CHAPTER -IV
CHAPTER IV

Emergency Relief and Income Generating Projects

The previous chapter dealt with the origin, mandate and operational activities of international relief agencies such as ICRC, CARE, Oxfam and UNHCR. These agencies are involved in mitigating the sufferings of non-combatants affected by the protracted Sri Lankan ethnic conflict. They render service both at the individual and at the community level. Their activities include providing food, shelter, water, sanitation and medical care. These organizations also try to enhance the capacity of individuals for a productive and satisfying life. Each organization has specialized in activities according to its mandate.

These relief agencies have distinctive specialization in relief activities. For example, UNHCR works to protect refugees and promote durable solutions to the plight of internally displaced persons (IDPs). CARE, Oxfam and ICRC concentrate on relief. The ICRC does not undertake income-generating activities but as part of its objective of reducing conflict it holds briefings on human rights for the security forces and the militants to promote respect for International Humanitarian Law. The ICRC also plays a mediatory role in peace talks. Oxfam, while focused on relief, also works to promote the creation of livelihood. CARE concentrates exclusively on income-generating programmes in the conflict-affected areas.
Though much has been said about the relief agencies and their work in Sri Lanka there were severe restrictions in accessing the data related to research, as the present researcher found out.

The present chapter is divided into two sections. Section I discusses the emergency relief activities undertaken by these humanitarian agencies. Section II discusses the projects undertaken by them.

Emergency humanitarian situations are caused due to natural disasters, man-made emergencies, sudden decline in social and economic stability, technological disasters, and pandemics of certain communicable diseases. They have become more frequent, more widespread, more complex and longer lasting, combining interstate and internal conflicts, massive displacement, mass famine, and disruption of economic, political and social institutions, resulting in the need of emergency assistance.

**Emergency Relief**

Emergency relief has been defined as “Money, food or other assistance provided to those surviving a sudden and usually unexpected occurrence requiring immediate action, especially an incident of potential harm to human life, property or the environment”. Assistance provided by humanitarian relief agencies to victims of conflict comes under this definition.

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1 Available at: www.eionet.eu.int/gemet/concept?cp=2657
Need for Emergency Relief in Sri Lanka

The violent and protracted ethnic conflict in Sri Lanka has created an emergency situation. It has made millions refugees or internally displaced. The conflict has destroyed the socio-economic fabric of the country, resulting in poverty, serious environmental problems and severe health hazards. There have also been severe human rights violations. There is a severe need for emergency aid and assistance to non-combatants caught in the conflict. Many international bilateral and multi lateral aid agencies responded to the critical emergency conditions in the country to render humanitarian relief and assistance.

ICRC

The ICRC's activity in Sri Lanka is focused on protecting the rights of detainees. The government of Sri Lanka has extended its cooperation to the ICRC for its objective of aiding the victims of violence.

ICRC has been involved in Sri Lanka since the 1970s. Though initially it lacked an official set-up in the country, its regular involvement in humanitarian work gave it access to places of detention.

Soon after the first insurrection of the Janatha Vimukthi Perumana (JVP) on 5 April 1971 the Government of Sri Lanka allowed the ICRC

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delegate to visit hospitals and places of detention. During this initial involvement of the ICRC lasting nearly six weeks, the ICRC delegate visited 1800 persons detained for their role in the insurrection. The ICRC also supplied medicines and clothes to the detainees. Two operational camps, opened at Vidyalankara and Vidhyodaya near the university, rendered service to nearly 5,300 detainees. During that period the first rehabilitation camp was opened in Anuradhapura. By the end of September 1971, there were almost 15,000 detainees in the rehabilitation camps. The ICRC’s regional delegation continued regular visits in the country.

Immediately after the 1983 riots the ICRC provided humanitarian assistance to victims of the violence and those held under the Emergency Regulations (ER) and the Prevention of Terrorism Act (PTA). By the end of 1989 the ICRC was officially invited by the Government of Sri Lanka to initiate humanitarian relief in the South of the country and the ICRC office was established in Sri Lanka in June 1990.

Current ICRC activities include protection of civilians in the North-East, escorting government supplies, protecting the Jaffna Teaching Hospital (JTH), visiting detainees and tracing the missing. Table 4.1 presents details.

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Table 4.1: ICRC’s recent humanitarian emergency relief work in Sri Lanka

