



One year report

Typhoon Haiyan

Thank you to our donors

The importance of your help is clear in this quote from Perlita, a mother of nine children whose house was destroyed:

“Good thing the president of the persons with disabilities in our barangay told us that CBM will distribute relief packs. It was a huge blessing to us. We were short of rice and CBM was able to provide it to us.”



Contents

Introduction	3
Key achievements and map	4
Funding and activity costs	5
Relief and recovery operation	6
Distribution of food and non-food items	6
Mainstreaming disability in humanitarian initiatives	8
Health	12
Education	15
Shelter	17
Disability inclusive DRR	20
Training	21
Moving forward	21
List of abbreviations	22
Partners	23
Endnotes	23
More information	24

Cover photo: Cheryll and her family were recipients of food and non-food items during the 2013 relief distributions, which targeted at-risk families, and were part of the 2014 focal point 'mapping' process, including disability in mainstream services.

©CBM/John Javellana

Introduction

On 8 November 2013 Typhoon Haiyan (locally called Yolanda) swept through the central Philippines. It was one of the most powerful storms ever recorded, killing over 6,000 people and affecting more than 14 million. By the end of November UN OCHA reported that more than 1.1 million homes were damaged or destroyed¹, 4.5 million people needed access to life-saving Water, Sanitation and Hygiene (WASH) interventions, and the incomes of 74 percent of fisherman and 77 percent of farmers² (the two main sources of livelihood in the areas affected by the typhoon³) were severely reduced.

The national government, the local government units, national and international NGOs, relief teams from more than 20 countries, and the UN launched a large humanitarian response to the disaster.

CBM and partners responded and, a year later, continue to work to ensure that persons with disabilities are included at all levels of relief, recovery and rehabilitation.

Comprising an estimated 15% of the world's population, people who live with some form of disability are disproportionately affected during emergency situations: Early warning/evacuation messages and emergency shelters may not be accessible; assistive devices such as visual, hearing or mobility aids are often lost and damaged; support networks (family/friends/community) are often disrupted; and access to essential, basic humanitarian needs (food, water, shelter, sanitation and healthcare services) may be difficult or impossible.

As well as persons with disabilities, in its response to this disaster CBM and partners are targeting other disproportionately affected people, including elderly people and single-parent and female-headed households.

A significant feature of the CBM approach is that Disabled People's Organisations (DPOs) are instrumental – active participation of persons with disabilities is essential in identifying, addressing and overcoming the heightened risks caused by disaster and, at the same time, building resilience towards future, similar events. Together, we are working on different levels: directing support towards individuals and their families, and coordinating with mainstream organisations (local and international) so that common responses are harmonious and disability inclusive.

The need to rebuild – not just houses and schools, but lives, livelihoods and communities – is also seen by CBM as an opportunity to rebuild better. Accessibility is addressed on several levels and the necessity of disability inclusion in Disaster Risk Reduction (DRR) plans has been highlighted. Sustainability requires quality, so needs assessments call on expert opinions and monitoring and evaluation of programme work is regular and thorough.

The reports on projects in this document cover the first year of the response. From providing emergency relief supplies to developing initiatives that cover

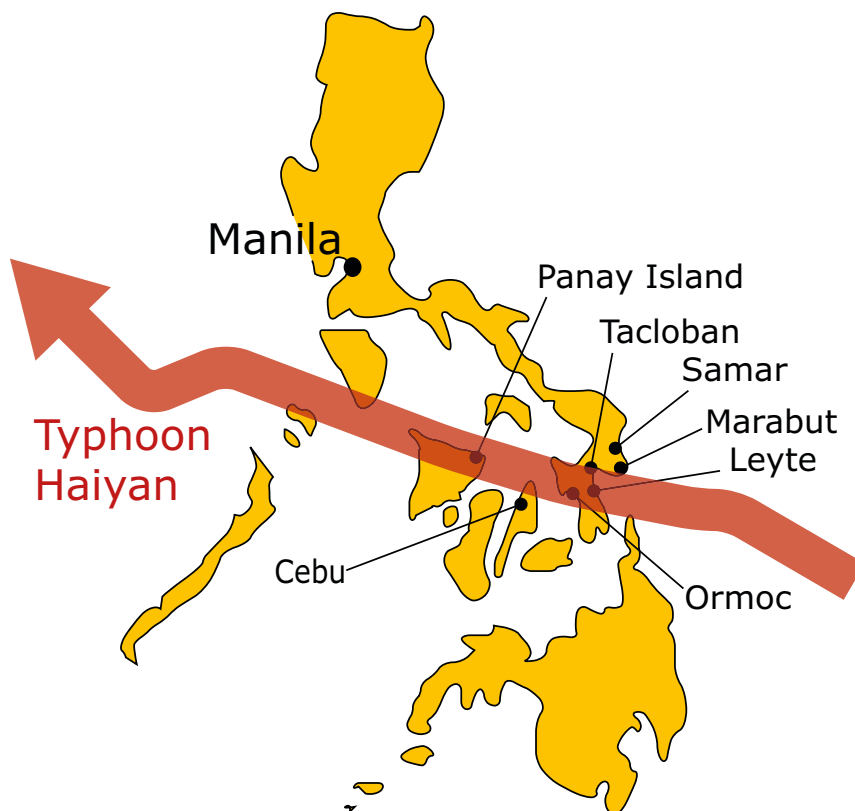
mainstreaming, livelihood, education, community mental health and shelter, CBM and partners – including persons with disabilities – are working to ensure that the most at-risk people recover from their losses. But the magnitude of the disaster is so severe that it will take several years for communities to recover fully. So the work continues – some of our projects are still running and work is foreseen to continue until late 2016.

