

UNITED NATIONS
ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

**REPORT OF THE NATIONAL WORKSHOP ON THE IMPACT OF THE TSUNAMI
ON “VULNERABLE GROUPS” AND WOMEN¹**

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I. WORKSHOP OUTCOME

RECOMMENDATIONS

Rebuilding Communities

1. Form a planning and monitoring committee, led by the Divisional Secretary and comprising representatives from line ministries (e.g. education, health, social services, vocational training, fisheries, and land and housing), local government, police, TAFREN (Task Force for Rebuilding the Nation), census department, NGOs and CBOs, with appropriate sub-committees, recognising the role of line ministries and the local government structure in Sri Lanka.
2. Recognising that the role of Government is critically important for rehabilitation and reconstruction, introduce sound institutional mechanisms with strong administration at all levels to ensure effective service delivery.
3. Each line ministry (e.g. education, health and social services) should coordinate with women in the delivery of services at the district level.
4. Develop and implement a monitoring plan with community participation, evaluate progress and suggest remedial action where needs and constraints have been overlooked. Link such plans from local/divisional levels to district, provincial and national levels for integration at all levels of planning and resource allocation. Results of all evaluations should be fed back to divisional levels, where they should be validated in order to be incorporated into planning systems.
5. Decentralise planning to include community consultations with specific groups [e.g. youth, older persons, people with disabilities (PWDs), widows and widowers, and occupational groups] to identify needs and constraints. Identify priorities and, through sub-committees, develop action plans for all areas, including housing, livelihoods, infrastructure, health services, education and security, with appropriate time schedules and deadlines.
6. Effectively coordinate programmes of the state, donors, International and local NGOs, and community-based institutions, so that assistance is equitably distributed at the grassroots level. Ensure that when donor assistance is offered, the process of accessing funds and credit is simplified and resources are channelled through NGOs and communities.
7. Develop a data base with accurate statistics according to geographical area and disaggregated by gender, age, marital and disability status.
8. Build the capacity of local officials and organizations so that they can recognize, be sensitive to and respond to the needs (socio-cultural, economic, gender-related, etc.) of communities and vulnerable groups. Sensitize, mobilize and empower specific groups to participate actively, as well as recognize and exercise their rights.
9. Ensure timely access to relevant information and communication, including that related to policies, plans and programmes.

10. Assistance (including financial and transportation-related) should be provided to people who have lost documents and records, by NGOs – especially those involved in human rights and legal aid work.
11. Expedite the rebuilding of houses and relocation of households and ensure the swift provision of safe water, clean sanitation, and replacement of equipment lost in the tsunami.

Health

12. Control of the pollution of wells and flood water, as well as purification of wells, should be carried out under the supervision of the Epidemiological Unit of the Ministry of Health.
13. Store water supplies in large plastic tanks and make these available for families' needs.
14. NGOs offering services should adhere to national policies on health. Among other things, they can provide toilet facilities temporarily supervised by the public health system.
15. Ensure the collection/disposal of sewage and separate toilet and bathing facilities by gender.
16. Local authorities should ensure the disposal of garbage as a prerequisite to control flies that transmit food-borne diseases.
17. Pesticide-impregnated mosquito nets should be distributed fairly in areas where malaria is endemic.
18. The public sector and NGOs should provide personal support services to prevent violence and substance abuse in the community.
19. Ensure the safety of adolescent girls from sexual abuse through raising awareness of these issues and making reproductive health services more widely available and delivered by the primary health care (PHC) system at the local level.
20. Encourage the culturally-accepted practice of breastfeeding, and discourage bottle feeding whenever possible and appropriate.
21. Distribute feeding supplements equitably and according to universally-available growth charts. If growth monitoring cards have been lost, advice should be available from family health workers (FHWs).
22. Make available referral services, including ambulance services and mobile clinics, as well as maternity and new-born immunization from FHWs or primary health-care workers. Create awareness of such services through the health education system.
23. Provide drugs in emergency situations through Primary Health Clinics (PHCs) and Central Dispensaries at the peripheral level according to local essential drug policies.

24. To address gaps in psycho-social support in trauma situations, training should be provided to all health personnel, teachers, members of civil society, especially parents and older persons.

Education

25. In the educational system, a full curriculum should be included for disaster emergency care, epidemic control and food and nutritional requirements by qualified and well-trained teachers.
26. Ensure displaced school-aged children can re-enter and remain in school by supplying material assistance, including stationary, clothes, shoes and transportation.
27. Direct priority to the reconstruction of school buildings that have been affected, and develop non-formal education programmes.

