



Dear Friend of CARE,

Six months ago, a massive tsunami devastated South Asia and Africa. The catastrophic event was met with an immediate and extraordinary response from around the globe. Thanks to generous donors like you, CARE's response has been swift and comprehensive. We have much to be proud of. With more than \$150 million in private donations, lives have been saved, and dreams of a better future are beginning to take shape.

Our successes are the result of thousands of people – CARE staff and members of affected communities – working since December 26 to respond effectively to the largest natural disaster any of us have ever seen. Yet I know, despite our best efforts, nothing can happen fast enough for a child who has been orphaned, for a mother who has lost her home, or for a father who has lost his livelihood. And so, the urgency we felt when we heard the news last December remains – for all of us.

CARE staff members are driven to find solutions to challenges that slow reconstruction, such as helping displaced people obtain title to land on which to build new homes. We also push ourselves to address the conditions that make women and children especially vulnerable during times of crisis; women helped CARE design the emergency kit we distributed, ensuring it had the supplies they desperately needed. Communities are relying on CARE to understand their priorities and help meet their needs.

I encourage you to learn more about CARE's emergency response, rehabilitation and early reconstruction efforts in the enclosed six-month report. We take great pride in what has been accomplished thus far, given the extraordinary circumstances of this disaster, and I hope you will share in that pride. As you learn about CARE's long-term commitment to the affected communities and our goal to "build back better," I believe you will find your trust in CARE confirmed.

It is hard to find any solace in an event as enormous and tragic as the 2004 tsunami. Yet, I have been heartened and humbled by the human compassion and generosity toward strangers half a world away. If there is one small grace in this catastrophe, perhaps it is that people around the globe realize their power to make a real difference in the lives of others. You reached out through CARE and are helping people defend their dignity and rebuild their lives. Thank you for your kindness.

Sincerely,

Peter D. Bell
President, CARE USA



**Moving Forward After the
Tragedy in the Indian Ocean**
Earthquake and Tsunami Relief and Rehabilitation

December 2004 through June 2005



Background

The whole world changed on December 26, 2004 – not just the places where waves as high as 30 feet rushed ashore following a series of earthquakes beneath the Indian Ocean. The tsunami took the lives of an estimated 250,000 people, and left millions homeless, robbed of all their belongings and livelihoods, and traumatized by the sudden and violent loss of loved ones. But the tragedy also pulled the heartstrings – and in turn the purse strings – of people in all corners of the world, ushering in an unprecedented era of public generosity and goodwill. The multi-country tragedy is the worst in recent memory, yet it **has brought out the best in our governments, institutions, aid organizations and private citizens.**

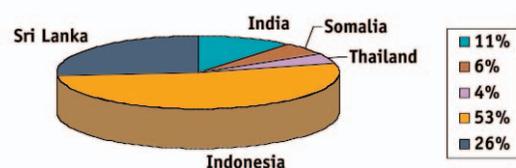
CARE's loyal donors¹, along with thousands of people compelled to give for the first time, contributed \$150.5 million (\$51.1 million came from supporters in the United States). With these resources, **CARE helped meet the immediate needs of at least 500,000 affected people and is prepared to deliver sustained support** for at least the next five years to help them recover, rebuild and revitalize their spirits and communities. Of the resources raised, CARE has spent approximately \$20 million² to date, and by the end of 2005, we expect to have spent upwards of \$50 million on our tsunami response effort in the five worst-affected countries: India, Indonesia, Somalia, Sri Lanka and Thailand.

This report summarizes CARE's relief, rehabilitation and reconstruction efforts in each of these five countries. Not simply a list of our **achievements**, this report also includes a frank

examination of the **challenges** CARE and other humanitarian organizations are facing on the ground (see sidebar). Given our long history in the affected countries and our staff's intimate knowledge of the local needs, customs, cultural issues and political sensitivities, CARE is well-positioned to make a dramatic impact in the devastated communities. We are holding ourselves accountable to our internal programming principles, as well as to standards developed specifically for the tsunami response, and being guided by internationally accepted external benchmarks. Above all, this means **making sure that the people we are assisting are regularly consulted, engaged and given a leading voice in decision making.**

