Emergency Plan of Action (EPoA)

Nepal: Acute Watery Diarrhea

International Federation of Red Cross and Red Crescent Societies

DREF Operation n°	**MDRNP012**	**Glide n°:**	EP-2022-000253-NPL
Date of issue:	08 July 2022	**Expected timeframe:**	3 months
		Expected end date:	31 October 2022
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 94,387			
Total number of people affected:	200,000[1]	**Number of people to be assisted:**	30,000 people
Districts affected:	3 districts	**Districts targeted:**	3 districts

Operating National Society presence (n° of volunteers, staff, and branches): Nepal Red Cross Society (NRCS) was established on 4 September 1963. Over the years, NRCS has grown to be the largest humanitarian organisation in the field of disaster response in Nepal, with its network of seven Provincial Chapters as well as District Chapters extended in each of the 77 districts of the country. District Chapters receive organisational support from more than 1,508 Sub-Chapters, 5,410 Junior and 865 Youth Red Cross Circles and Co-operation Committees under them.

Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, British Red Cross, Canadian Red Cross Society**,** Danish Red Cross, Finnish Red Cross, Japanese Red Cross, and Swiss Red Cross are present in-country, actively monitoring the situation and participating in the meetings organised by NRCS and IFRC.

Other partner organisations actively involved in the operation: UN agencies, in particular WHO and UNICEF.

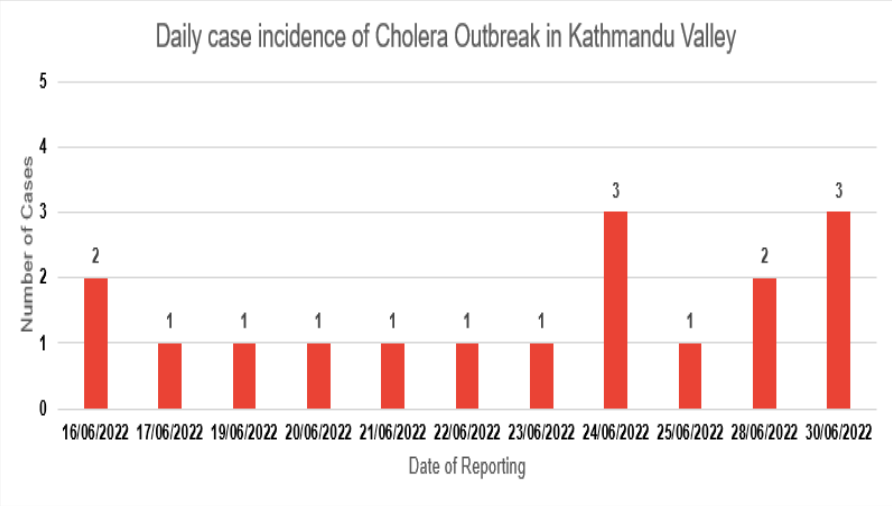
A. Situation analysis

Description of the disaster

As of June 2022, according to MoHP SitRep, a total of 17 cases of Cholera have been reported in the Kathmandu valley with no fatalities. The cases were confirmed by utilizing the stool culture method, Rapid Diagnostic test and hanging drop test. The causal agent identified is *Vibrio cholerae* O1 Ogawa Serotype. Five patients are being treated in Sukraraj Tropical and infectious diseases hospital, Teku Kathmandu. In the Kathmandu valley, sporadic cases have been identified in different areas of main cities with dense populations and high mobility, where the first two cases reported from the Sukharaj Tropical and Infectious Diseases Hospital belonged to the same family. Initial field investigation conducted by a joint team from the Kathmandu District Health Office (DHO), Kathmandu Metropolitan Office, Epidemiology and Diseases Control Division (EDCD), Department of Food Technology and Quality Control and WHO revealed that the potential cause of Cholera cases in Kathmandu is the use of unboiled tap water for drinking. As with the majority of the valley's population, the majority of cases have been linked to the consumption of commercial jar water. The presence of *Escherichia coli* in 38 of 53 water samples from the valley indicates that the majority of drinking water sources in the valley are contaminated with human faeces. The status depicts a high probability of other diarrhoeal diseases in addition to Cholera.

[1] Estimated number of people residing in the three districts of the Kathmandu Valley without access to safe water (source ADB).

The monsoon, active from 5 June 2022 for the subsequent three months, may further exacerbate the scenario. Every year, flooding and landslides occur during the monsoon season. Kathmandu, the capital city, has massive and unplanned urbanisation, with an improper drainage system and riverside settlements that are vulnerable to flooding as a result of heavy rainfall. These often lead to the breakdown of the fragile water and sanitation infrastructure. All of these complex factors raise the possibility of water-borne disease outbreaks, which may already be challenging to prevent and control. Also, considering the compromised living conditions in dense populations, diseases and infections can spread rapidly.



*Daily case incidence of Cholera Outbreak as of 30 June 2022. (**Source:** MoHP)*

Also, the prevailing burden of COVID-19 ought to be considered. Nepal is currently in the phase of a controlled state of COVID-19 cases. However, few cases in the community do not signify the end of the epidemic. On average 20 to 40 cases are being reported daily, with a low testing rate (for further information and data, please visit the MoHP website). As of 29 June 2022, Nepal has covered 83 per cent of the target population aged 12 and older with the first dose and 87 per cent with the full dose. In addition, the Government of Nepal has started to vaccinate children aged 5-11 years. However, there is still a need to reach out to the most vulnerable and unreached population to achieve the goal of vaccinating the entire eligible population, as no one is safe until everyone is safe.

All the concurrent scenarios have enhanced the vulnerability of residents staying in the Kathmandu valley. Hence, better preparedness and awareness to prevent large-scaled catastrophe is always essential.