Persons with Disabilities

28. PWDs should be included as among the most vulnerable and should be consulted in designing relief, reconstruction and development plans, as well as in adopting legislations and programmes involving them.
29. Train government/agency workers on disability issues and enact strong legislation to safeguard the rights of PWDs.
30. Create awareness within the general public to eliminate negative attitudes and reduce social stigma, including those caused by misconceived religious beliefs.
31. Remove physical barriers to the built environment to enable effective mobility access to all services by PWDs and older persons.

Livelihood

32. Encourage private sector partnerships for those promoting livelihood activities in tsunami-affected areas, by granting tax exemptions and other incentives.
33. Develop opportunities and comprehensive plans for district-wise livelihood activities, including marketing opportunities. Establish an NGO-run database and district-wide outlets to sell products.
34. Develop community centres which include training and facilities for weaving, sewing and other activities, where tsunami-affected vulnerable people - mothers, older persons, youth and others - can develop relationships and experience integration at all levels.
35. Build support groups for women to work together, strengthen livelihood activities and opportunities, and provide child care to facilitate their participation.
36. Conduct skills, vocational and other training, and provide greater facilities to build women's livelihood capacities, including new and rescheduled loans with waived

interested for those affected by the tsunami. Disseminate information in local languages on availability of facilities to start up livelihood enterprises and give priority in livelihood programmes to widows/widowers with access to no other income.

37. Develop livelihood programmes for tsunami-affected youth and provide them with opportunities in areas such as carpentry, masonry and construction, taking account of available resources and market potential.
38. Give priority to youth who lost family members and most need income, and introduce special loan schemes for them, including preferential interest rates.

II. ORGANIZATION OF THE WORKSHOP

1. A workshop on the impact of the tsunami on “vulnerable groups” and women was organized by the Economic and Social Commission for Asia and the Pacific (ESCAP) and was held from 21 to 22 October 2005 in Colombo, Sri Lanka. Participants included representatives of the Government of Sri Lanka, non-governmental organizations (NGOs), academia and international organizations. The workshop was organized with the logistical support of the Centre for Women’s Research (CENWOR), a national NGO based in Colombo, working to improve the quality of life of women in Sri Lanka.

A. Background of the Workshop

2. From various natural disasters that have affected countries in the Asian and Pacific region, it is clear that all affected persons and groups do not have equal access to relief and recovery in both the emergency and reconstruction phases. This is partly due to constraints in mobility, such as those affecting the very young, the aged, as well as persons with disabilities (PWDs). Women, as care-givers are often unable to leave dependents alone for long periods of time and therefore have limited access to services, supplies, information and opportunities. Also, these same groups tend to be neither seen nor heard to the same extent as others and are therefore often not consulted and cannot participate in the planning and reconstruction phases. The workshop underscored how the pre-existing social, economic, and political marginalization of such groups was exacerbated after the tsunami.

3. The workshop was divided two sessions. The first session, on Day 1, involved a panel on tsunami recovery, which addressed gaps and challenges, with a total of 11 presentations from government officials, NGO representatives and other participants. Following presentations, time was allocated for discussion and clarification. In the second session, on Day 2, a further presentation was made and subsequently recommendations were developed by working groups and based on the presentations of the workshop. These recommendations were later put forward to all participants, worked through and finally adopted by the participants.

B. Objectives of the Workshop

4. The purpose of the workshop was to provide a forum for the voices of people with disabilities (PWDs), the elderly, youth or disadvantaged women affected by the tsunami in the tsunami-affected areas of Sri Lanka to “validate” and enrich an ESCAP-commissioned study on this theme. It was an opportunity for representatives of the Government of Sri Lanka, NGOs and international organizations as well as academics to explore lessons learned and the implications for post-tsunami reconstruction planning and policies and to agree on a set of recommendations which would be shared at a regional meeting involving five tsunami-affected countries from 21-23 November 2005. The recommendations would also feed into the sixty-second Commission Session of UNESCAP to be hosted by the Government of Indonesia in April 2006. Additionally, the results from the various national workshops and studies will inform the planning of tsunami-related work of UN-ESCAP.

C. Outcomes of the Workshop

5. The workshop resulted in the following outcomes:
 - i. A set of lessons learned, forward-looking recommendations, and collaboratively developed policy guidance;
 - ii. A report which is to be issued along with reports of other national workshops and one from the regional workshop, along with results from research funded by UNESCAP in Indonesia, Sri Lanka and Thailand;
 - iii. A more in-depth understanding by decision-makers of what specific groups have experienced, how certain factors make some people more vulnerable in times of disasters, and possible steps that can be taken to improve potential outcomes for such groups. Ways in which the tsunami affected men and women differently, and policy implications were also considered;
 - iv. Guidance for the future work of UNESCAP in disaster-affected Member States.