Key achievements and map

- **62,709**⁴ people have received support
- **Persons with disabilities are actively involved** in response
 - Organising and running emergency relief distributions
 - Running ‘focal points’ to link with mainstream services
 - Producing school furniture for mainstream schools
- **Rapid needs assessment** teams were on the ground within three days
- More than 3,800 at-risk households (approximately 23,000 people) received **emergency distributions** (of these, more than 75% were reached twice and more than 50% were families with persons with disabilities)
- Two **Ageing and Disability Focal Points** (ADFPs) interviewed more than 4,800 people (from the most ‘at-risk’ families); 46% of these were people with disabilities and by October almost 1000 were referred to mainstream services
- CBM is an integral partner in an Ageing and Disability Task Force (ADTF)
- Four **school resource centres**, which provide the opportunity for individual specialised education of children with disabilities and facilitate their mainstreaming into regular classes, have been rebuilt and refurnished; seven more are in progress
- CBM helped finance, and participated in, a national summit on **Disability inclusive Disaster Risk Reduction** (DiDRR)
- 135 **damaged houses were repaired**, reaching approximately 805 family members
- **Further shelter plans, which will provide typhoon resilient, accessible houses** with essential WASH (Water, sanitation and hygiene) services for 100 families (approx. 600 people), are in progress. This project will involve the families directly in the construction, providing livelihood support, and will benefit them and their community (estimated 7,200 people) by giving DRR trainings and WASH sessions.
- **Community Mental Health** (CMH) project is running, which will allow access to CMH services for 250 persons with psychosocial disabilities and

will provide further training in CMH for 110 health professionals in two provinces

- Building the capacity of at least 150 field level professionals and 100 local government offices, DPOs, and humanitarian organisations on the general and practical concepts of **accessibility and universal design**
- Six partner organisations received training on **universal accessibility**
- Document produced with minimum requirement for **building accessible shelters** in reconstruction



The Philippines, showing path of Typhoon Haiyan and main locations of CBM and partners' response

Funding and activity costs

Total funds received for Typhoon Haiyan response – **3,567,471 euros**

Funds used/designated to date (Oct 2014) – **1,712,707 euros**

The balance of funds (1,854,764 euros) will be utilised on projects planned over the coming two years (see page 21).

Relief and recovery operation

Distribution of food and non-food items



Panay Island distributions

To ensure survival in the days and weeks immediately following the typhoon, CBM and partner **ADPI (Association of Disabled People Iloilo)** ran two distributions of food and non-food items in Iloilo, Panay Island. These were staggered during November and December, with the contents of survival bags designed to ensure that all families were independent for a period of two to three weeks.

The distributions targeted the most at-risk people in the community, including persons with disabilities, elderly people, single-headed households and single women.

- 3,000 households in Concepcion (approximately 18,000 people) received food & non-food items twice, and 883 households in Estancia (approximately 5,300 people) received food & non-food items once.
- Of these 3,883 at-risk households (more than 23,000 people) more than 50% were households of persons with disabilities.

Tacloban distribution

In Tacloban, 30 persons with disabilities and their families were provided with food items for three weeks through CBM partner organisation **Edmund Rice Foundation**, and a referral link with the **World Food Program cluster** was made to address the immediate food needs after three weeks.

Relief supplies

Typical contents of relief supplies included essentials such as rice, noodles, canned foods, soaps, blankets, mosquito net, mat, flashlight and batteries, sanitary napkins, bags, bucket, crockery and cooking pots.