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical assistance</th>
<th>Material assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicines</td>
<td>Mobile health clinics</td>
</tr>
<tr>
<td>1992</td>
<td>500 tonnes</td>
<td>9</td>
</tr>
<tr>
<td>1993</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1994</td>
<td>Furnished the JTH with medical supplies</td>
<td>Continued to assist nine mobile health clinics</td>
</tr>
<tr>
<td>1995</td>
<td>Increased emergency medical supplies and proposed a medical package</td>
<td>Two nurses and a doctor were sent to JTH, nine assisted mobile health teams</td>
</tr>
<tr>
<td>1996</td>
<td>160 tonnes</td>
<td>-</td>
</tr>
<tr>
<td>Year</td>
<td>Action and Details</td>
<td>Outcome and Objectives</td>
</tr>
<tr>
<td>------</td>
<td>-------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>1997</td>
<td>582 people were given specialized treatment; medicines to 22,000 families</td>
<td>Furnished medical supplies required to run 10 mobile health teams; Furnished 29 PHCs; 39 new water and sanitation projects; Plastic sheeting for 22,000 families; Repairing and installation of pumps and wells in the East and Vanni region; distribution of 700 hoes and 1000 seed kits to 1000 families under agricultural rehabilitation programme</td>
</tr>
<tr>
<td>1998</td>
<td>A midwife from the Health Ministry offered antenatal consultations and vaccination for pregnant women and children</td>
<td>Rendered non-food assistance; pipes, pumps, chemicals and other materials for 75 water supply and sanitation projects in Vanni and the East; 12,000 shelters in Puthukudiyiruppu; Relief items to 4190 families in Vanni; 10,600 school kits</td>
</tr>
<tr>
<td>1999</td>
<td>Treatment to average 350 persons per month; dental treatment to 750 persons per month in Trincomalee; referral of 1600 patients from Jaffna</td>
<td>Financial and technical support, materials and equipment for artificial limb production; improved water supply facilities for 3500 families, repairing of tube wells and hand pumps; trained 22 first aid experts and 407 volunteers; 1579 tonnes of materials; Provisions for 2000 destitute children; 13,000 household items in Vanni and Vavunia region; flood relief to 17,000 people</td>
</tr>
</tbody>
</table>

Source: ICRC Annual Reports, Various Years.
Throughout its involvement in Sri Lanka the ICRC has provided relief and medical assistance to the wounded, protected the JTH under its emblem and distributed medicines and medical supplies provided by the Health Ministry.

The large-scale offensive of the LTTE against the Sri Lankan Army camp in July 1989 near the Elephant Pass left many people wounded. Nearly a hundred of them were evacuated to Jaffna Hospital. The ICRC supplied emergency stock to the JTH during the military operations. It transported patients from Jaffna Peninsula to various hospitals on the island. It took more than 1,200 patients by boat, under its emblem, primarily from Point Pedro to Colombo and continued to support the Sri Lankan Red Cross Society (SLRCS) in the North-East by assisting its mobile health units, and backing its programmes for the displaced.

In 1992, the ICRC supplied 70,000 tonnes of basic supplies, including 500 tonnes of medicines to the strife-torn areas in the North. ICRC volunteers also visited several camps sheltering displaced people in the North-East. It supported and financed the programmes of the SLRCS for displaced people in the North-East, which included building and repairing huts, distributing food, clothes, sheets and cooking utensils, as well as digging wells and running a mobile health team for providing medical care to the people living in isolated areas.

The ICRC increased its medical assistance activities in 1994 and acted as a link between the Health Ministry in Colombo and the JTH. It
also took care of the medical requirements in other conflict areas and
maintained an emergency medical stock to meet any contingency of a
sudden influx of war-wounded.\(^4\)

The ICRC took full responsibility in September 1994 for the nine
mobile health clinics set up in 1992 in cooperation with the government
and the Norwegian Red Cross. The SLRCS and the ICRC branch
maintained a stock of food supplies sufficient for some 500 families in
Jaffna, Mannar, Killinochchi, Mullaitivu, Trincomalee, Batticaloa and
Ampara in case of emergency.

The ICRC also continued to protect the JTH and provided other
medical facilities in collaboration with the SLRCS. It handed over 40
barrels of fuel for the generators and furnished the hospital with
emergency medical supplies. The ships under ICRC's emblem enabled the
patients to travel safely to Colombo for treatment and back to Jaffna.

The intense fighting which resumed when the LTTE sank two
vessels of the Sri Lankan Navy in Trincomalee on 19 April 1995 in a
suicide attack led to the intensification of the ICRC's activities. During
the same year, as a result of the numerous clashes between the security
forces and the LTTE in July and September on the Jaffna peninsula,
nearly 10,000 people fled their homes and hundreds were killed or
wounded.\(^5\)

The renewed outbreak of fighting caused extensive disruption among the civilians. The major offensive by government troops against the town of Jaffna in October 1995 caused between 300,000 and 400,000 civilians to flee their homes. The government re-imposed a ban on various items, including medicines, on which restrictions had been lifted during the truce. To cope with the upsurge in violence in the country, the ICRC had to come to the rescue of victims of violence. The ICRC also had to step up its activities to cope with the escalating violence in the North.6

Because of several serious incidents that included the planting of explosive devices in Colombo, where a large number of civilians were victims,7 the protection of civilians remained a major concern for the ICRC in 1995.

During the same year, the ICRC delegation proposed a "medical package" to the government, that included not only medicines but also sending surgical teams to the JTH and the government-run hospital in Trincomalee. The ICRC increased its emergency stock of medical supplies in order to cope with the influx of wounded. In order to prevent the outbreak of waterborne diseases among the displaced, the ICRC gave top priority to water and sanitation work. The SLRCS was active in the Chavakachcheri camps because of the support from the ICRC Mobile Health Team (MHT). A small number of medical personnel worked in

JTH under the protection of ICRC. The ICRC sent two nurses and a doctor to open dispensaries and support the hospital in order to cope with the influx of the displaced people.

