

## **FINAL PROGRAM REPORT**

**Organization Name: Christian Children's Fund (CCF)**

**Operation Contract Number: 386-G-00-05-00041-00**

**Program period: 6<sup>th</sup> July – 30<sup>th</sup> September 2005**

**Title of Operation: Emergency Child Protection, Water, Sanitation and Civic Works Program**

**Location of Operation: Sri Lanka - Districts of Galle, Matara, Hambantota, Ampara, and Trincomalee**

### **I. PROJECT SUMMARY AND OVERALL PERFORMANCE**

The USAID/OFDA funded CCF *tsunami* Emergency Response Program began on 6<sup>th</sup> January and operated in the five districts of Galle, Matara, Hambantota, Ampara and Trincomalee. Project activities focused on child protection in all five districts and additionally on water, sanitation and livelihoods/civic works in Matara, Hambantota and Ampara. The program was managed through five district offices and co-ordinated by the CCF Emergency Relief Unit in Colombo.

The Child Well-being Committees (CWBCs), which were established to guide protection and psychosocial support activities and identify children severely affected by the *tsunami*, continued their activities in the affected districts. More than 7,600 children and 2,800 youth living in communities or transit centres benefited from “normalising” activities run in CCF’s Child Centred Spaces (CCS) and Youth Clubs. Program assessments conducted during the reporting period, highlighted strong community support for CCF’s child protection program, with CCSs in particular, viewed as highly successful by children, young people, parents and community leaders alike. While an extensive assessment undertaken across the five districts in August reflected well on the activities undertaken and awareness raising of child protection concepts, it also highlighted additional child protection issues required to be addressed by the project.

The no-cost extension of the current program’s completion date from 12<sup>th</sup> July until 30<sup>th</sup> September 2005 enabled water and sanitation and civic works activities to meet, and in some cases, far exceed targets, and assisted the transition to longer-term programs including livelihoods development. The construction of family and communal latrines, and new water connections to temporary houses were carried out daily, in concert with community-based hygiene campaigns. Despite CCF exceeding the Water and Sanitation targets under this project, the lack of overall water and sanitation facilities in *tsunami*-affected communities remains a problem.

The Cash-For-Work program provided an income to *tsunami* survivors by employing them as unskilled labour in labour-intensive activities that benefited the community. Cash-For-Work activities initially concentrated on clearing *tsunami* debris, and in the second quarter moved to reconstruction of community infrastructure (such as roads and local market structures). During the final quarter, CFW activities were gradually wound down to prepare beneficiaries for the final phase-out of operations and in Matara and Hambantota, ran in parallel with civic works programs. The latter used skilled labor supervised by local contractors to complete ten infrastructure rehabilitation and construction projects.

CCF's met its expectation of reaching 3,000 *tsunami*-affected families and 300 households with water and sanitation services over the life of the program. Services were delivered to **3,000** families and **584** households as well as schools, Health Centers and CCSs, representing an estimated total of **37,283** beneficiaries. A further **34,688** individuals benefited from a comprehensive series of health and hygiene campaigns.

During the last reporting period **2,901** men, women and youth participated in **54,720** person days of civic works projects. The expected Life-of-Program (LOP) 114,000 person days have therefore been exceeded by **59%** representing a cumulative total of **181,451** person days and **11,017** workers (**6,434 men and 4,583 women**) employed.

Water and sanitation, health and hygiene and civic works activities have therefore reached more than triple the expected target of 37,910 *tsunami* victims in Hambantota, Matara and Ampara districts and an estimated total of **132,319** *tsunami*-affected beneficiaries.

The following issues affected CCF's delivery of program activities:

- **Security:** Escalating violence in the East hampered project implementation during the period, as "Hartels" (unofficial curfews) increased in frequency. Parents were often dissuaded from allowing their children to participate in activities due to the mounting armed military presence, and children themselves expressed fear in walking alone to Centers because of the presence of security forces on the roads. Wat/San activities in Muslim areas were also affected on occasions when "Hartels" interrupted fieldwork and prevented planning, construction, distribution and monitoring activities.
- **Community Relocations:** The relocation of affected populations from project sites to transitional shelters impacted the program in three ways: it increased uncertainty and anxiety amongst program beneficiaries, reducing their morale and enthusiasm for involvement in program activities; it disrupted and delayed program implementation, and it demanded staff and volunteer time and energy to re-start program activities, as entire camps were either moved en-mass or split between several areas or throughout a community.
- **NGO Coordination:** Despite the existence of district level co-ordination meetings, overlap and duplication of INGO/NGO efforts continued to affect activities in some locations, as agencies competed – sometimes offering material enticements - for communities and beneficiaries.
- **Recruitment:** Difficulties in recruiting and maintaining qualified local staff were exacerbated by INGOs/NGOs offering higher salary enticements. A significant amount of time was therefore expended in capacity building of available child protection staff.
- **Access to Program Sites:** The transitory nature of camps and communities and the limitation of no construction within the 100 meter buffer zone created difficulties in securing sites for program activities. In some cases, lack of permanent site access prevented the establishment of playgrounds, toilets and hand-washing facilities for children.

Despite the many challenges faced in implementing the program, the objectives have generally been achieved and most targets exceeded. CCF was encouraged by the level of community participation in its activities, and the constant requests to expand programs into new areas is testament to their success and effectiveness and to the dedication and enthusiasm of staff and volunteers.

## **II. PROJECT MONITORING AND EVALUATION**

In the period immediately following the *tsunami*, CCF Sri Lanka initiated a rapid assessment to determine how best to respond to child protection needs. As a result, CCF was able to focus its attention on child protection, water and sanitation and civic works programs in the areas most affected.

Six months on from the initial assessment, a further comprehensive child protection assessment examining the current situation of children in *tsunami*-affected areas, was conducted in 50% of the communities in the five districts in which child protection programming was operational. The assessment employed a number of methodologies including surveys, focus group discussions and child-friendly assessment tools. Teams of CCF staff and community volunteers supported by experienced research consultants carried out data collection. A total of 2,811 children, youth, adults and community leaders participated in the surveys. The assessment involved both quantitative and qualitative data collection and analysis.

Preliminary results of the Child Protection Assessment identify both an aggravation of endemic child protection concerns (such as alcohol abuse, school drop-outs, child labor, child abuse) with a host of new issues (including early marriages) emerging as a direct result of the *tsunami*. While shelters, food distribution, health clinics, schools and water supplies are being re-established through collective and concerted international and national efforts, the psychological and social needs of children, youth and their families while either transitioning into new settlements or remaining in temporary shelters have not been addressed systematically as part of the overall disaster response. Lingering fear, continued separations, altered roles and responsibilities held by affected families, and general uncertainty, remain the predominate feelings among *tsunami*-affected populations.

