PLAN International (formerly Foster Parents' Plan) is a humanitarian, private, voluntary, child-focused development organization without religious, political or governmental affiliation. It was established in 1937 and now serves children in more than 35 developing countries. Child sponsorship forms the basic foundation of PLAN International, with the bulk of the organization's income coming from individual sponsors who financially support a child, their families and communities. For the South Asia region, PLAN's new focus is sustainable human development.

PLAN International has operated a program in Sri Lanka for over 10 years. It does not currently work in the conflict areas in the north and east of the country. Approximately 95% of PLAN's resources are devoted to activities it implements directly, which focus on integrated rural development and income generating activities.

About five percent of PLAN International's program relates to NGO partnerships. Of its current program in Sri Lanka, only those activities began about seven months ago in Hambantota District, on the island's southern coast, could be considered potentially relevant to DCOF guidelines. This area was seriously affected by the JVP insurrection of 1988-89, and as a result of deaths among the male population, female-headed households are above the national average. An additional

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problem in this area relates to the high rate of suicides. According to UNICEF, over the past 35 years there has been a steep increase in reported suicides in Sri Lanka, with a 511% increase among young men and a 424% increase among young women. By 1986, adolescent and young adult suicide rates had reached 62.5 per 100,000 population, reportedly among the highest in the world. One of the divisions within Hambantota District has one of the highest suicide rates in Sri Lanka, according to PLAN officials. Factors affecting these increases are judged to be easy access to killing agents, publicity given to suicidal acts, and the breakdown of supportive family and community structures.

The current components of the Hambantota project include women's employment training, water and sanitation and a housing credit scheme. Through an addition project, PLAN is supporting two educational programs aimed at teaching leadership and small project development skills to youth, and an effort to strengthen family structures through support for counseling and vision development, with an eye towards job and career development among the young. PLAN may also develop specific interventions to deal with the problems of children within female-headed households. Basic support for PLAN's Hambantota activities comes through child sponsorships. It has also submitted a proposal for components of this project to the Australian government for funding consideration.

PLAN has worked closely with Protecting Environment and Children Everywhere (PEACE), a local campaign against the sexual exploitation of children. PLAN has supported this campaign's efforts to increase public awareness about the dangers of HIV/AIDS. (A discussion of PEACE follows later in this report.)

PLAN is also planning a workshop to bring together its staff with those of other NGOs working in HIV/AIDS programs. In the team's discussions with both PLAN and PEACE, the team expressed concern with respect to the "over use" of fear when presenting HIV/AIDS information to target audiences. Negative reactions include lack of change in sexual behavior, and potential rejection by family and community of those tested positive for HIV.

PLAN has women's income generation and youth activities planned which are consistent with DCOF guidelines. The possibility exists that these or similar activities in the Hambantota area not financed from other sources might warrant DCOF funding consideration.

Beneficiaries

PLAN reports that it has about 24,000 sponsored children in Sri Lanka and estimates those benefiting from its program at 250,000 families, about 1.5 million total beneficiaries.

Organization and Staffing

PLAN's staff in Sri Lanka numbers 115, including two in Colombo, 14 in Hambantota, 47 in Kandy, and 52 in Badulla. Approximately 50% of this total represents support and administrative

staff. There is only one expatriate among the staff, as PLAN is moving towards putting control and management of country programs in the hands of host country personnel. At the same time, the organization is reportedly putting significant resources into management training, team work development, and proposal preparation. In addition to this country office, PLAN's South Asia Regional Office is also located in Colombo.

Funding

A PLAN official indicated that its program for the July 1, 1995 to June 30, 1996 period is expected to reach \$5 million, 92% of which comes from its sponsorships. The balance of the organization's support is from company benefactors and donors such as CIDA, the British Government's Overseas Development Authority (ODA), and the Australian Agency for International Development.

