

**KINDERNOTHILFE
SRI LANKA**

**DOCUMENTATION ON
CHILD FRIENDLY SPACES
BATTICALOA**



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1. INTRODUCTION

Children are among vulnerable groups affected by violent conflict. In consideration of children's vulnerability during war, since the 1990's all international documents related to security and peace highlight children's issues. In 1996, Graca Machel presented the United Nations' first report on the Impact of Armed Conflict on Children. The report noted internally displaced children as a special concern, while highlighting the dire affects of war on children. An estimated 20 million children have been forced to flee their homes because of conflict and human rights violations and are living as refugees in neighbouring countries or are internally displaced within their own national borders. Conflict has a physical, emotional and psychological impact on all children. At the same time, internally displaced children encounter specific risks and challenges. The very nature of displacement jeopardizes most of the human rights guaranteed to the child in international law, exposing displaced children to sexual exploitation, abuse and violence, forced labour, abduction and recruitment by armed groups.

In Sri Lanka, children are affected by war in numerous ways, including displacement. KNH provides sustained support to children affected by war through various channels with particular focus on children. During the heightened emergency situation in the East in 2007, as part of its emergency response and in keeping with its policy of supporting children in special way, KNH supported two of its partners to set-up Child Friendly Spaces (CFS). Two partner's, St. John's Church and SHADOW run four CFS i with the support of KNH.

KNH supported the project of CFS since March 2007. Considering the emergency and temporary nature of the project, the duration for the project was initially stated as six months. However, due to the continued presence of internally displaced people, it was mutually agreed that these spaces would run for another period. The documentation of the project was undertaken to serve as testimony of the project and to review whether the objectives and expectations of KNH, its partners and project recipients were achieved.

2. PROJECT DESCRIPTION

What is a Child Friendly Space?

The term “Child Friendly Space” is a new term in development and relief settings that seeks to address psychosocial and physical needs of children in crisis situations such as displacement. The concept is welcome in the lacuna of clear terms of what entails taking care of vulnerable children. The aim of the child friendly spaces is to meet the unmet needs of children within a chaotic situation as that of in displacement. It therefore is a structure that ensures safety and protection, opportunity to interact with other children, help them learn basic health care requirements, meet supplementary nutrition if required, provide development opportunities such as creative learning, play, group activities etc. Further, the space could also be harnessed to make an opportunity to interact with parents so that parents are helped to take due responsibilities towards their children, create awareness on various needs regarding children etc.

Situation in IDP Camps

Sri Lanka has experienced many an instance of displacement due to war, conflict, tsunami, floods, landslides etc.

In the turmoil of displacement, family and community structures are likely to break down while traditional and social norms disintegrate, which places displaced children at greater risk of infringements of their basic rights than other children. Children in situations of displacement are more readily exposed to malnutrition, illness, violence and violations of their physical integrity, psychosocial wellbeing and development.

In protracted situations of displacement, internally displaced children may spend their entire childhood in camps or temporary shelters. Many displaced children are unable to attend school because of insecurity, lack of infrastructure, fees, discrimination and language barriers. Girls' education is of particular concern, as girls are more likely to drop out of school. Schools are frequently lacking in IDP camps and local schools may lack the capacity to integrate influxes of displaced or returnee children. In addition, education for IDPs rarely goes beyond the primary level.

Due to complexity of the situation, people become dependent on food rations and handouts. Parents tend to get less involved in children's affairs. Camp living, which provides only the most basic of the needs, does not have the right environment for the growth of children and the adolescents. The lack of leisure and gainful activities tend to make children bored and increase the risk of getting involved in insecure situations and nefarious activities. In some cases, children are forced to marry young due to early pregnancy and other reasons related to lack of protection from parents. Providing a safe environment that can restore children's childhood as well as ensure their welfare is then an urgent need.

In light of this context the following were identified as the main functions to be met by a CFS.



Functions of a Child Friendly space:

The aim of the Child Friendly Space is therefore is to meet the unmet needs of children within a chaotic situation as that of in displacement. It therefore is a structure that ensure safety and protection, opportunity to interact with other children, help them learn basic health care requirements, meet supplementary nutrition if required, provide development opportunities such as creative learning, play, group activities etc. further, the space could also be harnessed to make an opportunity to interact with parents so that parents are helped to take due responsibilities towards their children, create awareness on various needs regarding children etc.

According to UNICEF, a child is defined as any person up to the age of 18 years. For all practical purpose, this category could be divided in to infant, toddler, pre-school, early, middle and late adolescent groups.

General Assessment of Children Status

The general assessment is fundamental to designing and implementing activities to meet the unmet needs of children during an emergency situation. Accordingly key aspects of ensuring the welfare of children during an emergency entail several facets including schooling, nutrition, health problems, disability and registration. Registration in particular paves the way to obtaining basic information such as how many children need to attend school and how many lack basic educational material, their health conditions and nutritional needs as well. The general assessment presents the basic information for all follow up action.

Education

Attending school is a part of providing normalcy to lives of internally displaced children. It is an important source of psychosocial support as well as an important element when integrating into the local community as well as when they return to their home areas or resettle elsewhere. Moreover, education acts as preventive measure, at least limitedly in relation to child recruitment. Hence extensive activities are implemented to protect children's right to education.

