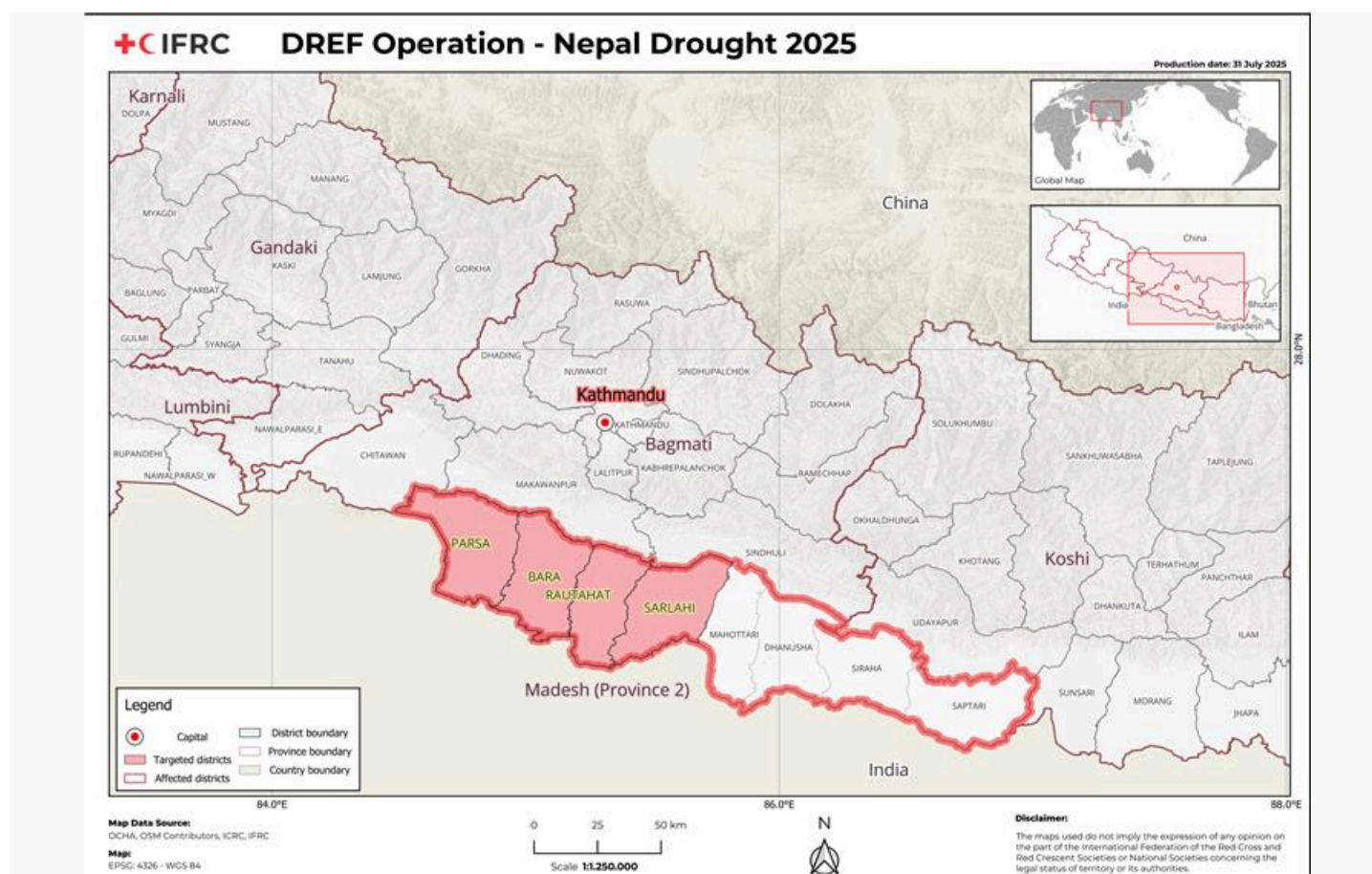




People fetching water through water trucking services. (Photo: NRCS)

Appeal: MDRNP019	Total DREF Allocation: CHF 250,353	Crisis Category: Yellow	Hazard: Drought
Glide Number: DR-2025-000125-NPL	People at Risk: 1,200,000 people	People Targeted: 60,000 people	
Event Onset: Slow	Operation Start Date: 31-07-2025	New Operational End Date: 31-12-2025	Total Operating Timeframe: 5 months
Reporting Timeframe Start Date: 31-07-2025		Reporting Timeframe End Date: 28-08-2025	
Additional Allocation Requested: 0		Targeted Regions: Province 2	

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?