Relationship with USAID

PLAN is registered with USAID/Washington as a PVO. PLAN is also known as the Foster Parents Plan and the national organization in the United States carries this name. PLAN International's headquarters are located in the United Kingdom. At this time, it is receiving no assistance from USAID/Sri Lanka.

Relationship with GSL

PLAN is registered with the Ministry of Policy, Planning and Implementation and is reported to have a good relationship with the government. PLAN is a member of the NGO Consortium, which includes membership from international and local NGOs.

Potential as a DCOF Partner

Plan's child-focused program appears to have the support of a solid organization. Its activities in Hambantota could be considered for DCOF funding, but the fact that the insurrection ended in that area in 1989, makes it seem as less a priority than areas affected by recent conflict. Plan might be a channel for providing assistance to PEACE (see below) or other efforts to combat the sexual exploitation of children in the country.

6. Nest

Overview of NGO and Program

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Nest is a local NGO founded in Sri Lanka in 1986, initially concerned with assisting women in the Mulleriyawa mental hospital. An independent, voluntary organization with membership open to all, its objectives include: 1) to promote coping within communities; 2) to promote understanding in the areas of mental health; and 3) to promote justice and freedom. While the organization prefers to avoid being "pigeonholed" into any specific categories of activity or expertise, it seems to focus largely on direct health and welfare assistance to families.

Nest works in Anuaradhapura, Ampara, Galle, Colombo, Gampaha, Hambantota, Jaffna, Moneragala, and Vavuniya. In Anuradhapura, Galle, Gampaha, and Hambantota Nest operates homes which serve as therapeutic centers and sheltered workshops. Field staff are designated as Community Health Workers. They reside in the local community and daily visit homes where people, especially children, are in need. Small cash grants are provided to help children, to support orphans as well as battered women, and to help people to sustain their families.

Upon recruitment, Nest's Community Health Workers go through a six-month training course. Nest attempts to recruit those who demonstrate qualities such as warmth, intelligence, energy, and independence as well as the ability to communicate in both Sinhala and Tamil. Although the DCOF team did not have the opportunity to review the curriculum, the course reportedly consists of character development as well as health and leadership training. At the end of their training, Nest expects its Community Health Workers to be able to identify needs, recognize the pluses and minuses in offering assistance, and carry out effective interventions.

With support from UNICEF, Nest placed six Community Health Workers in the Jaffna area. Two remain there working in camps for the displaced, two others are continuing to provide support outside the camps, one has returned to the Colombo area, and one has disappeared.

Nest staff work closely with public health midwives, where possible. In addition to calls on homes, staff visit hospitals where they provide emotional support as well as urgently needed items such as clothing, medications, linen, and reading and writing materials. Nest's Community Health Workers travel by mopeds (provided by the British High Commission), where conditions permit. In less accessible areas, they walk.

In addition, Nest provides a free, residential and "drop in" service to those discharged from hospitals, but rejected by their families. Nest attempts either to reunite these individuals with their families or to help them establish an independent life. Nest also supports sheltered workshops, education and care giving to those with HIV/AIDS, care for the sick and dying, and public education.

Beneficiaries

A recent Nest quarterly progress report indicates that its Community Health Workers had made 1,281 visits, involving 8,556 beneficiaries. In addition, over 1,000 adults and 700 children visited Nest Centers for assistance in three of the four locations (the Galle Center is a residential facility

only).

Organization and Staffing

Nest officials describe the organization as highly decentralized. It has an eight-person Board of Directors, but at this point maintains no office or administrative staff in Colombo, where it operates from the Founder's house. Nest reports that 24 Community Health Workers are currently in the field, with six located at each Nest Center. Two Associate Directors are located in Colombo and monitor the field operations.

Funding

Nest representatives estimate that the costs of its annual operations are about \$38,000, with approximately two-thirds of this amount representing staff salaries. Nest receives no public donations, but has a number of local and foreign benefactors who provide financial support. The organization has received assistance from a number of donor agencies, such the Christofellblindenmission (\$5,000 per annum), NORAD (\$6,000 per annum), UNICEF (\$6,000 per annum), and the Swedish International Development Agency (SIDA) (\$1,500).

