

Operation Update Report Nepal: Acute Watery Diarrhea

DREF Operation n°: MDRNP012	GLIDE n°: EP-2022-000253-NPL
Operation update n° 1: 24/09/2022	Timeframe covered by this update: 08/07/2022 to 08/09/2022
Operation start date: 08/07/2022	Operation timeframe: 3 months; end date: 31/10/2022 (no timeframe extension needed)
Funding requirements (CHF): CHF 94,387 (1 st allocation, no additional funding required)	
N° of people being assisted: 30,000 (as of reporting period, 7,841 people have been reached)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) has been directly involved in the operation and has been continuously coordinating with Nepal Red Cross Society (NRCS), as well as the in-country partners; American Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Finnish Red Cross, Japanese Red Cross, and Swiss Red Cross	
Other partner organizations actively involved in the operation: WHO and UNICEF.	

Summary of major revisions made to emergency plan of action (EPoA):

Along with the *Cholera* cases in Kathmandu, Lalitpur and Bhaktapur districts, *Dengue* cases are rising rapidly¹. The National Society (NRCS) will be expanding the current operation with dengue prevention activities in the same locations and target groups as elaborated below in response to requests from the Government and local municipalities.

- Dengue prevention major interventions will be similar to the Acute Watery Diarrhea (AWD) activities planned in the initial [EPoA](#); therefore, only minor changes to the activities and operational strategies are required.
- AWD activities and targets will not be impacted, except for the number of events that will be carried out. Specifically, additional deployment of a modular Red Cross Emergency Clinic (RCEC) and blood collection campaigns for the dengue prevention plan will be carried out. The target is to collect blood from an additional 600–1,000 people.
- Additionally, AWD and dengue activities overlap and will be mobilised concurrently. The revised plan includes additional home visits by NRCS trained volunteers, the mobilisation of more Epidemic Control for Volunteers (ECV) volunteers, the creation and distribution of Information, Education and Communication (IEC) materials for AWD and dengue, additional sanitation campaign/waste management events, and additional mobile team (miking) activities.
- The operation timeframe (3 months) and the total operation budget remain the same, even with the additional activities as there are some surpluses of around CHF 21,100 from Human Resources (HR) and administration costs. The surpluses are from (and due to):
 - Procurement of RCEC items (NRCS is using existing RCEC stock).
 - Regional Disaster Response Team (RDRT deployment) - NRCS has been mobilizing trained staff and volunteers from health and WASH.
 - Staffing at National Headquarters (NHQs)-only the most essential staff are assigned, and Water, Sanitation and Hygiene (WASH) and Logistics assistants are not required.
 - Administrative budget, mainly NRCS management support cost (currently in temporary modality, IFRC is transferring funds directly to chapter)
 - Orientation to water vendors (municipal authorities are closely monitoring)

¹ Source: [MoHP](#)

A. SITUATION ANALYSIS

Description of the disaster

Cholera – AWD

As of 4 September 2022, a total of 76 cases of cholera have been reported within Kathmandu Valley with null mortality cases, to date. The cases are confirmed by utilizing the stool culture method, Rapid Diagnostic test and hanging drop test. The detected causative agent is *Vibrio cholerae* O1 Ogawa Serotype. Five patients are being treated in Sukraraj Tropical and infectious diseases hospital, Teku Kathmandu. The sporadic cases are identified in different areas within the main cities with dense populations and mobility of Kathmandu Valley. This was where the first two cases were reported from the same family by the Sukharaj Tropical and Infectious Diseases.

The Initial field investigation conducted by a joint team from Kathmandu District Health Office (DHO), Kathmandu Metropolitan Office, Epidemiology and Diseases Control Division (EDCD), Department of Food Technology and Quality Control and WHO revealed using tap water for drinking without boiling is the potential cause of the cholera cases in Kathmandu. The majority of the cases are seen to be caused by drinking from commercial jar water which is done by most of the population in the valley. Out of 53 water samples from the valley, 38 samples were positive for *Escherichia coli* which denotes that most water sources being utilized for drinking purpose in the valley is contaminated with human faeces. The status depicts a high probability of other diarrheal diseases along with cholera.

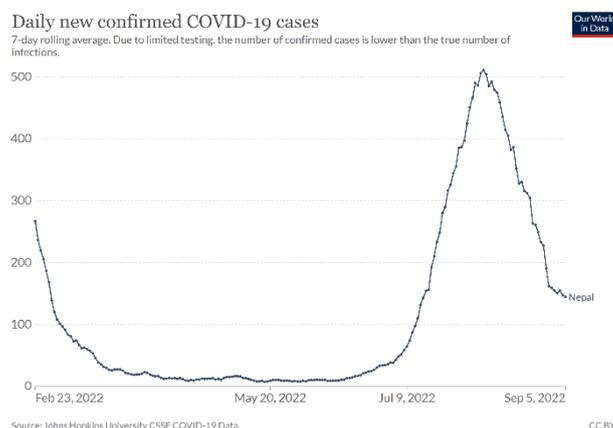
The monsoon season may further exaggerate the scenario. The country faces flooding and landslides during the monsoon season every year. Kathmandu, the capital city has massive and unplanned urbanisation where improper drainage system and breached settlement to riversides faces the impact of heavy rainfall with inundations. 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 are already challenging to prevent and control. Also, considering the compromised living conditions in dense populations, diseases and infections as such may transfer rapidly. Hence, better prevention through preparedness and awareness is essential.

