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INTRODUCTION

On 26 December 2004, a 9.0 magnitude earthquake occurred off the coast of Sumatra Indonesia, triggering a tsunami that devastated the coastal areas within the Indian Ocean region. The tsunami took the lives of over 225,000 people and left many of the survivors without homes and livelihoods. It is recognised as one of the worst natural disasters on record.

CARE Australia (as a member of CARE International) received an initial $2.5 million from AusAID to provide emergency relief and rehabilitation assistance to tsunami affected countries. In addition, CARE Australia raised $42,900,000 through public donations that have been used for rehabilitation and reconstruction projects in India, Indonesia, Sri Lanka and Thailand.

CARE International is a non-political, non-religious international humanitarian aid organisation combating global poverty with a focus on working with women and children. Each of the twelve national members that make up the confederation of CARE International provides assistance to impoverished communities in over 70 countries. Responding to humanitarian emergencies is an essential part of CARE’s work in fighting poverty and injustice as emergencies can be a cause and effect of both. CARE helps people cope with crises through disaster risk reduction, emergency relief, preparedness and post crisis recovery.

The 2004 tsunami was the biggest humanitarian crisis resulting from a natural disaster CARE had ever responded to.

CARE’s initial directive was to provide immediate relief to the survivors in the form of emergency packs and to provide temporary shelter for those made homeless. The next stage was to rebuild people’s lives. CARE Australia aimed to empower communities to manage their own natural resources and livelihood systems and prepare for management of future disasters. There was also great emphasis placed on gender equality, capacity building, sustainability and the environment. Recovery activities included the provision of housing, water and sanitation facilities; agriculture and livelihood development; and maternal and child health.

CARE Australia carried out assessments in consultation with CARE Country Offices and other NGOs to determine where best our contribution would be most effective. CARE Australia chose to operate in Indonesia, India, Sri Lanka and Thailand. CARE Australia tsunami activities finished in June 2009.
SUMMARY OF ACTIVITIES

INDIA

CARE first provided emergency relief items to meet the immediate needs of the worst affected and most vulnerable people in Chennai, Nagapattinam, Kanyakumari and Cuddalore in Tamil Nadu and in Nellore, and Prakasham in Andhra Pradesh. Following on from the immediate relief phase, 359 houses with supporting infrastructure were constructed in Tamil Nadu Province, 126 houses at Neerody and 233 houses at Palayar.

In July 2007, CARE started working on South Andaman Island constructing 244 houses with supporting infrastructure in five tsunami-affected villages. Specific attention was given to community empowerment activities relating to the house construction. Committees were established to represent and respond to community interests and identify infrastructure needs. In addition, CARE partnered with Handicap International to identify disadvantaged households, ensuring that houses are built or altered to meet specific needs. This project was the last of the Tsunami projects to be completed, on 15 June 2009.

INDONESIA

CARE’s initial response in Indonesia supported the procurement, packing and distribution of emergency relief supplies to 25,000 families in Aceh. This distribution addressed vulnerability to disease, particularly of children, and allowed the community to live with dignity by addressing basic needs.

Indonesia was CARE’s largest Tsunami program. The program focused primarily on the remote Island of Simeulue that was developmentally neglected prior to the devastation of the Tsunami. In Simeulue, the first phase of the project focused on emergency relief to ensure the distribution of basic food and non-food items (essential household and personal items) as well as temporary shelter (emergency plastic sheeting and tents). The second, transition phase laid the ground work for longer term programs that addressed shelter, water and sanitation and livelihood needs for approximately 2,653 households on Simeulue Island. CARE provided 1,720 households with transitional shelters and built 68 permanent houses in one village that was relocated inland. A health project was simultaneously implemented to improve maternal and child health and nutrition. This project included the revitalisation of local health structures and enhanced support to the Department of Health to reduce the incidences of acute malnutrition among children under five and communicable diseases; and improve access to ante-natal care for women in CARE’s 27 target villages.
With the immediate challenges of providing shelter, replacing livelihood assets and acute child malnutrition addressed, the focus of CARE’s work in Simeulue shifted to livelihood production and marketing, community-led sanitation initiatives and working with communities and government to improve awareness around health issues and the provision of basic health services. The aim of these longer-term projects was to address the root causes of decades of poverty on the island. Natural disasters continue to be a threat in Simeulue, so CARE worked with communities to establish Community Disaster Risk Management Groups which identify practical ways to reduce the impact of disasters and how to respond effectively in an emergency.

CARE finished work in Simeulue at the end of December 2008 with strong support from communities, government and partners to continue activities after CARE left.

**SRI LANKA**

During the month immediately following the Tsunami, CARE addressed the immediate needs of up to 11,300 families affected by the Tsunami in Trincomalee, Batticaloa and Ampara Districts. CARE continued to work in Trincomalee for the next year providing transitional shelters, safe water and toilets, and training to village-level volunteers in basic health and hygiene promotion to educate communities. Fisherfolk, farmers, and female heads of households received cash and/or in-kind assistance to establish businesses and income generation activities as well as tool kits for home gardening. Internal roads were constructed, schoolchildren were supported and boats and nets and accessories were purchased for local fisherfolk. At the same time, CARE provided medium to long-term support to 350 families in Batticaloa District by providing temporary shelter and livelihood recovery to displaced farming and fishing communities. CARE suspended work in the area in 2007 due to security concerns but returned in 2008 and worked with villagers to repair or construct 118 permanent houses and provided livelihood assistance to 141 families to rebuild their lives.