CARE has developed long-term, three-phased strategies in each of the five affected countries where we are responding to the tsunami. Phase I, covered by this progress report, encompassed the first six months and consisted of meeting immediate needs, providing food, clothing, clean water, kitchen utensils and other household items. Phase II extends from the six-month mark to two years post-tsunami, and looks to help communities recover and regain their self-sufficiency. A primary strategy will be cash-for-work programs that provide a source of income in return for doing essential labor such as clearing debris and repairing community infrastructure. Cash-for-work programs have already started in several countries. Phase III, years two through five, focuses on re-establishing traditional livelihoods and exploring alternatives so that families can achieve a steady, secure source of income. In all of CARE's work, **communities are at the center of planning and are empowered with as much control over resources and decision making as possible.**

Where CARE Plans to Use the Money Raised (\$150 million+)



India

CARE has worked in India since 1950. In the months following the devastation from the tsunami, which claimed 10,749 lives and affected 2.87 million people there, CARE has been assisting 66,000 people in the southern state of Tamil Nadu and, more recently, on the islands of Nicobar and Andaman. Activities have included construction of community bathing and toilet facilities, and temporary shelters, water distribution and safe storage, and establishment of community loan funds.

By helping restore access to clean water and latrines, basic health services and affordable loans, CARE is ensuring that disaster-stricken communities can look forward to a healthier and more secure future. To date, CARE has repaired 19 wells, installed 536 hand pumps, built nearly 6,000 toilets (individual and community types), and constructed 11 bathing cubicles. In addition, we have committed to building 1,900 homes (in Nagapattinam and Kanyakumari districts), and meanwhile have constructed 522 temporary

What are some of the biggest challenges to recovery that CARE and the larger aid community are facing?

- With political conflicts already flaring in parts of Sri Lanka and Indonesia before the tsunami, there have been some **security concerns**. Though the tension has hampered relief and recovery activities to some degree, CARE is working to reduce violence and help advance peace efforts. We also are being mindful of equity in aid delivery, so that people living alongside tsunami-affected populations are not left behind, thus mitigating resentment and conflict.

- **Building permanent housing** for those left homeless by the disaster will take a long time. In the devastated area of Aceh in Indonesia, 179,000 homes are needed, not including schools, health centers and other structures. In Sri Lanka, some 60,000 homes must be built, compared to a normal year when an average of 5,000 homes are constructed. In some places, building supplies are not readily available, which causes delays. Besides wanting survivors to be able to move into permanent homes as quickly as feasible, CARE also wants to ensure that the homes are on solid ground both structurally and legally, and that people have a say in how and where those homes are constructed.



- The challenges of home building are further complicated by issues of **land availability and ownership**. Where the tsunami washed land away, new land must be found for reconstruction. In some areas, authorities are restricting residential construction near the shoreline because of the fear of future tsunamis. In Aceh, 75 percent of the people who lost their homes are unable to show they are legally entitled to the land because records were destroyed or never existed to begin with. In addition, development of a sustainable timber policy needs to be considered, so that land is not recklessly clear-cut in order to rebuild. CARE is working with government officials, community

groups and other aid organizations to help resolve such issues and speed up the rebuilding process.

- **Community participation** is key to successfully rebuilding communities and achieving a better standard of living than existed before the tsunami. Giving people a say, whether it is input about livelihoods or about how and where housing is built — as well as making them hands-on partners in the rebuilding process — will help ensure long-term sustainability. Such interaction and collaboration takes substantial time and effort, but ultimately it fosters trust, respect, commitment and confidence.

“When I was visiting the affected communities soon after the tsunami struck, the thing that was unbelievable to me was that everyone I met who had been displaced wanted to tell me what had happened to them. That’s trauma. It wasn’t about their needs, but about their suffering. Trauma recovery is a big issue that must be effectively addressed to get people to move forward in their lives.”

— Steve Hollingworth,
CARE’s country director in India

shelters outfitted with electric fans to offer relief from the extreme summer heat. With CARE’s guidance, communities are identifying alternative livelihoods (such as animal husbandry, crop production and small businesses), and planning activities to gain the skills and resources necessary to pursue them.

