DREF Operation-Final Report

Nepal | Acute Watery Diarrhea

DREF operation	**Operation n° MDRNP012**
Date of Issue: 31/01/2023	**Glide number:** EP-2022-000253-NPL
Operation start date: 08/07/2022	**Operation end date:** 31/10/2022
Host National Society: Nepal Red Cross Society	**Operation budget: CHF 94,387**
Number of people affected: 30,000	**Number of people assisted: 33,635**
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) has been directly involved in the operation and has been continuously coordinating with Nepal Red Cross Society (NRCS), as well as the in-country partners; American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Japanese Red Cross, and Swiss Red Cross	
Other partner organizations actively involved in the operation: WHO and UNICEF.	

A. SITUATION ANALYSIS

Description of the disaster

Acute Watery Disease-Cholera

As of 5 September 2022, the Epidemiology and Disease Control Division (EDCD) of the Ministry of the Health and Population (MoHP), Nepal reported a total of 76 cases of cholera with null mortality cases within the Kathmandu Valley since the outbreak was detected in July 2022. The cases were confirmed via the stool culture method, Rapid Diagnostic test and hanging drop test. The detected causative agent was Vibrio cholera O1 Ogawa Serotype. Out of 76 cases, some required hospital-based case management, whereas most were in home management. The sporadic cases were identified in different locations within the valley, precipitated by higher mobility and a dense population. The Sukharaj Tropical and Infectious Diseases reported the very first two cases from the same family.

A doctor from the Red Cross Emergency Clinic (RCEC) assessing a three-month-old baby in a mobile camp in Lalitpur district. ***(Photo: NRCS)***

The initial field investigation, conducted by a joint team from the Kathmandu District Health Office (DHO), Kathmandu Metropolitan Office, EDCD, Department of Food Technology and Quality Control and WHO revealed that the use of tap water for drinking without boiling was the major potential cause of cholera in Kathmandu. Most cases have been linked to drinking from commercial jar water, which is a common practice among the valley's population. Out of 53 water samples from the valley, 38 samples tested positive for Escherichia coli, which denotes that most water sources for drinking purposes in the valley are contaminated with human faeces. The status depicts a high probability of other diarrheal diseases along with cholera, which is more common during the monsoon season. The response action was based on these findings.

A major modification was made to the operational plan of this DREF operation. The DREF was primarily targeted for the acute watery diarrhea (AWD) response and was revised to address dengue prevention and control action along with AWD. The EDCD bulletin of dengue updates and the Government of Nepal's situation update on diseases provided information on the severity of dengue within the Kathmandu valley and led to a revision of the operation plan to reach the most vulnerable within the operations. Volunteers were reoriented on dengue

preventive measures, and activities were redesigned to target mobile populations and places with possible mosquito breeding sites.

Dengue
Along with the cholera cases in Kathmandu, Lalitpur and Bhaktapur districts, as of 31 October 2022, a total of 50,011 dengue cases were identified, with Bagmati province reporting the highest number (38,951), followed by Lumbini province (4,743), Province-1 (2,021), and other provinces respectively as reported by the EDCD.

As per the EDCD report, the reason for the drastic increase of cases was a combined effect of the rainy season and impact of climate change. Due to climate change, vector breeding sites are now more favorable in high hills and even mountain areas. The number of cases spiked upward in the epidemic curve of June 2022, which was the monsoon period.

Summary of response

Overview of Operating National Society
Since the first two cases of cholera were detected in the MOHP COVID-19 situation report on 16 June 2022, in Kathmandu Valley, the sectoral Health and Water, Sanitation and Hygiene (WASH) team of the Emergency Operation Centre (EOC) operated by NRCS started coordinating with EDCD. They also actively participated in WASH cluster meetings to get updates on the changing scenario of the rising cholera cases.

The NRCS team worked closely with EDCD at the national level from headquarters (HQ) and with all the working municipalities to create awareness on cholera preventive public health measures and dengue "Search and Destroy" campaigns via different approaches. The NRCS HQ-based technical team on Health, WASH, PGI and Risk Communication and Community Engagement (RCCE) worked closely with affected three districts for capacity building and response actions.

NRCS regularly participated in three cluster meetings with EDCD and two meetings with EDCD along with three emergency meetings with the Ministry of Home Affairs (MoHA) in the National Emergency Operation Centre (NEOC). The Red Cross Emergency Clinic (RCEC) team and essential treatment medications were stockpiled for any deployment required before the operation and used during the operation.

- ***182*** *health workers were oriented on Cholera treatment, management and prevention in the valley*
- ***2*** *RRT trainings conducted in Kathmandu valley and* ***56*** *Medical Workers were trained*
- ***2*** *ECV trainings were conducted, and* ***60*** *volunteers were trained*
- ***30,750*** *people reached through Aqua Tabs distribution*
- ***27,029*** *people oriented on Dengue and Cholera at communities and schools*
- ***3*** *orientation sessions conducted for* ***73*** *NRCS staff and volunteers of the Valley districts on WASH*
- ***5,400*** *volunteers (90-man days) were mobilized in the affected communities*
- ***351,000 people reached through*** *WASH & Health messages dissemination (Jingle, radio programme, etc.)*
- ***1,238*** *Anti-mosquito liquid set was distributed (For slum area & Government School)*
- *More than* ***382****-pint blood has been collected from continuous Emergency Blood Donation campaign conducted in valley districts and out of valley districts (Rupandehi, Makawanpur, and Kailali)*

On 29 June and 1 July 2022, a series of meetings were held between the NRCS and IFRC Nepal Country Delegation (CD) to initiate the DREF and plan the response actions. NRCS coordinated with stakeholders and operationalized the DREF as per the plan to reach the targeted population. Likewise, in August 2022, when the dengue cases were rapidly spreading, which led the operational team considered reallocating some DREF resources to reduce such emerging risks (also because the cholera spread was contained by that time), as it involved the same geographic area and mostly same activities to be conducted intensive coordination was maintained.

Accordingly, NRCS expanded its disease preventive activities to include door-to-door health promotion messages and miking (using microphones) on hand washing demonstrations. Similarly, the municipal authorities conducted sanitation and waste management activities, as well as "Search and Destroy" campaigns to prevent mosquito breeding in response to the surge in dengue cases. NRCS mobilized volunteers trained in Epidemic Control for Volunteers (ECV) for health promotional activities. The response was operationalized by mobilizing some 60 trained volunteers for 90 days on the ground.

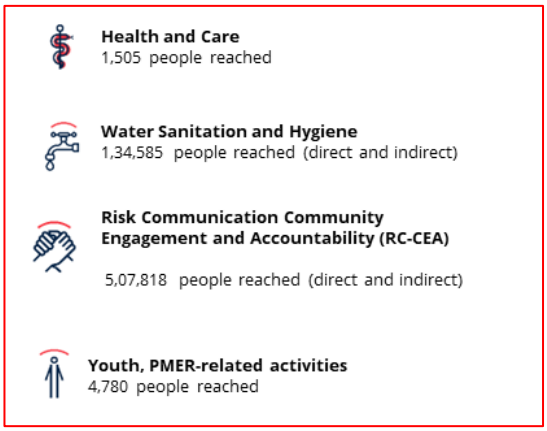
Overview of Red Cross Red Crescent Movement in country
NRCS kept all partners updated on the situation, existing needs and response plan through coordination meetings. The IFRC CD provided technical support to NRCS in preparing for and responding to disasters and crises in Nepal, including the current ongoing COVID-19 operation.

Other IFRC members with presence in country and active in the sector of health and WASH supported the response actions in a coordinated manner. The Canadian Red Cross supported the mobilization and deployment of the NRCS RCEC for health camps as well as undertook a monitoring visit of the overall operation in November 2022. NRCS received the draft report from the monitoring team and provided the required feedback together with the IFRC. The monitoring visit report is expected to be finalized by January 2023.

Considering the significant rise in dengue cases between August and October 2022, the IFRC CD coordinated with the British Red Cross to support NRCS to run the operation in Kailali, Makwanpur and Rupandehi districts, where significant dengue cases were detected. As part of the bilateral support for NRCS, the activities were planned to be continued in the districts until December 2022. Furthermore, the IFRC and NRCS National Headquarters (NHQ) coordinated with the Finnish Red Cross to support response activities in Dhading and Chitwan districts.

