



Tragedy in the Indian Ocean: A Report on CARE's Tsunami Response



Mariani Abdullah and Sulaiman Adam were one of the first families to move into a new CARE home in Indonesia. At 64, Sulaiman was already retired when the tsunami destroyed his home. "I never thought I could rebuild at my age, but we did. We are looking forward now, not back."

December 2004 – November 2006

Background

On December 26, 2004, an earthquake off the coast of Indonesia resulted in a tsunami in the Indian Ocean, a rare intercontinental disaster that struck some 14 countries in Asia and Africa. The earthquake released stored energy equivalent to more than 23,000 Hiroshima bombs¹. The waves reached speeds of 300 miles/hour and were 65 feet high at landfall in parts of Aceh, Indonesia. An estimated 229,000 people were killed and millions of people were affected through the loss of loved ones, homes, livelihoods and belongings.

As of September 2006, CARE had spent approximately half of the generous \$185 million raised in contributions worldwide (\$58 million came from supporters in the United States). Our five-year tsunami response program, initiated within hours of the disaster, is assisting some 600,000

¹ NGO Impact Initiative: An Assessment by the International Humanitarian Community, October 2006.

survivors in India, Indonesia, Somalia, Sri Lanka and Thailand. While continuing to improve water and sanitation, health services (including mental health) and livelihood opportunities for hundreds of thousands of people, CARE is most concerned with getting people back into permanent houses and helping them to be better prepared for future disasters.

Despite challenges – including violence and insecurity (particularly in Sri Lanka, where CARE has had to suspend construction of more than 600 houses in conflict-affected districts), lack of available land and documentation of ownership, and expensive and dwindling building supplies and resources – 4,500 quality houses have been built or are under construction by CARE. The quality of these houses has been lauded by authorities in Indonesia and Somalia. CARE has also been recognized by our peers for initiating a “social audit” to ensure that our recovery program is as inclusive and accountable as possible².

Thanks to contributions from generous donors like you, CARE’s **Tsunami Response Program** has provided important resources for life-saving emergency assistance and longer-term rehabilitation efforts. This report provides an overview by country of CARE’s overall response to the tsunami tragedy from December 2004 – November 2006.

Tsunami Response Program Activities and Achievements

India

The tsunami battered the southeast coast of India, killing some 10,000 people and ravaging the lives of 2.5 million survivors. CARE, which has worked in India since 1950, is helping some 100,000 people in the states of Andhra Pradesh and Tamil Nadu and in the Andaman and Nicobar Islands rebuild their lives. We are reaching the most socially and economically marginalized communities (including households headed by women and the lower caste groups) and ensuring their participation in the rehabilitation process. In fact, CARE was cited in a major impact study³ of nongovernmental organizations commissioned by former U.S. President Bill Clinton, in his capacity as UN Special Envoy for Tsunami Recovery, for our efforts to examine the processes of social exclusion and discrimination in the tsunami recovery process in India. CARE was the first international organization to initiate this “social equity audit.”

Our efforts are meeting a variety of needs, including shelter, income opportunities, clean water and trauma counseling. We have improved access to clean water and sanitation conditions for some 20,000 families by repairing or constructing latrines and showers, desalinating wells, installing pumps and new water systems, and forming community committees to manage these improvements. We built more than 500 transitional shelters and are mid-way through construction of 2,000 permanent disaster-resistant homes. CARE is ensuring that the new communities are equipped with electricity, drainage systems, roads, parks, health clinics, schools and community centers. CARE also carried out an extensive training program that equipped 3,000 people – including teachers, village health workers and other community members – with the skills to provide counseling to traumatized survivors. To help people get back to work, CARE provided skills training and supplies (such as boats, seeds, agricultural tools, sewing machines, etc.) benefiting some 23,000 people (44 percent women). CARE is also establishing a livelihood advancement center to offer trainings in boat repair, mechanics, seafood production and masonry.

² NGO Impact Initiative: An Assessment by the International Humanitarian Community, October 2006.

³ Ibid.

Other initiatives include partnering with financial institutions to provide insurance to 5,500 coastal families. In terms of environmental restoration, CARE is promoting forest replanting, desalination of land and wells, and the development of an eco-friendly vehicle to be used by youth to earn an income in place of traditional rickshaws. CARE is partnering with the government on a disaster risk reduction program, which entails organizing disaster drills, stocking emergency rescue and floating kits, training for community members on disaster response, and developing contingency and mitigation plans.

As one of the few international agencies working in the Andaman and Nicobar Islands, CARE is leading discussions there around village-level disaster management planning and exploring alternative solutions such as disaster-proof communications systems and using *angawadi* centers⁴ and schools as evacuation centers. To help restore education services, CARE provided 1,000 benches and desks and constructed platforms where classes and play activities are being conducted for 15,000 children. Given that the livelihoods of more than one-third of the population living on

these islands were affected by the tsunami – primarily fishermen – CARE is forming fishing cooperatives, replacing boats and training 1,500 unemployed youth in trades such as plumbing, tailoring and carpentry.