Relief supplies await distribution in Iloilo. ©CBM

Feedback

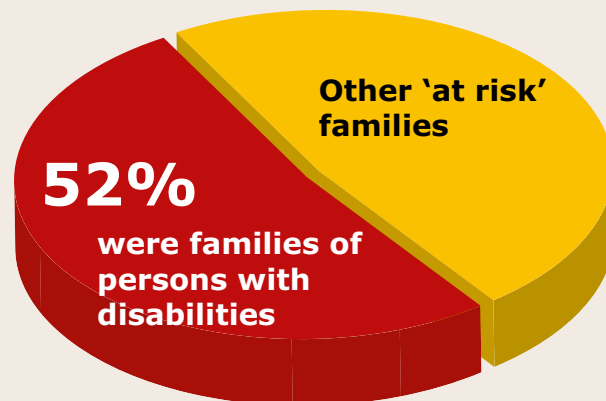
- Monitoring surveys were conducted after each distribution showed that most recipients appreciated both the quality and quantity of items provided
- Specific feedback provided after the first distribution was used to review the items provided during the second distribution
- The Iloilo local government, including the Mayor, expressed appreciation of CBM and ADPI's efforts to provide relief in such a timely and effective manner.

These relief distributions also laid strong foundations for addressing other needs that are best handled by appropriate referrals to mainstreaming services.

Relief distributions – pictorial representation

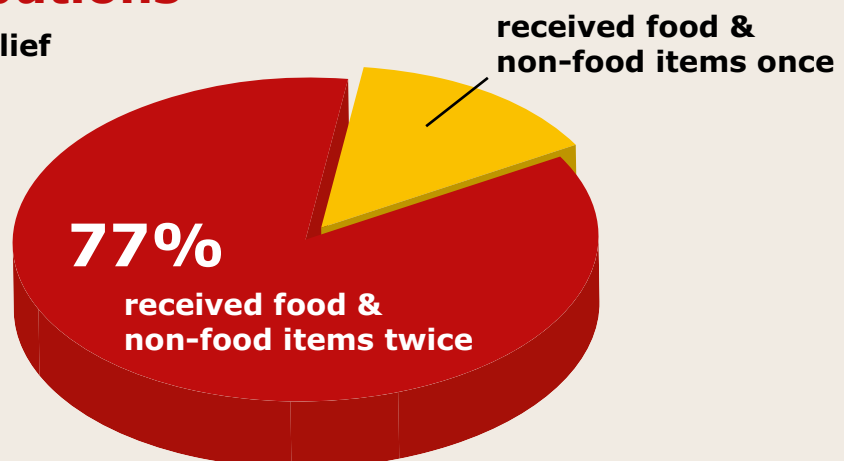
Relief distributions

Majority were families of persons with disability



Relief distributions

Majority received relief items twice



Mainstreaming disability in humanitarian initiatives

Ageing and Disability Focal Points (ADFPs)

By December, a plan of action had been established for a nine-month project with partner and Disabled Person's Organisation ADPI to facilitate sustainable inclusion by setting up two Ageing and Disability Focal Points (ADFPs) in Iloilo, Panay Island.

ADFPs operate as specialised hubs, identifying the services that exist (noting what they can provide), and the people with the needs (noting what these are). Types of support targeted include water, sanitation and hygiene, food, shelter, health, livelihood and education, as well as services specific to the needs of persons with disabilities and older persons.

ADFPs have twin effects: As well as improving the lives of the individual people and their families, they will increase disability inclusion in the existing mainstream services.

In January, ADPI commenced with the recruitment process of project team members, procurement of equipment, and identification of suitable locations in the towns of Concepcion and Estancia on Panay Island. After consultative meetings, the mayors of both towns were fully supportive, committing to providing relevant data and info about their municipalities and to encourage the persons with disability 'leaders' to participate in the implementation.

By the end of January, 24 staff members had been recruited and during February they had two trainings: a five-day training workshop from ADPI, and two-day training with the CBM Regional Adviser on Community Based Rehabilitation (CBR) and the CBM Emergency Response Coordinator for Philippines. Although all the personnel recruited were already qualified and experienced in various degrees of this field, the trainings increased their knowledge on disability in the community, inclusion, how to reach out to local and International NGOs and – technically – how to use the tools provided for data gathering and assessment.

Client mapping (interviewing people, recording their situations and needs) and



ADFP Supervisor Juvy Ministros at the entrance to the focal point in Concepcion, Iloilo. ©CBM/John Javellana



Mamerto (right) being interviewed in his home by ADFP Community Organiser Alex Mendoza as part of the referral process. Mamerto's house was damaged and livelihood affected by Haiyan (he is a rickshaw driver and many roads were impassable). As well as this ADFP mapping, his family also received emergency relief supplies in 2013. ©CBM/John Javellana

mapping of mainstream services was under way by the end of February and completed by mid-July. Referrals were being made by March, and will be handed over to the mainstream organisations after the end of the project life (end of October).