III. PROCEEDINGS OF THE WORKSHOP

A. Summary of Opening Statements

6. Ms. Swarna Jayaweera, Coordinator, CENWOR, welcomed participants to the workshop and invited them to present their research findings. She also gave an overview of the role of CENWOR with regard to empowering communities.

7. Ms. Thelma Kay, Director of the Emerging Social Issues Division of ESCAP, expressed her appreciation for having the opportunity to hear first-hand the views and lessons learned from people who had lived through the devastating tsunami. She explained that the Asian and Pacific region had experienced more than half the world's natural disasters over the last few decades and had much to share with the rest of the world from that experience. She also explained that ESCAP, as the regional arm of the United Nations in the region, facilitated the sharing of experiences and regional cooperation to promote sustainable development. The workshop was meant to explore factors which make certain groups more vulnerable in the context of natural disasters, and to develop strategies to improve their outcomes. She concluded by emphasizing that there was a window of opportunity to ensure access to buildings for PWDs, to strengthen social protection systems and ensure that all people have access to employment opportunities.

8. Ms. Rohini Nanayakkara, Chairperson, Task Force for Rebuilding the Nation (TAFREN) outlined the extent of the damage caused by the tsunami, including 30,959 deaths, the displacement of 562,601 people and much damage to infrastructure. She described the three stages of recovery, namely rescue and relief, transitional and reconstruction and explained that TAFREN's role was to facilitate, enable, coordinate and monitor reconstruction efforts. These efforts were organized around four programmes, cutting across all three levels of government - national, district and local: getting people back into homes; restoring livelihoods; ensuring health, education and protection for all; and upgrading national infrastructure. In the Getting People back into Homes programme much progress had been made, including the completion of 95% of transitional houses, with assistance from NGOs, international NGOs (INGOs) and multilateral donors, yet certain constraints and concerns were still present. These were: acquisition and allocation of land; planning, approval and mobilizing processes; shortages of land, as well as multi-ethnic and multi-religious issues in the East; cost escalation of raw materials and high demand for labour; maintaining the quality of construction; and environmental and disaster management concerns. Initiatives included providing safe and secure homes for all, providing of the necessities of life, fostering community relations and being sensitive to gender issues and multi-cultural and multi-religious needs.

9. Ms. Nanayakkara said that the Restoring Livelihoods programme had also achieved good results, with job creation, assistance to affected industries, income recovery activities and cash and food transfers. The constraints and concerns were: village level information was needed to start up economic activities; necessary infrastructure facilities were lacking; there was uncertainty about business locations; more training and capacity building were needed, as were alternative livelihoods. In addition, psychological trauma and psycho-social needs had to be addressed; and a monitoring and tracking system was required to evaluate the impact on beneficiaries.

10. She explained that initiatives, guided by the Millennium Development Goals, covered a livelihood programme leadership council at TAFREN and local community livelihood committees, the development of district level plans for effective implementation, identification of “cash for work” projects at the divisional level, and partnerships with Chambers of Commerce and industry and active NGOs for promotion and training. The programme Ensuring Health Education and Protection for All had made progress in building and restoring schools and hospitals. Constraints/issues being face included: the allocation of land: the process of preparing and approving plans from various authorities; the tender process and cost escalations; the resettlement of communities living within the set back zone; the requirement of temporary facilities to provide educational and health services; and environmental and public health concerns.

11. In the Upgrading National Infrastructure programme progress had been made in restoration and reconstruction, though existing constraints/issues were: availability of skilled people to participate in infrastructure projects; the cost of fuel for providing electricity for transitional shelters; the approval from various regional administrative bodies; the need to build permanent structures instead of temporary arrangements (e.g. bridges); and land for new development. To conclude, the following issues were highlighted: information sharing; transparency and accountability; avoiding overlaps and gaps; supporting and strengthening the peace process for speedy delivery; sustaining assistance and support from United Nations Agencies, multi-laterals, bi-laterals and other donors; building capacity and ensuring funds for training for decentralized administration; enhancing tracking and monitoring systems to ensure the effectiveness of programmes; and recognizing the possible opportunities for development and prosperity following the tsunami.

12. During the discussion the following points were raised: attention should be directed to issues of trauma and fear, also dependency syndrome and competitiveness among victims for what is given; for sustainability, there was a need for collective action and a change in mental attitude, also psycho-social care needed to be provided; input from the grassroots was necessary to inform the way policies were made and programmes were implemented; land ownership rights should be carefully considered, with provisions made for joint ownership (husband and wife) and efforts to resolve conflicts in the East between Tamils and Moslems.

B. Election of Officers

13. The following were elected to the bureau: Chairperson: Ms. Savitri Gooneskere, Board Member, CENWOR; Vice-Chair: Ms. Swarna Jayaweera; and Rapporteur: Ms. Ranjini Fernando, Wesley College, Colombo.