Officially the monsoon started in Nepal on 29 May 2025, and the Department of Hydrology and Meteorology issued a special weather bulletin beforehand forecasting above normal rainfall throughout the country until September. However, the accumulated precipitation as of 30 August 2025 recorded below normal rainfall. Especially in Madhesh province, there was no significant rainfall recorded. This resulted in a drought situation in eight districts of the province. The drought has left seedbeds dry and paddy saplings withering, raising fears of an impending food shortage in Nepal's primary rice-producing region, affecting sanitation, personal and environmental hygiene, and the livelihoods of the people increasing the risk of outbreaks of waterborne and vector-borne diseases.

On 23 July 2025, the Federal Government declared all 136 municipalities across the eight districts of Madhesh Province drought-affected areas on drought [1]. Although the monsoon continues, supporting farmers for paddy plantation, the rainfall continues to be below average rainfall in the province, and underground water table has not increased significantly.

To cope with the drought situation, the local governments supply water through their networks; although this is not enough to meet the needs for drinking, sanitation, and hygiene. In the region, particularly in densely populated settlements and market areas, people are queuing in the sweltering heat for a pot of water.

On 22 August 2025, a surge of Acute Watery Diarrhea (AWD) cases was reported in Birgunj Metropolitan City of Parsa District, Madhesh Province. On 26 August 2025, the National Public Health Laboratory officially confirmed the outbreak of Cholera in Birgunj Metropolitan City, which has now spread to the adjoining municipality of Bara District. It was not expected to have an outbreak of cholera at this level. Few cases of diarrhea were observed when IFRC supported the distribution of RDT kits a few weeks before the outbreak, however the cases spread suddenly and cholera was confirmed when it was tested. Due to the drought situation, lack of safe drinking water caused it to be more than expected.

The rate of new cases being admitted to the hospital and the discharge rate are almost similar. Three death cases have been reported with symptoms of AWD, but confirmation of cholera is still pending. The field observation shows that the drinking water pipelines were laid along with the sewerage, and there were leakages which might have contaminated the drinking water. Though the actual cause of the outbreak has not been confirmed yet.

According to Nepal's Epidemiology and Disease Control Division, the epidemic curve shows the trend of new cases reported daily between 9 August and 7 September 2025, with a total of 1,171 cases, with reported 53 new cases in 24 hours. The report shows that 1,074 infected people recovered and still 97 active cases are being treated in different hospitals. Initial case counts were very low, ranging from 1 to 6 per day until 19 August, after which a sharp rise was observed. Cases increased rapidly, peaking at 115 new cases on 27 August, followed by fluctuations with secondary smaller peaks on 23 August (82 cases) and 25 August (96 cases). After the peak, a gradual decline is noted, though daily cases remained significant, ranging between 36 and 60 in early September, with a small resurgence to 53 cases on both 6 and 7 September. This pattern suggests an outbreak with a clear peak followed by sustained transmission, indicating ongoing spread in the community.

[1] Source: <https://www.edcd.gov.np/uploads/news/pdf/68be63dc59a46.pdf>



Volunteer demonstrating water chlorination. (Photo: NRCS)



Bucket distribution as part of the response. (Photo: NRCS)

Scope and Scale

While all eight districts of Madhesh Province have been declared a drought emergency, affecting 1.2 million people, a cholera outbreak has also been confirmed in Parsa and Bara districts. However, if swift mitigation and containment strategies are not implemented effectively, there is a looming threat of the outbreak spreading also to other neighboring districts due to increased cross-border movement.

