

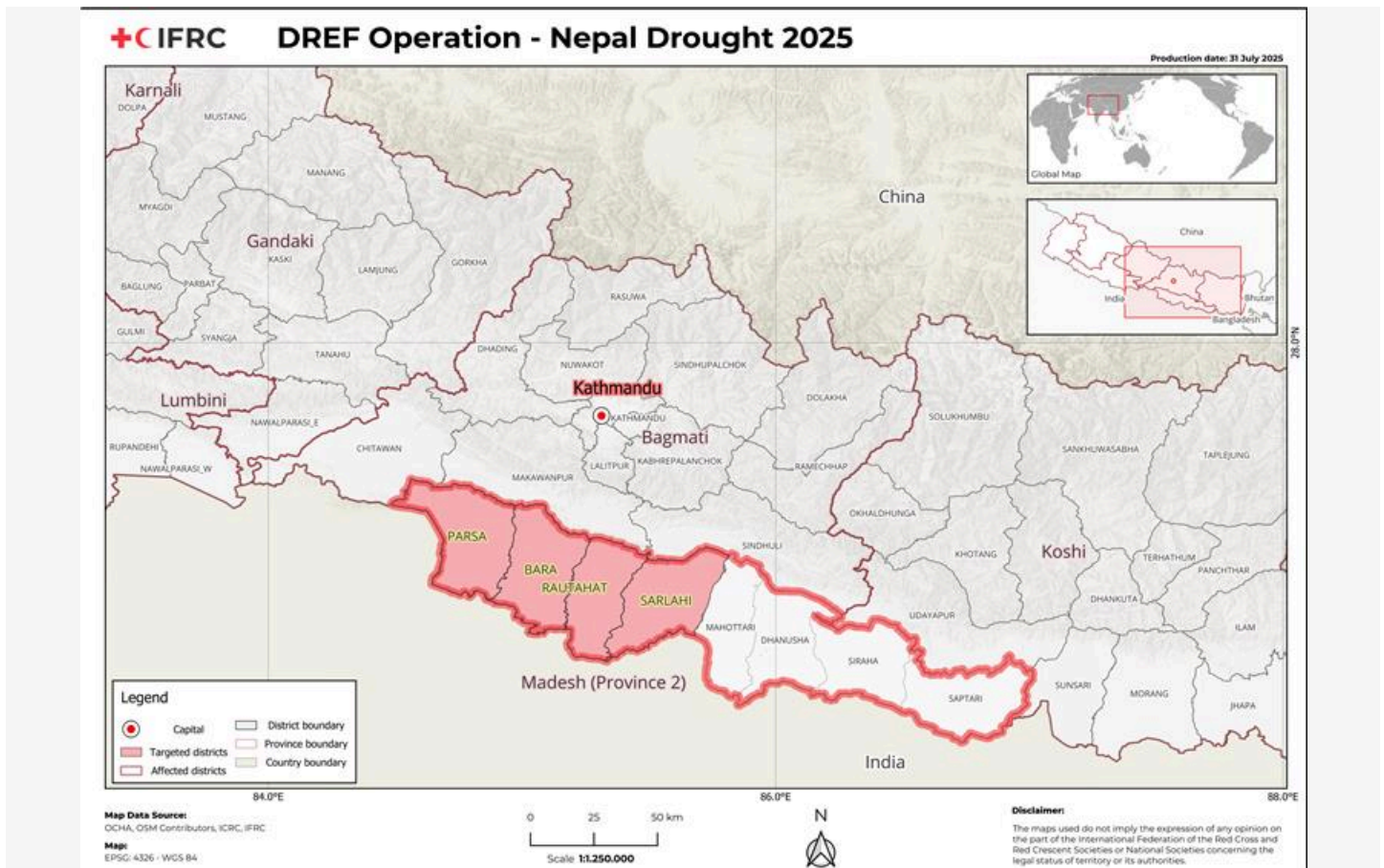


New water tank installed with hygiene messages in impacted districts.

Appeal: <b>MDRNP019</b>	Total DREF Allocation: <b>CHF 250,353</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Drought</b>
Glide Number: <b>DR-2025-000125-NPL</b>	People Affected: <b>1,200,000 people</b>	People Targeted: <b>60,000 people</b>	People Assisted: <b>104,738 people</b>
Event Onset: <b>Slow</b>	Operation Start Date: <b>31-07-2025</b>	Operational End Date: <b>31-12-2025</b>	Total Operating Timeframe: <b>5 months</b>
Targeted Regions: <b>Province 2</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, Germany, 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 of DREF operation areas (Source: IFRC)

## Date when the trigger was met

23-07-2025

## What happened, where and when?

The monsoon season in Nepal officially began on 29 May 2025, with forecasts from the Department of Hydrology and Meteorology predicting above-normal rainfall until September. Despite these projections, cumulative precipitation recorded by 30 August 2025 was below normal, particularly in Madhesh Province where rainfall was negligible. This prolonged dry spell resulted in drought conditions across eight districts, severely affecting lives and livelihoods. The drought also compromised sanitation and hygiene, increasing the risk of waterborne and vector-borne diseases.

On 23 July 2025, the Federal Government declared all 136 municipalities in Madhesh Province drought-affected. Local governments attempted to mitigate the situation by supplying water through municipal networks, but these measures were inadequate to meet demand for drinking water, sanitation, and hygiene. In densely populated settlements and market areas, residents were queuing in extreme heat for limited water supplies, underscoring the strain on essential services.

The drought then escalated into a public health emergency. On 22 August 2025, Birgunj Metropolitan City in Parsa District reported a surge in cases of Acute Watery Diarrhea. By 26 August, the National Public Health Laboratory (1) confirmed a cholera outbreak in Birgunj, which subsequently spread to neighboring Bara District. Although a few cases of diarrhea had already been detected earlier during IFRC's distribution of RDT kits, the outbreak was unprecedented in scale. The scarcity of safe drinking water, compounded by drought conditions, significantly contributed to the rapid spread of cholera, intensifying the multifaceted humanitarian crisis in Madhesh Province. The operation was adjusted through Operation Update, integrating cholera response activities into the plan.

