



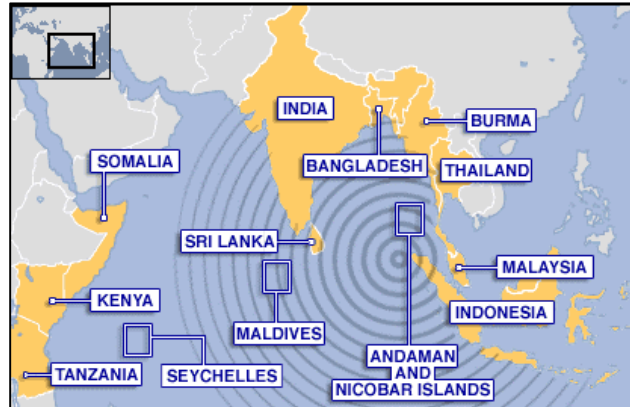
**A Five-Year Report on CARE's Response to the 2004 Tsunami**

**India, Indonesia, Somalia, Sri Lanka and Thailand**

**December 2004 - November 2009**

## Background

The Indian Ocean tsunami sent shockwaves through the world when it hit on the morning of December 26, 2004. Triggered by one of the most powerful earthquakes ever recorded on a seismograph, the tsunami's impact was staggering; more than a dozen countries were affected, an estimated 250,000 people lost their lives and millions more were left homeless. In some of the hardest hit coastal villages in Indonesia, around 70 percent of the population was killed. Bits and pieces of fishing boats, businesses and former homes were strewn across thousands of miles of shoreline, and millions of people were left to reconstruct their lives after having lost everything.



For all its horror, the tsunami also prompted a moving demonstration of humankind's generous spirit, as individuals, organizations and governments around the world rallied together to contribute hundreds of millions of dollars of aid to affected families. This includes thousands of donors who contributed to **CARE's Tsunami Response Program**. As an organization, we were humbled and inspired by the enormous display of generosity that long time and new CARE donors exhibited in the aftermath of the crisis.

CARE was among the leading humanitarian agencies that responded to the tsunami, and we have continued to work with affected communities over the past five years to reconstruct homes and livelihoods and promote economic and social development. Our emergency efforts were buoyed by our long-term presence in the five countries where we responded: India, Indonesia, Somalia, Sri Lanka and Thailand. In each of these countries, our history of emergency and sustainable poverty-fighting work and strong relationships with communities, governments and other partners enabled us respond quickly and strategically, reaching the most vulnerable, marginalized and hardest-hit communities.

In sum, **CARE reached 1,339,464 people** affected by the tsunami in five countries, as demonstrated in the table below.

**Table 1: Number of people reached by CARE tsunami programs**

Country	Individuals reached
India	242,784
Indonesia	350,000
Somalia	135,372
Sri Lanka	560,000
Thailand	51,308
<b>Total</b>	<b>1,339,464</b>

This five-year report provides a country-by-country overview of CARE's Tsunami Response Program from December 2004 to November 2009. In each of these countries, we have not only reached the most vulnerable populations, but also ensured that they were given the chance to voice their opinions, help CARE staff develop programs that addressed their needs and play active leadership roles throughout the recovery and rehabilitation process. Striving to achieve gains that are sustainable beyond CARE's direct involvement, we have worked closely with and built the capacity of local partners, including governments and nongovernmental organizations (NGOs), to enable them to carry forward our work into the future. Finally, we have looked at the tsunami not just as a disaster, but as an opportunity; the generous contributions made to CARE's Tsunami Response Program gave us the chance to help affected communities build back more resilient homes, infrastructure and livelihoods and to gain new skills, self-confidence, increased capacity to withstand future disasters and a renewed optimism for the future.

### Tsunami Response Program Activities and Achievements

#### INDIA

In India, the southeastern states of Andhra Pradesh and Tamil Nadu and the Andaman and Nicobar Islands felt the brunt of the tsunami. More than 10,000 people were killed and over 2.8 million survivors faced massive damage, loss and trauma. CARE, which has worked in India since 1950, began responding in December 2004 immediately after the disaster. Our response was organized into three phases that spanned immediate relief efforts to long-term rehabilitation and economic development.