The NRCS is supporting 60,000 people (12,000 households) in eight municipalities (Birgunj Metropolitan City, BahudarMaai Municipality of Parsa District, Pacharauta Municipality, Simraungadh Municipality of Bara District, Baudhimai and Ishnath Municipalities of Rautahat District and Kaudena and Parsa Rural Municipalities of Sarlahi District) and two additional municipalities of Parsa (Pokariya Municipality) and Bara (Kalaiya Municipality) districts for extended cholera response activities. Since the AWD/Cholera cases are increasing, the operation may expand to additional municipalities in these four districts. The area targeted for this operation is relatively densely populated. The proposed total targeted population will be reached mostly through volunteer outreach, aiming for 12,000 households (3,000 households per district).

Key interventions include water trucking, deep borehole installation and water distribution, water quality testing, ECV training, chlorination, construction of temporary toilets and volunteer mobilization for health and hygiene promotion, . Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) approaches will be incorporated from the planning phase. The overall operational timeframe for this operation is five months; however, if the situation deteriorates, the timeframe may be extended in coordination with NRCS and the IFRC Asia Pacific Regional Office.

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

In addition to the ongoing drought response, the operational strategy has been revised to incorporate a preventive initiative targeting Acute Watery Diarrhoea (AWD)/Cholera. This new component has been integrated into the existing framework to ensure a more comprehensive and adaptive response to emerging public health risks.

The lack of drinking water leads to high probability of cholera, and in the current drought context, people were drinking water from shallow unsafe sources as the deep wells has dried up. The evidence expressed by the authorities is that water pipes have been going along with/ through sewage systems. The AWD/cholera spread in same areas where drought operation is being implemented but health related activities planned in drought response operation were not adequate to address the outbreak situation.

Significant adjustments have been made within the budget to accommodate the cholera related activities. However, it is important to note that these changes involve a reallocation of existing resources, and the overall budget ceiling remains unchanged.

IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC allocated a DREF (CHF. 250,353) to support NRCS in implementing response activities in the Drought and Cholera affected four districts of Madhesh province. The IFRC Country Delegation team has been supporting NRCS to develop the plans, establish the coordinated response through the EOC, initiate the procurement process, develop data tracking tools, M&E plan, operation implementation plan, etc. According to the temporary operating modalities, the IFRC Country Delegation is doing most of the procurement as well as supporting the province and district chapters directly for the implementation.</p> <p>IFRC mobilized health technical staff to support the Parsa District Chapter according to the response SoP and domestic surge mobilization plan. The technical staff is maintaining coordination and collaboration with the district health authorities as well as providing technical support such as pre-mobilization orientation for the volunteers. The IFRC Secretariat is also supporting the NRCS in coordinating with other stakeholders, such as the Humanitarian Country Team (HCT) clusters and the Government, as required.</p>
Participating National Societies	<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

Government has requested international assistance	Yes
National authorities	<p>For Drought:</p> <p>On 23 July 2025, the Government of Nepal declared the Madhesh Province a disaster</p>



	<p>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 with the participation of stakeholders, including the NRCS, to share the updates on proposed activities, which helps to avoid duplication.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
UN or other actors	<p>The UNICEF, WASH cluster co-lead has been coordinating with the cluster members and mapping out the activities being carried out by the cluster members. UNICEF has started the distribution of water, water storage vessels and has initiated the installation of the drinking water tank in affected areas.</p> <p>Other humanitarian agencies such as The Start Fund Nepal, Plan International, People in Need (PIN) have started field activities in some of the municipalities of affected districts, focusing their implementation on drinking water supply and WASH activities. The NRCS is coordinating with these organizations regularly to avoid duplication of geographical locations while implementing the DREF.</p> <p>For the Cholera response, WHO is closely working together with the Government and other humanitarian agencies, including the Red Cross.</p>
Are there major coordination mechanism in place?	
<p>The health and WASH Cluster mechanisms are actively engaged to provide support to the affected communities. Within the IFRC Network, several coordination and planning meetings are being conducted regularly.</p>	



Needs (Gaps) Identified



Health

Considering the current situation of the outbreak and trend of transmission, there is 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, knowledge about epidemic control measures at the household level are also equally important in the affected areas.