Relationship with USAID

Nest officials did not indicate that any assistance has been received to date from USAID. The organization is not registered with the mission as a local NGO.

Relationship with GSL

Nest is a government approved charity and is registered with the Ministry of Health's Department of Social Services. Officials of Nest indicate that the organization has close working relationships with Ministry of Health staff, both at national and local levels. Nest representatives serve on national advisory boards for both mental health and AIDS.

Potential as a DCOF Partner

Nest's Community Health Workers have the potential to provide counseling and assistance to adults and children affected by the war, in conflict areas as well as border areas such as Anuradhapura. Its approach is more service-oriented than community-based. The DCOF team

does not judge that Nest has the capability to meet either the financial or reporting requirements of a direct USAID grantee. There may, however, be a useful role for Nest as a sub-grantee for activities related to those of a larger NGO with stronger management capabilities.

8. Save the Children Fund

Overview of NGO and Program

Based in the United Kingdom, Save the Children Fund (SCF) is the oldest member of the International Save the Children Alliance. It began operating in Sri Lanka in 1979. Since 1985, SCF has worked in Jaffna providing relief assistance only. In the southern part of the country, it had programs which included assistance for street children and the training of residential care workers, but it has largely pulled out of these. It is in the process of a careful review of its activities, with a view to changing its program approach. In the future, it plans to work more closely with local partners organizations and to measure specifically the impact of interventions on beneficiaries, especially children. Current plans include the maintenance of its relief program in Jaffna, but with increased attention to the program's impact.

SCF has conducted research on the affects of war on residents of seven IDP camps, including those occupied by Sinhalese, Tamils and Muslims. These camps where located in the Jaffna and Trincomalee areas as well as communities in the border areas of the conflict. Major concerns identified by the displaced included: security, livelihood, food (both quality and quantity), lack of privacy, water and sanitation, and educational opportunities for children. There was some evidence of psychosocial problems (e.g., bad dreams) among children who had recently been displaced. Very few children were found to be on their own. It was found that separated children tend to be taken in, either by members of their extended families or by people to whom they are not related. Some mothers had sent their children away to live with relatives in safe areas of the country or, in some cases, to institutions. Generally, all families interviewed appeared worse off as a result of displacement. For one group relocated from a camp, land use security was an important concern related to returning to agricultural pursuits.

Beneficiaries

NGOs working in the Jaffna area have divided responsibilities for the camps for internally displaced persons, with assistance provided which includes, for example, shelter materials, income generating activities, basic health services, and home gardens. Among other assistance, SCF has assisted with income generating activities and the provision of dry rations, mats and buckets for the displaced. It is now trying to assess the impact of this aid. No information with respect to the number of beneficiaries was provided to the DCOF team.

Organization and Staffing

SCF has district offices in Point Pedro (recently relocated from Jaffna), Mannar, Anuradhapura, and Trincomalee. Its headquarters is in Colombo. SCF has 80-90 staff members countrywide, including three expatriates in each district office and four (Field Director, Program Director, and two Relief Coordinators) in Colombo. Professional Sri Lankan program staff include five in Point Pedro, three in Anuradhapura, two each in the other district offices, and four in Colombo.

Funding

The budget of the SCF program in Sri Lanka totals about \$1.36 million per annum, with 83% of this total coming from the ODA. This ODA assistance is expected to continue until at least March 1997, at which point its future will be reviewed in the context of the new directions for SCF. The balance of its finances are secured by SCF headquarters.

Under its new program approach, SCF aims to work with its local partners (NGOs and communities) to carry out pilot and research projects from which models can be developed for replication and expansion elsewhere with funding from other donors. Capacity building of partners will be a specific objective. To date, only a very few partnerships have been developed which could be considered "solid," in part because local NGOs and communities are having problems in adjusting to SCF's new role. By its nature, this approach may have a significant downward impact on the future financial magnitude of SCF's program in Sri Lanka.