During 1995, the ICRC and SLRCS branches in conflict areas carried out relief operations jointly. The ICRC continued to support the medical activities of the SLRCS in conflict zones. Throughout the year it assisted and supervised nine MHTs in the North-East, providing medical care for civilians living far away from any medical centres. The main diseases dealt with were acute respiratory disorders, infestation with worms, anaemia, skin diseases and malaria. The ICRC also provided financial and material support to seven primary health centres (PHCs) set up by the SLRCS on Mannar mainland and regularly supervised a training programme organized for the staff of these centres. Emergency food stock was maintained to assist some 10,000 people for one month, if necessary, with the cooperation of local SLRCS Jaffna branch.  

In 1996, the ICRC launched a relief operation in conjunction with SLRCS local branches to help the displaced civilians who fled to the Vanni region in April. Its delegates distributed non-food assistance to especially vulnerable families among them to improve their health and hygienic conditions, by providing them with better shelter. The ICRC set up a stock of essential non-food items in order to face any future

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population movement. As the signs of malnutrition were detected mainly in Batticaloa and Trincomalee districts the ICRC launched an agricultural rehabilitation programme in order to produce additional means of sustenance. As in the previous years, in 1996 too the ICRC regularly escorted government relief convoys travelling in the North and East of the country. To prevent the outbreak of waterborne diseases in the camps of the displaced civilians, the medical staff of ICRC distributed information leaflets and took various steps to promote hygienic practices and facilitate basic health care. The ICRC continued to support seven PHCs run by the SLRCS in the Mannar mainland. 9

During 1997, in order to assist the displaced civilians in the Vanni region, and to develop their health and hygiene conditions the ICRC continued distribution of non-food assistance and provided better shelter to the most vulnerable among them. The ICRC stocked non-food items sufficient to meet the needs of 10,000 people in case of an emergency. It opened an office in Puthukkudiyyiruppu. The ICRC worked with other agencies to combine agricultural and irrigation projects to stimulate food production and enable the residents to become self-sufficient and to cope with the economic restrictions imposed on them for various security reasons. 10

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9 ICRC Operational Activities, 1996.
ICRC staff continued to install and repair pumps and wells in Vanni and the Eastern Province and provided necessary items for water distribution. It also carried out an awareness programme to promote hygiene, water conservation and other practices conducive to basic health care.

The ICRC delegation acted as a neutral intermediary between the World Bank, the irrigation Ministry and the Farmers Association, irrigation workers and the LTTE and monitored the sites of irrigation projects on behalf of the World Bank. In the Eastern Province, a midwife from the Health Ministry regularly joined the ICRC’s mobile health team to offer antenatal consultations and vaccinations for pregnant women and children in potentially dangerous areas.

The ICRC also transported civilians in need of medical treatment and distributed medical supplies in “uncleared areas” as restrictions were imposed by the government on the transport of goods in the areas where LTTE was present. It escorted government relief convoys on the request of government officials and protected the officials working on irrigation projects, conducting anti-malaria campaigns and Polio vaccinations.

In the renewed conflict of 1998 between the LTTE and government troops, the government forces tried to retake the road to Jaffna Peninsula from LTTE control. Even though relatively few civilians were directly

affected by the battles raging in the North and various skirmishes in the East, thousands were caught up in impoverishment, aggravated by lack of food security and restricted access to clean water and medical facilities.

Throughout the year, fighting was fierce, particularly around Elephant Pass, Paranthan, Killinochchi and Mankulam. The LTTE's offensive on Killinochchi brought the town under their control. The cost of human lives in this single battle was greater than during the entire earlier period of the conflict. The army in its turn succeeded in taking over Mankulam. The small town of Oddusudan, which the soldiers took over, forced more than 12,000 civilians to seek shelter in the North, mainly in Puthukkudiyiruppu. The conflict was not restricted to the North, but spread to the capital. Also, the Buddhist Temple of the Tooth in Kandy was subjected to bomb blasts. The low-intensity conflict in the East, particularly in Batticaloa and Trincomalee districts, also affected the civilians. The ICRC rendered assistance to the affected people in terms of emergency non-food supplies.

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Oxfam’s Emergency Work in Sri Lanka\textsuperscript{15}

Oxfam defines an emergency as “Any situation where there is an exceptional and widespread threat to life, health or basic subsistence, which is beyond the coping capacity of individuals and the community”.\textsuperscript{16}

Oxfam has a dual mandate. It is to work to overcome poverty and to reduce suffering. Overcoming poverty refers to long-term development work. The objective of reducing suffering is carried out by responding to humanitarian emergencies. Oxfam’s primary objective in responding to an emergency is saving and protecting lives. Building capacity and addressing gender equalities are vital additional goals for providing feasible solutions. Oxfam work in Sri Lanka includes:\textsuperscript{17}

\begin{itemize}
\item Sustainable livelihoods and micro finance work combined with community strengthening activities in the North, East, and hill country.
\item Strengthening community access to health as part of an integrated humanitarian development plan in the North.
\item Supporting access to clean drinking water and sanitation facilities and development of hygiene education and development of user groups as empowerment mechanisms in the North and the East.
\end{itemize}

\textsuperscript{15} Extracted from available material.
\textsuperscript{16} Details at: www.oxfam.org, “Emergency”.
\textsuperscript{17} http://www.Oxfam.org.uk/what_we_do/where_we_work/sri_lanka/programme.htm
- An integrated community flood rehabilitation project in the South, including public health education and promotion, community rebuilding of destroyed houses and toilets, livelihood support, rehabilitation of gravity water systems and community mobilization.

