



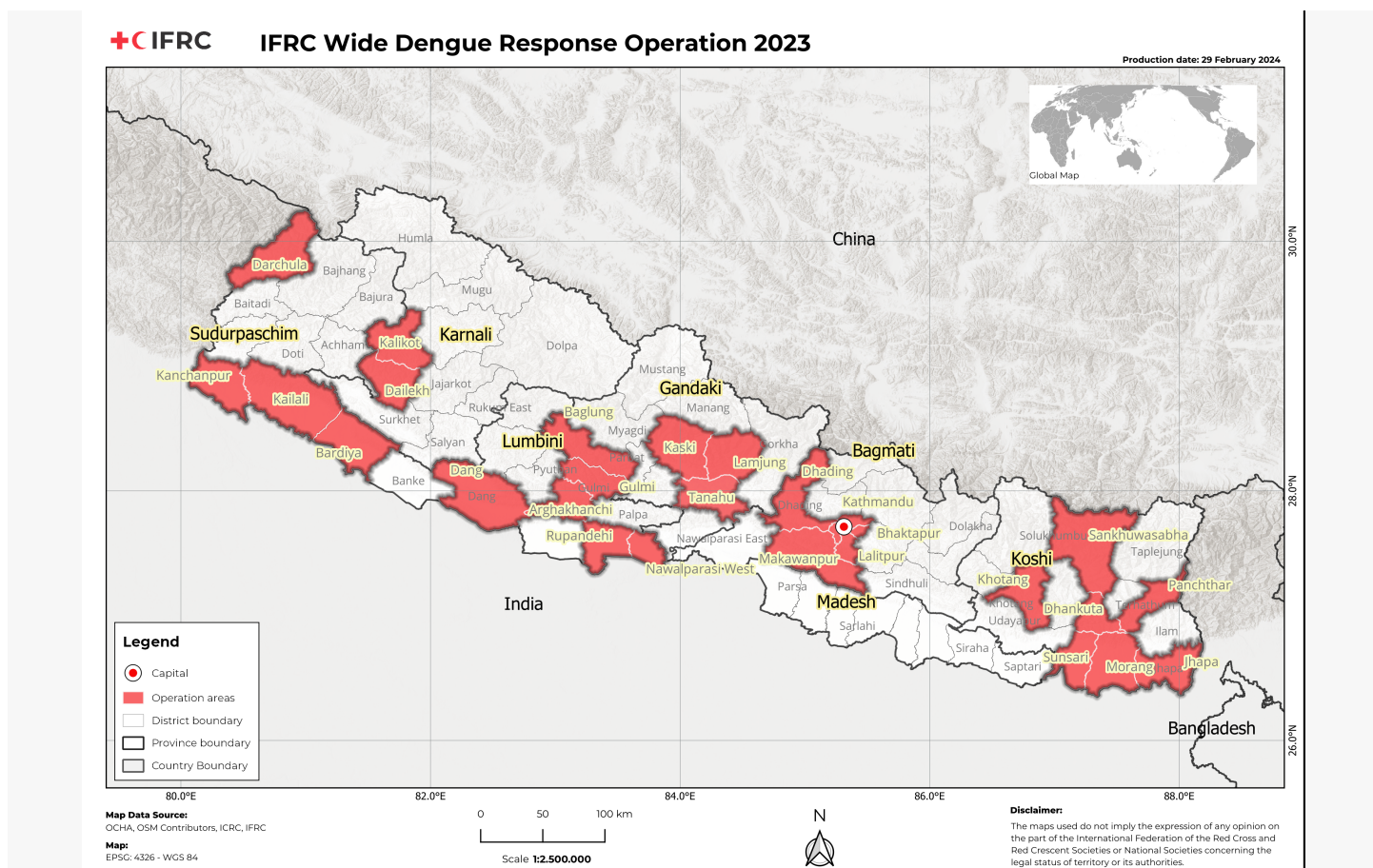
NRCS conducts sanitation campaigns across 26 districts, supporting the government's 'Search and Destroy' initiative (Photo: NRCS)

Appeal: <b>MDRNP014</b>	Total DREF Allocation: <b>CHF 187,496</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000092-NPL</b>	People Affected: <b>1,408,831 people</b>	People Targeted: <b>596,250 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>13-06-2023</b>	Operational End Date: <b>31-12-2023</b>	Total Operating Timeframe: <b>6 months</b>
Targeted Areas: <b>Province 1, Bagmati, Gandaki, Lumbini, Karnali, Sudurpashchim</b>			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, 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.



# Description of the Event



Map- IFRC-wide support to NRCS while responding to Dengue Epidemic from June to December 2023.

