SUMMARY

The war in the Northeast of Sri Lanka has claimed an estimated 12,000 lives and many thousands more are missing or in detention since armed hostilities escalated in June 1990. Approximately 700,000 people remain internally displaced within Sri Lanka and 230,000 people have been living as refugees in India. Socio-economic activity within the war zone has been severely disrupted. Though some normal life is returning to parts of the Eastern province and Government of Sri Lanka forces control the urban centres, the situation remains highly unstable and armed clashes still occur. As regards the Northern province, almost the whole of it, including most of the strategic Jaffna peninsula, is effectively controlled by the Liberation Tigers of Tamil Eelam (LTTE). There are no current moves indicating that a settlement of the nine-year-old armed conflict is imminent.

Humanitarian agencies are active in the Northeast providing relief to displaced families and other war affected civilians. CIDA has supported a number of these programmes through multilateral and NGO channels. Humanitarian assistance and concern with human rights are important current priorities of Canada in relation to the Sri Lanka conflict. This report looks at the various dimensions of the conflict from a humanitarian assistance point of view.

Main Findings

Though food shortages have been serious throughout the North in particular, starvation has been averted by a combination of government relief, transporting by international organisations, and internal distribution to the displaced and destitute within the war zone by foreign and Sri Lankan non-governmental organisations. The adequacy and timeliness of relief supplies is a problem in some areas from time to time.

There has been an unwarranted inertia on the part of international agencies in countering the embargo on medicines to the North imposed by the Sri Lanka government and the general breakdown of health services, particularly as they affect women and children. Urgent and imaginative measures are required to improve health services to the general population and to provide on-site medical and primary health care in camps for displaced people. One recommended measure is the promotion of collaborative humanitarian arrangements between the combatants to set aside special days or locations for the provision of emergency health services for women and children, perhaps linked to the concept of "humanitarian cease-fire". The opposing sides in the conflict already collaborate informally in allowing food deliveries to take place and in promoting agricultural production in LTTE-controlled areas; this collaboration should be extended to the health field.

There is no overall coordination to provide for the non-food relief needs of displaced people who are dispersed in almost 500 camps or "welfare centres". This being said, such fundamental needs as shelter and clothing are basically provided for, albeit haphazardly and insufficiently, through the diverse actions of a variety of organisations.
Attention should now be focused on the most vulnerable and least-served groups in displaced population and on the rehabilitation needs of long-term camp residents. Income programmes and skill training for war widows and other women are leading priorities. Some displaced people are returning to their home villages in the East, yet there is little by way of an assistance infrastructure to support their re-establishment efforts. Homes and assets have in many cases been destroyed. The international community should participate actively in supporting return movements among the internally displaced, first monitoring to ensure that accurate information is provided and that the returns are truly voluntary. While no large-scale reconstruction or rehabilitation is likely to be forthcoming before the conflict is settled, material assistance should be provided to those undertaking voluntary resettlement.

The UNHCR programme in Mannar has succeeded in establishing both security and relief for displaced persons and returnees in that district and for those entering it from neighbouring areas. As a direct result of the establishment of the UNHCR programme, refugee outflows from northern Sri Lanka have been reduced to almost nil. UNHCR's success in reducing the immediate causes of mass exodus by focusing on the provision of relief in the relatively secure context of "Open Relief Centres" (de facto safe havens), as in Mannar, should be studied by the international community for its possible adaptation in other countries of refugee origin.

Human rights violations including killings, "disappearances" and arbitrary arrests continue to occur on a disturbing scale on both sides of the conflict. Consideration should be given to further ways to protect the civilian population. Suggestions include: a strengthening of ICRC's presence (currently highly effective); the stationing of UN-linked human rights observers (possibly on the lines of those attached to UNRWA in the Occupied Territories); and increased field monitoring by UNHCR with respect to the security of future returnees.

**Principal Recommendations**

1. IHA should maintain its financial support for ICRC in Sri Lanka, if possible increasing the level of its contribution. The current UNHCR and IFRCS programmes are also worthy of IHA support.

2. Among measures to improve the food situation, the Bilateral programme should give priority to strengthening NGOs involved in agricultural development and to financing the "implementing activities of well-established and effective NGOs undertaking agricultural programmes. Food production schemes currently under way in the Northeast can be potentially expanded. Evidence to date indicates that these programmes can be carried on even while the conflict itself remains unsettled. The involvement of a Canadian implementing agency would be a definite asset.

(End p ii)
3. UNICEF should be urged to raise the level of its commitment to meeting urgent needs in the Northeast by strengthening its advocacy role on behalf of women and children in the war zone and by exploring innovative mechanisms for the delivery of child immunization and other health services, such as the promotion of "days of tranquillity" or "humanitarian cease-fires." Canada should be prepared to contribute financially to UNICEF for these purposes.

4. Canada should press with other donors for the liberalization of the blockade on medicines going to the North, and for an improved flow of commercial food supplies.

5. Whenever circumstances permit, support should be given for the refurbishing of local-level health services in the war affected areas, and the expansion of health posts and medical structures in displaced persons' camps.

6. Steps should be taken to develop a coherent programme of support for displaced people in welfare centres, focusing particularly on skill training and income generation for women. The Project for Rehabilitation through Training, implemented in eastern Sri Lanka by WUSC, should be looked at as a model approach for providing these components in the Sri Lankan situation.

7. Measures should be taken to explore the development of a programme of resettlement assistance for displaced people in safe areas in the East, including the identification of an appropriate implementing agency. UNDP should be consulted about possible participation.

8. IHA should consider any forthcoming appeals from UNHCR to support an extension of UNHCR monitoring, and, possibly, emergency relief to assist new returnees being repatriated from India. However, such support should be given cautiously, bearing in mind the lessons of 1987-90.