- a. Access to Education
 - Enrolment in school –
 - Get parents to: identify the nearest school, facilitate obtaining necessary documents from G.S/D.S
 - Facilitate in obtaining school material/clothing etc
 - Facilitate monitoring of child attending school
- b. Basic education at camp
 - Catch-up education:
 - Identify level of schooling & ability to perform
 - Organize classes
 - Evening classes on different subjects & self-study, home-work

Psychosocial Intervention

The UNICEF psychosocial framework views children and families as part of a larger social and community context, and promotes psychosocial well-being by building on the skills and knowledge already available in communities, and by developing the capacity of professional workers to respond to children needing specialized services and protection. Psychosocial well-being' means the state of being or doing well in all aspects of life: basic survival needs are met; age-appropriate physical, intellectual, and emotional developmental needs are addressed; social relationships are positive and supportive; and people have access to economic and environmental resources. Important steps taken in this direction at CFS's involve:

- Assessment on stress levels
- Socialization: how to work with children, children's & youth club formation, integration to families, leisure activities
- Counselling – individual & family
- Referral
- Normalizing activities – creative art, theatre, games & leisure activities, story telling, educational films and videos

(Materials required: reference books, past examination papers, story books)

Health & Nutrition

Key aspects under threat during an emergency include primary health care and nutrition. During emergencies people lose their resources, are confined in small spaces, which lack basic facilities. These conditions easily lead to outbreaks of diseases and in the long-term impact the health and nutrition of children. Thus, CFS implements the following activities to minimise the effects of emergency related displacement on nutrition and health.

- Personal hygiene: skin, teeth, hair
- Camp sanitation
- Health awareness
- Access to health through mobile clinics
- Preventive services - inoculation, dental services, eye care
- First aid services
- Supplementary

Protection

The Convention on the Rights of the Child (CRC)¹ provides a framework for addressing child rights in times of conflict focussing on the immediate protection of children. Article 38(4) directs states parties to take “all feasible measures to ensure protection and care of children who are affected by armed conflict”. Article 39 declares that states should “take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim.” The Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict 2000, which Sri Lanka has ratified, deals with child rights in times of conflict in more detail.² Hence action for child protection by a CFS includes

- Protective behaviour, information sharing and networking/vigilante groups
- Awareness creation
- Privacy
- Occupation at camp sites

Child Participation

The participation of children and young persons can act as a means of empowerment³ and can assist in improving their sense of their own efficacy and abilities.⁴ This may assist children in providing family care, develop supportive peer relationships⁵ and potentially better equip children to deal with abuse and hardship (although adults and agencies still bear the primary responsibility for this type of protection).⁶ Participation may also help to develop a communal identity⁷ and

¹ Convention on the Rights of the Child G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), *entered into force* Sept. 2, 1990.

² Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts, G.A. Res. 54/263, Annex I, 54 U.N. GAOR Supp. (No. 49) at 7, U.N. Doc. A/54/49, Vol. III (2000), **entered into force** February 12, 2002.

³ Hart (2004) at 9 (discussing participation as providing, “a means to empower affected populations to assume greater control over their lives and achieve structural change in society leading to positive and sustainable change)

⁴ Hart (2004) at 17

⁵ Hart (2004) at 18

⁶ Hart (2004) at 17

⁷ Hart (2004) at 20

enable “play and recreation”⁸ where many opportunities often do not otherwise exist. Keeping this in mind, at CFSs activities were intentionally designed to promote children’s participation. Activities designed to facilitate child participation include:

- Consultation of children regarding improvement of activities/camp management (meals, recreational activities etc)
- Participation of children in the welfare of other children in the camp
- Child-vigilant groups on child protection

Children with special needs

Children with disability are especially vulnerable during emergencies. Special measures have to be in place to ensure their wellbeing. When parents and support givers are under pressure, the needs of children with disabilities are neglected. Moreover, emergencies may create conditions that lead to disability such as malnutrition, physical injuries and mental trauma. Therefore, a CFS must cater to the needs of these children with special needs while at the same time undertaking preventive care such as providing proper nutrition, screenings for early detection, identification of children with different abilities, status assessment and referral & rehabilitation measures.

⁸ Hart (2004) at 21

3. TRAINING FOR THE CFS STAFF BY WOMEN'S DEVELOPMENT CENTER

Ensuring the staff engaged at the CFS have appropriate knowledge and skills are fundamental to the success of CFS objectives. Hence, two interrelated trainings were organized with the Women's Development Centre (WDC) in Kandy.

Part 1 – Obtaining Specialized Knowledge and Skills

The first phase of training was conducted from 19-23 of June 2007. The first training imparted basic skills and knowledge required for the functions of CFS. The overall goal of the first training was to equip identified personnel with knowledge and skills to develop and protect children and families at IDP camps and to enhance their capacity to develop and implement activities. Thereby enhancing their confidence and willingness to develop and implement a comprehensive program that enables all children in the IDP camps and their parents to obtain the maximum benefit of this program.