Water, sanitation and income generation were identified during the assessment as priority areas of need, accompanied by requests for micro-finance programs and vocational programs for youth. In response, CCF has made a commitment to provide assistance, with special attention to those persons caring for children who have lost one or both parents.

## **III. PROJECT CHALLENGES AND ACHIEVEMENTS**

### ***Protecting Children after the Wave Program***

**Program Goal:** *Reduce children's severe vulnerability and promote the recovery and functioning of children, youth, parents and communities through community based psychosocial and protection support for vulnerable children in the districts of Ampara, Galle, Hambantota, Matara and Trincomalee.*

CCF established Child Well-Being Committees (CWBCs) in 60 communities to guide psychosocial support activities, monitor and address protection risks, and help identify children severely affected by the *tsunami*. CCF staff and volunteers, in collaboration with the CWBCs, established 60 Child Centered Spaces (CCSs) and 59 Youth Clubs that served as the primary mechanisms for delivering psychosocial support services to children and youth at the community level. This community-based approach to child protection significantly contributed to achieving program objectives, and as a result, **10,476** children and adolescents affected by the *tsunami* directly benefited from CCF's projects during the grant period, January 6<sup>th</sup> to September 30<sup>th</sup>.

In order to respond to the changing needs of children and young people at each stage of development, programs were established for the following groups:

- Children aged 0-5 years (Early Childhood Development Program – ECD)
- Children aged 6-12 years
- Adolescents
- Mothers with young children and pregnant mothers

Early Childhood Development (ECD) activities were an important part of the program, and in recognition of ECD needs, the program adjusted its focus to give greater emphasis to 0-5 year olds. The ECD program operated in conjunction with health promotion and CCS activities in all districts. In the mornings, CCS and ECD activities targeted 0-5 year olds and their parents, and in the afternoon, activities were conducted for 6-12 year olds and youth aged 13-18 years.

Each CCS program focused on a selection of the following activities: religious studies (Buddhist, Muslim or Hindu); singing; dancing; drama; art; storytelling; drawing; organized games; dream corners (quiet places for children to read, color, draw, etc); talent factory (creativity building); physical exercise/sport; cleaning campaigns; basic literacy; English classes; hygiene promotion and nutrition. These activities contributed to building unity among children and young people from different backgrounds and ethnic groups by bringing them together for play, engaged children in meaningful activities, and increased their resilience and sociability.

CCSs operated six days a week with activities facilitated by volunteers or skilled professionals, supported by parents and CWBCs. Mothers played an active role in activities for 0-5 year olds, participating in the preparation of ECD play areas and preparing nutritious snacks. Separate events – including public area clean-up campaigns, clearing of debris and sporting tournaments - were organized for children aged 13-18 through Youth Clubs which also catered for youths aged 19-25 years. The Clubs organized additional activities such as football, volleyball, cricket, games, music, dance, field trips and religious celebrations.

CCF staff and CWBC members were involved in the selection, training, support and monitoring of CCS volunteers and activities. Volunteer training included: child protection and care, ECD,

building play areas for children, toy-making, communication, listening and observation skills, and basic first aid.

ECD training for parents focused on early childhood care, child development, positive parenting and child protection. The training contributed to volunteers' and mothers' understanding of early childhood development and the importance of play, increased social interaction through mother's groups, and added to parental knowledge of child protection.

Trainings on Child Protection and Child Rights for volunteers, members of CWBCs and Youth Clubs, strengthened the capacity of communities to support families to care for their children, improved project implementation, and assisted in providing a safety net for the most vulnerable. District-level networks with relevant child protection authorities were established to coordinate support for affected communities and to ensure that referral procedures were in place. CCF has been an active member of child protection and psychosocial coordinating groups at both district and national levels, and has worked closely with government, non-government organizations and UNICEF in providing training and workshops on key topics. Such collaboration has increased community awareness about children's needs, key risks and in particular, that family, rather than institutional care, is in the best interests of the child.

As a result of their involvement in CCSs and training programs, CWBC members have increasingly taken a lead role in decision-making affecting their children and significantly contributed to achieving program objectives. It is recognized however, that strengthening of CWBCs requires extensive capacity building over a longer time frame than is available to this project. The participation of children and young people as active members of the CWBCs in particular, is an area that requires extensive support in order to achieve real participation.

**Objective 1:** *To promote normalization, healing and recovery for children within their communities (see Annex I).*

<b>Expected Result</b>	<b>Achievements</b>	<b>Activities</b>	<b>Constraints</b>
1.1 - 5,000 children have access to psychosocial support and normalizing activities (via 50 Child Centered Spaces).	7,615 children have benefited via 60 Child Centered Spaces.	Established 60 CCSs and conducted the following activities: - Religious activities (Buddhist, Muslim or Hindu) - Music/Dance - Drama - Art Activities - Storytelling & Games - Dream Corners - Talent Factories (creativity building) - Physical Exercise & Sport - Fabric painting	Activity shelters are not permanent, and in some beachside communities, space was limited due to the restriction of construction within the 100 metre buffer zone.  The number of children participating in activities increased due to provision of snacks and drinks.
1.2 - 200 teachers and 200 teachers assistants (youth,	420 volunteers have been trained in child rights and	Mobilized and trained community volunteers in:	Replacement of CCF volunteers by local

Expected Result	Achievements	Activities	Constraints
volunteers) trained to effectively conduct psychosocial activities.	child protection issues and ECD activities.	<ul style="list-style-type: none"> <li>- Program Objectives</li> <li>- Establishing CCSs</li> <li>- Convention on Rights of Child</li> <li>- Child Protection concepts</li> <li>- ECD</li> </ul>	<p>community volunteers delayed training in some districts, but was beneficial for community ownership of the program in the longer term.</p> <p>Volunteer turnover required extra time to be spent in volunteer induction and training.</p>
1.3 - 500 affected young mothers and 2500 infants have demonstrated improved well being.	792 young mothers and 2,963 children (aged 0-5) have received ECD assistance.	<ul style="list-style-type: none"> <li>- ECD trainer recruited</li> <li>- Play areas established</li> <li>- Nutrition education</li> <li>- Promotion/education on prenatal care for pregnant women</li> <li>- Growth monitoring</li> <li>- Awareness programs for parents on child's growth, nutrition and protection issues.</li> <li>- Links with MOH &amp; Midwives through clinics</li> </ul>	<p>Delay in the provision of ECD play areas in some CCSs due to land issues such as ownership and availability.</p> <p>Difficulties in recruiting qualified ECD staff resulted in an ECD specialist being employed to conduct programs in all 5 districts. The amount of time spent in travel between districts was problematic.</p> <p>The structure of the ECD could have been improved by a TOT approach with a staff member in each district assuming ECD responsibilities.</p>