Overview of non-RCRC actors in country

The Health EOC along with EDCD conducted a meeting on 19 June 2022, to facilitate the work division and work plan for the AWD and simultaneously dengue response, which has been formulated after a meeting with concerned stakeholders.



The government guided the local levels to act on the “Search and Destroy” operation and guidelines were developed for the continuous dengue control activity throughout the year. With this, the local level government kept an emphasis on door-to-door case finding, stakeholder meetings and water purification and treatment, and water and food surveillance.

A meeting was held with EDCD on 1 July 2022 and field epidemiological investigation was conducted for further detection of the Cholera cases. The Rapid Response Team (RRT) at Lalitpur and Kathmandu districts were oriented on investigation and surveillance including treatment and case management in support of WHO. Lab personnel from the RRT team were trained on on-site water sampling by experts from WHO. Continued surveillance and field investigation and WASH interventions were done by the RRT and the Female Community Health Volunteers (FCHV) at local health service centers of the government.

During the reporting period, the WASH Cluster was active and mainstreamed all WASH actors in the country for a unified response and support. The Department of Water Supply and Sewage Management (DWSSM) coordinated with the WASH Cluster, where dedicated experts were seconded for nationwide coordination, networking and unified efforts.

As updated from the WASH cluster, local governments maintained a good, visible and effective response to cholera and dengue outbreaks at the local level. Various municipalities (Palikas) conducted awareness-raising activities via miking for safe water handling and hygiene practices. Kathmandu Upatakaya Khanepani Limited (KUKL) and Kathmandu Valley Water Supply and Management Board (KVWSMB) regularly chlorinated piped water with water tests.

Alongside the Piyush distribution to needy people, municipalities also conducted booth campaigning and community-level intensive sensitization work at various strategic locations. Palikas focused on citizen-led water quality testing, awareness raising and Piyush distribution to reach their communities.

Needs analysis and scenario planning

Since 27 June 2022, NRCS has coordinated with the EDCD and National Health Education Information and Communication Centre (NHEICC) on cholera response measures and the possible role of NRCS to contain the spread. Based on the discussions, the current needs identified were related to safe drinking water with surveillance and water testing. The DREF Operation targeted to conduct cholera awareness activities in the affected areas of Kathmandu, Lalitpur and Bhaktapur Districts, including distributing water purifying reagents, and Risk Communication and Community Engagement and Accountability (RC-CEA) activities.

Additionally, based on numerous discussions with the EDCD and Ministry of Health and Population (MoHP), regarding the rise in dengue cases in the Kathmandu, Lalitpur and Bhaktapur Districts, the EDCD requested NRCS to focus on dengue cases and integrating it with the AWD activities. Currently, the identified needs were mostly based on conducting dengue prevention and awareness activities in the same communities targeted for the AWD

activities in Kathmandu, Lalitpur and Bhaktapur Districts. NRCS mobilized the RCEC based on the government request.

In general, the DREF operation targeted to provide immediate humanitarian needs in three districts of Kathmandu Valley and focused on meeting the immediate health and WASH needs of the affected population accordingly.

Major interventions for dengue prevention were similar to the AWD response activities outlined in the emergency plan of action (EPoA). Hence, no significant changes were made to the original activities and operational strategies, and only a few additions were made to the interventions focusing on AWD, as follows:

- Deployment of modular RCEC and additional blood collection campaign as part of the dengue-related plan.
- Mobilization of additional ECV volunteers, to carry out community-level awareness campaigns, home visits and orientation both for diarrhea and dengue cases.
- Development/distribution of IEC materials for diarrhea and dengue.
- Additional event of sanitation campaign/waste management, both for diarrhea and dengue.
- Additional event of home visits by NRCS-trained volunteers both for diarrhea and dengue.
- Additional event of mobile teams (miking) both for diarrhea and dengue.

Importantly, the AWD targets and humanitarian aim remained the same, except for the budgeted number of events.

Health
The rise in cases of cholera and dengue within the capital city in alarming level raised the concern of stakeholders, and it was essential to keep preventive measures in place from all ends, given that this was at the onset of the annual monsoon season and the epicenter of the spread was in dense urban areas with poor sanitation practices and facilities. The cholera cases detected, particularly in Kathmandu Valley, were sporadic, and in the densely populated area with a mobile population, the response was challenging.

Effective case mapping and assessment of the affected area's water quality were critical to contain the spread of diseases. Thus, behavior change communication on cholera (and other water-borne diseases) and preventive messages, including hand hygiene practice were widely disseminated, mostly in high-risk groups like school students, and should be scaled up. The status of the disease spread, pattern and curve were regularly monitored by NRCS health volunteers, as well as district and municipal level health workers, which helped plan for a dengue response as the cases of AWD scaled down. RCEC's effective deployment planned and conducted to support the curative services was an effective approach.

WASH Promotion
A rise in cholera cases within the densely populated capital city at an alarming level raised the concern of the responding stakeholders, including the Government of Nepal as the forefront responder in a coordinated manner. Drinking and using contaminated water caused the outbreak of cholera in the Kathmandu Valley, and it emerged as even more challenging to apply control measures in most of the residing river corridor slum areas, as they were using dug well water for household-level cleaning, including utensils and personal cleanliness. It was found that 22 out of 35 water samples from dug wells were contaminated with E. coli.

For the preventive response, the NRCS volunteers from all three District Chapters were further orientated with the close support of WASH experts along with ECV volunteers. Volunteers were mobilized to carry out hygiene promotion activities, the distribution of household-level water treatment manuals, the water treatment process by using Aquatab/chlorine powder and orientation on the topic, personal and environmental cleanliness and media mobilization to raise mass awareness. Most importantly, water samples from cholera outbreak areas were collected and a water quality test (WQT) was carried out. Based on the WQT report and findings, proper treatment and storage methods were informed to the respective households. Due to a collective response from multi-stakeholders, AWD was significantly controlled in Kathmandu Valley within the stipulated timeframe.

PMER-IM[1]
Since this outbreak was amidst the COVID-19 pandemic, along with the monsoon response in process, there was an increased need for an efficient PMER-IM system/mechanism. The PMER team from the IFRC and NRCS in coordination with the programme team took the lead in drafting and finalizing the EPoA and its consequent revision after accommodating the changes to address the dengue situation in Kathmandu, Lalitpur and Bhaktapur Districts.

In addition, IFRC supported NRCS to develop a data tracking template that was used to collect consolidated Sex, Age, Disability and Diversity (SADD) data from the districts on a weekly basis. Afterwards, the data was used to generate weekly updates and other reports, including the Operation Update. The data management system was

[1] Planning, Monitoring, Evaluating and Reporting- Information Management

simple and widely used by the District Chapters, HQ, and the IFRC for generating key information related to the operation. Apart from reporting, the team continued its efforts to monitor the progress on a weekly basis. Operation teams from the NRCS and IFRC monitored the operation implementation process in the district and provided required guidance to the District Chapters as required.

Targeting
This operation targeted to reach 30,000 people in Kathmandu Valley through health and WASH promotion activities in the communities, targeting AWD prevention and awareness-raising activities, with the new addition of dengue prevention as per emerging needs. The target population consisted of people residing in compromised living conditions with poor hygiene behaviour and practices. The response focus was targeting the household members of identified cases for disease prevention and referral, as needed. The operation also targeted specific sites where cases had been/were detected.

Estimated disaggregated data for population targeted
The NRCS has been collecting data based on SADDD, which is the basis for the data and information provided in the final report.

Risk Analysis
The impact of the monsoon season was anticipated prior to operation implementation, with the risk of water inundation and contamination in the water source and pipelines. However, no such impact was seen in the disease pattern; rather, the preventive approach led to good disease control through decontamination of water resources and hygiene, water and sanitation promotion. The weakness of community-based surveillance systems to trace diseases as an early warning was another challenge in the response operation. This was overcome by the active surveillance mechanism on the government channel.