Dengue

As of 7 September 2022, a total of 6,707 dengue cases have been identified in most of the districts in Nepal with the highest number of cases being recorded in Lalitpur (2,479) and Kathmandu (1,410)². As per that report from the Epidemiology and Disease Control Division (EDCD) of MoHP, the drastic increment of cases is due to the rainy seasons. This trend started mid-year this year with an increase in cases being reported since June. The cases may further increase by mid-October since the monsoon is already active in Nepal.

COVID-19

Nepal witnessed a fourth wave of COVID-19 between July and August 2022 with the highest per day positive case reaching 501 on 6 August 2022 (ourworldindata.org). As of 4 September 2022, Nepal witnessed a total of 1,148,996 positive cases out of which 983,539 have recovered and 12,007 have lost their lives due to COVID-19-related complications. The Government of Nepal has started to vaccinate its population against COVID-19 infection from January 2021. As of 4 September 2022, 77 per cent of the total population have received their first dose of COVID-19 vaccination and another 74 per cent have receive the second dose of COVID-19 vaccination. However, there is still a need to reach out to the most vulnerable and unreached population to achieve the target to vaccinate all eligible populations because no one is safe until everyone is safe.



NRCS has been implementing the COVID-19 Preparedness and Response Operation since 2020 to support the Government in containing the infection as well as conducting awareness-raising related activities at the community level. The NRCS has mobilized more than 1,400 volunteers to support the COVID-19 vaccination in more than 600 vaccination centres to date.

Summary of current response

Overview of Host National Society

Since the first two cases of cholera were indicated in the COVID-19 situation report of MoHP on 16 June 2022 in Kathmandu Valley, the sectoral health and water sanitation and hygiene (WASH) team from NRCS functional Emergency Operation Centre (EoC) started coordinating with EDCCD and actively participated in WASH cluster meetings

² Source: [MoHP](https://mohp.gov.np)

to get the updates in the changing scenario of the rising cholera cases. Currently, the NRCS team is working on creating awareness on cholera preventive public health measures via digital platforms and mobilizing volunteers for hygiene promotion in the valley. Meanwhile, NRCS is regularly participating in emergency meetings with the Ministry of Home Affairs (MoHA) in the National Emergency Operation Centre (NEOC), and also participating in the WASH and health clusters. After the outbreak was announced, NRCS had already developed a plan to mobilize a modular RCEC team, and essential treatment medications and was on standby for any deployment if required. A round of meetings was held with the National Society and the IFRC Nepal Country Delegation (CD) on 29 June 2022 and 1 July 2022 to initiate the DREF and plan the response actions. Currently, NRCS is conducting public health awareness in areas where the cases have been identified. Likewise, the risk of water-borne diseases outbreak is equally high in areas where the outbreak has been reported during the monsoon in previous years. Hence, NRCS is expanding the disease preventive activities with door-to-door health promotion messages and miking on hand washing demonstrations.

In addition, NRCS volunteers are fully engaged in conducting sanitation and waste management activities as well as “search and destroy campaigns” organized by the Municipal authorities in order to prevent mosquito breeding. NRCS has mobilized ECV volunteers, conducting door-to-door visits for vector-borne and communicable disease orientation sessions in the communities.



Red Cross volunteers conducting awareness messages in marketplace of Kathmandu Valley District. (Photo: NRCS)

Overview of Red Cross Red Crescent Movement in country

The NRCS has kept all partners updated on the situation, current needs and response plans through coordination meetings. The IFRC Country Delegation (CD) in Nepal 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 NRCS has been mobilizing volunteers in the area where diarrhea/cholera and dengue cases are detected. Volunteers are conducting door-to-door visits, conducting orientation on communicable diseases and preventive measures, hygiene promotion activities, testing of water quality, community sanitation/garbage management, chlorination, aqua tab distribution as well as “search and destroy” events for controlling mosquito breeding. The IFRC Country Delegation coordinates further with the IFRC Asia Pacific Regional Office (APRO) in Kuala Lumpur for additional procurement capacity and financial contribution to the efforts through the Disaster Response Emergency Fund (DREF) allocation.

NRCS is ensuring ongoing coordination with national and local authorities throughout this operation, in particular the municipalities that are critical stakeholders in terms of disease prevention and community engagement activities. In past weeks, coordination has increasingly focused on dengue with the multiplication of cases in the country, especially in the Kathmandu Valley. On 6 September, NRCS was invited by the EDCC under the MoHP to further intensify response activities related to dengue.

Considering the current situation of a significant rise in dengue cases identified in 72 districts, IFRC Country Delegation has been coordinating with the British Red Cross to support NRCS to run the operation in Kailali, Makwanpur and Rupandehi Districts where significant dengue cases are being detected. The British Red Cross is interested to provide some funds (around CHF 14,000) to support NRCS in these additional districts.

Overview of non-RCRC actors in country

The Health Emergency and Operation Centre along with EDCD conducted a meeting to facilitate the work division and work plan which has been formulated after a meeting with concerned stakeholders. Door-to-door case finding activities are ongoing, stakeholder meetings are held to emphasise on water purification and treatment, and water and food surveillance are also being conducted. A steering committee meeting for the enteric disease was held with the main action points to conduct joint water surveillance at ongoing outbreak sites. Rapid Response Team (RRT) at Lalitpur and Kathmandu districts were oriented on investigation and surveillance including treatment and case management in support of WHO. Lab personnel from the RRT team were trained on on-site water sampling by experts from WHO. Continued surveillance and field investigation and WASH interventions have been done by the RRT and the Female Community Health Volunteers (FCHV) at local health service centres of the government.