In mid-January 2005, CARE started work in Mullaitivu District in Sri Lanka’s north to provide 900 families with temporary shelter, construct and rehabilitate 50 water sources and construct 450 latrines. The project also provided assistance with livelihood recovery for fisherfolk and other traders, support for 2,000 children to return to school, and psychosocial support for survivors. In the second phase of this project, 241 permanent houses, 112 wells and 137 toilets were constructed through an ‘owner-build’ approach. Vulnerable and marginalised families from these communities received loans and skills development from local community based organisations. A 7.5km road was constructed to improve transportation of market produce. Villagers were also supported to develop emergency preparedness plans to cope with future disasters.
THAILAND

In July 2005, following the initial emergency response, CARE began a project to restore and strengthen livelihood security of families in Krabi, Pang Nga and Ranong Provinces in Thailand. This focused on increased income, improved housing, health and environment. The project was completed in December 2007 with at least 90 per cent of the 13,970 targeted households achieving restored and improved livelihood security.

BUILDING ON OUR TSUNAMI PROGRAM, CARE CONTINUES TO ADVOCATE FOR SUSTAINABLE NATURAL RESOURCE MANAGEMENT POLICIES AND PROGRAMS IN THAILAND.

CARE FUNDING BY COUNTRY
The tsunami affected the eastern coastline of India and CARE focused its attention on the districts of Tamil Nadu, Andhra Prasesh and the Andaman and Nicobar Islands.

373 coastal villages in the Tamil Nadu districts of Nagapattinam, Kanyakumari and Cuddallore were affected. An estimated 6,000 people were killed on the islands of Andaman and Nicobar. Approximately 83,000 houses were destroyed or heavily damaged in the three districts where CARE India implemented its shelter project. 9,565 people were housed in intermediate shelters once the waters had receded. CARE India was the first NGO to establish a presence on the islands in the wake of the tsunami.

CARE Australia’s emergency response strategy covered three phases: immediate relief; medium term restoration and rehabilitation over a two year period; and a long-term livelihood rehabilitation phase over five years.
**RELIEF PACKS**

CARE Australia concentrated on the distribution of non-food relief items after the tsunami as food distribution was conducted by the government and NGOs. In the districts of Tamil Nadu and Andhra Pradesh CARE supplied:

- **20,139** hygiene kits soap, shampoo and other toiletries
- **19,992** plastic buckets
- **20,409** school kits
- **19,939** items of clothing
- **40,034** plastic floor mats
- **15,330** kitchen utensils

CARE Australia provided safe drinking water and made provisions to combat waterborne diseases by distributing 30,000 oral rehydration tablets to 6,000 households. Half a million halogen tablets for water purification were given to the government health department for distribution helping over 20,000 individuals in the districts.

**TEMPORARY SHELTERS**

Those displaced by the tsunami were accommodated in schools, temples, churches and government buildings. The severe lack of shelter prompted CARE to build 523 temporary shelters to accommodate 2,615 people. These were erected in Paliyar village in Nagapattinam District. Once these shelters were built, CARE concentrated on building permanent shelters as the need for temporary shelters were being met by other humanitarian organisations.

**PERMANENT SHELTERS**

CARE India was involved in building 1,831 houses in the affected area. CARE Australia funded the building of 359 of these houses in the two districts of Tamil Nadu (126 in Neerody and 233 in Palayar). All houses were completed and handed over to the Indian Government in November 2006.

In Andaman and Nicobar, CARE India was responsible for the construction of 286 (279 funded by CARE Australia) new houses in five locations around Port Blair, the territory’s capital and largest town: Austinabad, Teylarabad, Sippighat, Chidiyatapu and Bambooflat.

All new houses were designed to be earthquake resistant and disability friendly; use a minimal amount of concrete; and where possible maximise use of recyclable and environmentally-friendly building materials. CARE India worked closely with Handicap International (HI) to ensure that the needs of people with disabilities were catered for in the design of the new houses. HI trained CARE staff on disability issues and how best to integrate disability awareness within the community.

Houses were designed to harvest water from the roof and have their own garden to encourage homeowners to grow their own vegetables.
Local materials and labour were used and households were trained and provided with manuals in how to repair and maintain their homes. This also strengthened feelings of ownership and increased sustainability.

New permanent shelters were only built on land at least 200 metres inland from the high tide line as areas closer to the shoreline are susceptible to natural disasters such as cyclones and subsequent flooding.

CARE Australia funded a concrete road at Neerody and the construction of drainage and soak pits while supporting the installation of electricity poles. In Palayar, the government provided a water supply, electricity, a road and a sewerage system.

**RESTORATION OF LIVELIHOODS/COMMUNITY**

On the mainland, Village Monitoring Committees (VMCs) were established which enabled the local community to monitor the construction process. On the islands, a similar approach allowed communities to participate in the monitoring of the new housing via the Community Mobilisation Committee (CMC). Committee members were trained to oversee the construction and to ensure quality standards were being met. In line with gender equality advocated by CARE, both men and women were members of the monitoring committees.

The VMC and CMC monitoring empowered the community, generating ownership and transparency and facilitating a smooth transition between temporary shelters and permanent shelters. However, government officials and construction firms were new to this process and CARE staff needed to raise awareness of the advantages of community engagement.