- Programme to end violence against women in the North and the East, development of a national campaign to end violence against women and support for gender equity projects.

- Conflict reduction programme taking place amongst all ethnic communities through partners and networks in the North, East, South, hill country and at national strategic levels.

- Marginalisation projects in the plantation sector, to enable plantation workers to have access to critical national documents, and to know their rights. This includes building up of community-based organizations (CBOs) in the tea plantations.

- Development of emergency preparedness at local levels and advocacy for better coordination mechanisms at the national level.

Oxfam has a long record in Sri Lanka of responding to the emergency needs of the people affected either by natural or man-made disasters. Oxfam has been supporting projects and partners in Sri Lanka since 1968.\(^{18}\) Its programme focus is on alleviating the poverty of those who are internally displaced and others directly affected by the conflict, with special focus on ensuring that they have basic

\(^{18}\) [http://www.Oxfam.lk/what_we_do/where_we_work/sri_lanka/index.htm](http://www.Oxfam.lk/what_we_do/where_we_work/sri_lanka/index.htm)
water and sanitation facilities and access to sustainable livelihoods, and that healthy and productive relationships are built between the different communities.\textsuperscript{19}

With the escalation of violence in Sri Lanka the need was strongly felt to address the humanitarian needs of the affected people. In response Oxfam opened its first country office in 1986. As of July 2003, there were six programme offices and 70 staff working in the Oxfam Sri Lanka programme.\textsuperscript{20}

\textbf{PART II}

The ethnic conflict in Sri Lanka has steadily deteriorated infrastructure in the conflict areas of the North and the East. It laid a wider impact on the economic scenario of the country. With the steady depletion of financial and human resources and inadequate facilities such as health care, food, shelter and access to education, large numbers of people were affected physically and psychologically. Apart from the psychological impact, it resulted in a sense of economic discrepancy among the population.

Reports\textsuperscript{21} say that, when the country gained independence it ranked ahead most of the Asian countries in terms of socio-economic indicators of well-being\textsuperscript{22}. The civil war has shattered the country’s economic prospect since the 1980’s as a

\textsuperscript{19} Details at : www.Oxfam.org, “sri lanka”.
\textsuperscript{20} http://Oxfam.lk/what\_we\_do\_where\_we\_work/sri\_lanka/programme.htm.
\textsuperscript{21} Development Indicators such as Per Capita Income, Primary School Enrollment rate, Infant mortality Rate and Life Expectancy were much higher in Sri Lanka, One amongst Highest in Asia since independence.
result of the hiked expenditure of the government on the military operations, the
destruCtions of the social and economic infrastructure resulting in the decelerated
social and economic growth.

The war decreased employment rate by 7.8%. Health and
educational services declined by one-third. Decline in tourism caused a
loss of 141,000 jobs and foreign exchange loss of US$7.5 billion. The
average household consumption was only 38 per cent of the normal.²³
There was decline in transport and telecommunication systems. There
was, thus, a general decline in the people's income-earning activities and
capabilities.

CARE SRI LANKA (CARE SL)

CARE Sri Lanka (CARE SL) focussed on food-related programmes
and maternal and child health issues. In the 1980s CARE diversified its
programme portfolio in response to the changing needs of the country and
its own wider objective of poverty alleviation. To meet this objective
CARE emphasized on sectoral programming in the areas of agriculture
and natural resources, small economic activity development and relief and
rehabilitation.

CARE decentralized its service delivery structure in Sri Lanka and
started to implement programmes through a network of its field offices
around the country. During the 1990s its project portfolio continued to

reflect a commitment to alleviate poverty. The programme’s strategy focused on improving household livelihood security of poor households. By the end of the 1990s, it implemented 10 projects through its head office in Colombo.\textsuperscript{24}

CARE SL’s core values are respect, integrity, commitment and excellence.

\textit{Respect:} CARE demonstrates respect by listening actively to its staff and stakeholders, by seeking their inputs, by reaching consensus and by being willing to learn and share experiences.

\textit{Integrity:} CARE demonstrates integrity standing by its principles, acting in a manner that is non-partisan and totally non-discriminatory, by being honest and fair in all its dealings and by being loyal to its stakeholders, even in the face of difficulties.

\textit{Commitment:} CARE shows commitment by serving all stakeholders honestly and consistently, by giving its best according to its promises.