Long-term rehabilitation is expected to help about 98,500 more people, and will include construction of permanent housing, psychological care, livelihood and infrastructure restoration, advocacy on entitlement benefits, education and disaster risk management. To help survivors deal with the trauma, CARE has **partnered with the National Institute for Mental Health and Neurological Sciences to train about 1,200 people to date** – including teachers, village health workers, aid staff and government representatives – to provide grief counseling in affected villages and to identify and refer severe cases to medical specialists. Teachers have been among those trained so that they are equipped to help children express and cope with their grief.

CARE is engaged in ongoing discussions with government officials to plan rehabilitation activities on 15 islands, including Andaman and Nicobar. In particular, the government would like CARE to play a role in rebuilding community centers serving women and children. Through

Significant Tsunami Successes

- In Somalia, CARE provided food to nearly **75 percent of affected households** (38,112 people) following the tsunami.

- In Sri Lanka, CARE has been the only international non-governmental organization permitted to provide direct relief to people living outside of camps in the militant Liberation Tigers of Tamil Eelam (LTTE)-controlled Vanni region. **CARE was the only humanitarian organization permitted access** to devastated Mullaitivu town in the immediate aftermath of the tsunami. Our prior work in the region and our demonstrated commitment to the community have uniquely positioned us to have the greatest impact on affected families.

- Also in Sri Lanka, CARE has signed an agreement to construct **6,500 permanent houses,**



- **representing 10 percent of the projected need.**

- On the Indonesian island of Simeulue, CARE was able to

- **immediately mobilize support to feed more than 55,000 people – almost 80 percent of the population** – after a follow-on earthquake occurred in March.

2008, CARE has directed \$15.9 million to tsunami relief and development projects in India.

Future Plans

The goal of CARE's long-term strategy is *sustainable, viable livelihood options for socially and economically marginalized populations in tsunami-affected areas of Andhra Pradesh, Tamil Nadu and the Andaman and Nicobar Islands by 2009*. We will:

- Provide short-term economic opportunities;
- Restore livelihoods and the environment;
- Address mental health issues;
- Restore and develop education;
- Support long-term building and reconstruction efforts; and
- Strengthen community capacities for articulating needs, rights and entitlements.

Indonesia

The province of Aceh bore the brunt of the tsunami: more than half of the roughly 250,000 confirmed deaths from the Indian Ocean disaster occurred here. It left a band of destruction up to two miles wide that extends from the tip of Aceh to the border with North Sumatra. An estimated 400,000 people remain displaced and as many as 1 million people were directly affected by the tragedy. Over the past six months, CARE has spent approximately \$12 million reaching some 250,000 people with services and training to restore and/or provide water and sanitation, health and counseling services, shelter, cash-for-work activities and livelihood opportunities.

CARE has worked in Indonesia since 1967, maintaining good relations with the government. This relationship helped with CARE's **emergency response** in the hard-hit province of Aceh, where previously we had no presence. CARE had a staff of 700 development professionals in Indonesia prior to the tsunami, yet none were based in Aceh. Since the tsunami, we have put 340 national staff and 24 international staff in the hardest-hit areas, and may hire additional staff to meet our commitments on the ground. To date, CARE has focused on rebuilding lives by providing shelter, food, psychological support and health services in



Banda Aceh, Medan, Simeulue and through partners in Nias.

CARE distributed food, water, blankets and other essentials to areas particularly hard to reach because of the extensive damage to the infrastructure. The depth of ruin and loss of life, issues of land ownership and inheritance, and the continuing aftershocks have inhibited reconstruction. Our staff continue to help with food and water distribution, latrine construction, well cleaning and rehabilitation, and repair and/or restoration of sanitation services. In April alone, we **distributed food and supplies to 24,267 individuals**. To provide a much-needed infusion of cash for out-of-work families, CARE has organized the equivalent of 68,580 days of employment for 2,321 households in 11 communities. Work priorities are set by the communities, and much progress has been made in clearing land of debris and rehabilitating wells, drains, harbors, fields and irrigation systems.

Reproductive health issues are a serious problem in any emergency. CARE has found that the most effective way to address reproductive health problems faced by the women in conservative communities, such as those in Aceh, is for us to work with local religious leaders. In partnership with Johns Hopkins University's Center for Communication Programs, 50 *Ulamas* ("men of Islamic learning," i.e., respected Islamic scholars) were trained by CARE in an effort to build a network of local religious leaders to act as community resources for reproductive health information.

