



Rebuilding Aceh. Together.

The tsunami that struck the coast of Aceh Dec. 26, 2004, was one of the worst natural disasters in history. More than 130,000 people were killed in Indonesia alone, and another 500,000 lost their homes, livelihoods and families. Within days, the world mobilized the largest emergency response ever; foreign governments, private citizens and organizations, including 500 aid agencies, arrived in Aceh to distribute food, water and shelter to the survivors.

Through its relief and recovery projects, CARE has helped more than 350,000 people in Banda Aceh and Aceh Besar, and on the island of Simeulue, which was struck by a second major earthquake in March, 2005. While CARE's immediate response was the delivery of life-saving food, water and supplies, the Tsunami Response Program is now focused on a five-year development strategy dedicated to working with the people of Aceh to rebuild their houses, health-care systems, water and sanitation facilities, livelihoods, schools, and community services.

In coordination with the Rehabilitation and Reconstruction Agency for Aceh-Nias (BRR), UN agencies and the local communities and governments, CARE's vision is to transform the tsunami tragedy into a catalyst for change, leading to poverty alleviation and improving the quality of life for poor communities in affected areas in Aceh.

Rebuilding communities— BEUDOH Program

Target areas: Aceh Besar, Banda Aceh and Simeulue

Current beneficiaries: 38,500 people

Rebuilding Aceh is not just about rebuilding houses. It's about rebuilding communities - health-care systems, jobs, safe water sources, roads and bridges, schools, livelihoods, and a sense of community and security.

Using a holistic approach, CARE is working with tsunami survivors to meet all of these needs. The goal of the BEUDOH program (BEUDOH is Acehnese for 'recovery') is to recover and improve the quality of life for tsunami-affected families and disadvantaged



CARE Aceh Tsunami Response Program

Province: Nanggroe Aceh Darussalam

Districts: Aceh Besar, Banda Aceh and Simeulue

Sectors: Emergency Response, Health, Water and Sanitation, Shelter, Livelihoods, Disaster Risk Reduction, Environment and Natural Resource Management

Total beneficiaries since 2004: 350,000 people

Current target beneficiaries: 180,000 people

Duration: December 2004 to December 2009

Budget (2004-2009): US\$83,266,185

Expenses to date (2004-November, 2006): US\$48,101,7862

groups, by ensuring targeted tsunami-affected communities have access to earthquake and flood-resilient housing, basic water and sanitation facilities, income sources and the capacity to manage future natural disasters.

Rebuilding homes

CARE's housing program includes the rehabilitation of damaged homes, reconstruction of destroyed houses, and the establishment of resettlement sites further inland for survivors whose villages were completely destroyed and the land left unusable after the tsunami. CARE's housing reconstruction uses small informal construction groups, whereby community members and local construction staff work together to rebuild houses. Community members participate in all steps of the reconstruction process.

In the second phase of construction, starting in November, 2006, CARE and BRR are working together to build additional houses for survivors in Banda Aceh, Aceh Besar and Simeulue, combining our resources and expertise to reach more communities than we would have on our own.

In order to ensure tsunami survivors are living in safe, secure housing while they await the completion of their permanent homes, CARE, in partnership with the International Federation of the Red Cross, provided transitional housing to families whose houses were scheduled to be built after three months or more.

Shelter highlights: To ensure housing construction and community development is environmentally sound and socially sustainable, CARE is leading the way in conducting environmental and social impact assessments in our project areas. Four assessments have been completed so far.

Rebuilding sustainable livelihoods

The tsunami didn't just destroy buildings; it destroyed jobs and incomes as well, leaving many survivors unable to provide for themselves and their families. CARE's livelihoods team is dedicated to helping survivors regain their livelihoods through activities such as restoration and development of agriculture, fisheries, livestock and small trade or businesses, such as becak (motorcycle taxi) ownership, tailoring or kiosks. Through asset replacement, CARE provides tsunami survivors with tools and materials to rebuild their farms or businesses; training gives them the skills they need to increase their income and expand their knowledge. CARE will not only help people recover their livelihoods, but also help them choose new livelihoods systems that are more resilient to external shocks.