## Date of event

2023-06-13

## What happened, where and when?

From June to December 2023, 51,243 dengue cases were confirmed in Nepal with 20 deaths affecting 77 districts (EDCD Dengue Situation Update). This was the very first time that dengue has occurred in consecutive years, contrary to the usual cyclical pattern of dengue incidence in Nepal, which typically manifests every year instead of every two years as in previous decades. In December 2022, the reported cases were slightly over 54,000 with at least 88 deaths due to dengue (edcd.gov.np). Despite dengue being endemic in Nepal, there were previously sporadic cases, resulting in relatively low levels of knowledge and awareness among the populace. Even dengue prevention was not prioritized until recent years, but this year (2023), the Government of Nepal took proactive measures in responding to the dengue situation through joint planning and implementation.

The number of dengue cases reached its peak in 2022, and NRCS carried out preventive measures only after the government declared an outbreak. However, the response was suboptimal, as most hospital capacities were overwhelmed, and the mortality rate increased significantly. Additionally, community-level preventive (search and destroy) campaigns were conducted during that period, but controlling mosquito breeding was challenging due to a lack of prioritization by various actors and limited community knowledge and involvement. Therefore, in 2023, NRCS initiated early action activities, but by August 2023, the situation began to deteriorate, highlighting the urgency of the response.

The urban design of major cities in Nepal lacks in infrastructural public health aspects, along with challenging waste management systems and poor sanitation facilities, providing vectors with an optimal breeding environment. People residing in slums and urban areas with inadequate sanitation facilities are at greater risk of being affected.



## Scope and Scale

NRCS primarily focused on preventive measures for dengue by promoting risk communication and community engagement (RCCEA) initiatives in communities. The operation mainly concentrated on health promotion, WASH, and RCCEA activities while mainstreaming PGI for all interventions. All sectoral activities were carried out as an integrated and collective approach. In total, 26 districts were covered by dengue prevention activities, with 11 districts supported by the IFRC-DREF and 15 districts supported by IFRC members (British Red Cross, Canadian Red Cross, Danish Red Cross, and Finnish Red Cross).

The operation targeted highly vulnerable areas in affected districts based on regular updates received from EDCD, as well as analysis provided by WHO as part of the HCT mechanism. Learning from the 2022 response was also taken into consideration for targeting districts. In 2022, over 80 per cent of dengue cases were reported from three major districts: Kathmandu, Bhaktapur, and Lalitpur, followed by other major urban cities of Nepal. Mostly, people working outdoors and those residing in poor sanitation areas such as slums and urban settings were affected. They belonged to the low socio-economic group and hence had less access to timely healthcare services.

In 2023, most cases were reported from districts in Koshi and Bagmati provinces. According to EDCD data as of 15 December 2023, the top 10 districts account for 79 per cent of all reported cases (40,814 cases), while the cases are sporadic in other districts. These top 10 districts include Sunsari (16,174), Tanahu (7,193), Jhapa (3,825), Dhading (3,239), Kaski (3,069), Morang (2,328), Kathmandu (2,076), Sankhuwasabha (1,155), Kailali (994), and Gorkha (761). Hence, the intervention from this operation focused on both preventive measures and response initiatives by promoting risk communication and community engagement activities in these targeted communities/groups of population, while continuing focused interventions related to health promotion, WASH, and RCCE with additional response activities.

The operation was extended to an additional four districts based on case load and data from the Ministry of Health and Population (MoHP). Based on dengue incidence data, setting, population density, sanitation status, and population movement, the IFRC-DREF operation primarily focused on Kathmandu, Bhaktapur, Lalitpur, Makwanpur, Dang, and Rupandehi, with additional districts namely: Kaski, Jhapa, Dhankuta, and Sankhuwasabha.

## National Society Actions

<b>Have the National Society conducted any intervention additionally to those part of this DREF Operation?</b>	Yes
<b>Please provide a brief description of those additional activities</b>	This operation was managed IFRC-Wide, in which the IFRC-DREF covered 11 districts and in-country members supported additional 15 districts with similar activities. Furthermore, the operation was managed under one-plan and through one team in NRCS.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	IFRC coordinated with the national level stakeholders, including the UN agencies, HCT members and others. The IFRC closely worked together with NRCS to develop the preparedness and response plan, which was implemented in 11 districts.
<b>Participating National Societies</b>	IFRC in-country members closely monitored the situation in their respective project areas. NRCS organized a coordination meeting with IFRC and in-country members in the first week of August 2023. Based on the meeting, IFRC/Danish Red Cross supported three districts bilaterally through their emergency fund (around CHF 23,000), in addition to integrating dengue prevention activities in existing four programme districts. The implementation modality for this bilateral support followed the IFRC-DREF plan. Similarly, IFRC/Canadian Red Cross integrated and implemented community-based preventive activities in their programme areas. Additionally, the joint programme of IFRC/British Red Cross and IFRC/Swiss Red Cross supported four districts for the same purpose.



