



# Six month report

## Nepal earthquake 2015



### **Thank you to our donors**

**In the words of Prajita (8), who was injured, but has hope for the future:** "I want to be a social worker... I want to work for my village"

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**Cover photo:** Prajita, who is eight years old, was injured when a wooden beam fell on her leg during an aftershock. The fracture was treated at CBM partner HRDC (Hospital and Rehabilitation Centre for Disabled Children), and Prajita has returned home. Although there's hardly any house in the village that has not been destroyed by the earthquake, Prajita has hope. She says "I want to be a social worker... I want to work for my village". ©CBM

## Introduction

**A 7.8 magnitude earthquake struck Nepal** on 25th April 2015 at 11:41 local time, with the epicentre 81km northwest of the capital city, Kathmandu. 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 magnitude, struck 76 km northeast of Kathmandu, causing further damage.

Six months after the first earthquake, official figures report more than 8800 deaths, more than 600,000 houses destroyed, and more than 280,000 houses partially damaged.

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. 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; our emergency programmes target the whole community. Reaching and involving all of society in our work will ensure that 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 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 (assistive devices such as wheelchairs) are met while basic needs (including healthcare, shelter and livelihood) are accessible.

### **In responding to the Nepal earthquake:**

- We are ensuring that persons with severe injuries and disabilities have access to timely, contextually appropriate medical, orthopaedic, physical rehabilitation and psychosocial support services
- We are working with mainstream relief organisations to ensure that persons with disabilities are included in their emergency/recovery programmes
- We are building local level capacity to ensure the continuation of this work in the long term

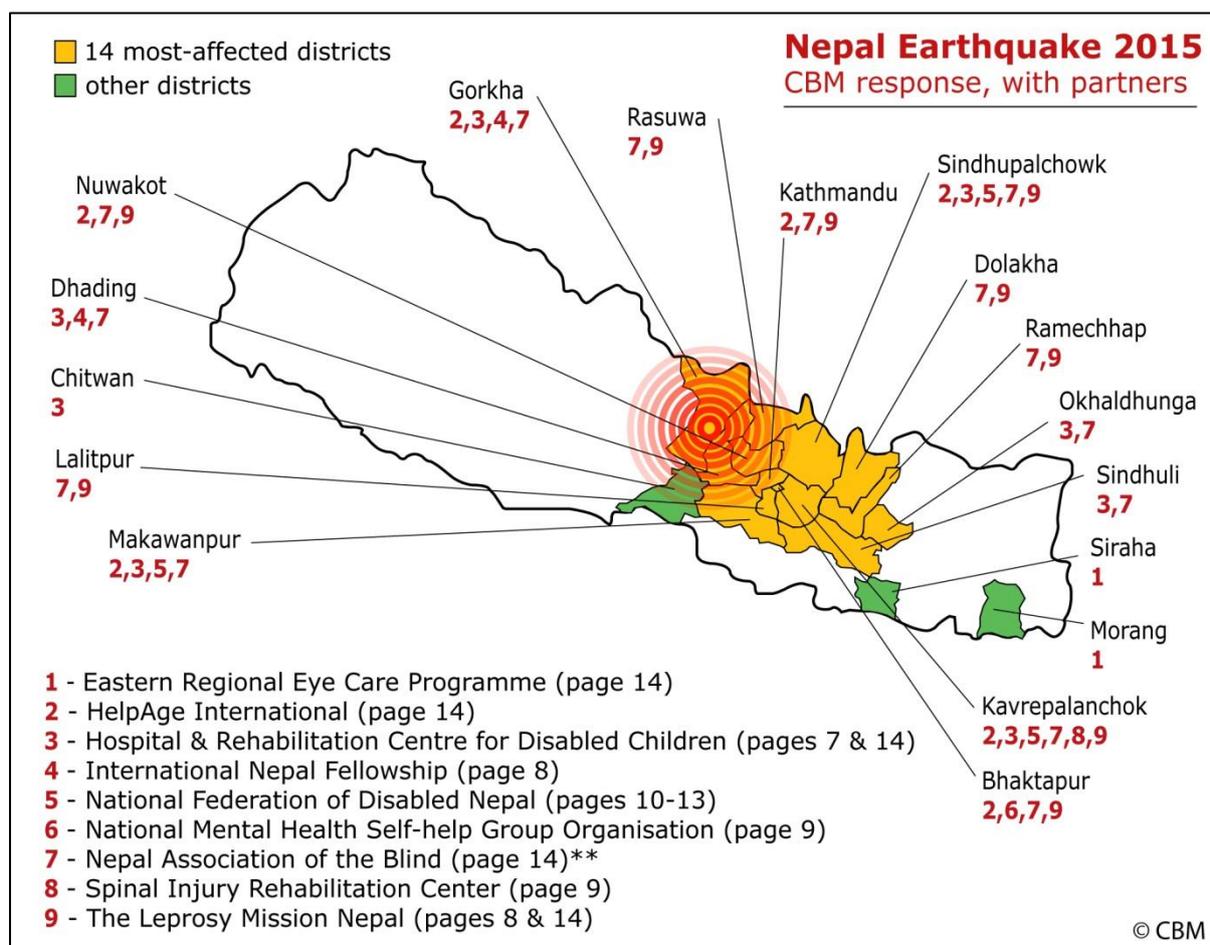
The process of CBM emergency response project conceptualisation and implementation is based on principles of partnership – ‘working together’ – so maximising the resources of all involved. In this case, CBM ERU provided strategic guidance for analysing information (secondary and primary data), based 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 has been to ensure that the earthquake-affected population, including persons with disabilities, is supported to recover and is able to contribute to the recovery process. Looking beyond six months, we have undertaken an analysis of accessibility, are implementing research assessing the impact of the earthquake on the most at-risk people, will run projects on health professional training and accessible media, and plan to provide national level training for managers of reconstruction agencies in Nepal on disability inclusive shelters and settlements in close collaboration with the Shelter Cluster led by International Federation of Red Cross (IFRC).

