One year report

Nepal earthquake 2015

Thank you to our donors

In the words of Saurav (6), who has recovered from a broken leg:

"I want to study and become a driver like my father"

cbm

together we can do more

Contents

Cover photo: Saurav, who is six years old, sustained a leg injury when he jumped from a window during a strong aftershock on 22 May 2015. He has received medical care and psychological counselling through CBM partner TLMN, is happy to be home and is back at school.

1. Introduction

On 25 April 2015 at 11:41 local time a 7.8 magnitude earthquake struck Nepal, with the epicentre 81km northwest of Kathmandu, the capital city. There were tremors of up to two minutes and by evening there had been at least 18 aftershocks. More aftershocks occurred in the following days, and just over two weeks later yet another earthquake, measuring 7.3, struck 76 km northeast of Kathmandu, causing further damage.

Figures from the Government of Nepal report more than 8800 deaths, 22,000 people injured, 600,000 houses destroyed, and 285,000 houses partially damaged.[1]

CBM has been working in Nepal for over 30 years, together with partners, to improve the quality of life of persons with disabilities. At the time of the earthquake we were supporting nine projects, including eye and ear care programmes, orthopaedic and Community-based Rehabilitation (CBR) services, mainstreaming of mental health and psychosocial disability, education and livelihood, and empowerment of women and disability-inclusive development advocacy initiatives.

In its approach to humanitarian action, CBM Emergency Response Unit (ERU) recognises not only that persons with disabilities are among the most at-risk in any affected community, and that emergency situations can increase the number of people who experience disability, but, crucially, that the knowledge and skills of persons with disabilities and their families are an essential resource in response work. Therefore, our partner selection process aims to include Disabled People's Organisations (DPOs). However, any CBM-supported response will never focus only on persons with disability; we aim to include the whole community. Reaching and involving all of society in our work will ensure that the effectiveness of our relief and early recovery processes is maximised and, leading on to longer-term interventions, will build sustainable inclusion and greater all-round resilience. Any country or region- specific response will also take into account and try to align with the current CBM long-term strategy in the area.

Our approach is 'twin-track' – while empowering persons with disabilities, enabling them to access relief and participate in response, we simultaneously support other stakeholders to become inclusive in their work. This ensures that specific needs (for example, assistive devices such as wheelchairs) are met while basic needs (including healthcare, shelter and livelihood) are made accessible to all.

The process of CBM emergency response project conceptualisation and implementation is based on principles of partnership ('working together') so maximising the resources of all involved. In this case, CBM ERU provided strategic guidance for analysing information (secondary and primary data),

[1] Nepal Disaster Risk Reduction Portal (http://drrportal.gov.np/)

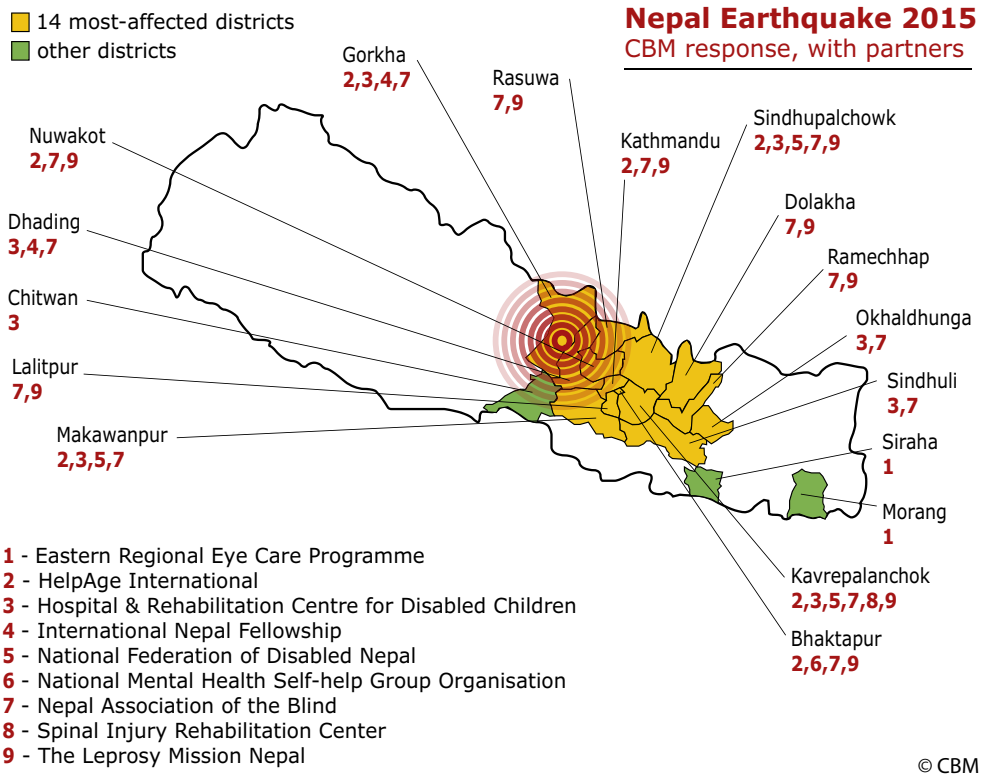
based on experience in previous emergency situations, while at the same time all CBM partners, being closer to the communities and serving them for many years, brought in vital experience and knowledge of social context and coping strategies traditionally used in Nepal.