*In India, as in other tsunami-affected countries, CARE focused on helping the most vulnerable people, including women and those from marginalized social groups.*

The **immediate relief** phase involved the construction of temporary shelters and the provision of much-needed supplies, access to water and sanitation and psychosocial care. In sum, we provided materials like cooking equipment, clothing, hygiene items and school kits to 20,000 households. We also ensured that 20,000 families had access to safe water and sanitation by building or rehabilitating water pumps, wells and toilets while educating residents about proper hygiene. Additionally, we built 550 temporary shelters to benefit approximately 2,750 people. And, to help individuals cope with the trauma of the disaster, we trained 1,200 community volunteers to provide psychosocial care to affected children and adults.

During the medium-term or **rehabilitation phase**—from six months after the disaster until the two-year mark—CARE focused on restoring infrastructure and promoting economic activity in affected communities in Tamil Nadu and Andhra Pradesh. Short-term, small-scale community projects were designed to provide assets, skills and

opportunities, with a special focus on women and other vulnerable and marginalized people. Many of these projects focused on restoring the damaged environment through cash-for-work activities such as community forestry; land desalination; restoration of water sources; restoration of salt pans, where salt is harvested for sale; and the creation and restoration of aqua farms. These cash-for-work initiatives allowed residents to earn much-needed income while creating long-term benefits for their communities and local environments. In sum, CARE organized 104,838 cash-for-work days that generated close to \$180,000 for communities.

During this period, CARE also constructed over 1,800 permanent homes for tsunami-affected families and worked with local governments to link the homes to other important infrastructure like roads, sewage systems, drinking water and electricity. CARE involved communities in the design of the houses and constructed them according to government and Sphere standards.<sup>1</sup> All houses were provided with water and sanitation facilities.



*The houses that CARE built for tsunami-affected families, such as these, were designed with the input of future occupants.*

CARE's **long-term** tsunami work in India is still ongoing and involves helping small-scale farmers, traders and fishers develop sustainable and profitable **livelihoods** that reduce their vulnerability to future emergencies. CARE has worked primarily with women entrepreneurs, who are expanding their small businesses and securing a place in local and regional production chains as a result of improved access to credit and financial services, improved techniques and business acumen, the creation of cooperative institutions and better access to markets. In sum, CARE has helped 9,721 families through our long-term livelihoods programs. Furthermore, we established a partnership with the Indian Overseas Bank that allows participants in CARE livelihood programs to access loans to invest in their businesses. To date, 390 tsunami program participants have accessed a total of over \$214,000 in loans.

This has been complemented by **adult literacy** classes at 40 learning centers in tsunami-affected areas of Tamil Nadu and Andhra Pradesh, where individuals, primarily women, who never got the chance to go to school or had to drop out at a young age are learning to read, write and do basic math. This training has built women's self-confidence and increased their capacity to run small businesses. Thus far, 2,500 women have graduated from the literacy training program.

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<sup>1</sup> Developed by a coalition of international nongovernmental organizations (NGOs), UN agencies, and academic institutions, The Sphere Project sets forward universal minimum standards during disaster response in an effort to ensure accountability and quality emergency response: [www.sphereproject.org](http://www.sphereproject.org).

A further long-term goal is **disaster risk reduction**. In Andhra Pradesh and Tamil Nadu, CARE has mapped high-risk villages, identified resource persons, built the capacities of village task force members and government staff, supported contingency planning and provided household disaster preparedness kits. CARE is promoting innovative practices like setting up grain banks and community emergency funds, and using communications technology for early warning. CARE is also partnering with Allianz Germany to make affordable micro-insurance policies widely available in affected communities. By the end of the initiative, we will have helped more than 40,000 families prepare for future emergencies.

### *Women Recover and Thrive in India*

Kammavari Cheruvu is a small village in Andhra Pradesh, India, where residents have long depended on small-scale agriculture for food and income. When the tsunami hit in 2004, people's land and homes were badly damaged or completely destroyed. Yet, the village was overlooked during tsunami relief efforts. Recognizing the dire need, CARE intervened to help residents rebuild their livelihoods. We worked alongside community members to desalinate farmland, rehabilitate irrigation systems and reconstruct water and sanitation infrastructure. In addition, we helped women in the village to organize into self-help groups (SHGs): small self-selected groups that enable members to pool savings and take out loans at low interest rates. We also provided the women with dairy cows and set up an insurance system to protect them in the event that their livestock should get sick or die. The initiative has been very successful; village dairy cooperatives are now selling their milk to private companies on a regular basis, and the SHGs continue to thrive, empowering women with financial capital and confidence. Building on the achievements to date, CARE is expanding the program to include training in milk production, veterinary skills and marketing to help women further increase their incomes.