At the time of the closing of this operation, the water level in the existing tube wells had partially recovered after the rainfall. This has increased access to drinking water. However, there is a possibility of drought in the dry season (every year between April and July before



the monsoon season starts). In terms of cholera outbreak, the situation in Parsa is normal and all affected population are recovered and discharged from hospital. The operation initially aimed to support 60,000 people but ultimately reached 104,738 people by its conclusion.

(1)Source: <https://www.who.int/nepal/news/detail/29-08-2025-cholera-outbreak-in-birgunj-who-response>

(2)Source: <https://edcd.gov.np/uploads/news/pdf/68be63dc59a46.pdf>



Red Cross volunteer conducting health and hygiene session in community.



Oral rehydration point established by NRCS in Parsa District.

## Scope and Scale

While all eight districts of Madhesh Province were declared under a drought emergency, affecting 1.2 million people, a cholera outbreak was confirmed only in Parsa and Bara districts. According to the situation update of Madhesh Provincial Health Emergency Centre (PHEOC), in Parsa District a total of 1,171 confirmed cholera cases were detected who recovered after being treated in hospital. However, if swift mitigation and containment strategies had not been implemented effectively, there was a looming risk that the outbreak could have spread to neighboring districts due to increased cross-border movement.

The NRCS supported 104,739 people in eight municipalities (Birgunj Metropolitan City, BahudarMaai Municipality of Parsa District, Pacharauta Municipality, Simraungadh Municipality of Bara District, Baudhimai and Ishnath Municipalities of Rauthat District and Kaudena and Parsa Rural Municipalities of Sarlahi District ) through interventions focused on drought response. The NRCS District Chapters reached out to 104,739 people in eight targeted municipalities of four districts through health promotional activities including cholera awareness.

WASH intervention integrated with the health service was implemented to address both drought and cholera outbreak. Key interventions include water trucking, deep borehole installation and water distribution through established water tanks, water quality testing, ECV training, chlorination, construction of temporary toilets and volunteer mobilization for health and hygiene promotion and cholera vaccination. The Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) approaches were incorporated from the planning phase and throughout the program period. The overall operational timeframe for this operation was five months. A lesson learnt workshop was conducted in late December 2025 to document challenges and good practices with the participation of the community, local authorities, district and provincial chapter representatives, and other concerned stakeholders. A lesson learned report has been published on the IFRC public website.

## National Society Actions

<p><b>Have the National Society conducted any intervention additionally to those part of this DREF Operation?</b></p>	<p>Yes</p>
<p><b>Please provide a brief description of those additional activities</b></p>	<p>Since Birgunj city of Parsa District was identified as the primary hotspot for cholera cases, the Government of Nepal initiated a vaccination campaign throughout the district. The NRCS mobilized 150 volunteers to support the campaign upon receiving a request from the Government. The vaccination campaign reached out to 437,000</p>



people. Volunteers were mobilized for registration, site management, data recording, and following up with the community through household visits as part of the campaign.

## IFRC Network Actions Related To The Current Event

<p><b>Secretariat</b></p>	<p>The IFRC allocated a DREF (CHF 250,353) to support NRCS in implementing response activities in the four drought and cholera-affected districts of Madhesh province. The IFRC Country Delegation team supported NRCS to develop the plans, establish the coordinated response through the Emergency Operation Centre, initiate the procurement process, develop data tracking tools, M&amp;E plan, operation implementation plan, etc. According to the temporary operating modalities, the IFRC Country Delegation coordinated most of the procurement as well as supporting the province and district chapters directly for the implementation.</p> <p>IFRC mobilized three health technical staff to support the Parsa District Chapter according to the IFRC response SoP and domestic surge mobilization plan. The technical staff coordinated and collaborated with the district health authorities, as well as provided technical support such as pre-mobilization orientation for the volunteers. The IFRC Secretariat also supported the NRCS in coordinating with other stakeholders, such as the Humanitarian Country Team (HCT) clusters and the Government, as required.</p>
<p><b>Participating National Societies</b></p>	<p>The IFRC/British and Swiss Red Cross allocated funds from their bilateral sources to NRCS before DREF was approved. Similarly, Swiss Red Cross deployed its technical staff to Parsa district according to the IFRC Response SoP.</p>

## Other Actors Actions Related To The Current Event

<p><b>Government has requested international assistance</b></p>	<p>Yes</p>
<p><b>National authorities</b></p>	<p>For Drought:</p> <p>On 23 July 2025, the Government of Nepal declared the Madhesh Province a disaster crisis zone for the upcoming three months due to the drought and its aftermath, impacting the day-to-day activities of the population living in the province.</p> <p>On 26 July, the Prime Minister of Nepal made an aerial survey of the drought-stricken areas in the Madhesh Province, where the agricultural land was dried due to a lack of enough water, and community people were queuing for a gallon of water. Based on this, the Government declared to provide 500 boreholes in the eight affected districts of Madhesh province. However, the actual location is yet to be decided, only after which the field implementation will start.</p> <p>On 27 July, a coordination meeting with the Chief District Officers (CDOs), the mayors of affected municipalities, and chairpersons of the local government of eight drought-affected districts was organized by the NDRRMA under the leadership of the Ministry of Home Affairs (MoHA). During the meeting, both the Honorary Ministry of MoHA and the Chief of NDRRMA interacted with the participant to know about the situation. Before this, the NDRRMA requested the UN Agencies, I/NGOs, and the Red Cross to adjust their programming to address the arising needs of the people from the Madhesh province. The second meeting was conducted on 28 July 2025 by NDRRMA</p>



with the participation of stakeholders, including the NRCS, to share the updates on proposed activities, which helps to avoid duplication.

The Provincial Government has been distributing the water via tankers; however, the geographical coverage is limited and is not enough to fulfil the needs of the affected population.

For Cholera:

The Minister, Health and Population visited Narayani Hospital in Parsa District on 25 August 2025 to observe the situation. Based on the field observation, he immediately declared it as a treatment hub for cholera and also to provide free treatment in the hospitals for cholera patients.

The EDCD deployed the medical team to Narayani Hospital for case detection and technical support for advanced treatment. The Health Service Department has been providing lab facilities from the National Public Health Laboratory for case detection. The provincial Health Emergency Operation Centre of Madhesh Province is taking the overall lead for the cholera response.

The Minister, Home Affairs visited Birjung of Parsa District on 31 August 2025. He instructed the police forces to activate their medical teams for cholera response.