The broad objective of the first-phase work was to ensure that the earthquake-affected population, including persons with disabilities, was supported to recover and was able to contribute to the recovery process. Looking to link this work with long-term rebuilding and rehabilitation that is done in a fully-inclusive way, we undertook several programmes which ran through 2015 or until early 2016. These included: A detailed analysis of accessibility; operational research into needs and capacities of most at-risk groups; accessible dissemination of information on relief/recovery work; training of 'grass-roots' community health workers; and training at national and district level for managers of reconstruction agencies on inclusive shelter and settlement planning. All these projects were designed not only in reference to each other, to create a seamless response, but because the overall strategy is looking to the future they created the foundations for the work which is now planned for the next two to three years – CBM and its partners' joint efforts will build more inclusive and resilient communities for all. An independent evaluation of the early recovery phase strategy found it to be 'Well designed, highly relevant and appropriate'[2].

[2] National Disaster Risk Reduction Centre Nepal (NDRC Nepal) Evaluation of CBM Country Emergency Project Nepal Earthquake 2015

2. Key achievements and map

- Reached more than 25,000 people across all interventions so far:
  - More than 17,900 have been seen in medical outreach camps
  - More than 2,400 have received psychosocial counselling or tailored Psychological First Aid (PFA) and 464 staff were trained on PFA
  - At least 10% of the total reached are persons with disabilities
- Three Ageing and Disability Focal Points (ADFPs[3]) interviewed more than 3500 people, mapped more than 70 service providers and made more than 1000 successful referrals
- Persons with disabilities actively involved:
  - Advocacy at all levels for inclusive response
  - Running 'focal points' to link with mainstream services
  - Planning and implementing accessible media project
- Long-term work has been planned, in line with the Government of Nepal Post Disaster Needs Assessment (PDNA), and will commence imminently



Notes:

- There may be some double-counting, for example, where people have visited more than one outreach camp, although this has been avoided where possible
- Project run by National Association of the Blind' targets the 14 most affected districts, but overall reach will be greater than shown, as some of the media used will be nationwide
- 'PERIP' projects (due to begin May 2016) are not included on map

[3] See section 3.3.1 for details

Damaged infrastructure can create extra barriers to accessing relief. ©CBM

3. CBM and partners' response

3.1 Response management

Within several hours of the earthquake, the CBM Emergency Response Unit (ERU) was in regular contact with the CBM Country Office in Kathmandu, verifying the safety of staff and their family members. Constant aftershocks meant that people (even those whose homes were not destroyed) slept outside for several days. All CBM staff, their families and CBM partners were made aware of post-earthquake safety precautions.

ERU began planning the response immediately, and on 29 April the CBM Emergency Programme Manager arrived in Nepal to lead a Rapid Needs Assessment (RNA) team with country/regional office and other international partner staff. This select team travelled to partner locations in the worst-affected districts, and, based on unmet needs and partner capacities and experience, planned the first phase intervention. The immediate response was an integral part of the Health Cluster and Injury and Rehabilitation Sub-cluster plans, making sure duplication of efforts and wasting of scarce resources was avoided and complementary links with other humanitarian actors were created. CBM partners' presence in these coordination forums (including DPOs) also gave voice to local initiatives which are often not included in the overall coordination, and are consequently not acknowledged and utilised by the international community.

Furthermore, to counter the fact that persons with disabilities and older people were missing out on aid CBM, along with like-minded organisations, joined forces

to create an advocacy alliance for inclusion of persons with disabilities and older people in the humanitarian action.