*Krishna Kumari purchased a cow with a loan from her self-help group.*

## INDONESIA

The coastline of Indonesia was closest to the epicenter of the earthquake that triggered the tsunami, and more than half of the resulting deaths occurred in Indonesia. Having worked in the country since 1967, CARE was well positioned to respond quickly and effectively.

In the initial aftermath of the disaster, CARE's **immediate response** focused on helping tens of thousands of people to gain access to clean water, food and health services. We distributed more than 1 million bottles of a water-purifying solution, provided some 700,000 one-month rations of food and - by rehabilitating and constructing new wells and latrines and delivering clean water - helped more than 100,000 people to protect themselves from waterborne disease. We also constructed 2,765 transitional shelters for families whose homes were destroyed.

Over the **medium term**, CARE continued to improve access to sustainable, high quality, and appropriate **water and sanitation** resources in tsunami-affected communities. In addition to rebuilding infrastructure, we educated community members about proper hygiene and trained them to manage and maintain the systems once CARE was gone. In sum, we rehabilitated 1,026 water systems and constructed 729 sanitation facilities. We also trained local people, especially women, to advocate for their rights and hold leaders accountable for ensuring equal access to services.



*In Indonesia, an important component of CARE's tsunami response involved providing essential health services to mothers and children. Our work contributed to significant reductions in severe malnutrition in affected communities.*

We also constructed **1,844 permanent houses** and built or rehabilitated four community health centers, two centers for women and youth and two schools. To help affected families rebuild their **livelihoods**, we launched cash-for-work programs that culminated in 60,000 days of paid employment to support more than 1,500 families. Additionally, CARE provided cash grants to 4,854 small entrepreneurs to jumpstart local business.

Our **health** programs focused on meeting the needs of mothers and young children, reducing malnutrition, improving hygiene practices and providing psychosocial care to affected families. This involved the construction of four health clinics and improvements at an additional 25 clinics. Altogether, our health programs reached more than 20,000 women and children. Monthly health records indicate that there has been a significant decrease in malnutrition rates in areas where CARE worked. By November 2007, severe malnutrition rates had dropped from 15-30 percent in 2005 to 0-9 percent.

Over the **long-term**, CARE's work has focused on promoting **economic development**, ensuring access to **health** services and completing **construction** on permanent houses. On the hard-hit Simeulue Island, for example, CARE undertook a comprehensive recovery program that involved livelihood rehabilitation, housing, safe water and sanitation construction, disaster risk reduction and health programs aimed at reducing malnutrition and waterborne disease. This program reached more than 80,000 people in total. In Banda Aceh district, we implemented adolescent health programs to increase access to health information and services and worked with more than 23,000 tsunami-affected people to help them build financial security by providing grants, offering skills and management training, establishing savings and loan groups and expanding access to appropriate technology.

## ***Living Life to the Fullest***

*By Wiwik Widyastuti, Indonesia*

It is noon in Banda Aceh, Indonesia, a city that was devastated by the 2004 tsunami. Today, nearly five years later, Eri Arfian, 26, is making coffee at his café, Milanisti, which is ideally situated across from the first international four-star hotel in Banda Aceh. The café is noisy with a lunch crowd that will later give way to afternoon coffee drinkers enjoying Aceh's famous brew.

Before the tsunami hit the area, Eri and his family lived in Labui village near the coast. He had just started a computer class after graduating from high school. The powerful wave swept away almost everything Eri had in his life: his family's house, souvenirs of his childhood and, most painfully, his mother.

After the tsunami, Eri lived with his father in a barrack. Unable to continue his schooling, Eri followed the path of his father, Marwan, working as an unskilled construction worker. In October 2008, he joined a free hospitality training offered by CARE.