# ICRC Actions Related To The Current Event

n/a

## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>No</p>
<p><b>National authorities</b></p>	<p>Based on learnings from 2022 and the significant number of cases in 2023, the Government of Nepal (GoN)/MoHP convened numerous meetings with all relevant partners to review preparedness and identify interventions for the dengue outbreak in the country. NRCS and IFRC were part of these discussions, in addition to regular meetings with Health Emergency Operation Center (HEOC), EDCD, and MoHP. On August 11, 2023, the EDCD and Department of Health Services (DoHS) called for an emergency meeting for Dengue response. IFRC, together with NRCS, participated in the meeting and shared updates on Dengue prevention initiatives and upcoming response activities in affected districts.</p> <p>The MoHP released a circular on 27 April 2023, urging all citizens to be alert and all organizations/entities to conduct “Search and Destroy campaigns” every Friday at 10:30 AM for 10 minutes. Similarly, a high-level planning meeting was held in the Prime Minister’s office on May 12, 2023, which reiterated the need for immediate action for dengue prevention and control. As a preventive activity and preparation for a potential dengue outbreak, the government planned to activate a dengue taskforce and dengue monitoring system, integrated vector surveillance, and multi-sectoral collaboration. Some municipalities started orienting school health nurses on dengue as needed. Furthermore, the EDCD developed and disseminated a comprehensive action plan on dengue prevention and control at all levels. Media sensitization was conducted in Kathmandu by EDCD in July 2023. On the clinical side, 160 doctors and nurses were trained on clinical case management of dengue in July 2023, conducted on a need basis.</p> <p>NRCS also regularly coordinated with both local and national authorities. Some local chapters were oriented by the local government on dengue prevention and control and provided assistance to the government for planning preventive activities.</p>
<p><b>UN or other actors</b></p>	<p>On 8 May 2023, UN HCT organized a meeting with UN cluster members and humanitarian actors to discuss dengue preparedness and response, with NRCS/IFRC also participating. During that meeting, WHO shared information about the current situation and projections of dengue for 2023, and the meeting suggested initiating preventive actions. UN HCT organized another meeting on 4 August 2023, to create synergized efforts among different partners for dengue response. The agreed-upon point of the meeting was to form a working group comprising representatives from WHO, UNICEF, IFRC/NRCS, and the START Network to discuss the technicalities of the response. This group was facilitated by the EDCD/MoHP and WHO. In the same meeting, NRCS, with technical support from IFRC, presented updates on dengue prevention activities in six districts.</p> <p>In addition to the UN actors, the Start Fund supported MoHP for dengue projection through research and studies to further guide government and local actions for dengue prevention and control.</p>

**Are there major coordination mechanism in place?**

HEOC under MoHP is the key unit to regular monitor the situation and coordinate for the preparedness and response activities in any health emergency.



# Needs (Gaps) Identified



## Multi purpose cash grants

In terms of exposure, outdoor workers, people with low socio-economic conditions, and people residing in slums and low-sanitation areas have the highest risk. In the case of severe dengue cases, the infected person mentioned above has to take a rest for at least seven days. This will significantly reduce per day earning, impacting the fulfillment of basic needs and limiting access to health care services. The need was identified during the initial response period, so there was a need to include multipurpose cash (MPC) grant support to the most vulnerable. Hence, there was a need to support affected households with unconditional cash or subsidies for health costs (blood and/or ambulance), nutritional food during the hospitalization period, etc., depending on individual need.



## Health

There was a direct impact on people's health condition in affected districts, with a large number of people hospitalized, 20 people losing their lives, and the capacity of the health system in the country being seriously overwhelmed. These overwhelmed health facilities can further hamper the regular delivery of basic health services, thus impacting different other sectors of health, such as maternal and child health, or non-communicable diseases. Hence, ratified behavior change communication on dengue, along with preventive messages on environmental sanitation, was essential to minimize the severity of the outbreak.

The focus was on high-risk groups like pregnant and lactating women, children, elderly people, outdoor workers, and people living in poor sanitation areas. Targeted interventions for awareness generation in slum areas, school settings, geriatric clubs, factories, and industrial areas were the top priority initiative to prevent the most vulnerable population by mobilizing volunteers and Female Community Health Volunteers (FCHVs). Household visits in hotspots for the vulnerable and at-risk population were one of the effective initiatives. The coordinated efforts among NRCS local chapters, health facilities, and local government were well maintained for effective implementation of community-based activities as well as the close monitoring of the dengue incidence pattern. In a scenario of a dengue outbreak or high incidence of severe dengue cases, there was a high demand for platelet-rich plasma (PRPs) for transfusion. Since NRCS has largely covered the supply of blood throughout the country and there was a gap in fulfilling additional needs of PRP, so NRCS additional efforts were required to increase blood donation activities during this operation.

As of August 2023, the cases were increasing exponentially in a few districts, straining the health system with a large number of affected patients admitted to the hospital. So, there was a need to provide protective measures such as LLIN to the infected patients, which were helpful to reduce the transmission of dengue from those patients. In addition, the clinical management capacity for health workers was required in order to support local health facilities. According to WHO, the health system in Nepal is functional; however, the capacity of clinical health workers needs to be enhanced.