A potential resurgence and new waves of COVID-19, predictable during the rainy season, could have further strained the fragile health system but were not encountered in the period. Community perception of water treated with chlorine or Aquatabs could have equally affected the successful implementation of planned interventions under the DREF operation. Generally, the community was hesitant to drink water treated with chlorine with complaints that the natural taste is lost in the initial response phase. Sustained community sensitization by all levels of government and local volunteers, weighing heavily on the derived benefits from chlorinated water, helped change the perception of treated water.

The municipal authorities having political debates and issues with solid waste management lead to problems during monsoon on waste management. The clearance in political debate and disposal of waste to landfill sites helped the sanitation campaign. This was also well supported by NRCS volunteers.

B. OPERATIONAL STRATEGY

Overall Operational objective
This operation aimed to directly provide 30,000 people with health and WASH awareness messages on cholera and dengue while integrating RC-CEA and Protection, Gender and Inclusion (PGI) into the strategies in Kathmandu Valley districts. The field-level activities were implemented from July to October 2022. The specific objectives were as follows:

- Prevention and control of the existing spread of cholera and dengue cases in Kathmandu Valley with health and WASH-related awareness messages.
- Enhance NRCS emergency health and WASH preparedness and response practices.

According to its auxiliary role to the Government of Nepal in humanitarian assistance during disasters and conflict, NRCS worked closely with the MoHP, EDCD, NHEICC, hospital authorities and municipalities to carry out community-level preventive measures for cholera and dengue cases.

The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, aimed at supporting the NRCS through staff and volunteer training and awareness raising, distribution of information, education and communication (IEC) materials, community-based surveillance and communication of key messages for the preparedness and prevention of diarrheal diseases (including cholera) spread in collaboration with the MoHP and Ministry of Water Supply.

In general, the operation considered the following implementation strategies:

Sector-specific strategies

The following sectoral strategies were equally applicable for both cholera and dengue cases. NRCS mobilized a large number of volunteers in the communities who conducted the orientation sessions, hygiene promotion activities, and sanitation activities for both AWD and dengue prevention in an integrated way.

Health

NRCS volunteers and staff mobilized for this operation were orientated on ECV measures (cholera, dengue, etc.) and hygiene promotion aspects, mostly in areas of identified cases. They followed the COVID-19 safe practices during the response activities with necessary personal protective equipment (PPE).

Volunteers were engaged to disseminate messages on infection prevention and control, hygiene behavior, self-care and well-being practices. The RCEC was mobilized for curative outpatient department (OPD) based services in communities of three districts, mostly where diarrhea and dengue cases were detected. Coordination with the government sector was maintained to attain the objective of strengthening the capacity for diseases outbreak of government health personnel through a series of Rapid Response Team (RRT) training. RRT training is a special initiative of the government's health department and NRCS, and it is accompanied by toolkit distribution. These have been conducted in close coordination with the district health offices for field volunteers.

The surveillance strategy was not significantly practised as the mobilization was more focused on disease prevention and control, and surveillance was led and carried out by the government networks. Blood service, life-threatening health issues focusing on dengue case management became an adapted strategy, as the dengue cases surged. The blood collection camps were promoted and supported through this operation. As a preventive strategy for dengue, NRCS District Chapters worked closely with municipal authorities for "Search and Destroy" campaign. For the overall operation, IEC materials used were adapted and reprinted as developed by the NHEICC.

Red Cross personnel conducting hygiene promotional activities in a targeted school. ***(Photo: NRCS)***

WASH

Mobilized NRCS volunteers and staff were well orientated on WASH intervention strategies and approaches linking with national standard relating with the prepared WASH response plan for AWD. Orientation sessions were provided with information on the preparedness and response strategy of WASH cluster as well. The major focus was on water quality testing-assurance and its treatment, knowledge transfer to target community people on household level water treatment method and procedures, individual and mass sensitization, hygiene promotion and safe practices.

Besides, a local media partnership was developed for mass awareness raising and behavior communication change. Similarly, emergency WASH sensitization through IEC materials was developed and disseminated in the affected communities by mobilizing local volunteers. Throughout the operation period, the Red Cross, as a key WASH cluster member, maintained close coordination and involvement in decision-making and strategy formulation.

RC-CEA
During the response, a variety of communication channels and methods were utilized, including face-to-face communication, IEC dissemination, miking, public service announcements (PSAs) from Radio/TV and available social media channels. The key messages were shared depending on the context, such as the type of communication channel, timing, location, and likely audience reached, among others, and the required information was adapted and developed based on the need. Furthermore, communities (both recipients and nonrecipients) had the opportunity to ask questions, make complaints and appeal for their inclusion in distributions and other activities using NRCS feedback mechanisms. NRCS ensured the integration and mainstreaming of community engagement and feedback mechanisms.

During the distribution and sensitization sessions, dissemination of hotline number-1130 was continued. Door-to-door visits and community meetings were conducted as per need. As NRCS has been implementing CEA in all its operations, staff/volunteers were trained on CEA and various mechanisms for community feedback.

Additionally, mechanisms such as hotlines help desk, face-to-face (with NRCS staff and volunteers) and suggestion boxes were in place. A feedback box and desk were set up in RCEC deployment sites as well where the community reflected on the advantage of the camp for their health screening and checkup.

Other cross-cutting and supporting implementation strategies

Inclusive Response, Leave No One Behind
NRCS ensured social protection and the inclusive response of all affected populations and reached the most vulnerable through timely information and Red Cross services. Women, girls, children, the elderly, people with disabilities (PWD), sexual minorities, and excluded and marginalized were given special focus as per their needs and requirement to safeguard their rights and to make sure that no one is left behind.

Timely Response
NRCS ensured a timely response through the deployment of its trained staff and volunteers; thus, the operation was well accomplished according to the plan. The affected District Chapters were sent the alert information and initiated the hygiene promotion action immediately after the coordination meeting with the IFRC and PNS. RCEC members were kept alert and on standby in case of any emergencies. Basic RCEC medicines were stock pilled in NRCS NHQ before the operation that was well utilized during the deployment of the mobile RCEC.

Rigorous PMER and IM Practice
Local-level monitoring, such as monitoring of the operation activities through sub-chapters and District Chapters, was emphasized, while NRCS HQ in providing orientation and tools to local units for monitoring. The operation practised regular capturing of challenges, exploring the potential solutions for resolving the challenges while documenting learnings, good practices and reviews, which gave a good way forward to operationalize the dengue response action. Likewise, regular situation updates, information bulletins and infographics developed gave a clear picture of documentation and sharing of the operation updates, as well as allowing the operation team to update budgets and priorities continuously based on field requirements.

Optimum Mobilization of Local Resources
NRCS properly utilized and aligned available resources. The NRCS District Chapters within the valley coordinated with government authorities to utilize the local resources allocated for the response precisely for “Search and Destroy” campaigns, where District Chapters complemented the government response. NRCS emphasized the optimum mobilization of local volunteers including youths.

Youth mobilization was maximized during the response. District chapters were assigned youth volunteers who were oriented on health and WASH-related topics. District chapters fully mobilized these volunteers for 2-3 months in the communities. Activities like the “Search and Destroy” campaign, cleanliness and sanitation, water resource decontamination and awareness activity like miking were done in joint venture and coordination.

Compliance with NRCS Safeguarding Policy (Zero Tolerance)
NRCS complied with the zero-tolerance policy on Sexual and Gender-Based Violence (SGBV), workplace harassment, any kind of Sexual Exploitation and Abuse (PSEA), fraud, corruption and other types of misconduct. There was not any type of misconduct found or reported in this operation.

Human Resources and Duty of Care
NRCS provided insurance, orientation, and personal protective items (mainly surgical masks, gloves, sanitizer and hand-washing soap) to the frontline staff and volunteers involved in the operation. IFRC used global insurance and more than 400 volunteers were already in the scheme. NRCS and IFRC CD used this global insurance for this operation as well. Some possible risks for staff and volunteers were the transmission of infection as well as road crashes. Along with this, the Dengue operation had to go through a reorientation of volunteers on safety and diseases preventive personal behavior like the one wearing full-covered dressed while visiting the field. Basic PPEs were provided to the staff and volunteers mobilized in the communities.