All these projects are designed not only in reference to each other, to create a seamless response, but the overall strategy is looking to the future; CBM and partners will be working together for months and years to come, to build more inclusive and resilient communities for all.

## Key achievements and map

- Reached more than 21,000 people across all interventions so far\*
  - At least 11% of total reached are persons with disabilities
  - More than 14,800 have been seen in medical outreach camps
  - More than 2700 people have received psychosocial counselling or tailored Psychological First Aid (PFA) and 330 staff trained on PFA
- Three Ageing and Disability Focal Points (ADFPs) are in operation, having interviewed more than 3000 people, mapped more than 70 service providers and made more than 900 referrals
- Persons with disabilities are actively involved
  - Advocacy at all levels for inclusive response
  - Running 'focal points' to link with mainstream services
  - Planning and implementing accessible media project
- Next phase projects are planned, including research, health training, reconstruction and accessible media



### 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

\*\* This project targets the 14 most affected districts, but overall reach will be greater than shown, as some of the media used will be nationwide

## CBM and partners' response

### Response management and strategy

Within several hours of the earthquake, the CBM Emergency Response Unit (ERU) was in regular contact with 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<sup>th</sup> April the CBM Emergency Programme Manager arrived in Nepal to lead a Rapid Needs Assessment (RNA) team with country 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



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

The immediate response was as 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 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, realising that persons with disabilities and older people were missing out on humanitarian aid and were invisible in most response, 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 have been working closely in the UN Cluster system since the beginning, promoting inclusive humanitarian response. Similarly, as well as

direct project implementation, our partners have been advocating that inclusion is equally reflected at district and community level decision-making, and in the response 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 are also involved.

By July, a local Emergency Response Team (ERT), was in place in Kathmandu, and is now running the response with constant support from ERU.

## **Access to medical & psychosocial rehabilitation & support**

### **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 26th April, recognising large numbers of injuries and, with CBM support, started a programme of medical outreach camps on 30th 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 either through transferring them using ambulances or providing people with enough money for transport.



**Outreach camps ensure assessment, screening and referral** ©CBM

#### **By October:**

- 12008 people had been reached at HRDC outreach camps
- 328 received medical treatment after hospital referral, and 78 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

## The Leprosy Mission Nepal

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

By 6<sup>th</sup> 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<sup>th</sup> May.

