Tsunami Accountability Report 2006

Produced by Hillary Hosford
With the Humanitarian Policy & Practice Unit, InterAction
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DECEMBER 2006
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*Front cover photo: courtesy of Daniel Cima/American Red Cross*
Preface

InterAction is the largest alliance of U.S.-based international development and humanitarian nongovernmental organizations. Its 165 members operate in every developing country to overcome poverty, exclusion and suffering by advancing social justice and basic dignity for all.

Sixty-two of InterAction’s members that solicited funds received $1.775 billion in cash and gifts-in-kind from an extraordinarily generous American private sector to respond to the needs of those who survived the tsunami that struck in the Indian Ocean area on December 26, 2004. This report details how these agencies spent the funds donated by individuals, corporations and foundations in the United States through September 30, 2006. The report supplements those previously published by InterAction in May 2005 describing how their members spent funds contributed by the American private sector during the first 90 days following the tsunami and the second report published in December 2005 describing how these funds were spent during the nine months after the disaster. The reports are being published in recognition of the obligation to provide the American public with a transparent accounting of how its donations are being used.

The year since publication of the previous report has been a period of continuing recovery for most of those affected by the tsunami. Thanks to the efforts of local populations and authorities, supplemented by the programs of the international community, schools, medical facilities and other social infrastructure have been rebuilt or replaced. Tens of thousands of people left homeless by the tsunami are once more in homes of their own. Fishermen have thousands of new boats, and farmers are back in their fields. There has been some revival of tourism and many of the people of the region have learned new marketable skills. The capacity of local authorities and civil society has rebounded as new officials and local leaders have replaced those lost on December 26, 2004. The importance of ongoing disaster mitigation programs has been underlined by the two major earthquakes and second tidal wave which have occurred since the tsunami.

While the accord that brought an end to civil war in Indonesia has held firm, Sri Lanka unfortunately is once more immersed in bloody conflict. In addition to those killed or injured in the course of the renewed civil war, impediments to humanitarian access posed by the violence and by the actions of the belligerent parties have resulted in shortages of food and medicine. Populations have been displaced and in some cases not allowed to leave troubled areas or to return to their homes. Humanitarian organizations working in contested areas have had to withdraw personnel and suspend reconstruction programs. Seventeen employees of Action Against Hunger were murdered and many national employees of international NGOs have been subjected to harassment, intimidation, and loss of employment. Some politicians and journalists have made humanitarians targets of opportunity in the media.

In an undertaking as massive as the tsunami recovery program problems of quality control have occurred, with agencies taking corrective action when appropriate. While there has been progress defining government policies and regulations, residual uncertainty, particularly regarding land use, have slowed reconstruction activities in some areas, particularly for those engaged in the shelter sector. Some of the temporary facilities provided two years ago have deteriorated, making repairs necessary until permanent structures are completed. Disparities in types and levels of assistance available to different segments of populations have prompted criticism. Coordination of recovery efforts among the very large number of agencies still present remains a challenge, particularly between indigenous and expatriate organizations in some settings.

As is the case with every disaster in which there is massive loss of life and large-scale destruction of homes, physical infrastructure, and economic assets recovery is a multi-year process. There is still a long way to go in rebuilding, especially in the provisions of permanent shelter. While some InterAction members specialized in humanitarian assistance completed their activities within the first year following the catastrophe, agencies with recovery mandates usually are working within three to five year timeframes, and sometimes longer. Thus expenditures reported for the 21 months following the tsunami totaled $1.028 billion or 58% of the $1.78 billion they received from private sources in the United States, leaving them $752 million to finance their continuing programs. Expenditure rates varied among agencies as they used different mixes of public and private funds, implemented diverse program timeframes, and worked in separate relationships with their partners in multinational coalitions.

The expenditures covered in this report include funds disbursed by the reporting agencies on commodities, services, employee salaries, transportation costs, normal overhead costs, and other direct expenditures related to the delivery of goods and services to those being assisted in the tsunami-affected countries. The report does not include the many programs members undertook and continue to implement using funds received from the United States government, United Nations agencies, other foreign governments, and their overseas affiliates. In most cases more detailed information regarding the full range of members’ activities is available on their web sites. At forty-six the number of agencies with detailed reports is this publication is lower than the sixty-two in its December 2005 predecessor as they have not repeated narrative reports for agencies which completed their activities in 2005. They have, however, incorporated contributions received and expenditures in their total figures.
AIR SERV INTERNATIONAL

Air Serv International is a humanitarian organization that uses aircraft to bring relief workers and supplies into some of the most desperate situations in the world. Air Serv is one of the few air carriers that is both nonprofit and non-governmental. The primary objective is to provide safe, dependable and cost-effective air transportation to agencies involved in relief and development. Air Serv specializes in small single- and twin-engine aircraft in remote locations. Air Serv’s ability to immediately respond and operate in difficult environments is the result of a highly committed and trained team of professionals.

Air Serv managers, pilots, mechanics, dispatchers, and other field staff are truly international, with Canadians, Africans, Europeans, Australians and Americans making up the team. Launched in 1984 as Africa entered one of its worst humanitarian crises, Air Serv has played a crucial role in humanitarian response by giving quick access to those who are critically isolated from emergency aid. Growing out of an early focus on the African continent, Air Serv has or is also providing humanitarian flight services in Central America, the former Soviet Union, Iraq, Afghanistan, the Caribbean and Indonesia.

COUNTRY SPECIFIC INFORMATION:

Following the earthquake and subsequent tsunamis in the Indian Ocean on 26 December 2004, Air Serv International responded immediately with several smaller single- and twin-engine airplanes and helicopters in Sri Lanka and Indonesia.

In Sri Lanka, Air Serv operated under OFDA funding for three weeks only. Private donations, as well as a significant donation from the South African government, enabled Air Serv to send three helicopters from South Africa to Banda Aceh, Sumatra. Upon arrival in Indonesia, Air Serv entered into direct contracts with World Vision, Save the Children, MSF, and IRC, and transported humanitarian staff and emergency supplies such as tents, food, medicines, and high-value cargo throughout the disaster struck area. Air Serv operated a total of seven helicopters, vital to the humanitarian response as almost all infrastructure in Banda Aceh had been destroyed, as well as a Cessna 208B, and a B-300. The ability of the helicopters to sling-load oversize cargo was particularly important to the rebuilding effort.

Any private donations received by Air Serv, including such gifts-in-kind as a trailer truck and aircraft fuel, simply augmented contract funds and enhanced the organization’s capacity to respond to the disaster. Air Serv’s then board chair Mark Abbott, former Air Serv pilot and current FedEx First Officer, volunteered his time and services as Operations Manager in Banda Aceh. Air Serv remained operational in Indonesia until May 2006 when the program closed.

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Regional Activity

Total Private Donations

$263,000

Total Expenditures

$263,000

www.airserv.org
American Jewish World Service (AJWS) is an international development organization motivated by Judaism’s imperative to pursue justice. AJWS is dedicated to alleviating poverty, hunger and disease among the people of the developing world regardless of race, religion or nationality. Through grants to grassroots organizations, volunteer service, advocacy and education, AJWS fosters civil society, sustainable development and human rights for all people, while promoting the values and responsibilities of global citizenship within the Jewish community.

AJWS began its support of relief efforts in South Asia, Southeast Asia and East Africa on December 27, 2004, within 36 hours after the tsunami struck. Local grassroots organizations that were receiving grants to do long-term development and human rights work were immediately in the position to become first responders and communicate urgent needs to AJWS. AJWS also provided relief supplies through these grassroots partners as well as via international organizations.

Once the relief phase of the work ended, AJWS made a commitment of at least five years to provide support for recovery and reconstruction. As of September 2006, AJWS is working in partnership with over 50 local, community-based organizations whose dedication to their communities extends well beyond the reach of the disaster. Grants are supporting grassroots efforts that: 1) address the gaps in tsunami reconstruction, such as psycho-social support and working with low-caste backwater fishing communities; 2) address human rights and development concerns of tsunami-affected communities; and 3) address the imbalances created by the massive influx of funds, such as peace building in Sri Lanka and efforts to deal with the ongoing poverty and violence facing women in Somalia.

COUNTRY SPECIFIC INFORMATION

INDIA

AJWS responded immediately to the needs of tsunami-struck communities in Tamil Nadu and Andhra Pradesh. Having supported community-based organizations in these areas for almost a decade, AJWS was able to make grants within the first weeks after the disaster. The funding enabled these organizations to meet immediate needs for food, medicine, and temporary shelter in areas that the government had either ignored or had not yet been able to reach. In the following months, the focus of AJWS’ grants expanded to include the provision of psycho-social support to children and families, mangrove plantation, livelihood restoration for both the fishing and farming communities, women-led village reconstruction efforts, and advocacy for the rights of Dalits (‘untouchables’ in the Indian caste system.) The number of people benefiting from these projects is approximately 18,500 directly and approximately 315,000 indirectly, as entire communities are affected by the work of the community-based organizations that AJWS supports. AJWS continues to provide funding to support ongoing work in these areas of focus and is committed to remaining in these communities to support their longer-term goals of reconstruction and development into the foreseeable future.
**INDONESIA**

Immediately after the tsunami struck, AJWS gave grants to community-based organizations in Aceh and North Sumatra to provide emergency relief and to address issues of public health, sanitation, education and job creation. During the recovery phase the focus of support has shifted to human rights monitoring and economic development. Organizations are conducting assessments of internally displaced persons’ needs and community mapping to ensure that relief and reconstruction are well coordinated and fairly implemented. They are also providing psycho-social support to those affected by the tsunami, and strengthening the role and participation of women in the psycho-social recovery process. The number of people benefiting from these projects is approximately 12,600 directly and approximately 295,000 indirectly, as entire communities are affected by the work of the community-based organizations that AJWS supports. AJWS is committed to remaining in these communities to support their long-term goals of economic recovery and building local institutions and laws that support and value human rights.

**SOMALIA**

In the immediate aftermath of the disaster, AJWS provided support to local women’s and community-based organizations working in coastal communities in Somalia, Somaliland and Punland. Projects focused on water and road infrastructure reconstruction, cash-for-work programs for families that had lost their breadwinners, expanded microfinance opportunities and other livelihood rehabilitation programs. In the longer-term recovery phase, partner organizations are working on programs that promote women’s access to education and awareness of women’s human rights, the rehabilitation of the fishing industry, and the long-term sustainability of coastal communities, as well as the agricultural and pastoralist communities connected to the coastal economy. The number of people benefiting from these projects is approximately 4,900 directly and approximately 117,500 indirectly, as entire communities are affected by the work of the community-based organizations that AJWS supports. AJWS is committed to remaining in these communities to help them with ongoing disaster preparedness planning and training, particularly with women’s groups, and is also exploring the role of these and other organizations in the broader response to widespread insecurity and poverty.

**SRI LANKA**

AJWS’ immediate response included ensuring access to food, cooking supplies and shelter in the areas most affected by the tsunami. This soon expanded to providing support for the longer-term and critical process of restoring livelihoods for fishing communities, particularly in the northeast; restoring livelihoods for women coir (coconut fiber) producers in the south; and strengthening women’s participation and leadership in tsunami reconstruction. Because the tsunami reconstruction process is inextricably linked to the ongoing conflict in Sri Lanka, AJWS is also supporting reconciliation and peace-building efforts in the northeast and has provided emergency relief to tsunami-affected communities that have also been displaced by the conflict. The number of people benefiting from these projects is approximately 10,500 directly and approximately 288,000 indirectly, as entire communities are affected by the work of the community-based organizations that AJWS supports. AJWS is committed to remaining in these communities to help them restore their livelihoods and build the capacity of their members, particularly women, to take charge of their own reconstruction.

**THAILAND**

AJWS initially partnered with six community-based organizations on income generation programs in six tsunami-affected provinces in southern Thailand. The project partners provided boats, nets and revolving loan funds to fishing collectives; offered therapeutic art activities and vocational training to youth in the entertainment and tourism industry; and rebuilt housing and provided emergency relief to the most vulnerable communities. AJWS partners also helped protect land claims by connecting people to pro bono legal services and the national Human Rights Commission. AJWS now provides support to organizations that work with marginalized communities facing long-term development problems—sex workers and ethnic Burmese migrant workers, respectively—that were exacerbated by the tsunami. In addition, AJWS is supporting organizations that are working on socially responsible tourism and providing revolving loan funds for fishing communities. The number of people benefiting from these projects is approximately 3,500 directly and approximately 62,500 indirectly, as entire communities are affected by the work of the community-based organizations that AJWS supports. AJWS is committed to remaining in these communities to support their long-term goals of inclusive, non-discriminating societies with services for all.
The American Red Cross is a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross and Red Crescent Movement. The American Red Cross works with the global network of Red Cross and Red Crescent societies to restore hope and dignity to the world’s vulnerable people by helping people prepare for, prevent, and respond to disasters, humanitarian emergencies and life-threatening health conditions. Through the International Red Cross and Red Crescent Movement, the American Red Cross provides relief to disaster victims and improves the basic living conditions of those in chronically deprived areas of the world. In its efforts to assist people around the world, the American Red Cross strives to deliver effective, high-impact and quality programs that alleviate human suffering, while developing the capacities of vulnerable people.

COUNTRY SPECIFIC INFORMATION:

INDIA

In collaboration with the Indian Red Cross Society, the American Red Cross is developing an integrated program in three districts of Tamil Nadu that will incorporate activities in four sectors: health, psycho-social support, water and sanitation, and disaster preparedness. The American Red Cross will provide training and technical assistance during program implementation and will support capacity-building efforts among the local Indian Red Cross branches.

INDONESIA

In Indonesia, the American Red Cross has conducted a strategic review and determined that it will focus its long-term recovery efforts in the following sectors: water and sanitation, psycho-social support, health, shelter, livelihoods and disaster preparedness. Current programming includes:

In Aceh province, including the islands of Pulo Aceh and Pulo Weh, more than 65,200 people will be provided with new or restored wells, latrines, drainage, and wastewater treatment facilities. In Calang, water and sanitation inputs are being provided for 2,500 homes rebuilt by the UN High Commissioner for Refugees and the German Red Cross. The American Red Cross and Indonesian Red Cross are providing water and sanitation services to permanent houses constructed by the British Red Cross for 300 families on Pulo Aceh. The American Red Cross is working to provide wells, pipelines, latrines and septic tanks for approximately 4,600 permanent and transitional housing units constructed by the International Organization for Migration (IOM). More than 1,800 of these homes are funded by the American Red Cross.

The psycho-social support program trains local Indonesian Red Cross staff and volunteers, community leaders, and teachers to strengthen the ability of communities to engage in their own recovery, while enhancing local capacity to meet

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**regional activity**

**total private donations**

$575,360,000

**total expenditures**

$205,609,000
psycho-social needs. To date, it has reached more than 88,000 people in Aceh communities. Additionally, the program has been incorporated into the curriculum of institutions of higher learning in Aceh province.

The American Red Cross with the World Food Programme (WFP) provided food to more than 1.2 million survivors. The American Red Cross also procured and transported more than 140,000 non-food relief items to Indonesia. Also with the WFP, the American Red Cross is working to improve the nutrition of approximately 467,000 vulnerable children and expectant mothers through food distributions and nutritional education in Aceh. In the largest vaccination campaign in Indonesia, more than 23.4 million children have been inoculated against polio. Working with the Measles Initiative partners (the UN Foundation, UNICEF, the World Health Organization, the Centers for Disease Control), and the International Federation of Red Cross and Red Crescent Societies 32 million children will be vaccinated against measles by late 2007. As part of the “Malaria Free Aceh” campaign, the American Red Cross is working with the Indonesian Red Cross, the Indonesian Ministry of Health, UNICEF, and other partners to distribute insecticide-treated bed nets (ITNs) and support school-based malaria awareness activities.

In Aceh, more than 2,500 transitional shelters were provided as part of an International Federation of Red Cross and Red Crescent Societies ( Federation) housing initiative. In partnership with IOM, the American Red Cross is funding the construction of more than 1,800 transitional and permanent shelters, including community buildings, to assist approximately 11,000 people in Aceh.

Cash-for-work community clean-up programs in Aceh Besar and Aceh Jaya were implemented benefiting more than 20,000 people. This program has been extended into five additional communities, employing nearly 400 people. The American Red Cross is providing funding to Community, Habitat and Finance (CHF) International to rehabilitate and rebuild market stalls in 16 communities and distribute 900 grants to small businesses and local entrepreneurs. This is expected to benefit approximately 103,000 vendors and buyers. In Banda Aceh and Aceh Besar, 65,000 people will be reached through a livelihood program which the American Red Cross is funding through Mercy Corps that provides training and technical assistance to small businesses and provides cash grants to replace livelihood equipment lost in the tsunami. The American Red Cross is funding the Food and Agriculture Organizations work with provincial and local governments and communities to improve the management of fisheries and aquaculture resources. This program is expected to reach 770,000 people in coastal communities of Aceh.

In 150 Aceh communities, a program is being implemented to raise public awareness of hazards and vulnerabilities, train communities on how to respond to potential disasters, and regularly update early warning systems to improve the dissemination of disaster signals between the Indonesian Red Cross national headquarters, branches, and targeted communities.

MALDIVES

In the Maldives a strategic review determined that long-term commitments would focus on water and sanitation, psycho-social support, health, and in the future, disaster preparedness. Current programming includes:

- A comprehensive program is underway to rehabilitate and construct new sewage systems and to work with atoll chiefs, community members and local health officials on hygiene promotion activities. Overall, this program is expected to benefit more than 12,000 people.

The American Red Cross works closely with the Government of the Maldives to deliver psycho-social programming and is assisting in the creation of psycho-social training materials for nationwide use. To date, more than 7,500 people have benefited from trainings and activities across 74 schools and communities.

During the emergency response, the American Red Cross and WFP provided food to more than 42,000 survivors and distributed 4,000 family hygiene kits. The American Red Cross and its Measles Initiative partners inoculated approximately 150,000 children, young men and young women against measles in the country’s first mass vaccination initiative.

SRI LANKA

In Sri Lanka, following a strategic review, the American Red Cross is focusing its recovery programs in the following sectors: water and sanitation, psycho-social support, health, shelter, livelihoods, and disaster preparedness. Programming includes the following:
In Matara and Hambantota districts, approximately 19,600 people will benefit from efforts with the Sri Lankan Red Cross Society (SLRCS) to rehabilitate and construct new wells, install new toilets, and disseminate proper hygiene information. To improve the health of approximately 11,800 school children, water, sanitation and drainage facilities will be provided in 21 schools built by Rotary International. In Matara, more than 15,000 people will benefit from efforts to build houses with dependable, clean water and modern sanitation facilities over the next three years. Locally-manufactured ceramic water filters will be provided to approximately 244,000 people in five districts. In Ampara, 93,000 people in four coastal villages will be provided with new public water supply networks through efforts with the German Red Cross.

Psycho-social support programs are underway in more than 100 schools and communities in 5 districts. This program has already reached nearly 85,000 people through more than 200 community activities, has trained approximately 1,000 community volunteers, and has distributed more than 40,000 school kits. In addition, thousands of pre-service teachers at all 17 National Colleges of Education have been trained.

The American Red Cross and WFP provided more than 900,000 tsunami survivors with food and more than 540,000 people with non-food relief assistance.

The American Red Cross is funding IOM to upgrade water supply systems, build new toilets, clean drainage systems, and improve solid waste disposal for approximately 15,500 families in transitional shelters. With SLRCS, the Federation, UN-HABITAT, and the World Bank, the American Red Cross is providing cash grants and technical assistance for an owner-driven housing project that will benefit approximately 15,000 people.

Over the past year, the American Red Cross and SLRCS have supported cash-for-work community clean-up programs in Matara and Hambantota, benefiting 8,200 people. The American Red Cross is providing funding for Mercy Corps to support community-designed and -implemented projects that will help generate income for approximately 38,000 people in 27 villages.

The American Red Cross will work with SLRCS and local governments in more than 200 communities and schools to help better prepare for and respond to disasters. In collaboration with the SLRCS and the ICRC, the American Red Cross is implementing a Restoring Family Links (also known as tracing) capacity building project in Sri Lanka. This service restores family links when family members are separated by international armed conflict, internal armed conflict, natural disasters and humanitarian emergencies.

THAILAND

In Thailand the American Red Cross is conducting projects in the water and sanitation, health, and disaster preparedness sectors.

With the Thai Red Cross Society (TRCS), provincial and local governments, and community leaders, the American Red Cross is working in Phang Nga province to rehabilitate and construct community and school water supplies and sanitation facilities, while also promoting personal hygiene education. The program is underway in more than 30 communities, schools and health centers, and will expand into 5 additional provinces, benefiting approximately 12,000 people.

At the only healthcare facility on the island of Koh Chang, the American Red Cross is supporting the installation of a solar power electric system, enabling the center to provide improved medical services 24 hours a day.

The American Red Cross will assist TRCS teams in implementing a community-based disaster preparedness program in tsunami-affected provinces and will work with Federation counterparts to focus on integrating its programming to complement the TRCS’s role in Thailand’s national standardized disaster preparedness plan.

OTHER TSUNAMI-AFFECTED COUNTRIES

The American Red Cross and its Measles Initiative partners are supporting local governments to provide measles and polio vaccinations and to enact other essential disease control measures. Campaigns in tsunami-affected countries have been completed in Tanzania, where 6.6 million children were immunized; Somalia, where 3.5 million children were reached; Kenya where 5.2 million children were inoculated; and Bangladesh where 33.5 million children were immunized. During many of these campaigns, complementary health services such as vaccinations against rubella and distributions of vitamin A, insecticide-treated bed nets, and medication against intestinal parasites were provided.
American Refugee Committee (ARC) is a U.S.-based, private, non-profit, nonsectarian humanitarian aid organization working for the survival, health and well-being of refugees, displaced persons and those at risk by providing medical care, water/sanitation, education and capacity building services. ARC strives not merely to provide emergency aid to those in need, but also to enable them to achieve self-sufficiency by providing health training, microcredit/income generation, legal assistance, counseling, repatriation and reintegration, and shelter reconstruction. ARC has been in existence for 25 years and is currently operating in 13 locations in Europe, Africa, Central Asia, and Southeast Asia.