Specifically, within days of the earthquake, our Rapid Needs Assessment (RNA) team had identified suitable partners, and within one week we were working together to conduct medical outreach camps and provide hospital-based treatment and psychosocial support in the worst-affected districts. Again, with our partners, and as one of the founding members of the Age and Disability Task Force (ADTF), we were working closely in the UN Cluster system since the beginning, promoting inclusive humanitarian response. Similarly, as well as direct project implementation, our partners had been advocating to ensure that inclusion is equally reflected at district and community-level decision-making, and in the response work of all relief organisations. The Ageing and Disability Focal Points (ADFPs) set up and run in three of the worst-affected districts by a DPO exemplify this work, but several other partners were also involved.

By July, a local Emergency Response Team (ERT) was in place in Kathmandu, running the response with constant support from ERU. However, much of the work was greatly affected by the Nepal fuel crisis, that began in September 2015 and the effects of which are still being felt at the time of writing. Many activities – especially outreach camps, which rely heavily on fuel supplies – were slowed or stopped, and several projects were delayed in starting while three were extended until the end of March 2016 to ensure initial goals were reached. By April 2016 the plans for the coming two-three years are in place, are going through the official approval process by the Nepal Social Welfare Council (SWC), and expected to commence on 1 May.

3.2 Access to medical & psychosocial rehabilitation & support

3.2.1 Hospital and Rehabilitation Centre for Disabled Children

CBM partner **Hospital and Rehabilitation Centre for Disabled Children** (HRDC) commenced its RNA in areas most-affected by the earthquake from 26 April, recognising large numbers of injuries and, with CBM support, started a programme of medical outreach camps on 30 April, intended to run for eight months.

These camps were organised in a three-step (three-day) process: assessment, screening then treatment/referral. 'Day' food packs were distributed and, depending on each individual situation, people were either treated onsite and given medication and/or assistive devices (e.g. cervical collars, splints, slings, wheelchairs and crutches). Where hospital referrals were required, patients were transported to either HRDC (in the case of children) or Baidya and Banskota Hospital (BBH) for further medication and or surgical procedures and rehabilitation. Travel of affected people to camp sites and to the referred hospitals was an important aspect for successful intervention and was facilitated

Outreach camps ensure assessment, screening and referral. ©CBM

either through transferring them using ambulances or providing people with enough money for transport.

By October, follow-up camps had started, but had to be postponed due to the fuel crisis. In order to allow this project to complete as planned and to create a link with follow-up work envisaged to start in April under 'PERIP' (see 3.4.2 below) which focuses on ensuring injured people needing long-term medical and rehab care are followed and local health and rehabilitation capacities are built and sustained, the emergency project was extended until 31 March 2016, by which time:

- 12,499 people had been seen at HRDC outreach camps
- 376 received medical treatment after hospital referral, and 210 of these people received surgery, post-operative rehabilitation services and post-discharge follow up through Community-based Rehabilitation (CBR) teams
- 282 people received assistive devices

3.2.2 The Leprosy Mission Nepal

Working with **The Leprosy Mission Nepal** (TLMN), CBM broadened further its scope and reach of medical intervention for earthquake injured population.

By 6 May, TLMN assessment of the situation had also highlighted the large number of people injured and the available response capacity, and had concluded that the organisation's Anandaban Hospital, about 16km from Kathmandu, was one of the few hospitals in earthquake-affected districts which still had qualified

manpower and resources to treat injuries and conduct surgeries. As such, TLMN was in a position to run outreach camps, and also take referrals from other medical institutions. With CBM expertise and support, a six month project, entitled Surgery Treatment and Physical Rehabilitation for Earthquake Victims, was planned and started on 8 May. Follow-up camps were planned October through to December, but these were delayed due to the fuel crisis. As a result, the project was given a three-month extension until 31 March 2016 allowing it to complete as planned and to create a link with follow up project envisaged to start in April under PERIP, which focuses on ensuring injured people needing long term medical and rehab care are followed and local health and rehabilitation capacities are built and sustained. Following achievements were realised by 31 March:

Sirjana, who wants to be a teacher, was treated for a fractured ankle. ©TLMN

- 4,927 people had been seen at TLMN outreach camps
- 582 had been referred to hospital and 134 of these underwent surgery and received post-operative rehabilitation services and post-discharge follow up through CBR teams
- 191 received assistive devices

3.2.3 International Nepal Fellowship

With **International Nepal Fellowship** (INF), CBM has been working to provide comprehensive rehabilitation for earthquake victims. This eight-month project started on 1 May, with Green Pastures Hospital and Rehabilitation Centre (GPHRC) the designated focal point for treatment of Spinal Cord Injury and other medical trauma in the Western region. The comprehensive rehabilitation is not only focused on medical treatment but will help sustain and empower patients in the long term with provision of physiotherapy, occupational therapy, psychosocial counselling and assistive devices. INF ran one outreach camp in October, and the project was finished by the end of December 2015, by when:

- 566 people had been seen at an INF outreach camp
- 37 people had received hospital rehabilitation, including physiotherapy occupational therapy and psychosocial counselling. 30 of these received assistive devices.