Indonesia

The coastline of Indonesia was closest to the epicenter of the earthquake that triggered the 2004 tsunami. Of the approximately 230,000 people killed, more than half were in Indonesia. Working in Indonesia since 1967, CARE has helped more than 350,000 people gain access to clean water, distributed more than 1 million bottles of water purifying solution, distributed 700,000 food rations and provided essential nutrition and other health services to thousands of women and children.

CARE continues to work to restore livelihoods and rebuild quality homes. In a survey of 35 organizations working in Aceh⁵, CARE's houses were recognized as being "above and beyond" the building code in terms of construction quality, and our reconstruction work and community planning activities have been cited as the best in Aceh in terms of accountability to our project participants. CARE has employed 2,000 construction workers in our shelter program and more than 96 percent of our total target of 1,835 permanent houses is now

Dian Safitri, age 11
Tangjong Village, Aceh, Indonesia



Dian is one of 60 children in Tangjong Village and has joined a group of 10 girls her age doing traditional dance lessons organized by CARE as part of our psychosocial program three times a week: *"My favorite part is the moving, the rhythm. All of us girls knew each other before class. I lost both of my parents and my sister and our house in the tsunami. Now I live with my younger sister, aunt, uncle and grandmother. When the tsunami came, I was at my grandma's house. My parents were in our house, which was destroyed. My younger sister is 8 years old. She also wants to learn to dance. If I wasn't dancing, I would just sit at home and would feel sad. Dancing makes me feel happy."*

⁴ *Angawadi* centers are non-formal preschools or childcare centers located throughout India.

⁵ Report issued by the UN-Habitat and The Architecture Department of Universitas Syiah Kuala (Banda Aceh).

underway (either under construction or completed)⁶. Other livelihood activities include the establishment and training of 255 community groups to set up small businesses such as food stalls, coffee shops, furniture manufacturing and repair, motorcycle service, welding, salt farming, tailoring, barber shops and electronics.

In partnership with the Department of Agriculture, CARE is training thousands of farmers and providing high-quality seed and advice on market access. CARE is also helping local communities to rehabilitate mangroves destroyed by the tsunami, thus restoring critical habitat for juvenile fish – the basis for fishing livelihoods. We have trained hundreds of health workers on maternal and child health. Each month, more than a thousand women are equipped with information about breastfeeding and nutrition, and approximately 2,500 are screened for malnutrition and provided with supplements. We have rebuilt four community health centers and continue to improve health clinics in 25 villages. Activities to help women and children heal emotionally include sewing trainings, handicrafts, dancing and arts.

Somalia

The Indian Ocean tsunami extended as far west as Africa's eastern coast, including Somalia where some 300 people died and 44,000 people were affected. CARE began operations in Somalia in 1981 and has partnered with local organizations in the northeast coastal area of Puntland to meet the needs of around 32,000 people. Following the disaster, we distributed a total of 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. As a long-term solution, we are installing water systems (this entails drilling deep boreholes to reach fresh/unsalinated water) and building private latrines.

CARE initially planned to provide boats, engines, nets and ropes to help some 2,300 fishermen get back out to sea. Realizing that there is a greater need not being met by other agencies, we have expanded our livelihoods program to support more than 5,700 households (roughly 32,000 people), at least 75 percent of those affected. Activities to restore livelihoods and improve incomes include forming and/or strengthening fishermen's 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.

Prior to the tsunami, fishermen relied on the catch and sale of high-value lobster and shark, but without effective management of these resources, the supply had been reduced significantly. If CARE simply replaced fishing gear and boats without introducing more sustainable fishing practices, the catch and income of fishermen would continue to decline. We used the tsunami as an



Nestled in the rolling hills of Jantho, Indonesia, is a new community of CARE-built homes. Construction workers are finishing the final installation of water and sanitation systems before the new owners can move in.

⁶ CARE is partnering with the government's tsunami rehabilitation agency to construct an additional 2,000 houses.

Maryan Dirie Ise, age 50
Baarmadoobe Village, Somalia



“When CARE came, there were no latrines. Not a single latrine. Everyone was openly defecating,” explains Ali Ahmed Mohamed, CARE’s tsunami response project manager. *“Before the tsunami, people were using the spring water from the shallow well, which was already contaminated but became more so after the tsunami. So the poor people continued to use the contaminated water while the rich people depended on water from a private trucking company.”*

Says Maryan, *“I used to wake up at 4:00 in the morning to get water from the spring... every day I was going almost two miles up hill to fetch water or buying expensive water. Now the water is just next door and I save money. Now I can buy four containers of water for \$5 instead of one container. My children are healthier. Before, the children were always stepping on human waste and used to get it on their hands and they would eat without washing their hands. They used to cough and have diarrhea. Compared to before, it’s better. I’m also very healthy.”*

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.⁷ CARE is also providing large boats that are less noisy and can be taken farther out to sea where a larger catch is more likely. CARE plans to construct a landing facility for the larger boats, in addition to processing, storage and retail facilities benefiting thousands of fishing families.⁸

To date, CARE has built five schools and four health centers after working with participating communities to form education and health management committees, which are responsible for managing the new facilities and paying for the services (teachers’ salaries, etc.). Before the construction of 125 houses, CARE held lengthy discussions with communities on the design and location of the homes and convinced them to build outside of the old village so they will be 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 devastated eastern and southern coasts of Sri Lanka, killing at least 30,000 people and displacing more than half a million people. At least 100,000 homes were either partially or completely destroyed. Working in Sri Lanka since 1956, CARE’s tsunami recovery efforts are focused on the districts of Ampara, Batticaloa, Galle, Jaffna, Hambantota, Mullaitivu and Trincomalee, where we are helping some 160,000 people put their lives back together.