Through private fundraising efforts, ARC secured funding sufficient to provide immediate assistance to three countries, Sri Lanka, Indonesia and Thailand in the form of deployment of disaster relief specialists and distribution of non-food items and medical supplies. ARC currently continues operations in Thailand and Sri Lanka providing a variety of life-saving and rehabilitation services to improve the overall well-being of tsunami- and conflict-affected communities.

COUNTRY SPECIFIC INFORMATION:

SRI LANKA

ARC began operations in Sri Lanka in January 2005 to provide relief and reconstruction assistance to tsunami- and conflict-affected communities in Trincomalee District through health related programming, microenterprise development activities, livelihood programs, infrastructure rehabilitation and non-food item distributions. In 2006, ARC implemented microenterprise development and health programming with funding from Direct Relief International, the Whitney Foundation and other ARC privately committed funds. ARC’s microenterprise development activities provide training and links to microfinance for tsunami-affected populations. In the first phase, ARC provided two-step, contingent start-up grants in conjunction with business training and intensive mentoring. In the second phase, ARC is now providing training, intensive mentoring, and links to micro credit. ARC is also partnering with local organizations on a project to increase information sharing and promote best practices among microenterprise practitioners at the Trincomalee District level. ARC’s health programs have included the strengthening of health infrastructure through construction of pit latrines and common wells, construction of complex sanitation and drainage systems, community health training, construction and renovation of hospitals and rural health clinics and provision of medical supplies and administrative support.
THAILAND

In southern Thailand, ARC immediately delivered life-saving emergency medical supplies and dispatched a team of psychosocial trauma counselors to provide assistance in the immediate post emergency phase and perform rapid assessments, including a psycho-social assessment. Upon learning of the need and desire of those affected by the tsunami to get back to their livelihoods, ARC developed a boat replacement project in 14 villages along the southern coast and established three key boat construction centers for the areas of Suk Sam Ran, Ban Bane and Nam Khem. In participation with local residents impacted by the tsunami disaster, and in recognition of their desire to get back to their fishing livelihoods as soon as they are able, ARC is responding together with affected communities to support their needs and address their challenges in innovative but common sense ways that villagers support. As of early October, ARC had constructed and distributed 638 boats and 395 engines. ARC constructed and distributed over 1800 pieces of durable furniture from boat scrap wood including over 350 desks, 1,200 chairs and 170 rocking horses. These items were donated to needy local Thai public and Muslim schools, community and religious centers and groups, and nurseries. The project has restored long-term livelihoods for hundreds of affected fishermen and their families with renewed hope and determination of villagers through rebuilding their lives with dignity and purpose. The values and views of fishermen, impacted women and their families were included in the further planning of the project and its implementation throughout the project duration. ARC rehabilitated water systems for a newly constructed community restored in Haad Prapat for displaced returnees, and provided seven playgrounds for Muslim and public schools, a health center and four newly established community centers. Upon completion of these interventions, ARC’s tsunami relief operation in Thailand will cease.
AMERICARES

AmeriCares is a nonprofit disaster relief and humanitarian aid organization that provides immediate response to emergency medical needs, as well as supports long-term humanitarian assistance programs, for all people around the world, irrespective of race, creed or political persuasion. AmeriCares solicits donations of medicines, medical supplies and other relief materials from U.S. and international manufacturers, and delivers them quickly and efficiently to partner organizations around the world. Since its founding, AmeriCares has provided more than $6 billion of aid in more than 137 countries.

COUNTRY SPECIFIC INFORMATION:

INDIA

In January 2005, AmeriCares partnered with the Government of the State of Tamil Nadu to deliver essential medicines and medical supplies to healthcare institutions in the tsunami-affected areas. These relief supplies were distributed to more than 30 hospitals and clinics throughout 11 of the worst affected districts, including Nagapattinam and Cuddalore.

INDONESIA

In the emergency response phase, AmeriCares delivered three airlifts of medicines, medical supplies and water purification treatments into Banda Aceh; was a major supplier for malaria prevention efforts for 30,000 people; and provided food storage kits to more than 20,000 internally displaced families. Today, AmeriCares Indonesia is working in partnership with the Indonesian government and a variety of non-governmental organizations to address some of the most pressing issues of the recovery effort, including health care, water supply/sanitation needs and livelihood issues. In the health sector, efforts are focusing on the re-equipping of healthcare facilities including 13 primary health facilities and 37 satellite health clinics affiliated with IDP camps in Aceh; equipping the Provincial Health Laboratory and constructing its new Laboratory Training Center in Banda Aceh; and major prevention/treatment programs for malaria and dengue fever. In the water supply/sanitation sector, AmeriCares is collaborating with partners to improve the health and living conditions for thousands of people in Aceh Jaya and Aceh Besar. In the livelihood/economic recovery sector, AmeriCares provided a cash grant to support the creation of the Lampulo Wholesale Market, which reopened in June 2006. AmeriCares is funding several additional livelihood programs that are creating employment and income-generating opportunities to benefit the survivors.

SRI LANKA

On December 29th, 2004 AmeriCares’ first airlift of relief supplies landed in Colombo, Sri Lanka, delivering medicines, medical supplies, water purifica-
tion treatments and other relief supplies. Over the next month, AmeriCares delivered three additional airlifts of aid, which were distributed in collaboration with local authorities and other NGO’s.

Today, AmeriCares Sri Lanka is working in partnership with the Ministry of Health (MOH) and a variety of non-governmental organizations in Sri Lanka to address some of the country’s most pressing post-tsunami issues, including health care, education, water supply/sanitation needs and livelihood issues. At the invitation of the MOH, AmeriCares is working to further the development of trauma and emergency medical services in Sri Lanka, and is the only American NGO serving on the country’s Trauma System Development Committee, created in 2006. AmeriCares is also partnering with the MOH to support four major hospital projects at Tangalle District Hospital, Karapitiya Teaching Hospital, Jaffna Teaching Hospital and Elipitiya Hospital. In the education sector, AmeriCares is collaborating with the Sri Lankan agency TERM (Tsunami Education Rehabilitation Monitor), to contribute to the rebuilding and rehabilitation of 13 schools in the Vallaichchenai region, one of the poorest areas in the country. In the water supply/sanitation sector, AmeriCares worked with the National Water Supply & Drainage board to develop a water testing/water purification program, and has supported the equipping of water treatment plants in the tsunami-affected areas. In the livelihoods sector, AmeriCares is working with the Consortium of Humanitarian Agencies (CHA) to support the re-establishment and creation of small-scale income sustainability projects.

Please note that over the past year, gifts-in-kind valued at $65M were redirected and used in response to other crises with the permission of the donors. This has been noted in the above figure.
The Baptist World Alliance is an alliance of 211 Baptist unions and conventions around the world. Through Baptist World Aid, the relief and development arm of the BWA, Baptists worldwide share resources that go directly to address needs. Through its development ministry, BWAid works with Baptists to strengthen their resources and capabilities to meet emergencies and promote growth. Since the tsunami BWAid has worked in Sri Lanka, Indonesia, India and Thailand with $1,852,778 in expenditures.

COUNTRY SPECIFIC INFORMATION:

SRI LANKA

In this second year since the tsunami, Baptist World Aid has worked with the Baptist international community and the Sri Lanka Baptist Sangamaya to construct a village of 72 houses, each with plumbing. A community center for the village has been constructed and a road network put in. The community was officially opened in August 2006. Each house has 820 sq. ft. Future work is proposed to provide vocational skills to give community residents sustainable livelihoods. In addition Baptist World Aid has partnered with Hungarian Baptist Aid to construct a cluster of homes, each in a family setting, for orphans. Husbands and wives who lost their children in the tsunami are now caring for children who lost their parents. Grandparents are a part of the family setting as well.

INDONESIA

No new work within the past year, as the earthquake overshadowed tsunami work.

INDIA

In the initial response following the tsunami, Baptist World Aid worked with many local Baptist groups funding their relief efforts. In the past year, BWAid has committed $100,000 to help an orphanage project for children who lost their parents in the tsunami. This project is done in partnership with the Baptist General Association of Virginia.

Overview

As a result of the Baptist work following the tsunami, there has been a lot of learning and preparedness for future disasters. A regional group of the Baptist World Alliance has come together to respond to needs in the Asia region.
Brother’s Brother Foundation began in 1958. BBF’s mission is to promote international health and education through the efficient and effective distribution and provision of donated medical, educational, humanitarian and other resources. All BBF programs are designed to fulfill its mission by Connecting People’s Resources With People’s Needs. This is accomplished through gift-in-kind contributions from large corporations that are distributed on a needs basis within developing countries. BBF has on-going relationships with in-country community organizations that assist with identifying needs, distributing donations, and monitoring impact. In the last 48 years BBF has helped people in over 120 countries, working through and in partnership with local agencies within each country. Together with partners in the United States and abroad, BBF has provided almost $2,000,000,000 in goods and services, which includes 73,387 tons of medical supplies, textbooks, seeds and food that have touched the lives of many tens of millions worldwide.

COUNTRY SPECIFIC INFORMATION:

INDIA

BBF worked with the Sri Venkateswara Temple in Pittsburgh, PA to provide rehabilitation programs throughout India. In Nagapattanam projects included: provision of two ambulance vehicles, hospital and school renovations, and fishing boat and net purchases. The organizations also facilitated fishing boat and net purchases in Cuddalore, India.

In Tamil Nadu, India BBF worked with the Tsunami Assistance Project, developed by Peace Corps volunteer Kevin Griffith, to replenish educational and learning materials at the Akkaraippettai Primary School. Also in Tamil Nadu, BBF sponsored a ten-day mission trip of seven Carnegie Mellon University students. This mission trip allowed the students to help provide humanitarian assistance to the Sarada Sakthi Peetham Orphanage.

Through the Ratna Nidha Charitable Trust, BBF was able to support the purchasing and operating of two Mobile Clinic Vehicles in India, which perform amputative surgeries and post-operation care. The clinics also distribute tricycles, wheelchairs and crutches to those injured by the tsunami. The total number of individuals served by this project is expected to be 11,940. To date 82% (9,820) of the projected population has been reached. BBF has funded the project through the rest of 2006.

INDONESIA

BBF worked with Helen Keller International (HKI) and the H. J. Heinz Company Foundation to provide Vitalita Sprinkles sachets to tsunami-affected children.
BROTHER’S BROTHER FOUNDATION (CONT.)

ages six months-12 years old in the Aceh Province in Indonesia. Sprinkles sachets are an in-home fortificant (powder in daily-use sachet) that contains one Recommended Daily Allowance of 14 vitamins and minerals. Vitalita Sprinkles are manufactured by the H.J. Heinz Company and have been approved by the Indonesian Food and Drug Administration. Almost 3,000,000 sachets were distributed by HKI and its partner organizations.

BBF also worked with Food for the Poor to send humanitarian supplies to those affected by the tsunami within Indonesia. In total, BBF sent 225 tractor trailer loads of food, medical, hygiene and other humanitarian supplies to the region.

SRI LANKA

The support of thousands of individuals and the help of foundations and corporations will make a new school building with construction costs exceeding $700,000 a reality for students in Sri Lanka. Brother’s Brother Foundation, in conjunction with the Connecticut Association of Schools, the Sri Lankan American Association of Western Pennsylvania and the Rotary Club Colombo of Sri Lanka, is helping to rebuild the Ariyawansa and Bandarawatte Schools in Sri Lanka that were destroyed by the tsunami. The Bandarawatte RCK Vidyalaya School is a primary and secondary grade school with 88 students and 11 teachers. The Bandarawatte School is to be combined with the Ariyawansa M.V. Kalutara School, which has over 800 students. The new school building will be able to accommodate 1,500 students. Currently at the Ariyawansa School, one building of the facility is completed and children are attending school. The auditorium and an additional classroom building are still under construction and are expected to be completed by the end of December 2006. Although a “soft” opening has taken place, the planned official opening is the 17th of January 2007. The school’s Principal has stated that for the first time in years the school has 100% attendance because the children are so excited about attending the new facility. BBF is currently exploring the idea of providing furniture for the school to replace the existing dilapidated furniture.

Shortly after the tsunami, children from the Hosack Elementary School, located in Pittsburgh Pennsylvania, raised funds to provide children in Sri Lanka with teddy bears and school supplies. From mid-to-late August Dr. Ananda Gunawardena and his wife Dr. Sriya Gunawardena from the Sri Lankan American Association of Pennsylvania (SLAAWPA) visited Sri Lanka to facilitate the distribution of these items. BBF also worked with the Sri Lankan American Association of Western Pennsylvania to develop a rain water harvesting scheme for those affected by the tsunami and to help rebuild the Sri Subodha Children’s Home in Sunil, Sri Lanka.
CARE USA

CARE USA is part of CARE International, a confederation of 12 national members dedicated to fighting poverty in the world’s poorest communities. Last year, poverty-fighting programs largely funded by CARE USA improved the lives of more than 45 million people in 70 countries. CARE tackles underlying causes of poverty so that people can become self-sufficient. Recognizing that women and children suffer disproportionately from poverty, CARE places special emphasis on working with women to create social change. Women are at the heart of CARE’s community-based efforts to improve basic education, prevent the spread of HIV, increase access to clean water and sanitation, expand economic opportunity and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives afterward.

COUNTRY SPECIFIC INFORMATION:

CARE has committed to a five-year minimum recovery effort in each of the following tsunami-affected countries.

INDIA

The tsunami battered the southeast coast of India, killing some 10,000 people and ravaging the lives of 2.5 million survivors. CARE, which has worked in India since 1950, is helping some 100,000 people in the states of Andhra Pradesh and Tamil Nadu and in the Andaman and Nicobar Islands rebuild their lives. CARE is reaching the most socially and economically marginalized communities (including households headed by women and the lower caste groups) and ensuring their participation in the rehabilitation process. These efforts are meeting a variety of needs including shelter, income opportunities, clean water and trauma counseling. CARE has improved access to clean water and sanitation conditions for some 20,000 families by repairing or constructing latrines and showers, desalinating wells, installing pumps and new water systems and forming community committees to manage these improvements. CARE built more than 500 transitional shelters and is mid-way through construction of 2,000 permanent disaster-resistant homes with amenities such as electricity, drainage, roads, parks, health clinics, schools and community centers. CARE also carried out an extensive training program that equipped 1,200 people – including teachers, village health workers and other community members – with the skills to provide counseling to traumatized survivors. To help people get back to work, CARE provided skills training and supplies (such as boats, seeds, agricultural tools, sewing machines, etc.) benefiting some 23,000 people (44 percent of whom were women). As one of the few international agencies working in the Andaman and Nicobar Islands, CARE is leading discussions there around village-level disaster management planning and has constructed...
platforms where classes and play activities are being conducted for 15,000 children. Other initiatives include partnering with financial institutions to provide insurance to 5,500 coastal families and environmental restoration via forest replanting, desalination of land and wells and the development of an eco-friendly vehicle to be used by youth to earn an income in place of traditional rickshaws.

INDONESIA

The coastline of Indonesia was closest to the epicenter of the earthquake that triggered the December 2004 tsunami. Of the approximately 250,000 people killed from the Indian Ocean tragedy, more than half were in Indonesia. Working in Indonesia since 1967, CARE has helped more than 350,000 people gain access to clean water, distributed more than one million bottles of water purifying solution, distributed 700,000 food rations, and provided essential nutrition and other health services to women and children. CARE continues to work to restore livelihoods and rebuild quality homes. CARE’s houses were recognized as being “above and beyond” the building code for Aceh in terms of construction quality. CARE’s reconstruction work and community planning activities have been cited as the best in Aceh in terms of accountability to beneficiaries. CARE has employed 2,000 construction workers in the shelter programs and more than 96 percent of the total target of 1,833 permanent house is now underway (either under construction or completed).

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

SOMALIA

The Indian Ocean tsunami extended as far west as Africa’s eastern coast, including Somalia where some 300 people died and 44,000 people were affected. CARE began operations in Somalia in 1981 and has partnered with local organizations in the northeast coastal area of Puntland to meet the needs of around 32,000 people impacted by the tsunami. Following the disaster, CARE distributed a total of 491 tons of food to 70 percent of the affected households. The tsunami destroyed nearly all of the shallow wells in the coastal area, resulting in an acute shortage of drinking water. In response, CARE delivered water to more than 5,000 families in 45 communities. As a long-term solution, CARE is installing water systems (this entails drilling deep boreholes to reach fresh/unsalinated water) and building private latrines. CARE initially planned to provide boats, engines, nets and ropes to help some 2,300 fishermen get back out to sea. Realizing that there is a greater need that is not being met by other agencies, CARE has expanded its livelihoods program to support more than 5,700 households, at least 75 percent of those affected. Activities to restore livelihoods and improve incomes include forming and/or strengthening fishermen’s associations and conducting administrative and technical trainings to help preserve marine resources, promoting the consumption of local fish and improving the processing of fish products. CARE has built five primary schools and is in the process of constructing 125 houses and several health centers. CARE received a “recommendation for excellence” from the Puntland government the impressive quality of the houses built.

SRI LANKA

The tsunami devastated Sri Lanka, killing at least 30,000 people and displacing more than half a million people. At least 100,000 homes were either partially or completely destroyed. CARE has been working in Sri Lanka since 1956. The tsunami recovery efforts are focused on the districts of Ampara, Batticaloa, Galle, Jaffna, Hambantota, Mullaitivu and Trincomalee, where CARE is helping some 160,000 people put their lives back together. With the involvement of affected and neighboring communities, CARE has built more than 1,700 high-quality transitional shelters – some of which were ready to be lived in one month after the tsunami – that included water and sanitation facilities for some 7,700 people. CARE distributed food and essential
relief items to 32,000 families in the immediate aftermath of the disaster. Efforts to provide clean water and proper latrines for 24,000 families have helped prevent disease and keep people healthy. With continued support in the form of trainings, provision of tools and equipment, and cash-for-work programs, some 11,000 families – including farmers, fishermen and small traders – have started to earn an income again. More than 5,000 students, 200 teachers and 4,500 parents have benefited from CARE’s psycho-social program in schools. Of the 1,330 houses CARE plans to rebuild, 361 have been completed and 665 are on hold due to ongoing conflict affecting Jaffna, Batticaloa, Trincomalee and Killinochi/Mullaitivu, where all but life-saving activities have been suspended due to security concerns. CARE, with other organizations, has advocated for land and other legal rights for women, and continues to advocate for a peaceful resolution to the conflict, which is displacing and severely disrupting the lives of civilians.

THAILAND

In Thailand, where CARE has worked since 1979, the tsunami claimed the lives of at least 5,000 people and severely impacted the lives of more than 35,000 people across three provinces (Phang Nga, Krabie and Ranong). CARE has built permanent houses, helped vulnerable groups access services, established 126 revolving loan funds that are enabling some 34,075 people to access funds to repair or replace assets (boats, fishing supplies, homes, etc.) damaged or destroyed in the tsunami; provided marketing and business trainings to occupational groups; restored coral reefs and mangrove forests; and helped communities map disaster risks to improve emergency preparedness. CARE is also working with 30 villages to expand income opportunities through skills training to ensure women especially have the means to support themselves. CARE has provided 19 community occupational groups (with women comprising the majority of the more than 300 members) with marketing and business trainings to establish/strengthen business related to fishing, batik cloth, pillow making, baking, etc. CARE also is advocating for the rights of vulnerable, marginalized groups such as undocumented migrant workers and unrecognized minority groups such as the Moken (sea gypsies).
Since 1928, Catholic Medical Mission Board (CMMB) has served as the leading U.S.-based Catholic charity focusing exclusively on international healthcare, particularly the well-being of women and children. In FY 2004, total support to CMMB reached over $142 million. That support allowed CMMB to implement healthcare programs and provide more than $128 million in medicines and medical supplies to more than 48 countries worldwide. CMMB works collaboratively to provide quality healthcare without discrimination to people in need throughout the world.

CMMB initially responded to faith-based partners requests for aid in tsunami-affected areas in India, Sri Lanka and Indonesia. Initial efforts included fund raising and planning for immediate relief and longer-term development efforts, as well as solicitation, coordination and distribution of essential medicines and medical supplies.

As of September 30, 2006, Catholic Medical Mission Board has not received, solicited or spent new funds for tsunami relief. The information stands as the summary of Catholic Medical Mission Board’s tsunami relief efforts, as reported last year for inclusion in InterAction’s Tsunami Accountability Report.

COUNTRY SPECIFIC INFORMATION:

INDIA

As of September 30 CMMB has programmed $527,000 in grants through faith-based partners in India to procure medicines and supplies, to conduct training in trauma counseling and to upgrade technical skills of practicing physicians in the tsunami-affected region. Coordination of grants incurred costs of approximately $25,000.

Immediate relief grants through March 2005

- Christian Medical Association of India (CMAI) for training teams of workers from faith-based health institutions in trauma counseling.
- Christian Medical College (CMC) in Tamilnadu India for providing medical relief in Tamilnadu, India & Sri Lanka, and upgrading skills of practicing physicians in the regions.
- St. Johns Medical College and Hospital for medical relief in Andaman & Nicobar Islands.
- Sister Doctors Forum of the Catholic Bishops’ Conference of India (CBCI) for medical relief in Tamilnadu, India in partnership with Catholic Health Association of India.
- Verapoly Diocese in Kerala to provide medical relief to those affected in Vypin Island.
Long-term development grants through September 30, 2005

- St. Johns National Health Academy, Andaman and Nicobar Islands for tertiary care
- Catholic Health Association of India for community-based psycho-social training
- Christian Medical Association of India for the establishment of 3 orphans’ and vulnerable children’s learning sites
- Christian Medical College, Tamilnadu, for capacity building of private and missionary physicians’ education programs

INDONESIA AND SRI LANKA

CMMB shipped donated medicines and medical supplies valued at $4,716,000 to Sri Lanka and Indonesia. Shipping costs for medicines and medical supplies totaled approximately $125,000.
CATHOLIC RELIEF SERVICES

Catholic Relief Services (CRS) carries out relief and development programs in more than 90 countries around the world. Founded in 1943, CRS is the official overseas relief and development agency of the United States Catholic Conference of Bishops (USCCB). CRS provides assistance on the basis of need, regardless of nationality, race or religion. CRS works towards its mission by responding to victims of natural and human-made disasters; by providing assistance to the poor to alleviate their immediate needs; by supporting self-help programs which involve people and communities in their own development; by helping those it serves to restore and preserve their dignity and to realize their potential; and by helping to educate the people of the United States in ways to alleviate human suffering, remove its causes and promote social justice.