Summary of the current response

NRCS volunteer conducting cholera awareness in school of Lalitpur District in June 2022. **(Photo: Lalitpur District Chapter)**

Overview of Operating National Society Response Action

Since the first two cases of cholera were reported in the COVID-19 situation report of the Ministry of Health and Population on 16 June 2022 in Kathmandu valley, the sectoral health and water sanitation and hygiene (WASH) team

from NRCS, which is continuously working in the NRCS Emergency Operation Centre (EoC), has begun coordinating with the Epidemiology and Diseases Control Division of the Ministry of Health of Nepal and actively participating in WASH cluster meetings. The NRCS team is also working to raise awareness of cholera-preventive public health measures through digital platforms and mobilising volunteers for hygiene promotion in the valley.

Furthermore, NRCS also participates regularly in emergency meetings of the Ministry of Home Affairs (MoHA) at the National Emergency Operation Centre (NEOC), WASH cluster, and health cluster. Upon notification of the outbreak, NRCS alerted its Red Cross Emergency Clinic (RCEC) roster personnel, procured Oral Rehydration Solution (ORS) and essential treatment medications, and stood ready for deployment. On 29 June and 1 July 2022, a series of meetings were held with the National Society and the IFRC Nepal Country Delegation (CD) to initiate the DREF and plan the response actions.

NRCS is currently conducting public health awareness campaigns in areas where cases have been identified. Similarly, the risk of an outbreak of water-borne diseases is high in areas where an outbreak has been reported during the monsoon in previous years. Consequently, NRCS is expanding its disease prevention efforts with door-to-door health promotion messages and demonstrations of hand washing. In November 2021, NRCS responded to a Cholera outbreak in Kapilvastu District, Lumbini province, by mobilising the RCEC public health profile for health and hygiene awareness events. The team's role-play, public education, and hand hygiene demonstrations provided a valuable learning experience for cholera response.

Overview of Red Cross Red Crescent Movement actions in country

NRCS has kept all partners informed of the situation, current needs, and response plans through coordination meetings (latest held on 30 June 2022). The EoC that was activated in response to the monsoon is currently jointly planning a cholera outbreak response. The IFRC CD is providing technical support to NRCS in preparing for and responding to disasters and crises in Nepal, including the current ongoing COVID-19 operation. The IFRC CD coordinates further with the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur for additional surge capacity, including financial contribution to the efforts through the DREF allocation.

The IFRC CD, in close coordination with NRCS, in-country partners and IFRC APRO, is monitoring the situation regularly. Meanwhile, the IFRC CD, together with NRCS, is actively participating in the HCT meetings and mechanisms. On 29 June, the Ministry of Home Affairs and National Disaster Risk Reduction and Management Authority (NDRRMA) convened a coordination meeting with all cluster leads (line ministries) and co-leads (humanitarian partners) including Health Emergency Operation Centre (HEOC) and Epidemiology and Diseases Control Division where all humanitarian partners were requested to actively coordinate with authorities to provide timely response to the emerging needs.

With an established Emergency WASH fund and a certain budget from existing projects and programmes, NRCS has initiated discussions with the Epidemiology and Diseases Control Division to identify possible gaps and NRCS role in responding to and controlling possible outbreaks. Social media and campaigns are being used to spread health awareness messages on the prevention and control of water-borne diseases caused by monkey pox, vector borne diseases and vaccination against COVID-19, in accordance with protocol.

Likewise, in-country Participating National Societies (PNS) including the American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Japanese Red Cross, and Swiss Red Cross are monitoring the situation and participating in the meetings organised by the NRCS and IFRC.

Overview of other actors' actions in country

The Health Emergency and Operation Centre along with EDCD conducted a meeting for the work division and work plan which has been formulated after meeting with concerned stakeholders. Door-to-door case-finding activities are ongoing and stakeholder meetings emphasised water purification and treatment and conducting water and food surveillance. A steering committee for enteric disease meeting was held with the main action points to conduct joint water surveillance at outbreak sites ongoing. Rapid Response Team (RRT) of GoN at Lalitpur and Kathmandu districts were oriented on investigation and surveillance including treatment and case management in support of WHO. On 26 June 2022, under the chairmanship of Chief District Officer, Lalitpur Health Office organised and finalised a WASH-related action plan. Kathmandu Metropolitan City (KMC) has circulated letters in response to the cholera outbreak to all the schools (GoN and Private) to educate children on the disease. Self-testing booth has been established at Kalimati (one of the areas where cases have been identified). Lab personnel from the RRT team were trained on on-site water sampling by experts from WHO. Continued surveillance and field investigation and WASH Interventions have been done.

The WASH Cluster is actively working to organise and mainstream all WASH actors in the country for a unified response and support. It has been coordinated by the Department of Water Supply and Sewage Management (DWSSM), where dedicated experts have been seconded for nationwide coordination, networking and unified effort. According to the WASH cluster, local governments are responding to the cholera outbreak at the local level. Different municipalities

(palikas) conduct regular awareness-raising activities via miking to promote safe water handling and hygiene practices. Furthermore, Kathmandu Upatakaya Khanepani Limited (KUKL) and Kathmandu Valley Water Supply and Management Board (KVWSMB) regularly chlorinate piped water and support and inspect water tankers. Similarly, it is planned to launch booth campaigns, intensive community-level work on sensitization, and Piyush (chlorine solution widely used for drinking water disinfection) distribution to those in need. Palikas place greater emphasis on citizen-led water quality testing, awareness-raising and Piyush distribution for wider reach. Further, Palikas intend to start dug well chlorination and educate dug well owners, as well as orient water vendors on chlorination methods and their accountability. Until now, WASH actors plan to respond to the cholera outbreak with minimal field-level activity. Within a couple of days, most of them will be able to deploy their team in the field with an aid plan.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

NRCS began coordination with the EDCD and National Health Education Information and Communication Centre (NHEICC) on cholera response measures and its potential role in containing the spread on 27 June 2022. Based upon the discussion in coordination meetings and various reports from authorities (including surveillance data), the current needs identified in the Kathmandu valley are related to safe drinking water, improved hygiene practices and tightened surveillance and water testing across various affected points. The DREF Operation aims to conduct Cholera awareness activities in the affected areas of Kathmandu District, including distributing water purifying reagents and ORS and conducting Risk Communication and Community Engagement and Accountability (RC-CEA) activities.