## Water, Sanitation And Hygiene

Due to the spread of Dengue cases across all 77 districts and the severity among the population, there was an increased need to establish effective and efficient onsite preventive and sensitization response mechanisms for sanitation in the hotspots of dengue cases. This included maximizing the current government effort for "Search and Destroy Campaigns" and raising awareness on sanitation, hygiene, and behavioral change.

Typically, poor sanitation conditions in urban and slum areas contribute to waterlogging, which is a favorable place for mosquito breeding, especially during the monsoon season. People residing in these areas lack proper sanitation and hygiene behaviors.

Additionally, dengue is relatively new in Nepal, hence there is low awareness among community people about dengue preventive actions, including how to conduct sanitation campaigns. The need for WASH for community people is related to knowledge and awareness for conducting sanitation activities in their homes and localities so that vector breeding can be reduced along with transmission rates of dengue.





## Protection, Gender And Inclusion

The dengue cases were detected in all 77 districts, with the impact varying based on demography as well as the risk of exposure. Hence, people residing in densely populated communities with poor sanitation conditions, school-going children, and outdoor workers such as auto mechanic workers, porters, etc., were mainly affected. Therefore, these groups of people were prioritized in terms of the risk of exposure. In addition, vulnerable population groups, such as pregnant and lactating women, children, and the elderly population, were focused on for dengue response. So, there was a need to protect these groups of people by providing awareness/behavior change messages promoting their engagement to control mosquito breeding in their home location.



## Community Engagement And Accountability

Dengue is a new disease in Nepal with a low level of information and knowledge among the people in the community. Preventive measures and safe practices to prevent mosquito breeding are lacking at the local level. Behavior change communication through community engagement is a must for dengue prevention and control. Hence, this need for awareness and information was addressed through the use of different media platforms for information dissemination. The use of platforms was strategically selected based on the local settings (including languages used) and their choice of information sources. The GoN/MoHP has developed a few IEC/BCC materials on dengue along with video/animated messages which were adopted and used for conducting health sessions at community as well as school settings. Considering the context and local practices, RCCEA approaches were adopted and implemented in the targeted communities.

# Operational Strategy

## Overall objective of the operation

This operation aimed to support most vulnerable people, with health and WASH awareness messages on dengue while integrating MPC, RCCE and PGI into the strategies in selected strategic locations of 11 districts (initial districts: Kathmandu, Lalitpur, Bhaktapur, Makwanpur, Dang and Rupandehi additional five districts: Kaski, Tanahun, Jhapa, Dhankutu, Sankhuwasabha). The field-level activities were implemented until December 2023.

The specific objectives are as follows:

1. Prevention and control of the existing spread of dengue cases in selected areas with health and WASH-related awareness messages and RCCE activities,
2. Enhance NRCS emergency health and WASH preparedness and response capacities.
3. Response to changing situation of Dengue in highly affected 11 districts.

## Operation strategy rationale

This plan mainly focused on early/preventive actions as well as response activities in line with the expectations towards NRCS from authorities at various levels. During the operation period, several meetings were held at national, provincial, and local levels where NRCS was requested to scale up its community engagement and risk communication initiatives. Furthermore, the experience from 2022 showed that there was strong pressure on NRCS in terms of blood services at the peak of the epidemic; hence, the strategy prioritized increasing stocks. With further deterioration of the situation in August 2023, NRCS, along with the IFRC and its members, initiated response activities as per need.

The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic preparedness and control in the region, aimed at supporting the National Society through staff and volunteer training and awareness raising, distribution of LLINs in the health facilities, capacity building of health workers for clinical case management, multipurpose cash support, distribution of information, education and communication materials, community-based surveillance, and communication of key messages for the preparedness and prevention of dengue spread in collaboration with the MoHP and local government bodies.

According to its auxiliary role to the GoN in humanitarian assistance during disasters and conflict, NRCS closely worked together with MoHP, EDCCD, NHEICC, hospital authorities, and municipalities to carry out community-level preventive and response measures for dengue cases.



# Targeting Strategy

## Who was targeted by this operation?

The operation targeted community people residing in densely populated urban areas and slums, especially those with poor sanitation conditions. Additionally, specific population groups, such as pregnant and lactating women, under-five children, elderly people, outdoor daily wage workers, auto mechanic workers, waste collectors and recyclers, and school-going children, were targeted considering their vulnerability based on demographics, socio-economic status, and exposure. For cash support, the infected and hospitalized individuals and their families were targeted.

## Explain the selection criteria for the targeted population

The selection considered districts reporting high dengue prevalence in 2022 and 2023 based on MoHP situation reports. The overall impact (morbidity and mortality) of dengue in the last three years (with high dengue prevalence) among pregnant and lactating women, under-five children, the elderly population, and active population working outdoors is high. People residing in urban slums with poor sanitation conditions have a higher risk of exposure to vectors, in addition to an increased number of optimal breeding environments for vectors. Hence, based on the dengue incidence data, setting, population density, sanitation status, and population movement, the IFRC-DREF operation focused on Kathmandu, Bhaktapur, Lalitpur, Makwanpur, Dang, Rupandehi, Kaski, Sankhuwasabha, Jhapa, Tanahu, and Dhankuta districts.