Security
Enabling safe and secure programme delivery is a priority for IFRC and a standard IFRC security framework, as well as a country security plan, is in place, which was applied to all IFRC-deployed personnel. The National Society enjoys a good level of community acceptance countrywide, with established networks of community-based volunteers. The National Society's security framework was applicable for the duration of the operation to their staff and volunteers. There is recognition of and respect for the Red Cross Red Crescent emblem and understanding of the activities carried out by the Movement. As well as coordinating with other Red Cross Red Crescent Movement partners, regular contacts were maintained with local security networks.

IFRC CD also participated in a range of stakeholder meetings in which safety and security matters were considered and discussed, including Humanitarian Country Team (HCT) meetings convened by UN colleagues. An IFRC country security team is in place and the general safety and security situation in the country is constantly monitored. The security officer disseminates Security Advisories, including any necessary temporary restrictions when appropriate. Safety and Security alerts were also sent via SMS messages.

All new and visiting international personnel are provided with a security welcome pack and must attend a security briefing within 24 hours of arrival in-country. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses. The identified safety and security threats are not likely to significantly affect the ability of Red Cross personnel to implement program activities. The risk of disease transmission was higher with the mobilization of people. The key potential risks to Red Cross Personnel are road safety incidents, flash floods, mudslides, petty crime and health risks.

Logistics and Supply Chain
Despite not having sufficient stockpiles of cholera response kits and materials during the response, NRCS was able to implement the response activities by mobilizing volunteers through three District Chapters (Kathmandu, Lalitpur and Bhaktapur) and HQ in Kathmandu Valley as the planned activities were more focused on sensitizing campaigns, IEC materials dissemination/distribution, media mobilization and visits. Along with these, required materials (Aqua tabs, Piyush, the printing of IEC materials) in stock were dispatched and then procured to bridge the gap by the IFRC CD, in coordination with the Global Humanitarian Service & Supply Chain Management Unit in the Asia Pacific (GHS & SCM-AP) in Kuala Lumpur, particularly for the procurement of Aquatabs and approval for the procurement of PPE items.

In addition, for the other required materials, the District Chapters managed the local-level procurement as per the existing NRCS rules and given material specifications. Transportation of materials was not an issue as the response area was in Kathmandu Valley. On other hand, there was no mobility restriction due to COVID-19, though advice and support from IFRC and the government were taken as needed. Further, NRCS coordinated with clusters (WASH, health), local government and private sectors at different levels as required.

NRCS has a clear supply chain from NHQ to its warehouses and up to the district, chapters from these warehouses so these could be used based on the need for this response too. With this, NRCS RCEC kits, some medicine and oral rehydration salt (ORS) were procured under the Canadian Red Cross funding support, which helped the swift deployment of the mobile RCEC. The mosquito nets stockpiled in Kathmandu Valley were also dispatched, in which 60 pieces of mosquito net were handed over to the Sukraraj Tropical and Infectious Diseases Hospital, Teku.

Communications
NRCS and IFRC communication teams worked together to promote the work of the volunteers on the frontline of the response. Communications highlighted the humanitarian needs of people affected; to further position the NRCS as a partner of choice in humanitarian action while also relaying the voices of people at risk via national and international Red Cross social media and other digital channels as well as news media. Proper visibility of the Red Cross was maintained during community-level activities as well as the printing of IEC materials.

C. DETAILED OPERATIONAL PLAN

Health

People reached: 33,635
Male: 14,719
Female: 18,916

Indicators:	Target	Actual
% of affected population has access to immediate health services by mobilizing trained volunteers	10%	13%
# of affected population directly received health education, including RCEC services	10,000	14,257
% of targeted population correctly recalling the key messages on epidemic control	30%	*35%
# of people reached with community based epidemic prevention and control activities	30,000	33,635

Narrative description of achievements

It was estimated that 300,000 people were vulnerable in terms of AWD/cholera and dengue in three districts of Kathmandu Valley (Kathmandu, Bhaktapur and Lalitpur). This operation had targeted to support 30,000 people to protect them from disease transmission through various activities, mainly awareness-raising and behaviour change activities under the health sector.

During this operation, 33,635 people were reached through health interventions, among them 18,160 people through a door-to-door campaign by health volunteers as well as RCEC deployment, where 10,250 were female and 15,475 students (56 per cent female) were reached through school activities. All the targets under the health sectors were met. Regarding the indicator *"% of targeted population correctly recalling the key message on epidemic control"*, a formal end-line survey was not conducted. However, the results were drawn from frequent monitoring visits made to targeted communities.

The monitoring team visited most of the households supported by the operation and observed that 35 per cent of targeted households (2,100 HHs/10,500 people) were able to express on use of proper preventive measures to control disease transmission. RCEC deployment as a mobile clinic provided health services to patients of high risk for dengue location within the valley. This gave a visible impact on NRCS dengue response by assisting vulnerable people through curative service. All these activities were equally relevant for AWD and Dengue cases to control which were seen in the same communities. Therefore, NRCS volunteers and staff who were mobilized in the field intensively engaged to raise awareness for both cases.

Referral Services
The initial EPoA had planned to support people for referral services if they are unable to go to hospitals for treatment. However, the health system in Kathmandu Valley remained functional and people were able to get easy access, so there was no need to support people for referral services.

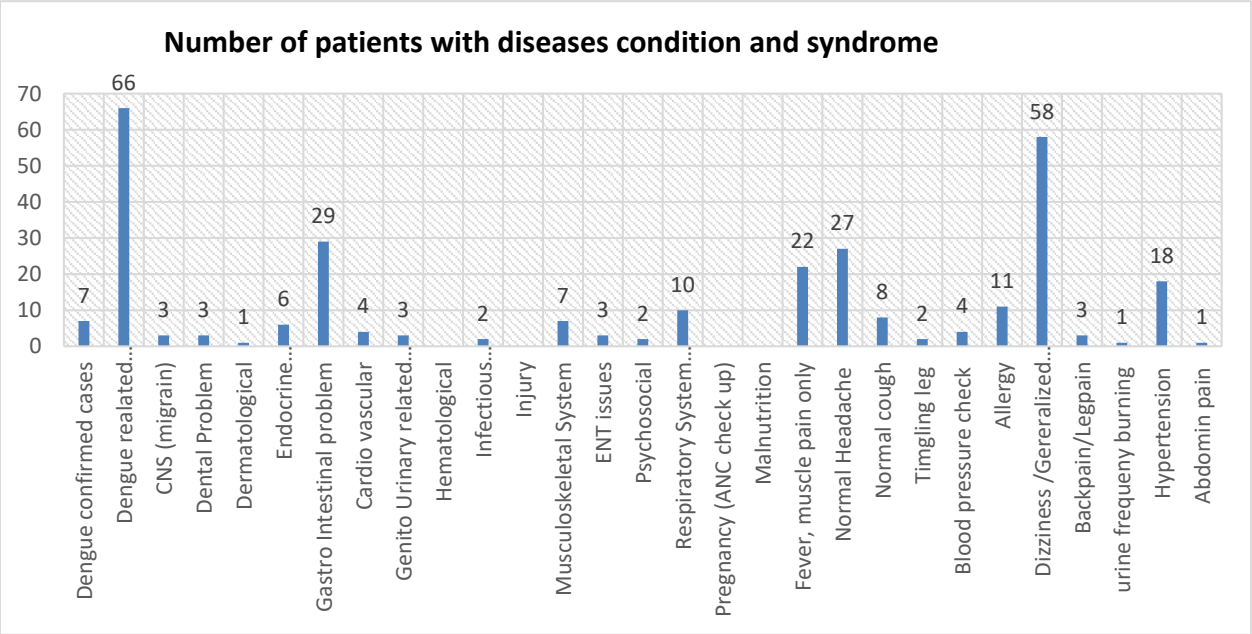
Procurement/Replenishment of RCEC Items
Furthermore, the initial plan was to replenish RCEC items when NRCS deploys RCEC in the field. However, NRCS had sufficient stocks of such items at the NHQ, and they used the items from their stock. Some of the items like ORS and basic medicines were supported by the Canadian Red Cross in-country as they have been supporting NRCS for the management of RCEC in the past. As there was no further need to replenish the items, the DREF did not cover this replenishment.