### By October:

- 2800 people had been reached at TLMN outreach camps
- 430 had been referred to hospital and 120 of these underwent surgery and received post-operative rehabilitation services and post-discharge follow up through CBR teams
- 127 received assistive devices



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

## International Nepal Fellowship

With **International Nepal Fellowship** (INF), has been working to provide comprehensive rehabilitation for earthquake victims. This eight-month project started on 1<sup>st</sup> 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 has plans in place to run outreach camps organised in Gorkha district.

### **By October:**

- 37 people had received hospital rehabilitation, including physiotherapy occupational therapy and psychosocial counselling. 23 of these received assistive devices.

### **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.

Due to lack of availability of technologically advanced rehabilitation equipment in the Nepal market, CBM was requested to support the procurement of 30 emergency wheelchairs and 60 pressure relieving wheelchair cushions, 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.

### **KOSHISH**

**KOSHISH** is a Nongovernmental Mental Health Self Help Organization (a DPO) run by persons having direct experience of mental illness, who are committed to advocating for mental health.

CBM is supporting KOSHISH as they run a project entitled 'Emergency Psychosocial Response in Bhaktapur'. This intervention began on 1<sup>st</sup> May and will run for eight months.

The RNA run by KOSHISH immediately after the earthquake quoted 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, none were including activities which would address psychosocial needs.



**Psychosocial support is essential after disaster** ©KOSHISH

“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 being implemented uses these links, recruiting psychologists, counsellors and volunteers, and has been working through four Trauma Management and Psychosocial Counselling Centres.

### **By October**

- 2780 people had received psychosocial counselling, trauma care and tailored Psychological First Aid (PFA)
- 337 staff and/or partners' staff had received training or refresher training on PFA

As well as these directly quantifiable results, KOSHISH is 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 has taken 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.

## **Ensuring mainstream relief is disability-inclusive**

### **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 in 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 skilled to understand the specific needs and to facilitate (via advocacy



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

and training), full inclusion in the services being provided locally and nationally by 'mainstream' humanitarian organisations.

An eight-month project began on 10<sup>th</sup> 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.



**Tul Bahadur lost his house in the earthquake, but has received temporary shelter, food and a radio via the ADFP mapping system. As he is blind, the radio is a simple but effective way of giving Tul Bahadur access to essential relief information @CBM**

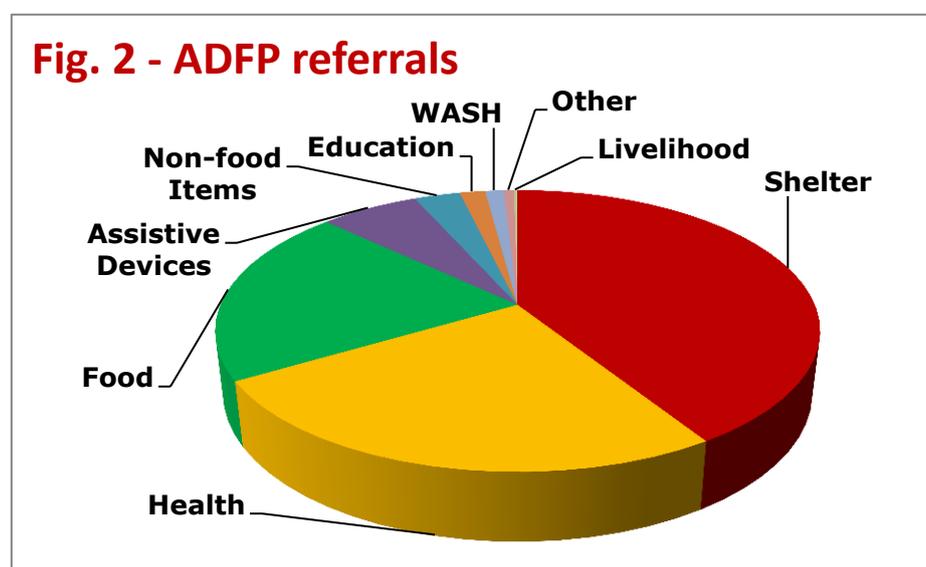
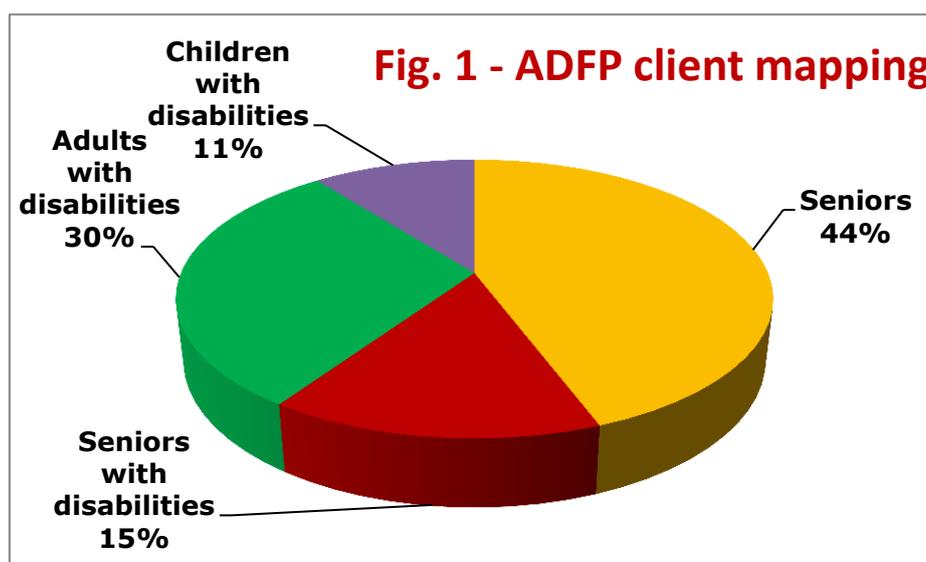
The information gathered on unmet needs of persons with disabilities and older people is also used to advocate for inclusive response by other humanitarian agencies at national level, making the reach broader than any single agency's catchment area.