Through our community-based approach we are **helping 8,000 families rebuild their homes and**



community facilities such as health centers.

Partnering with a German organization, we have developed a prototype house frame that provides improved protection from floods and earthquakes. Following the March 2005 earthquake in Simeulue, CARE has been the only agency working with the World Food Programme to meet the basic nutrition needs of more than 55,000 people, including children. We are assisting nearly 80,000 people on the island with provisions of family and community tents, mosquito nets, buckets, hygiene kits, jerry cans, family survival kits (with household items, kitchen utensils and sleeping mats) and bottles of solution to purify water. CARE also distributed seeds (rice, green beans, long beans and other vegetables) and agricultural tools in three sub-districts, and is teaching farmers techniques for increasing their crop yields.

CARE is piloting a **social support project for 155 children** featuring games, sports, informal learning and other activities. In partnership with other local agencies, CARE also is producing a free newsletter for displaced families with a distribution goal of 50,000. Our staff have screened some 2,277 children under 5 for malnutrition, and distributed a one-month supply of vitamins to more than 1,900 children. CARE also participated in a U.S. congressional briefing, “After the Tsunami: Meeting the Health Care Needs of Women and Children in South Asia.”

Although Nias is not one of our program areas, CARE delivered 20,000 jerry cans, 240,000 bottles of water purification solution, 240,000 bars of soap and hygiene promotion materials to the

island after the March 28 earthquake. These were distributed by another international agency to an estimated 100,000 people.

For the next several years, CARE has targeted \$76.7 million in immediate and long-term relief for Indonesia’s districts of Banda Aceh, Aceh Besar and Simeulue.

Future Plans

CARE’s proposed five-year plan for community redevelopment considers the range of elements – including food, shelter, health, water and sanitation, education, income, participation in civil society and decision making – that leave families vulnerable to chronic poverty, and will build on community-designed solutions. The approach will encompass the following components:

- Provision of equipment and training to help people reclaim lost livelihoods;
- Rebuilding homes;
- Emergency preparedness and disaster risk reduction;
- Workshops on gender discrimination and equity;
- Development of local support and service organizations;
- Democracy and good governance; and
- Market access for poor and marginalized women and men.

The aim is to achieve sustainable recovery for target populations in four districts of Aceh: Aceh Besar, Aceh Singkil, the municipality of Banda Aceh and the island of Simeulue. This five-year endeavor will set in motion the transition from relief to recovery and provide the base for sustainable long-term development in Aceh province.

Somalia

Even before the tsunami, Somalia’s Puntland region was suffering the effects of a natural disaster. A four-year drought had just ended in September 2004 when torrential rain and extreme cold visited the region. For the pastoralist families who constitute the majority of the population in Puntland, the losses were devastating – 80 percent of their camels and 50 percent of their goats and sheep perished in the drought and subsequent flash floods. After years of civil war and subse-

quent natural disasters, the **people of Somalia were ill-equipped to deal with this latest shock.**

The tsunami claimed the lives of approximately 300 people and affected the livelihoods of some 7,300 households in Puntland. An estimated 600 boats and 75 percent of fishing equipment were destroyed in the country's hardest-hit area.

In Somalia, as in other tsunami-ravaged countries, CARE responded to the needs of people directly hit by the deadly waves and to those in nearby communities. To meet the needs of people in Puntland, **CARE distributed food** (sugar, flour, oil, biscuits, beans and pasta) **to nearly 75 percent of affected households** (38,112 people),

regardless of whether the families were supported by the fishing industry or by herding. After the tsunami, both groups suffered because coastal communities could no longer afford to purchase animal products from the pastoralists in nearby areas. In addition, CARE addressed the acute water shortage by trucking in water for nearly 6,000 households in 40 communities.

For mid- and long-term recovery, CARE is executing a plan to support fishing-based livelihoods for about 2,300 households in eight communities – providing fishing gear and boats before the beginning of the major fishing season in October. Others in the community will work as crew

Now She Can Walk

Daughters in tow, Ibu Ramlah ran from her home to the nearby mosque when the tsunami came ashore in Indonesia. Then they fled again when they saw the water coming toward them once more.