**Objective 2:** *To establish community based child protection and referral networks that address urgent protection issues and support highly vulnerable children (see Annex I).*

Expected Result	Actual target achieved	Activities	Challenges
2.1 - 50 CWBCs trained in Child Protection principles and ways of dealing with the impact of the <i>tsunami</i>	60 CWBCs were formed in five districts. CWBCs are gender balanced, with each Committee comprised of 4 adults, 4 youths and 2 children.	<p>CWBCs trained in:</p> <ul style="list-style-type: none"> <li>- concept of child rights</li> <li>- child protection</li> <li>- stress and stress management</li> <li>- loss and grief</li> </ul>	<p>Referral – Overall, CWBCs have not been very effective in taking the lead in referral, advocacy and monitoring of vulnerable children in communities.</p> <p>Equal Participation - Children's participation in CWBC meetings was</p>

Expected Result	Actual target achieved	Activities	Challenges
			<p>limited as they will not talk in the presence of adults. Similarly, females in some groups had difficulty speaking in the presence of men. In some CWBCs, an individual or small group dominated decision-making.</p> <p>Roles &amp; Responsibilities - In some locations, lack of clarity and disagreements between CWBCs and volunteers over authority levels and roles and responsibilities were resolved through facilitated dialogue.</p>
<p>2.2 - 500 parents and religious/community leaders trained in positive parenting, child rights and psychosocial support of children.</p>	<p>968 parents have been trained in positive parenting and in ECD activities.</p>	<p>Training conducted on:</p> <ul style="list-style-type: none"> <li>- child rights</li> <li>- child protection</li> <li>- loss and grief</li> <li>- positive parenting</li> <li>- importance of early childhood development</li> <li>- importance of play and organizing and using play houses and play areas</li> </ul>	<p>Lack of qualified staff - necessitated training on principles of child protection to increase understanding, and so slowed project implementation.</p> <p>Burden of responsibility - At times there were difficulties gaining CWBC participation in trainings, as most CWBC participants have other responsibilities &amp; are not available during the day.</p> <p>Relocation of communities – The closure of IDP camps and subsequent movement of communities to temporary shelters, disrupted program activities. As communities were often split between several locations, group formation, training and construction of shelters was repeated. Delay in the provision of permanent</p>

Expected Result	Actual target achieved	Activities	Challenges
Rapid, applied research conducted into traditional Sri Lankan grief and mourning norms.	Staff from the various cultural and religious groups contributed to learning about traditional grief norms, along with workshop discussions and information gathered during the CCS assessment.		shelters, affected community morale and interest in participating in programs, as people became preoccupied and anxious about relocating.
2.3 - Support cultural mechanisms that help children/parents overcome trauma and strengthen safety/security.	Traditional, cultural and religious rituals were supported, to help children and parents overcome their fear and reduce trauma.	Religious and cultural activities played an important part in community activities.	The concepts were very new for some, and parents found that the issues discussed - such as child rights - conflicted with their traditional practices and beliefs.

**Objective 3: Provide** stop-gap activities to youth that reduce their powerful sense of being overwhelmed and vulnerability to exploitation (see Annex I).

Expected Result	Actual target achieved	Activities	Challenges
3.1 - 50 Youth Clubs established, each consisting of 50 youth (2,500 youth participants), who will provide social and emotional support to each other, and contribute to clean up campaigns, basic reconstruction etc.	59 Youth Clubs formed in the five districts, involving 2,861 youth aged 13-18 years.	<ul style="list-style-type: none"> <li>- Sports matches (cricket, volleyball, netball, etc.)</li> <li>- Participation in religious, cultural and traditional festivals</li> <li>- Debating teams</li> <li>- Discussions of contemporary issues and current events</li> <li>- Musical programs</li> <li>- Kite competitions</li> <li>- Trainings on child rights and child protection, leadership, youth and urbanization, youth and political participation, key risks and challenges facing youth.</li> </ul>	<p>Different needs of older and younger groups – Youth aged 13-15 years don't like to participate in activities that are organized and attended by over-17 year olds and this created some divisions within Youth Clubs.</p> <p>Young people in every CCS requested vocational training and support for income generation activities, however the project was unable to respond to these requests under the CCF/OFDA funding arrangements.</p>



Expected Result	Actual target achieved	Activities	Challenges
		Support was provided in organizing recreational and educational field trips and cleaning campaigns, to engage them in productive activity and to demonstrate their key role in community development.	

**Objective 4:** *Strengthen or establish district level child protection and psychosocial support networks to ensure proper emergency measures are in place to protect the most vulnerable children and prevent exploitation and abuse of children (see Annex I).*

Expected Result	Actual target achieved	Challenges
4.1 - Appropriate emergency mechanisms in place to prevent potential exploitation and abuse of children affected by the <i>tsunami</i> have been put in place.	CCF actively participates in psychosocial and child protection coordination meetings at district and national levels.	Some CCF Child Protection Coordinators did not feel confident to contribute to district level meetings, particularly when held in English. Limited qualifications and experience of national child protection staff also inhibited active participation and resulted in international staff taking a greater leading role.
4.2 - Advocating for appropriate care options instead of orphanages for separated children	CCF is implementing a UNICEF-funded project in the South, to provide support at the level of both government and community to ensure safety nets are in place for children who have lost one or both parents. CCF national and district staff worked closely with UNICEF and GOSL Departments such as the Department of Probation and Child Care and the Ministry of Social Welfare and Women's Empowerment, to ensure program integration with district and national level responses to children affected by the <i>tsunami</i> .	
4.3 - Playing a leading role in emergency coordinating and strengthening community based psychosocial work at a district level	CCF's plays a lead role in the coordination of psychosocial activities in the East and is an active member of the CORE Group for psychosocial activities, CENT (Community Empowerment	The strength of district level collaboration was dependent upon the availability and commitment of a person/group who could undertake the coordination of additional activities. When district level

Expected Result	Actual target achieved	Challenges
	Network in Trincomalee) and the PS Group (in Ampara). Joint trainings and assessments were conducted.	coordination was weak opportunities to achieve more comprehensive activities were limited. Despite agency coordination meetings, lack of coordination was a constant concern as agencies continued to compete to work in the same communities.
4.5 - Developing immediate referral networks to support the most severely affected children	Child Protection staff, volunteers and CWBCs received training on referral for immediate child protection issues/concerns. Program staff also maintained regular contact with UNICEF, DPCC, MOH, and CWBCs.	Government departments and staff were overwhelmed with cases of children who had lost one or both parents.