The overall objective of the DREF operation is to prevent and control the spread of cholera and other diarrhoeal diseases in three Kathmandu Valley districts. This operation will continue to prioritise meeting the immediate health and WASH needs of the affected population.

Health

The rise in cases of cholera within the capital city is alarming to keep the preventive measures in place. The cases in Kathmandu valley detected until now are sporadic and the densely populated city makes the surveillance process challenging. Effective mapping of cases and assessment of water quality of the affected area is highly important to contain the spread of diseases. Behaviour change communication on cholera (and other water-borne diseases) preventive messages including hand hygiene practice is essential and focus on high-risk groups like school students should be scaled up. The status of the disease's spread, pattern and curve need to be regularly monitored to see the progress of the spread and keep the strategy for control in place. The health facilities of the outskirt areas of Kathmandu valley relatively rural areas may see a spike in cases where curative service may be overwhelmed. RCEC's effective deployment to support the service can be the ultimate response action for it.

The rise in cholera cases in the capital city is alarming enough to warrant the continuation of preventative measures. Until now, only sporadic cases have been identified in Kathmandu valley, and the densely populated city makes surveillance difficult. The mapping of cases and assessment of water quality in the affected area are crucial for preventing the spread of disease. Essential to behaviour change communication on cholera (and other water-borne diseases) are preventive messages including hand hygiene practice, and the focus should be increased on high-risk groups such as school students. The status, pattern, and curve of the disease's spread must be monitored frequently in order to track the progression of the disease's spread and keep the strategy for control in place. The health facilities of the relatively rural outskirts of the Kathmandu valley may experience an increase in cases where curative services may be overwhelmed. Effective deployment of RCEC to support the service may be the ultimate response action.

Water, sanitation and hygiene (WASH)

As the cholera outbreak has occurred at the start of the monsoon and in the midst of the COVID-19 pandemic, there is an increased need to establish effective and efficient onsite preventive and sensitization response mechanisms of WASH in Kathmandu valley in order to maximise the endorsed surveillance at water contamination points and hygiene behaviour communication change.

PMER-IM[2]

Because this outbreak is occurring amid the COVID-19 pandemic and the monsoon response that is currently underway, there is an increased need for an effective PMER-IM system or mechanism. This is necessary to minimise the data discrepancy and enhance the data validation that is related to the operation. There is a need for tools and remote

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

mechanisms that are efficient, cutting-edge, and user-friendly, for assessment, monitoring, report collection, and making the most of information technology.

Targeting
This operation will reach 30,000 people in the Kathmandu valley through community-based health and WASH promotion activities aimed at AWD prevention and awareness-raising. Target populations will be identified, which will consist of those residing in compromised living conditions with poor hygiene practices and behaviours, in close consultation with relevant local and technical authorities. The focused intervention of the response will target household contacts of identified cases for disease prevention and, if necessary, referral. Schools, workplaces, stadiums, and public restrooms will be the primary focus. These are locations where the transmission rate would increase rapidly and have higher impacts.

Estimated disaggregated data for population targeted
The sex, age and disability disaggregated data (SADDD) will be calculated based on the assessment and will be provided later as the implementation of activities is rolled out.

Scenario planning

Scenario planning Scenario	Humanitarian consequence	Potential Response
Scenario 1: The Cholera outbreak is contained within 3 weeks	Reduced morbidity and mortality, limited impact of the combination of expected floods and the cholera epidemic. Food insecurity is stable and malnutrition incidence does not increase.	Public health awareness actions with WASH activities and hygiene promotion. ORS and aqua tablet distribution with messages on its proper use.
Scenario 2: The most likely scenario is that the number of cholera cases will increase over the next 3 months (rainy months) and then decrease.	Morbidity increases for the coming weeks affecting particularly the most vulnerable strata of the population.	Enhance the previous response strategies with support to faculty by mobilising RCEC roster members.
Scenario 3: The cholera situation deteriorates with the spread of the epidemic in beyond the valley	The cholera epidemic affects beyond the valley affecting large population. The combination of floods and cholera, AWD leads to large outbreaks. Disruptions in health systems capacity, including in preventative efforts to address other diseases including COVID-19.	With the previous response action, request for international response support in the large outbreak. Mobilisation of CTC unit likely.

Operational Risks
The monsoon's seasonal impact is the main trigger of the outbreak, along with water inundation and contamination of the water source and pipelines. There are several risks directly associated with the outbreak, including floods that affect the entire country. The weakness of community-based disease-tracking surveillance systems as an early warning signal is an additional challenge for the response operation. Possible resurgences and new waves of COVID-19, foreseen during the rainy season, could further strain the fragile health care system. Community perception of water treated with chlorine or Aqua tabs may have an equal impact on the successful implementation of planned interventions. In general, the community is hesitant to consume chlorine-treated water because it has lost its natural taste. Sustained community sensitization that emphasises the benefits of chlorinated water would help alter perceptions of treated water.

B. Operational strategy

Overall operational objective

This operation aims to directly provide 30,000 people, with health and WASH awareness messages on Cholera while integrating RC-CEA and PGI into the strategies in Kathmandu valley districts. The operation will be implemented for three months, until October 2022. The specific objectives are as follows:

- Prevention and control of the existing spread of cholera cases in Kathmandu valley with health and WASH related awareness messages.

- Enhance NRCS emergency health and WASH preparedness and response practices.