RCEC Mobile Clinic Mobilization
NRCS mobilized modular RCEC in all three districts (Kathmandu, Bhaktapur and Lalitpur) to provide basic health services in targeted communities to prevent diseases. The RCEC team was mainly deployed in the area where significant cases of AWD and dengue were detected and the team also engaged in screening, including referral of the cases as required. The RCEC health clinics were conducted in joint coordination with the District Public Health Offices (DPHOs), Municipal level Health Section as well as in close coordination with respective communities and local stakeholders.

This collaboration contributed to operational ease for the team and also fostered community engagement. In addition, RCEC could provide basic health care services to the most vulnerable and hard-to-reach population

(e.g., slum areas of densely populated cities like Kathmandu and Bhaktapur). A total of 490 people (162 from Bhaktapur, 156 from Lalitpur and 172 from Kathmandu districts), including 298 females received basic health care services through the deployed RCEC.

The camps received seven confirmed dengue cases, and the maximum number of cases were received in Lalitpur District. The camps also received some antenatal care (ANC) cases and under five children in all three settings. In general, the services provided through RCEC mobilization supported local community people to be better informed about their health condition, detect their health problems, receive basic medication as well as better understand the referral mechanisms towards extended health services.



ORS Distribution

NRCS District Chapters distributed ORS to the people in the communities where the response operation was conducted. The ECV volunteers were mobilized to visit at-risk households and share proper information about communicable diseases, and how to be protected from such diseases. They distributed ORS in the communities during their visits and conducted orientation in community gatherings demonstrating how to use ORS properly and how to keep the ORS safely at home. A total of 270 people were reached from ORS distribution and among them, 300 ORS packets were distributed to 150 people in Kathmandu district and additional 400 ORS packets were given to 120 people visiting RCEC for general medical treatment. NRCS used their stock of ORS for distribution. As health service centres were fully functional in all three districts and government hospitals provided ORS to the patient free of cost, there was less need and demand for ORS in the communities. Therefore, NRCS focused on distributing these ORS in RCEC camps, mostly as part of basic treatment regimen. Similarly, ORS were distributed in areas with less access to health services and high population density like slum areas of Kathmandu District in the initial phase.

ECV Training and Volunteer Mobilization

NRCS NHQs conducted two ECV training for NRCS staff, volunteers in August and September 2022. A total of 60 volunteers including 48 female volunteers from all three District Chapters (Kathmandu, Bhaktapur and Lalitpur) attended the training.

All three District Chapters mobilized these volunteers trained on ECV, Community Based Health and First Aid (CBHFA), Public Health in Emergencies (PHiE) and District Disaster Response Team (DDRT) for AWD and Dengue response in targeted communities immediately after the trainings. These volunteers intensively engaged in the communities for awareness-raising activities, especially on disease prevention, epidemic control and safe behaviours to protect from further transmission, continuously for three months (total 5,400 man-days). They continuously visited communities for 2-3 months and provided proper information about prevention measures to control disease transmission, precautionary measures to be taken at individual/household levels, and promoting blood donation for increased demand of blood and platelets supply. So far 18,160 people were reached, including 10,250 female through the orientation sessions and additional events like door-to-door visit for “Search and Destroy”, hygiene promotion and linkage with the health facilities

as required, including the RCEC service. NRCS mobilized health volunteers and WASH volunteers as teams in the communities to conduct community-level awareness sessions on cholera/dengue prevention and hygiene promotion sensitization activities in an integrated manner.

Distribution of ECV Toolkit
NRCS distributed 100 sets of ECV toolkits from their existing stocks in targeted communities. IFRC and NRCS translated the ECV toolkit of IFRC during the COVID-19 response operation in 2020, which is now available in the Nepali language and used in this operation. IFRC coordinated to re-print 100 sets of ECV toolkits in September 2022 to replenish the stock.

Orientation to Health Workers on Cholera Treatment, Management and Prevention
NRCS NHQ conducted four orientation sessions (2 in Bhaktapur, 1 in Kathmandu and 1 in Bhaktapur) for NRCS health volunteers as well as government FCHV. Overall, 182 people, including 147 females attended orientation sessions from August to September 2022.

The sessions were mainly focused on causes of diarrhoea/cholera/dengue, along with other transmissible diseases, signs and symptoms of diarrhoea/cholera/dengue, safe measures to be followed at household levels to prevent transmission, safe use of water as well as water treatment, proper sanitation at household level etc. NRCS District Chapters mobilized these health workers in the communities for a door-to-door campaign and they have shared information in the communities.

Rapid Response Team (RRT) Training
NRCS NHQs organized two Rapid Response Team (RRT) trainings in August and September 2022. According to a request made by EDCD, NRCS NHQ coordinated with EDCD, WHO and DPHOs to conduct this training for government health workers and NRCS volunteers. A total of 56 people, including 24 female participants attended the trainings. This is a special package course related to epidemic/pandemic, causes of such diseases, action planning to respond to health emergencies and response strategies. Local Municipalities and DPHO have mobilized these volunteers for their response operation.

Mosquito Net Distribution
When dengue cases increased in Kathmandu Valley, hospital beds were fully occupied, and hospital management had to manage patients in tents without having proper mosquito control measures. Likewise, people staying in some slum areas were becoming more vulnerable to mosquito bites therefore NRCS distributed 60 pieces of mosquito nets from their stock in Sukraraj Tropical Hospital. This mosquito net distribution was not planned under the DREF EPoA, but after observing the need, NRCS initiated and completed this activity. The distributed mosquito nets were procured by IFRC and donated to NRCS in 2022 as part of pre-stocking items.

School Awareness Initiatives
The increased cases of dengue made school children more vulnerable, and cases of dengue patients were reported in schools. NRCS included school-level preventive measures in the revised plan to protect students from dengue transmission. NRCS, in close coordination with government authorities, selected 77 public schools in Kathmandu, Bhaktapur and Lalitpur districts and NRCS mobilized its volunteers to conduct disease control and prevention sessions in these schools. Likewise, they also conducted “Search and Destroy” campaign to control mosquito breeding in these schools. Volunteers conducted sanitation activities, and waste management and used chlorine powder in the school areas. In addition, NRCS District Chapters of Kathmandu, Bhaktapur and Lalitpur procured mosquito repellents to keep in every classroom of these schools. Altogether 1,238 sets of mosquito liquidators were distributed and kept in every room of these schools during the operation. A total of 15,475 students from these 77 schools were reached through this campaign.

Extended Blood Collection Campaign
Increased cases of dengue overwhelmed the situation in hospitals and created huge demand for platelets as well as blood components. NRCS is managing blood transfusion centres throughout the country, including the three districts in Kathmandu Valley, which covers more than 80 per cent blood supply in the country. NRCS was facing challenges to meet the additional demand for blood from its regular blood donation routine. Therefore, the operation planned to expand blood donation camps in Kathmandu, Bhaktapur and Lalitpur. All three District Chapters organized additional blood donation camp, which collected 382 pints of blood during the operation.

Challenges

The operational plan revision within the short timeframe changing the targeted activities was a challenge as volunteers were to be oriented in diseases preventive aspects again.

Lessons Learned

This was a preventive action focused DREF operation, which is the very first of this nature carried out by NRCS. NRCS District Chapter volunteers have gained knowledge and skill on how to deal with this type of health emergency and support communities to prevent disease transmission. Also, NRCS teams have realized the effectiveness of such a response by jointly working together with government-level health authorities. This gave a good learning opportunity to the NRCS team

Water, sanitation and hygiene

People reached: 30,750

Male: 3,971

Female: 26,779

Indicators	Target	Actual
% of target population provided with WASH supplies and services through NRCS distribution points	10%	28%
# of assessment/monitoring visit undertaken in targeted communities and shared	1	2
# of people provided with safer water (according to WHO standards)	8,500	30,750
# of people reached by hygiene promotion activities	5,000	18,160
# of volunteers mobilized in the campaigns at community level	120	60
# of radio episodes broadcasted across various radio channels	20	3

Narrative description of achievements

This operation has targeted to support 30,000 people to protect them from disease transmission through various activities, mainly awareness raising and behaviour changing activities, promoting the safe use of water, garbage management as well as community level sanitation activities.