### **Emergency Water and Sanitation and Civic Works Program**

**Program goal:** *To improve the wellbeing and protect the health of 37,910 tsunami victims in Hambantota, Matara and Ampara Districts.*

CCF's Water and Sanitation and Civic Works Program was implemented in Matara, Hambantota and Ampara districts. The Civic Works component consisted of both Cash-For-Work (CFW) projects, carried out over the life of the project (LOP), and Civic Works infrastructure projects, which were developed and implemented during the last three months.

Beneficiaries of the Water and Sanitation program numbered 71,971 while direct and indirect beneficiaries of the Civic Works component have been estimated at 60,348.

In each district office, a CFW/Civic Works Coordinator was responsible for program implementation and supported by three to four field Supervisors who monitored the implementation of activities. In the field, each group of laborers was supervised by a foreman who kept track of time and attendance and reported to the CCF field Supervisors.

Coordinators of the Water and Sanitation teams had extensive practical experience in building and road construction, while the Wat/San Supervisors provided technical expertise. Capacity building was an important feature of the program in all 3 districts, where Wat/San technical staff demonstrated acquired confidence and competence in the preparation of BOQs, calling for quotations and the selection of contractors.

The Water and Sanitation teams selected activity sites and prepared the specifications for each project. Water and Sanitation projects were then awarded to registered contractors according to a public bidding process, whereby projects were publicized in districts or divisions and awarded to the lowest bidder.

Public Health team Co-coordinators and Supervisors were drawn from hospital and/or public health inspection backgrounds.

**Objective 1: Increase access to safe drinking water by providing safe storage containers to 3,000 families that are using community taps, repairing water storage and distribution systems in at least three schools, clinics or temporary housing sites, constructing pipes from water meters to 300 rehabilitated house (see AnnexIII).**

The establishment of community-based Water and Sanitation Committees to oversee the operation and maintenance of water points and toilets, provided opportunities for the community involvement necessary to ensure long-term sustainability of the program. CWBCs participated in the selection and co-ordination of Committees responsible for Wat/San facilities constructed at CCSs. A “Tool Kit” to support and guide maintenance work has also been distributed.

<b>Expected Result</b>	<b>Actual target achieved</b>	<b>Challenges</b>
1.1 Provision of safe storage containers to 3,000 families that access water via a community tap.	3,000 families received storage containers	The slow to start - due to a change in the initial objectives and the later than expected arrival of CCF’s Water and Sanitation engineer – proved not to hamper the achievement of targets.
1.2 Repair and rehabilitation of at least 3 communal water storage and distribution systems (located at a school, clinics, etc.)	7 CSSs; 6 schools; and 1 Health Centre, all received a water storage and benefited from common distribution systems.	In some districts (such as Ampara) contractors were in high demand and so over-committed and increased their rates. Consequently, the need to locate reliable and affordable contractors delayed the start of activities in some instances.
1.3 Reconnect 300 households to water supply points	584 households were reconnected to water supply points.	

**Objective 2: Improve conditions of 300 sanitation facilities by constructing or rehabilitating household and at least three school or communal toilets using skilled contractors and organizing education, training, and cleaning systems in cooperation with the public health inspectors and paid community labor to maintain communal toilets.**

<b>Expected Result</b>	<b>Actual target achieved</b>	<b>Challenges</b>
2.1 - 300 household sanitation facilities constructed or rehabilitated	Household sanitation facilities were constructed/rehabilitated for 508 households.	While the later than expected arrival of CCF’s Water and Sanitation engineer delayed the initial family assessments, targets were exceeded.  In some districts (such as Ampara) contractors were in high demand and so over-committed and increased their rates. Consequently, the need to locate reliable and

		affordable contractors delayed the start of activities in some instances.
2.2 - 3 school, or communal, toilets constructed	8 community toilets at CCSs, 5 school toilets, and one 1 Health Centre, benefited from this activity.	
2.3 - 300 sanitation cleaning kits distributed	450 sanitation cleaning kits were distributed	

**Objective 3:** *Working in partnership with governmental agencies and local authorities, CCF will agree to provide paid labor, supplies and equipment to assist with clean up, repair, construct and other civic works in tsunami affected areas in Ampara, Hambantota and Matara Districts.*

The Cash-For-Work program provided temporary employment and much-needed income to men and women over 18 years of age who had lost their livelihoods as a result of the *tsunami*.

Under the Cash-for-Work (CFW) program, 11,017 beneficiaries received fortnightly payments of \$4.00 per day working in labor-intensive activities that benefited their communities and helped local economies to get back into business. In towns and villages along the coast, participants were selected from the list of affected people registered and reviewed by local and divisional authorities. Unskilled laborers – mainly fishermen, artisans, small business operators, hotel attendants and their wives - initially concentrated on clearing *tsunami* debris, and in the second and third quarters moved to rehabilitation and reconstruction of community infrastructure (such as roads and local markets). Schools, parks, public offices, beach areas, irrigation canals and earth dams were cleared of debris, and roads were unblocked to facilitate the flow of relief and emergency aid. Irrigation canals and earth dams were also repaired to permit the flow of water and cultivation of rice - the staple food crop in Sri Lanka - diminishing threats to food security.

CFW projects carried out in the three districts comprised: Ampara District (20): Divisions of Kalmunai, Saintamarathu, Karaitivu and Nintavur; Hambantota District (93): Divisions of Ambalantota, Hambantota and Tangalle; Matara District (53): Divisions of Dickwella, Matara and Weligama.

Project sites were identified through community meetings, and community needs were then discussed with GOSL district, divisional and local authorities to obtain their support and assistance for implementation and maintenance of completed projects. Technical designs and supervision were often provided by GOSL technical teams - to ensure compliance with GOSL Construction Codes and Standards - and CCF (CFW) supervisory staff. Small tools, work gear and materials and equipment for reconstruction – such as dump trucks, backhoes and rollers - were rented to haul debris to GOSL authorized fill sites and to aid construction activity.