C. Summary of Day 1

14. The proceedings began with a brief overview of the workshop and concept of vulnerability by an ESCAP representative.

15. Ms. Savitri Gooneskere commented that adopting a top-down approach had caused problems and there was a need for a multi-sectoral approach with civil society, private sector and government involvement. She added that in Sri Lanka on-going conflicts had not been resolved and there was a lack of peace, unlike in Aceh, where parties have come together after the tsunami.

16. Ms. Swarna Jayaweera presented findings of the ESCAP-commissioned study, entitled “The Impact of the Tsunami on households and vulnerable groups in selected locations in the Galle and Colombo Districts in Sri Lanka”. Results came from a survey, participatory interviews and focus group discussions. It was found that more women than men died and suffered the adverse impact of the disaster, and the elderly were particularly vulnerable. Much assistance was needed, especially financial and for housing and building materials, however many people did not wish to build on the same site due to fear of the sea and the state imposed buffer zone of 100 metres, though this was reduced recently. Thirty percent of the affected people in Galle and eighty percent of eth affected people in Moratuwa were still living in camps and tents. There were problems of congested camps, no electricity, polluted wells and limited access to toilets, many of which were damaged, overflowing and/or unclean. The continuing lack of livelihoods prevented recovery from impoverishment and the majority of people in the informal sector and those already disadvantaged were adversely affected, including fisherfolk, small scale traders, vendors, service workers, and women engaged in sewing and in the preparation and sale of food. Moratuwa had the largest number of socially and economically disadvantaged people, most of who had been involved in fishing and petty trade. Many people who had taken loans could not repay because they had no income. Loss of livelihood was generally much greater for women than for men. Focus group discussants were critical of the lack of concrete plans to facilitate access to livelihoods which brought about traps of poverty and uncertainty, as well as uncoordinated and inequitable distribution of assistance and malpractices of local officials. Some children had not yet returned to school, while there were requests for books, notes, stationery, clothes and shoes to re-enter school.

17. She said that there was uneven delivery of services, vulnerable groups being most affected, and a lack of nutritional supplements, as well as a shortage of medicine in state hospitals and lack of financial resources to purchase from pharmacies. Insecurity existed because of alcoholism, sexual harassment and fear of another tsunami, while young women had no privacy to bathe or wash clothes besides having to walk long distances. Many people lost important documents and there were bureaucratic delays in obtaining duplicates, and many had had no counselling following trauma. Many older persons had become dependent on their children, had suddenly become main care-givers and had to stand for long periods for relief. Older persons often felt that nobody had shown concern for them. The suffering of “dependency syndrome” was not uniform, while many wished to move on and be self reliant, though needed opportunities. Few youths in the affected households had lost their lives, but no attention had been paid to identifying their problems, such as unemployment, and assist them to recover from the consequences of the disaster. A large number of them had no aspirations. Many older persons faced problems when seeking state hospital treatment, such as standing long hours in queues and the lack of financial resources. Both widows and widowers had been traumatised by the loss of spouses, may felt helpless because of losing main income earners and having to be responsible for child care and household duties with no previous experience. PWDs were marginalized in tsunami assistance, with access to services and job constraints intensified after the tsunami. They needed financial assistance, employment opportunities and psycho-social support. Women suffered disproportionately, particularly the elderly, and were more vulnerable in terms of livelihood opportunities, abuse and having more responsibilities.

18. In the discussion it was mentioned that vulnerable groups are agents of their own progress, their strengths should be used, rather than following welfare or top-down paternalistic approaches. It was also stated that recommendations should be focused on youth, PWDs and older persons, as most research has been on women. Other points raised were that

child marriage, though prohibited, was still encouraged by many parents; knowledge of disaster preparedness was lacking, the community could serve as a resource here and should be empowered; informal networks should be strengthened, as in the past they were important for psycho-social care; and community-based, low-cost and sustainable counselling and psycho-social care were needed. There was little attention to youth. Networks that youth, older persons and others had relied on had been destroyed. There was a need for more psycho-social support, but not based only on imported models. One participant commented that here was a need for reproductive health services including contraception and information. The tsunami had changed social and family relations resulting in young people becoming sexually involved at a younger age. The Chair commented on the link between shelter and security.

19. Mr. Kaushal Rajapaksa, Director, Livelihood, TAFREN, made a presentation. He commented that 21,100 people were disabled, injured or sick from the tsunami; village committees were established to discuss issues related to livelihood; and a lot of focus was on fisheries, including restoring boat capacity. Eighty-seven percent of tsunami-affected people had lost or damaged productive assets.