Ramlah was one of the lucky ones, “luck” being a relative term in Aceh. Her husband and their four daughters survived the disaster... although her brothers and their families did not.

Ramlah and her family went for two days without food or other supplies before pitching a donated tent amid others in a makeshift camp. One month later they moved to the TVRI Camp – so-named for its location on the grounds of the national television station – where they have made their home for the past five months.

Although too young to understand the enormity of what happened on December 26, Ramlah's youngest daughter, Jaleha, has clearly suffered. The power of the water separated Ramlah from her 2-year-old daughter, who was found floating and barely clinging to life. Six months later, the wide-eyed little girl gets scared when it rains, her mother says, and cries when she hears shouts outside.



Ibu Ramlah with daughters Nurual, Azizah and Jaleha.

Jaleha also suffers from malnutrition. Screened through a CARE program that assesses the nutritional status of children under 5, Jaleha has been receiving treatment since mid-April. She is given high-energy milk every day and monitored constantly, and is showing signs of improvement.

“She could not walk before, for she was too weak,” recounts Ibu Ramlah. “She was 7.3 kg before, and now she is 7.9. Now she can walk.”

Ramlah's family also receives a

solution to purify their water for drinking and cooking. The kerosene needed to boil the water is expensive, explains Ramlah, so they are happy to have the solution instead.

The family is planning to move to the government barracks, and Ibu Ramlah speaks of a brighter future with steady employment for her husband and a new home for her children. As the family works hard toward replanting its feet on the ground, young Jaleha will be able to take those steps too.



members for the boats during fishing season. As part of coordination efforts with other aid agencies in the region, CARE has been promoting the adoption of a common approach for the sustainable development and strengthening of the fishing sector in Somalia. It entails asking communities to repay a certain percentage of the cost of the replaced boats and equipment, which would then be used to **strengthen the capacity of fishermen's associations to provide better support and services to the fishermen in the future**. We also are working with the Puntland Authority to strengthen its capacity to respond to emergencies and help communities become less vulnerable to future disasters. CARE included government staff on auditing missions to ensure that food and other types of aid have reached the intended recipients and to help them gain an understanding of international standards of emergency relief.

Future Plans

CARE plans to rehabilitate community water systems and latrines, school buildings and health centers, and to replace 200 low-cost shelters that were destroyed in the tsunami. We also will

continue to provide food and water until affected communities can **restart their fishing livelihoods**, which they will be able to do once boats and equipment are replaced or repaired. Most of the activities will be carried out by Somali organizations; CARE will focus on capacity building and ensuring accountability. On a mid- to long-term basis, CARE aims to help affected communities recover and strengthen their livelihoods, as well as support projects to improve fishing, water and sanitation, education, shelter, infrastructure and disaster preparedness.

Sri Lanka

The tsunami caused significant damage in Sri Lanka, killing nearly 31,000 people, displacing more than 800,000 others, and causing severe disruption to the livelihoods of millions. **CARE has helped approximately 130,000 people** in the districts of Jaffna, Hambantota, Ampara, Trincomalee, Killinochchi, Mullaitivu and Batticaloa with emergency relief, and expects to assist the same number over the next several years. To date, CARE has distributed 1,125,600 liters of water, built 80 toilets toward a goal of

500, restored a total of 46.6 km of road (with work on a further 60 km in progress), and repaired four schools toward a target of nine. More than 5,300 people have participated in our cash-for-work programs repairing roads and clearing the land around channels and beaches to make the shore safe for boat landings. By the end of June, we will have constructed some 1,579 transitional shelters (at an average cost of \$400 per shelter) built according to the preferences of displaced families.