During this operation, 30,750 people were supported with the distribution of Aquatabs and 18,160 people were reached through hygiene promotion activities. NRCS was supposed to mobilize 120 volunteers for WASH activities, but they mobilized 60 volunteers continuously for 30 days (total 1,800 man-days) for garbage management and additionally for another two months for hygiene promotion activities. NRCS developed three types of radio messages on WASH which were aired 3,720 times through 10 local radios. All the targets under the WASH sector were met. All these activities were equally relevant to control the spread of AWD and dengue cases among the same communities so that NRCS volunteers and staff who were mobilized in the field, intensively engaged to raise awareness for both cases.

Orientation to Staff and Volunteers on WASH

NRCS NHQ organized an orientation with District Chapters' governance, volunteers and staff on 8 July 2022. A total of 73 participants attended the orientation including 42 female participants. The meeting provided orientation about targeted activities, operation procedures and compliance issues. The meeting also requested all three chapters to prepare a district-level plan and budget based on the hot spots and submit it to the IFRC.

Orientation on Safe Use of Water Treatment and Products

A total of 110 orientation sessions on the safe use of water treatment products and safe storage/ use of water were conducted in targeted communities, key market centres and school areas during July-August 2022. Altogether 3,458 people, including 1,364 females, were reached. District-wise details are provided in the table below.

District-wise details of orientation

No.	Districts	Male	Female	Total
1	Kathmandu	730	134	864
2	Lalitpur	134	130	264
3	Bhaktapur	1,230	1,100	2,330
4	**Total**	**2,094**	**1,364**	**3,458**

NRCS NHQ operation team conducted follow up sessions in each of the three districts in July in order to build a common understanding about the operation, activities and implementation process for district-level staff. Besides this, NHQ team visited District Chapters every month, participated in district-level meetings and discussed the progress.

Additionally, a total of 87 copies of household-level water treatment manuals were distributed by Kathmandu District Chapter (45 pieces), Bhaktapur district chapter (21 pieces) and Lalitpur district chapter (21 pieces) in the needful community households. Community volunteers were mobilized to provide orientation on the manuals. This manual helped households to provide ideas and knowledge on water treatment. The volunteers have also provided proper information about how to keep water more safely at household levels.

Coordination and Prticipation in Cluster Meeting
One coordination meeting was organized in August 2022 with the participation of UNICEF and WHO, and NRCS shared about the response operation and support provided by NRCS in the communities. WASH conducted three cluster meetings during the operation and NRCS actively participated in the cluster meeting sharing plans and NRCS actions in affected areas.

Monitoring of WASH Situation
A joint monitoring visit was conducted in Bhaktapur on 21 July 2022. The Head of the IFRC CD observed the community where three cases of diarrhoea/cholera were detected. During the visit, it was observed that sanitation is very poor due to the absence of proper garbage management practices as well as contamination of water sources. Most houses have tube wells, but the water quality was not good. Therefore, the monitoring team suggested conducting water quality tests in a certified laboratory and mass sanitation activities in the areas. The WASH team monitoring visits were conducted in all three districts in September 2022. The visits were done primarily to reassess the volunteers' WASH activities like chlorination in the field.

Water Quality Testing
According to the recommendation made by the monitoring team, NRCS District Chapters (Kathmandu, Bhaktapur and Lalitpur) mobilized volunteers who collected samples of water from 35 sources to test its quality. NRCS District Chapters sent the samples to a certified laboratory in September and early October. The lab reports showed that 22 samples, out of the 35, contained coliform and were not in condition for drinking purposes. Considering the contamination parameter, treatment measures were recommended along with orientation and chlorination of the water in the possible storage points.

As per findings from the laboratory reports, NRCS District Chapters mobilized volunteers in communities who had conducted demonstration sessions in 28 spots of three districts and oriented community people about the process of water treatment using chlorine powder, collecting water in water vessels. NRCS District Chapters volunteers oriented beneficiaries about how to store water safely in their houses. IFRC CD procured 1,000kg of chlorine powder in September 2022, which was used by volunteers for water treatment in the communities. During the operation, it was observed that most households in targeted communities were using jar water (purified water) purchased from the market and tap water was mostly used for other household purposes.

Distribution of Aquatabs
NRCS District Chapters distributed 225,000 pcs of Aquatabs to 30,750 people including 26,779 females in the affected areas (assuming 2.5 litres per capita per day) which supported covering water needs for 10 to 15 days. In due course of the operation, NRCS volunteers were closely monitoring the usage of aqua tabs, however, the key suggestion from the community indicated that most of the community preferred "Piyus" (chlorination solution used locally) instead of these tablets, as Aquatabs were not commonly used by the communities.

Therefore, NRCS started chlorination of water points rather than the distribution of these tablets in affected communities for better acceptance. The cases of AWD also declined after August 2022, which was one of the reasons for the low distribution of these tablets. IFRC purchased 450,000 pieces of Aquatabs through IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur. The IFRC CD submitted a request to the regional office and the logistic team from APRO coordinated the procurement and delivery process. Due to the low interest of community people, the remaining 225,000 pieces were not used and are kept in NRCS stock for future emergencies.

Orientation to Water Vendors
DPHOs as well as Municipal level Health Divisions were actively engaged in responding to the situation. They mobilized their local units for garbage management, conducting “Search and Destroy” campaign, testing water quality and monitoring water quality in source as well as vendors. NRCS District Chapters worked together closely with DPHO and municipal authorities in all those activities so separate orientation for water vendors was not required during the operation.

Design, Printing and distribution of IEC Materials
NRCS distributed 50,500 pieces (15,000 pieces in Kathmandu, 3,500 pieces in Lalitpur and 32,000 pieces in Bhaktapur) of WASH sensitizing and knowledge delivery IEC materials covering messages on water borne diseases prevention and control, water treatment, safe storage, proper hand washing and water quality testing. In the first month of operation, NRCS NHQ provided these materials to District Chapters from available stock. NRCS NHQ provided copies of IEC materials to all three District Chapters, which were developed by the NRCS, WASH cluster and EDCD. District Chapters re-printed these items and distributed them in the targeted communities by mobilizing volunteers. Most of the materials were in the Nepali language and three types of IEC materials were translated into the local (Newari) language in the districts.

Sensitization Campaign on Safe Water Handling, Sanitation and Hygiene Promotion
All three District Chapters of NRCS mobilized volunteers to conduct awareness-raising and behaviour-changing activities in the communities. These volunteers mostly conducted brief orientation sessions as well as a demonstration session on proper hand-washing practices, the use of Aquatabs to treat water, sanitation practices (inside house, latrines and communities), waste management, etc. A total of 18,160 people, including 10,250 females were reached with sensitization campaigns on safe water handling and proper hygiene practices in affected areas. The variance in the number of people reached via hygiene promotion seems quite high because the data here reflects the people reached through AWD, as well as dengue prevention and control messages. Since the operation was revised to address the community need for the prevention of dengue, a larger number was reached, and the area of work was expanded to areas with a high risk of dengue. NRCS mobilized 60 volunteers continuously for three months on daily basis in all three districts.

Red Cross volunteers conducting hand washing demonstration session in the communities of Kathmandu Valley Districts. ***(Photo: NRCS)***

Dissemination of Cholera Prevention Messages
A local-level partnership with 10 local FM radios was established and three types/episodes of WASH sensitization messages were developed and broadcast 3,720 times during the response period. The message dissemination helped to sensitize the wider mass together, particularly in the response communities and communities from 5 districts in general. According to data collected from the NRCS communication department, an estimated 35,100 people were reached through the media programme.

Garbage Management and Community Sanitation Campaign
Waste management remained a challenge for Kathmandu Municipality Authorities in July 2022 due to political instability and conflict on landfill site issues. Municipality authorities were not able to collect garbage from roads, houses and communities which were piled up for long periods. This was one of the causes of increased cases of waterborne diseases. All three District Chapters mobilized volunteers for waste management in close coordination with municipal authorities and local communities. District Chapters conducted 10-day special

campaign from the 3rd week of August 2022 which was continued until one month to conduct community sanitation, garbage collection and management initiatives.