Since its inception, NRCS has worked closely with the government to respond to any type of disaster, at the central, provincial, district, and municipal levels, in accordance with its auxiliary role to the public authorities in Nepal in humanitarian assistance during disasters and conflict. In recent years, the COVID-19 operation has significantly strengthened the partnership with the health and WASH authorities, which will be instrumental in ensuring a timely and well-coordinated response in the Kathmandu Valley.

Following the IFRC's response and preparedness strategy for epidemic countries in the region, the proposed strategy aims to support the NRCS through staff and volunteer training and awareness-raising, distribution of information, education, and communication materials, community-based surveillance, and communication of key messages for the preparedness and prevention of the spread of diarrheal diseases (including cholera) in collaboration with the MoHP and Ministry of Water Supply. In general, the following implementation strategies will be considered:

Sector specific strategies

Health

NRCS volunteers and staff mobilised for this operation will receive orientation on cholera prevention and health and hygiene promotion. During the response activity, they will also be guided on COVID-19 safety measures. NRCS will mobilise volunteers to promote health and hygiene in affected communities, primarily in areas where cases have been identified. If the government of Nepal regulates cholera vaccination in the valley, volunteers will also be recruited for the vaccination campaign. Promoting health messages such as breastfeeding, child health, cholera patient care, and other water-borne diseases will also be mainstreamed. Similarly, on the service sector side, the distribution of ORS to identified case households and their neighbours will be carried out. Aquatabs will also be distributed to marginalised populations and those living in high-risk settlement areas. During distribution, the use of ORS and Aqua tablets, as well as early warning signs to seek emergency medical care, will be demonstrated. NRCS will ensure the safety of volunteers during volunteer mobilisation by providing them with the necessary PPE. The Red Cross Emergency Clinic and its staff will play an integral role in the response. RCEC's curative sector will be activated if the facility becomes overwhelmed or if the government requests assistance in the Kathmandu valley. However, the public health module of the RCEC will be mobilised for the awareness activities integrated with the other volunteer mobilisation. RCEC roster will be mostly mobilised in and around hospital facilities where the health desk will be a point for disseminating health messages.

WASH

The current cholera outbreak in the Kathmandu valley is primarily attributable to unsafe water handling and poor personal hygiene practises. In addition, a review of the various studies regarding the water quality parameters of supplied water in the valley reveals that water contamination during the monsoon is quite prevalent, not only in tanker water but also in water distributed by private and public service providers. As the WASH cluster is active and well-functioning, wider established stakeholders coordination-collaboration and information sharing will continue for the current cholera response in the Kathmandu valley. In addition, cholera response implementation strategies will include the following:

- Public awareness: The current response will focus on awareness-raising and hygiene promotion/sensitization through campaigns, visits, dissemination of IEC materials and media mobilisation/partnership. It will be implemented in two ways a) mass awareness and b) focused interventions.
- Service delivery: Under this strategy, Aquatabs, Piyush[3] and ORS will be distributed at different possible levels as preventive and control measures to keep the users safe. Volunteers will also support local authorities for water testing where relevant.
- HR mobilisation: Needful volunteers, experts and staff will be mobilised to sensitize and deliver the planned services in the target areas.

Risk Communication Community Engagement and Accountability (RC-CEA)

During the response, a variety of communication channels and methods will be adapted, including face-to-face communication, IEC dissemination, Miking, radio/television public service announcements, and available social media channels. The key messages will be disseminated based on context factors such as communication channel, timing, location, and the likely audience that will be reached, and the required information will be adapted and developed accordingly. Using NRCS feedback mechanisms, communities (both recipients and non-recipients) will have the opportunity to ask questions, lodge complaints, and request inclusion in distributions and other activities throughout the process. Throughout the duration of the operation, NRCS will ensure the integration and mainstreaming of community

[3] **Piyush** is 0.5% chlorine solution widely used for drinking water disinfection.

engagement and feedback mechanisms. NRCS will collect community feedback through the installation of active feedback desks in strategic locations. During distribution and sensitization sessions, the hotline number 1130 will be disseminated in order to listen to community members. As required, door-to-door visits and community meetings will also be conducted. To ensure community participation, community representatives, such as community leaders, women's groups, religious leaders, traditional healers, and youth groups, will be recruited to assist with campaigns and community education.

As NRCS has been implementing CEA in all of its operations, staff/volunteers have been trained on CEA and various mechanisms for community feedback are in place, including hotlines, help desks, face-to-face interactions (with NRCS staff and volunteers), and suggestion boxes. However, these systems require improvement, including the establishment of more community feedback desks managed by community volunteers to provide access to information and collect community feedback. There is also a need to raise awareness about the available feedback mechanisms and how they can be utilised by various categories of community members, including tracking and responding to rumours.

Other cross-cutting and supporting implementation strategies

Inclusive response, leave no one behind

NRCS will ensure social protection and the inclusive response of all affected populations. Reaching the most vulnerable through timely information and Red Cross services. Women, girls, children, elderly, PWD, sexual minorities, excluded and marginalized communities will be given special focus as per their needs and requirement to safeguard their rights to make sure that no one is left behind.

Timely response

NRCS will ensure a timely response through the deployment of its trained staff and volunteers. The affected district chapters have been sent with alert information, and trained human resources are ready for deployment. RCEC members are requested for standby positions in case of any emergency. RCEC medicine preposition is initiated for essential response if required.

Rigorous PMER and IM practice

A management information system will be used to manage information about the operation. Furthermore, NRCS is introducing 5W (what, where, when, how many, whom) for collecting and analysing data of the monsoon response. The same protocol will be used for cholera response. The 5W database and reporting system is part of the Disaster information management system.

Local monitoring, such as monitoring of operation activities through sub-chapters and district chapters, will be emphasised, and NRCS headquarters will provide local units with monitoring orientation and tools. Provincial offices will coordinate both monitoring and response activities. The operation will regularly capture challenges, explore potential solutions for resolving them, and document lessons learned and best practises. Similarly, regular situation updates, information bulletins, and infographics will be created for documentation and dissemination of the operation's progress. At the conclusion of the operation, all stakeholders will participate in a workshop on lessons learned, which will also inform the operation's final report.