Relationship with USAID

SCF is registered with USAID/Washington as an international NGO. However, there is no record that the mission has provided funding for this program in Sri Lanka.

Relationship with GSL

SCF is registered with the Ministry of Policy, Planning and Implementation as an international NGO. As a provider of relief assistance in conflict areas, SCF has worked closely with the GSL, while, at the same time, it has had to seek accommodation with the LTTE. As a result, some GSL officials have criticized SCF, as well as other NGOs, for being supportive of the LTTE. Nonetheless, the GSL's official policy has been to encourage NGOs already involved to continue their presence in the conflict areas and provide relief assistance. Reportedly, much of the criticism has dissipated over the past several months.

Potential as a DCOF Partner

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With a stated future emphasis on children and given its knowledge of and involvement in the conflicts areas, SCF may become a viable candidate for DCOF support. However, at this point, SCF does not appear interested in seeking USAID funding support and, until the completion of its program transition, is not likely to be in a position to do so.

NGOs Addressing Child Prostitution

1. Don Bosco (Salesians)

Overview of NGO and Program

The Don Bosco Technical Center (DBTC) is located in Negombo, just north of Colombo on the west coast of the island, where it has operated for 40 years. The DBTC is supported and run under the auspices of the Salesian Missions. The Center provides vocational training in outboard motor and air conditioner repair, mechanics, carpentry, and computers. The outboard motor course is three months in duration, the air conditioner and computer courses are for one year, and the mechanics and carpentry courses run for two years. Most of the DBTC students are drawn from a 20-mile radius of Negombo. In addition to day students, boarding facilities are available as needed.

In addition to the DBTC, Don Bosco since 1992 has operated a rehabilitation center for young boys who have been involved in the sex trade. Following a three-month residential program of rehabilitation, boys 15 years of age or above are accepted into the DBTC for vocational training. Those below 15 remain in the rehabilitation center until it is possible to place them in boarding schools. Don Bosco is now working with its ninth group of boys in the rehabilitation program. Its objective is to persuade them to seek and provide them with an alternative to the sex trade.

Following the rehabilitation program and vocational training at DBTC, participants are provided assistance in obtaining employment. Reportedly, the demand for DBTC graduates is extremely high, with companies seeking them out on a regular basis and graduates informing the center of job opportunities. Even those who complete the training but do not pass their final exam were reported to be in high demand. A carpentry graduate from DBTC, for example, can earn Rs6,000-Rs8,000 (\$120-160) per month, about twice the average per capita income in Sri Lanka. The Archbishop of Colombo is considering providing land to Don Bosco for the relocation of the residential facility for its rehabilitation program.

In addition to this program, DBTC staff have been active in local public awareness efforts aimed at the sex trade and the dangers of HIV/AIDS. The center has sponsored seminars and workshops for parents and public officials from the Negombo area, and DBTC officials have served on national task forces dealing with child prostitution and AIDS.

Beneficiaries

The DBTC can serve approximately 260 students at a given time. The Director said 300 to 400 boys from the surrounding communities also come each afternoon and evening to use the recreational facilities available at DBTC.

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At the time of the visit, 160 boys had completed the rehabilitation program. Another 30 were currently in the program, 70% of whom have lost one or both parents. About 40% are reported to have no parents. Don Bosco staff report that of this group of 190, only five are known to have returned to the sex trade. These five were in the first cycle of boys entering the rehabilitation program, and were sent to Don Bosco from police custody in a detention facility. All children subsequently entering the program have done so voluntarily.

Organization and Staffing

The DBTC and rehabilitation center are organized along the lines of a boarding and vocational educational unit. They are supervised by a Director. The staff associated with DBTC currently totals 50, consisting of 27 teachers, seven clerical personnel, and 16 animators and volunteers.