The interventions focused on the urban settings of these selected districts, with 30 per cent of the urban population taken as people at risk. The operation targeted to reach 596,250 people directly (previously targeted 450,000 and additional 146,250 population of additional four districts) through household visits, awareness sessions at community and school settings, sanitation campaigns, etc. A total of 330 volunteers were mobilized for the operation period (four months) in selected districts, reaching a total of 596,250 people through this operation, which is 43 per cent of the total population at risk.

For the MPC grant, the following criteria were considered:

1. Hospitalized individuals with severe dengue,
2. Individuals with low socio-economic conditions or daily wage workers.

The cash support for the targeted individuals primarily was for blood and ambulance services as per the national rate. In case of need for the support of nutritional food, the cash was to be provided based on the minimum expenditure basket.

## Total Targeted Population

Women	248,744	Rural	35%
Girls (under 18)	55,344	Urban	65%
Men	235,191	People with disabilities (estimated)	2.2%
Boys (under 18)	56,971		
Total targeted population	596,250		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Cases and geographical location can be varying	Cases were spread-out in all districts, beyond initially targeted districts so the Operation Update was revised to accommodate the additional districts.



Massive outbreak can cause changes in the operation plans and strategy.

Although the massive outbreak didn't occur in particular districts/places but cases were scattered in all districts. So there was not need to review the operational strategy.

### Please indicate any security and safety concerns for this operation

The National Society's security framework was applied throughout the duration of the operation to their staff and volunteers. All IFRC must, and RC/RC staff and volunteers were encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses.

Has the child safeguarding risk analysis assessment been completed?

Yes

## Implementation



### Multi Purpose Cash

**Budget:** CHF 5,553

**Targeted Persons:** 200

**Assisted Persons:** 33

### Indicators

Title	Target	Actual
# of households provided with cash assistance	200	33

### Narrative description of achievements

The provision of cash assistance to targeted households is an additional activity as part of the response initiative, which was accommodated in the revised plan in August 2023 as a first-ever initiative related to cash support in health emergencies. The cash allocation was meant to cover the socio-economic needs of the most severely affected patients being hospitalized, recognizing that dengue has an economic impact on their entire family.

Cases in Dharan municipality of Sunsari district were significantly higher than in other districts, resulting in stretched capacity of health facilities. NRCS targeted to provide unconditional cash of NPR 3,500 (CHF 25), corresponding to one week of the minimum expenditure basket as approved by the humanitarian community, to patients and their families in critical care units of hospitals based on socio-economic vulnerability criteria.

The number of hospitalized cases started to decrease after reaching the peak by the end of August. Hence, this support was not much required in Sunsari district. However, cases in Kaski, Tanahun, and Sankhuwashaba districts significantly increased, and only a few hospitalized cases were reported from these districts. Therefore, NRCS provided unconditional cash to 33 people. They were identified by hospital management who disbursed the fund and later got reimbursed by NRCS as mentioned in their Memorandum of Understanding (MOU).

### Lessons Learnt

- Enhance coordination with the local health facilities, health workers, municipalities, and district-level authorities to strengthen timely case detection and delivery of services.
- This was a pilot activity for which NRCS had to engage significantly with hospital management to identify the best operational modality. While this caused delays in this operation, it is now easily replicable in any similar response in the future.



## Challenges

• It was challenging to expedite cash support to the beneficiaries due to the time-consuming case detection process and rapid changes in hospitalized discharge cases, especially outside Kathmandu Valley districts. For future operations, promoting collaborative actions with local municipalities and health service centers to detect cases and identify hospitalized cases would be beneficial.



**Budget:** CHF 119,222

**Targeted Persons:** 596,250

**Assisted Persons:** 352,790

## Indicators

Title	Target	Actual
# of LLIN distributed to health facilities	2,000	2,000
# of people reached through awareness campaign	596,250	352,790
# of repellents procured and distributed	5,000	1,775
# of trained volunteers mobilized	200	330

## Narrative description of achievements

As of December 2023, the NRCS conducted various health promotion activities, such as walkathons, cycling events, health desks, and other promotional activities, reaching out to 355,485 people across 26 districts with IFRC-wide support. Additionally, 352,790 people were reached with support from the IFRC secretariat.

Similarly, 13 events for Early Case Verification (ECV) trainings were held in 26 districts, reaching 515 individuals (290 males and 225 females), including Red Cross volunteers, community volunteers, members of Ward Development Committees, Female Community Health Volunteers (FCHVs), and teacher sponsors.

Furthermore, NRCS organized 115 blood donation motivation campaigns in 26 districts, collecting blood from 5,217 donors. Maintaining blood supply was crucial during the peak of the dengue infection in August and September 2023 when the health system was under severe strain.