Optimum mobilisation of local resources

NRCS has been working towards proper utilisation of internal as well as external resources. NRCS district chapters within the valley are coordinating with government authorities to utilise the local resources allocated for response. NRCS emphasises optimum mobilisation of local volunteers including youths. Youth mobilisation will be motivated during the response. As part of its NSD agenda, the IFRC CD will also provide support to NRCS to raise resources locally for the same operation.

NRCS has been working towards the efficient use of both internal and external resources. District chapters of the NRCS within the valley are coordinating with government authorities to utilise the allocated local response resources. NRCS emphasizes the optimal mobilisation of local volunteers, including youths. Youth mobilisation will be encouraged throughout the response. As part of its NSD agenda, the IFRC CD will assist the NRCS in its efforts to raise resources locally for the same operation.

Compliance with NRCS safeguarding policy (zero tolerance)

NRCS will comply with the zero-tolerance policy on SGBV, workplace harassment, any kind of Sexual Exploitation and Abuse (PSEA), fraud, corruption and other types of misconduct. There will be strict monitoring in this regard and any type of misconduct found will be reported and dealt with according to the policies of the NRCS and the Government.

Human resource and duty of care

NRCS HQ and district based trained staff and volunteers will be mobilized to support the implementation of this DREF operation. NRCS will also provide insurance, orientation, and personal protective items to frontline staff and volunteers. Some possible risks for staff and volunteers are the transmission of infection as well as road accidents.

Security

Enabling safe and secure programme delivery is a priority for IFRC and a standard IFRC security framework, as well as a country security plan, is in place, which applies to all IFRC-deployed personnel. The National Society enjoys a good level of community acceptance countrywide, with established networks of community-based volunteers. The National Society's security framework will be applicable for the duration of the operation to their staff and volunteers. There is recognition of and respect for the Red Cross Red Crescent emblem and understanding of the activities carried out by the Movement. As well as coordinating with other Red Cross Red Crescent Movement partners, regular contact is maintained with local security networks. IFRC CD also participates in a range of stakeholder meetings in which safety and security matters are considered and discussed, including HCT meetings convened by OCHA.

An IFRC country security team is in place and the general safety and security situation in the country is constantly monitored. The security officer disseminates Security Advisories, including any necessary temporary restrictions when appropriate. Safety and Security alerts are also sent via SMS messages. All new and visiting international personnel are provided with a security welcome pack and must attend a security briefing within 24 hours of arrival in-country.

The identified safety and security threats are unlikely to have a significant impact on the Red Cross staff's ability to carry out programme activities. The risk of disease transmission increases when people are mobilised. Road safety incidents, flash floods, mudslides, petty crime, and health risks are the primary potential threats to Red Cross personnel. There is always the possibility of incidents arising from recipient dissatisfaction. There are proactive security measures in place, and team leaders are aware of the mitigating measures required to mitigate these risks. As necessary, ongoing risk mitigation measures, such as safety and protection equipment, field movement tracking, and communication tools, will be updated to reduce the likelihood of incidents. Volunteers and employees participating in the operation will be required to observe the necessary security measures.

Logistics and supply chain

Despite not having adequate stocks of cholera response kits and materials at present, the NRCS has the capacity to implement the response activities by mobilising volunteers through three district chapters (Kathmandu, Lalitpur, and Bhaktapur) and HQ in the Kathmandu valley, as the planned activities are more focused on sensitisation campaigns, IEC materials dissemination/distribution, media mobilisation, and visits. In addition, required materials (Aqua tabs, Piyush, printing of IEC materials) will be finalised by NRCS and IFRC, purchased with IFRC support, and distributed to the respective sites and district chapters. As required, the team will also seek assistance and guidance from the Global Humanitarian Service & supply Chain Management Unit in Asia Pacific (GhS & SCM-AP) in Kuala Lumpur. In addition, the district chapter will manage the local procurement of the remaining required materials in accordance with the existing NRCS rules. As the response area is the Kathmandu valley and the current cases are within the cities, transporting supplies will not be a problem. Although there are no restrictions on mobility due to COVID-19, the IFRC and government advice and assistance will be taken accordingly. As required, NRCS will also coordinate with clusters (WASH, health) as well as local government and the private sector at various levels.

NRCS has a clear supply chain from NHQ to its warehouses and up to the districts and chapters from these warehouses, so these could be used for this response as well. Consequently, NRCS RCEC kits are stocked in the Kathmandu valley for potential deployment. Emergency health officers from the Health Service Department manage the warehouse in order to assess the inventory and medical equipment in a timely manner. The process for procuring medicine based on need has been initiated at headquarters for the management of only 10 cases.

Communications

The NRCS and IFRC communications teams will collaborate to promote the efforts of the frontline volunteers. Communications will emphasise the humanitarian needs of affected people in an effort to position the NRCS as a partner of choice in humanitarian action, while also relaying the voices of people at risk via national and international Red Cross social media, other digital channels, and news media.

The communications will generate visibility and support for humanitarian needs and the response of the Red Cross and Red Crescent. The Asia Pacific IFRC regional communications unit, IFRC CD, and NRCS will maintain close collaboration to ensure a coherent and coordinated communications strategy. Written and audio-visual content, as well as social media and digital products, will be produced as needed. The communications content will be promoted on regional and global IFRC channels and shared with IFRC network National Societies. Media and social media monitoring will seek to improve efficiency and contribute to risk assessment and management.

Coordination and operation implementation through EOC

NRCS has a mechanism of activating EOC for smooth coordination and implementation of response operation. The EOC comprises mobilisation guidelines, sector teams who are representatives from different departments and response coordinator. The majority of the day-to-day actions and decisions at the national level are made from the EOC while district chapters are leading the response at the field level in coordination with municipalities and as a member.