The National Disaster Risk Reduction and Management Authority (NDRRMA) finalized the 5W tracking tool and requested all humanitarian actors to update tool on a regular basis. NRCS is updating it regularly.

#### UN or other actors

The UNICEF WASH cluster co-lead coordinated with the cluster members and mapped out the activities carried out by cluster members. UNICEF distributed water and water storage vessels as well as installation of water tanks in affected municipalities other than the ones supported by the Nepal Red Cross Society. UNICEF established a monitoring mechanism to access condition of underground water regularly. The representative of UNICEF informed that the underground water has increased after the late rainfall, as a result, water is again accessible through shallow tubewell in some places. However, the water level may be depleted in the dry season starting from March every year.

For the Cholera response, WHO provided technical, financial, and operational support to the district hospitals of the Cholera-affected district through the Ministry of Health and Population.

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

The health and WASH Cluster mechanisms were actively engaged to provide support to the affected communities. For the Cholera, national and provincial level Health Emergency Operation Centres effectively coordinated and collaborated with humanitarian agencies while containing the spread of Cholera at the community level. The EDCD, MoHP, jointly with the WHO and NRCS has conducted a cholera vaccination campaign in the affected districts. Within the IFRC Network, several coordination and planning meetings are conducted regularly.

## Needs (Gaps) Identified



Considering the situation of the cholera outbreak and trend of transmission, there was an urgent need to expand safe water, sanitation, and proper hygiene practices through risk communication and community engagement approaches to break the chain of transmission in the affected communities. The distribution of water purification reagents at the household level and knowledge about epidemic control measures at the household level were equally important in the affected areas.

The preliminary finding of the assessment showed that there were unreported cases at the household level with AWD symptoms. Due to existing stigma, people were not reporting the need for MHPSS in the communities. Mobilization of Red Cross volunteers for community surveillance, as per the guidance from the Government health authorities, was one of the priority needs in the affected areas to enhance surveillance and rapid response with active case finding and outreach at the community level. WHO, UNICEF, and health authorities were



working together for CBS, and NRCS volunteers were doing some CBS through the Kobo toolkit as part of the outreach HP activities, in close coordination with health authorities, WHO, and UNICEF. Funding was available at the municipality level for CBS using SORMAS (surveillance outbreak response management and analysis system).

Hospitals were overwhelmed with the high influx of patients having symptoms of AWD. Hospitals reported inadequate medical supplies, hospital beds, etc. Deployment of the Red Cross Emergency Clinic, at least through the establishment of oral rehydration points (ORP) in strategic locations, and distribution of oral rehydration solution (ORS) at the household level, was important to contain the spread at the household level. A total of 1,470 people (622 female and 848 male) have benefited from the ORP services centre located in Narayani.



## Water, Sanitation And Hygiene

Considering the prevailing situation of the cholera outbreak and trend of transmission, there was an urgent need to expand safe water, sanitation, and proper hygiene practices through risk communication and community engagement approaches to break the chain of transmission in the affected communities. The initial findings of the field assessment showed that out of 435 households surveyed, 364 households reported experiencing a reduction in water yields in their shallow tube well, and people have no alternative sources near their homes. The insufficiency of safe drinking water presented a high risk of dehydration, waterborne diseases, and other significant public health concerns within affected communities in all four districts.

The community people spent more than 30 mins (two-way) to collect water from other locations; therefore, there was an urgent need to supply safe drinking water through water trucking and installing water points, including storage tanks or boreholes.

The findings for the assessment also showed that the majority of households did not treat water before drinking, which may also result in water-borne diseases, including cholera. Hence, there was a need to continue the household-level water treatment, sanitation, and hygiene promotion education activities at the household level through local volunteer mobilization. Additionally, most of the respondents reported that the water they use tasted bad and was turbid, but that they did not test it, showing the need for water quality testing.

The preliminary findings for the assessment further show that a significant population did not have access to household-level toilets. Hence, there was a high need for the installation of emergency toilets to minimize chances of open defecation practices, as well as reducing the AWD instances.



## Protection, Gender And Inclusion

A key gap in such emergencies was the limited use of disaggregated data by sex, age, disability, which hindered the ability to tailor interventions effectively for the most at-risk groups, including persons with disabilities, marginalized, and women-headed households. The absence of systematic PGI risk analysis across sectors such as WASH, food security, and shelter further constrained inclusive targeting.

According to the NRCS District team, access to essential services remained unequal, with structural and social barriers disproportionately affecting women, girls, and marginalised communities in the affected areas. The lack of adapted services and safe spaces for these groups limited their participation and protection. Moreover, there was a lack of awareness on gender-based violence (GBV) and response mechanisms.



## Community Engagement And Accountability

Community Engagement and Accountability (CEA) ensures NRCS works collaboratively with affected populations by integrating their meaningful participation, maintaining transparent and timely communication, and establishing mechanisms to actively listen and respond to their feedback throughout the relief effort. This approach enhanced NRCS's accountability to communities, boosting the relevance, impact, and quality of response, and empowering people to drive positive change for themselves.

When engaging with communities, it was vital to do more than just broadcast information. Response teams dedicated time to listen to the needs and interests of affected communities, particularly those who were most marginalized and often lack a public voice. A robust process was in place to ensure that community input was not only heard but also acted upon, offering diverse channels for listening and responding to these voices. During a disaster, this meant focusing on a participatory response mechanism that supported the community in identifying their needs, selecting beneficiaries, and planning implementation.



# Operational Strategy

## Overall objective of the operation

The IFRC-DREF operation aimed to support 60,000 people (12,000 households) from communities affected by drought and the cholera outbreak with the provision of drinking water, hygiene and sanitation practices, and cholera response activities in the four targeted districts of Madhesh Province (Bara, Parsa, Rautahat and Sarlahi).

The operation focused on the provision of water through water trucking and deep borehole installation, and the provision of household water storage. Additionally, the operation aimed to develop community awareness, behavioral change activities, especially in the health and WASH sector, drought awareness, household water treatment, provision of emergency toilet, with integrated PGI and CEA components. To support the implementation, more than 150 NRCS personnel, including staff and volunteers, were deployed in the field to carry out the operation.