Organising data, and planning for future

A database and information management system – allowing input of info (both about clients and mainstream and specific services), consolidation of data, and output of a wide variety of reports in various formats – was in place by the beginning of April. This database has served both ADFPs and, with minor adjustments to suit for specific situations, has the potential for replication in future emergency responses and regular development work.

Accessible and practical locations

Because many clients live in outlying barangays (districts), interviews often took place in their homes (ADFP workers travelling to visit them). However, it is still important that the focal point locations are central and accessible. To this

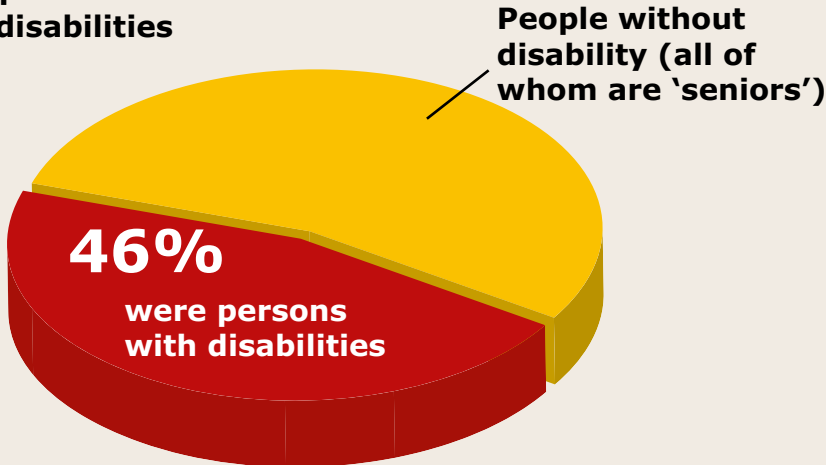
end, the Concepcion ADFP was based in a room in the municipal hall (which has ramped access) while Estancia negotiated to use a portion of a senior citizens hall, and instead of paying rent they funded accessibility improvements.

ADFP in numbers

People interviewed (mapped)	
Total	4,886
Persons with disabilities	2,242
% of total who are persons with disabilities	46%

Ageing & Disability Focal Point Mapping

Showing proportion of people with disabilities



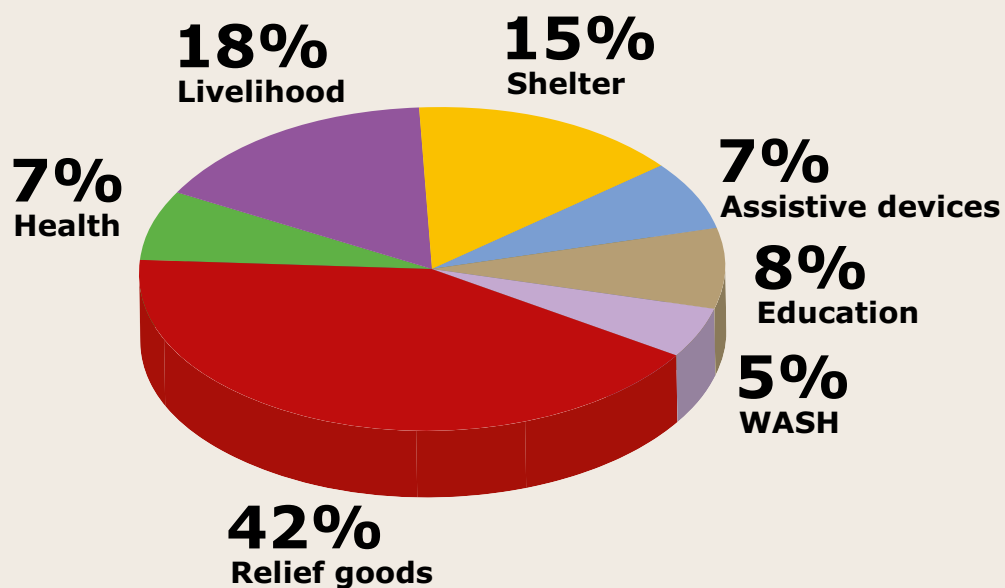
Links made with mainstream organisations	
International NGOs	5
Philippines NGOs	16

Referrals completed or in process by October 2014

Sector	Total beneficiaries
Health	70
Livelihood	162
Shelter	146
Assistive Devices	67
Education	75
WASH	50
Relief Goods	415
	985

Ageing & Disability Focal Point referrals

By sector* (accomplished by Oct 2014)



*WASH (Water, sanitation and hygiene) refers to water filtration. Assistive Devices means delivery of wheelchairs, crutches, etc. Services and materials supplies under other sectors include fishing boats, training, seedlings, housing, house kits, medical consultations, medicines and cataract operations.