WASH Cluster is actively working to organise and mainstream all the WASH actors in the country for unified response and support. The Department of Water Supply and Sewage Management (DWSSM) is coordinating the WASH Cluster, where dedicated experts have been seconded for its coordination, networking and unified efforts nationwide. As updated from the WASH cluster, local governments themselves are responding against the cholera outbreak at a local level. Different municipalities (palikas) are conducting regular awareness-raising activities via miking for safe water handling and hygiene practices. Further, Kathmandu Upatakaya Khanepani Limited (KUKL) and Kathmandu Valley Water Supply and Management Board (KVWSMB) are regularly chlorinating piped water as well as supporting and checking water tankers. Similarly, booth campaigning and community-level intensive work on sensitization at different strategic locations, along with Piyush distribution to needy people is planned to be launched. Palikas are focusing on citizen-led water quality testing, awareness raising and Piyush distribution to reach their communities. Further, they are planning to start dug-well chlorination and provide education to dug-well owners along with orientation to water vendors in chlorination methods and their accountability. WASH actors are planning to respond to the cholera outbreak, however, their field-level activity is still minimal. Within a couple of days, most of them will be able to deploy their team with an assistive plan in the field.

Needs analysis and scenario planning

Needs analysis

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

In addition to this, based upon various discussions with the EDCD, and the Ministry of Health and Population, regarding the rise in dengue cases in the Kathmandu, Lalitpur and Bhaktapur Districts, NRCS received a request from the EDCD to focus on dengue cases with integration with the Acute Watery Diarrhea (AWD) activities. Currently, the need is mostly based on conducting dengue prevention and awareness activities in the same communities targeted for the AWD activities in Kathmandu, Lalitpur and Bhaktapur Districts. NRCS will mobilize the RCEC as and if needed based upon the request from the Government.

In general, the DREF operation has been targeted to provide immediate humanitarian needs in three districts of Kathmandu Valley. This operation will continue to focus on meeting the immediate health and WASH needs of the affected population accordingly.

Major interventions for dengue prevention will be similar with the AWD response activities which were planned in the EPoA. Therefore, there are no significant changes in the activities and operational strategies, only additional activities that will be running together with the AWD plan. These are:

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

More importantly, there is no change in the AWD targets and humanitarian aim except for the number of events which is indicated in the budget.

Health

The rise in cases of cholera and dengue within the capital city is alarming and it is essential to keep preventive measures in place. The cholera cases particularly in Kathmandu Valley detected 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) and preventive messages including hand hygiene practice is essential and the 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, ensuring the strategy for control is kept in place. The health facilities in the outskirts areas of Kathmandu Valley within relatively rural areas may see a spike in cases where curative services may be overwhelmed. RCEC's effective deployment to support these services can be the ultimate response action.

WASH

As cholera and dengue outbreaks occurred since the beginning of the monsoon and amidst the COVID-19 pandemic, there is an increased need to establish effective and efficient onsite preventive and sensitization response mechanisms for water sanitation and hygiene in Kathmandu Valley. This includes maximizing the endorsed surveillance at water contamination points and communication on hygiene behavioural change.

PMER-IM³

Since this outbreak is amidst the COVID-19 pandemic, along with the monsoon response in process, there is an increased need for an efficient PMER-IM system/mechanism. There is a need for efficient, innovative and user-friendly tools and remote mechanisms for assessment, monitoring, report collection, and maximizing the use of information technology. For this, a consolidated data collection template has been developed with technical support from the IFRC where an NRCS PMER counterpart is collecting detailed consolidated data and sharing it weekly.

Targeting

This operation will reach 30,000 people in Kathmandu Valley through health and WASH promotion activities in the communities targeting AWD prevention and awareness-raising activities, with the new addition of dengue prevention as per emerging needs. Populations residing in compromised living conditions with poor hygiene behaviour and practice are the target population. The focused intervention of the response is targeting the household members of identified cases for disease prevention and referral if required. The operation is also targeting specific sites where cases have been and are detected.

Estimated disaggregated data for population targeted

The NRCS has been collecting data based on sex, age and disability disaggregated Data (SADDD) which will be continued and will be included in the final reporting.

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario 1: Cholera/dengue outbreak is contained by mid of October 2022.	Reduced morbidity and mortality, limited impact of the combination of expected floods and cholera and dengue transmission. Food insecurity is stable and malnutrition incidence does not increase.	Public health awareness actions with WASH activities and hygiene promotion. Aqua tablet distribution with messages on its proper use.
Scenario 2: Cholera and dengue situation deteriorates with the spread may lead to an epidemic beyond the valley	Cholera and dengue epidemic affects beyond the valley affecting a large population. The combination of floods, dengue and cholera leads to large outbreaks. Disruptions in health systems capacity, including preventative efforts to address other diseases including COVID-19.	With the previous response action, to request for international response support for an uncontrollable outbreak. Mobilisation of emergency response teams (ERT) is likely.

Operation Risk Assessment

The monsoon seasonal impact is the main reason for outbreaks with the risk of inundation of water and contamination in the water source and pipelines. There are several risks directly associated with the outbreak, including the floods affecting the whole country in general. The weakness of community-based surveillance systems to trace the diseases as an early warning is another challenge in the response operation. Potential resurgence and new waves of COVID-19, predictable during the rainy season, could potentially further strain the fragile health system. Community perception of water treated with chlorine or Aquatabs could equally affect the successful implementation of planned interventions under the DREF operation. Generally, the community has some hesitation in drinking water treated with chlorine with the complaints that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change the perception of treated water.