The preliminary finding of the assessment shows that there are unreported cases at the household level with AWD symptoms. Due to existing stigma, people are 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 is 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 are working together for CBS and NRCS volunteers are doing some CBS through Kobo toolkit as part of the outreach HP activities, in close coordination with health authorities, WHO and Unicef. There is funding at the municipality for CBS using SORMAS (surveillance outbreak response management and analysis system), NRCS is still in discussions with authorities how to get engaged.

Hospitals are overwhelmed with the high influx of patients having symptoms of AWD. Hospitals are reporting to 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, is important to contain the spread at the household level. Total 1,470 people (622 female and 848 male) are benefitted from the ORP services centre located in Narayani.



Water, Sanitation And Hygiene

The initial findings of the field assessment indicate that water yield from existing hand pumps has significantly decreased and people have no alternative sources nearby their homes. The insufficiency of safe drinking water presents a high risk of dehydration, waterborne diseases, and other significant public health concerns within affected communities in all four districts.

The community people have to spend more than 30 mins (two-way) to collect water from other locations, therefore, there is 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 show that the majority of households do not treat water before drinking, which may also result in water borne diseases, including cholera. Hence, there is a need to continue the household level water treatment, sanitation and hygiene promotion education activities at household level through local volunteer mobilization. Additionally, most of the respondents reported that the water they use has bad taste and smell and is turbid, but that they have not tested it, showing the need for water quality test.

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

Except for Birjung Metropolitan City of Parsa district and Kaliya Municipality of Bara District, no other agencies are working for drought response.



Protection, Gender And Inclusion

A key gap in such emergencies are 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 is lack of awareness on gender-based violence (GBV) and response mechanisms.





Community Engagement And Accountability

In the current situation, understanding community needs, priorities, and context is crucial. 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 enhances NRCS's accountability to communities, boosts the relevance, impact, and quality of our response, and empowers people to drive positive change for themselves.

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

Any identified gaps/limitations in the assessment

Nepal Red Cross Society conducted a field assessment, mobilizing 16 volunteers. As of 11 September, all data has been collected and the analysis is ongoing. Based on the initial findings, the operation needs and gaps were identified, and the operational strategy was revised accordingly. The final report will be shared in the coming weeks.

Operational Strategy

Overall objective of the operation

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

The operation will focus on the provision of water through water trucking and deep borehole installation, and provision of household water storage. Additionally, the operation aims to develop community awareness, behavioural change activities, especially in the health, 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, will be deployed to the field to carry out the operation.

Operation strategy rationale

Response Strategy Rationale:

The Nepal Red Cross Society started a Drought response operation in four districts of Madhesh province as soon as the Government declared Madhesh Province as drought drought-affected area 23 July 2025. Since then, an AWD/Cholera outbreak has been reported in Bara and Parsa districts where DREF activities are being implemented. Therefore, the overall response strategy has been revised to integrating WASH, Health, PGI and CEA activities to respond to both events as one operation.

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

Overall Response, Objective, and Strategies:

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 by providing drinking water services, provision for proper sanitation, RCCE activities to reduce the community level transmission, etc.

Under this IFRC-DREF operation, the NRCS, with IFRC support, is planning to implement health and water, sanitation and hygiene (WASH) activities, such as ECV volunteer mobilisation, Oral Rehydration Point (ORP) setup, water trucking, installation of deep tube wells, and health and hygiene promotion activities incorporating the PGI and CEA programming approaches in eight municipalities/rural municipalities of four districts: Bara, Parsa, Rautahat and Sarlahi.

Water Sanitation and Hygiene Promotion (WASH)