3.2.4 Spinal Injury Rehabilitation Center

Several weeks after the earthquake, CBM provided funding to the Spinal Injury Rehabilitation Center (SIRC), based in Saanga village, Kavre District. As a facility specialised in spinal cord injury (a common injury in earthquake situations) the Center was upgrading its facilities to accommodate a total of 200 patients, quadrupling the patient count from before the crisis.

Awaiting the arrival of a consignment of technologically advanced rehabilitation equipment from India, CBM was requested to support the procurement of 30 emergency wheelchairs and 60 pressure relieving wheelchair cushions from the Nepalese market, essential items for many people with spinal injury to allow them to progress with their rehabilitation and regain independence as soon as possible. This was an immediate temporary solution while SIRC was waiting for rehabilitation equipment to address long-term care of people with spinal injuries.

3.2.5 KOSHISH

KOSHISH is a nongovernmental mental health self-help organisation (a DPO) run by persons having direct experience of mental illness, who are committed to advocating for mental health.

CBM supported KOSHISH to run a project entitled 'Emergency Psychosocial Response in Bhaktapur'. The RNA run by KOSHISH immediately after the earthquake highlighted that 60% of the population in Bhaktapur had been affected, and identified the worst-hit municipalities. It also recognised that although many humanitarian organisations were already present and beginning to be active in relief work, not many were including activities which would address psychosocial needs.

> **"Emergency situations can trigger or worsen mental health problems, often at the same time that existing mental health infrastructure is weakened."** Dr Margaret Chan, Director-General of the World Health Organization

KOSHISH has been working in Bhaktapur for five years, so already had an active network with multiple groups. The project was implemented uses these links, recruiting psychologists, counsellors and volunteers, and worked through four Trauma Management and Psychosocial Counselling Centres. This intervention began on 1 May 2015 with the intention of running for eight months. As with

Psychosocial support is essential after disaster. ©KOSHISH

HRDC and TLMN above, KOSHISH's work was severely hampered by the fuel crisis; therefore, to finish the project and ensure seamless linkage with the long-term disability-inclusive community mental health and psychosocial support work envisaged to start in April, this project was also extended until 31 March 2016. By the project end:

- 2,425 people had received psychosocial counselling, trauma care and tailored Psychological First Aid (PFA) [Note that this number is less than stated in October 2015 due to reporting error]
- 464 staff and/or partners' staff had received training or refresher training on PFA

As well as these directly quantifiable results, KOSHISH was also active in advocacy work, participating in cluster and coordination meetings (including Health, Protection, Psychosocial working group meetings), organised by the District Public Health Office (DHPO) of Bhaktapur, and took a lead role in coordination of bi-weekly meetings of a psychosocial working group at the Division of Women and Children. At these events they have advocated for appropriate mechanisms of inclusion of persons with psychosocial disability in all relief measures, including shelter, health, WASH and nutrition.

3.2.6 Injury & Trauma Management Training

As part of the overall earthquake response, a programme to provide training to community health workers was implemented and overseen by the Ministry of Health and Population (MoHP) at national, district and community level. CBM, with other organisations, was involved in all stages of this project, and supported partners **HRDC** and **TLMN** in implementation of training for community cadre across the 14 most-affected districts. Each partner focused on seven districts, ensuring essential follow-up support for people seen and treated in outreach camps and hospitals. As a result of the fuel crisis, this project was delayed and extended; it finished two months later than planned, in February 2016. This training was part of the broader programme overseen by the MoHP to ensure that people with injuries had access to follow up surgical, non-surgical and rehabilitation services and that the referral system from community level to secondary and tertiary care level (District and National) was functioning. The national level capacity building trainings were supported by Handicap International and CBM's support complemented this. Many other stakeholders (such as SIRC and NHTC) contributed towards training resource development, and as such this initiative was seen as one of the best practices by the Injury and Rehab sub cluster.