The training consisted of the following

- **Nutritional and Health awareness** - The participants gained familiarity of a range of health and nutrition related topics such as nutrition, malnutrition, diet of pregnant mothers, advantages of breast feeding, diet during lactation, easy menu planning, reproductively, HIV/AIDs, abortion and Fist Aid.
- **Understanding children** - Understanding children entail knowledge of children's rights, problems faced by children, child growth and development as well as facets of a growth-promoting environment.
- **Mental wellbeing** - Ensuring mental health among children encompasses complex facets such as child abuse, identifying stress factors, counselling and techniques as well as communicating with children through the use of puppetry and drama.
- **Disability** - Responding to disability requires that the participants have a sound knowledge of definitions related to disability, types of disability, identifying disability along with suitable interventions and available services.

At the conclusion of the training the participants were able to

- Assess the situation of children and their families to identify specific needs that should be addressed
- Demonstrate the ability to develop a program to access education
- Identify key health issues in camps and explain how to access health services
- Identify stress related behavior in children and their families and develop a plan to re-establish relevant level of normalcy
- Develop a strategy to assure protection of children against abuse
- Identify children with special needs and guide them to access relevant services
- Develop mechanisms to maximize child participation

All participants were assigned with a research to gather data related to the above content from their respective CFS's and camps.

Part 2 – Analysis of data from the IDP camps, designing interventions and formulating activity plans

The second phase of the training was conducted from 3-6 July 2007. Participants presented the findings that they had gathered as part of their research assignment. The data was further analysed for purposes of designing interventions and formulating activity plans for the CFSs.

The findings of the groups

Group 01: Name of the Camp - Swizz Village -Thraimadu

Total Families living in the camp -529 Families

Age	Male	Female	Total
00-05	156	145	301
06-12	104	124	228
13-18	106	84	190
19-25	105	83	188
26-35	86	76	162
36-50	99	82	181
Total	656	594	1250

- Differently able people -26
- Widows -07
- Schooling children -120
- School dropouts -13
- Pregnant women -35
- Lactating mothers -53

Group 02: Name of the camp - Settipalayam Play ground

Total Families living in the camp - 48

Age	Male	Female	Total
00-06	18	23	41
06-12	09	11	20
13-18	17	14	31
19-49	21	18	39
50-55	08	11	19
Up to age 55	06	13	19
Total	79	90	169

- Differently able -02
- Kindergarten children
 - Male -07
 - Female -11
- Schooling children
 - Male -17
 - Female -16
- School dropouts -21
- Early marriage -09

Group 03: Name of the camp - Savukadi Social Service Centre

Total Families living in the camp -498 Families

Age	Male	Female	Total
00-05	143	142	285
06-12	166	172	338
13-18	124	108	232
19-25	204	218	422
26-35	117	134	251
36-50	128	102	230
51-60	90	98	188
Total	972	974	1946

- Differently abled -
- Schooling children 386
- School dropouts 185
- Pregnant women 32
- Lactating mothers 72

Group 04: Name of the camp -Allangkulam

Total families living in the camp -74

Age	Male	Female	Total
00-05	18	14	32
06-12	15	19	34
Up to age 18	91	107	198
total	124	140	264

- Differently able 03
- Lactating mothers 16
- Pregnant women 02
- Schooling children - Male 30
- Female 38
- School dropouts
- Widows 05

Training further elaborated on key issues such as child abuse and primary health care.

Child Abuse

The participants gained in depth knowledge on different types of abuse, causes of abuse and identifying victims of child abuse

Primary Health care

Extensive detail on cleanliness and sanitation as well as threats to primary health were discussed at length

Exposure visit to the Butterfly Gardens.

A highlight of the WDC training was the exposure visit to Butterfly Gardens. Here participants were able to gain firsthand knowledge and skills on child friendly communication. They also learnt how to facilitate child participation, protection and therapy through art, music and alternative forms of expression.



4. OBJECTIVES OF DOCUMENTATION

The documentation of the project was organized for two reasons. Firstly, as documented evidence of an experience in Sri Lanka that could be drawn in and secondly to obtain feedback whether the partners are achieving the aims of the child friendly spaces.

Overall aim

To obtain a thorough documentation of the Child Friendly spaces in a comparative manner as to how the two partner organizations are implementing the concept.

More specifically, the documentation examines the following:

- The activities of the CFS as carried out by the two partners.
- Does the activities that are being presently carried out tally with the training that they received from WDC?
- Perception of children, parents and teachers regarding the CFS and whether it tallies with their expectations
- According to parents, children and the partner organization, has the CFS contributed to the improvement of quality of life of children
- What should be the competencies of the staff and partners to run a CFS more effectively?
- Photographic and video evidence of the activities.

“My child finds it easy to understand the school lessons and does really well in the school exams because of the evening classes” Father, Kokuvil CFS (SHADOW)

5. METHODOLOGY

The TOR for the documentation was provided by KNH. Several techniques were used for the documentation including onsite Key Informant Interviews (KII), discussions, observations and document analysis. Interviews were conducted with partner organization staffs, children at the evening classes of the CFS, parents at the associated IDP camps, teachers at the evening classes and the pre-schools and KNH staff. Group discussions were held with pre-school children. Observations were made of the four CFS conducted in the morning. Limited observations were made of the evening classes. Reports on the CFS, WDC trainings and several organizational documents of the partners were also analyzed.