A total of 140 school health nurses/health focal points (39 males and 101 females) received orientation on dengue prevention and control in 11 districts supported by the IFRC secretariat. Subsequently, these trained personnel conducted 28 orientation events, reaching 2,879 students (1,335 males and 1,544 females), providing crucial information on dengue prevention and control measures in their communities.

Moreover, 8,790 teachers' sponsors and community members (4,256 males and 4,534 females) received orientation on dengue prevention and control in 11 IFRC-secretariat-supported districts. Additionally, NRCS volunteers conducted 331 orientation events, reaching 26,681 students and teachers (13,875 males and 12,806 females).

Between June and December 2023, 395 volunteers (194 males and 201 females) were mobilized in 26 districts where NRCS implemented IFRC-wide dengue prevention and control operations. Of these, 330 volunteers (162 males and 168 females) supported operations in 11 districts where the IFRC Secretariat provided financial and technical assistance, while the remaining 65 volunteers (32 males and 33 females) operated in the 15 districts where IFRC members supported operations bilaterally.

Furthermore, interventions included procuring and distributing 2,000 Long-Lasting Insecticidal Nets (LLINs) and 5,000 mosquito repellents in communities and schools across 11 districts supported by the IFRC Secretariat. By December 2023, 2,000 LLINs were procured through the IFRC Asia Pacific Regional Office and distributed to health facilities. Regarding repellents, 1,775 were distributed in the first batch, but procurement of the second batch had to be canceled.



Additionally, three clinical case management training events were conducted in Kaski, Sankhuwasabha, and Jhapa Districts. Health service providers from government hospitals, nominated by the District Public Health Offices (DPHO), attended these events, facilitated by NRCS District Chapters. In total, 91 individuals (71 males and 20 females) were trained across these three events.

## Lessons Learnt

- It is imperative to enhance coordinated monitoring mechanisms jointly/in collaboration with local authorities and service centers to facilitate prompt actions and adapt operational strategies as per the emerging context.
- Community engagement proves to be an effective and efficient approach, particularly in health emergencies of this nature, which should be further strengthened nationwide.

## Challenges

- The procurement process for the second batch of repellents had to be canceled during the peak of the Dengue infection, resulting in NRCS being unable to distribute repellents as targeted. This cancellation was due to the requirement set forth by the IFRC MedLog policy, which local suppliers could not fulfill. It's worth noting that repellents are commonly and widely available in various shops across Nepal and do not necessitate a doctor's prescription for procurement or use. Therefore, it is recommended to review the MedLog guidelines, which define/categorize repellents as medical items, making timely procurement challenging in contexts such as Nepal.



## Water, Sanitation And Hygiene

**Budget:** CHF 32,102

**Targeted Persons:** 596,250

**Assisted Persons:** 707,488

## Indicators

Title	Target	Actual
# of volunteers mobilized in search and destroy campaign	330	330
# of people receiving protection from environmental sanitation activities	596,250	707,488

## Narrative description of achievements

NRCS conducted 470 sanitation campaigns at strategic locations across 26 districts, including support for the government's "Search and Destroy" campaigns. These efforts reached a total of 777,625 people (379,273 males and 398,352 females) through various activities such as search and destroy operations, street dramas, door-to-door visits, and community awareness activities using megaphones. NRCS volunteers disseminated messages on household hygiene, handwashing, search and destroy practices at the household level, and more. Of these events, 435 were held in the 11 districts supported by the IFRC Secretariat, reaching 707,488 people (342,973 males and 364,515 females).

In order to conduct these activities in operation implementation districts, 395 volunteers were mobilized to deliver messages on dengue prevention and control. This volunteer mobilization is detailed further in the health section.

This achievement underscores exceptional community engagement and participation. To ensure the safety of volunteers, who play a pivotal role in conducting regular activities and monitoring high-risk zones, personal protective equipment (PPE) was provided to minimize their risk of infection and safeguard the health of those directly receiving services.

Additionally, beneficiaries residing in high-risk areas, particularly those facing an elevated risk of infection or with family members already affected and experiencing challenging socioeconomic conditions, were provided with sanitation kits/tools. NRCS District Chapters procured basic items such as shovels, brooms, trolleys, garbage collection bags, etc., tailored to local needs. This assistance has reached a total of 1,397 individuals (680 males and 717 females).



## Lessons Learnt

- Maintaining a close relationship and partnership with local health authorities is crucial for effective implementation and quality responses. This was achieved through regular coordination meetings at all levels, fostering collaboration between NRCS volunteers and municipal authorities' teams for search and destroy campaigns.
- Community mobilization for the search and destroy campaign has a significant impact on reducing mosquito breeding and transmission of cases.

## Challenges

- During the sanitation campaign, door-to-door visits were conducted, and some households were reluctant to allow our volunteers to visit and assist in identifying breeding sites. To overcome this challenge, local representatives successfully convinced the communities to participate.