³ Planning, Monitoring, Evaluating and Reporting- Information Management

Solid waste management in Kathmandu Valley remained challenging because of some issues at the landfill site. The Municipal authorities are facing problems in timely disposal of the wastage which may lead to increased cases of water and vector-borne diseases, including dengue. Nepal Red Cross is coordinating and collaborating with the government at various levels and supporting the initiatives by the Government such as the dengue awareness campaigns, etc.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

This operation aims to directly provide 30,000 people, with health and WASH awareness messages on cholera and dengue while integrating RC-CEA and Protection, Gender and Inclusion (PGI) into the strategies in Kathmandu Valley districts. The field-level activities will be implemented for three months until mid-October 2022 and the remaining two weeks will be focused on the closing of the operation. The specific objectives are as follows:

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

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

The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, aims at supporting the NS 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 diarrheal diseases (including cholera) spread in collaboration with the MoHP and Ministry of Water Supply. In general, the operation will consider the following implementation strategies:

Sector specific strategies:

All the following sectoral strategies will be equally applicable for both cholera and dengue cases. Since NRCS has been mobilizing large number of volunteers in the communities, they will continue the orientation sessions, hygiene promotion activities, and sanitation activities for both cases in an integrated way.

Health

NRCS volunteers and staff mobilised in this operation have been orientated on ECV measures (cholera, dengue, etc.) and hygiene promotional aspects. They are following the COVID-19 safe practices during the response activity. NRCS volunteers are mobilised for health promotional activities in affected communities mostly in areas of identified cases. Volunteers are engaged to disseminate messages on infection prevention and control, hygiene behaviour, self-care and wellbeing practices.

NRCS is ensuring the safeguarding of volunteers by providing them with necessary PPEs during volunteer mobilisation. Red Cross Emergency Clinic and its roster personnel will be an integral part of the response. The NRCS has a Memorandum of Understanding (MoU) with three hospitals (Patan Hospital, Tribhuvan University Teaching Hospital and Kathmandu Model Hospitals) of Kathmandu Valley and roster of doctors, nurses and health personnel are maintained in the RCEC team.

The curative sector for RCEC will be mobilised if the facility gets overwhelmed or any support facility is requested to and around Kathmandu Valley. However, the public health module of the RCEC will be mobilised for the awareness activities integrated with 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. Better surveillance is the ultimate need of the response.

NRCS will continue the coordination with the health authorities to conduct community-based surveillance on case detection and report on any unusual scenario to the health institutes and NRCS program focal at the headquarters. Blood service, life-threatening health issues and preventive strategies are inbuilt in the operation. NRCS District Chapters are closely working together with the municipal authorities for "Search and Destroy" campaign. NRCS is using the IEC materials developed by the NHEICC and reprinting and distributing them in the communities.

WASH promotion

Safe handling of water and personal hygiene behaviour is the key cause of the current cholera outbreak at different locations in Kathmandu Valley. Besides, looking back on the different studies about water quality parameters of supplied

water in the valley, water contamination during monsoon is quite prevalent, not only in tanker water but also in distributed water by private and public service providers too. As the WASH cluster is active and well-functioning, for the current cholera response in Kathmandu Valley, wider established stakeholders' coordination-collaboration and information sharing will be continued. The cholera response implementation strategies will be as follows:.

- **Public Awareness:** The current response focus will be 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, NRCS volunteers have continued the demonstration of the safe use of Aquatabs and distribution is still ongoing in the Kathmandu, Lalitpur and Bhaktapur districts. In coordination with a certified lab, the NRCS district chapter is carrying out water quality tests and the chlorination of water points.
- **HR mobilisation:** Needful volunteers, experts and staff are being mobilised to sensitize and deliver the planned services in the target areas.

Risk Communication Community Engagement and Accountability (RC-CEA)

A variety of communication channels and methods are being used during the response, including face-to-face communication, IEC dissemination, miking, PSA from Radio/TV and available social media channels. The key messages are shared depending on context such as the type of communication channel, timing, location, likely audience reached etc, and the required information is adapted and developed as per the need. Communities (both recipients and non-recipients) have the opportunity to ask questions, make complaints and appeal for their inclusion in distributions and other activities throughout the process using NRCS feedback mechanisms. NRCS is ensuring the integration and mainstreaming of community engagement and feedback mechanisms. During the distribution and sensitization sessions, dissemination of hotline number-1130 is continued. Door-to-door visits and community meetings are conducted as per necessity.

As NRCS has been implementing CEA in all its operations, staff/volunteers have been trained on CEA and various mechanisms for community feedback. Mechanisms such as hotlines, help desk, face-to-face (with NRCS staff and Volunteers) and suggestion boxes are in place. However, these systems require strengthening which includes setting up more community feedback desks, managed by community volunteers to provide access to information as well as to collect feedback from the community. There is also a need to raise awareness of the feedback mechanisms available and how they can be used by different categories of community members, including tracking and responding to rumours within the community.

Other cross-cutting and supporting implementation strategies:

Inclusive response, leave no one behind

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

Timely response

NRCS is ensuring 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 to be on standby in case of any emergencies. Basic RCEC medicine are available in NRCS NHQs and NRCS has been using these during the deployment of the modular RCEC.

Rigorous planning, monitoring, evaluation, reporting and information management practice

Local-level monitoring such as monitoring of the operation activities through sub-chapters and district chapters is being emphasised, while NRCS headquarters is providing orientation and tools to local units for monitoring. The operation will practise regular capturing of challenges, exploring the potential solutions for resolving the challenges while documenting learnings and good practices. Likewise, regular situation updates, information bulletins and infographics is being developed for documentation and sharing of the operation updates.