COUNTRY SPECIFIC INFORMATION:

INDIA

In India, CRS is supporting local partners in the implementation of a $37 million, five-year strategy with an overall approach that ensures a holistic response to the relief and rehabilitation needs of tsunami-affected populations in collaboration with the government. Working closely with the government and other local and international NGOs, the interventions are designed to respond to the immediate needs of families who have lost their homes and livelihoods and include support programming in HIV/AIDS, child labor and trafficking. Understanding the need to focus on rebuilding social support systems within affected communities, CRS and its implementing partners currently place and will continue to place great emphasis on community participation and empowerment thus ensuring the revitalization of critical social support systems and sustainability. The promotion of women’s self-help groups is a key element of the overall implementation strategy in addition to involvement of vulnerable groups with special needs or other marginalized groups, such as Scheduled Castes and Scheduled Tribes, women (especially widows) and children.

CRS is currently supporting partners in the states of Kerala, Andhra Pradesh, Tamil Nadu and the Andaman and Nicobar Islands to achieve the following objectives: 42,500 tsunami-affected families (212,500 persons) have their homes, livelihoods and mental health restored; 1,000 communities (300,000 people) are protecting their women, children and other vulnerable members from trafficking, unsafe migration, child labor, and HIV/AIDS; 800 disaster-prone communities (280,000 persons) are prepared to respond to natural hazards.

Through August 2006, some of the key accomplishments in India include the following: construction of 957 homes, and providing shelter for a total of 2,815 people. As part of the early response, partners constructed 1,852 temporary houses, providing safe shelter for close to 15,000 people while they wait for...
their permanent homes to be completed. CRS also provided access to clean water and improved water systems for an estimated 140,000 people. 31,755 families were assisted to restart their trades or businesses through provision of new or repair of damaged boats, engines, nets and other essential livelihood materials. In addition, CRS partners trained 6,458 people in new vocational skills and facilitated the formation of 1,845 women’s self-help groups—all these activities leading to improved access to jobs and earning potential. At the same time, increased income has had a positive impact on access to healthcare and education. More than 30,000 people have been employed in Cash-for-Work schemes to restore household income in the short term and activities included the timely repair of critical community infrastructure. In the immediate aftermath of the tsunami, CRS provided relief and emergency medical services to 350,000 and 250,000 people respectively and distributed educational supplies to an estimated 82,000 children. In addition, more than 61,000 tsunami-affected youth and children have participated in organized group activities that provide psychosocial support, additional educational opportunities and an environment that protects them from exploitation. CRS constructed or repaired 68 children’s facilities such as schools, playgrounds and other community buildings.

INDONESIA

Working closely with local partners, governments, organizations and members of the affected communities, CRS is engaged in a $128 million recovery and long-term rehabilitation effort that will last a minimum of five years. Ultimately, CRS is working with communities to rebuild complete, dignified living environments with improved infrastructure, access and opportunity. CRS’ goal is to restore communities and, through this process, help them become even stronger than they were before. CRS currently operates offices in the cities of Banda Aceh, Meulaboh and Medan. The organization also manages satellite bases in Pulo Aceh, Singkil, and Blang Pidie.

CRS takes a holistic and integrated approach to its programs, addressing four strategic objectives: Shelter and Reconstruction: helping people to rebuild and improve their houses and community assets; Health: working with families and communities to improve their household health practices, and make greater use of preventative and curative health services; Civil Society and Governance: supporting and working with affected communities and local governments so they may have a positive influence on and contribution to decisions affecting them; Livelihoods: fostering greater livelihood opportunities and creating more access for families to secure and alternate sources of income.

To date, some of the key accomplishments have included: the provision of emergency relief and supplies to over 300,000 people from the immediate weeks after the tsunami up to the end of 2005 (both food aid - canned fish, rice, oil, biscuits and noodles - as well as non-food items - hygiene kits, tents, mattresses and insecticide-treated bed nets); the construction of 507 homes with an additional 1,299 under construction with a cumulative total of signed commitments to build more than 4,500 houses that will eventually provide housing for approximately 25,000 people over the next five years; 1,766 temporary shelters for survivors to get them out of tents as they await construction of their permanent homes; construction of the first of four buildings that will comprise the Banda Aceh Women and Children’s Hospital and Blang Padang Clinic complex (when complete, the state-of-the-art facility will include space for an intensive care unit, radiology, surgery, and a 50-bed overnight care facility); the rehabilitation and, in many cases, reconstruction of more than 100 community infrastructure projects, including piers, markets, bridges, schools and clinics; the training of 2,214 community health workers and revitalization of 331 community health clinics that have provided health services to 20,800 individuals over the past two years; assessments and testing of the water quality of almost 2,500 water sources through the CRS-built Water Quality testing laboratory, ensuring 167,100 people have safe water; increasing access to clean water and sanitation for 21,000 people through the development of shallow wells, gravity-fed water systems, village water and sanitation plans, and the training of community members on maintaining the systems; temporary road repairs over a stretch of more than nine miles in Calang, including the construction of a 36-yard Bailey bridge and the rehabilitation of two others (the road connects Calang to Lamno; assisted nearly 500 traders, including poultry farmers, fish traders and gold thread embroidery artisans, with grants and training to rebuild their businesses); provision of cash grants and organizational and financial management training to
163 joinery workshops that organized into five cooperatives (CRS is now employing these cooperatives to supply the door and window frames for CRS permanent houses); the support of a local group of artists with materials to create artwork for an exhibition (the first at the Banda Aceh Museum since the disaster) and with organizational training for their group’s development and programming (the group, Kansas Association, works with survivors of the tsunami and uses art for self-expression and healing); and the provision of one-time grants and capacity-building trainings to 34 local humanitarian organizations focused on fundraising, proposal writing, strategic planning and networking.

SRI LANKA

With a five-year strategy of nearly $31 million, CRS is working in collaboration with Caritas Sri Lanka’s Social and Economic Development Center (SEDEC), Jesuit Refugee Service (JRS), Community, Habitat and Finance (CHF) International, North-West Medical Team International (NWMTI) and as part of the Caritas Internationalis (CI) confederation. Through these partnerships, CRS/Sri Lanka is providing essential and comprehensive relief to tsunami victims throughout the country, with a strong focus on transitioning to development.

CRS currently operates offices in the cities of Colombo, Galle, Hambantota, Batticaloa and Kalmunai and will be targeting 100,000 direct beneficiaries in the following program objectives: tsunami-affected families live in a secure and dignified environment through provision of shelter, facilities for water and sanitation, and reconstructed community infrastructure; tsunami-affected families have resilient and secure livelihoods through the provision of asset restoration and skills training; tsunami-affected children are adequately supported in their recovery, learning and development with education and psychosocial support.; CRS partners have improved their capacity to accompany Sri Lankan communities towards long term recovery through the provision of trainings and organizational capacity.

Through September 2006, some of the key accomplishments of CRS and partners in Sri Lanka include: the completion of 1,104 permanent homes, with another 2,623 houses under construction. In addition, 303 homes have been repaired. In complementary water and sanitation projects, almost 1,000 latrines were constructed. During the initial response phase, CRS had distributed 5,479 transitional shelters to house families as they waited until their permanent homes are completed and assisted more than 9,000 people to resume their trades and earn a living. This assistance included distribution or repair of fishing boats, nets and engines, provision of seeds and tools to farmers and small grants or loans to business owners. CRS also employed almost 12,000 people in Cash-for-Work projects clearing debris, repairing roads, cleaning wells and preparing land for housing construction; collaborated with communities to rebuild and rehabilitate over 90 community infrastructure buildings, including hospitals, markets, orphanages and schools; provided more than 50,000 packages of educational materials and school uniforms; distributed more than 17,000 kits of basic household and hygiene items to families during the initial response phase.
CHRISTIAN CHILDREN’S FUND

Christian Children’s Fund (CCF) is an international child development organization which works in 33 countries, assisting 10.5 million children and family members regardless of race, creed or gender. CCF works for the well-being of children by supporting locally-led initiatives that strengthen families and communities, helping them overcome poverty and protect the rights of their children. CCF’s comprehensive programs incorporate health, education, nutrition and livelihood interventions that sustainably protect, nurture and develop children. CCF works in any environment where poverty, conflict and disaster threaten the well-being of children.

Christian Children’s Fund works in three tsunami-affected countries: Sri Lanka, India and Indonesia. After providing immediate emergency assistance including food, bedding, and other emergency supplies, CCF transitioned from emergency relief to reconstruction and rebuilding efforts. Its activities focused on Child Centered Spaces/child protection activities; water/sanitation restoration; livelihood interventions; and health campaigns. The cornerstone of CCF’s emergency response is Child Centered Spaces, places where children participate in normalizing activities including structured games, informal education activities, dance, song, art and other psycho-social interventions that help children heal from the events they have experienced. CCF is now focusing on long-term rebuilding/reconstruction and development efforts in all three countries including: microenterprise development for livelihood restoration, ongoing construction of schools and community centers, health and nutrition training and interventions and continuing child protection efforts.

COUNTRY SPECIFIC INFORMATION:

INDIA

CCF-India is consolidating programs undertaken in the first two years, strengthening activities that have created the greatest impact in Child Protection, Microfinance and Livelihood Generation. CCF continues to work in 110 villages in Tamil Nadu and Pondicherry districts with primary support through Child Centered Spaces, livelihood interventions, and infrastructure restoration. During year two, CCF-India worked with 10,746 direct beneficiaries. CCF has established 103 Child Centered Spaces in these districts, assisting more than 13,000 children. CCF has completed construction of 12 new schools and completed repairs of 20 additional schools employing 3500 adults. In addition, CCF has initiated forums and clubs for 95 children, 62 youth and 69 adolescent girls that involved more than 6000 participants receiving training on child rights and child protection concepts and engaging in community development processes. District level conventions were held for 300 adults in Pulicat and Muhaperu on child rights and child protection issues. CCF formed 49 Child Well-Being Committees (CWBCs) and 15 new ones will be added over the next year with training in child development and child protection concepts. Youth fairs and

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www.christianchildrensfund.org

regional activity

$11,221,699

$6,412,365
rallies were organized to engage youth in bringing community awareness to child rights, child protection and Indian laws. CCF conducted vocational and life skills training for youth in tailoring, welding, printing, mechanics, computer hardware, driving and electronics. In the coming year, CCF will establish a formal microfinance institution program for families supported with livelihood interventions in the initial phase of tsunami recovery. This will enable families to continue to expand cottage industries over the long-term. Significant staff and partner NGO training will also take place prior to outreach training in target CCF communities in Karaikal, Nagapattinam and Kanyakumari. CCF will also provide school based interventions with teacher training on child protection in six clusters involving 180 teachers; train CWBCs to develop community level child protection policies and standards in six clusters and 60 villages; organize parent training on child protection concepts in six clusters to provide effective and protective child care practices in local communities. CCF will also continue to build capacity among local partner agencies and stakeholders through training on child protection and child rights and family and child-based interventions, school based interventions and community based interventions.

INDONESIA

CCF is working as ChildFund Indonesia at 110 sites in Aceh Barat, Aceh Besar, Aceh Jaya, Banda Aceh, and Bireuen. CCF has provided assistance to 92,371 beneficiaries since the tsunami hit in December of 2004. CCF is working in 69 communities across Aceh province with 69 full-time staff. More than 20,000 children across Aceh have received community-based psycho-social support through 66 Child Centered Spaces and six new centers will be built over the next year. During year two, CCF activities included: initiating monitoring and referral mechanisms in 110 camps and host communities for orphaned/separated children, including family tracing and reunification; provision of essential water, food and sanitation facilities including construction of 69 community toilets and wash rooms; cash-for-work activities which assisted more than 6,030 people; distribution of 1.4 tons of soybeans, 2.6 tons of maize seed, 15.6 tons of groundnut, 46,384 cash crop and estate crop seedlings, 360 packages of vegetable seeds, 66.2 tons of fertilizer, and 1,540 hoes and rakes to more than 2,500 farmers in Aceh Jaya and Bireuen; training of more than 300 youth in carpentry skills, involving them in the construction of 28 jambos with plans for 8 additional sites; training of 2,360 community animators and mobilizers, social workers and Child Well-Being Committee (CWBC) members in child protection issues and protocols; 30 self-help groups for 707 vulnerable families in 23 villages formed and trained in microfinance; training staff from three local partner non-governmental organizations in social mobilization, accounting and other skills; establishing 15 mobile libraries with books and school supplies for children and materials for youth clubs; training CWBC members on library oversight and the lending of books in 25 communities in Aceh province on a two-week rotation plan; clearing more than 570 hectares of land of dangerous debris and tsunami waste. CCF will continue to form new CWBCs and train them on child protection standards; initiate a reading program for all grade school students in Sampojet and Bireuen following teacher and volunteer training; launch sustainable livelihood programs in microenterprise development focusing on women in Bireuen and coastal areas in the west; conduct peace-building initiatives for children and women, initiate literacy programs for youth in conflict affected areas and conduct livelihood interventions integrated with environmental protection in the Teunom coastal rehabilitation program.

SRI LANKA

CCF continues to provide tsunami assistance in the districts of Galle, Hambantota, Matara and Ampara. 72, 500 beneficiaries have participated in CCF tsunami recovery and reconstruction programs. In Trincomalee the mounting violence, which has claimed more than 700 lives since late 2005, has disrupted the ability of families to recover from the tsunami and has created a deepening sense of fear and uncertainty, especially in the east. In the midst of this environment, CCF-Sri Lanka continues to help children and families, to the greatest extent possible, to recover from the tsunami and cope with the crisis. In year two, CCF activities focused on protecting children, bolstering livelihoods and restoring community infrastructures. Community based organizations and parents committees have been trained to establish local networks to support single parents, extended families and caregivers. CCF is operating 29 Child Centered Spaces to provide children and families with a safe environment and structured activities for children. In addition, 97 community banks have been established in Galle, Hambantota and Trincomalee with 1,965 members. 1425 loans have been disbursed to women for small business opportunities. CCF has also completed repairs to playfields, temple gates and fences;
constructed community toilets and hand-washing facilities; conducted training programs on first aid, home-based childcare, health and nutrition; held child protection training for community Child Well-Being Committees, parents and youth clubs; initiated vocational training in tailoring, automotives, air conditioning, refrigerator and machine repairs, soap and candle making and handicrafts. One of CCF-Sri Lanka’s primary goals moving forward is to strengthen community and government capacity to care for children affected by the tsunami by training government workers to upgrade government care systems and deliver child- and family-focused activities.
The Christian Reformed World Relief Committee (CRWRC) is a relief, development, and educational ministry of the Christian Reformed Church in North America. CRWRC partners with local agencies that understand local needs. Together, CRWRC and its partners find ways to provide lasting change for people in more than 30 countries around the world. CRWRC’s mission is to address the needs of persons in distress due to poverty or disaster. CRWRC is present in 30 countries, partnering with more than 200 in-country faith organizations, to help local communities improve their standard of living through emergency aid and food for work; primary health, agriculture, and literacy training; microenterprise and credit/loan programs; and socio-economic aid. CRWRC addresses environmental needs, human and land rights, civil society issues, refugee resettlement, child labor, gender equity, and peacemaking.

CRWRC believes that by helping people help themselves, the chains of poverty can be stripped away. CRWRC’s tsunami disaster response is progressing very well in the rehabilitation and reconstruction phases of recovery. Strong relationships with both the government and the communities have contributed to successes.

**COUNTRY SPECIFIC INFORMATION:**

**INDIA**

CRWRC’s tsunami response in India is entirely funded by its Canadian corporation and grants from the Canadian International Development Agency (CIDA) and therefore is not reported here. Combined administrative costs totaling $71,925 through the defined reporting period are incorporated into program costs.

**INDONESIA**

Following the emergency response and early relief stages of the first year, CRWRC has continued its disaster response interventions with both rehabilitation and reconstruction projects in year two. With a staff of 50 personnel, predominantly nationals, and offices in Banda Aceh and Lhoong, much has been accomplished to improve the living conditions of tsunami survivors. One of CRWRC’s key team values is that disaster survivors are “image bearers of God, and as such are participants in their recovery rather than objects of relief activities.” Following this principle, CRWRC approaches program participants as survivors with strengths and resources.

CRWRC’s interventions build on participants’ capacities through active participation in forming and working on the solutions, rather than being passive recipients of external benefits. Working with the community, CRWRC has provided the inputs and training for 77 families through income generation projects in the last 12 months, thereby increasing the capacity of beneficiaries to achieve...
sustainable livelihoods. Agriculturally, funding was provided for five hectares of banana plants across four villages, benefiting 191 people; three hectares of ginger plants in two villages, benefiting 77 people; four hectares were planted with peanuts or corn, for four groups, benefiting 98 people; four hectares of watermelon in four groups, in three villages, benefiting 41 people; 12 hectares of chilli pepper planting in nine villages benefited 258 people; and rambutan fruit planting in three villages, benefiting 95 people. The happy look on people’s faces on the first day of harvest makes the work worthwhile.

In phase II, an additional 25 hectares of shrimp ponds were cleared of tsunami-related debris. Dikes were rebuilt to restore the shrimp pond farms. A women’s workshop was built for use as a women’s center, where sewing groups and embroidery groups meet and work to earn a living. They have become very successful, and the group has grown from 50 to 62 women moving toward self-sufficiency. 18.5 km of irrigation canals repaired helped to provide access to water for irrigating the rice fields, benefiting 1,966 individuals. 5.5 kms of irrigation cleaning will water around 200 ha of rice field. An additional advantage is that it allows rains in the heavy season to drain, avoiding floods in nearby villages. Funding was also provided for Palung boat and two Pancing boats that restored income generation for three fishing groups in two villages; small kiosks in two villages, helping 11 people to earn a living by selling goods to the community; a woodworking shop manufacturing windows and doors not only contributes to increased livelihood, but also provides the end result for the permanent housing project. The outputs of one become the inputs of the other, making for very efficient use and return on funds spent.

SRI LANKA

With offices in Dehiwala and Batticaloa, CRWRC is making an impact in the lives of hundreds of tsunami victims on both the east and southwest coasts of Sri Lanka. In the last 12 months, 273 out of 309 permanent homes have been completed, improving the physical security, health and well-being of tsunami-affected people. An additional 254 are planned for a total of 563 but commencement of those has been hampered by Sri Lankan law since the disaster, which stipulates that homes can no longer be constructed in the buffer zone. The dilemma therefore is where to relocate these people. In the south, CRWRC has helped families of two communities to relocate, however availability of land, near to people’s livelihood is a challenge and cost is exorbitant. Until the government provides people with new land, or funds for purchasing new land, some communities, like beach dwellers, have been living in temporary camps. CRWRC’s focus has been on such a camp. In Angulana, 176 families have been living for nearly two years on a school playground where they are surviving in transitional shelter, built by CRWRC. While there are maintenance issues in the camp, these along with health and livelihood recovery issues have been addressed.

A youth program in the camp, which employs three teachers, is helping vulnerable children who were not performing at grade level to improve academically in Sinhala, math and English. CRWRC has worked closely with government agencies to help expedite housing and land purchase grants for this group, and only in August of 2006 has the government finally come forward with funding for land. The search for property is now on as Angulana camp residents are now able to purchase land. The building process with this community is commencing.

In the east of the country, where victims owned land not in the buffer zone, construction has been completed. The local government in Batticaloa has nothing but praise for CRWRC for the houses that are arising ‘like magic’ from the sand. CRWRC’s livelihood interventions in Sri Lanka are thriving. People are emerging from dependency on NGO’s and the government. In some cases, families are not only returning to pre-tsunami conditions but also reaching a sustainable level of income generation. Through micro-credit opportunities, people are starting to become more self-sufficient. Working with a local partner organization in Kurukkalmadam, CRWRC replaced equipment and tools to restore the self-employment activities of low-income families, including a number who are elderly and disabled.

From Sept 05 – Sept 06, funding was provided for five cattle farming families to buy cows, seven families to re-open their different kinds of stores, two barber families to furnish their salon. Thirteen families engaged in poultry farming to were able to build a chicken coop, to buy chicks, feed, and medicine. Five farming families received funding to buy an electric water pump and cores. Sixteen families were able to buy a water pump and tools to re-start their agriculture farming activities. Funding was also provided for fourteen families to build sheds and buy goats, one family to start a grinding mill, one family to rebuild their mat weaving business, two families to start a cottage indus-
try (mixture products), one family to re-start a mobile business and eleven farming families to buy seeds, seedlings, fertilizer and pesticide for their farming.

CHRISTIAN REFORMED WORLD RELIEF COMMITTEE (CONT.)
Church World Service (CWS), founded in 1946, is the relief, development, and refugee assistance ministry of 36 Protestant, Orthodox, and Anglican denominations within the United States. Working in partnership with local organizations in more than 80 countries, CWS supports sustainable self-help development, meets emergency needs, aids refugees and addresses the root causes of poverty and powerlessness. CWS provides assistance without regard to race, ethnicity, religion, political affiliation or gender.

The mission statement of Church World Service is: Christians working together with partners to eradicate hunger and poverty and to promote peace and justice around the world. Through support including technical assistance, material aid and cash awards, CWS supports field offices and indigenous partners with a track record of accountability, integrity and long-term presence in the countries in which they work. CWS works to ensure positive and sustainable changes through emergency response, reconstruction and development programs.