With the involvement of affected and neighboring communities, we built more than 1,700 high-quality transitional shelters that included water and sanitation facilities for some 7,700 people; some of those shelters were ready to be lived in one month after the tsunami. We distributed food and essential relief items to 32,000 families in the immediate aftermath of the disaster. Our efforts to provide clean water and proper latrines for 24,000 families have helped prevent disease and keep people healthy. With our continued support

⁷ Due to a cultural preference for goat meat and a lack of awareness and availability of a variety of fish on a regular basis, fish consumption among coastal communities is low.

⁸ Without proper landing facilities, boats cannot load and unload to their full capacity and are damaged while being dragged inland.

in the form of trainings, tools and equipment, and cash-for-work programs, some 11,000 families – including farmers, fishermen and small traders – have started to earn an income again.

A person who received a CARE-built home in Sri Lanka said:

“We prefer building the houses to our own design. Other organizations are using contractors for the construction of permanent housing, meaning that the quality of the material is not assured. Because we are involved in the construction of the houses, we can ensure the quality of the material and we can adjust the design according to our needs.”

Of the 1,330 houses CARE plans to rebuild, 361 have been completed and 665 are on hold due to ongoing conflict⁹ affecting Jaffna, Batticaloa, Trincomalee and Killinochi/Mullaitivu, where all but lifesaving activities have been suspended due to security risks. While continuing to support the financial recovery of tsunami-affected families, CARE is also promoting their emotional recovery. More than 5,000 students, 4,500 parents and 200 teachers have benefited from CARE’s psychosocial program in schools.

To promote long-lasting change, CARE and other organizations have advocated for land and other legal rights for women, and set up a women’s coalition for disaster management and women’s action groups that empower women living in temporary camps to prevent and report violence. CARE also continues to advocate for a peaceful resolution to the current conflict, which is displacing and severely disrupting the lives of thousands of civilians.

Thailand

In Thailand, where CARE has worked since 1979, the tsunami claimed the lives of at least 5,000 people and affected more than 35,000 people across three provinces (Phang Nga, Krabie and Ranong). CARE has built permanent houses; helped vulnerable groups access basic health and education services; established 126 revolving loan funds, which are enabling some 34,075 people to access funds to repair or replace boats, fishing supplies, homes, etc.; provided marketing and business training to occupational groups; restored coral reefs and mangrove forests; and helped communities improve emergency preparedness.

CARE has organized a national conference on disaster risk management to be held in January 2007 for 200 participants representing 40 agencies – including community-level, government and private entities – to promote greater coordination of emergency preparedness and response activities in Thailand. We are also working with 30 villages to expand income opportunities through skills training to ensure that women especially have the means to support themselves. A recent survey of the districts where CARE operates concluded that 24 percent of households are not working, compared to 17 percent prior to the tsunami. Moreover, the number of households engaged in fishing since the tsunami has decreased from 19 to 14 percent. To help families find new ways to support themselves, CARE is setting up community occupational groups and equipping them with marketing and business training to establish/strengthen businesses related to



CARE has ensured that mothers who shared babysitting duties before the tsunami remain neighbors when their new homes are built.

⁹ Between the separatist Tamil Tigers and the Sri Lanka government.

fishing, batik, pillow making, baking, etc. Women comprise the majority of the more than 300 participants trained to date.

CARE is also advocating for the rights of vulnerable, marginalized groups such as undocumented migrant workers and unrecognized minority groups like the *Moken* (sea gypsies). Without the necessary documentation to prove their nationality and ownership of assets, these vulnerable groups are denied access to government compensation and services available to other tsunami survivors. Having lost their homes and sources of income, these stateless groups are in despair and experiencing increased signs of stress and chronic exhaustion. In response, CARE will train health workers and volunteers in the referral, diagnosis, treatment and prevention of mental health disorders, and organize social activities for affected communities.

Conclusion

Since tragedy struck in the Indian Ocean nearly two years ago, CARE has helped some 600,000 people recover and rebuild better lives. Beyond providing boats and houses, CARE is putting practices in place that will help communities protect and replenish their natural resources and learn new ways of earning a better income to support their families. Through our emergency preparedness measures and education, we will help countless others become better equipped to address, and prevent, future emergencies. The work described in this report was funded by a great number of generous Americans who have supported CARE's *Tsunami Response Program*. On behalf of the vulnerable people you have helped us reach in India, Indonesia, Sri Lanka, Somalia and Thailand, we thank you for your support.

November 2006