Optimum mobilization of local resources

NRCS has been working towards proper utilization 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 the 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.

Compliance with NRCS safeguarding policy (zero tolerance)

NRCS will comply with the zero-tolerance policy on Sexual and Gender-Based Violence (SGBV), workplace harassment, any kind of Sexual Exploitation and Abuse (PSEA), fraud, corruption and other types of misconduct. There 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 resources and duty of care

NRCS provides insurance, orientation, and personal protective items to the frontline staff and volunteers involved in the operations. Some possible risks for staff and volunteers are the transmission of infection as well as road crashes. Basic PPEs were provided to the staff and volunteers being mobilized in the communities.

Security

Enabling safe and secure programme delivery is a priority for IFRC and a standard IFRC security framework, as well as a country security plan, is in place which 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. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe 2.0 e-learning courses.

The identified safety and security threats are not likely to significantly affect the ability of Red Cross personnel to implement program activities. The risk of disease transmission is higher with the mobilisation of people. The key potential risks to Red Cross Personnel are road safety incidents, flash floods, mudslides, petty crime and health risks. There is always a latent threat of incidents occurring due to recipient dissatisfaction. Proactive security measures are in place and team leaders are aware of the mitigating measures to be taken to avoid such risks. Ongoing risk mitigation measures such as safety and protection equipment, field movement tracking and communication tools will be updated as required to reduce potential incidents. Volunteers and staff engaged in the operation will be briefed and required to adhere to the appropriate security measures. Any field missions undertaken by IFRC personnel will be undertaken following the current IFRC travel approval process, current health advisories and business continuity planning (BCP) guidance regarding COVID-19.

Logistics and supply chain

Despite not having sufficient stockpiles of cholera response kits and materials at the moment, the NRCS has the capacity to implement the response activities by mobilizing volunteers through three district chapters (Kathmandu, Lalitpur & Bhaktapur) and HQ in Kathmandu Valley as the planned activities are more focused on sensitizing campaigns, IEC materials dissemination/distribution, media mobilisation and visits. Along with these, required materials (Aquatabs, Piyush, printing of IEC materials) are being procured by the IFRC CD in coordination with the Global Humanitarian Service & Supply Chain Management Unit in the Asia Pacific (GhS & SCM-AP) in Kuala Lumpur, particularly for the procurement of Aquatabs and approval for the procurement of PPE items. In addition, for the other required materials, the district chapter are managing local level procurement as per the existing NRCS rules. Transportation of materials will not be an issue as the response area in Kathmandu Valley and current cases are within the cities. On other hand, there is no mobility restriction due to COVID-19, though advice and support from IFRC and the government will be taken as needed. Further, NRCS will coordinate with clusters (WASH, health), local government and private sectors at different levels as required.

NRCS has a clear supply chain from NHQ to its warehouses and up to the district chapters from these warehouses so these could be used based on the need for this response too. With this, NRCS RCEC kits and mosquito nets are stockpiled in Kathmandu Valley for possible deployment. The warehouse is being managed by emergency health officers from the Health Service Department to timely assess the inventory and medical equipment.

Communications

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

C. DETAILED OPERATIONAL PLAN

	<p>Health</p> <p>People reached: 3,974</p> <p>Male: 1,947</p> <p>Female: 2,027</p>	
Outcome 1: The immediate risks to the health of the affected populations are reduced.		
Indicators:	Target	Actual
% of affected population has access to immediate health services by mobilizing trained volunteers	10%	In Progress
Output 1.1: Improved access to health care and emergency health care for the targeted population and communities.		
Indicators:	Target	Actual
# of affected population directly received health education, including RCEC services	10,000	3,894
Indicators:	Target	Actual
% of targeted population correctly recalling the key messages on epidemic control	30%	In Progress
Output 2.1: Community-based disease control and health promotion is provided to the target population		
Indicators:	Target	Actual
# of people reached with community based epidemic prevention and control activities	30,000	3,974
Progress towards outcomes		
<p>Oral Rehydration Salt (ORS) Distribution and RCEC Deployment</p> <p>NRCS had planned to distribute ORS as per the need and request from the local authorities in the affected areas. However, government hospitals and health centres are providing ORS to the affected people and those who visit the hospitals. The health system is fully functional so far, therefore there is no need to distribute ORS in the three districts (Kathmandu, Bhaktapur and Lalitpur) of Kathmandu Valley.</p> <p>Similarly, health service centres are fully functional and there are many hospitals in Kathmandu Valley where affected people are receiving services smoothly. There is no need to deploy RCEC in the area where cases of diarrhea/cholera were detected. Since dengue cases are significantly increasing in these areas and many hospital beds are almost fully occupied, NRCS is planning to mobilize modular RCEC to conduct dengue prevention activities in the affected communities. The operation had planned to procure RCEC non-medical items to support RCEC deployment. However, NRCS now plans to deploy only the modular type of RCEC, hence, there is no need for these items. In this case, therefore, the initial plan has been dropped and revised through this Operational Update.</p> <p>Because of increased cases of dengue, demand for blood and platelets supply has increased. NRCS has been the key agency to supply blood throughout the country. NRCS blood transfusion centres in Kathmandu Valley need to expand their blood collection campaign at present. Considering the increased demand, partial support for an additional blood donation campaign has been added to this plan from possible surpluses in the budget allocated for administration, the budget allocated for procurement of RCEC items, RDRT deployment and two staff positions at NHQs which are taken out in the revised plan. This will not have an additional impact on current activities, targets and overall budget.</p> <p>NRCS conducted orientation sessions on epidemic control by mobilizing a large number of volunteers. So far 3,894 people were reached through the orientation sessions and additional events are continuing.</p> <p>Training of ECV Volunteers</p> <p>One event of ECV training for NRCS volunteers was conducted by NRCS HQS in August 2022 with the participation of 30 volunteers including 24 female volunteers from Kathmandu (1 male and 7 female), Lalitpur (1 male and 10 female) and Bhaktapur (4 male and 7 female) districts. Trained volunteers have started to orient the people from the communities on epidemic control including cholera prevention and dengue prevention awareness activities.</p>		