20. Ms. Annie Bertrand, ILO Monitoring and Evaluation Advisor, TAFREN, made a presentation entitled “Restore Livelihoods: with technical support from the ILO”. She stated that TAFREN was established on 3 January 2005 to rebuild infrastructure and livelihoods; restore trading, commerce and business; and recreate normal life in affected areas in a better and more sustainable way as quickly as possible. She added that TAFREN’s role was centred on: ensuring coordination of relevant stakeholders; helping ensure accelerated and coherent reconstruction through frameworks and guidelines; ensuring effective implementation through facilitation and empowerment; and monitoring that progress was made and beneficiaries’ needs were met in an equitable and sustainable manner. Most livelihoods losses pertained to small businesses, fisheries, agriculture, tourism and the informal sector. The Restore Livelihoods project offered cash transfers, cash-for-work and economic recovery, including through grants and training. Livelihood support came from INGOs, NGOs, the private sector and Government, and stakeholders at national, division, district and village levels worked together to meet the needs of beneficiaries. A national Development Assistance Database (DAD) was developed to improve efficiency and coordination of donor activities.

21. During the discussion it was proposed that coordination should not mainly involve INGOs, as local NGOs also needed to be fully involved, given their experience and expertise with regard to local conditions. There was a need to improve links between what was happening at local on the ground and TAFREN and planners as well as to involve women in civil society dialogue involving the United Nations and the World Bank.

22. Ms. Hiranthi Wijemanne, Chairperson, National Child Protection Authority (NCPA), stated that there were approximately 5,200 children who had lost at least one parent – in most cases their mother. A Government policy of avoiding children being put into institutions (orphanages) was pursued, e.g. by encouraging surviving relatives to care for children who lost caregivers in the tsunami. He also mentioned that, ideally, long-term protection perspectives were needed for children, while training and monitoring were considered important. While there were schemes to support orphans, it would be difficult to keep them operating until each orph had reached the age of eighteen. He added that family problems, such as alcoholism, came about due to the tsunami and these negatively impacted

on children. National NGOs knew the local language and culture and could bring about sustainability, and thus INGOs should work in partnership with them.

23. The main issues covered in the discussion related to bureaucracy and how institutional mechanisms might have changed with TAFREN, as it accepted a bottom-up approach. It was stated that this needed to be put into effect. There was a need to assess the benefit of the new layer of bureaucracy - the district committees and a need to look at overall effectiveness of coordination, appropriateness of measures taken and consider who sets priorities. There was need for a common approach to be used by all offices and sectors. Also mentioned was that from children's perspectives, being with families and in a community was much better than being in institutions.

24. Mr. Lakshman Dissanayake, Dean, Faculty of Graduate Studies, University of Colombo, made a presentation entitled "Increasing Vulnerability of the Poor: Tsunami-affected Areas in Sri Lanka". He stated that the Fishing industry had a huge chain involving storage, marketing and so on which was not being taken into account. There was a need for better identification of needs and distribution of assistance. Numerous other coastal industries had affected (e.g. dress making, reed work, small shops), but recovery was being hindered by several factors, including natural causes such as soil salinity, loss of fish breeding grounds); legal issues; tarnished images; economic matters, and infrastructural bottlenecks. While time was needed to find solutions communities needed support from scientists/specialists to obtain speedy solutions to problems such as soil salinity and the loss of fish breeding in harbours, as well as strategies for alternative employment opportunities. The 100 meter buffer zone and coast conservation laws prevented the speedy recovery of certain livelihoods and information related to the tsunami appeared to have created a negative image, with the tourist industry yet to return to normal. In economic terms, communities lacked resources to rebuild lost livelihood on their own, even with very small minimum capital required for certain livelihoods, such as carpentry, masonry, and catering. What were needed were small grants or soft loans to restart livelihoods. The rehabilitation and development of infrastructure in areas such as fishing harbours, boat launches, huts in weekly markets; buildings for groceries; urban facilities, and byroads were essential to rebuild livelihoods. While communities complained that reconstruction work was proceeding far too slowly, the present socio-economic situation in tsunami affected areas invited more than just relief. Rather, comprehensive recommendations were needed to develop these areas to save tsunami victims from a vicious socio-economic dependency trap.

25. Ms. Ramanie Jayatilaka, Department of Sociology, Faculty of Arts, University of Colombo, made a presentation entitled "Increasing Vulnerability Among Poor: Social Aspects People's Voices". She mentioned that the tsunami had brought about changes in traditional family structures and networks, contributing to single parent families and leading to difficulties for children to look after elderly parents as previously many siblings shared such responsibilities. Furthermore many traditional social networks had broken down, with increasing social divisions in the society, as well as anger, jealousies and frustrations among people created by unequal and unfair treatment. The Government gave most attention to fisheries, and as other sectors were neglected this made many people feel unfairly treated. There was also frustration from being promised things from the Government (e.g. instalments of 5,000 Rp) but not getting them. The 100 metre buffer zone (though relaxed now) had caused much uncertainty. People felt humiliation and loss of self-respect and wanted to have a greater degree of ownership, such as new homes. Many, including children in schools, felt that they were discriminated and looked down upon as "Tsunami Higganno" (beggars) and "Camp Kaarayo" and "Kudaramwala Aya"(camp dwellers). Regarding health

and sanitation issues, there was an urban bias of health-care services as well as many cases of broken toilets and wells, and places with numerous mosquitoes and flies.