With a nearly 50-year history in Sri Lanka, CARE was well positioned to carry out high-quality relief and rehabilitation, covering a broad geographic area and managing to operate in areas in the throes of civil conflict. CARE has scaled up operations significantly in order to respond to the needs generated by the tsunami, all the while maintaining our commitment to good technical practice and to community involvement at every stage. For example, prior to constructing transitional shelters, CARE **erected model units for communities to consider** – one with the roof and sides made from *kajang* (palm leaves), which was thought to be cooler, and another made with iron sheet roofing and sides. Tsunami survivors examined both models, debated the options and weighed in with their concerns and preferences. They preferred the iron sheets, despite the fact that the house would be hotter, because they were concerned about the risk of fire (the area in question becomes very windy at this time of year). CARE then chose high-quality iron sheets, which were thicker and more resistant to wind (so the roofs and sides would not tear up) and less heat-conductive. CARE also has used participatory approaches to design family relief kits. Community feedback, especially from women, indicated a preference for shoes, slippers, school bags, socks, dresses for girls (as opposed to t-shirts or cloth) and sanitary napkins.

Future Plans

Long-term funding for Sri Lanka – \$38.6 million – is being directed toward **housing and livelihood restoration**. CARE has signed an agreement with the government to construct 6,500 permanent houses over three years in seven districts. This

represents 10 percent of the projected need. Timely completion of this project will depend on security, coordination between the government and rebel-controlled areas, and government policy on land. CARE is ensuring that people have a say in the kind of houses they will occupy. Staff also are paying special attention to vulnerable populations, including people displaced by conflict, and working to reduce gender-based violence. CARE helped organize a local-level coalition to examine the concerns shared by women who have survived the tsunami disaster and to promote public awareness and solutions. Our specialized gender-based violence staff will continue to be heavily involved with the coalition, which meets weekly. Already we have trained 250 local staff on gender issues.

Thailand

The tsunami struck the west coast of Thailand, an area frequented by tourists. Nearly half of the confirmed 5,000 people dead were foreigners. Working in Thailand since 1979, CARE is currently responding to the crisis in 45 affected villages in three provinces (Phang Nga, Krabie and Ranong) and anticipates expanding to 130 villages in the near future.

The thrust of our work is outreach to **marginalized ethnic minority groups** such as the *Moken*, as well as coastal villagers whose land rights are threatened by influential landowners with interests in tourism. CARE is working with local partner agencies to advocate on the villagers' behalf and to assist with the reissuance of identification cards. We have also helped 50 migrant families relocate to their native Surin Island by providing building materials for the reconstruction of traditional living quarters, as well as organizing child support activities, youth outreach and life skills training.

CARE has organized youth groups in affected schools and communities to receive small grants for the purpose of initiating youth-related skill-building activities and becoming involved in local decision making and occupational networks. Throughout the villages where we are currently responding to the tsunami, CARE has set up **community loan funds** to help families restart

The Right Way to Rebuild – Considering all the Factors in Indonesia

CARE is committed to rebuilding communities, not simply houses, so reconstruction involves more than building new shelters. The first step is re-establishing ownership of each plot of land – a near impossible task given that records were lost in the tsunami, or never existed in the first place, and that governments are operating at below capacity after losing so many skilled staff in the tsunami. There is also a shortage of construction materials and logistical challenges to consider, particularly in Simeulue, where roads, bridges and wharves have been severely damaged by the tsunami and aftershocks.

Sourcing sustainable timber is another critical element of reconstruction. It is estimated that more than 400,000 hectares of forest will be needed to rebuild Aceh. This exceeds the supply of timber that can be sourced legally and sustainably in Indonesia. Thus, CARE is pursuing an environmentally sound timber supply for reconstruction efforts to ensure that the forests of Aceh are not cut down in order to rebuild the province.

CARE is also conscious about building safer houses in safer areas – designed to meet community and government requirements, built with high quality materials and workmanship, offering greater resilience to earthquakes and floods. The incorporation of a risk reduction strategy into housing blueprints is time-consuming, yet CARE will not return families to the vulnerable conditions that existed before the earthquake and tsunami.

Finally, and most importantly, community participation – ensuring that people have a say



Families made homeless by the tsunami were given a choice of construction materials for their temporary homes. Tin was chosen for its durability. By early June, CARE had constructed 400 such transitional homes, with plans to build permanent homes for these families in the coming years as land issues are resolved.

in how and where their homes are reconstructed – is an involved but critical component of the reconstruction process.