Due to absence of sufficient rainfall despite the onset of the monsoon, the surface water and underground water table have depleted



significantly in the Madhesh Province. The main source of drinking water is from deep wells/ boreholes, but as they have dried up, people are forced to consume water from the shallow handpumps facing a scarcity of water which will eventually increase the health risks (Arsenic and surface contamination). The operation is proposing 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 are coordinating with the local authorities to mobilize water trucking vehicles as there are 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 has been 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 is installing water storage tanks in key strategic locations of the targeted municipalities. The district chapter are procuring water storage tanks within their financial threshold whereas the bulk procurement is coordinated by the IFRC Country Delegation. Water user committees are being formed, who are responsible for overall management of water refilling and distribution. The water tanks will be refilled through water trucking and or through the renovated boreholes.
3. Drilling of deep boreholes: This is one of the strategies that the Government has prioritized and which NRCS plan to complement. The drilling process can be completed in three days because the targeted areas doesn't have hard bed rock and has sufficient number of technical people available in the targeted areas. This is also a sustainable long-term solution to this crisis, and can sustain the water storage tank installation intervention through regular water supply. IFRC procurement procedures has been initiated, but will take some time to be completed.

In addition, each targeted household will receive two buckets for water fetching and water storage, which promotes the practices of safe storage of water at the household level, which will ensure the optimum use of available water. Quality assurance of drinking water will be maintained. The Government of Nepal has been taking strong leadership to coordinate all agencies to avoid 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 has also started to install emergency toilets in strategic locations in the targeted districts. The NRCS mobilizes WASH technical volunteers who are installing emergency toilets by using squatting plates/pans from its existing stock.

HEALTH:

Considering the possibilities of the cholera outbreak spreading to other areas/districts, rapid community awareness campaign on cholera are being carried out. In addition to this, HH water quality testing, handwashing promotion, sanitation and hygiene promotion through WASH kits distribution has started. Oral Rehydration Point (ORP) is established in the area here the case loads are 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 is a base for setup of the ORP. NRCS chapters will establish the ORP based on needs and in close coordination with the local health officials. It will be maintained for referral of cases upon identification, and trained volunteers will be mobilized to conduct these activities. The volunteers will also conduct comprehensive orientation sessions for families on safe water handling, hygiene promotion, and basic sanitation practices, and health promotions. Currently, the Government has called for concerned stakeholders to work together in managing Cholera. IFRC is supporting EDCD to distribute and monitor Rapid Diagnostic Tested (RDT) kits in sentinel sites across Madhesh province. When this cholera cases were found, the interventions were turned towards cholera control management. 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 will be systematically integrated throughout all WASH interventions to ensure equitable access, safety, dignity, and responsive programming. The targeted individuals for CEA and PGI interventions will be at 12,000 people (at least one per targeted households).

EXIT STRATEGY:

As the monsoon season is ongoing, close monitoring will inform the operation of further steps as the water level may increase due to rains. The DHM has forecasted the high chance of rainfall [2]. An operation update will be issued if the situation and needs are changed to revise the operations. In case the situation improves, and targeted population will have enough drinking water, the proposed interventions will be gradually de-escalated whereas the completed boreholes, water storage tanks will be handed over to the community user committees who will manage it. In case the situation is prolonged, all the interventions will be scaled up through community-based approaches, including community- based recovery intervention such as CVA for livelihood, NBS activities, rainwater harvesting, etc.

NRCS will gradually scale down the direct support activities such as CBS and ORP, if the health situation stabilises and the cholera cases are contained, in coordination with the Health authorities and sub-district health centres. Preventive health and hygiene promotion



activities will be maintained, while also considering other risks such as vector-borne diseases as needed. As for the rainfall, close monitoring will inform the operation on any further steps needed across all four districts.

All these interventions will be carried out in coordination with local authorities, health institutions and humanitarian agencies, through the direct engagement of the local communities. And at the end of the operation, the intervention will be handed over to the communities for sustainable management.

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

Targeting Strategy

Who will be targeted through this operation?

The intervention targets 60,000 people of the 12,000 most vulnerable drought and cholera affected households of 10 municipalities from four districts (Bara, Parsa, Rautahat, and Sarlahi) of Madhesh Province. Additionally, NRCS is applying gender- and diversity-sensitive analyses in the selection of recipients, prioritizing women-headed households, pregnant and lactating women, single women, individuals with disabilities, elderly individuals, children, survivors of sexual and gender-based violence (SGBV), and displaced persons.