26. Ms. Cressida Senanayake, Human Rights Commission of Sri Lanka, made a presentation on the role of the National Human Rights Commission in assisting vulnerable people in the post-tsunami period. She explained that the vision of the Human Rights Commission was to ensure human rights for all and promote and protect the rule of law. The tsunami proved to be a natural discriminator, killing a majority of women and children. Government, international organisations, NGOs and INGOs were all working on post-tsunami activities. The Human Rights Commission of Sri Lanka established a Disaster Relief Monitoring Unit (DMRU) to address issues and monitor the situation, including government services and civil society activities, related to tsunami victims, especially regarding relief, benefits, land titles and support to livelihood from the perspective of human rights. The DMRU women's division paid particular attention to issues, laws, practices and other actions related to tsunami displacement, which directly affected the livelihood of women. Women were very under-represented in decision-making as compared to men (with a few exceptions) and there were some problems of violence against women possibly exacerbated by camp living conditions. Compensation money was more likely given to men, who often used it for buying alcohol.

27. She said that special problems affecting women who were internally displaced persons (IDPs) involved civil and political rights, the delivery of and access to relief and the participation of women in decision-making, violence, and economic social and cultural rights, which cover property and housing, education, transport, health, mental health and livelihood. IDP women also faced problems related to lack of privacy, violence associated with alcohol. Women in camps generally felt safe with the presence of Government security forces, the police, and the military and did not want them to leave. With regard to livelihood activities, although women in Sri Lanka traditionally did not do paid work, reasons for which they engaged in paid work included them being household heads, their husbands not bringing in enough financial support for the whole family and their assisting their husbands in their work, which was especially the case in fishing communities. Other important matters were that there were often no facilities for mental health care as well as a lack of contraceptives, and, regarding PWDs, it was only in the last few weeks that this group had been considered in terms of rights.

28. She then explained that the legal framework for DRMU activities was influenced by the Tsunami (Special Provisions) Act (2005), which was formulated and passed with the view to "enable special legal provisions to be made in respect of persons and property affected by the tsunami that occurred on December 26, 2004, and for matters connected therewith or incidental thereto". DRMU activities included work related to radio programmes, poster campaigns, public consultations at the district level, questionnaires to district and divisional secretaries and a code of conduct for civil servants.

29. Ms. Jinadaree Gunawardena, Head, Project Division, Helpage Sri Lanka, spoke about the challenges that older persons faced in recovery following the tsunami. She stated that the loss of breadwinner children led to many older persons living in misery. Furthermore sometimes older persons had to look after the children of their children (as the latter died). Older persons were generally not spoken to in a manner conducive to effective counselling and so were often living with much sadness. Medical care for older persons, such as eye care, tended to be poor, but Helpage was providing for the needs of many older persons. Many associations of older persons had been formed and there were plans to form more in order to

help address issues that affected them. Planning for the involvement of older persons in disaster preparedness was being undertaken.

30. Dr. John Mahoney, Programme Director, Mental Health and Psychosocial Programme, World Health Organization (WHO) made a presentation as a representative for the Ministry of Health entitled “Mental Health in Sri Lanka”. Regarding psychosocial support after the tsunami, he stated that Government tasks in emergencies involved providing technical guidance, co-ordination, training of personnel, strengthening of mental health services and resource mobilization. In terms of short and longer term effects in the area of psychosocial and mental health, specific attention needed to be directed to people with mild psychological distress, moderate to severe psychological distress, mild to moderate mental disorder and severe mental disorder. Mental health and psychosocial support after emergencies, needed to target a mix of support at the district-level. Considering a range of quantity of support needed, from low to high the following should be addressed: community mental health services, care and support through primary health care and social services, informal support from community resources (teachers, traditional healers, leaders, volunteers, etc), social interventions (family tracing and reunification, education, safe space for play, facilitating grieving rituals and community self-help, economic support, etc), and self and family care.