*Eri makes coffee at his new café.*

"I was excited when I first joined the program and very keen to learn new knowledge and skills," Eri said enthusiastically. "It turned out to be a bright decision."

Trained by a professional chef, Eri learned how to handle food - from preparation of various local and international cuisines to serving the customers according to basic hotel standards. After four months of training, he did an internship in a reputable hotel to get firsthand experience in the hospitality business.

With the knowledge he gained and limited capital, the young entrepreneur started a sidewalk food stall nine months ago. Not long after, his friends joined the promising business and brought more capital. After receiving additional assets from CARE like a refrigerator, dining furniture and cutlery, Eri and his business colleagues rented a house and started the café business and catering service, delivering food to students from outlying towns.

With his café and catering services up and running, Eri earns about \$450 a month and lives independently without help from his father.

"Sometimes, when lying in my bed at night, I think about my mother. It is still very hard, even after five years, but I try to move on with my life," says Ery while quietly taking a deep breath. "Five years ago, I lost everything. I never thought I would have something again. Now, I am living my life to the fullest."

## SOMALIA

Africa's eastern coast also felt the impacts of the Indian Ocean tsunami, such was its power. In Somalia, one of the poorest and most unstable countries in the world, some 300 people died and 44,000 people were affected. In the **immediate term**, CARE responded quickly by distributing 491 tons of food to 70 percent of the affected households. The tsunami destroyed nearly all of the shallow wells in the coastal area, resulting in an acute shortage of drinking water. In response, CARE delivered water to more than 5,000 families in 45 communities.



*Residents in Somalia's coastal communities felt the tsunami's impact. Homes, fishing boats and infrastructure were destroyed.*

In the **medium and long term**, one of our priorities was to reconstruct damaged **water and sanitation** facilities. We drilled three new boreholes, rehabilitated three springs and constructed 80 latrines. We also established water and sanitation committees to equitably manage the infrastructure over the long term.

Our **livelihoods** program helped more than 5,700 households (roughly 32,000 people), which constituted at least 75 percent of those affected by the tsunami. Activities to restore livelihoods and improve incomes included creating and/or strengthening fishing associations and conducting administrative and technical trainings to help preserve marine resources, promote the consumption of local fish and improve the processing of fish products. In fact, we used the tsunami as an opportunity to promote the regulation of lobster and shark harvesting and encourage the catch, consumption and sale of abundantly available fish such as king fish, grouper and tuna. In total, CARE distributed 18,800 fishing nets and 37 boats to the fishing community, constructed seven fish processing centers and supported 40 women's groups with access to microcredit.

CARE also worked with local government and civil society organizations to improve coordination and responses to future emergencies. We carried out intensive trainings in **emergency preparedness** and Sphere protocols for staff from the government Humanitarian and Disaster Management Agency, partner NGOs and community leaders. CARE also translated the Sphere book to Somali languages and distributed 250 copies to NGOs, community leaders and UN and government agencies.

Additionally, CARE undertook a number of **construction** activities in affected areas to rehabilitate damaged buildings and homes. We constructed five schools with kitchens and dining halls and equipped each with furniture to serve approximately 500 students,



about half of whom are girls. We also constructed four health centers, fully stocked them with medicine and equipment and trained 45 community health workers to run these health facilities. After construction of the schools and health centers, CARE worked with participating communities to form education and health management committees, which are responsible for managing the new facilities and paying for the services. Additionally, CARE constructed 146 homes after working with communities to develop a design and agree on locations for the homes. CARE staff convinced residents to build the new houses outside of the old village so that they are above sea level and less vulnerable to future disasters. CARE received a “recommendation for excellence” from the Puntland government for the impressive quality of the houses built.

## SRI LANKA

The tsunami caused an unprecedented level of damage to lives, livelihoods and infrastructure along Sri Lanka’s coastal belt. Nearly 31,000 people were killed and more than 800,000 people were displaced from their homes within a matter of hours. CARE, which began working in Sri Lanka in 1956, responded right away to the disaster.

In the **immediate term**, CARE staff assisted in the search for survivors, transported people to hospitals, constructed latrines and distributed potable water, food and essential supplies. In sum, we provided more than 15,000 families (about 75,000 people) with food and more than 35,000 families (about 175,000 people) with critical supplies, like hygiene kits, clothing and bedding.