Volunteers mobilized by NRCS were engaged to clean the areas (mainly in roadside/public places where garbage was accumulated), collect garbage and use chlorine powder. They conducted a garbage management and sanitation campaign in 55 spots within Kathmandu Valley. The Municipal authorities sent trucks to remove the garbage immediately after the first day of the campaign. The NRCS and the Municipal team were able to clean most areas together in all three districts. The dispute in landfill sites was temporarily resolved by the last week of August 2022 and municipal authorities proceeded to run the landfill sites.

Volunteers conducting sanitation campaigns the communities of Kathmandu District. ***(Photo: NRCS)***

A total of 60 volunteers (total 1,800 man-days) from three District Chapters mobilized for one month period on daily basis to conduct waste management and sanitation activities in the affected communities.

Challenges

Sometimes the local need varies from one district to another, and in such a situation it is difficult to familiarize the revised plan to the volunteers in such a short response plan. Further, it was not easy to treat the dug-well contaminated water with low cost and time for longer and sustaining runs, especially if affected areas are low-income slum areas.

Lessons Learned

Community preference should be taken into consideration for the procurement of distribution items such as Piyush over Aquatabs.

Protection Gender and Inclusion

People reached:18,160
Male:7,910
Female:10,250

Indicators:	Target	Actual
% of targeted population with increase knowledge and awareness about Protection Gender and Inclusion	20%	20%

# of NRCS staff and volunteers have signed Code of Conduct and have refreshed their knowledge on PGI	70	12 staff and 302 volunteers
% of districts chapters involved in the operation are able to collect SADD data	100%	100%

Narrative description of achievements

This operation has targeted to support 30,000 people to protect them from disease transmission through integrating PGI-related messages into other sector-specific activities. NRCS volunteers, who conducted a door-to-door campaign for other sector-specific activities also shared PGI-related basic information to 18,160 people out of the targeted people (30,000) where 56 per cent of them were female.

Minimum Standards to PGI Checklist
NRCS NHQ circulated the minimum standard to PGI checklist to all District Chapters to ensure all field-level volunteers adhere to the checklist. District Chapters shared the checklist with 182 volunteers, out of 302, who were directly mobilized in the field. NRCS District Chapters mobilized volunteers intensively from the very first week when AWD/cholera cases were detected, and they were fully involved in community-level activities, however, District Chapter missed reaching out to all of them with the checklist in a timely manner. This is one of the lessons that the operation team identified to strengthen for future responses.

Support Sectoral Teams to Include Measures to Address Vulnerabilities to Gender and Diversity
The NRCS acute watery diarrhoea operation team closely coordinated with the NRCS PGI division and received technical support to carry out activities. The NRCS team has included PGI sessions in orientation that were provided to district-level volunteers. All three District Chapters (Kathmandu, Bhaktapur and Lalitpur) mobilized 60 volunteers in community-level activities, out of them 48 are female volunteers. Field monitoring of the PGI team from NH was comparatively less than other sectoral teams, however NHQ level PGI focal person continuously engaged in the planning process as daily work with the operation team at the NHQ.

Since PGI-related information was planned to be conducted together with other sector-level activities in an integrated manner, field volunteers who conducted the door-to-door campaign also shared key messages on PGI (such as the use of feedback mechanism in case of any SGBV-related issue, extra care of most vulnerable groups to protect from disease transmission etc.). A lesson learned for future responses noticed by the operation team is that PGI volunteers need to be mobilized together with other volunteers in the field to ensure proper integration in sectoral interventions.

Signing the Code of Conduct
NRCS ensured that volunteers have signed the Code of Conduct. Overall, the operation was managed by 12 staff (6 in NHQ and 6 in District Chapters) and NRCS mobilized a total of 302 volunteers in the field. The code of conduct was shared with all staff and volunteers and signed by them.

Support Sectoral Teams to Ensure Collection of SADD
The PMER team collected the data and information from District Chapters and compiled the SADD data. NRCS practised publishing weekly updates and sharing the updates along with SADD data on a weekly basis with the IFRC CD team and relevant national stakeholders.

Challenges

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Lessons Learned

Despite the allocated defined budget for PGI action, the activities mainstreamed PGI in all its response activities by ensuring female participation, having services inclusive to pregnant, and lactating mothers and under-five children and reaching hard-to-reach elderly population and PWD through door-to-door visits. Also, the staff and volunteers were well informed and signed the Code of Conduct to NRCS policy.

Strategies for Implementation

Indicators:	Target	Actual
NRCS has adequate capacity at all levels to carry out the operation in timely and quality manner	Yes	Yes
# of NRCS volunteers including youths mobilized in relief and response activities	60	60

# of volunteers insured	60	302
Engage with other humanitarian actors for coordinated humanitarian intervention	Yes	Yes
# of District Chapters involved in the operation have feedback mechanism in place	3	3
# of lessons learned workshop conducted	1	1

Narrative description of achievements

Mobilization of volunteers for awareness-raising activities was the major strategy of the operation, where communication was swift and feedback mechanisms aided for an effective and corrective response. NRCS conducted the operation in a timely and quality manner during the response, despite the delay in the recruitment of key positions. The response activities were supported by 60 trained volunteers for message dissemination to the inclusive, groups with adolescents, elderly, and PWD focused helped reach the preventive message in wider mass. IFRC coordinated global insurance coverage for 400 volunteers in the COVID-19 operation in consideration of volunteers' safety and reached 302 volunteers, including the mobilized 60 volunteers as well. Effective humanitarian intervention required coordination with EDCD, local stakeholders, health workers and FCHVs. Three districts have established a very useful feedback mechanism to collect feedback from the community during the operation.

Multi-Sectoral Feedback Mechanism Channels Including Information and Feedback Booths and Perception Surveys
During the cholera response, to ensure two-way communications with the communities, a total of five types of feedback mechanism channels were established in three District Chapters, including a Red Cross hotline and Radio programme. To connect directly with the community, face-to-face communication was strengthened by mobilizing trained staff and volunteers in the community. To listen to the community voices more effectively, feedback boxes and help desks were established in all three RCEC deployment sites. Volunteer mobilization was also effective to reach the community directly during the response. Furthermore, 182 health workers and FCHVs were oriented on CEA during the cholera orientation programme.

Dissemination of Key Messages in the Communities through Multiple Channels
The key messages were translated into two local languages. Field-based activities like miking, community meetings and door-to-door information-sharing events were organized as per necessity in project areas to disseminate key messages in the communities.

Public Awareness via Mass/Public Announcement (Megaphone usage)
A total of three events of miking were conducted in the target communities reaching an estimated 156,763 people, including 92,866 females.

Media Mobilization/Partnership to Disseminate WASH and Health Messages
Three radio programmes were produced from HQ and broadcast through Kantipur FM. Two types of radio PSA were produced from the HQ level and shared with the districts. Furthermore, two types of cholera prevention messages were disseminated through the local FM, and PSA was broadcasted 82 times. With the dissemination of radio programmes and PSAs, around 351,000 were expected to be reached in the affected areas.

Analyze (with PMER/IM) Community Feedback, Rumors and Complaints and Work with Sector Leads to use the Feedback to Inform Further Planning and Implementation
In total, 50 community feedbacks were collected from the three districts. Community volunteers collected them during household visits and RCEC camp. People had mainly asked about the treatment of cholera and requested wash materials like soap and asked to organize such camps like the RCEC frequently in the areas.

Conduct DREF Review and Lessons Learned Workshop
Emergency Disaster Assistance Fund (EDAF) monitoring visit was conducted by the Canadian Red Cross from 7 to 11 November 2022 as funding support of the DREF mechanism globally. The objective of the monitoring mission was to review the progress against the planned objectives/outputs/activities in the agreed EPoA and DREF Budget and accompanying revised activities completed throughout the DREF.