The documentation was originally scheduled for November. However, it was postponed till December due to the crisis in the TMVP and the resultant violence between militant groups in the East. Limitations to the documentation are related to the said delay as a result which the documentation was held in December. In December schools are on holiday and earlier during the December break the General Certificate in Education Ordinary Level examinations takes place in the school premises. Hence, the opportunity to observe evening classes at length and to speak to schoolteachers was limited.

6. A BRIEF INTRODUCTION TO THE KNH CFS PARTNER ORGANIZATIONS

- **St. JOHNS**

The St. John's Mission started in 1989 in Batticaloa. The mission aimed to rehabilitate children and women suffering due to the continuing violence in Sri Lanka. The mission conducts various programs with attention to women and children. Currently, about 350 widows are engaged in empowerment projects, over 500 children are in the orphanages and another 1000 children attend the day care centres. The mission also runs a large vocational centre in Batticaloa. The church has a strong background in working for the welfare of children and youth. It also has extensive experience in emergency support. The St. Johns church has a long-standing relationship with KNH.

The St. Johns church runs two CFS centres. A key reason the mission got involved in CFS is to protect children in times of crisis. A lot of violence is committed against children both boys and girls in the experience of the mission, and children are especially vulnerable during displacement. The mission works closely with the psychiatric unit of the Batticaloa hospital, where there are many war related rapes and interrelated abortions which leads to the mental instability of girls. Most young boys and girls also live with the threat of abductions. Thus working on CFS was sometimes challenging considering the sensitive nature of the some of the objectives.

Rev. Fr. Jaynasan commented that the concept of CFS has “no blueprint” thus it was a matter of learning by doing. He observed although some parents were hesitant at first, when they witnessed the changes in the participants, they gradually sent their own children to the CFSs. He further commented that the mission was in the process of phasing out CFSs.

The St. Johns CFS in Alankulam and Swiss village



- **SHADOW**

The organization Social Holistic Appropriate Development of Waifs (SHADOW) focuses on welfare of low income earning women, children, youth and relief and rehabilitation during disaster. Being one of KNH's earliest partners, SHADOW has a longstanding relationship with the organization. During the emergency period in the East, the organization engaged in emergency relief and organized family support workers.

Current program at SHADOW concentrate on women and children, psychosocial support and family support groups. Child sponsorship programs, the Integrated Women and Child Development program, as well as self help groups for women are organized by SHADOW. Each woman's groups is composed of around 15-20 women. Community based development is a key focus of the organization, and a one village focused development project is implemented. Other activities of the organization include micro credit and skills training for women.

During the emergency support SHADOW's family support workers noticed that children in the IDP camps are neglected. For examples the family support workers noticed the children had no toys to play with. Conversations with the children further revealed that they were not comfortable. By engaging in CFS SHADOW is able to provide a safe place where the children can enjoy themselves with toys. Furthermore, through the CFS, they are able to provide psychosocial support, story telling, playing and other child friendly activities for the children in camps.



7. OVERALL ANALYSIS AND OBSERVATIONS OF THE CFS

The CFS concept and basis of observation and analysis

The observations and analyses are based on a range of elements set out by the relevant organizations and events such as the CFS criteria given by KNH and its partners as well as the training given by the WDC. Observations and the analysis address all the four centres. Comments specific to each centre or partner organization is elaborated when necessary. Comparative notes and particular examples are highlighted as well.

THE CENTERS

The SHADOW centres

- ***The CFS in Kurukkalmadam***

The CFS is located in a School building. The evening classes are held in the adjoining larger school building. The camp is situated in the school playground. Most of the residents were affected by the violence in Trincomalee. Of the two teachers one is from the camp and the other is from outside.

- ***The CFS in Kokuvil***

The camp has been present for over six months. The CFS is a makeshift structure made of roofing sheets and thatched leaf roof and a sandy floor. The camp residents are from areas such as Sampur and Muttur. They were displaced as a result of heavy fighting between the LTTE and the GoSL. Two teachers handle the evening classes. One teaches from grade 1 to 5, while the other teaches grade 6-11. The two teachers share the space. Both teachers are from the camp.

The St. Johns Centres

- ***The CFS in Alankulam***

The residents at the camps in Alankulam were displaced by the violence in Trincomalee. They have resided in the camp for almost one year. The CFS in Alankulam is set in two locations. One centre is a sturdy structure of cement. It is a community centre that is used for purposes other than the CFS. For example St. Johns conducts a weekly health clinic with one doctor at the community centre. The IDP camp is not in the vicinity of the centre. The second centre is located near the IDP camp. A less sturdy structure, in the process of construction,

- ***The CFS in Swiss Village, Thirnamadu***

The CFS is located in a spaciouly organized building. Most of the people in the camp are from Navalady and the Dutch Bar from Sampur. Majority are fishermen, while others work as carpenters or blacksmiths. Most of the residents were affected both by the war and the Tsunami. The war affected IDPs are from Karaniyar and Sampur in Trincomalee.

a. ANALYSIS AND OBSERVATIONS OF CFS

General Assessment of Children Status

Both partners closely monitor the CFSs, hence their experience in relief assistance, seems to have balanced the absence of specific training during the first three months on CFS. For example registration related to education (a requirement for education during emergencies) appears to have been conducted appropriately. The partners have details of all the residents in the camps such as the number of differently able people, widows, schooling children, school dropouts, pregnant women and lactating women, as well as gender and age disaggregated data. While assessments improved following the training, the below details illustrate that general assessment was sufficiently conducted.