Our initial emergency relief activities evolved into **longer-term development** approaches to help communities recover and rebuild. CARE staff helped communities to not only reconstruct infrastructure, but also to rebuild community structures and social networks that were destroyed. This involved providing psychosocial support and organizing residents to participate proactively in community projects. Our response encompassed: building permanent shelter and water and sanitation infrastructure; promoting innovative farming and fishing systems; and encouraging savings mobilization and provision of capital through community-managed systems.

In total, we helped more than 5,000 families with transitional or permanent **housing** and ensured that 25,000 families gained access to clean **water**. Additionally, we constructed toilets to serve some 7,000 families. To help revitalize local economies and allow affected families to generate increased income, we launched a diverse range of **livelihood** initiatives that provided the poorest and most affected residents



*In Sri Lanka, CARE helped to rebuild schools and provided supplies to help students and teachers get back to the classroom as soon as possible.*

with fishing nets, boats, bicycles, seeds, tools and cash grants for small businesses. In total, more than 25,000 families benefitted from this assistance.

Additionally, because schools were severely disrupted by the tsunami, CARE provided **education** assistance, including reconstructing damaged schools, providing furniture, books and teaching materials, distributing school supplies to students, organizing vocational training courses for older students and repairing playgrounds. This was also complemented by psychosocial programs in schools that offered cultural and recreational activities to help children cope with the trauma of the disaster. More than 15,000 children benefitted from this work.

### *Rebuilding According to Community Values in Sri Lanka*

*Kitchens should not be in the northeast, as this would trigger dissent and reduce harmony within the family.*

*Wells should not be to the southwest of the house, as this would lead to disagreements between parents and sons.*

*Main doors should not directly face rear exits, as this would encourage wealth and happiness to quickly leave, instead of circulating through the house for a long time.*

These are some of many tenets set forth under Vastu Shastra, a traditional Hindi system of design that is widely practiced in Sri Lanka and other parts of South Asia. In the aftermath of the tsunami, as CARE staff in Sri Lanka began to talk with families here who had lost their homes, it became clear just how important Vastu Shastra's precepts are. And, accordingly, CARE used Vastu Shastra to inform the design of new permanent houses for tsunami survivors.

Sanja Saputantri, one of CARE's architects, said, "It's important to consider Vastu Shastra aspects because people should feel both physically and psychologically comfortable in their homes."

Chammi Kaasim is a 29-year-old seamstress who lost her mother and brother in the tsunami. As she anticipated moving into one of the CARE-built homes in late 2005, she looked to the end of the year with mixed emotions. Chammi said, "The end of this year will be sad and filled with memories, but I will also be looking forward to a new house and a new life."



*After losing members of her family in the tsunami, Chammi moved into a new house with CARE's help.*

Chammi also appreciated the thought CARE put into ensuring that communities were not broken up in the process of rebuilding homes. "I'm glad that many of my neighbors from the old village are moving with me into this area. We already have relationships with each other, and it will be good that we can still depend on one another here."

## THAILAND

Six provinces along Thailand's Andaman coastline were ravaged by the tsunami, which caused destruction on an alarming scale. This was the worst natural disaster in the country's history, and its impact was visible in the widespread environmental damage and loss of lives and livelihoods left behind in its wake.

CARE's emergency response in Thailand began on December 27, 2004 – the day after the tsunami struck. Our **immediate response** focused on providing medical supplies and food stocks to hospitals and shelters that were already set up by the Thai government and other agencies. Many of these were at local temples and community centers. We provided 2,400 people with food and basic relief items and supplied temporary shelter to 760 people. We also repaired and constructed five schools and three community centers.



After immediate humanitarian needs had been met, CARE began to work with communities to understand what had heightened their vulnerability to the disaster, and how this vulnerability could be addressed. This included building up resilient livelihoods, understanding how to prepare for an emergency, and repairing and protecting the natural environment.

