



A Final Report for Global Giving Donors



Jayati's family, including her son Imam, lost their home when an earthquake struck the island of Java, Indonesia in late May 2006. Since then, her husband has been working in construction to save money to rebuild their house. CARE's food vouchers allowed her family to spend their earnings on construction costs instead of food.

CARE's Response to the Java Earthquake Yogyakarta, Indonesia

June 2007

Introduction

The earthquake that hit Indonesia's Central Java and Yogyakarta provinces on May 26, 2006 lasted only a few minutes, but the resulting damage is still visible more than one year later. In total, an estimated 2.7 million people were affected, including 6,000 who were killed and 37,000 who were injured. Furthermore, more than 150,000 homes were completely destroyed and 260,000 were damaged. This damage, combined with the widespread loss of business assets, placed the earthquake among the most costly natural disasters in the developing world in the last 10 years.¹ The extent of destruction was influenced by the area's extremely high population density (there are approximately 4.5 million people living in the six most-affected districts).

Within 48 hours, CARE was on the ground assessing the needs of poor people living in the hard-hit rural villages surrounding the major city of Yogyakarta. As in all of our programming, we focused on reaching the worst-affected and least-served members of the population, which in this case included families in the Klaten district. Our relief activities centered on meeting residents' most pressing needs, such as access to clean water, food, basic supplies and health care. Once the emergency phase of the disaster was over, CARE began helping families achieve important steps towards long-term recovery, such as rebuilding homes and improving family health.

In total, CARE's emergency response mobilized nearly \$3.2 million from generous public and private donors around the world, including donors like you, who gave to **CARE's Java Earthquake Response Fund**. With this support, we not only launched a rapid and strategic emergency response, but have also continued to help affected families build back their lives over the past year. This report describes CARE's emergency and rehabilitation work in Klaten district from May 2006 through May 2007.

Emergency Response

CARE implemented our emergency response and rehabilitation programs in partnership with two Indonesian nongovernmental organizations (NGOs) – Yayasan Dian Desa and Genta Prakarsa. This collaboration enabled CARE to build strong relationships with communities through local contacts and to help NGOs expand and improve their programming – experience that will enable them to better support poor families in the future. In the immediate aftermath of the earthquake, we focused on ensuring survivors' health and safety. This included distributing safe water solution, providing access to food through local markets and offering emergency health care and basic supplies, as described below.

Distributing safe water solution

In the wake of the earthquake, lack of access to clean water posed a significant threat to the health of affected families. The earthquake damaged the wells on which communities depended, exposing their drinking water to contaminants from nearby latrines.² Displaced from their homes and normal water sources, families had no choice but to use unsafe water, increasing their risk of water-borne illnesses such as diarrhea. CARE staff found that over 90 percent of drinking water was contaminated in Klaten district and incidences of diarrhea, especially among children, doubled after the disaster.

¹ Relief Web: <http://www.reliefweb.int/rw/RWB.NSF/db900SID/LSGZ-6RGFVJ?OpenDocument>.

² Most latrines in Yogyakarta are constructed next to a water source.

Recognizing that clean water is among the most critical needs facing populations after an emergency, CARE collaborated with local partner Yayasan Dian Desa to distribute “Air Rahmat,” a simple yet life-saving water purification solution. The treatment kills bacteria and viruses that can lead to serious, even fatal, illnesses, especially in children under 5 years old. CARE distributed Air Rahmat in three cycles, the first of which began within a week of the earthquake and the last of which ended in December 2006. Each distribution reached approximately 200,000 people.

To ensure the effectiveness of the distributions, CARE and our partner conducted education sessions in each community to teach residents how to use Air Rahmat and stress the importance of this treatment in the absence of safe water sources. The trainings also covered good hygiene practices, which have an enormous influence on people’s health. In the aftermath of an emergency, normal hygiene behavior is often disrupted, increasing resident’s susceptibility to disease. Therefore, we emphasized critical activities like hand washing, proper waste disposal and safe food handling.

Our safe water interventions contributed to steadily declining diarrhea rates in Klaten district in the six months following the earthquake. After the first distribution cycle alone, CARE found that nearly 90 percent of families were using Air Rahmat and/or boiling their water – a success that points to the value of our education activities.

Providing essential supplies

While water was among the most pressing needs facing affected families, shelter was also of paramount importance. The earthquake left more than 1 million people homeless. As an immediate response, CARE distributed tarps and blankets to families displaced from their homes (see table at right). We also established 23 large tents that served as temporary shelters and schools. A key component of our rehabilitation program involves helping families build permanent homes, as described in more detail on page 5.



Kostanti and her son participate in an informational session on Air Rahmat. Kostanti’s water source became turbid as a result of the earthquake. As the primary caretakers of families in Indonesia, women play a vital role in maintaining the health of their children. CARE focused on training women to use Air Rahmat and practice healthy hygiene behavior.

<i>Item</i>	<i>Amount distributed</i>
Tarps	20,143
Blankets	93,246
Jerry Cans	55,605
Soap	299,310

Implementing market-based food distribution

The earthquake impacted the livelihoods of around 650,000 people, destroying crops and animals, and leaving poor families without affordable sources of food. CARE initiated an innovative response to the growing food shortage that helped to reinvigorate the local economy. In place of distributing food, we provided affected families with vouchers that they used to purchase food at participating stores. In turn, CARE paid vendors for the food they sold, helping their



A CARE staff member holds up a sample food voucher while visiting a community affected by the earthquake.

bottom line. We also supplied health items such as toothbrushes, toothpaste and soap through the vouchers. This system allowed families to exercise control over their purchases and helped local businesses expedite their recovery. In total, 10,700 people and 30 vendors benefited from the market-based food distribution. By the end of the program, 99 percent of vouchers had been redeemed. The initiative proved to be a highly effective means of efficiently getting food to those who needed it most, while pumping money back into earthquake-affected communities.