\textit{Excellence:} CARE shows excellence by stretching its activities to achieve its goals, by being professionally organized and by its willingness to continue to learn, grow and develop.\textsuperscript{25} CARE SL supports the local efforts that are aimed at realizing the rights and equal opportunities of the poor, vulnerable and marginalized. It tries to address them by:

\begin{footnotesize}
\begin{enumerate}
\item Available at: http://www.care.org/careswork/countryprofiles/97.asp
\item Available at: www.care.org, “CARE Sri Lanka: Our Core Values”.
\end{enumerate}
\end{footnotesize}
— Continuing to address the root causes of vulnerability of communities and households affected by conflict;

— Advocating for and facilitating reconciliation, working through and empowering local partners, and by facilitating economic empowerment of households.

The key initiatives of CARE SL are:

• to empower and activate the poor economically;

• marginalisation and social cohesion; and

• building possibilities for peace.

Empowerment of the Poor

The poor when involved in an economic activity face extreme difficulties in access to information, appropriate financial services, technologies and markets. CARE's country programme tries to help the economically active poor, by assisting them through micro-projects and by providing them financial services to overcome the barriers that limit their potential for economic development. CARE SL projects focus on enabling the poor to get access to information and services rather than on income generation. CARE SL advocates for the rights of the poor to represent themselves on decision-making that makes a difference to a change in their livelihoods.
Marginalisation and social cohesion

Marginalisation of certain groups within society is an important factor contributing to the social unrest in the country, resulting in higher levels of marginalisation. Therefore, marginalisation and social cohesion are strongly linked.

CARE SL's fundamental goal is to build social cohesion. Its community-level projects involve a wide range of community members and community-based organizations (CBOs). CARE SL encourages different groups to work together by opening channels of communication and facilitating a dialogue whenever there is a conflict.

Building possibilities for peace

Building possibilities for 'Do Not Harm' concept was developed by the Local Capacities of Peace Project (LCCP), an international peace-building network. The LCCP helps participating organizations to understand the conflict situation in their country and both the positive and negative impact of aid. By using this the aid organizations can minimize the unintended negative impact of aid. CARE applies its principle of 'Do No Harm' to all its work in the conflict-affected areas to promote the concept, "with all of our partners".26

26 CARE Key Initiatives of CARE in Sri Lanka (Colombo: CARE, Colombo Branch, 2002).
Areas of operations

CARE SL focuses on three main population groups in specific areas: rural communities in the dry zone; conflict-affected in the North and East; and residents of Sri Lanka's tea and rubber estates. The present study, however, is concerned only with CARE SL activities in the conflict-affected North-East.

Conflict-affected North-East

CARE SL's primary aim in its involvement in the conflict-affected areas of the North-East is to address the long-term development needs of people in the conflict areas. This includes assisting families to rebuild their livelihoods and strengthen the capacity of government organizations, NGOs and CBOs.

To support the needs of the community, development initiatives were undertaken in areas where communities resettled. The majority of CARE's work in the North-East is development oriented, but CARE SL also undertakes necessary and needed relief and rehabilitation activities.

The Dry Zone: Building sustainable rural livelihoods

Sri Lanka's dry zone covers more than two-thirds of the country's land area, predominantly rural. Most of the households rely on agriculture for their livelihood. The decline in the contribution of agriculture resulted
in depletion of household income and increase in off-farm activity in some areas.

CARE SL works with rural households to improve the agricultural activities, from pre-production planning to post-harvest technologies and marketing of produce, especially in agriculture-dominated areas. The projects emphasize on linking farmers to appropriate information and services.

**Capacity Building CBOs in Jaffna (CAB-Jaffna)**

Poor people often face problems in accessing financial services. This is especially so in war-affected areas where the infrastructure collapses. In these uncertain conditions, formal financial institutions will not lend to the poor. Savings from a vital safety net can help the families to meet the future needs. However, to restart income-generation activities, credit is needed.

CAB-Jaffna was developed to meet the high demand for financial services among Jaffna’s rural communities. The project works with local organizations, building their capacity to offer secure and reliable financial services. CAB-Jaffna commenced operations in 2000 and works with 20 CBOs in the Jaffna peninsula, including ten cooperative societies and ten women’s savings and credit groups by creating links between

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these groups. CARE’s goal is to improve social cohesion in conflict-affected areas by establishing links between the groups.

CAB-Jaffna is a pilot project. It tries to increase CARE’s understanding of how to run small-scale community-based financial service programmes in conflict environments. It stresses on working with the existing cultural strengths whereas the other development projects focus on aspects of poverty and weakness. Jaffna has a tradition of strong cooperative societies. The project tries to strengthen the reputation and working of these cooperative societies. However, the communities must see that the financial service provider is reliable and safe. The aim of CAB-Jaffna is to study the impact of gender to access and control of financial services.28

**Capacity Building in the East (CAB-E)**

CAB-East was developed in order to meet the high demand for financial services among the districts of Batticaloa and Ampara rural communities. The project works with CBOs, to build their capacity to offer secure and reliable financial services to those particular communities. CAB-E operations in Batticaloa and Ampara districts include the new and existing savings and credit groups and local NGOs that provide financial and non-financial services whenever and wherever possible. CAB-E creates links between these groups to promote social cohesion in conflict-affected areas.