Funding

The operating budget of the DBTC and rehabilitation center is about \$93,000 per annum, with salaries representing approximately one-half the total. The program receives no financial support from the GSL. Fees from students generate less than \$500 annually. DBTC is fabricating some products which are sold on the local market, thus generating some revenue. The Director wants to increase such production and sales with an aim that within two years revenues would be sufficient to cover salary costs. DBTC has received major funding support from the mission (see below). The balance of its resources have come from other foreign donors and a number of benefactors. For example, the Belgian and Dutch governments have provided some machinery and work tables, respectively, for the vocational training program. Assistance from the British High Commission is being sought for printers for the computer course.

The DBTC works on a very small margin. While the DCOF team was there, a check from a benefactor arrived which would permit DBTC to meet the payroll for instructors due that day.

Relationship with USAID

The Salesian Missions are registered with USAID/Washington as a US PVO. Grant funding from the mission is passed through the Salesians to DBTC for its program in Sri Lanka.

USAID/Sri Lanka has a current grant to the Salesian Missions for DBTC's program in the amount of \$513,862. This grant originally covered 100% of project staff and instructors' salaries, equipment, raw materials, and musical instruments. It began in November 1992 and has been extended for six months to July 1996. During this extension period, only 50% of salary costs are being financed by USAID. Included in the total grant funding is \$50,000 from USAID/Washington's Global Bureau for HIV/AIDS prevention, which was provided based upon

DBTC's work with boy prostitutes.

Relationship with GSL

The DBTC is registered with the Ministry of Health's Department of Social Services. The Salesian Missions are reportedly not registered with the Ministry of Policy, Planning and Implementation as an international NGO, given the pass through role it is playing.

The DCOF team received no indication of major problems between DBTC's program and the government, although the relationship appears to have been rocky at times. For example, it was reported that, several years ago, government intelligence operatives were keeping a close watch on a DBTC official. More recently, a priest, who has worked in Sri Lanka for 11 years and provided assistance at DBTC, was refused an extension of his visa. In addition, local politicians are reportedly trying to obtain the land on which the rehabilitation center is located. Title to the land has been refused DBTC and harassing actions, such as cutting off the electricity, were cited.

Potential as a DCOF Partner

Given its track record of support from USAID, the DCOF team judges DBTC to be grant worthy, and capable of meeting USAID's financial and progress reporting requirements. The rehabilitation component of Don Bosco's program could be considered for DCOF funding as an activity benefitting street children. A major issue related to the rehabilitation program, however, is the team's concern that young boys below the age of 15 who complete the rehabilitation program either remain at the center or are placed in boarding schools. Preferably, these younger boys should be placed with family members willing to provide protection and care, or foster homes, rather than in an institution. Also, if one considers the number of boys involved in the sex trade, the residential approach taken by Don Bosco can only serve a small proportion of those affected and in need of help. While apparently effective among those it includes, this approach has a relatively high per capita cost and seems likely to have a smaller overall impact on the problem than community-based, advocacy and social mobilization strategies.

2. Protecting Environment and Children Everywhere (PEACE)

Overview of NGO and Program

PEACE is a campaign, with worldwide affiliations, against the sexual exploitation of children and child prostitution in Sri Lanka. The impetus for PEACE came from research conducted in Sri Lanka in 1988-90 into the problem of sexual exploitation of children. The campaign was initiated in 1991, and is affiliated with End Child Prostitution in Asian Tourism (ECPAT), which is based

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in Bangkok. PEACE's major efforts have been directed at public awareness, influencing government policy, and educating the public (e.g., parents, teachers, media, social workers). It has also provided assistance to the police in the preparation of complaints against those accused of sexually abusing children and legal counsel to victims of the sex trade.

Beneficiaries

Beneficiaries of PEACE's efforts can not be quantified, but include those children who have been protected from sexual exploitation as a result of legislative changes and strengthened enforcement of improved laws now on the books, and those in the public whose awareness and sensitivity to this problem have been increased.