CARE is working to make sure that the needs and interests of the poorest and most vulnerable are fully represented.

businesses. We are also consulting with local architects to rebuild safer homes and community buildings, including a school with a teacher's lodging house, a walkway for the school children, a community center, and a dike along the beach to prevent sand from being washed away by normal tides.

CARE has outlined four program strategies to guide our response in Thailand:

- Improving living conditions and social networks at emergency response shelters (including temples and crisis centers);
- Involving communities in planning and constructing temporary shelters near their destroyed villages, and beginning the process of long-term rehabilitation;
- Empowering community networks and groups to conduct social reconstruction that is participatory and involves community members and their children; and
- Coordinating response mechanisms among communities, civil society, government agencies and the private sector, leading to an integrated response that takes into account community as well as environmental considerations.

To help ensure that our rehabilitation efforts **promote the rights of vulnerable women and marginalized ethnic groups, protect vital natural resources and follow the safest building standards**, we are partnering with more than 10 organizations across the three provinces. Along with organizations such as the Wildlife Fund Thailand Foundation and the Center for AIDS Rights, CARE is at the forefront of the relief and local advocacy efforts.

Future Plans

As part of the long-term recovery, CARE will help **construct permanent houses and community buildings**³ and promote the rights of marginalized populations, including migrant workers. With our support, an estimated 120 villages will establish revolving funds from which they can access money to repair boats and restart their businesses. Over the next four years, CARE will directly help about 21,000 people and will spend \$6.2 million on tsunami-related projects.



Thank You

Six months post-tsunami, accomplishments can be measured more effectively by anecdotal evidence than by numbers added up in a column. It is more meaningful, for example, to know that migrant fishermen in Thailand's Krabie province have been able to tap into CARE's revolving funds – and repair their boats, overcome their fear of the water, and resume taking tourists out around the islands and thereby reclaim their source of income – than to learn that “x” number of supplies have been distributed. Numbers cannot and do not tell the whole story. The story CARE wants, and is proud, to share with our generous donors is about the **courage and determination of communities who have suffered incalculable loss**, but aspire to a better future – one that finds them less impoverished and less vulnerable than they were on December 26. Your outpouring of support has enabled CARE to commit to helping communities realize their aspirations. On behalf of the tsunami survivors, CARE thanks you for your generosity.

¹ This includes private individuals, corporations and foundations, as well as institutional donors.

² The breakdown by country is as follows: \$2 million in India, \$12 million in Indonesia, \$900,000 in Somalia, \$5 million in Sri Lanka and \$1.5 million in Thailand.

³ This includes schools and emergency preparedness and response centers.



www.care.org

U.S. HEADQUARTERS

Atlanta

151 Ellis Street
Atlanta, GA 30303-2440
T) 404-681-2552
F) 404-589-2650

SOUTHEAST REGION

Atlanta

151 Ellis Street
Suite 100
Atlanta, GA 30303-2440
T) 404-681-2552
F) 404-577-5557

Washington

1625 K Street, NW
Suite 500
Washington, DC 20006
T) 202-595-2800
F) 202-296-8695

NORTHEAST REGION

New York

650 1st Avenue
2nd Floor
New York, NY 10016
T) 212-686-3110
F) 212-683-1099

Boston

99 Bishop Allen Drive
Suite 300
Cambridge, MA 02139
T) 617-354-2273
F) 617-354-2241

Philadelphia

114 Forrest Avenue
Room 106
Narberth, PA 19072
T) 610-664-4113
F) 610-664-4256

CENTRAL REGION

Chicago

70 East Lake Street
Suite 1430
Chicago, IL 60601
T) 312-641-1430
F) 312-641-3747

Minneapolis

601 Carlson Parkway
Suite 1050
Minnetonka, MN 55305
T) 763-473-2192
F) 763-473-4042

WESTERN REGION

San Francisco

369 Pine Street
Suite 700
San Francisco, CA 94104
T) 415-781-1585
F) 415-781-7204

Seattle

1402 Third Avenue
Suite 912
Seattle, WA 98101
T) 206-464-0787
F) 206-464-0752

CARE INTERNATIONAL SECRETARIAT

Boulevard du Regent 58, Box 10
1000 Brussels
Belgium
T) 32-2-502-4333
F) 32-2-502-8202