Livelihoods highlights:

- In Simeulue, CARE distributed seeds and materials for preparation of cocoa nurseries and is working with PANSAU, an Indonesian environmental organization, to ensure the new cocoa farms in CARE's livelihoods program meet all international standards and requirements to be sold under the organic or fair trade label, meaning higher profits and greater economic security for cocoa farmers.

Rebuilding infrastructure and community services

New homes need new services in order to ensure a functioning community. In coordination with the Depart-



CARE's Shelter and Livelihoods Programs by the numbers*:

- Permanent houses completed: 433
(of those, 322 families have already moved in)
- Permanent houses under construction: 1,346
- Transitional houses completed: 2,214
- Transitional houses under construction: 323
- Families benefiting from livelihoods activities: 7,000
- Livelihoods self-help groups established and trained with management, financial and technical skills: 255
- Total number of small businesses being assisted: 1,755
- Total number of farmers being assisted: 4,257
- Total number of fishermen being assisted: 317

**Cumulative since December, 2004*

ment of Education, CARE will construct two schools in the resettlement areas of Jantho and Saree. We are working with other agencies and government departments to provide basic infrastructure such as roads, bridges and access to water and sanitation systems in our target areas. CARE is also implementing new initiatives to help people recover, such as community grants to help tsunami-affected communities rebuild homes, community facilities and other services.

Infrastructure and community services highlights:

- CARE is using innovative and local technology in our shelter program, such as septic systems that use gravel, sand and plants to filter and break down wastewater into the soil, protecting shallow water resources – which is particularly important in coastal areas with a high water table and shallow wells that are easily contaminated.

- In Simeulue, CARE built seven jetties to provide access to remote areas cut off by the tsunami.

Preparing for future disasters

CARE is working together with communities to ensure their new homes and villages are better prepared to weather future disasters by building disaster risk reduction into all our activities. Community planning ensures people know what the best escape routes for all community members are in case of another disaster; high-quality housing practices make houses more likely to survive a strong earthquake or flood; early warning systems give people more time to reach safety in an emergency.

CARE is training community disaster management committees in disaster preparedness; by anticipating different scenarios, communities will establish a clear plan

for how to respond if another disaster strikes, such as deciding who is responsible for what activities, determining emergency meeting places, and establishing a means to identify, search for and rescue missing people. CARE staff are training communities in a number of innovative and locally developed counselling mechanisms such as listening skills and group sessions that communities can implement to cope with future disasters, helping them to recover more quickly and as a community.

Disaster risk reduction highlights:

- CARE works with the communities through a process of community planning to ensure that people know where the best escape routes and safe havens are in case of another disaster, and to ensure that future infrastructure projects are built in safe locations. Ten community plans have been completed so far.



Focus on: Saree and Jantho

In Saree and Jantho (Aceh Besar), CARE is building two new communities from the ground up for families whose villages were completely destroyed after the tsunami and the land left unusable – in some cases, still partially underwater. For the past 18 months, CARE has been working with the local government to find a suitable area for the new villages, clearing land for houses, doing environmental assessments, and building.

Today, tidy rows of light-yellow houses are nestled into the rolling green hills, waiting for the final finishing touches and hook-up to the main water supply before their new owners can move in. Construction workers expertly stack bricks and mortar into place on the remaining homes still under construction.

Seemingly overnight, an entire neighbourhood has formed: a restaurant, coffee shop, corner store, tailor. Construction of the new schools will begin any day. Community members attend CARE skills training sessions; former fishermen learn how to farm, and women learn how to run businesses for the first time. CARE's psychosocial team helps the new community members learn to trust each other, work together and return to a normal pattern of life.

"It looks like any new subdivision," said Marthen Malo, CARE's Operational Manager for the reconstruction program. "It has taken time, but we are helping families start again."

Rebuilding health-care systems

When the tsunami struck Aceh, it devastated a health-care system that was already under strain due to a 30-year civil war. Even before the tsunami, access to health facilities was lower than in other parts of Indonesia, malnutrition was a serious problem, and vaccine-coverage rates lagged behind the rest of the country. Lack of access to health-care services means nearly three out of 100 women will die during childbirth, and four per cent of newborns will not survive delivery (Indonesia Ministry of Health, 2005).

The disaster destroyed more than 400 health facilities, and killed many of the doctors, nurses and other health providers that would be needed to rebuild the health sector post-tsunami. After the tsunami, the quick response from the international aid community and provision of essential, basic health services to tsunami-affected populations helped to prevent the feared outbreaks of disease and water-borne illness. But a serious commitment lay ahead to rebuild a health sector in ruins.