C. Detailed Operational Plan

Health

People targeted: 30,000
Male: 14,700
Female: 15,300
Requirements (CHF): 47,183

Needs analysis: The spread of diarrheal diseases including cholera in Kathmandu valley has triggered the very need to upscale public health measures to prevent and control the diseases. Epidemiology and Diseases Control Division, MoHP has scaled up processes for testing water as, due to spike of monsoon rainfall, water borne diseases spread other than cholera is equally possible. The capital city with most people aware on the disease prevention needs further reinforcement of health messages to be kept in priority to prevent infection. The government-led reporting system in EWARS, including a keen observation on pattern of diseases occurrence will guide our operation. Mobilization of youth and volunteers trained on epidemic control on hot sport areas and among high-risk population is essential.

Programme standards/benchmarks: National WQT Standard, WHO guidelines, National Preparedness and Response Plan for Acute Gastroenteritis/Cholera Outbreaks, Nepal

P&B Output Code	**Health Outcome 1: The immediate risks to the health of the affected populations are reduced.**		*% of affected population has access to immediate health services by mobilising trained volunteers.* ***(Target: 10%)***	
	Health Output 1.1: Improved access to health care and emergency health care for the targeted population and communities.		*# of affected population directly received ORS with health education on proper preparation. (**Target: 10,000**)* *# of people received service through RCEC* ***(Target: as per need)***	
	Activities planned Months	1	2	3
AP021	Referral service provided to affected population	*x*	*x*	*x*
AP021	Procurement/replenishment of RCEC related items targeted for disease outbreak.	*x*	*x*	*x*
AP021	Deployment of RCEC in whole or modular basis for diseases outbreak management and control	*x*	*x*	*x*
AP021	Distribution of ORS to affected households with proper demonstration on preparation and use.	*x*	*x*	*x*
P&B Output	**Health Outcome 2: Transmission of diseases of epidemic potential is reduced**		*% of targeted population correctly recalling the key messages on epidemic control* ***(Target: 30%)***	

Code	Health Output 2.1: Community-based disease control and health promotion is provided to the target population		# of people reached with community based epidemic prevention and control activities **(Target: 30,000)**	
	Activities planned Months	1	2	3
AP021	Conduct the ECV refresher training of 120 volunteers	*x*		
AP021	Mobilise ECV/CBHFA / PHiE /DDRT-Health volunteers to conduct awareness sessions on epidemic prevention among affected communities.	*x*	*x*	*x*
AP021	Distribute and re-print 100 updated ECV tool kit	*x*	*x*	*x*
AP021	Orientation to Health Workers On cholera treatment, management and prevention	*x*		
AP021	Conduct RRT training in Kathmandu valley	*x*	*x*	

Water, sanitation and hygiene

People targeted: 30,000
Male: 14,700
Female: 15,300
Requirements (CHF): 25,986

Needs analysis:

Lack of proper and safe handling of water sanitation and hygiene caused outbreaks of cholera at different locations of Kathmandu valley. The rising cases everyday cause higher alert for more strategic intervention to contain the situation. As of now, no case has been detected beyond the valley and all the cases living in the valley, though are different origins. However, high vigilance is required of potential cases in neighbouring districts as well, as there is a large floating population in the valley coming from the surroundings.

To control the cholera spread in the valley, different organisations and local authorities have been responding against it. As updated in the WASH cluster, different palikas are miking to sensitise the communities on hygiene practices and safe water handling. As discussed with some of the palikas, they are launching intensive booth campaigns at different strategic locations. They are encouraging for citizens led water quality testing, awareness and Piyush distribution to needy people. Similarly, Kathmandu Upatakya Khanepani Limited (KUKL), and Kathmandu Valley Water Supply and Management Board (KVWSMB) has been continuing to chlorinate in the piped water as well as supporting and checking the water tankers. In the same way, dug well chlorination and orientation to water vendors on chlorination will be conducted within a few days' time.

It means there is the big need to provide orientation to water vendors in proper chlorination, safe water points and their accountability on it. In the same way, it is necessary to chlorinate the dug wells as most of the HHs in Kathmandu valley are using dug well water for household and personal cleanliness. On top of these, mass

and focused awareness raising activities, campaigns and distribution of water treatment items is needed to distribute in close coordination with local government and like-minded stakeholders. For which media mobilisation for wider message dissemination will add value for the people's behaviour change in regards of WASH practices and safe handling.

Population to be assisted: A total of 10,000 individuals at risk of diarrheal diseases (including cholera) will be targeted for WASH interventions. Single women headed families, ultra-poor families, socially marginalised people, people with special needs and Covid-19 affected people will be given priority.

Programme standards/benchmarks: National WQT Standard, WHO guidelines, National Preparedness and Response Plan for Acute Gastroenteritis/ Cholera Outbreaks, Nepal and IFRC WASH guidelines for hygiene promotion in emergency operations .

P&B Output Code	**Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities**		*% of targeted population provided with WASH supplies and services through NRCS distribution points (meets Nepal and WHO standard)* ***(Target: 10%)***	
	Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		*# of assessments/monitoring visits undertaken in targeted communities and shared (**Target: 1**)*	
	Activities planned Months	1	2	3
AP030	Orientation to staff and volunteers on WASH	*x*		
AP030	Coordination participation in Cluster meeting (WASH & Health) for to maximise the joint response	*x*	*x*	*x*
AP030	Monitoring of the water, sanitation and hygiene situation in the most affected area of target communities		*x*	*x*
P&B Output Code	**Output 1.2: Daily access to safe water which meets National and WHO standards in terms of quality**		*# of people provided with safe water (according to WHO standards)* ***(Target: 8,500)***	
	Activities planned Months	1	2	3
AP030	Water quality testing of the affected areas of the target communities (at different points)	*x*	*x*	*x*
AP030	Orientation on safe use of water treatment products and information on safe storage and use at key market centre and community/schools of affected areas	*x*	*x*	*x*
AP030	Distribution of 450,000 Aquatabs to the affected communities in 3 districts	*x*	*x*	*x*
AP030	Replenishment of 450,000 Aquatabs	*x*	*x*	*x*
AP030	Distribution of 1,000 copies of household level water treatment manual	*x*	*x*	*x*
AP030	Orientation to water vendors on proper chlorination and accountability.	*x*	*x*	*x*