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 Targeted Population

Women	18,360	Rural	66.2%
Girls (under 18)	12,240	Urban	33.8%
Men	17,640	People with disabilities (estimated)	2%
Boys (under 18)	11,760		
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
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Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Due to the drought, there is a possibility of disease outbreak related to skin, eye infection, diarrhoea, cholera, dengue etc.	Mobilization of volunteers for health and hygiene promotion.
Internal risks relating to NRCS transition out of its governance and integrity crisis	IFRC has been maintaining 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 as well as handling all major procurement directly by IFRC. Although the situation is being resolved, these mitigations will be maintained until the risks are reduced.
Chances of increased cases of cholera due to Inadequate infection prevention and control (IPC) practices	Conduct immediate WASH measures, including water chlorination, safe water kits, and health and hygiene promotion, supported by strong community engagement and risk communication to counter rumors and encourage safe practices.
Spread of AWD/Cholera in other adjacent districts	Conduct RCCE activities, such as PSA, mobilization of volunteers for health awareness in other districts. Preparedness activities, such as trained volunteers, will be on stand-by and will be mobilized immediately if needed.

Please indicate any security and safety concerns for this operation:

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

Enabling safe and secure programme delivery is a priority for IFRC and a standard security framework as well as a country security plan, is 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 is recognition of and respect for the RC emblem and understanding of the activities carried out by the Movement. Regular contact is maintained with local security networks. IFRC country office also participates 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 is constantly monitored, and the security focal points disseminates necessary temporary restrictions when appropriate. Field movement monitoring is in place, with field travel monitored closely through radio contact and phone communications. The security team has local networks in the areas of operation and is ready to put in place security contingency plans if necessary. All new and visiting international personnel are provided with a security welcome pack and must attend a security briefing within 24 hours of arrival in-country. All IFRC must, and RC/RC staff and volunteers are encouraged to complete the IFRC Stay Safe 2.0 e-learning courses. The National Society's security framework will be applicable for the duration of the operation to their staff and volunteers.

Finally, it is noted that when military and/or other security actors are 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 will be applied. Operations and programme managers/coordinators will adhere 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
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Planned Intervention



Budget: CHF 48,238

Targeted Persons: 60,000

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of people reached by the Cholera response	60,000	0
Number of people reached with health promotion as a response to an emergency by community-based volunteers	60,000	0
Number of volunteers oriented/trained on epidemic control, psychosocial first aid, community-based surveillance, etc.	150	0

Progress Towards Outcome

This is a newly added sector. The NRCS started conducting orientations to the volunteers and mobilizing in the field immediately after the outbreak. So far, 30 volunteers are trained on Kobo tool, 30 volunteers on ECV and 60 doctors and nurses on case management training.

IFRC has been supporting EDCD for providing RDT kits. Jointly monitoring index cases in Parsa and in Bara) and HH water sources. Joint work on monitoring cases in Bara hospital with WHO. Case management training with WHO, EDCD and local authorities. Meeting on unified reporting with WHO, UNICEF and authorities to develop a joint Kobo tool. Active surveillance is being done by NRCS volunteers at household level. Total 305 household were reached till this reporting period. Training on CBS together with authorities is ongoing. NRCS has also been attending Health cluster. More Progress will be updated in the next report.

Priority actions for the health interventions are:

- Orient and mobilize 150 ECV volunteers
- Orient and mobilize 100 PFA volunteers
- Orient and mobilize 100 volunteers for CBS
- Orient and mobilize 200 community leaders on Cholera risk communication
- Deploy Red Cross Emergency Clinics (RCEC)/ Oral Rehydration Point Setup
- Mobilize volunteers to conduct health/hygiene/sanitation promotion activities through door-to-door visit
- Orientation on forum theatre script writing, performance and team performance, focusing on Cholera prevention
- Cholera disinfection kit (sprayer, apron, gloves, glasses, etc)



Budget: CHF 128,596

Targeted Persons: 60,000

Targeted Male: 1,607

Targeted Female: 1,577

Indicators

Title	Target	Actual
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Number of people reached with improved water sources in emergencies	60,000	3,183
Number of deep boreholes installed	14	0
Number of people covered with hygiene promotion interventions	60,000	1,300
Number of sanitation facilities constructed or rehabilitated	60	0

Progress Towards Outcome

Formation of water user committee: A total of four water user committees in four sites of Bara (two) and Rauthat (two) Districts were formed in August 2025. Each committee will have seven or nine members, ensuring female participation. The committee is responsible for overseeing the management of the water storage tanks as well as the boreholes when it will be installed in the coming months. The formation of water user committees in other sites is ongoing and will be reported in next update. The NRCS conducted four events of orientation to the members of the newly formed water user committees in Bara and Rauthat District in August 2025. The orientation was mainly focused on the effective distribution of water, ensuring all targeted population have access to water, regular maintenance and refilling of water storage tanks.