The goal of the Aceh Tsunami Response Program's five-year health strategy is to improve the health of mothers and children and their communities in targeted areas of Aceh, thus improving their quality of life. CARE's health team is focused on working with the local health system, communities and other partners to rebuild and improve facilities and services, increase capacity and training of local health workers, provide education and support for families in order to meet their own health needs, and increase access to health care for vulnerable communities.

Hygiene and health promotion

Target areas: Aceh Besar, Banda Aceh and Simeulue

Current target beneficiaries: 180,000 people

Healthy behaviours start in the home. CARE's health and hygiene promotion activities aim to bring about expanded and sustained health improvements for approximately 180,000 people in Aceh Besar, Banda Aceh and Simeulue by increasing access to health and hygiene supplies and services and helping communities adopt healthy technologies and behaviours.

CARE works to reduce cases of diarrhea through interventions such as the Aceh-wide hand-washing with soap campaign; trains local health workers on how to detect and manage health risks or diarrhea outbreaks; improves access to safe water by providing water purifi-



CARE's Health Program by the numbers*:

Total cumulative health beneficiaries: 350,000

Current target health beneficiaries: 180,000

Women and children receiving CARE-supported health care and nutritious meals: 25,089

People participating in psychosocial activities to help them recover from trauma: 5,000

Health centres rebuilt or repaired: 4

Therapeutic Feeding Centres built to treat severely malnourished children: 1

Number of severely malnourished children treated at the Simeulue Therapeutic Feeding Centre: 62

Health clinics supported: 267+

Health-care workers trained: 776+

Bottles of water purification solution (SWS/ Air Rahmat) distributed: 4,288,328+

**Cumulative since December, 2004*

cation solution and jerry cans to keep the water safe from contamination; delivers health and hygiene education to community leaders, teachers and schoolchildren; and works with other agencies and local health offices to increase coverage of routine immunizations for children. CARE staff work to monitor and reduce incidence of communicable diseases such as malaria. By training water committees, CARE works with communities to develop their own hygiene education campaigns, and ensure that good hygiene practices continue long after CARE's program is complete.

Hygiene and health promotion highlights:

- To reduce intestinal worms, CARE assisted in a mass de-worming campaign for children in August 2006.

- A bi-weekly CARE radio health education program in Simeulue delivers health messages to communities on topics such as hand-washing with soap and the importance of treating water to make it safe to drink.
- CARE's health team has provided health and hygiene education to nearly 1,000 students at primary schools in Simeulue through games and activities as part of the "Happy Saturday" initiative.
- The "Clean Fridays" approach provides cleaning equipment and supplies and encourages communities to mobilize and clean their own temporary living centres, including latrines and ditches.
- In coordination with USAID and the local health departments, CARE launched a new hand-washing education campaign in April 2006 to prevent the spread of disease.

Maternal and child health

Target areas: Aceh Besar, Banda Aceh and Simeulue

Beneficiaries: 25,089 women and children

The goal of CARE's maternal and child health activities is to improve child health and nutrition and maternal reproductive health for more than 25,089 women and children in Aceh Besar, Banda Aceh and Simeulue, by working to increase access to health services and by encouraging people to adopt healthy behaviours.

After the tsunami, revitalization of existing health infrastructure and systems was crucial to restoring the health and wellbeing of tsunami-affected populations. The *posyandu* (village-level health post), where community health workers monitor the health and development of children and pregnant and lactating women, is the cornerstone of the local health-care system. CARE believes that supporting *posyandu* is the most effective way to improve the health of children under five and pregnant and lactating women.

The project team works to expand *posyandu* services; improve antenatal care and reproductive health education at health centres; provide training and information sessions to pregnant women; reduce malnutrition among children by promoting breastfeeding for infants and micronutrient supplements for young children;

A promise kept

After the tsunami hit, Puskesmas Pembantu in Lambaro Skep was heavily damaged and needed to be rebuilt. In November, 2005, CARE architect Aneirin Smith stood on the empty plot and said "you will be able to come back here and find a fully functioning health clinic, well-equipped and staffed."