The Civic Works infrastructure program similarly involved the repair and construction of community infrastructure and facilities, such as improvements to community parks and playing fields and rehabilitation of public places damaged by the *tsunami*. The program utilized the services of two Crisis Corps engineers and an architect who were brought together with local technical staff for capacity-building and skills exchange. Ten of the 90 projects identified by

community members and CCF field staff were designed by the Crisis Corps Volunteers and implemented under their guidance by professional construction contractors using skilled labor. Projects carried out in Matara included: renovation of public areas and maternity wards (Matara General Hospital); building of classrooms and improvement of site drainage (Ilma College); construction of canteen (Rahula College); completion of community library (Dharmapala Temple); construction of children's park (Weligama); improvement of playing field and drainage system (Sujatha College). In Hambantota, projects comprised: reconstruction of perimeter fencing for a cemetery and children's park and rehabilitation of a fish market.

Expected Result	Actual target achieved	Challenges
<p>3.1 - 114,000 person days of paid civic work in <i>tsunami</i>-affected Districts</p>	<p>54,720 person days and 2,901 beneficiaries in the program from 6<sup>th</sup> July to 30<sup>th</sup> September 2005.</p> <p>Cumulative person days from 6<sup>th</sup> January to 30<sup>th</sup> September are 181,451 and 11,017 participants respectively. 59% above the LOP planned target.</p> <p>Labor-intensive projects were implemented to provide temporary income to affected men and women. Work primarily consisted of clearing debris from coastal areas, clearing canals to/from irrigation tanks, construction and repair of rural roads, removing debris from agricultural land, rehabilitating local market structures and managing solid waste disposal. Construction debris was primarily utilized for building rural roads to markets.</p>	<p>In some districts (such as Ampara) contractors were in high demand and so over-committed and increased their rates. This effected budgets and deadlines for planned construction projects.</p> <p>Lack of coordination and cooperation amongst NGOs and INGOs created anomalies in pay rates and competition for CFW beneficiaries.</p> <p>Community participation was diminished when GOSL took the lead in identifying projects, to fill the gap left by community leaders who were preoccupied with dislocation and trauma soon after the <i>tsunami</i>.</p> <p>Despite cultural barriers regarding the participation of women in activities outside their homes, CFW field staff organized "women-only crews" to carry out activities under the supervision of female supervisors who reported on progress. However, the participation of women in the CFW program was not as significant as desired.</p> <p>The increasing presence of INGOs implementing rehabilitation and reconstruction projects, resulted in cost escalations for construction materials in the 3 districts, and coupled with the growing demand</p>

		for local construction contractors, affected budgets.
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**Objective 4:** *Conduct two community-based health and hygiene promotion campaigns in each district.*

CCF has built productive working relationships with GOSL officers at district, divisional and local levels. For example, the Ministry of Health has helped in identifying target families requiring program assistance, and the program has partnered with the Public Health Authority to promote public health messages and sanitation and hygiene in temporary camps (see Annex V).

Hygiene Committees for toilet and camp cleaning were established in coordination with the Child Protection program and other NGOs. Public health education materials including manuals, stickers and posters, were provided by MOH and UNICEF continued to be distributed to Public Health staff to support activities such as hygiene promotion in transitional camps, individual houses and schools.

An essential element of the health and hygiene promotion campaigns was the effective use of electronic media. It was envisaged that the delivery of health messages via radio would be an entertaining and effective way of reaching displaced people, supporting CCF's key programs in water and sanitation, public health, child protection and livelihood development and engendering meaningful community participation. Six half-hour bimonthly live radio broadcasts on health education were conducted across the three districts by CCF's health promotion team. The radio programs targeted affected populations in temporary settlement camps and CCSs where the prevailing conditions mitigated against personnel hygiene. Listeners were connected by telephone to resource people (such as health professionals from local hospitals) in the studio, to have their questions answered on key personal health and hygiene topics such as hand washing, sanitation, food preparation and malaria prevention. The program covered most districts affected by the *tsunami*, and continued beyond the initial four programs planned for April/May, due to popular demand.

<b>Expected Result</b>	<b>Actual target achieved</b>	<b>Challenges</b>
4.1 – Conduct 6 community based health and hygiene promotion campaigns (2 per target district)	Six public health campaigns were conducted involving: training of trainers (for CCS and camp volunteers, pre-school and secondary teachers and PHI); health discussion groups; hand-washing awareness programs; nutrition workshops; radio programs; key health messages in food and environmental hygiene, waste collection and disposal, recycling, composting, sanitation, safe water, water-borne diseases, hygienic maintenance of toilets and school premises, vector control methods, reproductive health and HIV/AIDS.	Difficulties in recruiting and retaining public health staff affected program co-ordination to a limited degree.

	Public health campaigns were supported by distribution of soaps, sanitary items, compost and rubbish bins and cleaning kits in camps.	
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## Coordination

CCF was an active participant in weekly INGO/NGO meetings and relevant technical meetings hosted by the Consortium of Humanitarian Agencies (CHA) in Colombo.

CCF continued to attend INGO meetings in order to coordinate and avoid overlap and duplication of activities.

Members of CCF's child protection team continued to participate in the national level child protection and psychosocial coordination meetings held on a bi-weekly basis and chaired by UNICEF, Committee for Humanitarian Assistance (CHA) and the Ministry of Health (MOH). These co-ordination meetings have focused on:

- Sharing information about and mapping psychosocial activities in order to avoid overlap and duplication;
- Sharing information about identified needs in order to fill gaps, and on training resources and activities;
- Developing and promoting adherence to guidelines on best practice relating to areas such as: camp management, psychosocial care delivery, working with unaccompanied and separated children, child sponsorship, and conduct of needs assessments etc;
- Promoting the sharing of information and coordination between national and district levels;
- Advocating for the rights of affected children;
- Providing updates on child protection issues, numbers of unaccompanied and separated children, numbers of child soldiers recruited, new legislation affecting children etc, and
- Sharing findings from needs assessments, surveys and research.

Members of CCF's child protection team also actively participated in child protection and psychosocial meetings in all districts, which are variously held on a weekly or biweekly basis. These meetings focus on:

- Identifying sectoral lead agencies and developing TOR for lead agencies for the five divisions affected by the *tsunami*.
- Coordinating training resources, standardization of training materials and jointly organized activities for children within the districts.
- Project status, challenges and long-term agency plans.
- Coordination issues within divisions - information sharing is a key at the divisional and district levels.
- Monitoring and grading of agencies in relation to adherence to guidelines set by the forum.
- Sharing of information and coordination between national and district levels.