COUNTRY SPECIFIC INFORMATION:

INDIA

CWS is providing assistance in Tamil Nadu, Kerala, Andhra Pradesh and the Andaman and Nicobar Islands through local Indian partners. To date, 50,000 people have been provided with disaster assistance including cooked food and drinking water, dry food rations, clothing, bedding and kitchen utensils, tarpaulins, basic medical aid, and temporary shelter. The current phase of the tsunami response program includes continued relief assistance to those in need as well as longer-term rehabilitation to 70 villages. Activities will include helping families with educational supplies for children, income generation programs including fishing supplies, artisan tools, and traditional farming assistance, providing food for work and cash-for-work programs, providing shelter reconstruction assistance, providing water pumps for communities, providing trauma counseling and working to build the capacity of local partners. An additional facet of the program will include disaster preparedness, prevention and mitigation.

Current activities are in livelihood and housing in the states identified above. Livelihood activities have included provision of 50 fish vending kits (aluminum vessels with lid, plastic crate, weigh equipment, knife and an icebox) to widows, single women and women-headed families; as well as business assistance to 145 small business and 145 artisans. Additionally, groups have been trained in other areas such as desktop publishing, rice sales, charcoal production, decorative items for rental and pickle unit, mat making, coir production, and livestock development. Farmers are now converting their prawn culture pond into agricultural lands as they incurred financial losses due to virus and other natural reasons.
A total of 3194 houses are in various stages of completion in Southern India in Cuddalore, Kerala, Nagapattinam, and Tirunelveli. Other housing activities include getting bids for permanent shelters and disaster shelters for Andamans and Nicobar Islands; and the construction of six schools in the Nancowry group of islands has commenced. The work had been suspended for some time due to heavy and continuous rains.

These activities will continue through 2006.

INDONESIA

CWS, operational in Indonesia for several decades, has sub-offices in Banda Aceh, Medan, Meulaboh, and Nias Island and is serving Banda Aceh, Aceh Besar, Aceh Barat, Nagan Raya, Aceh Jaya and Meulaboh. CWS is providing assistance to families with children under five years old, those living with host families or in makeshift shelters, female-headed households, and remote rural communities that have little access to assistance. Working through its own staff and with local organizations and community groups, CWS is providing a variety of services including distribution of relief goods, fortified foods, water and sanitation facilities, shelter, medical care, psycho-social care, livelihoods restoration and capacity building. CWS is also monitoring the nutritional status of children under five, providing supplementary feeding when necessary and working with mothers on nutrition education.

Relief distributions have covered over 41,000 beneficiaries and include tents, food supplies, jerry cans (for water), health kits, school kits, baby kits, blankets, mattresses, mosquito nets, and tarpaulins. A water program in Meulaboh provides enough clean water for more than 21,680 people per day and also provides sanitation facilities for 15,000+ people.

Reconstruction activities are taking place in Banda Aceh, Nias, and Meulaboh and include livelihoods, housing, psycho-social, water/sanitation, and health and nutrition.

CWS is currently assisting 1644 households in various livelihood activities, including a bicycle and pedi-cab workshop, tire patching, silk printing, tailoring, baking, horticultural activity, animal husbandry, paddy farming, carpentry and small entrepreneurship.

CWS has completed 189 permanent houses, with another 168 houses under construction in Banda Aceh, Nias, and Meulaboh. The construction of one village hall in Meue village, Pidie District is nearly finished. CWS is also preparing the construction of two halls for fishermen near the coast to store gear and the boats’ engines when they are not in use. The construction of the Children’s Safe Place for the community in Madula village, which will be used as a children’s playing place and reading center, has been completed.

While the psycho-social program also assists adults, the focus is on children between 6 and 12 years old and provides outlets through art, song, dance, cultural activities, games and educational activities. As part of the Psycho-Social Support Program, CWS is assisting the community in Mata le village, Darul Imarah sub-district, Aceh Besar with the rehabilitation of a Safe Place for Children. CWS has completed most of the implementation of FEAT and ECD and donated the equipment and materials to the communities.

Support Groups’ activities (home gardening, cracker making and sports activities; sewing, cooking, and embroidery groups) have been progressing well. In partnership with BSPD, CWS has conducted an information-sharing session, targeting women, youth group and cadres from Sibreh Keumude I, Sukamakmur, Aceh Besar on children’s rights to grow and develop in a healthy environment. 49 people participated. In the celebration of the Independence Day, CWS facilitated various competitions for the community such as sports competitions and cooking competitions in three locations: Ujong Beurasok Tent and Suak Raya village in Johan Pahlawan sub-district and Paya Peunaga barrack in Meurebo sub-district.

Water and sanitation activities are being provided for 500 households in seven villages. Preparation is underway to provide 500 households in Madula V, Gunung Sitoli with water supply. In partnership with UNICEF, CWS provides water distribution for about 1000 people in 10 locations in Gunung Sitoli. CWS/ NCA’s Water Purification Unit in Pasi Jambu, Kawai XVI sub-district supplies 5,508 people through 18 distribution points. Additionally, CWS provides World Vision and IRC with water distributed to nearly 1,500 IDPs in Samatiga sub-district.
Forty-two family latrines have been completed in Kuala Tripa village, Nagan Raya District, and 20 more are under construction. Nine communal latrines have been completed in various camps. Construction of a waste water management system in Kuala Tudu for the housing project continues.

Health and Nutrition activities include provision of vitamin A and worm medicine, anthropometric measurement, supplementary feeding and medical examination for 306 infants and pregnant mothers from eight villages in Baitussalam sub-district; and cooking demonstrations were conducted, presenting nutritious traditional cooking and health education sessions including healthy life style, anemia, and vitamin A. Ongoing home gardening activities took place in Lam Ujong, Mireuk lam Reudup, Blang Krueng and Lambada Lhok villages. Monthly meeting of cadres has also been conducted with issues around monitoring and evaluation.

All of CWS’ current activities are planned through 2006 and they anticipate revised and continued programming for several years after that.

SOMALIA

The tsunami response program in Somalia targets 28,000 people in Beinda Bela and Eyl districts with water and sanitation programs. CWS’ partner will work with 15 villages in the two districts to create water systems that provide drinking water for families and livestock as well as adequate sanitation facilities. This program will be accomplished through community mobilization and participation. CWS partner has been working in Somalia since 1993 and works on a variety of emergency and development programs including education, HIV/AIDS, rural water development, peacebuilding, food security and others. The tsunami response program is an integrated part of the partner’s long-term work.

SRI LANKA

CWS, working through local partners, has responded in locations on the north, east and southern coasts. Specific locations include Vanni, Mullaitivu, Batticaloa, Thirukovil, Ampara, Trinco, Muttur, Galle, Matale, Tangalle, Hambantota, Colombo, Lakutara, Wattala, Negambo. CWS has provided disaster relief supplies including food and water, tents, mats, sheets, mosquito nets, health supplies, kitchen utensils, clothing, and medicine to 14,000 families.

The escalating violence in the North and East have challenged the completion of CWS’ objectives. With a local partner CWS is working in the following sectors: livelihood, health and nutrition, education and housing, serving at least 5,000 beneficiaries. Activities are planned through 2006.

THAILAND

In Thailand, the CWS response has been two-fold. First, through its local partner working primarily in Phang Nga and Krabi provinces, CWS has supplied food, water, cooking supplies, baby food, hygiene items and other necessary assistance. CWS’ partner also assisted beneficiaries who lack identity documents and were unable to access government assistance; these groups include ethnic minorities and migrants from neighboring Myanmar (Burma). The second prong of response was through collaboration with the Royal Thai Embassy in Washington DC. CWS donated 100 I.M.A. medicine boxes to the relief efforts of the Thai Government through the Ministry of Foreign Affairs Coordinating Center, which were further donated to the Thai Red Cross for tsunami response activities. Each I.M.A. medicine box holds medicines and supplies sufficient for 1,000 people for 2-3 months.
Direct Relief International was established in 1948 and is a non-profit, nonpolitical, and non-sectarian organization dedicated to improving the health of people living in medically underserved communities and those who are victims of natural disasters, war, and civil unrest. Direct Relief typically selects partner facilities and organizations that provide health services to people living in resource poor areas where severe health challenges exist. Direct Relief works to strengthen the health efforts of its in-country partners by providing essential material resources – medicines, nutritional products, supplies, and equipment. All programs are provided in a non-discriminatory manner, without regard to nationality, political affiliation, religious belief, or ethnic identity.

Assistance programs have always been tailored to be responsive to partner organizations’ particular circumstances and needs, and to those of the people they serve. To date, Direct Relief International’s tsunami relief activities have concentrated on assistance to India, Indonesia, Sri Lanka, Somalia, and Thailand. Direct Relief has provided over $55 million in direct aid, including shipments of specifically requested medical products with a wholesale value of over $44.7 million, and disbursement of direct cash grants totaling over $11.1 million to support healthcare projects in affected regions.

COUNTRY SPECIFIC INFORMATION:

INDIA

Through September 30, 2006, Direct Relief has provided over 193,290 pounds of pharmaceuticals, medical supplies, nutritional supplements, and medical equipment to partners serving tsunami-affected populations in Tamil Nadu, Kerala, Pondicherry, and the Andaman and Nicobar Islands. Eighteen shipments of medical aid, with a wholesale value of more than $27.3 million, have supplied medicines and supplies sufficient to treat over 1,337,724 people. Recipients of material aid range from large hospitals to village clinics and medical outreach projects, including 30 primary care centers on the Andaman and Nicobar Islands constructed with a $1.7 million grant from Direct Relief. More than $2.8 million in cash assistance has been provided to support specific medical relief and recovery projects in Tamil Nadu, Kerala, Pondicherry, and the Andaman and Nicobar Islands. Cash grants have supported a range of partner needs, including the purchase of mobile medical units for outreach services, construction of community health clinics, and training for nurses and other healthcare providers.

INDONESIA

Direct Relief has sent 26 shipments of medical aid, weighing 60,634 pounds with a wholesale value of more than $12.5 million, to healthcare organizations and facilities in Aceh, Nias, and Simeulue. The donated pharmaceuticals, medical supplies, nutritional products, and equipment, which have been used...
in relief camps, community clinics, government hospitals, and medical outreach projects, have provided 1,957,205 full courses of treatment. In addition to material aid, Direct Relief has provided over $4.3 million in cash resources to directly fund specific medical relief projects including improvement of water and sanitation facilities, establishment of community health clinics, and the implementation of psycho-social services for tsunami survivors.

SOMALIA

Direct Relief has provided one shipment, weighing over 8,000 lbs. to the Hargeisa Teaching Hospital whose mobile outreach activities continue to address the needs of the tsunami-affected people along Somalia’s east coast. The contents of this shipment are sufficient to provide a full course of treatment to over 37,000 people.

SRI LANKA

As of September 30, 2006, 22 shipments of medical material aid, totaling more than $4.4 million in value, have been sent to Sri Lanka to support medical services provided by public clinics, hospitals, local organizations, international NGOs, and the Sri Lankan Ministry of Health. Donated pharmaceuticals, medical supplies, nutritional products, and equipment constitute full courses of medical treatment for over 1,053,523 people. In order to provide comprehensive support, Direct Relief has also provided over $4 million in cash assistance to support health programs including mobile medical outreach programs along the affected coastline, procurement of high-tech medical equipment, disease prevention, and clinic and hospital rehabilitation. Assistance has been provided to organizations working all along the affected coastline of Sri Lanka, from Moratuwa throughout the Southern Province, along the Eastern Province, and up to Jaffna in the North.

THAILAND

As of September 30, 2006 Direct Relief has provided $250,000 in cash assistance to support local organizations engaged in medical relief and rehabilitation activities along Thailand’s Andaman coast.
DOCTORS OF THE WORLD USA

Doctors of the World-U.S.A., Inc. (DOW) is a New York-based, non-profit, international health and human rights organization, currently administering projects within Asia, Africa, Eastern Europe and North America. DOW has worked in over 30 countries and communities where health is diminished or endangered by violations of human rights and civil liberties. The organization has mobilized the health sector to promote and protect these rights both domestically in the US and abroad. DOW’s projects focus on providing essential care and services to those persons who need them the most, predominantly those living among marginalized communities or populations. More importantly, DOW focuses resources on training and building the capacity of local recipients to carry on the mission of health upon the cessation of its projects. Services, training, and systems development are fused with advocacy approaches to ensure that the impact of its work is both comprehensive and sustainable. Founded in 1990 by a group of volunteer physicians, including the late Dr. Jonathan Mann, DOW functions as an autonomous member organization within a global network of Doctors of the World/Médecins du Monde delegations. Overall, this network is active in over 90 countries worldwide.

COUNTRY SPECIFIC INFORMATION:

SRI LANKA

DOW launched the “Health Services for Tsunami Survivors” project in July 2005 and concluded its operations in September 2006. DOW worked in the Hambantota District (Tangalle region) of Southern Sri Lanka to improve the accessibility and quality of health services to tsunami-affected populations. The project was designed to improve the long-term health services available to tsunami-affected communities and to link patient demand with available health services. The beneficiaries of this project were primarily tsunami survivors, many of whom lost their homes and sources of income as a result of the disaster and consequently suffer from having poor access to essential health services. Working with local partners, resident health providers, and the Sri Lankan Ministry of Health, DOW renovated existing rural health facilities and upgraded the hospitals to be among the few health facilities in the nation that comply with Sri Lanka’s new code on handicap accessibility. The improved facilities serve over 138,000 residents living in tsunami-affected areas. Though the renovations were completed in August 2006, plans for equipping the hospitals have been hampered due to the current climate of unrest. In addition to its hospital rehabilitation, DOW provided two community health services: (1) health education in 12 tsunami-affected villages through the training and support of 48 health education volunteers; and (2) one-day community medical clinics. For the first, DOW volunteers conducted weekly health education workshops that reached 2,000 families on hygiene promotion and sanitation, and 3,000 families on first aid and accident prevention. Health education materials and first aid kits were distributed to each participant. Through DOW’s medical clinics held in tsunami-affected villages, DOW treated and screened 522 patients for the most pressing health problems in the area, including diabetes, hypertension, upper respiratory infections, and skin infections. Where possible, DOW referred patients to local hospitals to facilitate patient integration into the existing health system.
EPISCOPAL RELIEF & DEVELOPMENT

Episcopal Relief and Development (ERD) saves lives and builds hope in communities around the world. ERD works with Anglican and Episcopal partners to provide emergency assistance, such as food, water, and shelter in times of disaster. ERD rebuilds devastated communities after the immediate crisis is over. Through food security and primary health programs, ERD offers long-term solutions to help people sustain safer, healthier, and more productive lives.

COUNTRY SPECIFIC INFORMATION:

SOUTH INDIA

In Tamil Nadu and Andhra Pradesh states, ERD’s partner is The Church of South India (CSI). CSI is a union of churches, comprising 22 dioceses, with approximately four million members. ERD supports projects across seven dioceses including Krishna-Godavari, Madras, Trichy-Tanjore, Madurai, Tirunelveli, Thoothakudi, and Kanyakumari. In the emergency phase approximately 6,650 families (around 28,000 people) received some form of relief care such as food, shelter assistance, medical care and clothing. 765 boats of varying size according to local fishing requirements have been replaced, as well as nets. 400 homes have been rebuilt, using designs, which are more resistant to typhoons and other natural disasters. 450 semi-permanent shelters were constructed. The CSI Enterprise Development Program has established Village Community Funds in four dioceses to facilitate a total of 76 self-help groups in 17 villages. Loans and grants to groups and individuals restarting businesses have reached 1,520 families. A marine engineering unit and service for boys who have dropped out of school are now operational. Other enterprise initiatives include dried fish production for commercial sale, candlemaking, and pickle production. Five school hostels were repaired, 453 school kits distributed, and long term support funds were established for 300 orphans and semi-orphans which will ensure their housing, education, medical care and food through the age of 18. 150 children are receiving tutoring and meals in after-school programs. A mobile medical unit provided medical care to 58,527 persons in 30 villages along the Tamil Nadu Coast. In 2005, special permission was obtained from the Government to vaccinate children and also to use a non-invasive ultra sound scanner to provide prenatal medical help. An additional 59,215 persons were treated in three clinics which were rehabilitated with ERD support. Two of these clinics are now under local diocesan management. 900 families in Thorapakkam received regular access to clean water and improved sanitation services while in temporary housing, and temporary and semi-permanent water supplies were established in Kolachel, Kanyukumari and Manalapuram, reaching a total of 15,208 beneficiaries. 35 persons from seven dioceses have been trained for long term community care response at Vellore Christian College, as well as 350 community based counselors (50 per diocese) targeting 6,225 persons, including 800 children. Counseling efforts focus on trauma, alcoholism, abuse and delinquency. In three dioceses, a total of 90 elderly persons who lost care givers have been given long term housing, food and medical care.
SRI LANKA

ERD’s partner in Sri Lanka, the Diocese of Colombo, has approximately 25,000 members with 124 clergy and 30 lay leaders. The Diocese of Colombo opened a disaster relief office staffed by a coordinator for direct assistance and five regional coordinating centers for long-term rehabilitation efforts in the districts of Galle, Matara, Hamabanta, Ampara, Batticaloa, Jaffna and the Vanni. Emergency aid including shelter, food, dry rations, rescue and medical care reached 5,000 persons. 81 new homes have been rebuilt in Ambalantota and Arugam Bay, and 289 homes are being repaired in Batticaloa, with a total of 1,480 beneficiaries. In addition, the Diocese is starting two housing repair projects in Trincomalee for 87 houses and Batticaloa for a further 403 houses. Housing schemes in the first quarter of 2007 include 30 houses in Jaffna, 45 houses in the Trincomalee, 20 houses in Matara, and 20 houses in Tangalle, for a total of a further 3,025 beneficiaries. Three boat yards have been established in Hambantota, Vatachchenai and Jaffna, providing employment, producing canoes and flat bottom fiberglass boats, boat repair and replacement of fishing equipment such as nets and freezers with 4,536 total fisher folk beneficiaries. More than 1,881 grants and loans have been provided to individuals and families to restart small business, and bicycles, replacement tools and equipment and some vocational training have been provided to mason, carpenters, seamstresses and cooks, with 21,168 total beneficiaries. Provisions were made for renovation and repairs of 50 school buildings; school supplies, scholarship support, housing and board for completing exams, and a limited number of funds to ensure completion of education through university level has been provided, with 57,491 total beneficiaries. Six qualified counselors conducted seminars, workshops and consultations in tsunami-affected areas and 16 community-based counselors are participating in a two year practicum-based professional training course, with 20,068 total adult and child beneficiaries of short or long term counseling services. Other community interventions include human rights monitoring and advocacy support in partnership with the Diriya Foundation and Janabahoda Kandraya, replacing damaged hospital equipment, ambulances and medical supplies, and repairing two damaged Buddhist temple properties. Program activities will continue through 2007, especially in areas of housing repair and reconstruction, community livelihood, child care, counseling and human rights/advocacy.

NICOBAR ISLANDS

ERD’s partner in the Andaman and Nicobar Islands is the Church of North India (CNI), a union of churches of varying traditions that comprises 26 dioceses with 1.5 million members. CNI’s Program Office in Port Blair is coordinating rehabilitation efforts for residents of five major islands - Car Nicobar, Kamorta, Katchal, Nan Kowry and Terresia. ERD and CNI are implementing an integrated community development program, working directly with the Tribal Council as the local governing authority in this protected tribal area. In the emergency phase, relief operations in 15 villages of Car Nicobar distributed materials to 85 different relief camps; emergency food aid was provided to more than 8,000 people, nonfood items were distributed to over 3,000 people, and 750 units of baby food, dry food, chocolate and biscuits were distributed to children. CNI successfully advocated for more cost effective and culturally acceptable temporary shelters. 257 houses and 132 semi-permanent shelters have been rebuilt with local materials reaching a total of 1,958 beneficiaries. 15 Community Study Centers and a new children’s curriculum benefit 1,297 children. Two secondary schools and one primary school have been completed on Car Nicobar, and are the first schools to be completed in the region. A senior secondary and primary school are almost complete. The total number of schools to be built was reduced given the costs of shipping all materials and freight to the islands. Four architects and engineers are in residence to oversee construction projects; local residents are hired for all other labor. 250 families received 1,000-liter water storage tanks. Eight cooperative provision stores have been started, and seven more are underway, directly benefitting up to 750 households. 234 women received training in financial management, stock management and marketing. 30 of 50 backyard poultry farms are built and stocked, and 20 almost complete. 50 women have been trained. Pig farms are pending government approvals. 24 professionally trained persons from 13 villages have trained 554 community facilitators who provide counseling to groups and individuals, benefiting up to 16,000 persons. Other community interventions include music, sport, and cultural events.

THAILAND

In Thailand, ERD facilitated a partnership between Episcopal Churches in the US and Christ Church Bangkok to provide assistance to communities in Phang Nga, Phuket, and Ranong Provinces. Emergency aid to 4,100 beneficiaries included food distribution and replacement of practical items such as household goods and furniture, small appliances, bicycles and school supplies. Fishing rehabilitation provided 13 new large boats, repaired 12 boats, supplied 52 engines, and supported the repair of nets and squid pots for a total of 50 beneficiary fami-
lies. Loans to 30 families were made to restart small businesses, including a cooperative bakery for women previously involved in fishing for 30 beneficiary families. Seven community-based care workers monitored the status of families who have taken in orphans, and provided families with assistance and counseling support, with 180 total beneficiaries. Two preschools and two playgrounds/parks were established or coordinated, benefiting more than 500 children. A trauma counseling center in Khao Lak, Phang Nga provided support and training courses for volunteers and staff, both foreign and Thai workers, to understand how to recognize the signs of trauma, receiving 20 to 40 people every day.
FOOD FOR THE HUNGRY

Food for the Hungry has 35 years of experience responding to emergency relief situations. Food for the Hungry is a Christian organization founded by Dr. Larry Ward and currently impacts individuals in more than 45 countries providing emergency relief and implementing development programs throughout the world. This includes its field programs, exploratory programs and presence of local-country offices. The group helps the world’s most disadvantaged people through child-development programs, agriculture and clean water projects, HIV/AIDS education, health and nutrition programs, microenterprise loans and education, and through teaching communities to become self-sustaining.