Training participants were 'grass roots' workers in the Nepal healthcare system and sessions were interactive, with distribution of printed manuals and first aid kits to all attendees. At the end of the project, a national level review and reflection workshop was organised in Kathmandu. This joint event brought the MoHP of the Nepal Government, the Leprosy Control Division, CBM, HRDC and TLMN together, with other government representatives and guests from SIRC, HI, NFDN, KOSHISH and other partners working in the field of disability. During the workshop, HRDC and TLMN shared their experiences conducting the trainings in the field, why this training was important at grassroots level (especially focussing on FCHV). They shared the challenges faced and recommendations were made. One government official present affirmed the need for this training in all 75 districts of Nepal.

- 845 people were reached through the training (an average of 30 people per training session, with two training sessions per district across the 14 most-affected districts)

3.2.7 Hospital reconstruction

Two eye-care hospitals in the south of Nepal, **Sagarmatha Choudhary Eye Hospital** (SCEH) and **Biratnagar Eye Hospital** (BEH), were damaged during the earthquake. CBM is supporting their repair and retrofitting. The eye care services of both these institutions is an ongoing CBM-supported project, called **Eastern Regional Eye Care Programme** (EREC-P). Support is also being provided in the repairs of **Hospital and Rehabilitation Centre for Disabled Children** (HRDC).

DPOs are an under-utilised and essential resource for inclusive emergency preparedness and response. ©CBM

3.3 Ensuring mainstream relief is disability-inclusive

3.3.1 Ageing and Disability Focal Points

The **National Federation of the Disabled Nepal** (NFDN) is the national umbrella body of persons with disabilities in Nepal, representing more than 300 member organisations working to promote the rights of persons with disabilities throughout the country.

CBM joined forces with NFDN, knowing that Disabled Person's Organisations (DPOs) are an essential resource to ensure a fully-inclusive emergency response. Within five days of the earthquake, NFDN had already used an SMS campaign to reach approximately 180 members of DPOs that are part of the federation, and noted that many reported material damage and difficulties accessing relief.

Not only do DPOs have a unique knowledge of the locations of some of the most at-risk families in a community, but they are ideally placed to understand the specific needs and to facilitate (via advocacy and training), full inclusion in the services being provided locally and nationally by 'mainstream' humanitarian organisations.

An eight-month project began on 10 May, setting up and running '**Ageing and Disability Focal Points**' (ADFPs) in three of the worst-affected districts (emulating similar CBM/partner work in previous disaster situations, with

examples being the 2010 Haiti earthquake and the 2013 Philippines typhoon). As well as this, CBM was involved in conceptualisation and technical support of similar ADFPs being run by HelpAge International and partners in other affected districts.

ADFPs ensure that people with disabilities and older people are included in mainstream relief and early recovery initiatives. They operate as specialised hubs, identifying existing stakeholders (noting what services they provide), and the people with the needs (noting what these are). People/families are then referred to these service providers accordingly.

The information gathered on unmet needs of persons with disabilities and older people is also used to advocate for inclusive response by other humanitarian agencies at national level, making the reach broader than any single agency's catchment area.

ADFP team members work closely with the mainstream humanitarian organisations to ensure that they are sensitised on disability and are equipped with simple tools and approaches to include persons with disability and older people. This not only ensures that the people referred actually access services, but that the mainstream humanitarian organisations continue to provide inclusive services in future.

As well as setting up and running the identification and referral components of the focal points, and targeted training/sensitisation of mapped relief organisations in inclusive practice, NFDN have been extremely active in advocacy at other levels. Instances of this include participation in UN cluster meetings and district developmental committee meetings, ensuring inclusion of persons with disabilities in recovery programs and in political structure (as a specific example, advocating for provision of the disability identity card, which gives people the right to access specific channels of state support).

This partner also reported major challenges to their work caused by the fuel crisis from September 2015, and when the project finished in December:

- 3,586 people with disabilities and older people, and 72 humanitarian organisations had been identified and supported
- 1,222 referrals had been made, with 1,050 of these known to be successful
- 57% of people reached were persons with disabilities (Fig. 1)
- 50% were women/girls, 50% men/boys.
- Food and non-food items, shelter and health, in that order, were the sectors with greatest number of successful referrals (Fig. 2)
- Assistive devices supplied include wheelchairs, crutches, hearing aids and white canes

In achieving these successes, the ADFP teams have faced many challenges. These include issues related to the geography, climate and rural infrastructure

