

LESSONS LEARNED WORKSHOP REPORT

Acute Watery Diarrhoea and Dengue DREF
Operation 2022 (MDRNP012)



Introduction

According to the Ministry of Health and Population ([MoHP](#)), a total of 76 cases of cholera have been reported in the Kathmandu Valley since the outbreak was identified in July 2022, with no fatalities to date. Meanwhile, as of 30 October 2022, a total of 50,011 dengue cases have been reported, with the highest number of cases occurring in Lalitpur (9,483) and Kathmandu (13,566), according to the Epidemiology and Disease Control Division ([EDCD](#)). Moreover, Nepal has recorded 1,000,556 positive cases as of 31 October 2022, of which 988,015 have recovered and 12,019 have died due to COVID-19 related complications.

In response to acute watery diarrhoea, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated CHF 94,387 (equivalent to NPR 13,332,945) from its Disaster Response Emergency Fund (DREF) to support the NRCS in providing emergency services to 30,000 people from Kathmandu, Lalitpur and Bhaktapur districts from July to October 2022. Although the operation started with diarrhoea prevention, it was expanded to include dengue operations following the outbreak by the end of July 2022.

Direct health education (orientation sessions), including Red Cross Emergency Clinic (RCEC) services were provided to 14,257 affected community members through NRCS. Furthermore, NRCS reached 33,635 people with community-based epidemic prevention and control (ECV) activities. Community members were educated on ECV, including cholera and dengue preventative awareness campaigns, by 60 ECV certified volunteers.

These skilled ECV volunteers were deployed by the Kathmandu, Bhaktapur, and Lalitpur district chapters on a door-to-door campaign about preventative measures for infectious diseases like diarrhoea, cholera, and dengue. In different areas of Bhaktapur district where instances of diarrhoea and cholera were found, a total of 35 samples were tested for quality where 22 were found to be contaminated with E-coli.

A total of 27,029 individuals, including 18,180 women, were oriented on how to use water treatment items safely, as well as given advice on how to store and utilize them. As of 31 October 2022, some 225,000 pcs of Aqua tabs had been distributed to 30,750 people in the affected areas (assuming 2.5 litres per capita per day), covering their water needs for ten to 15 days.

A total of 87 copies of the household level water treatment manuals were distributed to the Kathmandu district chapter (45 pieces), Bhaktapur district chapter (21 pieces), and Lalitpur district chapter (21). At least 5,507 people (3,221 females and 2,486 males) from the communities of Kathmandu, Lalitpur and Bhaktapur have been reached through the distribution of 1,399 copies of water disinfection booklets and leaflets by NRCS to the impacted areas.

Lalitpur district is one of the most afflicted by cholera and dengue, and so far, 18,160 people (7,910 males and 10,250 females) have been reached through sensitization campaigns on safe water handling and proper hygiene practices in affected areas.

During the response period, three episodes of water, sanitation, and hygiene (WASH) sensitization messages were broadcast 3,720 times on ten radio stations. Three district chapters mobilized a total of 60 volunteers (total 5,400 man-days) for three months to help impacted communities with waste management, sanitation projects, ECV orientation, health promotion initiatives, and hygiene education.

During a massive sensitization campaign, 156,763 people (directly and indirectly) were made aware to key messages on cholera and dengue prevention using the megaphone in Lalitpur District. A total of 2,750 masks, gloves, and hand sanitizers were distributed to the personnel and volunteers in the affected areas. Similarly, 1,238 sets of anti-mosquito liquid sets were also distributed in government schools and slum areas.

The *Acute Watery Diarrhoea/Dengue Response Operation 2022* was implemented from July to October 2022 by NRCS with the support of IFRC, British Red Cross and Finnish Red Cross.

Objective of the workshop

The specific objectives of the workshop were to:

- Capture strengths of response operation, gaps and areas of improvement, and critical issues that accelerate or impede the progress.
- Generate key learnings and good practices for the future references.
- Generate specific recommendations for future response.
- Develop action plan for implementing key recommendations.