Organization and Staffing

PEACE has a five-member core committee which guides its activities, and a network of volunteers.

Funding

PEACE receives support from a number of donors. For example, PLAN International's Sri Lanka program has provided resources for education and public awareness activities by PEACE directed at HIV/AIDS, and for efforts to inform groups such as the police, tourist board and hoteliers about the problems associated with the sex trade. PEACE has also received other assistance from the United Nations Population Fund (approximately \$11,300), ECPAT (\$10,000 annually), and SIDA (about \$2,400). In addition, CIDA has funded some equipment for PEACE. Local contributions amount to about \$400 per annum.

Relationship with USAID

PEACE has no relationship with USAID and is not registered as a local NGO with the mission.

Relationship with GSL

PEACE is registered as an association with the Western Provincial Council, which permits the campaign to maintain a separate bank account. As of this date, given its status as a campaign, formal registration as an NGO has not been sought. This may change in 1997, when a decision will be made as to whether to begin paying its volunteers.

PEACE appears to have a good relationship with Government officials. Members of PEACE

played a role in supporting and encouraging Sri Lanka's ratification of the UN Convention on the Rights of the Child in 1991. Its members have served in advisory capacities, such as on a national task force dealing with the sex trade in Sri Lanka, and have often been called upon to participate in seminars and workshops sponsored by the GSL and donors. The efforts of PEACE contributed to the October 31, 1995, passage of an amendment to the country's penal code which, among other things, provides for tougher penalties and for compensation to victims of the sex trade.

Potential as a DCOF Partner

Along with its lobbying, organizing and public awareness efforts, PEACE conducts programs in identified areas for children living in poor communities and slums, as well as on the streets and beaches, with the aim of preventing child prostitution. This type of activity appears to meet DCOF guidelines concerning activities to benefit street children.

At this point, however, PEACE is not judged to have the financial or reporting capacity, or organizational capability to receive and manage USAID funds directly. Further, it is not registered with the government as a local NGO.

The DCOF team expressed some concern that PEACE's approach to HIV/AIDS "education" seemed to focus largely on fear. This does not seem to have been a strategy that has proven effective in changing sexual behavior in other countries, but it has been seen to contribute to stigma and discrimination directed towards people with HIV/AIDS.

In addition to the visits described above, the team visited the SOS Children's Village in Nuwara Eliya, which does not fall into the two categories of NGOs included above. It is presented for information in Appendix 3.

APPENDICES

Appendix 1

Displaced Children and Orphan Fund (DCOF) - Purpose and Guidelines

The guiding principles of the Fund include:

- ! Support is provided for the replication, expansion or strengthening of ongoing programs, and for programs that provide direct assistance to children.
- ! Community owned and managed interventions are perceived as the optimal channels for addressing the long term needs of children in need.
- ! Programs supported should identify and support alternative strategies which will minimize or totally eliminate large-scale or long-term institutionalization of children.
- ! The Fund seeks to leverage support from other donors and encourage technically appropriate interventions from implementing agencies.

A major emphasis of the Fund is on strengthening the technical and financial capacity of local, indigenous NGOs. Community-based approaches are normally given priority.

Supported activities are generally fully funded for the first year of implementation for periods of two to four years. In countries with USAID field missions, grants are designed, awarded and managed by missions. In other countries, they are managed directly by the Office of Health and Nutrition in Washington, D.C.