AP030	Provide water disinfect brochure, leaflets to the affected areas of target communities eg; HHs, hotels, motels, key public centres	*x*	*x*	*x*
AP030	Chlorination of water sources being utilized for drinking purpose among affected HHs and mass service delivery points like hotels, public place, schools etc	*x*	*x*	*x*
P&B Output Code	**WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population**		*# of people reached by hygiene promotion activities* ***(target: 5,000)*** *# of radio episodes broadcasted across various radio channels (target: TBC)*	
	Activities planned Months	1	2	3
AP030	Design printing and dissemination of 3,000 sets of WASH IEC materials (water-borne diseases prevention and control, water treatment, storage, proper handwashing and water quality testing) in the affected communities.	*x*	*x*	*x*
AP030	Sensitization campaigns on safe water handling and proper hygiene practices at key centre of affected areas	*x*	*x*	*x*
AP030	Dissemination of cholera prevention messages in 20 community radios in the local dialects	*x*	*x*	*x*
AP030	Home visits to deliver key messages on safe WASH (in affected areas)	*x*	*x*	*x*
AP030	Volunteer mobilisation to sensitise and WASH service delivery in the affected communities	*x*	*x*	*x*

Protection, Gender and Inclusion

People targeted: 30,000 (integrated with other sectors)
Male: 14,700
Female: 15,300
Requirements (CHF): integrated with other sectors.

Needs analysis: NRCS will ensure social protection and the inclusive response of all affected populations. Reaching the most vulnerable through timely information and Red Cross services. Women, girls, children, elderly, PWD, sexual minorities, excluded and marginalized communities will be given special focus as per their needs and requirement to safeguard their rights to make sure that no one is left behind.

Risk analysis: Monsoon in between COVID-19 pandemic can be considered as complex emergency. The risk of contraction of COVID-19 to NRCS staff and volunteers will remain high.

Programme standards/benchmarks: IFRC Minimum Standard Commitments on PGI and Nepal National Protection Cluster Strategy.

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.		*% of target population with increase knowledge and awareness about Protection Gender and Inclusion (PGI)* ***(Target:20%)***	
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.		*# of NRCS staff and volunteers have signed CoC and have refreshed their knowledge on PGI* ***(Target: 70)*** *% of district chapters involved in the operation are able to collect SADD data* ***(Target: 100 %)***	
	Activities planned Month	1	2	3
AP031	Minimum standard to PGI checklist to be ensured at response, monitoring, evaluation and reporting, including response team composition	*x*		
AP031	Support sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors (including people with disabilities) in their planning	*x*	*x*	*x*
AP031	Ensure NS staff and volunteers have signed the Code of Conduct (Anti-harassment and child protection) and have received a briefing in this regard	*x*		
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data (see guidance in Minimum Standards)	*x*	*x*	*x*

Strategies for Implementation

Requirements (CHF): 21,219

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform		*NRCS has adequate capacity at all levels to carry out the operation in timely and quality manner* ***(Target: Yes)***	
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected		*# of NRCS volunteers including youths mobilized in relief and response activities* ***(Target: 60)*** *# of volunteers insured* ***(Target: 60)***	
	Activities planned Months	1	2	3
AP040	Mobilize volunteers including youths to carry out activities across all the sectors	*x*	*x*	*x*
AP040	Ensure provision of volunteer insurance as well as required PPEs to all those involved in the activities	*x*	*x*	*x*

AP040	Conduct orientation to volunteers including youths on personal safety / COVID-19 safe practices	*x*		
AP040	Distribute protective items (mask, gloves, sanitizer) for volunteers and staff	*x*		
P&B Output Code	**S2.1: Effective and coordinated international disaster response is ensured**		*Engage with other humanitarian actors for coordinated humanitarian intervention. (Target: Yes)*	
	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		*# of district chapters involved in the operation have feedback mechanism in place* ***(Target:3)***	
	Activities planned Months	1	2	3
AP084	Support sectorial teams (WASH and health) to integrate RC/CEA in their planning and implementation	*x*	*x*	*x*
AP084	Set up multi-sectoral feedback mechanism channels including information and feedback booths and perception surveys	*x*	*x*	*x*
AP084	Support sectors to develop, translate into local languages and disseminate key messages in the communities, using multiple channels such as radio programmes, social media platforms, door-to-door campaigns, Miking, etc.)	*x*	*x*	*x*
AP084	Public awareness via mass/public announcement (Microphone usage)	*x*	*x*	*x*
AP084	Media mobilization /Partnership to disseminate WASH and Health Messages (Radio program, jingles)	*x*	*x*	*x*
AP084	Analyse (with PMER/IM) community feedback, rumours and complaints and work with sector leads to use the feedback to inform the further planning and implementation	*x*	*x*	*x*
AP084	Collect /capture success stories/interventions for evidence-based advocacy and dissemination (Capturing, documentation, videography, publication of stories, learning, good practices)	*x*	*x*	*x*
P&B Output Code	**Output S2.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**		*# of lessons learned workshop conducted* ***(Target: 1)***	
	Activities planned Months	1	2	3
AP055	Conduct DREF review/lessons learnt workshop			*x*

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRNP012 Nepal: Acute Watery Disease