The VCM and CMCs, particularly the female members, influenced the design of new houses to fit in with cultural needs. In Palayar, the women requested verandas as a place to sit and socialise. This is significant in a region where women do not generally have access to public spaces for social interaction. In Neerody, the women requested larger living room space instead of verandas because, as part of a predominantly Catholic community, many of their social interactions take place indoors.

CARE’s coordination with the government and other NGOs avoided duplication in relief efforts. CARE attempted to use only local materials and labour force on the islands, however due to limited supplies most of the material had to come from the mainland. Only two boats a month were available to ship materials to the islands and only two jetties could handle the cargo which affected progress in reconstruction. CARE was instrumental in working with local officials to increase the frequency of the ships to four times a month.
CHALLENGES

There were many challenges in rebuilding the affected areas and assisting survivors in India. Building permanent shelters was hampered by heavy rainfalls between October and December 2005. Construction sites were flooded and the weather made it nearly impossible to transport material to the remote sites. In Tamil Nadu, flooding was exacerbated by excessive mining of sand from the riverbeds and riverbanks. As a result, the government stopped sand mining operations which meant there was no material for making new bricks for the local development.

The layout of the new shelters was based on a grid system for ease and speed of building.

The downside to this layout was the lack of open areas that form in the scattered formation in traditional villages, normally used as communal areas and can double as market spaces.

One of the biggest challenges was to ensure communities were not dependent on government aid. Initially, it was difficult to engage communities, particularly men, to take part in committees and self-help groups due to their lack of knowledge of how such groups worked. With the support of CARE Australia, CARE India worked hard to include and educate communities to take a role in rebuilding as self sufficiency was paramount to their future success. CARE worked to achieve this by promoting organic farming, kitchen gardens, health, education, sanitation activities and establishing neighbourhood networks to support ongoing sustainability and strengthen community resilience.
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. CARE worked alongside community members to desalinate farmland, rehabilitate irrigation systems and reconstruct water and sanitation infrastructure.

In addition, CARE helped women in the village to organize into self-help groups – small self-selected groups that enable members to pool savings and take out loans at low interest rates. CARE 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 self-help groups 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.
The tsunami had a devastating effect on the people of Aceh. It was the country’s biggest natural disaster since the 1883 eruption of Krakatoa. The Indonesian Government reported over 130,000 deaths and more than 570,000 displaced people. In Aceh Province 20 per cent of the 3.9 million population was left homeless. Seawater and debris was swept up to six kilometres inland, destroying lines of communication, water and electricity systems, fisheries and agriculture. The total damage to the economy was estimated to be US$4.7 billion.

**CARE launched a disaster response in Aceh with $24,800,000 raised through CARE Australia that primarily focused on Simuelue Island.**

Simeulue Island, off the west coast of Sumatra, was one of the worst hit districts in Aceh Province; 93 per cent of its population live along the coastline. The tsunami left 20,000 of the island’s 80,000 residents destitute with five of the island’s eight sub-districts severely affected: Alafan, Salang, Teupah Barat, Simeulue Barat and Tuluk Dalam. CARE Australia’s response to the tsunami on Simeulue concentrated mainly on the sub districts of Alafan and Teupah Seletan at the eastern and western tips of the island.

On 28 March 2005, a second major earthquake measuring 8.7 struck Simeulue and neighbouring islands. The second earthquake took more lives and increased the initial estimate of people in urgent need of relief assistance from 22,000 to 55,000. Locations such as Sinabang, the district capital, which were relatively untouched by the tsunami were affected by the earthquake.
The earthquake not only halted progress towards recovery and rehabilitation, but created emergency needs significantly greater than the tsunami. CARE reassessed and expanded relief and rehabilitation efforts to respond to the new emergency needs.

**INITIAL DISASTER RELIEF**

CARE commenced emergency and humanitarian relief in Banda Aceh, Aceh Besar and on Simeulue Island in January 2005. Food, water and non-food items including hygiene kits comprised of soap, shampoo and other toiletries were distributed to 25,000 survivors. 15,000 family survival kits containing sleeping mats, blankets and kitchen sets (kerosene stove and kitchen utensils) were also distributed. CARE Australia organised the distribution of basic food provisions to over 23,000 people on Simeulue. There were logistical challenges in shipping relief material to the affected areas due to the remoteness of the island.

**SHELTERS AND INFRASTRUCTURE**

CARE Australia provided 1,757 temporary wooden shelters that could be erected by the community which were sourced from the Red Cross. CARE then worked with the Rehabilitation and Reconstruction Agency for Aceh and Nias (BRR) which was responsible for the provision of permanent shelters. CARE engaged with the local community to identify their needs and preferences as well as households entitled to permanent shelter and shared this information with BRR.

CARE Australia took the responsibility of constructing 68 new permanent shelters in the new village of Latiung Baku (New Latiung). The original Latiung was completely destroyed by the tsunami and earthquakes and was relocated on high ground adjacent to the villagers’ farmland. CARE built a 1,980 metre gravel road within the village plus an access road and 2 bridges to assist the transportation of material and connection to other communities.

The new shelters exceeded the minimal structural requirements built in the region’s earthquake zone. They were built almost entirely from timber as preferred by the community. Accessing legal timber sources within Indonesia was also a huge challenge which caused delays.