- All the children in the CFSs visited are attending nearby schools for their education.
- The partners have conducted awareness programs at the selected IDP camps in response to the perception that some parents were not interested in educating their children. These programs aimed to highlight the benefits of education.
- Teachers at all of the centres, except one had worked with children prior to their displacement either at schools, pre-schools or as voluntary teachers.
- In each of the CFS, at least one of the two teachers had received the training from WDC. Therefore, they are equipped with the proper skills and knowledge to ensure that children receive proper education at the CFS as well as at schools.
- The training has also given satisfactory awareness on nutrition and health problems, sufficient to for the purpose of general assessment.
- Although the WDC training was given three months following the establishment of CFS, some of the teachers or at least the staff have a background in psychosocial support due to previous trainings they have received during the tsunami and otherwise.
- Health clinics are conducted in each camp. In the case of St. Johns they run their own clinics while the staffs at the SHADOW CFS have supported the clinics run in the camps by other organizations.
- The staffs were equipped with faire knowledge of disability and in several places children with disability had been referred to specialized care.

S. Anojani

14-year-old Anojani is from Sampur, Muttur. She has two brothers and two sisters and altogether there are seven members in her family. She goes to the Vigneshvar School in Kokuvil. From next year she will be going to the Urani Saraswathi School. At the evening class she learns Tamil Language, Maths, Science, Religion, Health, English. She has participated in awareness programs the SHADOW field coordinator has conducted on health, sanitation as well as on child abuse. She says "my school exams were much easier because I got the same questions I learnt in the evening classes." She further commented that she learns a broader perspective at the CFS than at school. For example, she learns more opposite words in the Tamil language than those in the textbook. Overall, she finds that her learning is not limited to the textbooks. She has made a lot of friends in the evening classes. When she was in her village she attended tuition classes for which her parents paid fees.



Anojani (left) attends evening classes in Kokuvil, and children enjoying milk and biscuits at the Swiss Village

Education

Awareness for parents was a crucial element of providing education for children in the IDP camps. For example the, SHADOW's project coordinator/mobilizer conducted awareness programs for parents on the importance of education. St. Johns did similar awareness raising efforts. Attending school is a part of providing normalcy to lives of internally displaced children. It is an important source of psychosocial support as well as an important element when integrating into the local community as well as when they return to their home areas or resettle elsewhere. The partners provided several steps to ensure the children receive a sound education.

- Since the partner organization have details of all the children in the camps, the number of school going children, number of drop outs etc, they are able to keep track of individual children's' education.
- Teachers interviewed commented that they are vigilant about children's participation at CFS and education in general.
- The children attending evening classes spoken to during the documentation commented that they attend nearby schools since being displaced.
- School materials are provided to students who attend evening class. They

receive school material such as books, pens, copy papers and other school equipment.

- In many cases the class helps the children stay up to standard in school. Thus, these children treat the evening classes as catch up classes. The children seem to find the evening classes are versatile, giving broader perspectives and not limited to the textbooks.
- The children in the morning CFS are aged below 6.
 - The children at the Alankulam (St. Johns) camp say that their favourite food is Soya meat and rice. Their favourite fruits are mangoes and apples. They sang “Sinna Thambi” and several others songs. The other CFS in Alankulam (St. Johns) the children play with colourful toys. They take part in a dance lesson with an action song.
 - The walls of the CFS in the Swiss village (St. Johns) are covered by colourful drawings of the children. A file containing all their handwork includes a piece where the wall of the house is decorated with dried used tea leaves. The teachers are using a teaching manual issued by the government for teaching at the centre.
 - In Kurukalmadam (SHADOW) the children perform an action song. One girl took the lead in teaching short words and the Tamil alphabet to her classmates.
- Class participation was high in the evening class observed.
 - At the evening class in the Kokuvil camp (SHADOW) class participation is high. The two teachers are sharing the same space, one teaches health to the senior students while the junior students are doing a written exercise for a Tamil language lesson. An interactive session on health was conducted where children participated through questions and answers. According to the teacher who teaches for the higher grades the children enjoy Tamil, Math and English.

Psychosocial Intervention

In all four centres the teachers expressed that they pay special attention to the psychosocial needs of children. Almost all the teachers at the CFS had received training on psychosocial support during the training conducted by WDC. In some cases counselling is needed for the family. The partners take two approaches to monitoring and providing specialized care.