COUNTRY SPECIFIC INFORMATION

INDIA

Immediately following the tsunami disaster of December 26, 2004, Food for the Hungry provided staff members from north India, Ethiopia and the US to assist EFICOR with assessment and project planning. Food for the Hungry worked in the Tamil Nadu Region with local partners EFICOR and ESAF to provide food rations, hygiene supplies, clothes and on-site trauma counseling to more than 4000 households. Food for the Hungry and partners built 40 temporary shelters, 60 latrines and 18 bathrooms throughout the region.

Food for the Hungry and EFICOR also facilitated the rehabilitation and strengthening of community assets through a cash-for-work (CFW) program. Food for the Hungry and EFICOR initiated its CFW on January 29, 2005 in eight villages that already were receiving emergency relief. In June, 4,873 beneficiaries in 33 villages had directly benefited from CFW, and a total of 106,261 person-days of work had been accomplished.

Food for the Hungry and EFICOR also provided the basic assets needed by tradespeople and small business owners through an Asset-for-Work program in order for them to reestablish their livelihood activities. EFICOR completed the screening and selection of families for participation in the program on April 30th. There were 400 families who registered to receive small business assets. Distribution of livelihood assets took place May 15. The program ended in mid-June, 2005.

INDONESIA

Food for the Hungry sent an assessment team to Aceh on December 28, 2004. Initially, Food for the Hungry began life-saving relief assistance in Banda Aceh, partnering with the Church of the Holy Christ Indonesia to provide food packages and medical teams in refugee camps throughout the province in the area hardest hit and closest to the epicenter of the earthquake. Shortly thereafter, Food for the Hungry began development programs in Meulaboh, Calang and the west coast of Aceh.

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www fh org
Food for the Hungry designed and is implementing rehabilitation programs in the following sectors: cash-for-work, infrastructure, education, livelihood and agriculture. Permeating each of these programs is a focus on working with women and providing psycho-social care.

Relief and development program reporting:

Food for the Hungry used cash-for-work (CFW) programs to infuse cash to communities that had lost all their cash assets, hiring local people as temporary labor in order to jumpstart the local economy. Food for the Hungry began with large-scale CFW crews run by foremen and supervisors for large-scale rehabilitation with 200-300 workers (with 1000 indirect beneficiaries) hired. The program then moved towards incentive payment (IP) projects with smaller specialized crews. CFW and IP activities included the clearing of debris from six schools, six mosques, three clinics, 28 roads, two government buildings, 6,000 m² of the city bus station and 50 houses in Ujong Baroh. Eleven ditches have been cleaned which drains not only Ujong Baroh but the larger town of Meulaboh as well. There were 931 direct and 6,000 indirect beneficiaries of this project.

Food for the Hungry’s engineers worked with City Water Authorities and did a Global Positioning Survey (GPS) of the destroyed drainage and road infrastructure of Manggis. A community reconstruction plan was then designed in partnership with Engineering Ministries International (EMI) and in coordination with local leaders and other coordinating NGOs. Food for the Hungry’s collaboration with other NGOs and the local government is geared towards the achievement of a sustainable system that local leaders and the community will be able to own and maintain themselves. A large donor has since taken over funding for the infrastructure program.

Food for the Hungry was asked by provincial and local leaders to join with them in improving the education of the community with a special emphasis on educating women and children. The purpose of this program is to work with other NGOs and the local education authorities in developing English programs for schools, teachers and women. The education component in Banda Aceh ran from March 2005 to December 2005 and provided English skills to 3950 children and young adults. Ongoing education initiatives in Meulaboh include English clubs, ESL education within local schools, teacher trainings and retreats and English classes for national Food for the Hungry staff. Current beneficiaries of the program include 250 students and 25 teachers of elementary school, 60-75 students that attend English club, and eight local staff. Plans for education programs outside of Meulaboh will begin in November 2006.

Food for the Hungry is leading the rehabilitation of the non-fishing sector of livelihoods in Ujong Baroh. The purpose is to use cash and tool in-kind grants to rebuild the local economy and restore necessary services to the entire community, helping small business owners within 15 small business sectors. Food for the Hungry is also providing training to encourage sound business principles and financial stewardship through savings groups and savings accounts with local banks. The first phase (through August 2005) helped get productive assets back into the hands of small business owners and tradespeople as quickly as possible. The second phase operated from August 2005 through April 2006 and served to encourage the strong pre-tsunami savings practices shown in assessments by providing matching grants to those who have built savings. There are 462 direct beneficiaries and 1,816 indirect beneficiaries from this program. The program duration is through the end of 2006.

The initial stage of the program began in June 2005 and targeted farmers of Setia Bakti in Aceh Jaya province. Food for the Hungry provided initial agricultural input to nearly 250 households and created 22 fenced project sites for farming. Distribution of seed packets, garden tools, hand tractors and water pumps were completed in three different offerings, benefiting 1,000 households. Preparations for the Phase II recovery program have begun, with a focus on nurturing current beneficiary relationships as well as expanding work to additional households. The program will target 1,000 farming households with assistance through inputs, workshops and technical support, as well as the creation of demonstration plots and the implementation of cohesive community-based agriculture worker groups.

Please note: A portion of the cash-for-work program and a small portion of the agriculture program in Indonesia were initially funded with matching grants from the U.S. government, but were integrated with private funds that were raised to continue programming as well as to subsidize what was first granted.

Food for the Hungry responded to the March 28, 2005 earthquake by placing medical teams and personnel in Nias within 48 hours of the disaster. On April 6, 2005, Food for the Hungry, in collaboration with GKKI church, opened a feeding center that served meals to 300 people per day. The project ran until June 2005. FH also has a support office in Medan.
THAILAND

Food for the Hungry’s assessment team was on the ground in Thailand within 24 hours after the tsunami hit distributing water, food and clothing to more than 3,000 people throughout Phuket, Phan-nga, KohNok, and Nam Khem.

The ‘We Love Thailand’ (WLT) coalition, spearheaded by Food for the Hungry, was formed in the immediate aftermath of the tsunami tragedy in the first week of January and has benefited 20,500 individuals. It is a broad coalition of Thai churches, leading Christian NGO’s, international churches, businesses and individuals partnering with communities and government in a coordinated effort to reach out to tsunami survivors in southern Thailand. Food of the Hungry commits staff, financial and training resources, as well as management guidance. Working across the three provinces of Phang Nga, Phuket and Ranong, WLT implemented close to 200 projects across 22 communities including 4100 beneficiaries who received basic practical items for daily life such as food, rice, household goods & furniture, small appliances, bicycles (to replace motorbikes) and school supplies; 3600 beneficiaries whose core livelihoods were restored through the facilitation of projects chosen and undertaken by the communities themselves; 9300 beneficiaries who were helped by this program aimed to protect children during traumatic times and strengthen schools and families in their ability to care well for children; 1100 beneficiaries who were given help to rebuild and repair homes. WLT has focused on filling gaps in terms of small groups or individuals not served by the government process and in helping communities with home repairs; 2400 beneficiaries (survivors and workers) who received care and counseling and were given a support infrastructure. Counselors, psychologists and caregivers through caring relationships helped relieve pain, stress, fear and grief.

SRI LANKA

Two days after the tsunami, Food for the Hungry provided financial support to partners in Sri Lanka to provide medical assistance, food and water distributions, well pumps and blankets to meet the needs of 10,000 families. Furthermore, Food for the Hungry sent a shipment of life-saving supplies valued at $368,000 to partner Pentecostal Assemblies of Sri Lanka.
HABITAT FOR HUMANITY INTERNATIONAL

Habitat for Humanity International, headquartered in the U.S. state of Georgia, is an ecumenical Christian ministry dedicated to eliminating poverty housing. Habitat has built more than 200,000 houses in close to 100 countries, providing shelter for more than one million people.

Habitat for Humanity International’s tsunami recovery efforts in South Asia focus on four of the hardest-hit countries: Indonesia, Sri Lanka, Thailand, and India. The organization is building new houses for tsunami-affected families as well as renovating and repairing houses damaged in the disaster. Family members often help with the construction, working alongside national and international volunteers and local skilled workers.

The organization plans to benefit 20,000 to 35,000 families through housing, disaster mitigation, training in construction and materials manufacturing and other technical assistance. Habitat is working with other NGOs and organizations to provide a holistic approach to community recovery.

COUNTRY SPECIFIC INFORMATION

INDIA

HFH India established its tsunami response center on the east coast in Chennai, the capital of Tamil Nadu, the state most affected by the tsunami. Habitat’s initial tsunami recovery activity was housing repairs and renovations in four districts of Tamil Nadu and in Kerala, on the southern tip of the country. New construction began in July 2005 in Cuddalore district and continues in east coast communities from Chennai south past Nagapattinam and in the vicinity of Vijayawada, Andhra Pradesh.

New houses built for tsunami-affected communities in India are approximately 310 square feet and made of brick with steel-reinforced columns and beams. They have poured-concrete roofs. The roof is accessible by an outside staircase and is enclosed by a parapet wall. Each has a toilet with an outside entrance.

Habitat for Humanity partners with other non-governmental organizations for its tsunami recovery reconstruction work in India. Project components vary in different communities, depending on the strengths and capacities of the partners. Habitat provides funding, project management, construction supervision, volunteer management and community organizing.

INDONESIA

As the populated area closest to the December 2004 earthquake and Indian Ocean tsunami, the northern provinces of Indonesia’s Sumatra Island suffered the greatest loss of life and property. Habitat for Humanity’s early tsunami recovery efforts in Nangroroe Aceh Darussalam focused on laying the groundwork

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regional activity

total private donations

$30,712,000

total expenditures

$13,421,000*
to build as many as 10,000 houses, many of them in isolated coastal communities. Working in close consultation with local communities has been a key to progress.

Most of the tsunami recovery houses Habitat is building in Aceh are 411.72 sq. ft. (38.25 sq. m.) including an attached toilet with an outside entrance. The houses are designed to provide a high degree of protection from earthquakes. They are made with fired brick and reinforced concrete posts and beams; walls are plastered and painted. Roofing material is reflective aluminum or a zinc-aluminum alloy.

To some families, these are the first “permanent” masonry houses they have ever lived in. To others, these are modest replacement homes, less space than they had before the tsunami, but better construction.

Habitat’s tsunami recovery project operates from building centers in Banda Aceh, Sigli and Meulaboh, with satellite operations in several west coast communities. Habitat has been certified as a tsunami housing provider by the governmental tsunami rehabilitation and renovations authority, the BRK.

SRI LANKA

Within three weeks of the disaster, Habitat for Humanity affiliates in Galle, on the southern coast, and Batticaloa, on the east, had started building with tsunami-affected families. Habitat’s tsunami recovery activity has expanded to communities from Hikkaduwa to Matara on the southern coast and on the east from Trincomalee to Pottuvil and Arugam Bay and includes repairs and new construction in Moratuwa and other communities near the capital, Colombo.

Habitat for Humanity Sri Lanka has responded to the needs of tsunami-affected families in several ways. When families owned land suitable for rebuilding, or could obtain it, Habitat built upgraded replacement houses. Habitat has also built relocation communities to serve the needs of families who were not allowed to rebuild within the government-mandated coastal buffer zone.

Sizes and designs of Habitat Sri Lanka’s tsunami recovery houses vary from 36 square meters to 46.5 square meters. They are built of concrete block, plastered inside and out and white-washed or painted. They have planked timber doors, window shutters, tiled roofs and septic tanks. They are comprised of a main hall, bedroom and kitchen; the attached toilet has an outside entrance.

THAILAND

Habitat for Humanity Thailand started its tsunami recovery work in Phang Nga province, the area of Thailand that was hardest hit by the tsunami. From two projects, row houses in a resettlement community and infill housing in Khao Lak, the program expanded south to Phuket and Krabi and north to Ranong.

Two strong points of the program have been its resource centers where concrete roofing tiles or interlocking blocks are made and its steady stream of volunteers, many representing partner corporations.

Through its tsunami recovery program, Habitat for Humanity Thailand has found many ways to facilitate improved housing on the Andaman coast. These include building and repairing houses, providing engineering and design services to other NGOs and supporting small start-up construction-related businesses.

The first project, at Phrua Tiaou in Phang Nga province, provided 48 square meter duplexes for 60 families who were relocating from the shore for safety. Houses in other communities have been single-family units of 36 square meters built of conventional blocks or cement/soil blocks. Houses have either concrete tile roofs or reflective sheet metal roofs. In Thatchatchai and Ranong, Habitat is also building wooden houses raised on cast concrete pillars in low-lying areas.

The tsunami recovery program has also built additions of kitchens and toilets for some government-built tsunami housing and finished housing projects that other organizations and individual families had been unable to complete.

*This number is lower than previously reported; since the last report some of the funds have been re-classified.
Heart to Heart International is a global humanitarian organization that inspires, empowers and mobilizes individuals to serve the needs of the poor in their communities and around the world. Heart to Heart accomplishes its mission by forming key partnerships that promote health; alleviate hunger; offer resources, education and hope; and provides opportunities for meaningful service. Since inception, Heart to Heart has maintained an overhead of no more than 2 percent, sending the remaining 98 percent directly to their programs and projects. Founded in 1992, Heart to Heart has quickly become one of the leading humanitarian organizations in the world and regularly delivers aid to more than 50 countries each year. Disaster relief efforts are not new to Heart to Heart. Heart to Heart has been a leader in responding to victims of hurricanes, floods, tornadoes, earthquakes, and man-made disasters around the world.

COUNTRY SPECIFIC INFORMATION

SRI LANKA

Since early January 2005, Heart to Heart has focused on two areas: Improving healthcare and addressing the needs of widows and orphans in Sri Lanka. Shipments of medical aid helped national hospitals overcome shortages of essential medicines in the wake of the tsunami. Working with the Adventist Development & Relief Agency, Heart to Heart constructed a vocational center in Tangalle, along the country’s southern coast. This center provides job training to local populations of women and children that were widowed and orphaned by the tsunami. Heart to Heart is also working with Community Concern Society north of Colombo to provide water and sanitation, as well as new housing, as part of a family relocation project for ethnic minorities that once lived along the tsunami-affected shorelines of Sri Lanka. Heart to Heart continues to assist in the rebuilding efforts near Colombo. A construction team arrived in November 2006 to work alongside national laborers on a community center and several schools in the area. The organization is also working to deploy medical volunteers that can staff mobile clinics and provide health education as a supplemental activity in 2007 to help Sri Lanka rebuild its healthcare infrastructure.

INDONESIA

Heart to Heart has coordinated three medical airlifts to the Aceh province and Nias region of Indonesia to assist in the relief operations of its humanitarian partners, International Relief & Development and Hope Worldwide. The airlifts included medicines, medical supplies, nonperishable food items and personal hygiene kits. Heart to Heart is working with tsunami-affected institutions in Indonesia over the next two years to help rebuild the healthcare infrastructure.

THAILAND

Heart to Heart coordinated the procurement, shipping and installation of a water-treatment plant near Phuket. This plant is providing clean drinking water for the entire region around the rural area of Kuk Kak, where people had been living on water rations.
The Spring Lake, Michigan-based International Aid is a health-focused Christian relief and development organization that provides for both the physical and spiritual needs of people worldwide. Since the tsunami in 2004, International Aid has continued its presence in Indonesia. In November 2005, International Aid opened its Aceh Medical Equipment Service Center in Banda Aceh. The goal of the MESC is to build the local capacity and to equip local hospitals and technicians to provide sustainable equipment repair services for the health facilities in Aceh province. To date, the AMESC staff has performed more than 581 work orders. In addition, International Aid is beginning a Medical Equipment Training program for local technicians, with the goal of building local technical and managerial sustainability of the AMESC and its services.

Note on financials: Expenditures exceeded income because more gift-in-kind was shipped than received (which was designated specifically for tsunami).
International Medical Corps (IMC) is a global humanitarian nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and recovery programs. Established in 1984 by volunteer doctors and nurses, IMC is a private, voluntary, nonpolitical, nonsectarian organization. Its mission is to respond to emergencies, offer medical assistance to people at highest risk, and provide training and health care to local populations. Through health interventions and related activities that build local capacity, IMC rehabilitates devastated health care systems and helps communities become self-reliant.

COUNTRY-SPECIFIC INFORMATION

INDONESIA

In Indonesia, IMC is working in the districts of Banda Aceh, Aceh Besar, Pidie, and the provinces of Jakarta and North Sumatra. IMC’s relief and recovery activities in Indonesia have included: provision of primary and mental health care services; capacity building of rapid emergency response preparedness systems; regeneration of livelihoods; reconstruction of health centers and health posts; construction of water and sanitation facilities; restoration of access roads and bridges for villages rendered virtually unreachable by tsunami damage; and introduction of innovative community development initiatives.

Since the tsunami, IMC has made mobile health clinic services available for 334,595 people in 18 sub-districts. Additionally, IMC has constructed health clinics to enable sustainable long-term provision of primary, maternal and child health care services for villages in Jaya, Pidie and Nias districts. To date, IMC has reconstructed 15 health facilities.

Along with increasing target populations’ access to health care services, IMC also improved the quality of health care available for these populations by providing technical and logistical training for community health care workers and Ministry of Health (MoH) staff.

IMC was unique among NGOs in prioritizing the provision of psycho-social stabilization services during the early days after the tsunami, which rapidly improved target communities’ mental well-being and instilled in them the confidence and self-reliance needed to transition from the emergency phase to the development phase.

Since the tsunami, IMC has established a broad-reaching mental health care infrastructure in Indonesia, where virtually none existed previously. By integrating mental health services and related training directly into its community-based health care programs, as well as by developing stand-alone community-based psycho-social programs throughout 14 sub-districts of Indonesia, IMC made mental health care accessible for 330,679 people.

For more information, please visit: www.imcworldwide.org
IMC also trained community mental health nurses and updated the mental health care skills of 114 government and community-based primary health care staff. With conceptual input from local residents, IMC built two “Quiet House” community centers adjacent to mass tsunami victim burial sites in Banda Aceh and Lok Nga, thereby providing victims’ relatives, friends and fellow community members with a serene location for prayer or quiet contemplation.

IMC also translated 1,000 copies of Vikram Patel’s Where There Is No Psychiatrist: A Mental Health Care Manual into the Bahasa (Indonesian) language for distribution.

As part of its agency-wide focus on rapid response preparedness, IMC built the capacity of Ambulan 118, an Indonesian emergency response organization made up of volunteer doctors and nurses. IMC’s training and support for Ambulan 118 has helped it to establish the logistical and administrative systems necessary for rapid and sustained mobilization in the event of future disasters in Indonesia.

IMC has conducted numerous livelihoods programs in Indonesia to help tsunami-affected men and women regenerate their lost incomes. To help reestablish the local fishing industry, IMC implemented boat-building projects for ten villages in Aceh Jaya. In addition to helping replace their fishing boats, IMC ensured that these villages had the infrastructure, skills and equipment necessary to construct additional boats for themselves in the future if needed.

IMC established vocational training centers in Lhok Kruet, Ujung Rimba and Baba Nipah that provide sewing and baking training for women, many of whom have gone on to successfully operate their own tailoring shops and bakeries after participating in IMC’s training activities.

IMC supported goat breeding cooperative projects in Gle Jong, Darat and Cenamprong. IMC also facilitated the establishment of a cement brick production factory in Gle Jong and a cement mold production factory in Karueung Ateuh—both of which have since generated income for numerous participating families. These factories now sell their bricks to construction companies building houses in the tsunami-devastated areas of Aceh.

IMC has rehabilitated ingress roads and bridges for the west coast of Aceh’s particularly remote communities in order to restore their access to health care clinics, schools and markets.

IMC worked with local communities to restore the roads that serve Baba Dua and Masen, with IMC providing the materials and the community members providing the labor.

IMC established youth-operated Surf Rescue programs that provide tourism-related livelihood activities designed to prevent surfing and swimming accidents, while simultaneously functioning as a means through which the participating tsunami-affected youth can regain their motivation and optimism.

SRI LANKA

After the tsunami, IMC provided emergency relief services in Ampara, Batticaloa and Hambantota districts. As in all of its rapid response operations, IMC offered immediate emergency assistance, shifting activities toward longer-term development when communities became ready for a transition from one phase to the next. Over the last 21 months, IMC has focused both on improving the government health care system and establishing community-based health programming. IMC’s future activities in Sri Lanka will include research-based initiatives for developing creative, long-term solutions.

Since the tsunami, IMC has made mobile primary and mental health clinic services available for 73,485 people in Ampara and Batticaloa districts. IMC also constructed two Gramodaya Health Centers (GHCs) in Ampara district, where a total of 14 GHCs were destroyed by the tsunami. The two GHC facilities serve a combined population of 40,000 people and focus on providing maternal and child health care services and referrals for secondary care. IMC is constructing two more GHCs in Ampara.

IMC constructed a mental health resource complex that will serve as a static mental health clinic, informational mental health library and capacity building training center for Ampara and Batticaloa districts. IMC is continuing provision of mobile mental health clinic services for Hambantota district.

IMC translated 1,000 copies of Vikram Patel’s Where There Is No Psychiatrist: A Mental Health Care Manual into the Tamil (Sri Lankan) language for distribution.

IMC’s livelihoods programs in Sri Lanka improved program participants’ economic stability and included cash-for-work, microfinance and agriculture activities. Through its cash-for-work program, which employed 540 local workers, IMC cleared
tsunami debris and reconstructed damaged roads. Through its microfinance management training activities in Ampara and Batticaloa, IMC enhanced the capacity of 101 micro-credit committee participants, and in so doing restored the participants' monthly incomes to pre-tsunami levels or higher. IMC's agriculture programs helped 360 participants develop plots of land for crop production and animal husbandry, and trained them on organic farming and market research methodology in order to help diversify the local economy. IMC's plans for future livelihoods activities in Sri Lanka include solid waste management programs and new livestock programs.
International Orthodox Christian Charities (IOCC), a non-sectarian humanitarian relief and development agency based in Baltimore, MD, has provided cash and in-kind contributions to our partners (Orthodox Metropolitanate of Hong Kong and Southeast Asia and Church World Service) for programs of nutrition assistance, construction of schools and clinics, and educational resources in tsunami-affected areas of Thailand and Indonesia.