Latiung Baku was constructed using the self-help method, where community groups were formed to solve community issues such as village planning committees. Beneficiaries were trained in carpentry to build their new homes. Local contractors were also employed to assist and supervise construction. The CARE team included architects who remained in Latiung to ensure quality control and monitor progress. All labour used to clear the land and monitor the building of the 68 houses was from the village. Taking an active role in the rebuilding of their village gave the villagers a sense of pride and self worth. However, the lack of experience of the newly-trained carpenters and the constant checks to make sure housing was up to standard meant construction was slow. Villagers were also engaged in other rehabilitation activities that competed for their time. Ensuring that vulnerable households (the elderly and widows) were assisted in the completion of their housing by the rest of the community required ongoing monitoring.
The new housing was well received for its design, ease of maintenance and durability. In February 2008, an earthquake measuring 7.8 shook Simeulue Island. All the residents of Latiung Baku said they felt safe in their new homes and that the homes suffered no damage.

CARE Australia funded and provided expertise in building seven local piers in Alafan District to help with transporting people and materials to the island. The piers are also used by fisherfolk as safe moorings for their boats.

WATER, SANITATION AND WASTE

CARE Australia devoted a lot of resources to improve water supply, sanitation and hygiene practices. The installation of water systems in target villages has provided greater access to clean water for over 2,000 families. In the districts of Teupah Selatan and Alafan 463 wells, 6 dams, 19,030 metres of water piping, 21 reservoirs and 151 water distribution points were constructed.

Boreholes were constructed in communities where there was sufficient ground water and easy access to drill holes. Once completed, beneficiaries were trained on how to use, maintain and repair the system. Hand-dug wells were used in communities where ground water was found close to the surface. This was the favoured option due to cost of construction. Beneficiaries prepared local materials (sand, gravel and timber) and CARE provided non-local materials such as concrete and pipes.

The majority of residents in the affected areas now have a significantly reduced distance to walk to a water source and increased supply, contributing to better health and hygiene.

In Latiung Baku, CARE constructed a borehole and well and has installed a 1,500 metre water piping system with 34 taps and 8 distribution points. Each shelter constructed by CARE has a latrine installed and were designed to collect rainwater in tanks to increase water harvesting.

A water sanitation committee was established and participants were trained in technical maintenance to repair the water system.

CARE raised community awareness of water management, waste management and the importance of proper sanitation as an integral part of the construction of facilities and infrastructure. Hygiene education activities included posters explaining the importance of washing hands with soap and how water contaminated by domestic waste and other pollutants can threaten health and livelihoods.

The waste management program provided the districts of Alafan and Teupah Selatan with over 3,000 rubbish bins which were distributed to households to reduce the spread of rubbish. A total of 586 composting bins were supplied to beneficiaries with home gardens and training was given on how to make and use compost. Emphasis was placed on the benefits of using organic matter as fertiliser due to its nominal cost compared to buying chemical fertilisers. This resulted in a reduction in the amount of domestic waste.
HEALTH

A nutritional surveillance led by UNICEF in March 2005 revealed that around 19 per cent of children under 5-years-old on Simeulue Island suffered from acute malnutrition. The underlying causes of childhood malnutrition on Simeulue were similar to those faced in neighbouring countries: poverty; the low status of women; poor prenatal and postnatal care; poor access to healthcare; and low levels of education. Chronic malnutrition was also evident with 44 per cent of children showing signs of stunting and another 19 per cent showing signs of severe stunting. Malnutrition was found in 15.6 per cent of women.

Cases of malnutrition were exacerbated by the severe shortage of food directly after the tsunami. CARE tackled childhood malnutrition through the creation of a Therapeutic Feeding Centre (TFC) and Community Feeding Centres (CFC) in collaboration with the Department of Health.

The TFC was set up at the main hospital in Sinabang to provide medical care for severely malnourished children. Children were treated as inpatients on a course of intensive, specialised nutritional therapy over a number of weeks.

The CFCs were established to provide mothers with food, advice and training to identify and address the symptoms of a malnourished child including best feeding practices, and the value of breastfeeding. CARE also provided cooking classes, food and stoves.

CARE staff assisted kaders (village health volunteers) to prepare the meals. Kaders also conducted home visits to help mothers prepare meals for their children; encourage village shop owners to stock a variety of foods; and work with women’s groups to establish kitchen gardens to diversify food supplies and potential income. CFC complemented CARE’s agricultural programs through the benefits of home-grown food from organic kitchen gardens and by addressing food security.

The lack of roads on the island made it particularly difficult for CARE health staff to access communities and vice versa. For some families in remote regions it could take several days to reach their health facilities.

CARE Australia supported the posyandus (village health post) to promote safe motherhood skills through community education and identification of pregnant women for antenatal care. Various health programs supported by CARE midwives also promoted motherhood skills including screening pregnant women for malaria and anaemia, and referring those at greater risks to community health centres. CARE lobbied the Ministry of Health to include traditional birth attendants in training sessions to increase their skills to assist women where health services are not available.

Initially, there were low levels of attendance to the posyandus due to mistrust, cultural beliefs and a lack of knowledge of what they could provide. To address this, CARE placed greater attention to educating the communities on the benefits of visiting the posyandus and CFC.
Residents in communities served by CARE reported a decrease in diseases and health problems such as malaria and diarrhoea in the years following the tsunami, as a result of increased awareness of health practices and improved access to, and quality of, health services.