## Operation strategy rationale

Response Strategy Rationale:

Nepal Red Cross Society operated the drought response operation in four districts of Madhesh province immediately after the Government declared Madhesh Province as a drought emergency on 23 July 2025. In August, an AWD/Cholera outbreak was reported in Bara and Parsa districts where DREF activities were implemented. Therefore, the overall response strategy was revised to integrate WASH, Health, PGI and CEA activities to respond to both events as one operation.

The planned interventions were designed to be implemented through close coordination and collaboration among local authorities, health institutions as well as other humanitarian agencies, including the humanitarian cluster team.

Overall Response, Objective, and Strategies:

Considering the urgent need of safe drinking water, the NRCS provided drinking water services through various means to assist 60,000 individuals severely impacted by the ongoing drought in Parsa, Bara, Sarlahi, and Rautahat Districts and AWD/cholera outbreak in Parsa and Bara districts of Madhesh Province. As part of the operation, interventions such as ECV volunteer mobilization in order to promote safe health and hygiene practices of the targeted population. Additionally, Oral Rehydration Point (ORP) setup, and health and hygiene promotion activities, incorporating the PGI and CEA programming approaches in eight municipalities/rural municipalities of four districts.

Water Sanitation and Hygiene Promotion (WASH)

Absence of sufficient rainfall despite the onset of the monsoon, the surface water and the underground water table depleted significantly in the Madhesh Province. The main source of drinking water is from deep wells/ boreholes, but as they dried up, people were forced to consume water from the shallow handpumps facing a scarcity of water which eventually increased the health risks (Arsenic and surface contamination). The operation proposed three key strategies to ensure equitable access to safe water and promote essential hygiene practices to mitigate public health risks and prevent disease outbreaks among the most vulnerable households:

1. **Water trucking:** NRCS local chapters coordinated with the local authorities to mobilize water trucking vehicles as there were no private water trucking vendors (except in Birjung Metropolitan City of Parsa District) to supply drinking water in the targeted areas from existing and newly installed boreholes by the Government. The strategy was updated according to the evolving situation.
2. **Installation of water tanks and/or renovating existing boreholes:** Considering the existing need of the provision of drinking water, the NRCS installed water storage tanks in key strategic locations of the targeted municipalities. The district chapter procured water storage tanks within their financial threshold whereas the bulk procurement was coordinated by the IFRC Country Delegation. Water user committees were formed, responsible for the overall management of water refilling and distribution. The water tanks were refilled through water trucking and or through the renovated boreholes.
3. **Drilling of deep boreholes:** This was one of the strategies that the Government prioritized and which NRCS planned to complement. The drilling process completed in three days because the targeted areas didn't have hard bedrock and had sufficient number of technical people available in the targeted areas. This was also a sustainable long-term solution to this crisis, and could sustain the water storage tank installation intervention through regular water supply. IFRC procurement procedures were initiated, but took some time to complete.

In addition, each targeted household received two buckets for water fetching and water storage, which promoted practices of safe storage of water at the household level, ensuring the optimum use of available water. Quality assurance of drinking water was maintained. The Government of Nepal took a strong leadership role to coordinate all agencies, avoiding duplication by assigning areas and also ensuring cross-complementary support.

Considering the preliminary findings for the assessment and the cholera outbreak in Bara and Parsa Districts, the NRCS installed emergency toilets in strategic locations in the targeted districts. The NRCS mobilized WASH technical volunteers to install emergency



toilets using squatting plates/pans from its existing stock.

#### HEALTH:

Considering the possibilities of the cholera outbreak spreading to other areas/districts, a rapid community awareness campaign on cholera was carried out. In addition to this, HH water quality testing, handwashing promotion, sanitation and hygiene promotion through WASH kits distribution were conducted. Oral Rehydration Points (ORP) were established in the area where caseloads were high, as per available data. Mainly ward numbers 1, 11, 12, 13 and 14 of Birgunj Metropolitan city and Narayani Hospital, the Cholera Treatment hub-hospital was a base for the setup of the ORP. NRCS chapters established the ORP based on needs and in close coordination with the local health officials. It was maintained for referral of cases upon identification, and trained volunteers were mobilized to conduct these activities. The volunteers conducted comprehensive orientation sessions for families on safe water handling, hygiene promotion, and basic sanitation practices, and health promotions. The IFRC supported EDCD to distribute and monitor Rapid Diagnostic Test (RDT) kits in sentinel sites across Madhesh province. When cholera cases were found, the interventions were turned towards cholera control management. The Nepal government sent 50,000 RDT kits for distribution across the country with support from IFRC. Coordinated with all relevant authorities to ensure all hospitals get access to the kits. Regarding case management, doctors used multiple antibiotics, and a training was conducted together with WHO.

#### CEA and PGI:

Throughout the operations, PGI and CEA concerns were systematically integrated throughout all WASH interventions to ensure equitable access, safety, dignity, and responsive programming. The targeted individuals for CEA and PGI interventions were at 12,000 people (at least one per targeted household).

#### EXIT STRATEGY:

CEA initiatives such as community consultation, formation of water users committees, etc., were implemented. After installation of the water schemes, joint meetings with community user committees and local municipalities were conducted, which agreed that necessary repair and maintenance, and the proper distribution of water will be taken care of by respective municipalities and the user committees. Finally, the NRCS District Chapters officially handed over these to municipalities and communities. Additionally, the IFRC and NRCS operation team conducted field visits on a regular basis to provide key technical support to DCs while implementing the DREF activities.

In case of cholera, NRCS trained several volunteers at the local level who carried out awareness and behavioral change activities to prevent water-borne diseases in the future.

[1] <https://dhm.gov.np/mfd/#/weather/pages/all/11200>

## Targeting Strategy

### Who was targeted by this operation?

The intervention focused on 60,000 individuals from 12,000 of the most vulnerable households impacted by drought and cholera across 10 municipalities in four districts: Bara, Parsa, Rautahat, and Sarlahi, located in Madhesh Province. Furthermore, NRCS conducted gender- and diversity-sensitive analyses during the recipient selection process, prioritizing households led by women, pregnant and lactating women, single women, people with disabilities, the elderly, children, survivors of sexual and gender-based violence (SGBV), and displaced individuals.