COUNTRY SPECIFIC INFORMATION

INDONESIA

During the initial eight-month period of emergency response and recovery efforts, IOCC and its partners implemented the following activities:

- Distribution of fresh food parcels to IDPs in camps and living with host families in North Sumatera Utara and East Aceh, in cooperation with local Orthodox and Protestant church officials, and Save the Children.
- Provision of school kits to affected children/schools in Sumatera Utara.
- Airlift supply of urgently-needed humanitarian supplies, including 43,000 soy rice meals and 20 tons of canned meat, to the province of Aceh.
- Airlift supply of 8,000 health, school and baby kits to Aceh.

Additional substantial monetary support to Church World Service to provide medical assistance, food and non-food material aid, livelihood recovery and capacity-building, emergency shelter, ongoing psycho-social assistance, and other aid to IDPs in Banda Aceh, Aceh Besar, Aceh Barat and Nagan Raya, and Nias Island, with special emphasis on female-headed households, widows, children, the elderly, and families with limited means of support.

**Computer Training:** Provision of comprehensive 3-month computer/IT training courses to tsunami-affected young adults from Aceh, Nias and other tsunami-affected regions of Sumatra. Graduates from accredited training program receive a certificate which provides them with increased employment & educational opportunities. Beneficiaries are 180 tsunami-affected Young Adults (age 18-24).

**Nias Island Health Clinic:** Construction, equipment, and operation of a new community health clinic situated in Gunungsitoli. Clinic provides comprehensive general health services and treatment free-of-charge, or on an ability-to-pay basis to the earthquake-affected population of Gunungsitoli. Beneficiaries are an estimated 10,000 persons per year.

**Nias Island Sirombu District Integrated Village Recovery:** Integrated rural village recovery & reconstruction assistance in two earthquake/tsunami-affected rural villages including comprehensive assistance in the sectors of

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housing reconstruction, water-sanitation, psycho-social services, livelihood recovery, agriculture, training & education. Beneficiaries are an estimated 250 families (1,250 persons) in two villages.

**SRI LANKA**

During the initial eight-month period of emergency response and recovery efforts, IOCC and its partners implemented the following activities:


**THAILAND**

During the past 12-month-period of disaster recovery and redevelopment efforts, IOCC and its partners have been implementing the following activities:

- Women’s Services Handbook: Research, production and distribution of a comprehensive handbook & guide to women’s services in Thailand to enable tsunami-affected and vulnerable women to receive information and access to critical assistance including health, employment training, legal, and psycho-social services. Beneficiaries are 35,000 IDP and vulnerable Thai women.

- School & educational assistance to the tsunami-devastated community of Ban Nam Khem including: construction, equipping and operational support for school health clinic; provision of school equipment & teaching support for English language and vocational training classrooms; provision of kitchen equipment; provision of teacher training workshops; provision of special educational seminars & activities for students; equipping of vocational training classrooms; provision of education-based summer camps for school children; stipends for volunteer teachers. Beneficiaries are 500 children (age 4-18) plus the community.
IRD is a private voluntary organization (PVO) dedicated to improving the quality of life of people in the most economically deprived parts of the world by facilitating and supporting assistance tailored specifically to its needs. IRD works with a wide range of organizations in the implementation of targeted, cost-effective relief and development programs.

**COUNTRY SPECIFIC INFORMATION**

**INDONESIA**

IRD is implementing emergency water and sanitation activities for IDP Settlements in North and East Aceh by providing adequate quality and quantity of water and appropriate sanitation facilities through the provision of water containers/bladders, installation of water systems, construction of private and public latrines, solid waste collection and other relevant water and sanitation interventions. In addition, IRD is issuing grants to local NGOs to implement small-scale projects addressing emergency and basic health needs, distributes donated emergency commodities and provides psycho-social counseling through a local NGO, the Psikodista Foundation, to 3,600 crisis-affected children and adults.

**SRI LANKA**

IRD is working to improve the water quality and availability of water to the present population of about 30,000 residents in Kirinda and Bundala in Hambantota district. Originally, IRD accomplished the goal by cleaning and rehabilitating 400 existing shallow wells and constructing 216 new wells on sites identified by the government in the Hambantota district. In addition, hygiene kits and hygiene education were offered to beneficiaries to mitigate the effects of waterborne diseases.

After these short-term interventions were complete, IRD began work to improve the overall Kirinda and Bundala water supply schemes, initially conducting detailed surveys to examine the existing system and future demand. IRD has almost completed the work to augment the water supply schemes, upgrading the whole distribution system, pumping mains and relevant structures, improving the source supply, carrying out water quality tests in the systems, laying new pipelines in the distribution and pumping system, and constructing treatment plants. IRD is also working with local authorities to create a 20 year master plan for water infrastructure development which will be implemented in a follow-on phase.
INTERNATIONAL RELIEF TEAMS

Founded in 1988, International Relief Teams (IRT) is a nonprofit humanitarian organization dedicated to providing critical assistance to victims of disaster, poverty and neglect worldwide.

IRT deployed emergency medical teams and shipped more than $2 million in emergency medicines and relief supplies to India, Indonesia, and Sri Lanka. IRT also provided essential materials and supplies to sustain health for thousands of displaced families living in camps and other temporary shelters. In addition, IRT helped hundreds of families rebuild their livelihoods by providing the necessary materials for people to return to work, and financed the construction of 150 permanent homes and apartment units for displaced families, as well as schools and other facilities needed to restore communities. IRT conducted mental health training programs to train teachers, caregivers, and professional counselors how to effectively help adults and children suffering from post-traumatic stress. Most recently, IRT medical volunteers returned from assignment on board the USNS Mercy where they provided clinical and surgical services to hundreds of people in tsunami ravaged areas of Indonesia.
The International Rescue Committee is a world leader in relief, rehabilitation, protection, post conflict development, resettlement services, and advocacy for people uprooted or affected by violent conflict and oppression. IRC delivers lifesaving aid in emergencies, rebuilds shattered communities, cares for war-traumatized children, rehabilitates health care systems, restores lost livelihoods, and strengthens the capacity of national organizations and communities. IRC responds to natural disasters in areas where it is already present.

**COUNTRY SPECIFIC INFORMATION**

**INDONESIA**

IRC is working on the West Coast of Aceh in the districts of Aceh Besar, Aceh Jaya, Nagan Raya and Aceh Barat. Following its emergency response in the fields of health, environmental health, education and child protection which assisted over 223,000 people, IRC is now supporting community managed recovery as well as strengthening institutions to promote sustainable recovery in Aceh. IRC’s Community Driven Regeneration Program has helped approximately 40,000 people return home and restart their lives. This two-year program is supporting communities to resume livelihoods, repair damaged infrastructure, get safe drinking water as well as revitalize the social infrastructure. IRC is working with local governments and NGOs to improve reproductive and children’s healthcare as well as services for gender based violence survivors, benefiting approximately 16,500 people, as well as supporting District Health authorities to reach over 180,000 people through public health campaigns. IRC has worked with local government to promote environmental health standards as well as providing access to water and sanitation and infrastructure, assisting almost 26,000 people. For children and youth IRC supported 300 teachers and teacher trainers in learning child friendly teaching skills, benefiting approximately 12,000 children. IRC is also promoting community understanding of children’s rights and participation as well as supporting the development of provincial government systems to provide assistance to vulnerable women and children.
JESUIT REFUGEE SERVICE/USA

JRS has a threefold mission of accompaniment, service and advocacy on behalf of refugees and forcibly displaced persons. With a priority to working wherever the needs of forcibly displaced people are urgent and unattended by others, JRS offers a human and pastoral service to the refugees and displaced people and to the communities which host them through a wide variety of rehabilitation and relief activities. JRS advocates the cause of the forcibly displaced and facilitates the response of local churches, Jesuit institutions and other communities and organizations to the needs of refugees.

COUNTRY SPECIFIC INFORMATION

INDONESIA

The goal of JRS’s tsunami relief program is to meet IDPs’ basic needs in Nanggroe Aceh Darussalam (NAD). In 2006, the focus of JRS’s program has been on the recovery and rehabilitation phase, i.e. accompaniment and community development for IDPs/returnees. Therefore, the basic needs distribution in this period has lessened compared to the emergency phase. The following are the achievements of the programs that JRS implements in Aceh. The relief operation is divided in two areas: Aceh Area 1 covers three sites, i.e. Banda Aceh, Lamno and Pulo Aceh. Aceh Area 2 covers three sites, i.e. Langsa, Meulaboh and Tapak Tuan. JRS tsunami relief efforts during 2006 are focused in seven programs: i) Emergency Aid by providing a supplementary feeding program and living costs for students benefiting over 37,000 tsunami victims; ii) Health Care, (medical and trauma healing) by providing medical assistance, restoring latrine; setting up water installation and providing trauma healing training for over 25,000 beneficiaries; iii) Education by providing an alternative education program for over 26,000 school age children and by providing scholarships; iv) Supporting Local Groups: JRS collaborated with 32 local NGO in providing medical and education assistance for the IDPs; v) Restoring Life focused on negotiation and conflict mediation training, building a multipurpose community center and peace journalism training benefiting over 3000 individuals; vi) Income Generating Activities by providing start-up capital for female beneficiaries and monitoring the toke (fish compilers) thereby benefiting over 1,049 families; and vii) Protection and Advocacy focused on advocacy for house reconstruction reaching out to over 51,000 individuals.

SRI LANKA

The two decades of civil war have destroyed the social fabric of the war-afflicted communities in Sri Lanka. The tsunami has further shattered their lives. Armed conflict just from 2006 has led to 3,000 deaths and 200,000 people being displaced. JRS tsunami relief efforts have put in place programs designed to assist in rebuilding the lives of this vulnerable population. To date, JRS has successfully carried out its activities as follows: i) reconstruction of permanent houses for tsunami-affected families in Kaluvanchikudi - JRS plans to build 120

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contact information

regional activity

total private donations

$1,795,000

total expenditures

$570,000
houses benefiting directly 120 families that include over 630 individuals, nearly 67 houses have being completed; ii) Permanent reconstruction of preschools - Out of the ten preschools to be built so far JRS has completed four pre schools catering to the needs of 105 children; iii) Temporary schools - Out of the ten temporary schools planned, so far four schools have been completed catering to the needs of 350 children; iv) Human Resource Development Center - Out of the seven HRD Centers so far, two centers have been completed catering to the needs of 852 beneficiaries, most of the trainees are our teachers, life skill center girls and tailoring center youths; and iv) Community meetings, training of counselors, teacher training and self-help groups - one of the assets of JRS programs is indeed its training and formation. JRS is conducting residential and non-residential training programs regularly for staff, teachers, community leaders, self-help group and tailoring girls benefiting over 1,254 individuals.
LUTHERAN WORLD RELIEF

Lutheran World Relief (LWR) has been responding to emergencies and disasters since its founding in 1945. An international, nonprofit agency, LWR works with rural communities and local organizations in Africa, Asia, the Middle East and Latin America to promote disaster recovery, sustainable livelihoods, food security, natural resource management and peace. LWR creates an enabling environment for its relief and development work by mobilizing constituents to action and advocacy for global justice. Guided by its commitment to innovation and long-term, sustainable solutions, LWR creates, nurtures, and sustains effective and efficient partnerships for change. Lutheran World Relief is a ministry of the Evangelical Lutheran Church in America (ELCA), the Lutheran Church-Missouri Synod (LCMS), individuals and parish groups.

COUNTRY SPECIFIC INFORMATION

INDIA

Lutheran World Relief has been working in India since the 1950s when it began sending supplies to help alleviate suffering caused by famine, poverty and tuberculosis. In response to the tsunami, LWR worked with long standing partners to provide immediate emergency relief to over 50,000 families. 3200 hundred houses are planned or under construction, 35 children’s parks are completed and 1,265 fish vending kits have been distributed, among other activities. Since the initial response, LWR through its partners is providing women with alternative livelihoods training, establishing self-help groups for 1,800 women and creating informal education centers for women and children. Over the next few years, LWR plans to carry out targeted long-term development projects in tsunami-affected areas.

SRI LANKA

LWR initially responded to the disaster through Action by Churches Together (ACT). LWR’s local partners implementing the ACT Appeal have distributed 1,279 boats and nets, built permanent houses, and increased healthy living standards through the improvement of sanitation. In October 2005, LWR opened an office in Colombo and began to work directly with local partners. LWR’s strategy in Sri Lanka focuses on long-term recovery and development work in the tsunami-affected regions in the southern and eastern districts, including Galle, Hambantota, Ampara, and Batticaloa. LWR’s response includes activities in the livelihoods, psycho-social, peace-building, disaster preparedness, and capacity building sectors. Through accompaniment of local partners, LWR has trained farmers and small-scale entrepreneurs in business planning, financial management, and marketing to increase income generation. 12,000 tsunami survivors will be issued new National Identification cards necessary to participate in voting on a local, regional, and national level. Risk reduction activities such as the construction of a tsunami early warning center are underway. Psycho-social activities related to landmines planned for the Jaffna area.
are currently on-hold due to the conflict. Through support to a local network managing small-scale recovery projects, LWR is building the capacity of 23 local community-based organizations. LWR is committed to tsunami recovery efforts in Sri Lanka for up to ten years.

**INDONESIA**

LWR initially responded to the disaster through ACT. LWR’s local partners implementing the ACT Appeal have established 240 livelihood groups to restore income generation activities, started mobile and permanent health clinics to improve the health and nutrition of vulnerable populations, and are constructing 273 houses. LWR provided 7,875 layette kits, 7,500 school kits, and 11,250 health kits to ACT partners working in Indonesia. In October 2005, LWR opened an office in Medan and began to work directly with local partners, while continuing to support the ACT Appeal. LWR is working in Banda Aceh, Meulaboh, and Nias. Activities cover health, psycho-social, shelter, livelihood, peace-building, water/sanitation and capacity building sectors. In a unique learning exchange program with LWR-Philippines, 300 peace workers will be trained in conflict resolution utilizing the methodology and lessons learned from implementing a similar program in the conflict ravaged area of Mindinao in the Philippines. The training emphasizes community-based peace-making through training in human rights, mediation, and conflict resolution for those who have suffered the effects of both the tsunami and a lengthy civil war. LWR is committed to tsunami recovery efforts in Indonesia for at least ten years.
MERCY CORPS

Mercy Corps works amid disasters, conflicts, chronic poverty and instability to unleash the potential of people who can win against impossible odds. Since 1979, Mercy Corps has provided $1 billion in assistance to people in 82 nations. Supported by headquarters offices in North America, Europe, and Asia, the agency’s unified global programs employ 3,400 staff worldwide and reach nearly 10 million people in more than 40 countries. Over the last five years, more than 90 percent of the agency’s resources have been allocated directly to programs that help people in need.

COUNTRY SPECIFIC INFORMATION

INDONESIA

Mercy Corps’ tsunami response in Indonesia is a multi-faceted program aimed at supporting community recovery and economic development, focusing on approximately 90 villages in Banda Aceh, Aceh Besar, and Aceh Barat (Meulaboh). Using private funds and donations Mercy Corps is working to support economic development and community recovery and revitalization. Mercy Corps’ economic development programs support farmers, small businesses, and fishermen to restart and sustain their income earning activities. Mercy Corps provided $1.3 million in livelihood grants to nearly 6,000 farmers, fisherman and small businesses, which has substantially increased household income. The Financial Access program has assisted over 80 micro and small businesses to develop business plans, and has then guaranteed 77 loans totaling $240,000 to these businesses that employ over 320 people. The program has also provided training and technical assistance to ten local banks and microfinance institutions to improve their credit operations. Mercy Corps used $2.4 million of private donations to support community recovery by working with local leadership to engage communities in identifying durable solutions to local problems; communities were able to rebuild critical infrastructure such as community centers, health clinics, roads, and drainage systems. In addition, Mercy Corps provided extensive support to local arts, culture and sports networks to revitalize social mechanisms and help tsunami victims feel “normal” again. In all programs, private funds were used to develop innovative responses to the disaster recovery. The funds were then used to leverage institutional donors who provided multi-year funding to expand these activities.

SRI LANKA

Mercy Corps’ Sri Lanka tsunami recovery and post tsunami development program initially worked in six coastal districts of Sri Lanka (Trincomalee, Batticaloa, Ampara, Hambantota, Matara and Galle) focusing on rebuilding communities and livelihoods, while also working to address local sources of tension. The Mercy Corps’ program began with private funding that leveraged additional donor support. Mercy Corps has now allocated over $4,511,575 to 281 relief
and development projects, primarily accomplished through 93 local partner NGOs. Using private donations, MCSL has supported projects including cash-for-work, distribution of non-food items, livelihood generation, psycho-social support, education activities, community tourism development, local NGO capacity building, and community and economic development. Since initiating country program operations with this broad multi-sector base, Mercy Corps Sri Lanka now focuses on activities that foster community-driven development and improve economic opportunities for over 65,000 conflict and tsunami-affected people in the Ampara, Hambantota, and Batticaloa Districts.

Currently, Mercy Corps uses private funds to contribute to funding provided by institutional donors in support of community development activities in 37 communities. Private funds also support 13 economic opportunities projects for small to medium enterprises. MCSL has started expansion of its economic development program, and by January 2007 plans to work with a minimum of 25 local business associations to improve business practices and increase income for tsunami and conflict affected family businesses. Since initiating operations post-tsunami, Mercy Corps has assisted over 651,867 people in Sri Lanka.

SOMALIA

With funding from private donations, Mercy Corps has completed the rehabilitation of over 60 kms of roads and gullies in Bender Beyler District, Bari Region, Puntland, Somalia. Mercy Corps has expanded our tsunami response to include capacity building of a group of four local NGOs who are integral to assuring lasting and sustainable recovery in their communities. With local partners, Mercy Corps works to prevent the deterioration of food security conditions and to promote the recovery of fishing and pastoral communities. Over 8,700 people have benefited from Mercy Corps work in Puntland through the time of this report. Longer term plans are to increase capacity of local partners in tsunami-affected areas to reduce vulnerability.

INDIA

Using private funding, Mercy Corps partnered with two local Indian organizations to provide emergency relief and long-term development to tsunami-affected villages. The agency reached over 44,000 people in India during the tsunami response. Through its partner organization DHAN, Mercy Corps provided support for agricultural activities to over 10,600 people in India’s devastated Nagapattinam district. Agricultural restoration projects included drainage and de-silting of salt-damaged crop fields, rehabilitation of contaminated village ponds, and provision of small livestock such as goats to families. More than 600 acres of cropland were reclaimed. Mercy Corps and its local partners also built over 460 temporary shelters and community buildings, including houses, community halls, storerooms and community kitchens. Due to the capacity of the Indian government and local NGOs, Mercy Corps phased out its tsunami related activities in India at the end of 2005.
MERCY-USA FOR AID & DEVELOPMENT

Mercy-USA for Aid and Development (M-USA) is dedicated to alleviating human suffering and supporting individuals and their communities in their efforts to become more self-sufficient. M-USA’s general objectives are: 1) to alleviate human suffering caused by natural and manmade disasters, 2) to improve individual and community health, 3) to promote economic growth, and 4) to support educational development around the world.

COUNTRY SPECIFIC INFORMATION

INDONESIA

From August 2005 to August 2006, Mercy-USA for Aid and Development (M-USA) rebuilt 97 homes in the village of Seubun Ketapang in Aceh Besar District. From April to July 2005, M-USA constructed a fresh water system (a deep well with piping) for 300 homeless persons living in a temporary shelter in the same district.

From July 2005 to July 2006, M-USA distributed 87 hand tractors, four threshers and 1,300 hoes and rakes that are being used by over 3,000 farming families on the island of Simuelue and Aceh Timur District. M-USA also provided 1,930 of these families with 63,000 pounds of rice and other vegetable seeds, as well as 456,000 pounds of various fertilizers. These inputs are helping these families to support themselves once again.

In January and February 2005, M-USA distributed food packages (containing rice, noodles, canned sardines, biscuits, bottled water, etc.) to 1,200 homeless families near Banda Aceh and Meulaboh. In March 2005, M-USA distributed six-month household kits (containing kitchen items, towels, toiletries, clothing, plastic mats, candles, matches, etc.) to 400 homeless families near Banda Aceh and Meulaboh.

In February and March 2005, M-USA also dug water wells and built latrines in ten IDP camps/temporary shelters in the district of Aceh Besar. This water and sanitation project benefited approximately 4,000 persons.

Mercy-USA is focusing on shelter, water and sanitation, and livelihood support (including aquaculture, fishing and agriculture) during the reconstruction and rehabilitation phase of its tsunami response efforts.

INDIA

From January to March 2005, M-USA, through our local partner, United Economic Forum, distributed food packages (containing rice, lentils, oil, sugar, tea, etc.), Kitchen kits (containing pots, pans, plates, bowls, cups, utensils, etc.), clothes, plastic tarpaulins, ceiling fans for temporary shelters, sheets and blan-
kets to approximately 2,000 families left homeless by the tsunami in the states of Andhra Pradesh and Tamil Nadu.

No further response is planned.

SOMALIA

In April and May 2005, M-USA assisted 100 tsunami-affected families in the devastated district of Haffun to restart their small fishing businesses. Mercy-USA provided these families with nets, hooks, anchors, buoys and other necessary equipment to allow them to support themselves once again. No further response is planned.

Note: The difference in expenses vs. income was covered from other funds that were not specifically donated for tsunami relief and reconstruction.
The National Peace Corps is a membership-based alumni organization serving returned Peace Corps volunteers, staff, as well as Peace Corps family, friends and supporters. Our mission is to foster peace through service, education and advocacy. They pursue this mission through our 135 affiliate groups and our network of 30,000 members.

**COUNTRY SPECIFIC INFORMATION**

**THAILAND**

The Friends of Thailand, one of NPCA’s 135 affiliated groups, launched Project Restore on January 9, 2005 to provide assistance to rural schools in southern Thailand. It focused in particular on two schools, Ban Gank Sak and Ban Bang Muang in Phuket province. The project provided scholarship assistance to students orphaned by the tsunami. Since members of the Friends of Thailand have an ongoing relationship with the country, this project is continuing. Approximately 250 students are benefiting from these scholarships.