Trained volunteers conducting ECV sessions in the communities. (Photo: NRCS)

ECV Tools Kits

The NRCS has been using ECV tool kits from their stock that were printed in 2021. NRCS NHQs has provided the tool kit to 30 volunteers and IFRC Country Delegation is coordinating to reprint 100 sets of ECV tools kits. The vendor is already identified, a purchase order is already placed, and the printing process has started. It is expected to receive printed copies of the kits within mid-September.

All three district chapters (Kathmandu, Bhaktapur and Lalitpur) have been mobilizing these trained ECV volunteers in targeted communities. The volunteers are conducting door-to-door visit in the communities and providing information about preventive measures to be taken for communicable diseases including diarrhea/cholera and dengue based on their learnings from the ECV training. They have provided orientation/information for 3,894 people so far.

	<h3 style="color: red;">Water, sanitation and hygiene</h3> <p>People reached: 3,867 Male: 1,895 Female: 1,972</p>	
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:	Target	Actual
% of targeted families provided with WASH supplies and services through NRCS distribution points (meets Nepal and WHO standard)	10%	In Progress
Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
# of assessment/monitoring visit undertaken in targeted communities and shared	1	1
Output 1.2: Daily access to safe water which meets National WHO standards in terms of quality		
Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	8,500	3,458
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicators	Target	Actual
# of people reached by hygiene promotion activities	5,000	3,867

# of volunteers mobilized in the campaigns at community level	120	90
# of radio episodes broadcasted across various radio channels	20	3

Progress towards outcomes

Staff Orientation

NRCS NHQ organized a meeting with district chapters' governance, volunteers and staff on 08 July. The meeting provided orientation about targeted activities, operation procedures and compliance issues. The meeting also requested all three chapters to prepare a district-level plan and budget based on the hot spots and submit it to the IFRC.

Cluster Meeting

One event of coordination meeting was completed in August 2022 with the participation of UNICEF and WHO, and NRCS shared more on the DREF support in the communities. WASH cluster has also been conducting cluster meetings (3 meetings) so far and NRCS has been actively taking part in the cluster meeting, sharing plans and NRCS actions in affected areas.

Monitoring of Water and Sanitation

A joint monitoring visit was conducted in Bhaktapur on 21 July 2022. The Head of IFRC Country Delegation observed the community where three cases of diarrhea/cholera were detected. During the monitoring, it was observed that sanitation is very poor due to the absence of proper garbage management practices. Most houses have tube wells, but the water quality was not good. Therefore, the team suggested conducting water tests in a certified laboratory and mass sanitation activities in the areas.

Likewise, IFRC Programme Coordinator and team visited Lalitpur district on 29 August 2022. The visit was more focused on supporting the government in cholera prevention activities in the communities of Lalitpur district. Similarly, the monitoring team participated in the massive sanitation and cleaning campaign organized by the District Chapter.

Water Quality Testing

According to the recommendation made by the monitoring team, the NRCS Bhaktapur chapter has immediately started water testing activities in the affected areas. They mobilized volunteers, collected samples of water and sent them to the certified laboratory for testing. A total of 14 samples of water quality testing was completed in different areas of Bhaktapur district where diarrhea/cholera cases were detected. Out of which, results of 5 out of the 14 samples have been received pending the remaining 9 samples which will be received in the coming days. The laboratory report of the five samples shows that the water is contaminated with *coliform*. As recommended by the monitoring team, NRCS had planned to conduct chlorination in water points, however, it is slightly delayed. NRCS had planned to start chlorination in Bhaktapur district on 11 August, but intense rainfall triggered flooding in the target area at the midnight on 10 August, so the chlorination activity is postponed. NRCS WASH team has been preparing chlorination immediately from now onwards. IFRC has already procured 1,000 kg of chlorine powder and NRCS NHQ has dispatched the chlorine powder to all three district chapters. District chapters are using chlorine in community sanitation and plan to use it for water treatment as well. The District Chapter is distributing Aquatabs in the communities. Kathmandu and Lalitpur district chapters have also been continuing this activity and more updates will be covered in the next report.

Orientation on Safe Use of Water Treatment

A total of 110 events of orientation on the safe use of water treatment products and information on safe storage and use were conducted at key market centres and community/schools of affected areas within July-August 2022. A total of 3,458 people including 1,364 females were reached. District-wise details is provided in the table below.

District-wise details of orientation

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

One event of WASH orientation to staff and volunteers was conducted in Lalitpur District in August 2022 reaching 30 people including 19 females from the District Chapter. It was facilitated by the staff from the NHQ WASH division.

Aquatabs Distribution

There is a plan to distribute 450,000 Aquatabs in the affected areas. As of 7 September 2022, a total of 40,000 Aquatabs have been provided to district chapters which were later on distributed to the affected communities of Kathmandu, Lalitpur and Bhaktapur Districts. District chapters are distributing Aquatabs in affected areas on a regular basis. So far, they have distributed 30,000 tablets to the 1,500 affected families to cover their needs for one week.