Fig.1 - ADFP client mapping

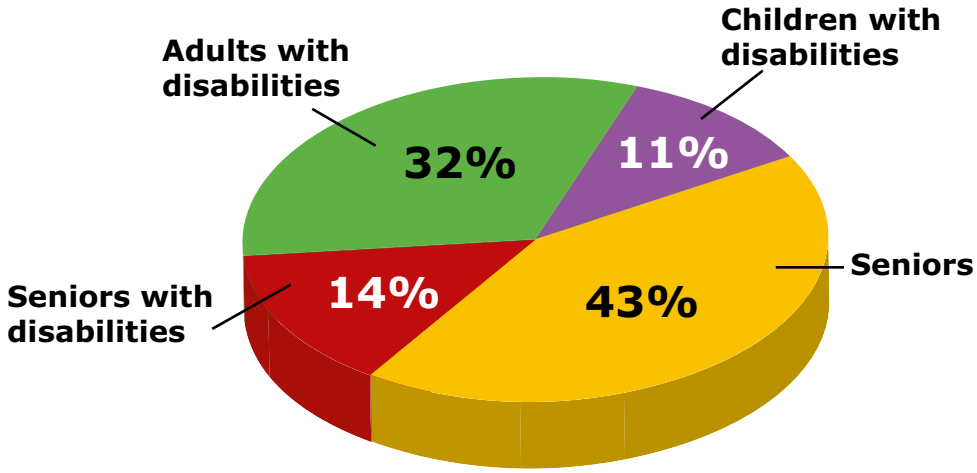
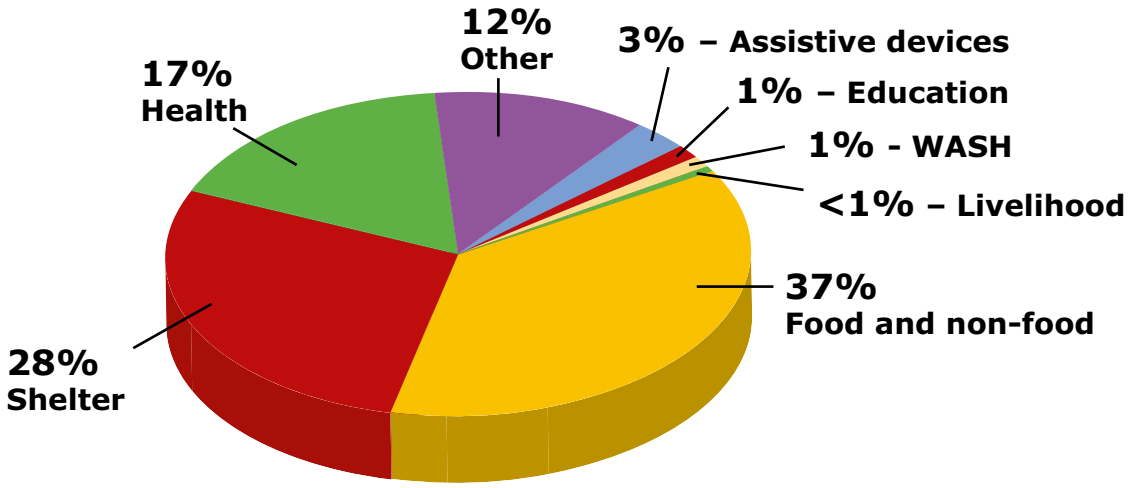


Fig.2 - ADFP referrals (successful)



(large distances between peoples' homes and services, compounded by poor and earthquake-damaged road network, plus monsoon rains) as well as the scarcity of suitable services to refer people to (gaps in the humanitarian relief effort, which they detail and highlight in their advocacy work).

3.3.2 Age and Disability Task Force

As detailed above, CBM and partner staff participated in advocacy towards disability inclusion in the wider response since the beginning. Close coordination with our partners and with other like-minded organisations has ensured that messages have been as consistent as possible, and directed effectively through participation in the cluster system – especially the Health, Shelter and Protection clusters – for maximum effect.

Specifically, two distinct collaborations formed: the Inclusion Working Group

Disability inclusion workshop run by CBM and International Federation of Red Cross and Red Crescent Societies (IFRC) in Kathmandu. ©CBM

(under the Inter Cluster Gender Task Force) and the **Age and Disability Task Force** (ADTF-Nepal). CBM was an integral member of both, including and supporting our DPO partners in all interventions. At the beginning of July, approximately two months after the earthquake, the two groups merged and moved forward as the ADTF.

The organisations in the ADTF are: the National Federation of the Disabled Nepal (NFDN), CBM, and Handicap International Nepal representing disability, and the National Senior Citizens Federation, Ageing Nepal, Hope Hermitage Nepal, and HelpAge International Nepal representing the 'ageing' side. The group is further supported by a 'National Inclusion Alliance' of 15 national and international organisations that are working in some of Nepal's most earthquake-affected districts.