One year later, midwife Ibu Sinarti stands proudly outside the new, expanded facility, complete with modern equipment, staff trained in the latest procedures, and a new maternity ward. When asked about her job, Ibu Sinarti says: "This is what I do. I want to help. It is my privilege." She sees about 30-40 patients a day, and has proudly delivered 45 children since the clinic opened in July, 2005.



train health workers how to detect early signs of malnutrition and treat it; and provide nutrition and communicable disease education to mothers and caregivers.

Maternal and child health program highlights:

- To treat severely malnourished children, CARE built a Therapeutic Feeding Centre at the Sinabang Hospital.
- CARE rebuilt four *puskesmas* (health clinic) damaged or destroyed during the tsunami.
- In collaboration with the Provincial Health Office and UNICEF, CARE began distributing, and providing education about, de-worming medicine and Vitamin A treatment for children under five.
- Since CARE started its program in 2005, malnutrition rates in Simeulue amongst children visiting *posyandu* in CARE target areas have dropped by nearly half (from 21 per cent to an average of 11 per cent).

Psychosocial support

Target areas: Aceh Besar, Banda Aceh

Beneficiaries: 5,000 people

The goal of CARE's Aceh Community Psychosocial Support Project is to work together with survivors to rebuild communities, families and traditional support systems through community activities such as sport, cultural events and art therapy. The psychosocial team helps people overcome trauma through art therapy activities and sports; helps people cope with immediate

and long-term stressors through resilience-building activities such as self-help groups and community counselling; and trains community disaster committees and counselling groups to prepare for future disasters.

Psychosocial program highlights:

- In coordination with a local radio station, the psychosocial team ran a radio opera for communities affected by the tsunami, featuring stories about life for survivors after the tsunami and educational messages about how to move forward.
- In partnership with other organizations, the psychosocial team distributed an educational comic using stories to help tsunami survivors cope with the trauma and challenges in Aceh post-tsunami.
- In partnership with an Australian charity, the psychosocial team distributed more than 4,000 “Shoeboxes of Love”—boxes of toys and school supplies—as prizes during children’s festivals.

Sustainable health care

Capacity building for new health-care workers is crucial if the people of Aceh are to rebuild and improve the health-care system after the tsunami, which is why all CARE project activities are planned, implemented, and evaluated with local partners, especially the targeted communities and government. Project responsibility will be gradually passed to local partners as the projects progress to ensure the improvements continue long after CARE’s program is complete.

Focus on: Simeulue

The devastation on Simeulue, one of the poorest islands in Indonesia, was made worse by another massive earthquake March 28, 2005. The force of both earthquakes raised the entire island by a shocking two metres, exposing coral reefs, permanently altering the water table and salinating many of the island’s rice fields. Most of the island’s bridges and jetties were destroyed, cutting off access to many remote villages. Houses that hadn’t been destroyed by the tsunami were flattened by the second quake, and more than 50,000 of the island’s population of 80,000 people were left homeless.

The health system on Simeulue even before the tsunami was one of the poorest in Aceh, and nearly 18 per cent of children suffered from global acute malnutrition and many suffered from preventable diseases such as malaria, anemia and chronic diarrhea (UNICEF nutritional surveillance, 2005). The tsunami contaminated water sources, and destroyed many of the health centres on the island, making the health situation worse.

As part of CARE’s commitment to helping the most vulnerable communities, CARE targeted the poor areas of Teupah Selatan and Alafan. On Simeulue, CARE’s integrated approach is essential to help communities on an island where many areas are reachable only by boat. CARE’s health team is working closely with the livelihoods staff to establish home gardens—providing tsunami survivors with a source of income and healthy food for their families. CARE’s shelter team assists the health team to deliver health and hygiene messages during routine site visits. Repairing roads restored access to health facilities and markets, helping families regain an income and access to goods. New wells and latrines provides people with clean water and environments, helping keep their families safe from disease.

CARE is working with fishermen such as Rajuman S. (in photo at left) to replace boats, nets and equipment lost during the tsunami, but also to help them work together to access larger markets, thus creating higher profits and stable buyers. Working in Simeulue is not without its challenges; with roads and jetties destroyed, access to remote areas such as Alafan, on the northern tip of the island, was nearly impossible, delaying distribution of equipment such as housing materials. CARE continues to work closely with other agencies and government to rebuild jetties and roads to ensure all people are reached.