Preventing disease

Immediately following the disaster, CARE established a mobile clinic in Klaten where two doctors joined Yayasan Dian Desa health workers in conducting disease surveillance and treatment. The massive displacement caused by the earthquake created favorable conditions for diseases such as tetanus, diarrhea, acute respiratory infections and dengue fever. In order to prevent outbreaks of these illnesses, CARE collaborated with our partner Prakarsa to educate communities on disease prevention.



Our health education program taught mothers how to prevent their children from developing dangerous illnesses.

As noted above, much of this education focused on hygiene and sanitation issues. In addition, we emphasized the importance of breastfeeding. The lessons were disseminated by CARE-trained midwives and community health volunteers. In total, we trained 18 midwives and 120 volunteers and staff at 68 health centers, who together reached approximately 55,000 people with education on disease prevention tactics.

Long-term Rehabilitation

In addition to helping survivors address their most vital needs in the aftermath of the earthquake, CARE continues to help affected families build back their lives. Our rehabilitation program is focused on reconstructing destroyed and damaged houses and promoting sustainable improvements in people's health.

Building earthquake-resistant houses

Over a year has passed since the earthquake, yet the streets of Klaten are still strewn with rubble and many residents continue to live in temporary homes. CARE is addressing this challenge through an innovative program that is building earthquake-resistant homes while supporting the local economy. Modeled on the success of our market-based food distribution initiative, we are promoting a locally-owned solution in which families play a central role in their own recovery. The program does not rebuild homes for residents, but rather provides them with vouchers that they use to purchase building supplies from local vendors. To date, CARE has provided more than 300 families with vouchers.

In addition, CARE has trained 163 local artisans and engineers on building earthquake-resistant homes. We are supporting these trained technicians as they guide and assist participating families in their reconstruction efforts. In turn, families are contributing their own time and labor. They are also making use of government grants to buy additional construction materials. To ensure that houses are built to high-quality standards, CARE is monitoring the status of construction and distributing funding incrementally. To date, 150 homes have been constructed, and another 157 houses are in the process of being constructed with the help of CARE-trained artisans.



For one year, Kasiatun has lived in a temporary shelter that she constructed herself. The 35-year-old's home and many of her belongings were destroyed during the earthquake. Of the 60 homes in her community, 51 were destroyed and three were severely damaged.

Now, with CARE's help, construction is about to begin on her new home. "It is exciting," she says, throwing her hands in the air. By entering the program, Kasiatun is receiving building materials through CARE's voucher system and has agreed to purchase additional supplies with a grant from the government. Like her neighbors, Kasiatun has agreed to help with manual labor, contributing to the efforts to rebuild her community.

"I am very, very happy," she says. "Now I will have a new house!"

Through this program, we are supporting the local economy, improving the skills of construction workers and engineers, promoting safer homes and encouraging strong local ownership of and participation in recovery efforts.

Promoting family health

When conducting Air Rahmat distributions and education sessions in the communities, CARE and partner staff found that a large percentage of the earthquake-affected population did not possess critical knowledge about water, hygiene and sanitation issues. This lack of awareness poses grave threats to people's health. Diarrhea kills around 2.2 million people each year, accounting for 4 percent of all deaths worldwide.³ The primary victims are children in developing countries who contract the disease as a result of poor hygiene behavior and contaminated water.

Health education is one of the most powerful tools for preventing illness and death from water-borne diseases. Therefore, as part of our longer-term rehabilitation efforts, CARE has continued to implement water and hygiene education in affected communities throughout this past year. Focused on achieving wide-reaching and sustainable results, we have trained residents – including midwives, health care workers and volunteers – to disseminate important lessons about water, sanitation, hygiene and nutrition to community members. We are also working with local women's groups, men's groups and community

organizations to teach families about proper methods of treating and storing water, good personal and food hygiene practices, and improved sanitation. These groups take leadership of the program and use education tools that suit local needs. With funding from CARE, groups have used a variety of channels for getting their messages across, including theater productions, community dinners and house-to-house visits. Some groups add to these efforts with a savings and loan program to purchase stoves for boiling water. In total, CARE has worked with 1,759 volunteers from 30 groups to reach more than 5,500 people with life-saving education.



Sunarti Sukino is part of CARE's outreach program to teach communities in Klaten about safe water and hygiene. Volunteers like Sunarti are invaluable to the program because they develop teaching methods specific to the cultural context of their communities. Sunarti is proud to be part of the program. She says, "I want to make a difference and change the behaviors of my family and community. Knowledge is a very useful tool."

³ World Health Organization (WHO): http://www.who.int/water_sanitation_health/diseases/diarrhoea/en/.

Conclusion

CARE was on the ground within days of the Java earthquake, helping thousands of poor families who lost their homes and livelihoods address their most life-threatening needs – access to clean water, food, medical attention and emergency supplies. More than one year later, CARE is not only helping affected families recover from the devastating earthquake, but we are also enabling them to build back better, stronger and healthier lives. Our housing program is facilitating the construction of earthquake-resistant homes, so families are better-protected in the event of a future disaster. Our health education program is helping residents make sustainable improvements in their hygiene and nutrition habits, so they and their children are less vulnerable to disease. In all of our emergency and rehabilitation work in the Klaten district, CARE has promoted community-owned solutions that empower participants and generate sustainable benefits. This work has been made possible in part by the generous support of donors like you who contributed to **CARE's Java Earthquake Response Fund**. On behalf of the earthquake-affected families we have reached, we thank you for your contribution.

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