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The overall goal of the project is to reduce the vulnerability of poor households, and to promote gender, equity and inclusiveness, and reconciliation through stronger community cohesion in conflict-affected areas of Sri Lanka. The project will work with the CBOs to bring financial services to over 1500 households in the Eastern Province, benefiting especially the economically active poor. The aim of CAB-East is similar to CAB-Jaffna, i.e. to study the impact of gender on access to and control of financial resources working exclusively with female saving and credit groups.29

**Gender-based Violence and Conflict Initiative (GBV)**

The Sri Lankan conflict has also resulted in a high level of gender-based violence (GBV) in the country. Women are highly vulnerable to abuse, exploitation and discrimination by those in power, when women fleeing, are crossing checkpoints, seeking asylum, trying to build a temporary life in a refugee camp, and repatriating to their former homes. In general, they are frequently subject to violence within their homes. In times of conflict domestic abuse can be extreme as physical and economic security is threatened.

GBV encompasses a range of acts of violence committed against females. It is based on the views and roles and expectations of the people of that particular society. It includes sexual violence such as spouse abuse

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29 Details at: www.care.org, “CBOs in Jaffna and the East”.
i.e. domestic violence, emotional and psychological abuse, sex trafficking, forced prostitution, sexual exploitation, sexual harassment, harmful traditional practices, and discriminatory practices based on gender.

The GBV project was started by CARE SL in January 2004 in Batticaloa, Trincomalee and Polonnaruwa districts, working together with local NGOs and CBOs. Its donor was NORAD and CARE USA. Its goal is to strengthen civil society to influence policy and socio-cultural norms to ensure the realization of women's rights to freedom from GBV.

The objectives of the GBV project are:

— to increase awareness on GBV among the staff of CBOs, NGOs and CARE in Batticaloa, Trincomalee and Polonnaruwa districts;

— to improve the service provision of CARE and other CBOs in the area of GBV;

— to establish better working relationship with local service providers to address GBV issue collectively for the future;

— to develop a support mechanism among service providers for future work on GBV;
— to establish a task force consisting of key stakeholders, aiming to coordinate a community response to prevent GBV and support survivors of GBV;

— to strengthen the existing community networks and to raise awareness through CARE projects implemented in conflict-affected areas to mainstream initiatives related to GBV.30

CARE SL tries to achieve this by strengthening the NGOs in Batticaloa among the community networks. It tries to facilitate NGOs and community leaders to coordinate a district-level task force, by developing and implementing an advocacy strategy to raise awareness among the vulnerable communities.

Assistance to Conflict-affected Households

The purpose of this project is to improve the living conditions of vulnerable IDPs, returnees and local households in the conflict-affected areas. It focuses on increasing the ability of local organizations to implement community-oriented interventions to reduce vulnerability and distress. The project was started in July 2001 for a period of three years in the “Uncleared” Areas called the Vanni, including Mullaitivu, Killinochchi and parts of Mannar and Vanuniya districts with the help of the local organizations. Donor agencies for this project are Aus AID and Royal Netherlands Embassy.

30 Report on GBV published by CARE SL.
Among the present population living in the conflict-affected areas, 80 per cent have been internally displaced at least once. The project will look into the most vulnerable IDP and resident groups, including the households dependent upon day-labour and government food rations, landless farmer families, single-parent households, families suffering from multiple displacement and families or communities hosting IDPs.

It is estimated that nearly 20,000 families will benefit from the project. The project will also try to improve the ability of local government and NGO bodies to assess the needs and to incorporate the vulnerable groups within the representative structures. CARE supports local organizations such as local associations, cooperatives, NGOs and CBOs to look after the community needs and to develop community cohesiveness.\textsuperscript{31}

\textbf{Local Initiatives For Tomorrow (LIFT)\textsuperscript{32}}

The Local Initiatives for Tomorrow (LIFT) is undertaken by a CBO in the conflict-affected areas of Sri Lanka. The primary focus of the LIFT project is to build strong networks by promoting good governance with partners. Its goal is to strengthen community-level institutions that support economic activity, create employment, and to provide basic social service to those affected by the conflict. The project also looks into

\textsuperscript{31} "AFJDACAH" (Colombo, CARE Sri Lanka, 2003).
\textsuperscript{32} Available at: http://www.care.org/careswork/projects/LKA046.asp
various issues, including the basic human needs of the people caught in the conflict.

The main purpose of the project is to improve the ability of CBOs that provide tools to access and manage local resources of the local communities to meet their basic needs, to empower CBO members to participate as partners in decision-making process. The project targets the vulnerable communities and supports them to strengthen their social and economic situation. The main activities revolving around the project are: (a) socio-economic empowerment, (b) food production, (c) infrastructure rehabilitation, (d) savings and credit, (e) income generation, (f) research issues, (g) monitoring and evaluation and, (h) project management.