CARE staff photo

Rebuilding water and sanitation facilities

When the tsunami struck Aceh, it contaminated fresh water supplies, destroyed wells, flooded irrigation systems and damaged sanitation facilities. Damage caused by the tsunami has resulted in many areas now flooding on a regular basis, causing both drainage and septic systems to overflow and contaminate nearby water sources.

As part of the reconstruction project, CARE is working with survivors to build or repair the water and sanitation facilities needed in their new communities. By cleaning, repairing and drilling wells, building latrines and sanitation systems and delivering clean water, we have improved the water and sanitation conditions for nearly 130,000 people.

Water and sanitation in temporary living centres

Target areas: Aceh Besar and Banda Aceh

Current beneficiaries: 10,000 people in 10 locations

As of December, 2006, approximately 62,000 tsunami survivors were still living in temporary settlements in Aceh (BRR and Partners 2006 Progress Report, December 2006). These settlements are equipped with temporary water and sanitation facilities which will have ongoing operational and maintenance requirements until the inhabitants can move into their new permanent homes.

CARE's Transitional Water and Sanitation team is installing and maintaining water and sanitation facilities, such as building sand filters and rain water catchments to provide clean water to residents; cleaning and rehabilitating wells; repairing water supply and distribution systems damaged during the tsunami; establishing waste collection programs and installing septic and drainage systems; building washing areas; and monitoring water quality.

To ensure communities have the skills and tools to maintain their own temporary water and sanitation systems, CARE established and trained water committees, composed mainly of women, within each community to oversee the use and maintenance of water and sanitation facilities. CARE works with the water committees to develop income-earning activities to encourage proper waste removal, and to re-use wastewater from kitchen, bathroom and washing areas



Patti Gewer, CARE/Photo-Sensitive

CARE's Water and Sanitation Program by the numbers*:

- Number of people provided with water and sanitation facilities: 127,182+
- Number of latrines built or repaired: 1,562
- Number of washing facilities built: 44
- Number of wells rebuilt or repaired: 1,049
- Number of deep boreholes constructed: 59
- Number of water self-help committees formed to manage community water resources: 9
- Clean water distributed: 42,152,500 L

**Cumulative since December, 2004*

for economic activities such as small-scale livestock, farming and gardening in and around their homes, and taught members how to compost solid and organic waste to use as fertilizer.

Equal access to water and sanitation

Target areas: Aceh Besar and Banda Aceh

Target beneficiaries: 100,000 people

As the tsunami response moves into the long-term phase, CARE is using a rights-based approach to ensure project participants have access to sustainable, high-quality, and appropriate water and sanitation resources, and the ability to maintain and co-manage these systems with other local stakeholders without CARE's continued assistance. CARE will broaden our work with water committees to monitor

system construction, operation and maintenance; follow international standards for water supply and sanitation; and be aware of the roles and responsibilities of communities and service providers.

CARE will also work with the service providers, such as the local water company, to build their capacity to respond to the needs of target communities. This step is fundamental to the longer term sustainability of the project activities, as communities will rely on service providers for water and sanitation needs well into the future.

Water and sanitation program highlights: CARE began construction of a new pilot wastewater garden filtration system at two health clinics and a community centre in Lampulo, and is planning a pilot project in Lampulo for solar panel installation.

Rebuilding futures

CARE's holistic approach ensures that entire communities are rebuilt, not just houses. The CARE Aceh Tsunami Response Program builds on CARE's 40 years of experience in emergency response and long-term development in Indonesia. In all our programming, CARE focuses on community empowerment and ensures full participation of the most vulnerable groups, such as poor women, widows and the elderly.

To ensure communities become self-sufficient once again and continue to rebuild and improve long after CARE completes its recovery program in 2009, CARE is working closely with aid agencies, local governments and communities to provide skills training, rebuild essential services, and develop emergency plans for how to respond if another disaster strikes. Together, we are rebuilding Aceh.



About CARE Indonesia: CARE Indonesia is the local country office for CARE International, one of the world's largest humanitarian relief and development organizations. CARE has been working together with the poorest communities in Indonesia since 1967, and operates a broad range of integrated projects in health, livelihoods, water and sanitation, emergency response, disaster risk reduction, and environment and natural resource management. CARE works in 13 provinces across Indonesia.

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