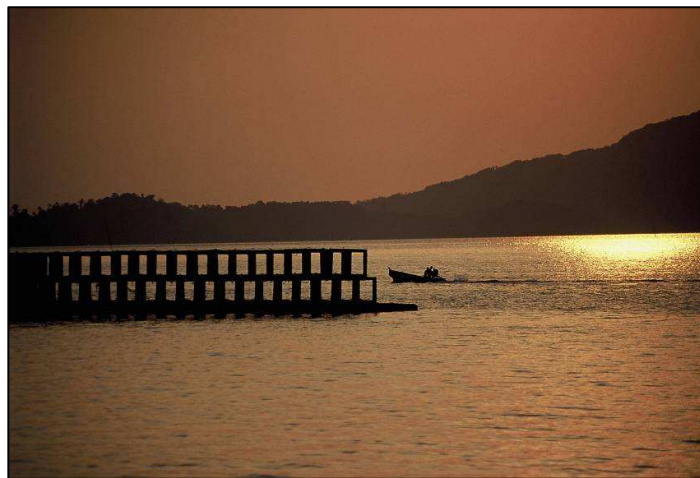
The tsunami had a profound economic impact on communities, as families struggled with the loss of jobs and breadwinners. In the **medium and long term**, CARE focused on restoring affected people's **livelihoods** through two key interventions:

1. One aspect of this involved providing affordable and sustainable **access to credit and savings** by helping communities to establish self-managed revolving loan systems. In sum, more than 50,000 individuals from 134 communities took out loans from revolving loan funds to purchase assets such as boats, fishing nets or livestock. Our data shows that 98 percent of people who took out loans invested at least part of the money in their livelihoods, while the remainder was used to meet other household needs, like purchasing food. The revolving loan funds are still growing and many are now sustainable community institutions that provide a wide range of services, including social welfare, emergency health funds and support to schoolchildren.
2. To complement the microcredit work and in response to women's assertions that they wanted to develop new livelihood activities, CARE helped 1,216 people, predominantly women, to form and manage **occupational groups** to diversify their incomes and develop new skills in a range of enterprises including textile

work, food processing, fishing, organic farming, fertilizer production, food sales, mussel and crab farms and others.

In addition, CARE’s long-term response also improved community and government skills and interest in **protecting the natural resources** upon which livelihoods depend. The tsunami highlighted the fragile balance between natural resources and livelihood security. It also presented an opportunity for building a new awareness and appreciation of natural resource issues and their links to **disaster risk reduction**. CARE worked with communities and local governments to strengthen local governance and develop a constructive dialogue with policymakers on disaster risk reduction and natural resource management, and we supported joint initiatives to implement innovative solutions in more than 30 communities.

CARE is now one of the leading organizations advocating for sustainable natural resource management policies and programs in Thailand. One example of our activities involved the construction of a number of artificial coral reefs that attract fish to a relatively small area, thus creating high fish population densities, increasing fish diversity and increasing community awareness and understanding of fish ecology. The project also supported community crab banks, mangrove reforestation and conservation management, and led activities in schools to educate youth about waste management and conservation. This has led to the building of a common agenda to strengthen coastal resilience, which has now become an important ongoing CARE program in southern Thailand.



*Building on our tsunami program, CARE continues to advocate for sustainable natural resource management policies and programs in Thailand.*

## Financial Report

CARE USA raised a total of \$48,291,858 for our Tsunami Response Program from generous donors across the United States. The table below provides a breakdown of how that funding has been allocated. The remaining balance of \$1,176,073 will be allocated by early 2010.

Country Office	Total Allocations as of November 2009
India	\$10,982,121
Indonesia	\$22,164,818
Somalia	\$30,000
Sri Lanka	\$4,974,623

<b>Thailand</b>	\$6,635,429
<b>Headquarter/Regional Support and Coordination</b>	\$2,328,794
<b>Total Allocated</b>	<b>\$47,115,785</b>
<b>Total Funds Raised by CARE USA</b>	<b>\$48,291,858</b>
<i>Balance</i>	<i>\$1,176,073</i>

## Conclusion

On behalf of the 1,339,464 tsunami survivors who CARE has reached over the past five years in India, Indonesia, Somalia, Sri Lanka and Thailand, we thank donors for their generous contribution to our Tsunami Response Program. With this support, we have worked alongside hundreds of the poorest and hardest-hit communities to rebuild homes and livelihoods and increase people's resilience to future emergencies. This work has not only enabled families to recover, but it has generated new opportunities for personal empowerment, social change and economic growth – the benefits of which will continue into the future.

*December 2009*