The NRCS NHQ is mobilizing Aquatabs from their existing stocks which are being distributed in the affected areas. The IFRC Country Delegation, through RLU in Kuala Lumpur, has initiated the process to procure additional Aquatabs. IFRC has already issued the purchase order to the vendor and the stock has already reached the Custom Office at the India-Nepal border on the 3rd week of August. The vendor delivered the Aquatabs to the NHQs warehouse on 8 September.

Household Water Treatment Manual Distribution and Orientation

NRCS WASH Division has provided 155 copies of household level water treatment manuals to Kathmandu district chapter (53 pieces), Bhaktapur district chapter (51 pieces) and Lalitpur district chapter (51 pieces). All three district chapters are mobilizing WASH volunteers in the communities and are conducting orientation on water treatment processes, distribution of water treatment manuals and orientation on the use of the manual. IFRC country delegation has facilitated the vendor selection to print 1,000 copies of the manual. The printing process and delivery of the manual has been completed in the second week of August.

One event of orientation to water vendors on proper chlorination and accountability was conducted in Bhaktapur District in August 2022 reaching out to 15 people including 9 female water vendors. It will be continued as per the need of the districts.



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

IEC Materials Printing and Distribution

NRCS has already distributed 3,867 pcs of water disinfection brochures and leaflets to the affected areas reaching out to at least 3,867 people from the communities in Kathmandu (685 female and 714 male), Lalitpur (926 female and 842 male) and Bhaktapur (460 female and 240 male). The NRCS has used these items from their stock. The distribution of additional items is continued in the communities while community-level door-to-door campaigning is ongoing.

IFRC Country Delegation has been coordinating the printing of various IEC materials related to health and WASH. NRCS has been using most of the materials developed by the WASH cluster as well as the National Health Education, Information and Communication Centre (NHEICC). So far, the printing of 1,000 sets of Household-level Water Treatment Manual is completed and printing for the following items is in the process:

- 500 pieces of WASH poster, cholera related.
- 10 pieces of Photo booth with awareness messages.
- 500 pieces of hand-washing poster.
- 500 pieces of water-borne disease poster.
- 100 sets of ECV toolkits.

Community awareness on WASH

All three district chapters of NRCS have been mobilizing volunteers to conduct awareness-raising and behaviour-changing activities in the communities. These volunteers are mostly conducting brief orientation as well as a demonstration on proper hand-washing practices, use of Aquatabs to treat water, sanitation practices (inside house,

latrines and communities), waste management, etc. So far, 17,660 people have been reached with sensitization campaigns on safe water handling and proper hygiene practices at key centres of affected areas in Lalitpur district as it is one of the most affected districts by cholera and dengue. A total of 9,950 females and 7,710 males were reached with the sensitization campaign.

As of September, two *Public Service Announcements* (PSAs) on cholera prevention in August 2022 and two on dengue prevention in September 2022 were developed by the NRCS HQ which were shared with the district chapters to be used while conducting mass campaigns. The dissemination of cholera prevention messages in 20 radio stations in local dialects have been revised. The new target is nine radio stations: three in each three districts. The data will be reported in the next update.



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

Garbage Management and Community Sanitation Campaign

Waste management remain a challenge for Municipality Authorities in July due to political issues in landfill sites. Municipality authorities were not able to collect garbage from roads, houses and communities which were piled up for long periods. This is one of the causes of increase in disease cases. All three district chapters, in close coordination with municipal authorities and local communities, mobilized volunteers for waste management. District chapters conducted 10-day campaigns, from the 3rd week of August. Volunteers were engaged to clean the areas (mainly in roadside/public places where garbage were accumulated), collect garbage and use chlorine powder. The volunteers of NRCS have conducted garbage management and sanitation campaign in 55 spots within Kathmandu Valley. The Municipal authorities sent trucks to remove the garbage immediately the next day. The NRCS and the Municipal team were able to clean most areas in all three districts. The dispute in landfill sites were temporarily resolved the last week of August and Municipal authorities proceeded to run the landfill sites.

A total of 90 volunteers from three district chapters are being mobilized every day to conduct wastage management, sanitation activities, ECV orientation, health promotion activities and hygiene promotion in the affected communities. So far, 1,171 volunteers have been mobilized for community level preventive activities in three districts.



Protection, Gender and Inclusion

People reached: In Progress

Male: -

Female: -

Protection, Gender & inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting and needs and rights of the most vulnerable.

Indicators:	Target	Actual
% of targeted population with increase knowledge and awareness about Protection Gender and Inclusion	20%	In Progress
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.		
Indicators:	Target	Actual
# of NRCS staff and volunteers have signed Code of Conduct and have refreshed their knowledge on PGI	70	70
% of districts chapters involved in the operation are able to collect SADD data	100%	100%
Progress towards outcomes		
<p>The NRCS acute watery diarrhea operation team has been closely coordinating with NRCS PGI division and receiving technical support to carry out activities. The NRCS team has included PGI sessions in orientation that were provided to district level volunteers. All three district chapters (Kathmandu, Bhaktapur and Lalitpur) have been mobilizing 90 volunteers in community level activities, out of them 35 are female volunteers.</p> <p>NRCS has ensured that volunteers have signed the code of conduct. The volunteers who are engaged in field level activities are providing awareness sessions as well as hand washing practices to community people, including children and women. The PMER team has been collecting information and necessary data from district chapters and compiling the data based on Sex, Age, Disability and Diversity. NRCS has been preparing weekly updates and sharing the updates along with SADD data in weekly basis with IFRC Country Delegation team.</p>		