Installation of water storage tanks: The NRCS local chapters procured and installed water storage tanks in eight locations of Bara (five sites), Parsa (three sites) reaching out to 840 people including 435 male and 405 female. Water is being refilled by water trucking which collects water from the deep wells newly installed by the municipalities and also from water supply corporation stations for now. Refilling of water will continue like this until it will be connected to newly constructed or rehabilitated water wells and boreholes. All water is chlorinated at the tank level during transportation. The procurement process of water storage tanks in 32 sites are ongoing.

Distribution of water buckets: The NRCS distributed 700 pieces of buckets (10-liter capacity) reaching to 3,500 people of 700 households in four targeted districts. The NRCS distributed buckets from their stock however the procurement of 20 liters capacity buckets started. Each household received one bucket for now and another bucket of 20 liters capacity will be distributed once the procurement is completed.

Water trucking: As of 30 August 2025, NRCS distributed water through trucking in Bara, Parsa and Rauthat District, reaching out to 3,183 people, including 1,607 male and 1,576 female. So far 135,000 liter of water is transported and distributed in targeted areas.

Hygiene promotion: The NRCS mobilized 100 volunteers to conduct the promotional activities at the household and community level reaching out to 1,300 people including male 637 male and 663 female. Volunteers are conducting household visits with promotional messages, distributing IEC materials, ORS, water treatment reagents, conducting awareness sessions related to health, hygiene, ECV and also conducting hand washing demonstrations.

Installation of deep boreholes: Site selection for boreholes are ongoing. The operation team in NRCS is preparing the specification and tender document.

Justification of changes in WASH activities:

Target for water trucking has been reduced from 2,083 trips to 650 trips. The local government, security forces are delivering water through trucking. Also, community people have access to drinking water through newly installed boreholes by the Government. So, the initial target of the water trucking is reduced. The total number of tanks have not been reduced, only the number of trips as people have some other water sources nearby. Hence the number of people remain same, but frequency is reduced. Also, the total number of target people is mostly through outreach activities and this has not been reduced.

The target for boreholes has been increased from 4 to 14. Based on the assessment, the need for boreholes is comparatively higher than the other alternatives in the targeted districts. In addition, the NRCS is establishing water storage tanks in 40 sites. There is a need to ensure a regular water supply to refill tanks. Therefore, the target is now increased.

Due to the evolving situation with Cholera outbreak in Bara and Parsa districts, the emergency toilet targets have been added based on the field assessment findings since most of the population lack access to toilet. Emergency toilets have started to be constructed and NRCS Parsa chapter has mobilized volunteers as well as toilet construction materials (pan, CGI sheet for fencing/roofing, fixing kits etc.) who have constructed emergency toilets in 23 locations so far. 32,700 tablets of Aquatab and 450 bottles of Piyush have been distributed during HH visits along with 1,674 bars of soap and 1,510 sachets of ORS. The plan is to continue with same activities and also pre-position them in all four districts. The Government developed the 5W tracking and circulated to all humanitarian agencies to update it regularly. All operation data are being updated in WASH cluster through NRCS participation at national and provincial level.





Protection, Gender And Inclusion

Budget: CHF 1,972

Targeted Persons: 12,000

Targeted Male: 0

Targeted Female: 0

Indicators

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

Progress Towards Outcome

No progress update during this reporting period.



Community Engagement And Accountability

Budget: CHF 19,421

Targeted Persons: 12,000

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of staff and volunteers trained/oriented on minimum activities of CEA during Drought response	100	0
Number of feedback collected and responded as per the NRCS guideline/SoP on CEA	500	0
Number of people reached with relevant information through different communication channels used during the response	12,000	0

Progress Towards Outcome

No progress update during this reporting period.