### Explain the selection criteria for the targeted population

Severely affected eight municipalities of four districts out of eight districts of Madhesh Province will be targeted for the operation. The municipalities that are not covered by other organizations will be targeted to avoid duplication. Within the municipalities, the clusters with a socially and economically marginalized population will be targeted for the operation.

At the distribution point, the population will be prioritized based on below criteria:

1. Households headed by children below 18 years and the elderly above 65 years of age.
2. Households headed by women and single women.
3. Households comprising of pregnant and lactating women, people with disability and Chronic illness



# Total Assisted Population

Assisted Women	31,204	Rural	66.2%
Assisted Girls (under 18)	20,802	Urban	33.8%
Assisted Men	21,093	People with disabilities (estimated)	2%
Assisted Boys (under 18)	31,639		
Total Assisted Population	104,738		
Total Targeted Population	60,000		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Due to the drought, there was a possibility of disease outbreak related to skin, eye infection, diarrhoea, cholera, dengue etc.	A localized cholera outbreak was observed during the implementation period in Parsa District. The operational plan strategy was revised to carry out the cholera response activities. Volunteers trained on ECV were mobilized to conduct health and hygiene promotion activities at the community level.
Internal risks relating to NRCS transition out of its governance and integrity crisis	IFRC has maintained a Temporary Operating Modality for the last few years to mitigate the risks relating to the governance of NRCS. Mitigation actions include very close monitoring of expenses, transferring of funds directly to district chapters, and handling all major procurement directly by IFRC.
Chances of increased cases of cholera due to Inadequate infection prevention and control (IPC) practices	Conducted immediate WASH measures, including water handling and chlorination, health and hygiene promotion, with community engagement and risk communication to counter



	rumors and ensure safe health, hygiene, and sanitation practices.
Spread of AWD/Cholera in other adjacent districts	<p>Conducted RCCE activities, mass-awareness campaigns on the potential transmission spread route and ways to interrupt the chain of infection through PSAs and volunteer mobilization for health and hygiene awareness in adjacent/other districts.</p> <p>Implemented preparedness activities, ensuring trained volunteers were on standby and mobilized them immediately when needed.</p>

**Please indicate any security and safety concerns for this operation:**

No specific security or safety threats were identified in the operation area.

Enabling safe and secure programme delivery was a priority for IFRC and a standard security framework as well as a country security plan, was in place, which applies to all IFRC-deployed personnel. The National Society enjoys a good level of community acceptance countrywide, with established networks of community-based volunteers. There was recognition of and respect for the RC emblem and understanding of the activities carried out by the NRCS. Regular contact was maintained with local security networks. IFRC country office participated in a range of stakeholder meetings in which safety and security matters are considered and discussed, including Humanitarian Country Team (HCT) meetings convened by the UNRC office.

The security situation in country was constantly monitored, and the security focal points disseminated necessary temporary restrictions when appropriate. Field movement monitoring was in place, with field travel monitored closely through radio contact and phone communications. The security team had local networks in the areas of operation and was ready to put in place security contingency plans if necessary. All new and visiting international personnel were provided with a security welcome pack and must attend a security briefing within 24 hours of arrival in-country. All IFRC members must, and RC/RC staff and volunteers are encouraged to complete the IFRC Stay Safe 2.0 e-learning courses. The National Society's security framework was applicable for the duration of the operation to their staff and volunteers.

Finally, it was noted that when military and/or other security actors were present in the same humanitarian space, the guidance in the Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance 2013 Section 6 – Relations with Public Authorities: Civil- Military Coordination and the IFRC Stay Safe – Guide to a Safer Mission were to be applied. Operations and programme managers/coordinators adhered to the IFRC Stay Safe – Guide to Managers in Chapter 5 – Working with the military to ensure principled humanitarian action.

Has the child safeguarding risk analysis assessment been completed?	No
---	----

# Implementation



**Budget:** CHF 48,238  
**Targeted Persons:** 60,000  
**Assisted Persons:** 104,739  
**Targeted Male:** 52,732  
**Targeted Female:** 52,007

## Indicators

Title	Target	Actual
Number of people reached by the Cholera response	60,000	104,739



Number of people reached with health promotion as a response to an emergency by community-based volunteers	60,000	104,739
Number of volunteers oriented/trained on epidemic control, psychosocial first aid, community-based surveillance, etc.	150	280

## Narrative description of achievements

A total of 104,739 people were reached through other health promotional activities planned as part of this operation in the targeted municipalities of four districts. The health interventions conducted by NRCS in coordination with the Government have supported the containment of the spread of Cholera and created awareness among the affected population.

### Cholera Response:

The Cholera response interventions carried out by NRCS reached out to 104,739 people, including 52,007 females from the targeted districts. As a part of cholera response preparedness, 32 community leaders were oriented and mobilized to disseminate awareness/strengthen cholera risk communication activities. Additionally, the Nepal Red Cross Society established an Oral Rehydration Point in Narayan Hospital, Parsa, for suspected cholera cases in order to provide immediate oral rehydration support to the affected community. NRCS distributed 1,802 ORS packets. Volunteers were also mobilized to conduct door-to-door outreach, promoting essential health, hygiene, and sanitation practices to minimize the potential risk. Moreover, 4,575 community people were oriented through various media of communication, like forum theatre, team performance, and other awareness media.

### Volunteers' mobilization:

NRCS successfully oriented and then mobilized a total of 188 Epidemic Control for Volunteers (ECV) participants. The volunteers were deployed to carry out health and hygiene promotion activities across four drought-affected districts. By equipping them with essential skills, resources, and confidence, NRCS strengthened community resilience and supported households in managing drought-related health risks. Similarly, NRCS trained and mobilized 92 volunteers and staff on Psychological First Aid (PFA) and self-care, enabling them to offer basic psychosocial support to community members experiencing stress and anxiety caused by extreme heat and prolonged drought. Farmers, in particular, were distressed about delayed planting, reduced irrigation, and potential food shortages they might be facing in the future. The trained volunteers and staff conducted awareness sessions on mental health, helping community members recognize symptoms of stress and understand practical prevention and coping measures. The support was also useful for providing PFA services to the staff and volunteers managing stress during the deployment as well.