**INDIA**

NPCA administered a project on behalf of five Returned Peace Corps Volunteers (RPCVs) from the H. John Heinz III School of Public Policy and Management at Carnegie Mellon University. Three of these RPCVs worked with the Association for India’s Development in Akkararaipettai Village in Tamil Nadu, India. The project involved construction of post-disaster temporary housing of 150 families, approximately 750 individuals. This project concluded in June 2005, and no further response is planned at this time.

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*total private donations*  
$123,000

*total expenditures*  
$123,000
NORTHWEST MEDICAL TEAMS

The mission of Northwest Medical Teams is to demonstrate the love of Christ to people affected by disaster, conflict and poverty. Since 1979, Northwest Medical Teams has sent more than 1,600 medical/dental/development teams and nearly $1 billion in medical supplies and equipment to help people internationally and in the United States. Northwest Medical Teams partners with local agencies internationally and domestically to support long-term sustainable programs, including community health training and specialty education for medical professionals.

COUNTRY SPECIFIC INFORMATION

INDONESIA

Northwest Medical Teams has steadily decreased its presence and programmatic effort in Banda Aceh. The primary base of operations is now in Medan, with only a small workstation and a few local staff based in BA. Residual tsunami response projects were completed on schedule throughout the summer of 2005. Three project initiatives were begun in September of 2005, including a three-year community health program in Nias, a 2.5-year community health and wellness initiative in Pidie, and a reconstruction/capacity building initiative with the BLPKM hospital in Banda Aceh. Additional plans include the addition of a Wat/San component to the community health program in Nias, the addition of an HIV/AIDS awareness/prevention component to the community wellness program in Pidie, a facility-based emergency department capacity building programs in facilities along the coast of north Sumatra, and an Emergency Medical Services initiative in the same area (north Sumatra coast).

SRI LANKA

Northwest Medical Teams maintains commitments to original health and medical projects along the east coast of Sri Lanka, including Tyirai, Kuchavelli, Kalunai and Ampara. Due to the current civil unrest, activity in these locations has been sporadic. Programs recently started include a three-year Emergency Medical Services (EMS) capacity building program based in Colombo but with satellite sites in the east (Tyirai) and south (Hikkaduwa). Others include a three-year community health initiative covering parts of Hambantota and Ampara. Additional initiatives include adding community health programming throughout the tsunami zone; and depending on security and access, expansion of EMS to include additional disaster preparedness measures, and IDP relief at various locations in Eastern Province.
OPERATION USA

Operation USA is a non-profit, Los Angeles-based disaster relief agency in operation for over 27 years which helps communities alleviate the effects of disasters, disease and endemic poverty throughout the world by providing privately-funded relief, reconstruction and development aid. Operation USA provides material and financial assistance to grassroots organizations that promote sustainable development, leadership and capacity building, income generating activities, provides education and health services, and advocates on behalf of vulnerable people.

COUNTRY SPECIFIC INFORMATION

INDONESIA
Primarily operating in Banda Aceh, Indonesia, Operation USA has partnered with a number of groups on the ground in both the emergency and rehabilitation phases. Operation USA partnered with Nurani Dunia providing $12,000 for the purchase of a vehicle to distribute emergency supplies, as well as a grant for $17,000 to Jesuit Refugee Services for the purchase of emergency tool kits. Operation USA has also re-granted $85,000 for Prosthesis Fitting to Nurani Dunia, as well as $25,000 for small business grants to the Chinese community. Operation USA has also partnered with the International Organization for Migration, providing $250,000 towards the construction of seven clinics in the Meulaboh region, as well as $250,000 for the construction of a Nagan Raya Health Training Center. Operation USA is also working with Yayasan Lamjat, on Arts & Vocational Education ($32,000), a Childrens Tsunami Center ($34,234), a playground ($25,000), and a Community Center ($35,000). Operation USA has committed $30,000 to Eye on Aceh for a Womens Livelihood program, and $61,000 to CAM for a Maternal Child Health Clinic and Health Services. Continuing Operation USA’s commitment to providing support in health and medical infrastructure, they have supported Australian Aid International with $98,000 for health clinic reconstruction as well as a Transitional School Program.

THAILAND
Operation USA provided $25,000 to the Forever Love Foundation, for the purpose of housing tsunami orphans, and constructing fishing boats. Operation USA also partnered with the Life Home group, spending $30,000 to construct a building for tsunami and HIV/AIDS orphans. Operation USA also committed $12,000 to construct an Eco-Tourism Training Center, which is expected to be completed in the next six months.

SRI LANKA
Operation USA’s largest tsunami program is the Kalladi Village Development Program ($750,000), done through the Tamil Rehabilitation Organization,
which as of July 2006 is 80% complete (Complete: Primary school, Preschool, 100 permanent homes, 53 wells, Community Center). Sarvodaya has recently submitted a completion report for $100,000 committed to Womens Empowerment and Psycho-social Training Programs, and Operation USA has re-granted $20,000 for Livelihood programs in the Matara district. Project Galle has also completed programming $100,000 intended to re-generate small businesses for 95 beneficiaries in the Galle District. With the support of local elementary schools, Operation USA has re-granted an additional $10,000 (previously $20,000) to five small orphanages in the Batticaloa District. A preschool in Paiyagala, built for $30,000, opened its doors to 90 students from nearby fishing villages in February 2006. Operation USA has committed to supporting an ongoing nutrition and English-learning program. In June of 2006, Operation USA committed to building a computer center in Weragoda, for $30,000. Operation USA has also committed $50,000 to a Visions Learning Center, based in Trincomalee (expected to begin construction in 2007). In the 12 months following the tsunami, Operation USA shipped $4.1 million worth of medical and relief supplies to Sri Lanka.

INDIA

The Vivekenand Medical Society has continued to run a mobile health clinic for $20,000, which was in operation two days after the tsunami along the southern coast of India. Operation USA also provided medical supplies to the Pondicherry Institute of Medical Science ($15,000). For long-term development programs, Operation USA has partnered with SAWED, based in Tamil Nadu, which has just completed the rehabilitation of two villages in the Karaikal District (Mandapattur, Kallikuppm), providing fishing boats, motors, and temporary housing, as well as one eye camp and a health camp, with 500 beneficiaries ($50,000). Operation USA re-granted $30,000 to SAWED for an Educational Support Program, intended to meet the educational needs of 350 children in Nagapattinam and Karaikal. Operation USA has recently partnered with Offer, to provide $23,000 in support for medical work in refugee camps housing tsunami victims, who have recently fled from Sri Lanka to South India, to escape mounting violence.
Oxfam America is an international development and relief agency committed to creating lasting solutions to poverty, hunger, and social injustice. Working with Oxfam affiliates and local partners, Oxfam America carries out emergency relief operations, development programs, and campaigns to overcome the political, economic, and social policies that exclude much of the world’s population from opportunity and political participation.

Oxfam America raised $30 million for its tsunami response. Oxfam America and its affiliates around the world have unified their tsunami programs and pooled their donations into a single fund that is expected to reach $287 million. Oxfam has provided clean water, sanitation, shelter, food, cash-for-work projects, and programs to revive and improve livelihoods—projects that have benefited 1.7 million people to date. Oxfam’s humanitarian programs—in the tsunami-affected region as elsewhere—emphasize gender equity, community participation in decision making, support for socially marginalized populations, disaster risk reduction, and helping disaster survivors in impoverished regions achieve sustainable improvements in their lives and livelihoods. Oxfam’s work will continue through the year 2008.

As the purpose of this report is to describe programs that are funded exclusively by US donors, InterAction is not including a detailed description of the Oxfam America/Oxfam International combined tsunami response. For more information about Oxfam’s programs, please visit the Oxfam America tsunami Web pages at http://www.oxfamamerica.org/whatwedo/emergencies/asian_floods_2004
Plan USA strives to achieve lasting improvements in the quality of life of deprived children in developing countries through a process that unites people across cultures and adds meaning and value to their lives by: enabling deprived children, their families and their communities to meet their basic needs and to increase their ability to participate in and benefit from their societies; building relationships to increase understanding and unity among peoples of different cultures and countries; and advocating for the rights and interests of the world’s children. Plan works with communities, as well as local and international partner organizations to implement programs in the areas of Health, Education, Habitat and Shelter, and inter-cultural communications. Working through a process known as Child-Centered Community Development, Plan is part of a network of 62 countries, working with children and families throughout Africa, Asia, Latin American and the Caribbean, and in Albania.

Plan USA has raised $2,480,442 from private sources through September 30, 2006. Plan USA is part of Plan International, a confederation of international members that pools the private donations received for tsunami response. These funds are allocated to specific humanitarian, recovery and reconstruction activities in the tsunami-impacted countries of Indonesia, India, Sri Lanka, and Thailand. These programs include the revitalization of community-level health and educational systems, sanitation, livelihood, and psycho-social support to children and families. Plan USA joins private American contributions with those of other global donors and does not distinguish the use of private contributions by donor nationality.

To date, Plan has expended $1,382,706.92 in private American contributions on tsunami response programming.

For information on the tsunami-related activities of Plan USA, please consult our website: www.planusa.org. For information about Plan International’s global activities, including tsunami response programming, please visit www.plan-international.org.
PRESBYTERIAN DISASTER ASSISTANCE & HUNGER PROGRAM

With plans for a five-year response in place, Presbyterian Disaster Assistance (PDA) has provided $7 million to date in aid and materials - about half of the amount received. Most of PDA’s work has been in Indonesia with a focus on helping survivors rebuild their lives physically, emotionally and professionally.

PDA hopes to have impact or positive change in the lives of survivors and their communities from the programs they support, while also learning from our partners and mutually developing our capacity.

One example is a women’s sewing cooperative created in Banda Aceh. The co-operative provides a source of income, a renewed sense of duty and accomplishment, and a place to share feelings for women who lost children, husbands and homes in the tsunami. The co-op provides training as well as marketable goods.

PDA communication experts have worked with and provided training to survivors enabling them to tell their own stories of their tsunami experience and subsequent rebuilding efforts. This is an exercise that provides considerable healing for those traumatized by danger, fear and loss. These stories have been collected and translated and are on the PDA website. (www.pcusa.org/pda)

In one village, children PDA worked with became alarmed when they learned many children in the U.S. were killed, injured or made homeless by hurricanes. They wrote poems and made drawings for their U.S. counterparts, hoping they would help them to be strong and keep their hopes alive.

In the spring of 2006, PDA coordinated the visit for a team of tsunami relief workers and a tsunami survivor to the U.S. to view and experience the response to Hurricane Katrina. In a letter from one of the team-member’s organizations, the director expressed wishes to send a team over because of how much the U.S. supported Indonesia after the tsunami. The visit helped the Indonesians gain a wider perspective on U.S. disaster relief, provided capacity building for our Indonesian partners, and built solidarity between people of the two countries.

Following the visit a member of the team said, “This was very successful. I also became more sure that they are all brothers and sisters without any borders between country, race, age, gender and religion. They are all one, under one roof, the roof of man-kind.”
PROJECT HOPE

Project HOPE, founded in 1958, conducts health education and medical humanitarian assistance to communities around the world, with a special emphasis on women and children. Health programs are focused on several areas of expertise: infectious diseases (including HIV/AIDS and TB); maternal and child health; health systems and facilities; health professional education; and humanitarian assistance. While the methodology changes based on local needs and resources, the ultimate goal of HOPE’s work is long-term, sustainable improvements in health and health systems.

Known to many by the humanitarian tours of the SS HOPE, Project HOPE took a three-tier response to the Dec. 26, 2004 tsunami that included placing a medical volunteer force of 210 aboard the U.S. Navy’s hospital ship Mercy. This public/private partnership during Operation Unified Assistance again brought Project HOPE to Indonesia, the destination of its first SS HOPE voyage in 1960. Founded in 1958 by William B. Walsh, M.D. to help people to help themselves, the international health education and humanitarian assistance organization today provides approximately $150 million in resources to land-based programs in 30 countries.

This year, Project HOPE integrated disaster response in Indonesia, Thailand and Sri Lanka into its international humanitarian assistance operations. Project HOPE provided care amid a healthcare infrastructure stripped of facilities, personnel, and operating capacity by the tsunami. Project HOPE’s partners generously donated their services and to date have raised $5.9 million toward these activities.

Following the disasters, Project HOPE volunteers performed 38,954 medical procedures aboard the USNS Mercy and on shore; the region’s hospitals and clinics received $15.2 million in donated life-saving medicine and supplies; and a three-year commitment was established to re-equip a hospital in Banda Aceh. Project HOPE programs continue their work today to restore quality medical services to the region.

COUNTRY SPECIFIC INFORMATION

INDONESIA

Immediately following the tsunami in 2004, Project HOPE brought $7 million in urgently needed supplies to Indonesia’s Aceh Province in cooperation with FedEx, Uplift International and the Indonesian Doctors Association.

During 2005, Project HOPE recruited and sent 210 health professionals to Indonesia with the US Navy aboard its hospital ship Mercy. These volunteers cared for more than 20,000 survivors from Indonesia and affected South Pacific islands, performing 38,954 medical procedures. When the ship was re-activat-
ed following a Mar. 28 earthquake, more volunteers traveled to Nias Island to provide relief.

Project HOPE remains present in Indonesia at Banda Aceh and in the Nagan Raya District. Banda Aceh’s Abidin Hospital lost half its staff and most of the facility’s equipment and furnishings to the tsunami. With the help of the biotechnology company Genzyme Corporation, Project HOPE established a three-year commitment to re-equip this hospital and provide training to its staff.

In the Nagan Raya District, Project HOPE implemented a long-term program to train community health workers and midwives in the integrated management of childhood illnesses.

SRI LANKA
In Sri Lanka, Project HOPE’s partner organizations delivered in excess of $2.2 million in medical assistance.

THAILAND
In Thailand, HOPE staff visited the country’s most damaged areas and purchased emergency supplies in response to local officials’ requests.

Project HOPE is also working to improve the number and skills of critical care nurses in Thailand. Nurses receive a standardized curriculum instruction leading to certification, and once trained become peer educators for other nurses in hospitals across Thailand. These ongoing efforts to restore quality health services echo Project HOPE’s worldwide Health Professional Education programs providing qualified personnel where they are urgently needed.

Partners’ Generosity Sustains Continued Work
Project HOPE’s disaster response received the extraordinary generosity of 210 medical volunteers donating their services on the Mercy; proposal-based funding and individual, corporate and foundation donations totaling $5.6 million with further pledges of $300,000; and donated medical supplies and gifts-in-kind valued at $15.2 million. Project HOPE has spent $3.95 million and has committed $1.95 million to continue its programs in the affected areas.
Founded in 1990, Relief International (RI) provides emergency, rehabilitation and development services to empower beneficiaries. RI dedicates itself to seeking and addressing the long-term developmental needs of vulnerable populations in the emergency and recovery phases. RI focuses on serving people who typically have not received due attention; in several large-scale crises RI has been the first US-based agency to provide high-impact development emergency programming to communities in need. RI's programs worldwide include health, shelter construction, education, community development, agriculture, food, income-generation, and conflict resolution. Over the past 15 years, RI has implemented programs in more than 40 countries. RI recognizes that disasters have the most negative impact on the poor and that poverty eradication is integral to disaster mitigation. RI consults closely with the local communities it serves in order to ensure programming does not impose solutions from the outside but rather addresses requirements for long-term needs. This grassroots approach proves effective in fostering an environment of self-help and sustainability.

COUNTRY SPECIFIC INFORMATION

SRI LANKA

Relief International's tsunami relief programming reached more than 10,000 beneficiaries in the first 90 days of operation in Sri Lanka. Work began in the districts of Hambantota and is now concentrated in Ampara, particularly in Kalmun, Pottuvil, Aragum Bay, and Thirukkollil. RI initially implemented an integrated program of relief supplies, school supplies, food rations, drinking water, health services provision, classroom reconstruction and rehabilitation, emergency shelter, and emergency livelihood restoration projects. In the initial weeks following the tsunami, Relief International teams conducted a survey of the damage sustained and provided cash-for-work opportunities for debris clean-up and began repairing boats and mending nets. In an effective transition from relief to recovery, RI committed to long-term sustainable programs aimed at improving the livelihoods of those most affected but least served in the aftermath of the tsunami. RI currently implements a bottom-up microfinance program, a small business development program, and an Internet Learning Center for youth in the eastern region of Sri Lanka.

RI chartered implementation of the Rural Savings Creation Project. Through RSCP, over 11 months 1625 underserved tsunami-affected women formed 61 Community Based Organizations (CBOs) in the east. With small compulsory weekly savings, the group members took their first step on the path to financial literacy. Once the savings were great enough, groups issued small loans for income generating ventures. The program incorporated livelihoods trainings to assist women to begin small businesses and increase and retain women's role in the labor force. As the program progressed funds were injected into
the group bank accounts creating a revolving loan fund for the group members. RI envisions expanding this program on a large scale.

Training in bakery operation and management allowed ten women at RI’s training bakery in Thirukovil to learn enterprising skills over the past eight months. While the economy is in flux with civic unrest and reeling fuel prices, women learn to adjust to market effects, market products, and keep accurate records to successfully operate medium scale business.

In response to civil war and tension, RI organized an Internet Learning Center where youth engage in a ten-week computer literacy and peace building course. Through this package, youth will communicate with other young people throughout the country in peace building exercises. In ten months of operation, over 400 youth have completed the course.

RI plans to continue working closely with community members to identify durable solutions to the problems.
The Salvation Army World Service Office (SWASO) provides financial and technical assistance to the international Salvation Army in support of its work in a variety of programs including education, health services, relief and disaster services, and community development. It also assists The Salvation Army (TSA) in developing community-based initiatives that address the underlying causes of poverty in developing countries.

COUNTRY SPECIFIC INFORMATION

INDIA

SAWSO continues to partner with TSA units in India, Canada, Hong Kong, Sweden and the United Kingdom. Three projects, started soon after the tsunami struck, continue in two states, Andhra Pradesh and Andaman and Nicobar. Some of the communities served include Patina Pakkam, Mypadu, Labipalem, Potti Subbiah Palem, Nizam patanam Port, Campbellpeta, Gilakaladindi, Chinakeragaram, Iskapelli, and Nellore. TSA India is also serving the following tsunami stricken communities: Muttom, Tamil Nadu, Nagapattinam, Cuddalore, Pondicherry State, Karaunagappally, Kallam District, Kovalulm. Projects are multi-sectoral and include construction and rebuilding. Currently 215 houses are complete. 265 of the 385 remaining anticipated houses are works in progress. A trauma counseling project, separate from but integrated with these projects, provided the opportunity for targeted communities to address the psycho-social aftermath of the disaster. Programming involving TSA USA funding, expected to continue into 2008, includes the following sectors: business development/cooperatives/credit; community counseling/support; education/training/shelter; and water and sanitation.

Programs have reached more than 161,000 beneficiaries as of the end of September 2006.

INDONESIA

TSA Indonesia in partnership with SAWSO, Oxfam, Spanish Red Cross and TSA units in Canada, Hong Kong, the Netherlands, and the United Kingdom continue to serve in Aceh Barat/Aceh Jaya and on Nias Island. By end-September 2006 construction and rebuilding of 605 of 750 houses in Suak Ribee, Suak Sigadeng, and Lepang was complete and other multi-sector inputs in these communities were realized. Construction and rebuilding in these communities will end by December 2006, but activities in other sectors will continue.

Over the next three years persons currently residing in the Leuhan barracks are expected to be a part of a project that will include the construction of a new community. During the same period of time the Nias Island communities of Teluk Dalam, Gunung Sitoli, initially supported with nutrition as well as health and medical services, are expected to be a part of a multi-sectoral
community development project that will also include the following communities: Hililalago, Hilimondregeraya, Hilmozaa, Onohondra, Bawomataluo, Simandraolo, Bogalite and Farorolasara. These new projects involving TSA USA funding include the following sectors: business development/cooperatives/credit; nutrition, health or medical services; community counseling/support; education/training; shelter; and water and sanitation.

Programs have reached more than 60,000 beneficiaries as of the end of September 2006.

SRI LANKA

TSA Sri Lanka continues its response to the tsunami along the western coast from the northern to the southern part of the island. While political unrest has at least temporarily interrupted work in the north, work in the south continues. Thanks to its partnership with SAWSO, ADRA, TSA units in Canada, the Netherlands and New Zealand, 141 houses were built in Galagodawatte and Akurala. Concomitantly a trauma counseling project, separate from but integrated with this and other projects, provided the opportunity for targeted communities to address the psycho-social aftermath of the disaster and SAWSO’s curriculum for disaster training, P.R.E.P.A.R.E. (Prepare to Respond to Emergencies – Planning and Readiness Education) was used to build the disaster response capacity of 30 persons. It is anticipated that USA funding will continue to be used for multi-sectoral work in Hikkaduwa, Galle, Kalatura, Matara, Ampara, Chillaw and other yet to be identified communities. Service sectors over the next 2-3 years are expected to include: business development/cooperatives/credit; health or medical services; community counseling/support; education/training; shelter; and water and sanitation.

Programs have reached more than 34,000 beneficiaries as of the end of September 2006.
SAVE THE CHILDREN USA

Save the Children USA is one of the nation’s leading independent organizations creating real and lasting change for children in need in the United States and around the world. Based in Westport, Conn., Save the Children USA is a member of the International Save the Children Alliance, comprising of 27 national Save the Children organizations working in more than 100 countries to ensure the well being of children.

COUNTRY SPECIFIC INFORMATION

INDONESIA

The earthquake and subsequent tsunami in December 2004 devastated the Nanggroe Aceh Darussalam (NAD) Province, causing large-scale loss of life, infrastructure, and livelihoods and threatening to unravel traditionally strong social networks. The Save the Children Alliance (led by Save the Children, US) responded immediately, providing emergency food supplies, setting up community kitchens in temporary shelters, providing Safe Play Areas and temporary classrooms for children, distributing educational materials, providing cash-for-work opportunities, and other immediate relief activities.