Strengthen National Society		
Outcome 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		
Indicators:	Target	Actual
NRCS has adequate capacity at all levels to carry out the operation in timely and quality manner	Yes	In Progress
Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of NRCS volunteers including youths mobilized in relief and response activities	60	90
# of volunteers insured	60	In Progress
Outcome S2.1. Effective and coordinated international response is ensured		
Indicator	Target	Actual
Operation engages with other humanitarian actors for coordinated humanitarian intervention	Yes	Yes
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:	Target	Actual
# of district chapters involved in the operation have feedback mechanism in place	3	3
Output S2.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming		
Indicators:	Target	Actual
# of lessons learned workshop conducted	1	0
Progress towards outcomes		
<p>A total of 90 volunteers are being mobilized in three district chapters daily from the second week of July 2022. The NRCS has started the volunteer insurance process and a more detailed update will be provided in the final report.</p> <p>A total of 149,193 people (directly and indirectly) were reached with key messages on cholera and dengue prevention in Lalitpur District during a mass sensitization campaign using the megaphone.</p>		

A total of 2,750 masks, gloves and sanitizers were distributed to the staff and volunteers in the affected districts. NRCS is using these items from existing stock which will be replenished once procurement is completed. IFRC Country Delegation has already started the procurement process, issued a purchase order and is expected to receive these materials in the coming weeks.

D. Financial Report

The overall budget of **CHF 94,387** remains the same. However, there is a budget reallocation with a change to modular RCEC and a reduction of HR and administrative costs to be reallocated to dengue response activities. The financial report will be included in the final report that will be published within three months after the operation ends. Revised budget details are as shown below:

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRNP012 Nepal: Acute Watery Diarrhea

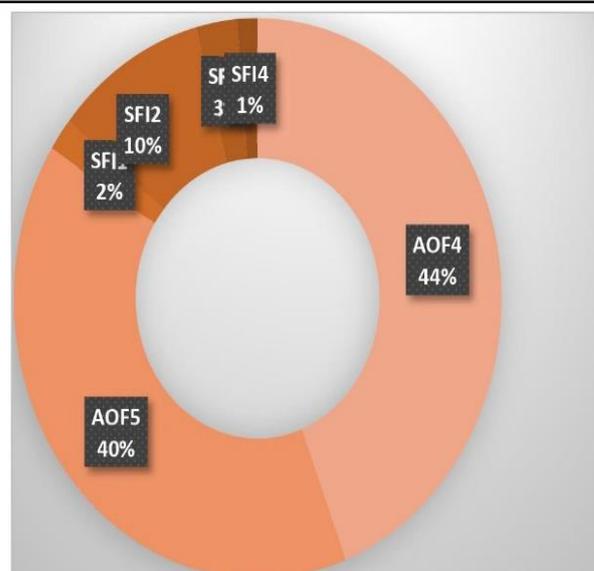
20/9/2022

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	5,520
Medical & First Aid	1,440
Teaching Materials	4,680
Relief items, Construction, Supplies	11,640
National Society Staff	17,920
Volunteers	16,164
Personnel	34,084
Workshops & Training	22,840
Workshops & Training	22,840
Information & Public Relations	12,840
Office Costs	4,800
Communications	800
Shared Office and Services Costs	1,623
General Expenditure	20,063
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	41,645
AOF5	Water, Sanitation and Hygiene	37,658
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	1,793
SFI2	Effective International Disaster Management	9,457
SFI3	Influence others as leading strategic partners	2,556
SFI4	Ensure a strong IFRC	1,278
TOTAL		94,387



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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

In the Nepal Red Cross Society

- Umesh Dhakal, Executive Director; phone: +977 98510 56369; email: umesh@nrcc.org
- Dharma Datta Bidari, Director, Humanitarian Values and Communication department; mobile no. +9779851060842; email: dharma@nrcc.org
- Shivaram Gautam, DREF Coordinator; mobile: +977 9851251614; email: Shivaram.gautam@nrcc.org

In the IFRC Country Delegation for Nepal

- Azmat Ulla, Head of Country Delegation, email: azmat.ulla@ifrc.org
- Herve Gazeau, Programme Coordinator; email: herve.gazeau@ifrc.org
- Prajwal Acharya, DRM Programme Manager; email: Prajwal.acharya@ifrc.org
- Pratima Rai, Health Programme Officer; email: Pratima.rai@ifrc.org
- Manorama Gautam, Senior Officer, PMER and Communications; email manorama.gautam@ifrc.org

In the IFRC Asia Pacific Regional Office, Kuala Lumpur

- Alexander Matheou, Regional Director; email: alexander.matheou@ifrc.org
- Juja Kim, Deputy Regional Director; email: juja.kim@ifrc.org
- Joy Singhal, Head of Health, Disaster, Climate and Crisis (HDCC) unit; email: joy.singhal@ifrc.org
- Felipe Del Cid, Emergency Operations Manager; email: felipe.delcid@ifrc.org
- Eeva Warro, Operations Coordinator; email: opscoord.southasia@ifrc.org
- Siokkun Jang, Logistics Manager; email: siokkun.jang@ifrc.org
- Afrhill Rances, Communications Manager; email: afrhill.rances@ifrc.org

In IFRC Geneva

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

For IFRC Resource Mobilization and Pledges

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

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

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

How we work

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