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.

### By October:

- 3063 people with disabilities and older people, and 72 humanitarian organisations had been identified
- 919 referrals had been made, with 747 of these known to be successful
- 56% of people reached were persons with disabilities (Fig. 1)
- 50% were women/girls, 50% men/boys.
- Shelter, health and food, in that order, were the sectors with greatest number of 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 (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).

## Age and Disability Task Force

As detailed above, CBM and partner staff have been participating 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 (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 the 'beneficiary prioritisation tool' for emergency shelter provision in Nepal adequately addresses the inclusion of persons with disabilities.



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

## **Moving forward – Long-term rehabilitation**

The relief and early recovery initiatives described above have been continually monitored and, where necessary, revised to take into account changes in the situation. 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 are being developed.

### **Injury & Trauma Management Training**

As part of the overall earthquake response, a programme to provide training to community health workers has been implemented and overseen by the Ministry of Health and Population at national, district and community level. CBM, with other organisations, has been involved in all stages of this project, and is supporting partners **HRDC** and **TLMN** in implementation of training for community cadre across the 14 most-affected districts. As well as ensuring essential follow-up support for people seen and treated in outreach camps and hospitals in the early days of the response, this project will document the importance of such training for future expansion to other districts of Nepal.

### **Accessible media information on relief/recovery work**

To ensure that information about on-going relief and early recovery initiatives is accessible to everyone, CBM is supporting **NAB** to implement a project to inform people in various ways (e.g. radio, Public Service Announcement, Sign language interpretation on Nepal TV), and identify persons with disabilities in remote areas of the affected districts who will need other formats. This initiative will use data gathered from the ADFPs described above, and will 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.

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

CBM and **HelpAge International** (HAI) are conducting 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.

### **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 a one-year project to repair and retrofit them. 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).

## Partner list and abbreviations

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

- Eastern Regional Eye Care Programme (EREC-P)
- HelpAge International (HAI)
- Hospital & Rehabilitation Centre for Disabled Children (HRDC)
- International Nepal Fellowship (INF)
- National Federation of Disabled Nepal (NFDN)
- National Mental Health Self-help Group Organisation (KOSHISH)
- Nepal Association of the Blind (NAB)
- Spinal Injury Rehabilitation Center (SIRC)
- The Leprosy Mission Nepal (TLMN)
- The Leprosy Control Unit, MoHP

### 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

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

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

## More information

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**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.**