- At the Kokuvil camp (SHADOW) the teachers stated that they are vigilant about children who are depressed. They take special care of these children. In cases where particular support is required they are in touch with an organization that provides professional counselling services. According to the teacher at Kurukalmadam, when she notices a child that needs special support she asks SHADOW’s social mobilizer to intervene. SHADOW’s social mobilizer has done some referrals to the mental unit at the hospital. 5 children were referred to the mental unit at Puttalam. Some of the SHADOW staff including the mobilizer has prior experience in psychosocial support.
- At St. Johns the trainee psychosocial supporters visit the CFS along with the doctor. In cases of a special need the doctor refers the child to specialized services. The staff at the CFS run by St. Johns also received

the WDC training that included psychosocial support.

Overall the restoring of a child's world is important for the CFS. This was a salient feature in the colourful environments in three of the four CFS visited.



Health & Nutrition

Promotion of health and nutrition are key elements of the CFS. Promotion of health at the CFS included the teaching of personal hygiene, monitoring of skin, teeth, hair of children. Furthermore, parents are given awareness on sanitation, how to manage the children's cleanliness and the importance of primary health care in the prevention of disease and disability. Parental awareness on health was also given by other NGO's working with the camps.

- At all the CFS, the residents had access to mobile clinics through visits by the doctor either facilitated by the partner as in the case of St. Johns or facilitated by other organizations for the camp as in the SHADOW camps.
- Nutrition was supported by the provision of nutritious meals at the centre and awareness. Awareness was given how to cook nutritious meals and types of nutritious foods. After WDC training she also conducted awareness programs on nutrition for pregnant mothers, and during childhood.
- In all the CFS, children at the day care centre receive a meal and the students in the evening classes receive milk and biscuits.
 - A mother linked to respective camps prepares the meals, for which she receives an allowance.
 - At each centre a timetable is put up on the daily food schedule. The children at Kurukalmadam (SHADOW) stated that their favourite food is lentil curry. At Kurukalmadam the children receive at 12 noon – rice and curry according to the set time table and at 9.30 a.m. - milk and biscuits. At the CFS in Kokuvil during evening class nutritious food is given at 3.30 pm

Thiranamadu- Swiss village – Food timetable (St. Johns)

- Milk and biscuits - 9.30 a.m
- Lunch at 12
 - Monday –rice +one vegetable and fish
 - Tuesday – 2 vegetables +leaves and rice
 - Wednesday – vegetables + beef
 - Thursday – vegetables + rice
 - Friday – vegetables

Kokuvil evening class meal timetable (SHADOW)

- Milk and biscuits
- Monday – chickpeas
- Tuesday – Porridge
- Wednesday – Samaposha
- Thursday – Porridge from green leaves
- Friday – Green leaves – porridge

Issues such as HIV/AIDs and abortion are not treated as a priority issue for these particular groups of IDPs. However, it may be suitable to conduct awareness on HIV/AIDs awareness as a prevention technique, whether the IDPs stay in camps or return to their villages.

Protection

The partners and staff at CFS centres take several steps to protect children. On one hand they create awareness on protection. Awareness on child abuse is given to parents and children in three centres. Attendance to CFS and schools it self seem to reduce children's exposure to threats including sexual exploitation, physical attack and military recruitment.

- For the smaller kids the teachers use pictures to educate them on the topic.
- The teachers also separate girls and boys to talk about sensitive topics.
- An important step in child protection is asking parents to accompany children, to protect them from abductions.



Child Participation

Children are consulted in two key ways at the camps.

- One is regarding their meals. The children decide on which curries and which foods they want on which day. At the Swiss village the children are consulted sometimes on the day before - on what foods they like, e.g. what vegetables on which day.
- At the same time children are consulted on which activities they prefer. At Kokuvil children are consulted regarding their preferences for games. Children also seem to take a leading role in educational activities for instance.
- At Kurulamadam a young child came forward to lead the session on Tamil language.
- Furthermore, at all the centres the children seem to enjoy a highly interactive environment. In the evening class the lesson took an interactive approach.

Children with special needs

The staffs received training on disability and CBR at the training with WDC.

- Identification of children with different abilities seems to go hand in hand with other activities at the centre. KNH's special concern for CBR and children with disabilities seem to prompt this further.

At Kurukalmadam- one handicapped child - received a wheelchair. Furthermore, referrals were done for 4 – blind children.

8. PERCEPTION OF CHILDREN, PARENTS AND OTHERS

Tamilini (16)

Tamilini from Pudukudiruppu wants to become a teacher when she grows up. She has a 12-year-old sister who attends school. At the CFS evening classes Tamilini studies Tamil, English, Math and Science. She finds that the evening classes helps with school work, making the lessons easy to understand. She attends the evening class from 4-5 pm. She will be sitting for O/L exams next year.



Tamilini with Sharmila (top left) the SHADOW coordinator at Kurukalmadam, parents and kids at Kokuvil and a mother and children in Alankulam

Improving the quality of education

A general opinion was that the CFS is helping with the children's education in schools.

- Parents find that the children are able to understand the material taught in school much easily due to the evening classes.
- Another parent finds that her son performs well at exams because the exercises taught in the evening classes are very similar to the material given in school exams. A parent at Alankulam and a teacher at Kokuvil stated that the children receive the same questions that discussed in the CFS, which helps them perform well in the school exams.
- Parents of the CFS pre-school children said that the children learn the alphabet much faster after the CFS.