31. He said that the Ministry of Health was involved in the development of a National Plan of Action for the management and delivery of psychosocial and mental health services to respond to the emergency. This involved issuing evidence based material on the right approach to dealing with trauma, reassigning mental health resources to districts, training 2,500 staff in the right approach – “Dos & Don’ts”, and helping to co-ordinate extensive NGO activity. The Ministry of Health’s role in empowering communities to improve mental health covered identifying community leaders, establishing a dialogue, determining needs, involving them in decision making, forming a real partnership, assisting them with their plans – all key stakeholders were asking for immediate, practical support across all gender and age groups. Community Mental Health workers had been recruited and their role was to consult the community, prioritize those people with ongoing problems, provide regular and practical support, help people gain access to resources/allowances etc, provide information and health promotion, help identify early signs of more serious mental illness, and support people who receive treatment. The advantages of this approach included the ability to reach a significant proportion of the affected population quickly and being local and culturally appropriate. Regarding policy development it was noted that there were extremely limited mental health resources in the community, with only 30 psychiatrists, 55 medical officers of mental health, 8 psychiatric social workers, no community psychiatric nurses, 3 clinical psychologists and 13 occupational therapists. However there were over 3,000 inpatient beds in three large institutions in Colombo.

32. Although there was the availability of widespread primary care services, primary care workers were not sufficiently trained to deal with mental health care. In order to address this, WHO began training programmes and was developing others. To build a sustainable mental health care system, among other things, the following were needed: broad agreement of all stakeholders, a move from institutional to community based care and the training of nurses working in psychiatry in rehabilitation techniques and involving NGOs, extensive work with district health authorities and staff, development of mental health within the primary health care system (particularly preparing training plans around problem solving skills and motivational interviewing to reduce alcohol abuse, a significant cause of suicide), involvement of and training in sectors other than health, and establishment of referral systems. To create community services it was necessary to develop human resources and

recognize that the only significant resource was tied up in three big psychiatric hospitals in Colombo. Outdated legislation kept patients in hospital for many years and most of the disability of patients was caused by their environment. In effect local staff assessment of inpatients' care needs showed that nearly 60 per cent of people required very little supported provision. What was needed was a new National Mental Health Policy and legislation. These were being developed with WHO support and included attention to a comprehensive network of services and new staff in all districts, greater emphasis on locally-based provision, a significant increase in staffing and the retraining of existing staff.

33. Mr. P. Venkatakannan, Physiotherapist, Navajeevana, and Ms. Thanuja Navaratne, Project Co-ordinator, Motivation, made a presentation entitled "Tsunami and Disability". They explained that disabilities caused by the tsunami included psychological problems, fractures, amputations, head injuries, spinal cord injuries, and visual and hearing impairments. The effect of tsunami on PWDs included mortality, exacerbation of disability and loss of appliances, occupations, supportive family members, property as well as displacement to unfamiliar or inaccessible environments and psychological effects. In the aftermath of tsunami, PWDs became more invisible to the government and all other agencies that provided relief to affected people. This made it very difficult for them reach the relief services that were on offer, thus making them more marginalized, vulnerable, dependant, neglected, prone to abuse and excluded from mainstream society. The reasons for PWDs not having been able to reach relief measures and agencies not having been able to reach PWDs were unavailability of proper statistics/data, PWDs being hidden by their families due to social stigma, physical barriers of access, loss of assistive devices and care givers, lack of proper communication modes, trauma and emotional disorientation, relief camps not having been equipped to meet the needs of PWD, relief workers and agencies not having the knowledge of how to cope with disability issues, competition in reaching relief measures and non consultation of PWDs in planning relief projects (e.g. cash for work programmes). However, they pointed out, the tsunami had made it possible for legal requirements to ensure accessibility to be adopted.

34. Navajeevana's response to the effects of the tsunami on PWDs were as follows: immediate response - relief work on an emergency basis, including the provision of tents and shelters, food (cooked and dry rations) and medical care; mid-term response – the physical rehabilitation of PWDs, trauma counselling and replacement of lost appliances; long-term response – the establishment of inclusive villages, replacement of lost appliances, rebuilding of lives (with assistance regarding education and employment) and raising awareness of the rights of PWDs. They stressed the need to include PWDs in legislative and decision-making bodies and to consult them in relief, reconstruction and development planning. Recommendations for strategies and action programmes to assist PWDs were put forward and contributed to the recommendations adopted in the workshop.