Secretariat Services

Budget: CHF 18,794
Targeted Persons: 0
Targeted Male: -
Targeted Female: -

Indicators

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

Progress Towards Outcome

No progress update during this reporting period.



National Society Strengthening

Budget: CHF 33,332
Targeted Persons: 150
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of volunteers insured	150	150
Number of lessons learnt workshop conducted	1	0

Progress Towards Outcome

Mobilization of volunteers: NRCS is mobilizing 150 volunteers for Drought and cholera response activities. They are being mobilized daily, conducting household visits, demonstrating sanitation/hygiene practices, distributing IEC materials, distributing Aqua Tab, ORS etc. in the communities. All the volunteers are insured through IFRC volunteer insurance.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of 150 volunteers from four affected districts are being mobilized to implement DREF activities in the communities. The volunteers are conducting conducted door to door visits to create awareness on health and hygiene promotions. They are being mobilized to conduct SGBV orientations in the communities, collect feedback from the communities, and disseminate relevant information related to the operation activities in the communities. District Chapters have hired one focal person to oversee the implementation of the operation in the affected communities.



If there is procurement, will it be done by National Society or IFRC?

As per the Temporary Operation Modality, the IFRC is taking lead for most procurement at national level. However, small scale local procurement is being handled by the respective districts abiding by the IFRC and NRCS procurement policies. International procurement is not expected for this operation as most of the items are available in the national/local markets.

How will this operation be monitored?

Strong PMER-IM will be practiced in the operation based on lessons learned from previous operations. The participatory and bottom-up planning approaches will be carried out from the planning phase. A detailed assessment will be conducted in the targeted districts to find out the specific needs of target families. Regular and systematic monitoring visits will be carried out by IFRC, NRCS HQ, as well as at the local level. After the implementation of the operation, PDM and an exit survey will be conducted. The operation will regularly capture the challenges, learnings, and good practices. Similarly, timely situation report dissemination along with monthly reports and a final report will be done.

Please briefly explain the National Societies communication strategy for this operation

The communications strategy for the operation will mainly focus on the followings:

Visibility:

- Maintain visibility of both IFRC and NRCS while working on the ground by wearing visibility jackets, caps, aprons, or t-shirts for volunteers and staffs during the fieldwork.

Presentation:

After the launch of the DREF, NRCS and IFRC conducted an online presentation for technical staff in the diplomatic community, the UN and EU to promote the operation, and also to explain the DREF modality.

Documentation:

NRCS and IFRC will work collaboratively to regularly inform external regional / global audiences with a focus on the situation and the Red Cross and Red Crescent humanitarian actions in assisting the affected people. This includes, but not limited to, capturing of in-action photos, short videos, stories, and more on NRCS teams and volunteers working on site. The pictures and footages will highlight the hard work, moments, and expressions of people affected and RCRC members on the ground. The collected materials will be further used as content for social media, media, reporting purposes, and any other visibility efforts by relevant parties.

Close collaboration on sharing of high-quality content will be maintained between the Asia Pacific IFRC regional communications unit, IFRC Country Delegation and the National Society to ensure a coherent and coordinated communications approach.

Partnership:

IFRC with NRCS communications will strengthen its partnership with local media channels (both online and print) to cover and disseminate the humanitarian need and response of NRCS and IFRC in Nepal.



Budget Overview



DREF OPERATION

MDRNP019 - Nepal Red Cross Society Drought Response Operation in Province 2

Operating Budget

Planned Operations	198,227
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	48,238
Water, Sanitation & Hygiene	128,596
Protection, Gender and Inclusion	1,973
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	19,420
Environmental Sustainability	0
Enabling Approaches	52,126
Coordination and Partnerships	0
Secretariat Services	18,794
National Society Strengthening	33,332
TOTAL BUDGET	250,353

all amounts in Swiss Francs (CHF)

Internal

9/3/2025

#V2022.01

[Click here to download the budget file](#)



Contact Information

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[Click here for the reference](#)