## Protection, Gender And Inclusion

**Budget:** CHF 0

**Targeted Persons:** 200

**Assisted Persons:** 330

## Indicators

Title	Target	Actual
# of workplan developed based on child safeguarding analysis	1	1
# of volunteers signed code of conduct	330	330

## Narrative description of achievements

In the operational context, 395 volunteers, comprising 193 males and 202 females, by signing, formally committed to uphold the code of conduct. This commitment reflects their dedication to the mission's values and ethical standards.

During the implementation of household-level awareness activities, NRCS volunteers prioritized households with specific vulnerabilities, including those with children, the elderly, single women, and pregnant women. Recognizing the unique needs and challenges faced by these groups, volunteers aimed to provide tailored support/guidance to enhance their understanding of preventive measures against dengue and promote community resilience.

To ensure the safety and well-being of children involved in the activities, the NRCS EoC team conducted a child safeguarding risks analysis. This assessment enabled proactive measures to be implemented, mitigating potential risks and ensuring a safe environment for all participants, especially vulnerable individuals such as children.



## Community Engagement And Accountability

**Budget:** CHF 17,839

**Targeted Persons:** 596,250

**Assisted Persons:** 707,488

## Indicators

Title	Target	Actual
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# of radio programme/ jingle produced (and aired)	3	3
# of community feedback collection mechanism functional	10	5
# of IEC/BCC materials printed and disseminated	45,000	50,000

## Narrative description of achievements

From June to December 2023, a total of 707,488 individuals (342,973 males and 364,515 females) were reached through CEA activities.

As of December 2023, NRCS aired Dengue awareness jingles/public service announcements (PSAs) 562 times through various radio stations in 26 districts, with 554 broadcasts in 11 districts supported by the IFRC Secretariat. The PSAs were developed by NRCS Headquarters. Additionally, NRCS headquarters created and broadcasted three radio programs focusing on Dengue Prevention and control, which were further aired by local radio stations in targeted districts.

During the reporting period, 342 help desks were established in targeted districts, reaching out to 301,639 individuals (158,538 males and 143,101 females) in various strategic locations with key messages on dengue prevention and control. The help desks were set up in festival sessions, bus stop areas, crowded locations, and areas with high movement of people. Volunteers disseminated IEC materials and information through the campaign.

NRCS volunteers also conducted miking using loudspeakers to disseminate dengue-related information in targeted communities. The mobilization of volunteers for awareness-raising activities remained effective, with swift communication and a feedback mechanism that facilitated effective and corrective responses as identified in the lessons learned report.

Similarly, district chapters adapted and reprinted 50,000 copies of IEC materials from the IFRC Secretariat and an additional 50,000 copies from IFRC Member support, reaching out to 100,000 people. The IEC materials were adapted from the National Health Education Information and Communication Centre (NHEICC) and are available in 10 different languages, with NRCS using these materials based on contextual needs.

In total, 2,346,874 individuals were reached indirectly through public service announcements (PSAs), radio programs, miking, IEC distribution, etc.

NRCS has a functional feedback mechanism at headquarters, which includes a free-of-cost hotline, social media, face-to-face interactions, etc. During the program implementation period, NRCS received 48 queries/feedback from the community level, which were resolved in coordination with respective District Chapters and departments at NRCS Headquarters. Mostly, NRCS received queries related to how to prevent dengue and where to seek consultation when experiencing symptoms, and NRCS operation responded to these queries in coordination with the NRCS Health Service Department.

## Lessons Learnt

- A community-driven approach is more effective and efficient, enhancing community ownership.
- Developing a strategy for community-based initiatives in urban settings would ensure the participation of local communities.
- Involving the local government at the forefront of the campaign makes implementation easier, faster, and more sustainable.

## Challenges

- There was a high expectation from communities to receive in-kind support for mosquito repellent and Long-Lasting Insecticidal Nets (LLINs), and it was difficult to meet these needs nationwide.
- Engaging the urban population in community-based activities proved challenging due to their busy schedules. This was addressed by collaborating with various stakeholders, including community self-help groups, ward offices, and female community health volunteers.



**Secretariat Services**

**Budget:** CHF 6,694



Targeted Persons: 0

Assisted Persons: 0

## Indicators

Title	Target	Actual
# of coordination meetings participated/organized	6	12

## Narrative description of achievements

Throughout the implementation period, IFRC actively participated in regular HCT meetings discussing dengue. There was also an opportunity for IFRC/NRCS to update the humanitarian community on the operation conducted alongside the government. Specifically, during the UN HCT meeting on 4 August 2023, along with NRCS, the focus was on consolidating the synergies of different organizations to collaborate for the dengue response, following its declaration as an outbreak.

Furthermore, IFRC collaborated with the NRCS team in various coordination meetings with health authorities to share and discuss response activities, including clinical management trainings, search and destroy campaigns, and the use/adaptation of IEC materials, among others.