The Wat/San Program Manager regularly attended the Water/Sanitation co-ordination meeting in Colombo hosted by UNICEF, where information is exchanged on Water/Sanitation and hygiene promotion issues, and guidelines, options and appropriate designs for sanitation projects in affected areas, are discussed and defined. The resulting materials were distributed to the field team who participated in Water/Sanitation coordination meetings alongside NGOs and government officials at the district level.

Cash for Work/Civic Works Coordinators regularly participated in donor coordination meetings at district and divisional levels. Meetings are called by GOSL authorities according to an agenda agreed with the international donor community working in Sri Lanka. District level meetings address donor issues, concerns and sectoral interests, as they relate to the delivery of development programs and projects for the rehabilitation and reconstruction of Sri Lanka. New opportunities for future collaboration regarding long-term development programs are also explored.

### **BUDGET AND ADMINISTRATIVE ISSUES**

1. Some 140 staff were employed by the end of the reporting period and mostly based in district offices.
2. The SF 272 has been sent to the CTO.



**Organization Name: Christian Children's Fund (CCF)**

**Operation Contract Number: 386-G-00-05-00041-00**

**Program period: 6<sup>th</sup> July – 30<sup>th</sup> September 2005**

**Title of Operation: Emergency Child Protection, Water, Sanitation and Civic Works Program**

**Location of Operation: Sri Lanka - Districts of Galle, Matara, Hambantota, Ampara, and Trincomalee**

## ANNEX I

### Protecting the Children after the Wave Program

#### Summary of Program Achievements 6<sup>th</sup> July - 30<sup>th</sup> September 2005

District	# of CCSS		# of children in CCSS	# of youth clubs	# of youth in youth clubs (13-18)	# of CWBCs	# of volunteers	# of volunteers trained	# of youth trained	# of CWBCs trained	# of parents in parenting training	# of religious leaders training to recognize children needing special care
<i>Galle</i>	12	0 - 5	M 343 F 326	12	M 350 F 334	12	103	103	36	12	102	
		6 - 12	398 555									
<i>Matara</i>	14	0 - 5	M 264 F 249	13	M 222 F 198	14	67	67	41	14	138	
		6 - 12	520 591									
<i>Hambantota</i>	11	0 - 5	M 288 F 280	11	M 315 F 292	11	105	105	29	11	0	11
		6 - 12	404 447									
<i>Ampara</i>	12	Ages 0-5	M 237 F 183	12	M 241 F 174	12	68	68	89	12	0	18
		Ages 6-12	399 228									
<i>Trincomalee</i>	11	Ages 0-5	M 262 F 235	11	M 170 F 159	11	77	77	90	11	0	
		Ages 6-12	286 277									
<i>Total 6<sup>th</sup> July -30<sup>th</sup> Sept</i>	60	Ages 0-5	2,667	59	2,455	60	420	420	285	60	240	29
		Ages 6-12	4,105									
<i>Cumulative Target</i>	50	Ages 0-5	2,500	50	2,500	50	400	200	200	50		500
		Ages 6-12	5,000									

## ANNEX II

### Protecting the Children after the Wave Program

#### Summary of Program Achievements 6<sup>th</sup> January - 30<sup>th</sup> September 2005

District	# of CCSS		# of children in CCSS	# of youth clubs	# of youth in youth clubs (13-18)	# of CWBCs	# of volunteers	# of volunteers trained	# of youth trained	# of CWBCs trained	# of parents in parenting training	# of religious leaders training to recognize children needing special care
<i>Galle</i>	12	0 - 5	M 379 F 403	12	M 422 F 412	12	103	103	36	13	131	
		6 - 12	566 548									
<i>Matara</i>	14	0 - 5	M 264 F 249	13	M 222 F 198	14	67	67	41	13	138	
		6 - 12	520 591									
<i>Hambantota</i>	11	0 - 5	M 288 F 280	11	M 325 F 292	11	105	105	29	11	312	11
		6 - 12	507 506									
<i>Ampara</i>	12	Ages 0-5	M 344 F 289	12	M 263 F 237	12	68	68	89	12	233	18
		Ages 6-12	399 277									
<i>Trincomalee</i>	11	Ages 0-5	M 262 F 235	11	M 314 F 176	11	77	77	90	11	154	
		Ages 6-12	360 348									
<i>Total 6<sup>th</sup> July -30<sup>th</sup> Sept</i>	60	Ages 0-5	2,993	59	2,861	60	420	420	285	60	968	29
<i>Cumulative Target</i>	50	Ages 0-5	2,500	50	2,500	50	400	200	200	50	500	
		Ages 6-12	5,000									

**ANNEX III****Emergency Water and Sanitation and other Civic Works Program****Summary of Program Achievements 6<sup>th</sup> January - 30<sup>th</sup> September 2005: Objective 1**

<b>District</b>	<b>Objective Activity</b>	<b>Cumulative achievement(s)</b>
Matara	Distribute water containers to 1,000 families  100 household receive rehabilitated connectivity to water distribution system  1 school and/or community water system rehabilitated	1,000 families received water containers  100 households rehabilitated  2 CCS 1 school 1 health centre
Hambantota	Distribute water containers to 1,000 families  100 household receive rehabilitated connectivity to water distribution system  1 school and/or community water system rehabilitated	1000 families received water containers  273 households rehabilitated  3 schools
Ampara	Distribute water containers to 1,000 families  100 household receive rehabilitated connectivity to water distribution system  1 school and/or community water system rehabilitated	1,000 families received water containers  211  5 CCS 2 schools

**ANNEX IV****Emergency Water and Sanitation and other Civic Works Program****Summary of Program Achievements 6<sup>th</sup> January - 30<sup>th</sup> September 2005: Objective 2**

<b>District</b>	<b>Objective Activity</b>	<b>Cumulative achievement(s)</b>
Matara	100 household toilets rehabilitated	104 household toilets completed
	1 communal toilet constructed	3 CCS communal toilets 1 health centre
	100 sanitation cleaning kits distributed	100 kits distributed
Hambantota	100 household toilets rehabilitated	273 household toilets completed
	1 communal toilet constructed	3 school communal toilets 1 transit camp sanitation system constructed for 948 residents
	100 sanitation cleaning kits distributed	100 kits distributed
Ampara	100 household toilets rehabilitated	131 household toilets completed
	1 communal toilet constructed	5 CCS communal toilets 2 school communal toilets
	100 sanitation cleaning kits distributed	250 kits distributed