D. Summary of Day 2

35. Ms. Patricia Alailima, Consultant, made a presentation entitled "Gender Dimensions of Tsunami-Related Assistance". She stated that the sheer magnitude of the disaster and number of actors involved in response to it highlighted weaknesses in the government structure for data collection, reporting and monitoring. There were wide discrepancies in results from surveys conducted by different organizations. A disaster management system set up earlier was not used, resulting in, among other things, no sex disaggregated data on deaths, except in Amparai district. The census by the Department of Census and Statistics on those who

occupied damaged/partially damaged housing was very late to come out with results. Initial needs assessments carried out by Government and international organizations were “gender-blind”. The institutional response findings revealed that gender concerns were not given significant attention in many programmes, a cabinet memorandum by the Ministry of Women’s Empowerment was not followed up, donor groupings developed to support the Government’s Tsunami Response hardly discussed gender concerns, and there was no emphasis on special and different needs of recipients/subgroups. The initial week following the tsunami was the most difficult for women; this was followed by a period of relative security with more coordinated distribution of goods. Very few cases of extra-family violence/trafficking were reported. However domestic violence increased, exacerbated by alcoholism, alienation and frustration. In some camps women were included in organization, but this was not carried over into developing transition housing sites or the reconstruction phase. No networks were built up to assist women in legal wrangles over property rights, inheritance and children. Women collected food, whilst men collected cash.

36. Education and health services were restored quickly and there was provision of transitional housing. However, a lack of privacy and inadequate water supply and sanitation were stated as particular problems for women. In livelihood programmes, women felt discriminated against; financial support, training, and business development services were inadequate. During the rehabilitation process there had been a growing realization that a differentiated response to the needs of different groups was required. Since data collection systems used, assessments undertaken and the institutional structure developed were not geared to meeting the needs of the different groups affected, the optimum use of the funds was undermined. Relief and reconstruction assistance came to US\$3.5bn, but gaps were emerging in the large, uniform programmes launched. The initial centralization of decision-making processes stifled initiatives at the local level. Subsequent decentralization was not accompanied by adequate resources to strengthen/develop organizational capacity at district/divisional levels. At all levels, decision-making was male dominated. The information flow between all levels and within local levels and the people was slow, and there was no clarity on Government policy or directives. The tsunami recovery process had to be based on the promotion and protection of the rights of vulnerable groups. Adequate resources needed to be invested in propagating the gender perspective, influencing public discourse and generating more demand for disaggregated analysis and data.

37. After the abovementioned and final presentation, participants broke into working groups, under session themes to develop potential recommendations. Subsequently a consolidated list of recommendations for workshop participants to consider was presented. After proposed changes were incorporated, a list of recommendations was adopted.

F. Closing of the Workshop

38. The Vice-Chair, Ms. Swarna Jayaweera, and Ms. Kay of UNESCAP made closing remarks. Ms. Kay explained the role of UNESCAP and how the workshop report would feed into a regional meeting and the 2006 Commission session to be hosted by the Government of Indonesia.

Annex I: Agenda and Programme of the Workshop

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)

National Workshop on the Impact of the Tsunami on Vulnerable Groups and Women in Sri Lanka

20-21 October 2005

Colombo

Day 1 – Thursday, 20 October 2005

9:00–9:30 **Registration of participants**

9:30–10:30 **Opening**

1. Statement by representative of Centre for Women's Research (CENWOR) (*Ms. Swarna Jayaweera*)
2. Statement by representative of UNESCAP
3. Presentation by representative of Task Force for Rebuilding the Nation (TAFREN) (*Ms. Rohini Nanayakkara*)
4. Selection of Chairperson, Vice Chairperson and Rapporteur
5. Introduction to the Workshop by representative of UNESCAP

10:30 – 10:50 Coffee & tea break

10.50 – 12.40 Presentations of Participants

1. ESCAP's research in Sri Lanka (*Ms. Swarna Jayaweera*)
2. TAFREN (*Mr. Kaushal Rajapaksa*)
3. TAFREN (*Ms. Annie Bertrand*)
4. National Child Protection Authority (NCPA) (*Ms. Hiranthi Wijemanne*)

12.40 – 13:40 Lunch

13:40 – 15:00 Presentations of Participants (continued)

5. University of Colombo (*Mr. Lakshman Dissanayake*)
6. University of Colombo (*Ms. Ramanie Jayatilaka*)
7. Human Rights Commission of Sri Lanka (*Ms. Cressida Senanayake*)
8. Helpage Sri Lanka (*Ms. Jinadaree Gunawardena*)

15:00 – 15:20 Coffee & tea break

15:20 – 16:30 Presentations of Participants (continued)

9. Ministry of Health (*Dr. John Mahoney*)
10. Navajeevana (*Mr. P. Venkatakannan and Ms. Thanuja Navaratne*)

Day 2 – Friday, 21 October 2005

9:00–9:30 Presentations of Participants (continued)
11. Consultant (*Ms. Patricia Alailima*)

9:30-10:30 Working groups on recommendations

10:30 – 10.50 Coffee & tea break

10:50-11:30 Working groups on recommendations (continued)

11.30-12.30 Presentation of recommendations of working groups

12.30-13.30 Finalization of recommendations and conclusion

13.30 Lunch

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