Ageing and Disability Task Force (ADTF)

In November, CBM joined forces with local and international partners - HelpAge International, Coalition of Services of the Elderly (COSE), Handicap International and the National Council on Disabilities Affairs from the Philippines (NCDA) - to establish an Ageing and Disability Task Force (ADTF).

The one-year plan of the ADTF, from January to December 2014, has three main objectives:

1. To develop and articulate a strategic and comprehensive approach to address the needs of older people, persons with disabilities and those at risk of impairment who have been affected by Typhoon Haiyan/Yolanda and future disasters.
2. To advocate for the rights and needs of older people and persons with disabilities among local and international partners and through Government and UN led clusters, and ultimately development program coordination mechanisms.
3. To raise awareness and develop capacity to respond to the needs of and challenges faced, by older people and persons with disability in humanitarian response, relief and recovery activities.

The specific tasks within these objectives have been assigned to the various coalition members, with CBM's involvement revolving largely round its expertise in accessibility.

Building capacity in accessibility and universal design

The CBM document '16 Minimum Requirements for Accessible Shelter' plus the accessibility reports produced by the CBM Technical Adviser in April (see page 21) are essential reference documents for all actors working in this field, while, specifically, CBM is supporting a four month project with the objective of **building the capacity of local governments, humanitarian actors, and relevant local stakeholders on the general and practical concepts of accessibility and universal design. This initiative, being implemented by Coalition of Service of the Elderly, Inc. (COSE)** is running trainings, aiming to reach at least 150 field level professionals and 100 local government offices, DPOs, and humanitarian organisations. The outcome will be an integral part of the ADTF moving forward into 2015.

Although the task force consists of four national and international age and disability agencies, it will be open to all national and international humanitarian actors with an interest in ensuring that there is age and disability sensitivity in their own work and that of the wider humanitarian community.

Health



Community Mental Health (CMH)

Prior to Typhoon Haiyan, specialised mental health care in the rural parts of the Philippines was almost non-existent. Referrals were made to distant regional hospitals, prescribed medication was difficult to find and hospital admissions could mean prohibitive costs and demands on time. As with many countries around the world, there are misunderstandings about mental illness. The combination of all these means that community members sometimes resort to restraining people with psychosocial disabilities out of sheer desperation to protect them from themselves and others.

When Typhoon Haiyan hit the Philippines, people were impacted physically, with injuries and illnesses, but also psychologically. Community members experienced great losses and witnessed distressing events leaving some to carry a great deal of stress. People with psychosocial disabilities experienced additional suffering. Those who were restrained were unable to move to safety. Others lost family members and caregivers who understood their needs and would have advocated for them to have access to food and water, as well as treatment and medication if their symptoms had worsened.



Maribelle (centre, not real name) and her family live near Estancia. Maribelle has schizophrenia, and because the family could not afford medication, her behaviour and ability to do things independently have been affected. This meant her family have been supporting and caring for her. They were physically unaffected by Typhoon Haiyan, as their house is concrete, but since the event Maribelle has panic attacks; when it rains she is afraid, and hides. Maribelle is now receiving medication and counselling through the Community Mental Health (CMH) project supported by CBM, and her independence has increased. She says "I just want to be better, to watch television together with my children just like we did before. In short, I just want to have a peaceful and happy family." ©Help Panay/Alota

CBM recognised the psychosocial effects of Typhoon Haiyan as well as the gaps in mental health care, and is collaborating with local partners to improve access to mental health care in two areas hardest hit by the storm. Community health workers are reaching out to people with psychosocial disabilities as well as their families. For the first time, people with psychosocial disabilities are accessing treatment in their own communities while getting peer support from self-help groups. Primary health care workers are also improving the mental health care and psychosocial support offered in the rural health units. Together, people with psychosocial disabilities, their families and health workers, are raising awareness about mental health and finding alternatives to restraints.

While the scars left by Typhoon Haiyan run deep, the Haiyan Mental Health Project is supporting the communities and the health care system in becoming more resilient than ever before.