Appendix 2

Itinerary

- Mar. 28 Arrival of team in Colombo
- Initial discussion of the Scope of Work and schedule with Mr. Louis Kuhn, Deputy Director of Mission, Ms. Rani Samuel, and Ms. Thusita Dharmawardena, of the Democracy Humanitarian Assistance Office at the USAID mission.
- Discussion with Kathleen Corey, Peace Corps Country Director, accompanied by Mr. Kuhn
- Mar. 29 Departure from Colombo, accompanied by Ms. Samuel
- Visit to the Don Bosco Technical Center and the Life Orientation Program for youth in Negombo and discussion with Fa. Anthony Pinto, Director, and Br. Gabriel Garniga of the Center's administrative staff.
- Visit to the Kureekotuwa internally displaced persons' camp in Kurunegala District, accompanied by Mr. B. D. Samarakoon, IFRC District Coordinator, and the IFRC mobile health team for the district
- Arrival in Kandy
- Mar. 30 Discussion with Mr. Lionel Munaweera, Director of the Field Office of Plan International in Kandy. Attended an awards program at the Meekanuwa Community Center for children sponsored by Plan.
- Visit to the Friend-in-Need Society prosthetics program in Kandy and discussion with Mr. Siriwardena, Administrative Manager, and D.C.V. Amarasinghe, Administrative Secretary.
- Mar. 31 Left Kandy and traveled to the Pannewa A camp for internally displaced persons in Kurunegala District. Talked with camp residents accompanied by Mr. Samarakoon.
- Returned to Colombo.
- April 1 Discussion with Mrs. Anoja Wijeyesekera, Project Officer, Emergency Relief and Rehabilitation, and Mr. Steve Claborne, Project Officer, at the UNICEF office in Colombo, accompanied by Ms. Samuel.
- Met with Ms. Maureen Seneviratne, founder of PEACE, at the organization's office.

Met with Mrs. G. Shanmugam at the Redd Barna Office.

April 2 Met with Dr. Vinya S. Ariyaratne, Honorary Addl. Secretary/Planning and Health Advisor, Sarvodaya Shramadana Movement at the Street Children's Program Day Center accompanied by Ms. Samuel.

Met with Ms. Barbara Gray, Program Unit Coordinator, and Ms. Sonali Gunasekera, Senior Program Officer, at the office of Save the Children Fund (UK) accompanied by Ms. Samuel.

Met with Mr. Tom von Weissenberg, Finance Delegate, IFRC, at the IFRC office.

Met with Mr. Gottfried Koefner, Senior Protection Officer, and Mr. Ajil Fernando, Program Officer, at the UNHCR office.

April 3 Departure from Colombo accompanied by Mr. Kuhn.

Met with Mr. Saman Hettiarachchi, Senior Co-worker, and visited the SOS Children's Village in Nuwara Eliya.

April 4 Met with Mr. Chris Stubbs, Delegate, at the Nuwara Eliya office of Terre des hommes. Visit to the Nuwara Eliya group foster home of Terre des hommes.

Return to Colombo.

April 5 Met with Ms. Sally Hulugalle, Founder and Member of the Board of Directors, and Ms. Harini Amarasuriya, Associate Director, of Nest.

Met with Mr. James Murray, Area Manager, and Mr. Charles Donmoyer, Regional Manager for Grants Coordination & Sponsorship Communication, of Plan International.

Met with Dr. Kamini Alahakoon, Executive Director,, and Desmond Fernando, Chairman, of the Family Rehabilitation Center.

Discussion with Dr. Daya Somasundaram, Head of the Psychiatric Department of the University of Jaffna.

Met with Dr. Ariyaratne at the hotel.

April 8 Debriefing with the USAID mission involving Mr. Kuhn, Ms. Samuel, Ms. Dharmawardena, and Kim Kertson, Program Planning and Support Office.

Discussion of draft recommendations with Eric Jensen, Head of Delegation, IFRC,

accompanied by Mr. Kuhn and Ms. Samuel.

Other Persons Contacted

Displaced Children and Orphan Fund, Arlington Virginia, USA
Catherine Savino

USAID/Sri Lanka
David Cohen, Director

Peace Corps
Paul Sully, Youth Programs, Washington, D.C. (by telephone)

Appendix 3

The profile below is included for information to provide a point of comparison for the programs described in the body of the text.