Budget: CHF 6,086

Targeted Persons: 330

Assisted Persons: 330

## Indicators

Title	Target	Actual
# of lessons learned workshop conducted	1	1
# of volunteers involved in the response insured	330	330
# of contingency plan formulated	1	1

## Narrative description of achievements

NRCS, together with the IFRC, piloted an approach to conduct an IFRC-wide lessons learning exercise in districts as part of the Dengue Response Operation. A consultant was hired to conduct the exercise based on the sampled districts with a checklist to conduct Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Prior to consultant selection, the NRCS and IFRC team conducted purposive sampling of 13 districts and conducted 53 KIIs and 29 FGDs using volunteers. Later on, the consultant analyzed the information and developed a report accessible on the IFRC website. Below are some of the key highlights:

1. Community-Driven Dengue Prevention: Successful dengue prevention initiatives were characterized by comprehensive strategies, early awareness campaigns, and active community involvement. Synergistic efforts, particularly through "search and destroy" campaigns and school orientations, empowered communities to adopt preventive behaviors and reduce the risk of dengue transmission.

2. Effective Coordination and Collaboration: Synergistic partnerships among municipal offices, health authorities, and community-based organizations were instrumental in executing successful prevention campaigns. Effective coordination ensured broader reach and maximized impact, particularly through initiatives like "search and destroy" campaigns, rallies, and community cleaning programs.

4. Tailored Initiatives and Resource Allocation: Tailored initiatives addressing local needs, such as the distribution of mosquito nets and repellents and blood donation motivation campaigns, significantly contributed to dengue prevention efforts. Strategic resource allocation and proactive measures, enhanced effectiveness in controlling mosquito breeding sites and reducing the risk of infection.



5. Challenges and Recommendations for Improvement: Challenges such as restricted geographic coverage, delayed distribution of IEC materials, and insufficient engagement of diverse community groups highlight areas for improvement. Recommendations include year-round engagement in high-risk communities, improved educational materials and training sessions, enhanced collaboration with local governments, and sustained community support beyond program phases. Continuous feedback, adjustments, and anticipatory response models based on data-driven early action protocols are crucial for future initiatives.

More details can be found in the complete report: <https://adore.ifrc.org/Download.aspx?FileId=811118>

During the reporting period, NRCS completed the first draft of the contingency plan, which was shared with the RCRC audiences. The plan guided the overall response of the dengue operation and will also serve as a reference in future operations.

A total of 425 volunteers are covered for the whole year as part of the global insurance scheme.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRNP014 - Nepal - Dengue

Operating Timeframe: 13 Jun 2023 to 31 Dec 2023

Selected Parameters			
Reporting Timeframe	2023/6-2024/2	Operation	MDRNP014
Budget Timeframe	2023/6-2023/12	Budget	APPROVED

Prepared on 29/Mar/2024

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>187,496</b>
DREF Anticipatory Pillar	98,056
DREF Response Pillar	89,440
<b>Expenditure</b>	<b>-185,055</b>
<b>Closing Balance</b>	<b>2,441</b>

### 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	5,553	834	4,719
PO04 - Health	119,222	113,936	5,285
PO05 - Water, Sanitation & Hygiene	32,102	32,164	-62
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	17,839	22,669	-4,831
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>174,716</b>	<b>169,604</b>	<b>5,112</b>
EA01 - Coordination and Partnerships	4,564	4,127	438
EA02 - Secretariat Services	2,130	4,015	-1,885
EA03 - National Society Strengthening	6,086	7,310	-1,224
<b>Enabling Approaches Total</b>	<b>12,780</b>	<b>15,451</b>	<b>-2,671</b>
<b>Grand Total</b>	<b>187,496</b>	<b>185,055</b>	<b>2,441</b>

[Click here for the complete financial report](#)

## Please explain variances (if any)

A total of CHF 187,496 was allocated to support NRCS response to the dengue situation in the country, targeting over 500,000 people. These funds were utilized to provide particularly health and WASH awareness messages on dengue while integrating MPC, RCCE and PGI into the strategies in selected strategic locations of 11 districts. The total expenditure recorded at the end of the operation amounted to CHF 185,055 which represents 98 per cent of the budget. This leaves a balance of CHF 2,441, which will be returned to the DREF pool.

The variances are mainly caused by:

1. The main variance is the under spending in relief items and supplies which is due to two main reasons: firstly, some training cost and communication cost related to health promotion campaigns were booked under workshop and training category as well as general expenditure category. Second there were under-spending in the procurement of mosquito repellent and cash for health budget lines as explained in the narrative sections above. This also explains over expenditure under workshops and trainings as well as general expenditure.

2. Due to this operation being first in Nepal where imminent DREF mechanism was used it was decided to increase the investment in learning and documentation processes. Hence, the budget lines on consultant (to write the lessons learnt report) as well as the professional fees (for photographer trip, photo book design and printing as well as related car hire) are over-spent.



# Contact Information

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

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[Click here for reference](#)