**ANNEX V****Emergency Water and Sanitation and other Civic Works Program****Summary of Program Achievements 6<sup>th</sup> January - 30<sup>th</sup> September 2005: Objective 3**

<b>Direct Program Beneficiaries by Quarter</b>				
Reporting period of January 6 <sup>th</sup> – September 30 <sup>th</sup> 2005				
<b>Period</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Person days</b>
January 6 – April 5	2,011	1,339	3,350	31,034
April 6 – July 5	2,725	2,041	4,766	95,697
July 6 – Sept 30	1,698	1,203	2,901	54,720
<b>Cumulative Totals</b>	<b>6,434</b>	<b>4,583</b>	<b>11,017</b>	<b>181,451</b>

**ANNEX VI****Emergency Water and Sanitation and other Civic Works Program****Summary of Program Achievements 6<sup>th</sup> January - 30<sup>th</sup> September 2005: Objective 4**

<b>District</b>	<b>Objective Activity</b>	<b>Cumulative achievement(s)</b>
Matara	<p>1<sup>st</sup> /2<sup>nd</sup> campaign needs assessment</p> <p>1<sup>st</sup>/2<sup>nd</sup> campaigns, involving: training of trainers (for CCS and camp volunteers, pre-school and secondary teachers and PHI); health discussion groups; hand-washing awareness programs; nutrition workshops; radio programs; key health messages in food and environmental hygiene, waste collection and disposal, recycling, composting, sanitation, safe water, water-borne diseases, hygienic maintenance of toilets and school premises, vector control methods, reproductive health and HIV/AIDS. Public health campaigns were supported by distribution of soaps, sanitary items, compost and rubbish bins and cleaning kits in camps.</p> <p>Hand washing facilities</p> <p>Sanitary items distributed</p>	<p>Completed</p> <p>50 Pre-school teachers 160 Primary teachers 4,640 Children 1159 Mothers 129 Camp volunteers 44 CCS volunteers 28 Health volunteers 45 Public health staff 2 Public health promoters 1000 people in 22 camps 1145 Families 3 Radio programs</p> <p>3 CCS</p> <p>4,199 beneficiaries (soap, disinfectant, sanitary towels, rubbish bins, first aid kits, etc...)</p>
Hambantota	<p>1<sup>st</sup> /2<sup>nd</sup> campaign needs assessment</p> <p>1<sup>st</sup>/2<sup>nd</sup> campaigns, involving: training of trainers (for CCS and camp volunteers, pre-school and secondary teachers and PHI); health discussion groups; hand-washing awareness programs; nutrition workshops; radio programs; key health messages in food and environmental hygiene, waste collection and disposal, recycling, composting, sanitation, safe water, water-borne diseases, hygienic maintenance of toilets and school premises, vector control methods, reproductive health and HIV/AIDS. Public health campaigns were supported by</p>	<p>Completed</p> <p>147 Preschool teachers 118 Health volunteers 136 Volunteers 46 CCS volunteers 290 CCS mothers 451 CCS children 268 Volunteers 8 PHI (Public Health Inspectors) 26 Families in temporary camps 150 Families 232 Mothers</p>

	<p>distribution of soaps, sanitary items, compost and rubbish bins and cleaning kits in camps.</p> <p>Hand washing facilities</p> <p>Sanitary items distributed</p>	<p>2 Radio Programs</p> <p>9 CCS 1 primary school</p> <p>2,500 beneficiaries (soap, disinfectant, sanitary towels, rubbish bins, first aid kits, etc...)</p>
Ampara	<p>1<sup>st</sup> campaign needs assessment</p> <p>1<sup>st</sup>/2<sup>nd</sup> campaigns, involving: training of trainers (for CCS and camp volunteers, pre-school and secondary teachers and PHI); health discussion groups; hand-washing awareness programs; nutrition workshops; radio programs; key health messages in food and environmental hygiene, waste collection and disposal, recycling, composting, sanitation, safe water, water-borne diseases, hygienic maintenance of toilets and school premises, vector control methods, reproductive health and HIV/AIDS. Public health campaigns were supported by distribution of soaps, sanitary items, compost and rubbish bins and cleaning kits in camps.</p> <p>Hand washing facilities</p> <p>Sanitary items distributed</p>	<p>Completed</p> <p>2,500 Beneficiaries of public health campaigns 145 people trained 1,105 Workshop participants 50 Camp volunteers 100 CCS volunteers 85 volunteers 24 Pre-school teachers 40 Public health staff 20 PHI (Public Health Inspectors) 5 MOH 1 Radio program</p> <p>5 CCS</p> <p>2,103 beneficiaries (soap, disinfectant, sanitary towels, rubbish bins, first aid kits, etc)</p>

## **ANNEX VII - SUCCESS STORIES**

*“CCF was like a member of our family who shared our grievances at the worst period of our lives. Our children were very lucky to be part of the CCF programs” CWBC member*

### ***Stories from CCS volunteers and staff***

*“In the tsunami I lost my house, my business and my only brother. At that time I cried, cried...cried. Always my brother was on my mind...always I heard his voice.*

*When I came to the CCS I connected with all the children... their singing, dancing all things. Because of that I can forget some things.*

*I love them very much... and they love me also.*

*Because of CCF I can become strong and now I can't stay without the children. So I'm always thanking CCF because they made me strong... my mind, my heart.*

*Also when the two Presidents come I think “my brother sent them to us”.*

Sajith Mathilal (CCF Youth Coordinator) *“The CCS activities immensely helped our children to be relieved from the suffering and immense mental agony caused as a result of tsunami. Acting with children, being in their company and being able to assist them in their own mental development too. A good example to cite in this regard is that when a child is asked to draw a picture, the invariable topic that they would choose was nothing but the tsunami disaster and also the colors they always chose to use would be Black and Red which are considered by them as dreadful. Those very children are now out of that worse mental situation and given a chance – they now draw various pictures on other topics using other colors as they feel pleasing to the eyes. Also, this had paved the way for them to be integrated and to exist in cooperation with each other. The integration of the communities Tamil and Sinhala through various activities facilitated by the CCF program has created ethnic harmony and social cohabitation. The sports activities they have been engaged in have helped each of them to identify their own skills and enable them to choose correct aptitudes to compete in future occasions. Through other kinds of games facilitated by this program, the children have been helped in mental development too. Indoor games like Chess, Draughts, Snakes and Ladders, Ludo and Question Asking sessions have further promoted this to a wider degree. The children who attend school early in the morning make a bee line to CCS Centre after school - and this permits no time for them to resort to misdeeds like alcohol or drugs, smoking and even for them to work to earn money, or to fight and quarrel with each other - could be stated as another welcome aspect of sports activities they*