The ADTF aims to build the awareness of humanitarian responders to the particular needs of older people and persons with disabilities in emergency situations. It has produced a significant number of strategic publications, including key message documents. Examples of other work, and successes, include highlighting the need to target most at-risk members of the population in shelter cluster plans, using as indicator a survey showing that 9% of households have at least one person with disability, and that the 'beneficiary prioritisation tool' for emergency shelter provision in Nepal adequately addresses the inclusion of persons with disabilities. Similarly, on 3 December 2015 (International Day of Persons with Disabilities), a delegation from the ADTF handed-over a joint appeal to the Chief of the National Planning Commission (NPC). It was met positively,

with the request to provide more information on the specific issues and needs of older people and person with disabilities, in order to better include these groups in the recovery and reconstruction phases.

3.3.3 Accessible media information on relief/recovery work

To ensure that information about on-going relief and early recovery initiatives was accessible to everyone, **Nepal Association of the Blind** (NAB), with CBM support, implemented a project to inform people in different ways. Various media (e.g. radio, Public Service Announcement, Sign language interpretation on Nepal TV) were used nationwide, while for situations where this may be inappropriate (e.g. for persons with disabilities in remote districts who are not likely to access such services) other formats were used. In these cases, the people were usually identified through NFDN focal points and print materials distributed with peer support organised where necessary. As well as this identification and support, this initiative used data gathered from the ADFPs described above to sensitise humanitarian agencies and government authorities to the challenges of and solutions to ensuring that persons with disabilities are equally aware of the relief situation.

3.3.4 Operational research into needs and capacities of most at-risk groups

CBM and **HelpAge International** (HAI) conducted a research project to develop an evidence-based analysis of the earthquake impact on the most at-risk groups (particularly older people and persons with disabilities). The results will be a tool for Nepal and beyond, to ensure decision makers at all levels, including humanitarian agencies, understand the gaps in humanitarian action and recognise the need to utilise the knowledge and skills of everybody in the community.

At the time of writing, the outcomes of this research were still being finalised, but will provide cross-cluster recommendations which consider: Psychosocial impact of the earthquake on older people and persons with disabilities; the significance of gender, age, disability, and ethnicity; the coping capacity of older people and persons with disabilities during emergencies; factors restricting access to humanitarian aid; degree that humanitarian actors address the needs of older people and persons with disabilities during disasters; and institutional barriers to inclusion and good practices.

3.3.5 All Under One Roof

In cooperation with International Federation of Red Cross and Red Crescent Societies (IFRC) and Handicap International (HI), CBM International contributed to the development of the 2015 publication 'All Under One Roof' (AUOR), which

Amrit Rai (right) who is President of the National Association of Blind in Nepal, during the two-day Kathmandu workshop. ©CBM

provides detailed technical guidance for disability-inclusive shelter and settlement in emergencies.

In November 2015 these guidelines were introduced to international and national partners of the Nepal Shelter Cluster through a two-day workshop in Kathmandu organised by CBM in collaboration with the **National Federation of Disabled Nepal** (NFDN), the **Shelter Cluster Nepal** and **IFRC**. The workshop was aimed specifically at managers and practitioners involved in reconstructing shelter and settlement – including architects, civil engineers, managers, program coordinators and country representatives, who were selected from government institutions, agencies working on reconstruction and Disabled People's Organisations (DPOs) – and was hailed a success.

> **"Training like this … must continue reaching to wider audience"** Ritva Jantti, Country Coordinator, Australian Red Cross, Nepal

One of the main recommendations that came out of the initial workshop was supporting the plan to continue the roll-out of the AUOR guidelines and trainings at a district level, in Nepali. Recognising this, an accessible Nepali version of the AUOR guidelines was made and the first of these district-level trainings were conducted in Sindhupalchowk in March 2016 (Sindhupalchowk was chosen as it

is one of the most affected by earthquake, with presence of most of the shelter agencies). This training was again organised and run by CBM ERT in Nepal, with local coordination by NFDN district chapter and in direct supervision and assistance of CBM Technical Advisor for Accessibility.

3.4 Moving forward – Long-term rehabilitation

The relief and early recovery initiatives described above were continually monitored and, where necessary, revised to take changes in the situation into account. To ensure that the transition into long-term rehabilitation is smooth, that gaps are filled and that the recovery work is supportive of – and in harmony with – ongoing development work, more projects were developed, and these are described below as 'PERIP' (3.4.2). As a cross-cutting issue to be in all planning, accessibility was addressed.