CMH project details

This Community Mental Health pilot project is running for 12 months – May 2014 to May 2015 – in Estancia, Panay Island and Marabut, Samar, with local partners Western Visayas State University (WVSU), HELP PANAY and the World Association for Psychosocial Rehabilitation Philippines (WAPR-Phil.). The overall objective is **'Sustained inclusion of persons with disabilities into communities affected by Typhoon Haiyan through increased access to effective community based mental health care'**, and it aims to have provided evidence based treatments for 250 persons with psychosocial disabilities, further training of 110 health professionals⁵ to provide CMH services, and improved management and utilisation of CMH information and knowledge.

As well as improving the quality of life of the direct beneficiaries and improved capacity of health workers, this project will have indirect positive effects on their families and communities. The overall health care system in the two regions will benefit through a reduction in the burden of chronic illness.

By October 2014, 146 people and their families (approximately 870 individuals) have been reached, and 34 health workers trained.

Active involvement of persons with disabilities is essential for inclusive response

CBM partner ADPI is a Disabled People's Organisation. They planned, coordinated and conducted the relief distributions and the focal points described above.

Therefore, not only were these projects providing essential relief supplies to, and facilitating inclusion for the most disproportionately affected people, but they are evidence that persons with disabilities should not be restricted to passive roles.

As Mario Abaygar states: "ADPI and its staff have taken great pride in this humanitarian work, supporting our communities as they rebuild after Typhoon Haiyan. We believe we have shown that active involvement of disabled people's organisations – of people with disabilities – is essential to ensure inclusive early response and long-term resilience".



Mario F. Abaygar, Coordinator, ADFPs, organising relief distributions ©CBM



Rebuilding school resources

CBM works with partner **Resources for the Blind** (RBI), who ensure that children in the Philippines with visual impairments – and they may also have hearing, learning or mobility difficulties – have the chance to access education. Typhoon Haiyan destroyed many of the buildings that are used for these classes, called 'SPED' centres, effectively ending education for the children.

With CBM support, the centre at Carles School on Panay Island was rebuilt and furnished – equipped with assistive devices – by the beginning of the school year in June. Of all the buildings at the school that were affected by the super-typhoon, it was the first to be restored.

Subsequently, project '**Rehabilitation of Special Education (SPED) Centers in the Philippines affected by Typhoon Haiyan/Yolanda**', is running from May 2014 until March 2015, and is in the process of reconstructing, repairing and refurnishing a further 10 such resource centres across the country.

Reconstruction of SPED centres at Ivisan Elementary School was completed by June, Dumarao Central School and Estancia Central School were completed and turned over in August, and the other seven centres are on course to be completed by the end of the project life.

These centres provide the opportunity for individual specialised education, and facilitate mainstreaming into regular classes – essential education towards independence.

Beyond the physical repairs and refurnishing, this project aims to build capacity of management and teaching staff through orientation and skills training to foster inclusion of children with disabilities in mainstream schools, and to support students with disabilities affected by Haiyan typhoon to overcome the trauma and regain confidence.



New resource centre for Carles School in Iloilo (left), and the old building (right), which was completely destroyed by typhoon Haiyan.

©CBM/John Javellana



Ormoc students Estrella and Jerome discuss events in the days after the typhoon. ©CBM

CBM is also working with partner **International Deaf Education Association (IDEA)** in Ormoc to rebuild a dormitory and seven classrooms for deaf students that were damaged by Haiyan.

The dormitory was able to house up to 80 students while each classroom had capacity for 50. This project started at the end of April and, by mid-October was more than 70% complete.

Manufacture and delivery of school furniture

CBM partner **Association of Disabled Persons Iloilo (ADPI) Cooperative** produces and delivers school furniture for mainstream schools in Iloilo province, Panay, and replaced many of those lost and damaged during the storm.

As well as rebuilding mainstream education, this ongoing project supports livelihoods: just under half of the workers in the cooperative are persons with disabilities. In the words of Jo-Jane (13), whose school furniture was destroyed by Typhoon Haiyan: "I thought I would graduate without experiencing sitting on a nice chair... This is why I'm very thankful to our donors."



Ronel Valdez, a worker at ADPI Coop.
©CBM/John Javellana

Access to education

Typhoon Haiyan destroyed many schools, effectively ending education for the students. Nowhere is this more true than in schools with 'SPED' centres, which ensure that children with visual impairments – they may also have other disabilities – have the chance to learn. They provide individual specialised education and facilitate mainstreaming into regular classes, which is all essential education towards independence. But it's more than that. Families at these schools say that class groups form close bonds; the children feel part of society, something that's very difficult for them to do otherwise.