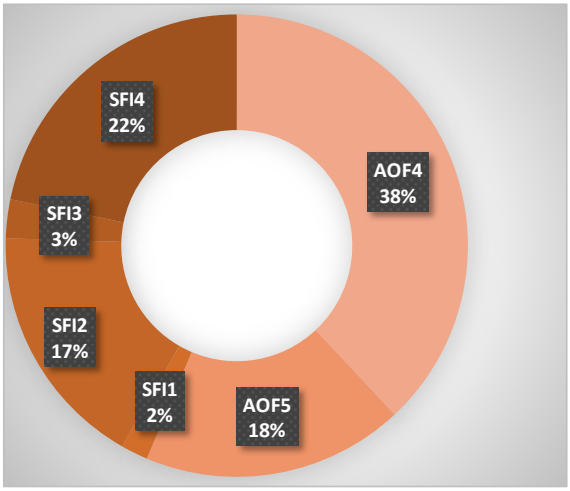
5/7/2022

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	5,520
Medical & First Aid	5,440
Teaching Materials	1,320
Relief items, Construction, Supplies	**12,280**
National Society Staff	11,160
Volunteers	15,284
Personnel	**26,444**
Workshops & Training	24,520
Workshops & Training	**24,520**
Travel	10,000
Information & Public Relations	6,720
Office Costs	5,600
Communications	800
Financial Charges	40
Shared Office and Services Costs	2,223
General Expenditure	**25,383**
DIRECT COSTS	88,627
INDIRECT COSTS	5,761
TOTAL BUDGET	**94,387**

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	35,912
AOF5	Water, Sanitation and Hygiene	17,296
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	1,793
SFI2	Effective International Disaster Management	16,273
SFI3	Influence others as leading strategic partners	2,556
SFI4	Ensure a strong IFRC	20,558
	TOTAL	**94,387**



Reference documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

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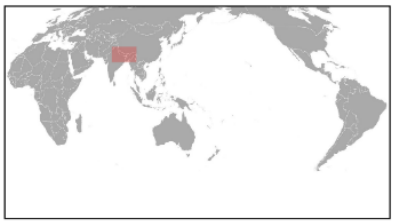
How we work

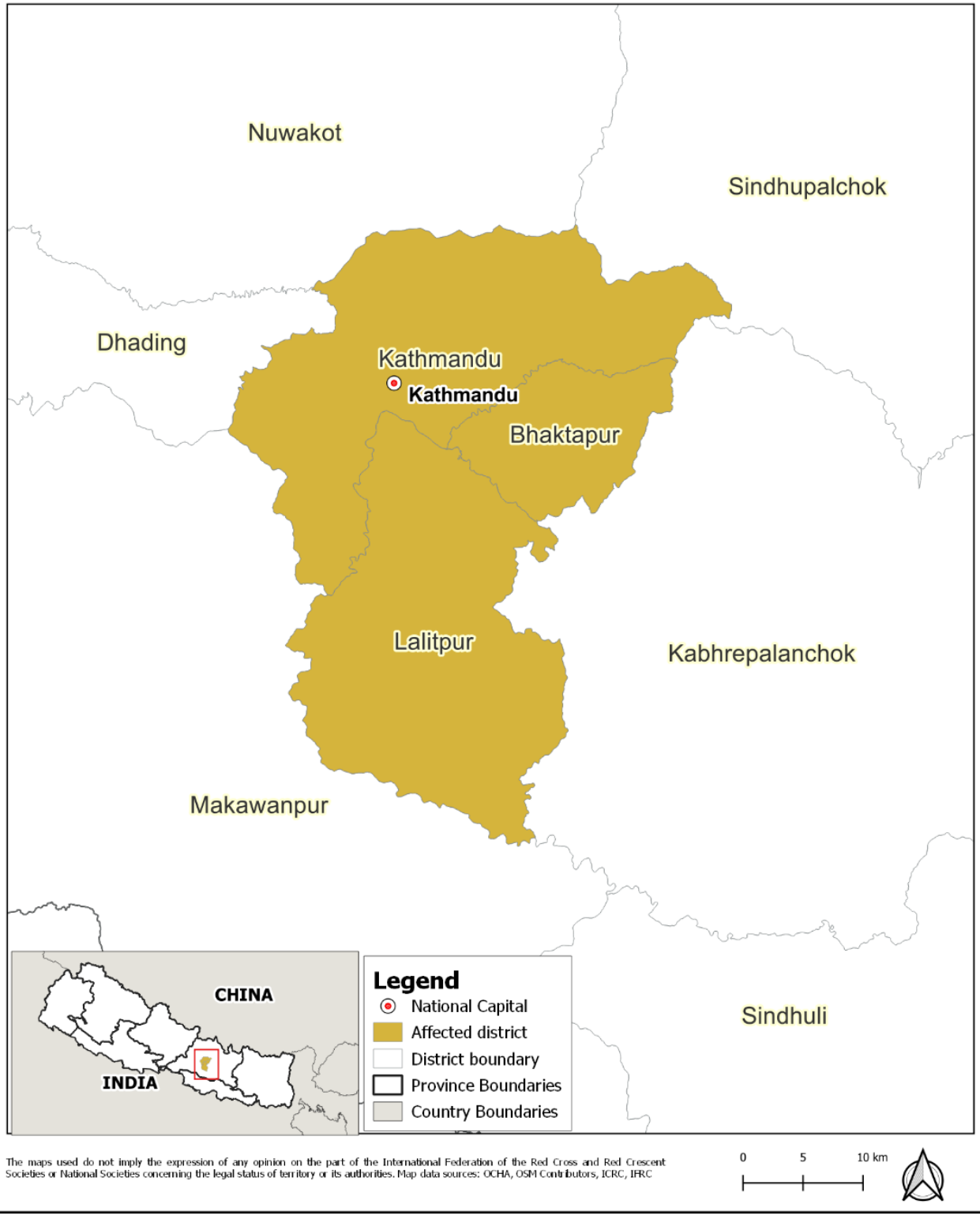
All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the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

IFRC

Nepal: Acute Watery Disease Emergency Plan of Action (EPoA)

5 July 2022





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