During the reporting period, despite the planned activities of community-based surveillance (CBS) training for the 100 volunteers, it could not be carried out because the Government had recently updated its Training Curriculum, and certified facilitators for the revised modules were not yet available. The Government is currently conducting several training-of-trainers sessions on the new CBS curriculum, ensuring that adequate facilitators will be ready to support CBS training from 2026 onward.

### Health and hygiene promotions:

Health promotion activities were conducted across four districts using community-based and mass-communication approaches. In Rautahat, 18 volunteers were mobilized to conduct the door-to-door visit to disseminate health and hygiene awareness. Moreover, nine street dramas were conducted at the strategic location in two municipalities, thereby reaching 2,290 people with health, hygiene, and sanitation messages. Similarly, eight street dramas were conducted in Sarlahi along with the mobilization of 12 volunteers who visited 976 households and conducted the public session on waterborne diseases along with prevention measures, handwashing practices, and water purification techniques. Bara district chapter conducted eleven hygiene promotion and counseling sessions, reaching 2,285 people. In Parsa, 409 households were directly engaged, with wider message dissemination through IEC material distribution. Overall, 104,739 people were reached by health hygiene and sanitation awareness through door-to-door visits.

## Lessons Learnt

- Integration of livelihood and Health and awareness support into WASH interventions is essential to reduce long-term vulnerability and strengthen community resilience to future shocks.
- Early warning indicators, such as drying water sources, should be taken to trigger early preparedness and response actions to prevent reliance on unsafe water sources and reduce the risk of disease outbreaks, including cholera.
- Timing matters: Late orientations on ECV, first aid, and PFA limit the scale to reach/deliver service in a timely
- While expecting the behavioral changes, participants' engagement, along with practical demonstrations (handwashing, ORS use), is more impactful than any verbal sessions.
- Gender balance improves inclusivity and trust for the whole program
- Integration of ECV with WASH, PGI, and CEA amplifies overall impact.

## Challenges

- Initially, the response was focused on drought, but later cholera was added as a threat in a few districts, which limited District response plans that lacked a detailed health plan, along with emergency coordination roles among concerned stakeholders.



- Limited awareness of the correct use of ORS
- Limited follow-up/ monitoring among the community to check if they are using ORS properly
- Communities were not adequately aware or prepared for drought or associated health risks;



## Water, Sanitation And Hygiene

**Budget:** CHF 128,596  
**Targeted Persons:** 60,000  
**Assisted Persons:** 104,739  
**Targeted Male:** 52,732  
**Targeted Female:** 52,007

### Indicators

Title	Target	Actual
Number of people reached with improved water sources in emergencies	60,000	35,158
Number of deep boreholes installed	14	14
Number of people covered with hygiene promotion interventions	60,000	104,739
Number of sanitation facilities constructed or rehabilitated	60	86

### Narrative description of achievements

Nepal Red Cross provided safe drinking water services through three major interventions- Water trucking, water storage tank installation and borehole installation. A total of 35,158 people were reached through these activities targeting the same households of the targeted municipalities. The communities will have increased access to safe water and sanitation facilities by the end of this operation.

People reached with improved water sources:

To ensure effective management of water distribution systems, 37 Water User Committees (WUCs) were established across four districts, each comprising seven to nine members with at least 33 per cent female representation. These committees oversee the operation and maintenance of water storage tanks and boreholes. To strengthen their capacity, 46 orientation sessions were conducted, equipping committee members and caretakers with knowledge on system maintenance, safe water handling, and hygiene practices. As part of the water supply intervention, NRCS installed water storage tanks in 44 sites—11 in Bara, 13 in Parsa, 10 in Rautahat, and 10 in Sarlahi—benefiting 12,096 people (5,341 males and 6,755 females). Initially, safe water was delivered through trucking in Bara, Parsa, and Rautahat until the boreholes were installed and pipelines were connected to rehabilitated wells and boreholes. All transported water was chlorinated at the tank level. To promote safe household water storage, 2,663 buckets were distributed across the four districts, with allocations of 812 in Bara, 780 in Rautahat, 245 in Parsa, and 820 in Sarlahi. Initially, the NRCS distributes buckets from its existing stock. Meanwhile, the IFRC procured 4,000 buckets in November 2025 and dispatched them to District Chapters. A total of 103 water trucking trips were completed, 51 in Parsa, 37 in Bara, and 15 in Rautahat, reaching out to 5,663 people (male- 2,845 and female- 2,818). Hygiene promotion activities (integrating PGI, CEA, and epidemic control approaches) were held, reaching 104,739 people.

Variance is observed in the indicator "people reached with improved water sources in emergency". Initially, it was planned to distribute drinking water through water trucking to targeted municipalities as well as the surrounding areas. However, there was less community acceptance of water distributed through trucking, and NRCS stopped distribution of water through trucking after a few hundred trips and accelerated installation of water storage tanks instead.

Installation of bore holes:

A total of 14 deep boreholes were installed across the four districts, benefiting 2,976 people, including four boreholes each in Bara and Rautahat and three each in Parsa and Sarlahi. Comprehensive biological water quality testing was carried out at various sources and multiple tank and borehole locations in all districts, assessing parameters such as pH, hardness, chromium, iron, phosphate, Free Residual Chlorine (FRC), and nitrate levels. To further improve sanitation, emergency toilets were built in three districts, supporting 86 marginalised families, which helps reduce open defecation and minimise the risk of waterborne diseases through safer sanitation facilities.



#### Sanitation facilities:

A total of 86 emergency toilets were constructed in three targeted districts (Parsa:40, Bara: 36, Sarlahi: 10), reaching out to 1,676 people (male- 866, female- 760 ) of the most vulnerable households of the affected districts. The NRCS HQs and IFRC, together with the EU ECHO representative, conducted a field visit in November 2025, and the need for toilets for additional households was identified. Based on this, an additional 26 households were supported with emergency toilets within the limitations of the overall WASH Sectoral budget. A list of households receiving the emergency toilet construction support was verified by the local authorities of each districts. Toilets were constructed using local materials, and NRCS provided cleaning agents and sanitation orientation. Followed by this, the NRCS/IFRC team conducted a monitoring field visit in late November 2025 and found out that toilets were being used to maintain sanitation. During monitoring, it was found that the women from the household felt safe to use the household's toilet compared to common toilets.