3.4.1 Detailed accessibility assessment

In September 2015 an assessment of accessibility was carried out in order to ensure fully-inclusive mid and long-term strategy. By doing a comprehensive background analysis through an accessibility and universal design lens, barriers to access and inclusion, plus opportunities for engagement of persons with disabilities to promote fully inclusive and accessible reconstruction and other development initiatives, were identified.

The resulting report recommended working with DPOs, Kathmandu Municipality and IFRC, to support inclusive and accessible reconstruction, and to build on CBM's roll-out of All under One Roof training for shelter cluster partners in Nepal. It also emphasised using regional expertise in South Asia to fill the immediate gaps to address accessibility and universal design while building capacity of appropriate stakeholders in Nepal so that this expertise can be sustained.

The report also looked at housing, education and livelihood, and has put forward recommendations to ensure that CBM and its partners not only engage in these priority sectors in the post-earthquake context, but while doing so, ensure that mainstream partners proactively strategize to ensure that their initiatives are equally inclusive.

The immediate and mid-term recommendations have been taken into consideration while elaborating various project ideas under PERIP (see below). The longer term recommendations will be useful for the Nepal Country team as a tool to review their country implementation plans further into the future.

3.4.2 Post Emergency Response Implementation Plan (PERIP)

CBM Nepal Country office jointly with CBM Emergency Response Unit (ERU) and CBM South Asia Regional Office worked hand-in-hand through the early recovery

phase to identify work to undertake in coming years. The resulting long-term strategy and framework is called the Post Emergency Response Implementation Plan (PERIP).

The PERIP is a portfolio of projects (currently 10) that respond to the needs of the affected population and are aligned to the priority sectoral needs highlighted by the Post Disaster Needs Assessment (PDNA) report prepared by the National Planning Commission (NPC) of the Government of Nepal. The PERIP was prepared in consultation with the partners with whom CBM worked in the first phase, potential new partners who have the experience of working in emergency response and recovery, communities affected by the earthquake, and relevant government ministries.

The PERIP will contribute towards three major areas of needs highlighted by the PDNA (these being Health and Rehabilitation, Livelihood and Education), plus individual components also specifically address Disaster Risk Reduction (DRR) and preparedness, reconstruction and mental health. The PERIP will also contribute towards the Nepal government's plan for 'build back better by building capacity on accessibility and universal design'. Strengthening of this aspect of the overall response was one of the priorities of the support visit in March 2016 of CBM Technical Advisor for Accessibility.

4 Partner list and abbreviations

CBM wishes to thanks our partners and other stakeholders:
Centre for Mental Health and Counselling Nepal
Disaster Preparedness Network (DPNet-Nepal)
Eastern Regional Eye Care Programme
HelpAge International
Hospital & Rehabilitation Centre for Disabled Children
International Nepal Fellowship
Ministry of Women, Children and Social Welfare
National Disaster Risk Reduction Centre Nepal
National Federation of Disabled Nepal
National Mental Health Self-help Group Organisation
Nepal Association of the Blind
Nepal Social Welfare Council (SWC)
Save the Children
Spinal Injury Rehabilitation Center
Support Activities for Poor Producers of Nepal (SAPPROS Nepal)
The Leprosy Control Unit, MoHP
The Leprosy Mission Nepal

List of abbreviations

ADFP – Ageing and Disability Focal Point

ADTF – Age and Disability Task Force

BBH – Baidya and Banskota Hospital

BEH – Biratnagar Eye Hospital

CBR – Community–based Rehabilitation

DPHO – District Public Health Office

DPO – Disabled People Organisation

EREC-P – Eastern Regional Eye Care Programme

ERT – Emergency Response Team

ERU – Emergency Response Unit

FCHV – Female Community Health Volunteers

GPHRC – Green Pastures Hospital and Rehabilitation Centre

HAI – HelpAge International

HRDC – Hospital for the Rehabilitation of the Disabled Children

IFRC – International Federation of Red Cross and Red Crescent Societies

INF – International Nepal Fellowship

KOSHISH – National Mental Health Self–help Group Organisation

NAB – Nepal Association of the Blind

NFDN – National Federation of the Disabled Nepal

NHTC – National Health Training Center

MoPH – Ministry of Health and Population

PFA – Psychological First Aid

RNA – Rapid Needs Assessment

SCEH – Sagarmatha Choudhary Eye Hospital

SIRC – Spinal Injury Rehabilitation Centre

TLMN – The Leprosy Mission Nepal

WASH – Water, Sanitation and Hygiene

More information

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