ENVIRONMENT

CARE Australia, in partnership with Hatfield Consultants, conducted an environmental assessment of coastal habitats, marine water quality and coast livelihoods. An assessment was also conducted on the effects of agriculture to the local environment. The findings provided information on how to best address the capacity and ecological needs for rehabilitation of ecosystems that also support livelihood activities.

Livelihood programs promoted environmentally-safe technologies and practices. Locals were educated on the use of mangroves as a natural flood barrier to protect the environment, while in the fisheries sector, the sustainable maintenance of ocean resources was a priority for future fishing activities.

LIVELIHOODS

CARE has provided materials and training to those in the fisheries and agriculture sectors. The livelihoods program has assisted over 2,000 households in the Alafan and Teupah Selatan Districts. Farmers received tools, equipment and seeds and were taught skills in land preparation including building fences to protect crops. Farmers groups received training in organic farming, cocoa plantation management, rice cultivation and business management.

CARE distributed 17 fishing boats to community-based fishing groups. The groups received training in crab and fish cultivation which included business feasibility analysis and natural resource management. Due to the ongoing challenge of securing a market, a cooperative was established in Teupah Seltan to help fisherfolk to form linkages and attract buyers. Training was also given in animal husbandry with particular attention placed on animal health. CARE provided materials to build quality chicken coops to control the amount of human contact with the birds and to allow safer handling of the birds.

CARE entered into partnership with the Food and Agriculture Organisation (FAO) to provide 400 goats to the Alafan District. The FAO purchased and vaccinated the goats while CARE provided training and monitoring of the goat husbandry.

DISASTER MANAGEMENT

CARE advocated the need for the Indonesian Government to enact a disaster management bill. On 29 December 2005, the House of Representatives and the Secretary General submitted a draft disaster management bill that would incorporate disaster risk reduction in the framework of national development plans. The bill was passed into law in March 2007.
CARE sought to prepare survivors for future natural disasters by creating and training community disaster management groups. These groups created evacuation sign boards and routes and conducted emergency response simulations, including in schools, to test preparations for future disasters.

WORKING WITH OTHERS

CARE International has had a presence in Indonesia since 1967 and has maintained a good relationship with the national government. This relationship helped CARE Australia to respond to the needs of the survivors of Simeulue Island where it did not have a presence previously.

In addition to supporting government-led projects, CARE Australia worked with local NGOs in capacity building, and technical and project management skills. One NGO put the training to good use by establishing highly successful rice and cocoa field schools in the Teupah Selatan District.

Image: CARE

NOW, I AM LIVING MY LIFE TO THE FULLEST  BY WIWIK WIDYASTUTI

It was high noon in Banda Aceh, a city that was devastated by the great tsunami in late 2004. The capital of the northernmost province on Sumatra and in Indonesia sounds rather quiet. For the past five years, it has struggled to re-emerge. Today, rows of new buildings are seen in every corner: offices, stores, houses, and schools. All were painted in modern colors. A sign of the city’s rebirth.

In one part of the city, Eri Arfian, 26, is making coffee at his café, Milanisti. The café is ideally situated right across from the first international four-star hotel in Banda Aceh. During lunchtime, many customers come for lunch, while later in the afternoon, they come for the famous Aceh coffee. The young man walks out of the kitchen, carrying two glasses of black coffee on a tray. A man who is sitting in front of the flat-screen TV welcomes the coffee and smiles as he draws on his cigarette.

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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 on Sunday morning five years ago swept away almost everything Eri had in his life. A house where he lived with his family, souvenirs of his childhood, and his mother, the biggest lost he must bear.

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 for a humanitarian organization, rebuilding houses for his people. In October 2008, he joined the free hospitality training through CARE’s Youth Project, while still working as a construction laborer.
“I was excited when I first joined the program, very keen to learn new knowledge and skills,” Ery 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 cuisine 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. Received additional assets from CARE like a refrigerator, dining furniture and cutlery, Eri and his business colleagues rented a house-cum-shop and started the café business and catering service, delivering food to students from outlying towns.

With his new skill, Eri now has new hope for his future. With his café and catering services up and running, Eri earns around 5 (five) million IDR (US$450) per 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.

Immediately after the devastating tsunami, CARE provided assistance to more than 350,000 people, delivering life-saving food, clean water and supplies to the survivors. In the following years, CARE worked together with the people of Aceh to rebuild the lives of the survivors by reconstructing houses, health-care systems, water and sanitation facilities, livelihoods, schools, and community services.

The tsunami brought drastic change to many survivors, including Eri. After the tragic loss of his family’s lives and assets Eri never thought that he would have something again in his life.

“Five years ago, I lost everything. I never thought I would have something again.
Now, I am living my life to the fullest.”

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.
The immediate needs identified by CARE in consultation with other organisations on the ground was to provide safe drinking water, sleeping mats, infant food, dry rations, medicines, and non-food items including plastic items, soap, bed sheets and clothing.

11,300 households in Trincomalee, Batticaloa and Ampara Districts, and 900 households in Mullativu, received relief packs, water bottles and dry food packs including rice, tea, sugar, dhal and tinned food. The relief packs comprised a mat, clothing, toiletries, bedding, towels and cooking and eating utensils. All clothing was culturally appropriate: saris, sarongs, underskirts and t-shirts. Items for distribution were sourced and packed in-country in Anuradhapura in central-north of the country. This approach made the most of the local employment and produce; reducing production time and transportation costs.