Similarly, the mission also aimed to establish key achievements, challenges, and lessons learned within the DREF operation following its conclusion; including if a revision to the EPoA and/or Budget was required and to support the NRCS to ensure compliance with the agreed standard operating procedures (relevant to DREF operations). Some of the recommendations and lessons learned are as follows:

- Strong movement coordination (between NS and IFRC) along with external throughout the operation

- The beneficiaries were reached in a timely manner
- More proactive coordination between Movement and external partners
- CEA should be better integrated throughout the operation
- PGI needs to be integrated throughout all phases of the operation, not just during the planning phase
- SADD data and policies need to be better established
- The communication strategy was well thought out and effective in reaching beneficiaries

A lessons learned workshop was organized on 26 December 2022, to document the knowledge gained and effective methods used during the operation, not only focusing on the activities in the three districts under DREF support but also including similar activities being supported with funding from the British Red Cross, Canadian Red Cross and Finnish Red Cross as this was an IFRC-wide operation since its inception.

A total of 35 people including EDCD, WHO, IFRC and its membership, NRCS NHQ and eight District Chapters participated in the workshop, including 12 females. The workshop was useful to review the operation from the perspective of implementation, achievements, challenges and drew some findings and recommendations as well. A few of the lessons learned and recommendations from the workshop are listed below:

- To engage volunteers, capacitate and strengthen them in technical knowledge and diseases through youth-led projects using local funds
- Expand the coverage and RCEC deployments
- Continue publishing bulletins in regular phase during operation
- Develop IEC materials in local languages as well
- Staff and volunteers' health insurance must be a priority
- CEA integration in each response (expand feedback mechanism)
- Optimal utilization of local resources and collaborate with local authorities and CBOs for funding

Pre-monsoon preparedness plan is to be in place and coordinated jointly with EDCD. During the lessons learned workshop, the collective efforts from government authorities, local municipalities and NRCS, representatives from the Health Service Department informed that this type of joint work for disease control, prevention, awareness/behavior-changing activities, and waste management needs to be further strengthened. The government health department has informed they will focus on developing a master plan for collective action and NRCS has a large number of volunteers who will be mobilized in future. NRCS also decided to integrate these lessons and update their plan for effective response.

Challenges

- Community people taking cholera and dengue lightly in terms of precautionary measures to be taken.
- Community people demanded medicine, mosquito net and mosquito liquid rather than IEC materials.
- Community reluctance in adapting hygiene practices, which required frequent visits and advocacy for the changed behavior.

Lessons Learned

- Radio PSA and IEC material should be developed earlier for the emergency period.
- The procurement process should be more flexible during any emergency period.
- Capacity building training and orientation to be provided to volunteers on technical knowledge on water-borne diseases
- Awareness on hygiene promotion and possible seasonal disease outbreak prevention should be done continuously.

D. Financial Report

A total of CHF 94,387 was allocated from the DREF fund for NRCS to provide targeted people with health and WASH awareness messages on cholera and dengue in Kathmandu Valley districts. The total expenditure recorded by the end of the operation was CHF 91,187 (97 per cent of the budget), leaving a balance of CHF 3,201. The unspent balance will be returned to the DREF pool.

An over-expenditure under the WASH sector and an under-expenditure under the Coordination and Partnership sector were recorded. Based on the observed needs community-based hygiene promotion activities were conducted widely than the original plan in the implementation phase. Besides that, many community engagement initiatives were covered under both WASH and Health sectors, such as mobile awareness by the team of volunteers using hand-mikes, management of garbage that was deposited on the road and public places, community sanitation, door-to-door visit and chlorination. Considering the comparatively higher link, those activities were charged under WASH sector. More importantly, after identifying the need, chlorine powder was

procured and distributed to ensure safe water to the beneficiaries, which initially was not planned. All these activities contributed to generating over-expenditure in this sector. Under the National Society Strengthening, the budget line for volunteer mobilization was overspent due to an increase of community engagement activities throughout the timeframe of the operation.

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Full financial report is attached at the end of this report.

Reference documents

Click here for:

- Previous updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

In the Nepal Red Cross Society

- Umesh Dhakal, Executive Director; phone: +977 98510 56369; email: umesh@nrcs.org
- Dharma Datta Bidari, Director, Humanitarian Values and Communication Department; mobile no. +9779851060842; email: dharma@nrcs.org
- Shivaram Gautam, DREF Coordinator; mobile: +9779851251614; email: Shivaram.gautam@nrcs.org

In the IFRC Country Delegation for Nepal

- Azmat Ulla, Head of Country Delegation, email: azmat.ulla@ifrc.org
- Herve Gazeau, Programme Coordinator; email: herve.gazeau@ifrc.org
- Prajwal Acharya, DRM Programme Manager; email: Prajwal.acharya@ifrc.org
- Geeta Shrestha, interim PMER Officer; email: geeta.shrestha@ifrc.org

In the IFRC Asia Pacific Regional Office, Kuala Lumpur

- Alexander Matheou, Regional Director; email: alexander.matheou@ifrc.org
- Juja Kim, Deputy Regional Director; email: juja.kim@ifrc.org
- Joy Singhal, Head of Health, Disasters, Climate and Crisis; email: joy.singhal@ifrc.org
- Mahfuja Sultana, Operations Coordinator; email: opscoord.southasia@ifrc.org
- Nuraiza Khairuddin, Senior Officer, Regional Logistics; email: nuraiza.khairuddin@ifrc.org
- Afrhill Ranches, Manager, Communications, email: afrhill.rances@ifrc.org

In IFRC Geneva

- Christina Duschl, Senior Officer, Operations Coordination; email: christina.duschl@ifrc.org
- Eszter Matyeka, Senior Officer, DREF; email: eszter.matyeka@ifrc.org
- Karla Morizzo, Senior Officer, DREF; email: karla.morizzo@ifrc.org

For IFRC Resource Mobilization and Pledges

- Juliene de Bernard, Strategic Engagement and Partnership in Emergencies-Surge; email: PartnershipsEA.AP@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- Mursidi Unir, PMER in Emergencies Coordinator; email: mursidi.unir@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire**, encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Selected Parameters			
Reporting Timeframe	2022/7-12	Operation	MDRNP012
Budget Timeframe	2022/7-10	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 29/Jan/2023

All figures are in Swiss Francs (CHF)

MDRNP012 - Nepal - Acute Watery Diarrhea

Operating Timeframe: 08 Jul 2022 to 31 Oct 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**94,387**
DREF Allocations	94,387
Expenditure	**-91,187**
Closing Balance	**3,200**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	45,909	38,624	**7,285**
PO05 - Water, Sanitation & Hygiene	25,986	41,067	**-15,081**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery			**0**
PO10 - Community Engagement and Accountability	5,623	5,400	**223**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**77,518**	**85,090**	**-7,573**
EA01 - Coordination and Partnerships	13,206	1,631	**11,575**
EA02 - Secretariat Services	2,130	1,436	**694**
EA03 - National Society Strengthening	1,534	3,029	**-1,495**
Enabling Approaches Total	**16,870**	**6,096**	**10,773**
Grand Total	**94,387**	**91,187**	**3,201**

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FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/7-12	Operation	MDRNP012
Budget Timeframe	2022/7-10	Budget	APPROVED

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Operating Timeframe: 08 Jul 2022 to 31 Oct 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**12,280**	**12,935**	**-655**
Construction - Facilities		153	-153
Clothing & Textiles		53	-53
Water, Sanitation & Hygiene	5,520	8,744	-3,224
Medical & First Aid	5,440	3,909	1,531
Teaching Materials	1,320		1,320
Utensils & Tools		75	-75
Logistics, Transport & Storage		**4,088**	**-4,088**
Transport & Vehicles Costs		3,588	-3,588
Logistics Services		500	-500
Personnel	**26,200**	**31,655**	**-5,455**
National Staff		1,332	-1,332
National Society Staff	11,160	10,118	1,042
Volunteers	15,040	19,762	-4,722
Other Staff Benefits		443	-443
Workshops & Training	**24,520**	**20,719**	**3,801**
Workshops & Training	24,520	20,719	3,801
General Expenditure	**25,627**	**16,224**	**9,402**
Travel	10,000		10,000
Information & Public Relations	6,720	12,090	-5,370
Office Costs	5,600	2,012	3,588
Communications	800	1,260	-460
Financial Charges	40	443	-403
Other General Expenses		419	-419
Shared Office and Services Costs	2,467		2,467
Indirect Costs	**5,761**	**5,565**	**195**
Programme & Services Support Recover	5,761	5,565	195
Grand Total	**94,387**	**91,187**	**3,201**