Lakshika (10)

Lakshika attends the Navaladi School. She studies all the subjects at the evening camp. She receives copy books, pens, pencils and other material at the center. She likes the class and finds the teachers teach well. She has made new friends in the class. She has two brothers one elder and one younger – when she is free she plays with them. The younger brother attends the pre-school. She wants to be a teacher. She studies during holidays. She hopes to return to her home town. Her parents attended awareness programs on child abuse.

Health and nutrition

Health and nutrition at the centres have improved due to awareness programs, skills training and provision of nutritious foods to children.

- Many of the interviewed parents had received awareness on sanitation and nutrition from the partners. In a few cases, parents said that they had received awareness on sanitation from other NGOs.
- An important aspect is the improvement in children's nutrition. The children were all receiving meals amounting to 500-1500 calories a day.
- The latter aspect is particularly important because most of the displaced people are from low income earning families, most earn daily wages. During displacement they have worse income opportunities, thus a regular meal ensures that children in these IDP camps maintain good health.
- It was observed that all the camps visited were well kept.

S. Nilawadani St. Johns – Thiranamadu - Swiss village

Nilawadani (29) has lived in the camp for 3 years. Prior the Swiss Village her family lived in Central College in Navalady. She has three children, one child is in year 5 and the other is in year 3 while the youngest attends the CFS run by the St. Johns mission. Her husband works away from home and she is alone at home. When the children are at the CFS, she does not have to worry about them, she knows that they are well fed and well looked after. She attends the awareness meetings held once a week. She has received sanitation awareness from other organizations. She says "Sometimes the child doesn't like to eat at home; this does not worry me since I know the child eats at the center. The child enjoys eating with other children."

Nilawadani and another parent at the Swiss village



Improving the camp environment

One teacher commented “There is less conflict because the children are occupied after school. This is helpful in a camp environment, where there is intense space related problems.”

Maintaining relationships with parents

Kurukalmadam. Parents meet on the 28th of every month - meeting helps with the relationship between teachers and parents. – maintaining relations with parents.

9. CFS STAFF CAPACITIES & TRAINING

- Two types of staffs are responsible for the CFS - partner staff and CFS staff linked to IDP camps. The first category is the partner staffs that include program officers, project coordinators and community mobilizers. Staff linked to the IDP camps is responsible for the day to day running of the CFS. These women are former school teachers, pre-school teachers, volunteer teachers and in one case a school leaver.

Developing staff capacity

- KNH organized an 8-day training on CFS for both staffs with WDC. The training covered a range of issues identified as criteria for a CFS. Most of the staff working closely with the CFS has previous experience related to partner projects on children, development and emergency assistance. The teachers also have prior training and experience to an extent. Both staff expressed that their capacity to manage and run a CFS improved remarkably after the training and the following points were made.
 - The coordinator for CFS of SHADOW commented “ WDC training was helpful to me to learn about nutritional foods, calories related to food, psychosocial aspects, identification of children with special needs both psychosocial needs and disability related needs“.

“At the beginning the method was not clear – not systematic – after the WDC training more systematic”.

Sharmila, CFS Coordinator, SHADOW

- According to the KNH field officer most of the staff knew how to handle pre-school however, the exact concept of CFS was made clear after the training.
 - In Alankulam, according to St. Johns the staff received knowledge on basic teaching methods, which made their task of imparting knowledge easier. They also learnt on issues of hygiene, which was particularly important in a setting where many people were from rural areas and they had to share limited toilet facilities in the IDP camp premises. Using waste creatively to make products was also useful for the staff. Knowledge on child protection was helpful.
- Some teachers at CFS have also attended a child rights training organized by KNH.

Selappa Sri Vigneshvari (35) teacher Thiranamadu - Swiss village CFS

Vigneshvari is from Kalladi. She moved to the Swiss village after the tsunami. It has been 3 years since she came here. She was a pre-school teacher for 10 years. Prior to the St. Johns CFS, children's programs were conducted in the camp by Save the Children and by parents. She found that the WDC training was helpful. At the training she learnt how to guide children and how to approach them effectively, particularly in a camp setting. Awareness on nutrition for children was also an important part of her learning from the training.

- The report on WDC training mentions that participation at of CFS staff was very high. Their knowledge level was considered high while their commitment stood out for the observer. Finally the report mentions that the participants made requests for more trainings.



Teachers along with children at Kurukalmadam and Thiranamadu- Swiss Village

- Taking advantage of existing knowledge of partner staffs was also helpful for the implementation of CFS. Both partner organizations benefited from the experience and expertise gained from tsunami assistance. The program coordinator/mobilizer responsible for the CFS of SHADOW's staff received psychosocial counselling training after the tsunami from WDC. She has received further psychosocial training from Mercy Malaysia.
- Previous experience of IDP teachers is an important element. The teachers have also received training from other NGO's.
 - In Kokuvil - The teacher who handled the older students has studied up to A/L. She has received training on Teacher training modules from Sarvodaya. She has also undergone training with other organizations on psychosocial support. Before she was displaced, she used to teach evening classes in her own community. The other teacher has studied up to O/L. She has also worked as a volunteer teacher in her community prior to displacement.