#### Hygiene promotion interventions:

A total of 104,739 people (male- 52,732, female- 52,007) were reached through hygiene promotion interventions. Interventions include hygiene promotion sessions integrating ECV, PGI, CEA, sanitation facilities maintenance orientation at the household level, community sessions, etc. A total of 280 volunteers were mobilised throughout the operation to provide key support on hygiene promotion activities.

### Lessons Learnt

- Access to safe drinking water remains the most critical life-saving intervention during drought. Emergency responses should prioritize rapid water supply while concurrently investing in long-term, climate-resilient water solutions and sustainable source protection.
- Hygiene and sanitation awareness must be strengthened through targeted, culturally appropriate approaches, with particular attention to low-literacy and marginalized communities.
- Behavior change interventions, such as street drama, door-to-door awareness activities, and learning materials developed in local languages, played an effective role in promoting safe water, hygiene, and sanitation practices, particularly among low-literacy and marginalized communities.

### Challenges

- Limited availability of water trucking vendors
- Water distributed using fire engines was rejected due to smell and safety concerns. NRCS stopped this activity after receiving community feedback on water quality.
- Continuation of the usage of Chlorine reagents for water treatment at the household level remains a challenge because of market availability.



## Protection, Gender And Inclusion

**Budget:** CHF 1,972

**Targeted Persons:** 12,000

**Assisted Persons:** 104,739

**Targeted Male:** 52,732

**Targeted Female:** 52,007

### Indicators

Title	Target	Actual
Number of people reached by protection, gender and inclusion programming	12,000	104,739
Number of people oriented on implementing PGI minimum standards	100	32
Number of individuals who have access to safe reporting and referral mechanisms for sexual exploitation and abuse and child safeguarding incidents.	0	67
Number of child safeguarding risk assessment conducted	1	1



## Narrative description of achievements

People reached by PGI interventions:

Throughout the DREF implementation, particularly during ECV and PSS sessions, PGI principles were consistently upheld by ensuring the active participation of women, men, and individuals of different age groups, which contributed to smooth and inclusive program delivery. In addition, seven community awareness events on gender-based violence (GBV) prevention and safeguarding were conducted. The PGI awareness sessions on Dignity Access Participation and Safety (DAPS), referral system, SGBV awareness etc., combined with health and hygiene awareness intervention/door-to-door visit, reached a total of 104,739 individuals. Furthermore, all orientation activities ensured the systematic collection and reporting of sex- and age-disaggregated data to strengthen accountability and inclusiveness in the reporting process.

Variance was observed in this indicator, as the PGI was integrated with other activities related to health and WASH, resulting in reaching out to a higher number of people from the communities than it was targeted to.

Staff and volunteers oriented on PGI minimum standards:

A quick orientation session was held for 32 district Chapter volunteers, community volunteers, and project staff from all four districts—focusing on Protection, Gender, and Inclusion (PGI) minimum standards, the Code of Conduct, and the “Do No Harm” approach.

Community-level PGI initiatives, including referral services:

Participants attending sessions related to SGBV, handwashing, and hygiene were also informed about existing referral pathways for GBV and child protection and were provided with essential information on how to report cases and access support services. Dedicated sessions on safe reporting and referral mechanisms were conducted in communities reaching out to 67 people who are aware of the safe reporting and referral system.

## Lessons Learnt

- Gender and vulnerability considerations must be systematically integrated into response planning, as female-headed households and children face heightened risks due to mobility constraints and increased caregiving responsibilities

## Challenges

- Lack of dedicated PGI activities
- Due to the nature of the intervention, limited disability-friendly facilities could be considered



## Community Engagement And Accountability

**Budget:** CHF 19,421

**Targeted Persons:** 12,000

**Assisted Persons:** 104,739

**Targeted Male:** 52,732

**Targeted Female:** 52,007

## Indicators

Title	Target	Actual
Number of staff and volunteers trained/oriented on minimum activities of CEA during Drought response	100	84
Number of feedback collected and responded as per the NRCS guideline/SoP on CEA	500	16
Number of people reached with relevant information through different communication channels used during the response	12,000	104,739



## Narrative description of achievements

Staff volunteers oriented in CEA:

NRCS conducted Community Engagement and Accountability (CEA) orientations for 84 staff and volunteers across four districts of Madhesh Province. The sessions covered roles and responsibilities related to handling community feedback—including complaints and suggestions—in alignment with NRCS policy. Participants also discussed community sensitization on how to submit feedback, the importance of confidentiality, and referral pathways for issues that extend beyond NRCS's mandate.

Following each field activity, staff and volunteers informed communities about existing feedback channels, such as suggestion boxes and the NRCS toll-free hotline (1130). During the reporting period, 16 general queries/feedback were received through NRCS hotline. As a feedback mechanism, the district chapter and subchapter received and responded to the feedback directly received from the community. This shows that there is a need to strengthen scale-up feedback documentation at the grassroots level. The IFRC Country team will keep on providing technical support to NRCS, and the NRCS HQs team will further enhance the system, strengthening District Chapter Capacities in the coming years.

Additionally, community meetings were organized across all four districts during the identification of borehole and water tank installation sites. These meetings enabled communities to take the lead in selecting installation locations and provided a platform for discussing preferred communication channels, feedback options, and the overall process for submitting suggestions or complaints.

People reached through CEA initiatives:

During the response, 104,739 people were reached through various relevant information on cholera response, safe water, sanitation, and hygiene promotion were disseminated through various communication channels like local radio stations, IEC materials, NRCS radio program etc. A variance was observed as NRCS uses multiple means to disseminate information related to the drought and cholera, reaching many more people from the community than targeted.

.

## Lessons Learnt

- Community-based volunteers are crucial for effective service delivery, coordination, and trust-building; however, their engagement requires consistent capacity building, supervision, monitoring, and follow-up.
- Engagement via mothers' and youth groups improved acceptance.
- Clear risk communication and routine water quality monitoring are essential to build community trust, promote safe water use, and prevent waterborne diseases.
- Dissemination of relevant information in the local language was very crucial to sensitize and reach the community, which enhanced their behavior for proper hygiene and sanitation practices.