SOS Children's Village, Nuwara Eliya

Overview of NGO and Program

The SOS Children's Villages were founded about 40 years ago by Hermann Gmeiner. The program is headquartered in Austria. In Sri Lanka, SOS operates four villages--in Colombo, Galle, Anuradhapura, and Nuwara Eliya (visited by the DCOF team). Children from government orphanages are selected for residence at the SOS villages, with a priority given to those without parents. In some cases, a "partial" orphan (with either a living mother or father) is placed in a SOS village. If the father remarries, he is not permitted to see his child until he/she reaches 18 years of age.

The village visited by the team was a European-style community, with stone, duplex housing units for the children. Up to 10 children reside in each unit, with a "mother" in residence as well. These mothers are recruited through local advertisements. Under SOS rules, mothers are not permitted to marry. The housing units consist of a living/dining area, spacious kitchen, bedrooms (outfitted with bunk beds and closets), and a bathroom. SOS children attend local schools or are provided vocational training at the village. In addition to school, they come into contact with children from the community, for example, through organized sports activities. Although children from the outside contact those within the villages, they cannot come inside the villages and play there.

Male children remain in the housing units until age 14, at which point they are moved into a youth house, where they receive vocational training in, for example, carpentry. These young men can live at the youth house until they are fully employed or reach the age of 20. Girls can reside in the housing units until they marry or find full-time employment. About 1-2% of the children go on to university, during which SOS provides full support.

The average age of the children at the Nuwara Eliya village was between six and seven. Children as young as four days have been placed at the village. Mothers work at the village until age 55, at which point they are eligible to enter a special house maintained for them by the village.

In addition to the residential and vocational training facilities for children, the SOS village operates medical and social centers. The medical center has a nurse on duty 24 hours per day. A government doctor visits three days per week to provide care to the children. In addition, those from the surrounding area can obtain medical care, reimbursing SOS for medical care and medicines at cost. The social center is used for kindergarten classes as well as for the operations of a mothers' club for those from the surrounding area. This club offers courses such as sewing

and cooking.

In addition to the four villages, an SOS representative said the organization operates two camps for the displaced in Kilinochchi District, in the north of the island. The SOS spokesperson in Nuwara Eliya was unable to provide information on the number of families supported, or the type and magnitude of assistance provided by SOS.

Beneficiaries

In the SOS village in Nuwara Eliya 110 children were in residence, with an estimated 10 of these orphaned by the war. The gender breakdown of the children was 64 girls and 46 boys. There are six houses with Sinhalese children and four with Tamil children. Both ethnic groups live together in the youth house. All attend both Buddhist and Hindu ceremonies weekly.

Organization and Staffing

At the Nuwara Eliya village, there were four residential staff (Director, Senior Co-worker, Maintenance Officer, and Educator/Counselor). Additional professional staff include a Senior Accountant and Accounting Assistant. As well, there were 11 support staff such as drivers and gardeners.

Funding

The DCOF team's interlocutor at the SOS village in Nuwara Eliya was unable to provide an estimate of the annual cost of operations or the amount of funding assistance provided. The total budget of the SOS village was said to originate from SOS headquarters in Austria. The village operates on a six-month budget, which is submitted by the Director to the Regional Director in India, and then forwarded to the SOS President for final review and approval.

Relationship with USAID

SOS Children's Villages is not registered with USAID/Washington nor with the mission. No USAID funding support has been provided to SOS villages in Sri Lanka.

Relationship with GSL

SOS is understood to be registered with the Ministry of Health's Department of Social Services. SOS works closely with the government regarding the placement of children at the village from public orphanages. As well, the team was informed the GSL provides SOS guidance with respect to the operations of its camps for displaced persons.

Potential as a DCOF Partner

Given SOS' institutional approach to dealing with orphans and displaced children, the DCOF team sees no potential for the organization to be a recipient of DCOF support. The organization is included in this report principally as a contrast to the other organizations examined.

Appendix 4

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