The socio-economic empowerment activity of the project promotes activities of the local organizations involving women in the decision-making process. The food production component would address the food security constraints in areas where the productivity of agriculture has been limited by the conflict. The project activities try to decrease the cost of production and improve the variety and production of vegetables. The project has an education programme on how to lower the external input technologies. In the rehabilitation of minor irrigation tanks, wells, and other infrastructure facilities the project encourages farmer organizations to assume the responsibility of maintaining water facilities that are essential for their livelihoods. The project’s income-generating activity will allow the affected communities to improve their purchasing power.
The project was started in March 2002, covering the uncleared and cleared areas of Jaffna and Batticaloa, Kilinochchi and Mullaitivu districts and some parts of the Mannar and Vavuniya districts. It targets to cover an approximate 20,000 families, women, and partner organizations. CIDA is the donor agency for the project, which is implemented by CBOs, NGOs and government agencies.

Food Security for Conflict Affected Areas, Phase I & II

The ethnic conflict has destroyed the livelihoods of rural households of northern Sri Lanka, which traditionally depended on agriculture for food and income security. Many farmers lost their land. Agricultural inputs such as chemical-based fertilizers and pesticides are in short supply. Agrarian infrastructure, particularly irrigation systems, has been either severely damaged or destroyed, resulting in loss of year-round food supply in rural households.

CARE’s food security for conflict-affected areas project helps rural households in the northern areas of Jaffna and the Vanni, and Batticaloa in the East to maximize food and income security using the available resources. Since its inception in 1996, the project has worked with more than 42,000 rural households. The food security project staff works with agricultural extension staff both from government organizations and NGOs to train farmers throughout the North. The training involves a range of agricultural practices that minimize the use of fertilizers, pesticides and other costly inputs.
The project works with farmer organisations to rehabilitate irrigation systems. It also works with a range of community groups not dependent on agriculture, helping them to access alternative sources of income. Most of the conflict-affected people need credit facilities to restart income-generation activities. The food security project, through cooperatives and women's credit and savings groups, offers community-based financial services at a fair and competitive rate of interest.

The war left women and widows with dependants extremely vulnerable in the conflict-affected areas. The food security project has developed a wide range of interventions aiming to strengthen the position of women in the conflict areas. It advocates that women should be given more responsibility within the local organizations and the farmer groups.

**Partners Micro-projects**

The population in the conflict-affected areas of Sri Lanka is in flux. Some are displaced; they live as refugees within 'host' communities. Others are 'returnees', recently returned to their homes after a period of displacement. Both displaced and returnee populations have usually lost their basic livelihood resources, such as tools or land or savings. Returnees often find their homes destroyed, while displaced people live in overcrowded shelters or in the open. Infrastructure buildings, roads, irrigation system, etc. are badly damaged. People need to regroup and rebuild.
CARE’s micro project works directly with communities whose major need is rehabilitation. The project covers three districts in the Vanni area in the North. It provides technical and financial assistance to a variety of short-term community-based projects intended to help people affected by the conflict to rebuild their lives. The community “micro” projects are developed and implemented by local organizations. The Micro Project staff provides technical support to the local partner organizations, helping them to upgrade their planning, management and technical skills. The community projects supported by Micro vary from small-scale agriculture to the rehabilitation of wells and latrines. Micro works in cooperation with a range of other humanitarian aid organizations in Vanni, including UNHCR, which funds the project.

Since its inception in 1996, Micro has supported more than 300 community projects. Approximately 100,000 families have benefited. One of CARE’s most important achievements has been to promote transparent decision-making processes in the conflict-affected areas. An atmosphere of openness and sharing is vital to avoid community tensions. Most of the projects proposed by local organizations are discussed in an open forum by a committee comprising representatives from the local NGOs and local administrative bodies, including UNHCR and CARE. Decisions are made on clear criteria, to which all CBOs have access.  

33 Details at: www.care.org, “Projects”.
Vulnerable Groups Organized In Conflict Areas (VOICE)

Approximately three million civilians live in the conflict-affected areas of Sri Lanka, representing some of the poorest and most vulnerable groups. Many have lost their livelihoods in consequence of the ongoing struggle. Distrust between ethnic groups and between displaced persons and host communities makes things even more difficult by creating high levels of tension in the local community.

In these areas war itself is the main concern of the parties in conflict and the needs and rights of the conflict-affected civilians often take a back seat. Their poverty and the fragmented nature of their society combine to make the conflict-affected population easy to overlook: lacking voice, they demand very little attention. The local organizations and administrative structures, which can represent their interests, are operating under difficult circumstances. They face pressures from both the warring groups. At times, through their relief and development programmes, they unwittingly raise tension between the different groups or provide assistance that is perceived to be partial or unfair.

The VOICE project initiated by CARE SL works with local NGOs and civil administration bodies in the North and the East. It aims to help these organizations strengthen their capacity to identify and respond effectively to the needs of conflict-affected populations. Its training programme helps the local staff to develop skills in decision-making and resolving the community conflicts. Its
staff works with each organization to incorporate the new skills and principles in their day-to-day work and initiate supportive interactions with one another.\textsuperscript{34}

VOICE also helps each organization to strengthen its overall institutional capabilities. It identifies organizational strengths and weaknesses and, with partner organizations, develops and implements a long-term plan of action in response. Its activities are coordinated with other CARE projects in the affected areas working with the same local organizations. By improving the operating capabilities of NGOs and civil administration, VOICE makes a contribution to the success of other projects in the North and the East.