- Sharing and transferring knowledge was an important part of developing CFS staff capacity.
 - At Kurukalmadam the SHADOW mobilizer has given the WDC training to the teachers who were unable to attend. Junior teacher - Muttur - 1 year in the camp – The teacher worked at an NGO – local NGO working on psychosocial support two children – one attends the pre-school and the other attends the evening class.

10. CHALLENGES

The partners encountered several challenges during the initial setting up stages of the CFS. While some of these challenges were mitigated, issues related to resettlement and continuity of support remains an urgent concern. Several challenges are explained below.

- An initial challenge for the partners was trying to link with other NGOs. At the selected camps different NGO's conduct various programs for children. At the camp in Kokuvil Befrienders and YMCA conduct play therapy for the children. Thus to allocate a time for the evening class the SHADOW coordinator had to be negotiated with these organizations on a suitable time.
- Another challenge was the distribution of school material for children. At Kokuvil during distribution of school materials parents whose children were in other camps, living with their grandparents, also wanted material for their children. Thus, differentiating between which children should be allocated these resources was a difficulty.
- Another challenge was the limitations on resources to assist parents or other caregivers of the children attending the CFS. The project main focus is children in the camps, thus resources were lacking to assist if a mother in the same camp is taken ill.
- Resettlement of the IDPs from Trincomalee is also an issue. Although the government has promised various dates, there are no clear dates on when the IDPs will be returning. Therefore, the partners find it difficult to design and implement program in an uncertain time frame. All the funding partners have made 6 months commitments. However, the IDPs have been displaced much longer.

11. RECOMMENDATIONS AND FURTHER OBSERVATIONS

Several points that can be considered in relation to the project and future initiatives related to emergency responses linked to IDPs are stated below.

Defining emergencies and continuation

The CFS project has completed its original period of operation. Hence, KNH and its partners should engage in defining terms related to the phasing out of the project. Beneficiaries should also be party to this discussion at a given point.

The partners have cross cutting relations with these camps other than through the CFS project. Hence, in case of project termination the partners need to design methods for the children to receive similar facilities such as nutrition and school material through other sources. At the same time issues such as protection, health and monitoring of child safety issues should be discussed with other organizations which assist the related camps.

Partners and KNH can together outline a phasing out strategy for the project that is gradual, providing time for the aforementioned alternatives to be organized. KNH also has crosscutting projects that focus on the same children with St. Johns and SHADOW. Thus, different projects may take responsibility for some of the services provided by CFS. Additionally in the gradual process of phasing out KNH may continue to provide selected and limited facilities related to the CFS.

KNH may engage in further internal discussion on its role regarding emergency assistance and working with IDPs. Emergency relief is a priority given the context of Sri Lanka, however due to the complex nature of emergency assistance and related issues such as long term IDPs KNH can define clear steps in how it intends to work with IDPs in future and humanitarian emergencies go beyond care and maintenance.

Set clear boundaries and agreements to responsibilities

In response to the challenge partners face when a mother or a relative in the same camp falls sick KNH and the partner can agree on a framework. The framework may state clear boundaries or agreement on how both parties may respond to such an incident.

Training needs and awareness needs of the community

The WDC training addressed issues such as HIV/AIDs, which is not treated as a priority issue at the CFS. The training itself is useful since exiting structures of knowledge come of use at different points in time as in the case of the psychosocial counselling training during the tsunami that became helpful for the current emergency. However, classrooms can be effective forums for conveying life-saving information about risks including HIV/AIDs and even landmines. Awareness programs for parents conducted by the partner organizations can also serve as a channel to inform adults about risks such as HIV/AIDs.

Gender sensitivity & cultural sensitivity

Child abuse is treated as a central element of CFS. More focused attention on gender-based violence and women's rights can qualitatively improve the impact of the project. The poor living conditions in IDP settlements may result in an increase in domestic and sexual violence. Displaced girls and adolescents are particularly vulnerable to trafficking, sexual exploitation, and other forms of gender-based violence.

Consideration should be given to how the CFS concept can be adopted to conservative communities where boys and girls are not expected to be in the same space.

Engage active in put from parents and camp residents

Partner organizations should involve parents and other camp residents more actively in the CFSs. Regular sharing meetings with parents and camp residents will produce strategies through which parents and camp residents can take more responsibility for the functions related to CFS. Such collaborations will further enhance and restore parental and adult responsibility in emergency situations.

Strengthening linkages

The reality of working in emergencies and with IDP camps requires engagement with other organizations. Such networking is helpful in preventing duplication, filling gaps and in case of project phasing out. Hence, networking and consultation with different NGO's that work in the same camps is critical to the impact of a given project.

12. CONCLUDING REMARKS

It is observed here that the four centres visited have fulfilled the objectives of the project to full extent amidst many hardships. Attention to the abovementioned challenges (section 10) and the recommendations and observations (section 11) may yield even more favourable results in the future.