The second phase of the Alliance program in Aceh, begun in FY06, focused on rebuilding physical and social structures that were lost, disrupted or threatened both by the tsunami disaster and the armed conflict. Programs in the five key sectors – health, education, food security, livelihoods and child protection – continued, but became longer-term in scope, marking a transitional phase from relief to development.

While the majority of the estimated 650 organizations that provided assistance immediately following the disaster had already left Aceh, the Save the Children Alliance made a long-term commitment, recognizing that the needs of children in Aceh require deeper solutions. FY07/FY08 program plans go further still toward ensuring that the long-term needs of Aceh’s children, their families and communities will be addressed.

Save the Children, US is active in the following localities – Aceh and North Sumatra Provinces, including Banda Aceh, Aceh Besar, Pidie, Bireuen, Lhokseumawe, Aceh Utara and the islands of Simeulue, Sabang and Nias. Over 290,000 beneficiaries in five districts received assistance through the Save the Children Alliance tsunami emergency response program.

The target beneficiaries (direct and indirect) for 2007 are 400,000.

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total private donations

$81,887,207

total expenditures

$33,582,843

regional activity

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PROGRAMS INCLUDE:

Child Protection: Advocating for children’s rights; reintegrating separated children into communities, improving institutional care and advocating family care, handing over safe play areas to be community owned and run, integrating early childhood development at a district level across all sectors, providing training for government agencies and local partners on child protection.

Nutrition and Health: Long term food security to take over from direct food distribution, targeting both conflict-affected and tsunami-affected areas working with livelihoods and agriculture.

Livelihoods: Providing grants and loans for starting capital for livelihoods, phasing out asset replacement, training in business development services and life skills, establishing targeted economic generating activities.

Education: Construction of 61 schools, teacher training in new methodologies, supporting the curriculum in Islamic boarding schools, combating exploitive child labor through non formal education, inclusive education, psycho-social and conflict sensitive programming; pre-vocational- life skills for older children.

Shelter: Construction of 1,000 permanent houses. Of these 507 are close to completion. In addition, new homes using pre-cut panelized housing are in the process of being delivered and erected.

There have been great achievements during this reporting period and the transition into a long-term development program is completed. Along the way there have been challenges and with these the program is strengthened as solutions are found.

Construction was temporarily halted earlier this year as the agency dealt with challenging issues involving our efforts to ensure that construction is of high quality. Working with contractors has taken more time and effort than was previously anticipated. However, they are making progress in dealing with these issues. A newly enlarged team handling construction is allowing for greater oversight. New designs for pre-cut panelized housing have enabled us to improve the quality of our housing while reducing the need to hire new contractors. And they are exploring similar options for schools and health clinics. Our current revised plans call for building 1,000 houses, 61 schools and 24 health facilities.

The transition from emergency to long-term development has taken time. The challenge has been in explaining to staff, communities and other key stakeholders the importance of this transition as they refocus our program and phase out certain emergency-response programs. They have made progress in communicating the critical need for this transition over the last several months, and they plan to continue our outreach efforts.

Save the Children has been very open about challenges it has faced and how it has overcome them. The agency is in a unique position with over 30 years experience in Aceh. As such Save the Children is a known entity and communities, local government and partners are confident in knowing that Save the Children was here long before the tsunami and will be here long after the rehabilitation and reconstruction are complete.
UNITED METHODIST COMMITTEE ON RELIEF

United Methodist Committee on Relief (UMCOR) responds to natural or human made disasters—interruptions of such magnitude that overwhelms a community’s ability to recover on its own. UMCOR’s mission is to alleviate human suffering with open minds to all religions and open hearts to all people. UMCOR is the humanitarian, non-proselytizing agency of the United Methodist Church.

COUNTRY SPECIFIC INFORMATION

INDONESIA

Projects in Indonesia include:

Integrated Rehabilitation of Tsunami-affected Communities (IRFAC, Bireuen District, Aceh Province)

The objectives of this project are to: provide shelter for up to 521 families through reconstruction and repair; increase public services through small-scale infrastructure projects; generate sustainable income for a minimum of 250 entrepreneurs who lost their livelihood in the tsunami. Of the 432 houses to be reconstructed, 367 are completed and turned over to families. The electric company in Bireuen has proceeded to connect them to the networks. The remaining 65 units are in a region that needed to have roads reconstructed before building could begin. UMCOR has completed 40% of the road construction and the 65 units are 80% completed. Housing repairs have begun on 37 houses and UMCOR engineers continue with technical assessment of additional houses needing repair. By the next reporting period there should be new contract awards made.

Five small-scale infrastructure projects have been identified through an open, participatory and all-inclusive identification process. All projects must be confirmed as a top priority by the village. The five selected projects are all road rehabilitation projects — an indication of how important the roads are to the health of the communities. First priority was to begin work in the community where UMCOR is also building houses so that the heavy equipment could be moved in.

UMCOR conducted a “Start your Business” training attended by 292 potential Business Grant applicants. Efforts during this reporting period were focused on helping the attendees prepare their applications. A total of 594 Business Plans were submitted and staff is in the process of reviewing and evaluating for selection purposes. To date, they have selected 53 of the 125 submitted by 1 village and will provide inputs and mentoring to the selected entrepreneurs.

School Reconstruction in Banda Aceh Town (SRIBAT)

The objective of this project is to provide a high-quality earthquake and flood

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regional activity

total private donations

$42,445,275

total expenditures

$31,752,395

coalition report 2006
resistant educational facility for 756 primary school students in Banda Aceh Town. During the April-June quarter being reported, UMCOR pursued all necessary steps to get community agreement, political agreement and government agreement with the concept. A designer was selected through a comprehensive process, and the resulting design was accepted by the relevant parties. The tender process for the reconstruction contract began in early June and resulted in the selection of a local contracting company by the end of July.

**Integrated Support for Improved Temporary Accommodation Centers (ISITAC) in 2 sub-districts of Aceh Besar in Aceh Province**

The objectives of this project are to: Initially, to improve conditions in two barrack settlements identified through assessment procedures as in need of humanitarian assistance. After receiving grant approval and encouragement from local governmental authorities, the staff was informed the families in these two settlements were scheduled for imminent relocation into permanent housing. UMCOR staff re-assessed the target population’s needs and developed a revised proposal with input from the local Coordination Committees. The new objectives are: Support improved living conditions for displaced families in two barrack settlements pending their return to their community of origin, including 70 new houses; promote a sustainable living environment for 70 returning and 30 especially vulnerable families in six villages in Aceh Besar; facilitate and improve learning environment for 160 children through construction of a new pre-school in Lhokng Sub-District.

**SRI LANKA**

**Integrated Settlement Program (ISP) in Batticaloa and Trincomalee Districts**

The objectives of this project are: Reconstruction of as many homes as can be accomplished within the fiscal confines of the grant; provide safe water and sanitation facilities to targeted IDP communities; provide income generating opportunities to the targeted communities; and support religious and ethnic reconciliation efforts in close collaboration with the Methodist Church of Sri Lanka (MCSL).

**Other Accomplishments**

Completed rehabilitation works for Pethalai elementary school and participated in the school’s opening ceremony; completed a water distribution system benefiting 350 families in Trincomalee District; completed rehabilitation of the Careem Odai access road in Muttur to facilitate transportation of 1500 village residents; and completed the Empowerment Rice Project in Trincomalee District enabling 150 farmers to re-establish rice farms through technical support.

**Methodist Church Sri Lanka (MCSL)**

The MCSL has been increasingly engaged in responding to the armed conflict in the northeast, where many of their projects are to be carried out. They have kept UMCOR HQ informed of their assessments of the situation and the leadership they are providing within the ecumenical body in representing concerns to the government.

In spite of this demand on them, they were able to finalize a plan and budget for the approved project activity of house and community hall construction in Sinnamuhattuwaran (Small Bay) in the east. There were 350 families displaced from their village at the time of the tsunami and they have been living in makeshift quarters. The MCSL, in cooperation with the Catholic Church, has purchased land suitable for relocating the village and received government approval to proceed. MCSL will build 100 houses and two other aid agencies will build the remaining 225. The population consists of lime burners and lagoon based fishermen who have been historically ostracized by the public for ethnic and religious reasons. The educational and economic state of the village is among the lowest of all the tsunami-affected villages. The village is 50% Methodist, 45% Catholic and 5% Hindu.

The MCSL has been given technical assistance by the Batticaloa office of UMCOR Sri Lanka and can call upon them as needed. They will use local construction companies/contractors who will be monitored by the local tsunami committee along with the beneficiaries themselves. All skilled people in the community will be employed for this project. Each family is asked to contribute one person to share in the labor/supervision work.

The community hall will be for the entire village and will serve as a gathering place for awareness building, people mobilization and other social functions.

The project is scheduled July 1, 2006, through January 31,
2007, but delayed monsoon rains and the unstable political situation are potential constraints to meeting this deadline. A disbursement schedule was established with the first $150,000 released in July. Additional tranches will be released as progress is made and reports received.

**Methodist Church of India**

Accomplishments this Quarter: 254 houses repaired in three locations; seven houses rebuilt; 140 people assisted with eyeglasses; realignment of work from well-served area to neglected area of Ranghat; 18 young women graduated from tailoring course and placed in jobs; 124 children received uniforms and books for school; completed construction of three community buildings in different locations to be used for nursery schools and training centers; computer classes offered at Haddo, Shoal Bay and Rangat (54 students); nursery school begun at Namunaghar (35 children); tailoring classes held in Haddo, Namunaghar, and Shoal Bay (33 students); purchased computers, sewing machines for training centers; after school tutoring and feeding in S. Nagar is functioning well with children’s health and education improving.

During this time they have also continued pursuing the necessary approvals for the building of the community projects in Chennai and anticipate beginning soon.

**SOMALIA**

In addition to the above, UMCOR provided emergency relief in the early phases of the disaster to Somalia, funding restoration of fishing craft and industry supplies for 2,200 families in several villages in Benadir, Lower and Middle Shabelle, Galgadud, and Mudug regions. These families were living in destitute conditions due to loss of livelihoods. The partner in this effort was the Center for Education and Development.

**THAILAND**

To Burmese refugees in Thailand, UMCOR provided funding to build children’s classrooms.
USA FOR UNHCR

Established by concerned American citizens, the United States Association for UNHCR (USA for UNHCR) builds support in the United States for the humanitarian work of UNHCR (United Nations High Commissioner for Refugees). USA for UNHCR supports UNHCR’s life-saving work around the world through the help of individuals, corporations and foundations. In addition, USA for UNHCR reaches out to educate Americans through public education programs and events about the plight of refugees and the work of UNHCR. UNHCR is responsible for protecting over 17 million people worldwide who have been forced to flee their homes due to persecution or war. During emergencies, UNHCR and its partners provide refugees with water, shelter, healthcare and other types of assistance. In addition, the organization helps to ensure that all refugees can exercise the right to seek asylum and find safe refuge in another country, with the options to return home voluntarily, integrate into their country of asylum, or to resettle in a third country. UNHCR operates in more than 116 countries.

USA for UNHCR raised $1,129,631 for tsunami response. USA for UNHCR and its affiliates around the world have pooled their donations into a single fund that UNHCR is using to address the tsunami crisis. UNHCR’s humanitarian assistance focuses on providing shelter, non-food relief supplies and logistical support. Private funds raised by USA for UNHCR were used for UNHCR program activities in Indonesia, Sri Lanka and Somalia.

As the purpose of this report is to describe programs that are funded exclusively by US donors, InterAction is not including a detailed description of the USA for UNHCR/UNHCR tsunami response.
The Mission of the U.S. Committee for Refugees and Immigrants (USCRI) is to address the needs and rights of persons in forced or voluntary migration worldwide by advancing fair and humane public policy, facilitating and providing direct professional services, and promoting the full participation of migrants in community life.

After the devastating tsunami, the U.S. Committee for Refugees and Immigrants implemented a six-month emergency relief program for Burmese migrants in Ranong, Phangnga, Krabi, Phuket, Trang, and Satun provinces in southern Thailand. The program distributed 500 ceramic water filters to 3,000 Burmese migrants to ensure access to potable water. In addition, USCRI assessed the long term health and education needs for approximately 4,000 Burmese living in 20 settlements in these provinces and is working with partners on the ground to address these needs. USCRI staff revisited the beneficiaries in January 2006 noted that the water filters were in good working order and being used properly.

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total private donations
$59,450

total expenditures
$37,443
WORLD CONCERN

World Concern works in the areas of relief, rehabilitation, and development to help the recipients in developing countries achieve self-sufficiency, economic independence, physical health and spiritual peace through integrated community development.

COUNTRY SPECIFIC INFORMATION

THAILAND

World Concern has implemented a number of major Emergency Relief and Community Development programs in Southern Thailand in response to the tsunami. During the emergency relief phase between December 26, 2004 and January 15, 2005, World Concern partnered with a local church in the village of Nai Rai in the Phang Nga Province to provide a range of emergency relief. Assistance included the provision of medicines, drinking water and other supplies to two hospitals and provision of food, hygiene and sanitation items, cooking kits, clothing and medical supplies to 50 families. In March 2005, World Concern commenced a major rehabilitation program that focused on the Phuket, Phang Nga and Ranong provinces in southern Thailand. The program includes permanent housing, the re-establishment and diversification of livelihoods, and psycho-social care. To date, World Concern has completed the construction of permanent houses for 181 families (an additional 326 houses are currently under construction); built fishing shelters and a community resource center supporting 723 families; restored livelihoods (agricultural equipment, fishing equipment, fishing boats & motors, tools for boat building, livestock replenishment, small business loans and school rehabilitation) and provided livelihood training (bakery training, environmental conservation, and mushroom farming) to 3,851 families. The Psycho-Social Care component of the program has provided counseling, education support, children’s counseling using a children’s tsunami book, and referrals for psychological help to 5,842 families. To date, the program has benefited 10,416 families. World Concern has recently commenced a second major rehabilitation program in the Krabi Province of southern Thailand. The SAIL Program will be delivered through a Community Based Development model to maximize community participation and ensure that programs are self-sustainable. The SAIL program will benefit 3,800 families (19,000 individuals) in the areas of housing, water and sanitation and livelihood development, psycho-social support programs and integral church mission. The SAIL Program is due to complete by December 2007.

SRI LANKA

Rehabilitation efforts include improving access to safe, clean water & sanitation facilities (wells, latrines and distribution systems) for 1,711 tsunami-affected households (8,555 beneficiaries), revitalization and development of livelihoods (fishing, small-business, cultivation and livestock care) for 2,740 families (13,700 beneficiaries), improving access to semi-permanent shelter, essential

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regional activity

total private donations

$4,122,043

total expenditures

$3,861,927

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community infrastructure and environmental resources for 1,384 families (6,920 beneficiaries), and psychological healing and awareness promoted for more than 9,000 children & adults. As beneficiaries overlap in some sectors, the total estimate of beneficiaries is rounded down to 11,000 households/25,000 men, women and children. Duration of rehabilitation phase: March 2005-March 2007. Expansion of rehabilitation efforts, benefiting an additional 5,000 households (25,000 people) planned through December 2007.

SOMALIA

After the tsunami, World Concern immediately dispatched a team to the remote area of southern Somalia where no INGO had ever worked before in order to conduct a rapid assessment, which found massive destruction of the source of livelihoods. World Concern worked in partnership with a local NGO, local community elders, women’s groups and youth groups in the affected areas of southern Somalia’s offshore Islands (Kismayu, Madoa, and Burgavo) to assess and respond to the needs of the people affected by the tsunami. World Concern focused in providing food (rice, beans, Unimix and cooking oil), cooking supplies, water Jericans, polythene sheets, and medicine for Kismayu hospital - a major referral hospital in southern Somalia for the Islands. World Concern also funded the repair of fishing boats, provided fishing net twine for repairs to the damaged nets, and anchors for the remaining boats. The Kismayo IDPs received 3,330 polythene sheets and 3,340 Jericans (3,453 households benefited). The Kismayo Island beneficiaries received 449 mosquito nets, 150 polythene sheets, 594 Jericans, 55 fishing net twines, 5 net anchors, 11 boat anchors and 294 utensils (331 households benefited); Mdoa Islands received 1,160 mosquito nets, 420 polythene sheets, 1,562 Jericans, 150 fishing net twines, 32 net anchors, 16 anchor ropes, 32 boat anchors, and 780 utensils (1,000 households benefited). Burgavo tsunami victims received the same as the Mdoa Islands residents, and total beneficiaries were 1,504 households. 50 boats were repaired (50 households benefited). The medicine for Kismayo Hospital reached many tsunami survivors. These efforts reached an estimated 13,500 direct beneficiaries, the majority being of the Bajuni Community and a few Cushitic Somalis. Duration of the project was January 20 - April 21, 2005.
World Hope International is a faith-based relief and development organization alleviating suffering and injustice through education, enterprise and community health. World Hope International partners with individuals and organizations around the world to promote justice, encourage self-sufficiency, and inspire hope through programs such as microfinance, HIV/AIDS and anti-human trafficking initiatives, a child sponsorship program and disaster relief.

**COUNTRY SPECIFIC INFORMATION**

**SRI LANKA**

WHI initially distributed emergency relief supplies to approximately 100 families in Kalmunie. WHI built capacity of its partner, Community Hope Trust Fund and then built a total of 106 permanent houses measuring 610 sq. ft. that meet the specifications of Sri Lanka’s Urban Development Authority. Project locations: Tangalle (Hambantota) – 20, Kalmunie (Ampara) – 30, Aluthgama (Kalutara) – 56. In addition land was purchased for 40 of these homes and given to families without land. Number of house beneficiaries – 436. The project ended in August 2006. WHI plans continuing work in Sri Lanka in the area of gender-based violence and anti-human trafficking. Total expenditures within Sri Lanka $738,000.

**INDONESIA**

WHI distributed relief supplies to 3,580 IDPs in Medan, Nias and Meulaboh. 313 students were helped with school fees and uniforms. 21 permanent houses were built in Kuta Alam, Banda Aceh. 126 persons have been helped with micro-business grants. 50 IDPs were helped with temporary housing in Medan. 2 damaged middle schools near Gunung Sitoli were renovated. A new vocational high school is being developed on Nias with specialization in the food-processing industry. Classes began in July 2006 in a borrowed facility and campus construction is underway. WHI anticipates a long-term involvement in this school. Total expenditures within Indonesia: $229,000.
WORLD RELIEF

World Relief works in more than 20 countries in relief and development through micro-finance, disaster response, refugee resettlement, food security, child development, maternal and child health and HIV/AIDS prevention and care. The mission of World Relief, as originated within the National Association of Evangelicals, is to work with, for and from the Church to relieve human suffering, poverty and hunger worldwide in the name of Jesus Christ.

COUNTRY SPECIFIC INFORMATION

INDIA

World Relief is working through a local partner in India. The project being implemented consists of a permanent shelter reconstruction component, as well as a community infrastructure development component in the village of Kuttapuli, in the southern state of Tamil Nadu. All houses have been constructed and are occupied by intended beneficiaries, who total 181 households. Work is being finalized on community infrastructure reconstruction.

INDONESIA

World Relief in Indonesia has both operational projects and projects implemented through local partners. Operationally, WR is involved in permanent shelter reconstruction, livelihoods development (including boat building, fishing grants, fish pond restoration, fish processing plant reconstruction, small business grants, etc), and a community health initiative. With local partners, WR supports sectoral projects in permanent shelter reconstruction, livelihoods development (including boat building, fish pond restoration, agricultural initiatives, etc), school construction, clinic construction, and community health initiatives. WR was also very active in the post-tsunami emergency phase relief. In all, the $2.6 million only constitutes an approximated 20% of the total budget of these projects. However a majority of our funding came from international partner organizations and international donors. The U.S. private funds are being used to leverage these other monies, as well as cover any shortfall between donor pledges and actual expenditure on these projects. It is approximated that nearly 5,000 households will be direct beneficiaries of the projects of WR/WR Partners.

SRI LANKA

World Relief is working through a local partner in Sri Lanka. The project being implemented consists of a permanent shelter reconstruction component, as well as a community infrastructure development component, in a village just outside of Point Pedro, in the district of Jaffna. The target number of houses being funded by World Relief is sixty-three. However, due to the very high level of insecurity, outbreaks of violence, and closing of the A9, all operations on this...
project have been suspended as to not put local partner staff in unnecessary danger. Local partner staff have also been provided with in-country technical assistance through a six month Disaster Management Advisor, and the expenses for three staff to attend a RedR security training in India have been funded. Beneficiaries include 40 households (to date); 15 in progress, and eight yet to be started.

Note: Total private donations number is lower than last year’s figures as they inadvertently included several private foreign donors in addition to private US donors.
World Vision is a Christian humanitarian organization dedicated to working with children, families and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. Motivated by our faith in Jesus Christ, they serve alongside the poor and oppressed as a demonstration of God’s unconditional love for all people. World Vision serves all people, regardless of religion, race, ethnicity or gender.

Interaction has limited information provided in this report to programs funded exclusively by US donors. World Vision’s response, while extensive in scope, was funded by contributions from World Vision offices around the world. As such, the information provided is general in nature.

Over the last two years, World Vision’s aim has been to help restore communities to their pre-tsunami condition and improve the quality of life for affected people, with a special focus on the needs of families and children. Toward this goal, World Vision has implemented projects in India, Indonesia, Sri Lanka, and Thailand related to health, education, infrastructure, shelter, livelihoods, child protection, and disaster preparedness. Intensive use of resources to fulfill commitments made early in the program has resulted in a planned phase out of specific response activities by September 2007, while long – term development programs that might encompass tsunami – affected communities continue to be explored.

For more detailed information about their work and the impact it has made in these countries, including the two year report, please visit the website at http://www.wvtsunami.org/.
InterAction is the largest alliance of U.S.-based international development and humanitarian nongovernmental organizations. With more than 160 members operating in every developing country, we work to overcome poverty, exclusion and suffering by advancing social justice and basic dignity for all.

InterAction is greater than the sum of its parts, a force multiplier that gives each member the collective power of all members to speak and act on issues of common concern. InterAction convenes and coordinates its members so in unison, they can influence policy and debate on issues affecting tens of millions of people worldwide and improve their own practices.