**OXFAM**

*Livelihood Development*

Livelihood refers to the capabilities, assets and strategies that people use to make a living, i.e. to achieve food security and income security through a variety of productive economic activities\textsuperscript{35}.

Oxfam’s livelihoods strategy is based on a holistic analysis of poverty and reflects in its implementation on the other principles that underlie a sustainable livelihoods approach, people-centred, responsive and participatory, multi-level, conducted in partnership and sustainable.

For Oxfam, sustainable livelihoods are those that allow people to cope with and recover from shocks, maintain quality of life over time, and

\textsuperscript{34} "VOICE, Activity and Final Report", CARE International, Sri Lanka, 2004

\textsuperscript{35} Progress Report, OXFAM Vavuniya, April-September 2004)
provide better opportunities for all. Its livelihoods programme seeks to help the poor to realize their rights to have a sustainable livelihood, closely related rights to a safe environment, housing, clean water and sufficient food.

Oxfam is currently focusing its livelihoods programme on the following three themes:

1. Pro-poor agricultural development, focusing especially on the power of poor producers in local, national and international markets.

2. Increasing the power of women workers, especially those working in global trading chains, to increase security and improve employment and working conditions.

3. Improving livelihoods in the informal sector in urban areas.

Debt and Aid

Oxfam campaigns for increased aid and debt relief for developing countries as a means for them to help pay for health, education and other key services for poor people. Oxfam's education campaign has been running since 1999, campaigning for the abolition of school fees and for more aid. Donors such as the UK government have substantially increased their aid for education. Oxfam's work on debt relief, supporting Jubilee 2000 and the groups that have developed from it, has helped ensure debt

http://www.Oxfam.org.uk/what_we_do/issues/livelihoods/introduction.htm

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relief is spent on poverty reduction. Oxfam continues to urge rich countries to drop the debt of developing countries.

All these efforts can be seen as part of a wider ambition to achieve the Millennium Development Goals (MDGs), agreed to by world leaders in 2000 to halve poverty and ensure that more poor people have access to education and health care, live in a cleaner environment and can exercise their rights. Oxfam is working to promote the MDGs and ensure that they are a reality for the poorest people in the world. This requires more aid and debt relief, and a real commitment from developing countries to achieve these goals.37

Oxfam believes that all children have a right to a basic education that is free. Education is widely recognized as a key component of pro-poor policies and larger poverty reduction processes. With a good quality education, individuals can develop capacities to help them overcome poverty and lack of freedom.

- Oxfam's education-related strategy has a twofold objective, namely, financing of basic education and girls' education.

Financing of basic education aims to ensure the establishment and functioning of a global funding initiative for Education For All and to ensure that governments develop and implement good-quality national education plans (which are really costed to achieve good quality, free,

primary education with realistic implementation strategies). Oxfam works at the national and local levels to achieve the following:

- Capacity-building and research in budget planning and monitoring;

- Developing and influencing coherent national education financing strategies that address the education needs of marginalized, excluded and vulnerable populations;

- Advocacy for civil society participation in educational planning and budgeting processes;

- Developing a good analysis and understanding of the organization and functioning of education systems to ensure that funds are spent well and equitably.\(^\text{38}\)

Oxfam's girls' education priority aims to decrease disparities in access and participation and in achievement and learning outcomes for girls and to ensure a relevant and qualitative education for girls. The girls' education endeavour involves international lobbying to ensure gender equity is mainstreamed through educational policy; national lobbying for a strong gender analysis in the design, planning, budgeting and implementation of national education plans; and at the local and school level developing experience of what good gender-equitable education means in practice and in specific contexts as well as promoting models which contribute to a qualitative education experience for girls.

\(^{38}\) http://www.Oxfam.org.uk/what_we_do/issues/education/introduction.htm
Oxfam's approach is to integrate programme-on-the-ground with advocacy and campaigning to learn and experience from the programme linked for a strategic change. This work is carried out with others such as local NGOs, CBOs, and national coalitions of education NGOs, with the aim of strengthening local, regional and national education coalitions and networks. Oxfam is a member of the Global Campaign for Education (GCE) and campaigns in collaboration with GCE and its affiliates at the international and the national level.

Oxfam is committed to develop learning programme, advocacy and campaigning, by sharing. It has undertaken projects such as 'Knowledge, Development and Communication: Gender, Education and Development Access', in this regard. Oxfam GB has initiated this project in collaboration with the Department for International Development (DFID) funding with the Institute of Education, affiliated to the University of London.30

Conclusion

Relief agencies involved in relief work in Sri Lanka have given utmost priority to the victims of violence, placing the call of humanity at the highest levels. A conflict exists between the State and the relief agencies in regard to the State's sovereignty and humanitarianism as the State gives priority to sovereignty whereas the relief agencies come to

30 www.ioe.ac.uk/efps/beyondaccess and www.girleducation.org
rescue the civilians, placing humanitarianism above sovereignty. In spite of this conflict of interests, these relief agencies are giving their best by relief, rehabilitation, and income-generating activities to succour the victims of the conflict. The next chapter discusses the work of UNHCR as a specialized agency providing assistance to refugees and IDPs.