## Challenges

- Although the received queries/feedback were responded to during the visit by staff and volunteers, there is a lack of proper documentation
- Lack of dedicated HR limits effectiveness



## Secretariat Services

**Budget:** CHF 18,794

**Targeted Persons:** 0

**Assisted Persons:** 0

**Targeted Male:** 0

**Targeted Female:** 0

## Indicators

Title	Target	Actual
Percentage of financial reporting compliance to IFRC	100	100
Number of Post Distribution Monitoring Survey conducted	1	0



## Narrative description of achievements

The IFRC PMER and Operation team provided technical support to NRCS to develop DREF Request, Operation Update, and ITT to track the operational progress on a monthly basis. The team conducted monitoring field visits with back donors and the NRCS team on a regular basis, and findings of the monitoring were shared and adjusted in the plan as required.

The IFRC took a lead role in the procurement process of buckets, ORS, upon receiving approval from Med Log, and the procurement of water tank and pipe fittings items for boreholes.

This operation does not have a significant distribution of items or cash. Hence, the operation team agreed not to conduct PDM.

## Lessons Learnt

N/A

## Challenges

Sufficient documents required for Med Log approval are difficult to collect from vendors, particularly for short-term operations. Vendors available in the country are not able to generate the required documents.



## National Society Strengthening

**Budget:** CHF 33,332

**Targeted Persons:** 0

**Assisted Persons:** 0

**Targeted Male:** 0

**Targeted Female:** 0

## Indicators

Title	Target	Actual
Number of volunteers insured	150	150
Number of lessons learnt workshop conducted	1	1

## Narrative description of achievements

A total of 150 volunteers (73 male and 77 female) were insured and were mobilized continuously throughout the operation.

A lessons learned workshop was organized in late December to generate evidence and learning from NRCS's first drought and cholera response operation and use these insights to strengthen strategic planning and operational readiness for similar emergencies in the future. Participants for the workshop included community members, representatives from local authorities, District and Provincial Chapters, UN Agencies, and other key stakeholders. The report on the lessons learned exercise is published on the IFRC public website.

## Lessons Learnt

- Strong internal and external coordination—among clusters, government counterparts, UN agencies, I/NGOs, and community structures—is critical to avoid duplication, ensure complementarity, and enable timely, harmonized drought response planning and implementation.

## Challenges

The ongoing governance situation of NRCS is impacting the operational capacity of NRCS, resulting in internal delays.



# Financial Report

## DREF Operation

### FINAL FINANCIAL REPORT

#### MDRNP019 - Nepal - Drought

Operating Timeframe: 30 Jul 2025 to 31 Dec 2025

Selected Parameters			
Reporting Timeframe	2025/7-2026/1	Operation	MDRNP019
Budget Timeframe	2025/7-12	Budget	APPROVED

Prepared on 27/Mar/2026

All figures are in Swiss Francs (CHF)

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>250,353</b>
DREF Response Pillar	250,353
<b>Expenditure</b>	<b>-196,801</b>
<b>Closing Balance</b>	<b>53,552</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			0
PO04 - Health	45,294	29,909	15,385
PO05 - Water, Sanitation & Hygiene	120,747	107,252	13,496
PO06 - Protection, Gender and Inclusion	1,853	1,503	350
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	15,280		15,280
PO10 - Community Engagement and Accountability	18,235	11,805	6,430
PO11 - Environmental Sustainability			0
<b>Planned Operations Total</b>	<b>201,409</b>	<b>150,468</b>	<b>50,941</b>
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	17,647	11,219	6,428
EA03 - National Society Strengthening	31,297	35,113	-3,816
<b>Enabling Approaches Total</b>	<b>48,944</b>	<b>46,333</b>	<b>2,612</b>
<b>Grand Total</b>	<b>250,354</b>	<b>196,801</b>	<b>53,552</b>

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

## Please explain variances (if any)

Out of the total DREF budget of CHF 250,353, 79 per cent was spent, amounting to CHF 196,801. A variance of 21 per cent (CHF 53,552) was observed. This is largely due to underspending on water trucking, as well as some savings in the procurement of water tanks. The remaining balance, CHF 53,552, will be returned to the DREF pot.

Sector and Enabling Approaches Variances:



Variance was observed under the health sector because only a smaller number of RCEC/ORP set-up events were held in Parsa, as there was no need to set up ORPs in other districts. Additionally, the NRCS did not conduct CBS orientations, as CBS initiatives were led by WHO.

There were some savings in the WASH sector due to the low mobilization of water tankers for trucking, as the community did not accept the water distributed through this method. In addition, the cost of water storage tanks was lower than initially budgeted, resulting in further savings in the WASH sector.

Variance under the CEA sector was mainly caused by lower expenditure on volunteer mobilization costs. The NRCS mobilized volunteers jointly with other sectors, following an integrated approach.

The IFRC did not conduct PDM because there was no significant in-kind or cash distribution in this operation. However, the budget was used for the lessons-learned workshop, but the total expenses for the workshop were lower than estimated, resulting in some savings under IFRC Secretariat Services.

The financial report shows overspending in NS Strengthening. Some NS technical HR costs were initially budgeted under the respective sectors; however, these expenses were booked under NS Strengthening in the final financial report. As a result, over-expenditure was reported without affecting the overall DREF budget.

The financial report also shows expenditures booked under Risk Reduction, Climate Adaptation, and Recovery, because the ERP system automatically allocates PSSR costs under this heading. For the same reason, the sector-specific budgets do not include PSSR.



# Contact Information

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

**National Society contact:** Puja Koirala, Director, Community Development Department, puja.koirala@nracs.org, +977 98415 52228

**IFRC Appeal Manager:** David Fisher, Head of Country Delegation Nepal, david.fisher@ifrc.org, +977 98510 47071

**IFRC Project Manager:**

Shrinkhala Thapa, Deputy Coordinator, Operations and Programme, shrinkhala.thapa@ifrc.org, +977 9851221996

**IFRC focal point for the emergency:** Saara Ilmonen, Operations Coordinator, OpsCoord.SouthAsia@ifrc.org

**Media Contact:**

Bipul Neupane, Director, Humanitarian Values and Communication Department, bipul.neupane@nracs.org, +977 9851012617

**National Societies' Integrity Focal Point:**

Dibya Raj Poudel, Director Protection Gender and Inclusion Department, dibya.poudel@nracs.org, Cell: 9851191968

**National Society Hotline:** 1130

[Click here for reference](#)