<table>
<thead>
<tr>
<th>Assistance</th>
<th>13,473 households received immediate assistance 689 households engaged in rehabilitation including building their own homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Funding</td>
<td>$8,200,000</td>
</tr>
</tbody>
</table>

The tsunami hit most of Sri Lanka’s east leaving 30,500 people dead and causing significant damage to lives, livelihoods and property in 14 districts. The districts hit hardest were Jaffna and Mullaitivu in the north, Batticaloa, Ampara and Trincomalee in the east, and Hambantota in the south. The worst-affected coastline communities were already among the poorest and most vulnerable socio-economic sectors in the country.

**More than 1 million fisherfolk are estimated to have lost their livelihoods.**

**RELIEF PACKS**

The immediate needs identified by CARE in consultation with other organisations on the ground was to provide safe drinking water, sleeping mats, infant food, dry rations, medicines, and non-food items including plastic items, soap, bed sheets and clothing.

11,300 households in Trincomalee, Batticaloa and Ampara Districts, and 900 households in Mullativu, received relief packs, water bottles and dry food packs including rice, tea, sugar, dhal and tinned food. The relief packs comprised a mat, clothing, toiletries, bedding, towels and cooking and eating utensils. All clothing was culturally appropriate: saris, sarongs, underskirts and t-shirts. Items for distribution were sourced and packed in-country in Anuradhapura in central-north of the country. This approach made the most of the local employment and produce; reducing production time and transportation costs.
CARE was commended for being the first NGO to provide new, culturally-appropriate clothing and comprehensive packages to survivors. CARE paid particular attention to targeting specific ethnic groups to ensure equity and reduce the risk of ethnic and political tension. This approach helped established CARE’s long term work in the area, building trust and establishing a neutral role and identity.

**SHELTERS**

In the communities of Mullaitivu and Kilinochchi Districts, CARE initially constructed 468 temporary shelters, 4 community centres and 32 permanent shelters. In the Trincomalee District, 291 families benefited from temporary shelters funded by CARE International. CARE Australia funded the construction of 350 temporary shelters built in the Vaharai division of Batticaloa District.

The temporary shelters gave survivors a more permanent structure from the initial tents. The shelters were complimented for having good ventilation, of good quality and of flexible design. Beneficiaries had the freedom to modify them to suit their needs with some families constructing kitchens.

The beneficiaries were involved in the construction of shelters via the Cash for Work Programs (CFWP). Both men and women took part in the CFWP to clear the temporary shelter sites and construction of the new shelters. The initial poor participation of communities in CFWP was solved through community consultations which encouraged community involvement and offered opportunity to learn new transferable skills. Several unskilled individuals acquired new skills from on-the-job training by skilled counterparts. Women played an important part in the clearing and construction process by taking part in the CFWP as well as working as unskilled labourers. Men and women were paid equal wages.

Permanent shelters were designed in consultation with communities with 256 permanent shelters constructed in the Mullaitivu and Kilinochchi Districts and a further 43 constructed and 99 partially-damaged shelters repaired in Trinomalee. The finalised design incorporated two rooms, one kitchen and a separated toilet. Cultural considerations were incorporated into the design which included the placement of doors and the type of roof.

**WATER, SANITATION AND HEALTH**

In Mullaitivu and Kilinochchi Districts CARE identified areas where wells could be restored to provide a constant supply of drinking water. In conjunction with adequate water supply, CARE provided toilet facilities to those receiving permanent housing. CARE Australia funded the renovation and chlorination of 16 wells which provided clean and safe drinking water to over 1,000 families in these two Districts. Bathing and washing areas were built near to the wells so that women and girls were able to use wells located near to their homes which increased privacy and security and eased the logistics and dangers of travelling to get water.
In some areas the high ground level proved to be a challenge in constructing the new toilet facilities. New drainage was built so local water was not contaminated. It also proved difficult to persuade some community members to use the facilities as some had not had exposure to such facilities previously and were unaware of hygiene and health issues regarding water sanitation. CARE provided educational programs in water sanitation and established water user groups to ensure the continuing proper use and maintenance of the wells and toilets.

CARE purchased refuge disposal units for the temporary shelter sites to reduce the human impact on the environment during the transitional stage. Beneficiaries were trained in proper solid waste disposal management and maintenance.

**RESTORATION OF LIVELIHOODS/COMMUNITIES**

The tsunami imposed a severe psychological impact on the survivors, which CARE sought to address. Some survivors found it difficult to fully partake in the rehabilitation process and the rebuilding of their lives. Their increased stress levels resulted in an increase in violence within the communities and higher levels of alcohol abuse. CARE Australia funding was used to construct community information centres. These centres gave community members a place to go to discuss their problems and receive the necessary information to alleviate concerns. CARE used these centres to hold meetings between residents and officials to discuss community infrastructure and development; as a place to promote awareness programs; and as a place to hold social events. The centres in the transitional camps were used by fisherfolk after fishing as a place to relax and to repair their nets.

Donations of musical instruments, games and sports equipment to the centres encouraged the local children to use the centres as a place to meet, play and relax in safety. The centres were also used for mobile clinics and services by the government.

CARE Australia funding provided furniture, stationery, marketing equipment and general support for community-based organisations affected by the tsunami which included the Fishing Cooperative Societies (FCS), the Women Rural Development Societies (WRDS) and youth clubs. The FCS functioned prior to the tsunami to allocate fishing areas to fisherfolk to avoid over-fishing; assist fishing communities in marketing their catch through the FCS union; supply fishing equipment to members on credit; and encourage savings. Working alongside the FCS, CARE helped to re-establish the livelihoods of the fisherfolk.