Purisima assists her granddaughter Francine Kay at the rebuilt SPED centre in Dumarao. ©CBM

Shelter



Repairing damaged houses

North Cebu was one of the areas hardest hit by typhoon Haiyan. CBM partner **NORFIL Foundation Inc**, which was already providing services to children/youth with disabilities through Community Based Rehabilitation (CBR) in the region, ran needs assessments in November and December 2013.

Findings were that of the families with children with disabilities who were served by CBR project, a large proportion had their houses partially or totally damaged.

This project (entitled '**Build Back Better Safer Shelter for Victims of Typhoon Haiyan**') targeted at-risk households (especially those with persons with disabilities). It ran for eight months from January until September, and a total of 135 houses were repaired,



Roof repairs commence on one house in the Cebu shelter project. ©Norfil

reaching approximately 805 family members.

As well as the house repairs, NORFIL staff and a resource person from the Disaster Risk Reduction Management Council in the municipality of Medellin facilitated a training on Disaster Preparedness and Accessibility, Disaster Management and First Aid in five catchment areas for more than 150 people.

Building homes

In January, a shelter feasibility study was carried out in Cebu, in close cooperation with the National Federation of Cooperatives of Persons with Disability (NCFPWD) and its local partner AMCHA Multipurpose Cooperative (organised and managed by persons with disability). The external consultant commissioned had specific reconstruction experience within South East Asia, in particular in the Philippines.

The resulting project – Resilience building and recovery support to most vulnerable populations affected by Typhoon Haiyan in Tabuelan and Pilar Island, Cebu – started in August 2014 and will run for two years.

This project took time to develop not only because of the importance of ensuring conformation to norms of humanitarian reconstruction but because considerations of **Disaster Risk Reduction** (DRR) and **accessibility** are paramount. The report on building accessible shelters in reconstruction produced by the CBM Technical Adviser on Accessibility (see page 21) was essential in moving forward.



Accessible path between shelter and sanitary facilities (example from Haiti).
©CBM and Help e.V, Haiti

The ultimate result will be 100 houses, designed to be typhoon resilient, accessible, with a minimum lifespan of 20 years and essential WASH (Water, sanitation and hygiene) services. It is estimated that around 600 people will benefit directly from these, and will be from the most 'at-risk', with priority given to persons with disability or elderly. Selection will be done in cooperation with local DPOs, local government units and community leaders.

But beyond just receiving the houses, care has been taken when designing this project to maximise the potential value for these recipient families and their neighbouring communities. This is being done by ensuring that they will be actively involved, participating in the construction. In numbers, it is expected that at least 120 people will directly benefit from livelihood skills trainings, DRR trainings and WASH sessions. Plus, at least 7,200 people from neighbouring communities should indirectly benefit via DRR orientations through advocacy and IEC materials.

Build back better



©CBM

Mary Claire (in pink) is 23. She is the only surviving child of Rene and Elma Flores. Prior to typhoon Haiyan, the family transferred to their barangay hall and slept there for three nights. Their roof, made of nipa (a sort of palm grass) was washed out. Mary Claire has a learning disability, so the family were included in the CBM-NORFIL project 'Build Back Better Safer Shelter for Victims of Typhoon Haiyan'. Through this project, their house was rebuilt using strong wood and cement. Before, they were unable to sleep well because every time it rained, water flowed through their house. But now, they said they were so blessed and thankful for the housing assistance, since they can sleep through the whole night without worry.

Disability inclusive DRR

National Summit on Disaster Risk Reduction (DRR)

CBM helped finance, and participated in, a summit on Disability inclusive Disaster Risk Reduction (DiDRR) from 18-20 March in Manila. This event was organised by the **National Council for Disability Affairs (NCDA)** with the objective to 'Sensitise key players in DRR field (including post disaster reconstruction actors) on disability and generate their commitments towards disability inclusive DRR'. As well as helping to finance this summit CBM participated by:



CBM Technical Adviser on Accessibility Benjamin Dard presenting at the summit. ©CBM

- facilitating participation of persons with disabilities affected by Haiyan
- presenting the global concept on accessibility as well as a set of best practices

Benjamin Dard: "How can accessibility be taken into account in emergency programs activities, if persons with disabilities are not involved in decision making processes?"

As well as this DRR-focussed conference, several other projects have a strong DiDRR component – see pages 18 and 19.

Storm surge

Melmar is the primary breadwinner for the family of five (his parents and two siblings). He does various jobs (from home), including fabricating fishnets and fishing accessories as well repairing shoes and cutting hair. He is unable to walk, and during typhoon Haiyan the storm surge enveloped his house - it completely fell down. His father and an uncle assisted him get to safety and they went to stay with a relative who lived in a better house. His wheelchair was lost. Melmar was a recipient of food and non-food items during the 2013 distributions and after being 'mapped' via the focal points, he received a new wheelchair.