*have been engaged in. Children and Youth being diverted to this field can also be enumerated as one other distinct and welcome feature of the CCF program.”*



Youths in Veeranagar cleaning the village cemetery

### ***Stories from children attending CCS activities***

*“The father is always drinking, drinking and always shouting, never doing a job, not to help his son and daughter... only drinking.*

*Before the tsunami he was also like that and all families refused that family, but after the tsunami the children all gathered in this place (CCS) together. All children singing, dancing, learning together. Now there is a solution for the children, for their problems. Father same, but children happy.”*

*Little girl 5 years, boys 10 and 12 years*

**Story 1:** *J.G.Sajini (currently residing at CGR Camp) is the daughter Mr. A.H. Ariyawathi who lived in their well-built house peacefully at Deewatta, Galle before the terrible waves took Mr. J.G.Siripala away leaving the child fatherless.*

*Sanjini is just 5 years old and has two sisters and two brothers. Her home was situated opposite the railway line that now has not left any thing in eyesight. She was caught up into the forceful waves and was carried to a long-distance. She fortunately was saved by a man at a village called “Nugaduwa” which is considerably far away from her home. She had to stay in the hospital unconscious for 2 days. Then they had to live in a tent at CGR Waththa up to date.*

*When she was moved to the camp she was deeply traumatized and refused even the nice play toys that she had admired a lot before. She was trying to isolate herself from the other children and was crying even to a small sound. At the Child Centered Space organized by CCF, a special attention was given to her and she has been presented the chance to take part in the pre – school, organized also by the CCF early response unit of Galle. With the activities like singing songs, music, drawing art & playing games she has normalized to some extent. But it’s said that she still believes that her father might be having medicine in one of the hospitals & would be*

back quickly. Some toys were also given to her to play with and a nutritional program also supported her in her nutritional needs.

*Her father was a fisherman who used to go to the deep long sea and catch fish. No longer is he there to take care of her and she's so helpless because she lost her father and no one is available to assist in her needs. Her mother also told that since there are five in their family she is finding it hard to keep any positive hope in the child's progress in life that has made this innocent girl so helpless.*

**Story 2:** *Shashikala in her youth at the fruitful age of 13 is another pretty girl who got affected by the terrific Tsunami on the 26<sup>th</sup>.*

*Her father who she saw on the 26<sup>th</sup> for the last time of her life was cultivating mushrooms, which was their only income for the family. She heard people's screams to run in to the country and she had also run with her mother. She said that her father refused to run and scolded her elder sister for screaming for unwanted things. Within seconds she and the members of her beloved family got caught in to the disastrous waves and were washed away. She says that the disaster happened was just like a nightmare happened within few seconds. K.G. Shashikala Nanayakkara who lived happily at Walawaththa, Dadalla, Galle has lost all their families belongings most sorrowful of all she lost her beloved father & grandmother which makes tears come into her eyes, with the arrival of Tsunami. They found the dead bodies of their father and Grandma blocked in a tree bush and said that they were not even allowed to see their father and grandma's dead bodies. They have worshipped only to their coffins.*

*She says that even now she goes to see their home that was totally destroyed & she still remembers a while the sweet memories being with her father, grandma & family that she says that would never come again. Now Shashikala is staying her aunt's place.*

*She has just started again her school & now studying in year 8 at "Rishan Balika College". Her elder sister is preparing for advanced level exam, which can only lead her to the university. Her elder brother is studying a computer course with the belief of finding a job even for a least count of notes. Her small brother is learning carpentry and the other brother is still learning in year 9 at the Richmond College. All five children of the family are having difficulties of continuing the education as they no longer have their beloved father. Previously she always remembered the incident and the memories made her want to be isolated and idling from colleagues & to cry. After she took part in the CCS at Walawaththa, where they live in transit*

tents with the family, she say that she took part in youth activates. Bodipuja (a religious activity at altering flowers for load Buddha) English classes, dancing classes, & some musical programs have given her some strength to step forward though she sometimes halts all those things when she remembers her memories. She also takes part in the library done by the CCF. She says she's also a member of their youth club as in CCS they were occupied in activities with youth the same age and now she has got some faith of the future. Now she's determined to learn & fulfill the hopes that had been in her fathers mind when she was with him. Her mother told that she wins every year the contests at the Sunday religions school and she is well-rounded having talents in dancing and music. She further stated that she feels that now she's more committed to learn although her education in the future is at risk.

### ***Stories from parents***

*“Sixteen children from this CCS, they lost their fathers, mothers or both before the tsunami. The tsunami made things even more difficult for them.*

*For example one family of three sisters lost their father because of cancer. Mother not doing job, their grandfather working. Because of the tsunami he lost his business and now he can't help them.*

*But everyday the girls came to this place. The mother came to speak to me and said how the CCS helps them – some books, helping with study, playing... and they loved dancing too much. The mother asked, “Please can you continue with this program.”*

*Mr. V.Shantha & Mrs. G.W.A. Ramyalatha was one of the families who were badly affected and displaced and now are living at the transit Camp at CGR Waththa.*

*They were living in a house made of wood & had 4 children who were their earthly treasures. It was so unfortunate that they lost two of their children on this day of December 26<sup>th</sup>. Their wooden house was also crushed into peaces leaving no belongings for them.*

*Mrs. Ramyalatha was so traumatized and kept on gazing back to the early times. Her behavioral patterns were normal for some time. CCF has implemented the program of CWBC s to strengthen child well- being and at the same time to develop & mobilize parents & elders. Mrs. Ramyalatha also allocated to work with CWBC as an attempt to heal her in this emergency situation. A lot of activities were organized and special responsibilities were given to the CWBCs which occupied Ramyalatha for the events like the nutritional program, music & dancing*

*program, religious program, health awareness program and an active contribution had been drawn from CWBCs. This has led her to think about their existing children & to gradually decrease her sense of disaster & guilt. But still time-to-time she gets the traumatic feelings again.*

*Mrs. Ramyalatha's husband's boat was destroyed and now he has no potential to earn money, as it was his only income generator. Ramyalatha also was filling a water tank of a neighbor wealthy persons home and the tank was also washed away and she lost even that small money income. Ramyalatha's hope is to teach her children, to build a new home & to come to a more normal status as quickly as possible.*