CARE engaged in capacity building workshops for FCS. Thirty beneficiaries were trained in networking; union administration; management of financial resources, leadership and marketing; book keeping procedures; and implementing rules and regulations in the fisheries sector. At the end of the workshop the FCS were able to develop their own strategy to best assure food security and livelihood in their fishing community.

Many fisherfolk had lost their boats and equipment to the tsunami. In the Mullativu and Kilinochchi Districts, 95 fibre glass boats and accessories were purchased and distributed to 95 families (including 7 women-headed households). Cast nets and other fishing equipment were distributed to 650 families.
The equipment gave fisher families the means to catch fish and earn an income throughout the year. Due to security concerns, the Navy had limited fishing in deeper waters so fisherfolk found more success from cast net fishing than by using the new boats and equipment more suited to deeper waters.

To overcome this particular problem the fishing communities around the Vattuvkkal Lagoon cleaned and de-silted the lagoon to increase its yield potential and the income of the fisherfolk as well as maintaining reasonable market prices for seafood. 2,500 families directly and indirectly benefited from this activity. The fisherfolk could then diversify into lagoon prawn fishing.

A further benefit from cleaning the lagoon, a CFW activity, was the reduced risk of flooding to neighbouring villages. The lagoon was prone to flood when it was choked with silt.

As well as fishing, CARE assisted 250 families rebuild their livelihoods through the Department of Agriculture. Families received a wide variety of vegetable seeds including aubergine, pumpkin, tomato, chilli, lady’s fingers and bitter gourd, which grew food security and provided an income. They also received fertiliser, tools, and training in land preparation, vegetable growing and compost making. CARE introduced improved crop production technologies and new skills which had not reached some of the displaced communities due to the ongoing civil conflict.

**WOMEN IN THE COMMUNITY**

Gender equality was incorporated as a vital component in all programming principles. Staff members were familiarised in the concepts of gender, gender sensitivity and equality via the workshops conducted by CARE.

Women were encouraged to take a more prevalent role in their communities. CARE continually consulted women on all issues including housing and livelihood, and special attention was given to particularly vulnerable women-headed households to develop their livelihoods through training and the distribution of fishing equipment. CARE worked with the WRDS to provide workshops for women in basic finance, networking and social mobilisation information. The workshops were designed to enable women to manage revolving funds (local micro credit schemes), organise their own cultural and social activities and to be aware of organisational structure.

This process engaged women in all aspects of the reconstruction and rehabilitation process. It is estimated that women made up 45 per cent of the total consultation participants. They were particularly vocal in the design of shelters and the general requirements for their families.

*Through the livelihood and shelter assistance provided by CARE, women have improved economically and to some extent in social standing.*
THE ENVIRONMENT

CARE has kept the environment in mind in all rehabilitation activities. CARE planted multiple trees and other vegetation in the communities to encourage the return of wildlife and to prevent soil erosion. Villagers were encouraged to plant trees and plants with medicinal properties.

WORKING WITH OTHERS

CARE worked in close coordination with the national government, the local authorities, international and national NGOs and the Joint Task Force (the UNHCR representative, the local NGO consortium president and the GA) on land allocation for the survivors. Alongside the government, CARE developed contingency plans in the event of further natural disasters and the increase in domestic civil hostilities.

Coordination with these groups was critical to the success of CARE projects. Project duplication was avoided and resulted in reduced conflicts of ideas, interests and notions of favouritism due to the civil conflict. In the initial relief stages some duplication was experienced in the Batticaloa District. To avoid duplication, CARE instigated a process of providing registration cards with the names of the beneficiaries and the losses they suffered and the aid each family had received. The government, local authorities and other groups adopted this system to prevent duplication.

CHALLENGES

Finding suitable land to resettle survivors was more difficult in some areas than others. In the Trincomalee District, land was allocated in forest areas with limited access to the main towns. It was difficult to access these areas due to a lack of infrastructure to transport materials. It also was difficult to convince survivors to resettle in these areas.

The main challenge faced by CARE was the presence of civil war. The Trincomalee District at the time was a conflict-sensitive area. The community comprised of the three different ethnic groups (Sinhalese, Tamils and Muslims). Selecting groups of people to partake in the programs had to be planned carefully so not to exacerbate an already sensitive situation. Working with local authorities on allocating sites that would not invoke hostilities among the community resulted in long delays in shelter building.

Integrating a conflict-sensitive approach, while continuing to manage disaster relief activities, was an important aspect of the intervention and provided a valuable learning experience for CARE staff. Neutrality, and not creating tension and mistrust between tsunami survivors and host communities, was a priority for CARE throughout the projects 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.”

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.”
The Andaman coast of Thailand was hit by the 2004 tsunami causing the worst natural disaster in the country's history. The areas of Phuket, Krabi, Phang Nga, Ranong, Satun and Trang were heavily affected, with over 5,000 deaths. Tens of thousands lost friends, relatives, possessions and livelihoods, while 30,000 lost their source of income in the fisheries sector and over 120,000 in the tourism sector. Almost 2 million Thais were residents in these areas along with hundred of thousands of migrants, mainly from Myanmar (Burma). The economic impact was an estimated $USD 2 billion.