©CBM



Accessibility assessment and capacity development of partners

In March, Benjamin Dard (CBM Technical Advisor for Accessibility) visited the Philippines and provided support in the field of accessibility on various levels:

- Conducted a field visit to assess accessibility in a previous CBM shelter construction project (consisting of a rapid assessment of physical accessibility and interviews with the users and their family members)
- Participated in the summit on Disability Inclusive Disaster Risk Reduction, presenting the global concept on accessibility as well as a set of best practices (see page 20)
- Conducted a two day training on universal accessibility in Cebu for six CBM partner organisations engaged in reconstruction activities
- Produced a 16 point minimum requirement report for building accessible shelters in reconstruction. These accessibility requirements are in line with international standards but will be adapted to the local context. Their implementation in this way through local innovative solutions requires the involvement of persons with disabilities as well as house owners and construction professionals.

Moving forward

Until October 2014, this response has been coordinated by the CBM Emergency Response Unit (ERU). The work that will follow in the coming two years will be run from the CBM South East Asia & Pacific Regional Office in Manila. Since the typhoon struck, emergency response capacity in this office has been built up and there is now a team in place with the necessary expertise to continue and develop the programmes.

List of abbreviations

- ADFPs** – Age and Disability Focal Points
- ADPI** – Association of Disabled Persons In. Iloilo
- ADTF** – Age and Disability Task Force
- AMCHA** – AMCHA Toledo Multi-Purpose Cooperative
- CMH** – Community Mental Health
- CMHW** – Community Mental Health Worker
- COSE** – Coalition of the Service of Elderly, Inc.
- DPO** – Disabled People Organisation
- DRR** – Disaster Risk Reduction
- ERU** – Emergency Response Unit
- IDEA** – International Deaf Education Association Inc.
- NCDA** – National Council for Disability Affairs
- NGO** – Non Governmental Organisation
- RBI** – Resources for the Blind Inc.
- SPED** – Special Education Resource Centre
- UN OCHA** – United Nations Office for Coordination of Humanitarian Affairs
- WAPR** – World Association of Psychosocial rehabilitation Philippines
- WASH** - Water, Sanitation and Hygiene
- WVSU** – Western Visayas State University

Partners

CBM wishes to thank our partners, with whom we are implementing the emergency response.

- Amcha Toledo Multi-Purpose Cooperative (AMCHA)
- Association of Disabled People Iloilo Inc. (ADPI)
- Coalition for the Services of the Elderly / Help Age International (COSE-HELP AGE)
- Edmund Rice Foundation
- Handicap International (HI)
- Health, Education and Services for the Less Privileged Inc. (HELP PANAY)
- International Deaf Education Association (IDEA)
- Leonard Cheshire Disability Philippines Foundation Inc. (LCD Philippines)
- National Council for Disability Affairs (NCDA)
- National Federation of Cooperatives of Persons with Disability (NCFPWD)
- NORFIL Foundation Inc.
- Philippines Coordinating Center for Inclusive Development, Inc. (PCCID)
- Resources for the Blind Inc. (RBI)
- Western Visayas State University (WVSU) Department of Psychiatry
- World Association for Psychosocial Rehabilitation - Philippines (WAPR-Phil.)

CBM would also like to thank LIGHT FOR THE WORLD (LFTW) and Bündnis Entwicklung Hilft (BEH) for their cooperation and support.

Endnotes

1 <http://www.unocha.org/top-stories/all-stories/philippines-typhoon-survivors-face-choice-between-income-and-safety>

2 <http://reliefweb.int/sites/reliefweb.int/files/resources/OCHAPhilippinesTyphoonHaiyanSitrepNo19.pdf>

3 <http://reliefweb.int/report/philippines/mira-multi-clustersector-initial-rapid-assessment-philippines-typhoon-haiyan>

4 Some figures are based on average household size in the Philippines, and there will be some double counting because some people have received more than one type of support

5 Health professionals here include doctors, nurses, midwives, and CMHWs

More information

CBM International

Nibelungenstraße 124

64625 Bensheim

Germany

contact@cbm.org

www.cbm.org

CBM is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world.

CBM has been active in the Philippines since 1974. There are currently 32 CBM/partner programmes in the country, coordinated from the CBM South East Asia & Pacific Regional Office in Manila and reaching people throughout the island nation.

Produced by CBM Emergency Response Unit (ERU).

Accessible version online:

www.cbm.org/typhoon-haiyan-one-year.

Design & layout: Wendy Barratt