**INITIAL RELIEF ACTIVITIES**

Funds received by CARE Australia provide emergency household livelihood supplies to 910 people. Food and water was provided for 142 Moken/Morgan ethnic sea people in resettlement on Surin Island and to 250 Moken/Morgan people living in temporary shelters in Tub Ta Wan. 1,382 people benefited from the medical supplies distributed to the two hospitals and three temporary shelters used to administer first aid to the survivors.

In line with promoting community involvement, all new shelters were designed in consultation with the communities. Designs were completed by community architects who took on board the needs, requests and suggestions of community members.

Relief packs were designed to be sensitive to the needs of women and children in particular. Great effort was made to distribute packs containing sanitary towels, women’s underwear and women’s toiletries.
CARE International’s Thailand member, Raks Thai Foundation, worked on two phases to assist survivors. The first phase focused on providing medical supplies, food and temporary shelter. The second phase saw the establishment of the Southern Thailand Affected Area Rehabilitation and Strengthening Project (STAARS). This five year rehabilitation project was set up to restore and strengthen the livelihoods and security of 13,970 families in 133 tsunami affected communities in Krabi, Ranong and Phang Nga Provinces, and 230 domestic migrant families in three provinces in the northeast of the country. STAARS funding was administered by the Raks Thai Foundation and came from CARE Australia, CARE USA, CARE UK and several private donors. The total project value was just under USD $12 million with over AUS $1.5 million contributed by CARE Australia.

Raks Thai Foundation’s focus on the devastated small fishing communities was to provide assistance using a bottom-up approach. It was important to engage the communities in projects to help themselves in their economic and livelihood recovery. The principle mechanism to achieve community sustainability was through the use of revolving funds (RFs), a local microcredit scheme; occupational groups;; disaster risk management (DRM); and natural resource management (NRM).

Revolving Funds were first set up to assist those who lost assets and livelihoods due to the tsunami.

They were an effective mechanism for distributing large funds in a relatively short period of time to help people re-establish themselves. The RF’s design was based on community-driven development, which meant they evolved into a means to enable communities to manage their own resources. The RFs were used to fund savings, insurance and welfare schemes. 8,699 tsunami affected families restored their livelihoods by partaking in the RFs. Out of the 134 RFs that were established, 14 were directly supported by CARE Australia.

The initial capital of funds came from Raks Thai Foundation, however the RFs were run locally, usually by committees. The administrators of the funds following training set their own interest rates, fees, eligibility, maximum loans amounts and repayment terms. Administrators were given the necessary training in to manage the funds. Feedback over the lifespan of STAARS commended the use of RFs in benefiting individuals and families directly.

In allowing local communities to administer the RFs, Raks Thai Foundation has empowered them to steer their lives instead of being passive recipients of aid donations. The RFs approach fostered equal partnership between Raks Thai Foundation and the communities, thereby promoting active participation and self reliance to communities.

At first the RFs were used to re-establish the fishing sector. This sector is predominantly male-orientated so women and children were under-represented in RF funding.
Raks Thai Foundation therefore used occupational groups to support economic recovery, development and provide knowledge and empowerment, particularly to women. CARE Australia helped fund 49 occupational groups, all of which attended training programs organised by Raks Thai Foundation, including group development, production skills, business planning, marketing, leadership and self assessment and monitoring. 32 of the 45 occupational groups in December 2007 had a majority of women participants.

**ENVIRONMENT**

The work of Raks Thai Foundation through STAARS to promote natural resource management was well-accepted. In the aftermath of the tsunami there was significant emphasis placed on protecting the local environment to conserve traditional practices and to prevent the risk of natural disasters such as frequently occurring floods. Most of the natural resource management work concentrated on the planting of 13,900 mangrove saplings in tsunami-affected areas, the establishment of artificial reefs and the establishment of crab banks. One example is the Crab Bank at Ban Sam Nak in Ranong. Thirty members of a natural resource management-occupational group donated pregnant female crabs to the nursery. The crabs laid their eggs in a safe environment, protected from predators. Once mature, the crabs were harvested and sold by the members of the Ban Sam Nak crab bank with a proportion of the immature crabs released into their natural habitats to rehabilitate and maintain the natural population.

**WORKING WITH OTHERS**

RTF worked alongside the Centre of HIV/AIDS Rights (CAR) to assure funds were best used to prevent an outbreak of the disease and discrimination after the disaster. HIV and AIDS awareness was heavily promoted. CAR also took the lead in addressing rights issues of communities impacted by the tsunami by providing basic legal support and training for individuals and community groups.

CAR’s presence in the communities provided psychological benefits such as security, confidence, self esteem and self value. Survivors were empowered by an awareness of their ability to fight for their rights. Vulnerable groups such as the Moken/Morgan people, migrant workers and stateless people benefited from information that focused on land issue rights. This made it easier for Raks Thai Foundation to assist survivors in the rehabilitation of the communities and livelihoods.

By 2008, 29 community-based human rights volunteers were trained to record human rights violation cases and refer them to relevant organisation such as CAR. There were many rights issues regarding the loss of possessions and property as a result of the lack of legal protection particularly for poor and marginalised groups. CARE therefore engaged with NGOs and institutions involved in legal matters and the rights of the affected population as part of our preliminary response to rehabilitating communities after large scale natural disasters. Raks Thai Foundation funding for STAARS came to an end in December 2008. However, Raks Thai Foundation continues to support community based projects in DRM and NRM integration in the STAARS area.