Workshop Proceeding

A lessons learned workshop was held at the Hotel Crown Imperial on 26 December 2022, to document the knowledge gained and effective methods used during the Acute Watery Diarrhea and Dengue Operation 2022. The Deputy Director of NRCS welcomed the attendees and guests, and the Executive Director of NRCS outlined the main takeaways from the response and the workshop's objectives. The IFRC Programme Coordinator emphasized the need of continuing the behaviour change communication and knowledge in the days ahead and using this knowledge throughout the year in addition to during times of emergency.

The workshop was attended by 35 people, 12 of whom were female. The participants were key focal persons from the eight districts chapters where the project was targeted, as well as focal persons from government –Epidemiology, Disease Control Department (EDCD) and World Health Organization (WHO). The IFRC, Canadian Red Cross, British Red Cross and Finnish Red Cross representatives also participated in the workshop.

Thematic Presentation

The Programme Coordinator of NRCS provided a consolidated presentation on "Acute Watery Diarrhea and Dengue Operation 2022", in which she highlighted the compiled target versus achievement with best practices and challenges experienced.

Director from the EDCD appreciated the NRCS for its prompt response to the epidemic and requested to focus the working theme to either dengue or cholera so that the community could receive more focused information.

Gallery Walk

All eight district chapters—Bhaktapur, Kathmandu, Lalitpur, Makwanpur, Dhading, Kailali, Chitwan, and Rupandehi—attached an overview of their projects, lessons learnt from them, problems they faced, a SWOT analysis, and photographs for flex printing throughout the hall. Participants walked around the presentation during the gallery walk, which was facilitated by a focal person from each district.

SWOT Analysis

Four groups were formed to discuss the strengths, weaknesses, opportunities, and threats from the response after a short overview by PMER, IFRC on SWOT analysis. Each group gave a SWOT analysis presentation before proceeding with the discussion.

Compiled findings on SWOT from the four groups are listed below:

Strength	Weakness
1. Trained Volunteers (sub chapter, YRC, JYRC) for Health, WASH, PGI, CEA, etc.	1. Lengthy administrative process (HR, procurements, internal decision making)
2. Coordination and trust with/by local authorities, school, security	2. Lack of equipment to meet the need of blood product
3. Integrated approach (components)	3. Lack of initiation in local resource mobilization
4. Community/school-based approach (FCHV/Mother Group/Teachers/YRC/Blood Donors)	4. Lack of disaggregated data SADD
5. District Chapters can use resources in initial days of emergency	5. Difficulty in retention of capacitated volunteers and tools
6. Timely response due to organizational network	6. Limitation on budget and timeframe
7. Coordination within movement	7. Lack of integration of PGI/PSS
8. Existing knowledge/practices (response)/resources	8. Localization of IEC materials
9. DREF released on time (components)	9. Gap in technical knowledge related to Health in HR
10. Coordination and leadership role of NRCS	10. No incident command system
	11. Lack of updated roster of HR
	12. Too rigid or directive provisions
	13. Lack of compliance of safety rules

<ul style="list-style-type: none"> 11. Capacity enhancement of District Chapters (epidemic and endemic) 12. Timely and successful implementation of programme 13. Coordination/reach at grassroot level 	<ul style="list-style-type: none"> 14. Lack of real time information flow during relief and response 15. Less priority to anticipatory action (preparedness) during project implementation 16. Less coverage in response of geography, population, and financial resources 17. No bottom up approach, need based/flexible programme modality and monitoring
<p><u>Opportunity</u></p> <ul style="list-style-type: none"> 1. MoU with Municipality (to recognize NRCS role and capacity to provide resource for preparedness & response) 2. RCEC, RRT/ECV, ERT tools based on learning available. 3. Existing FCHV, municipality, schools, DHO & other related stakeholders 4. Planning for preparedness/learnings 5. Cash based intervention 6. Municipal engagement/partnership 7. Collaboration with CBOs for blood donation, cleaning campaign 8. Mandate/recognition of NRCS 9. Broader scope of work 10. Readiness of partners and related stakeholders 11. De-facto member in various committees 12. Increases in collaboration (not limited to disasters but extend to epidemic as well) 13. Increase in the interest in membership of NRCS 	<p><u>Threat</u></p> <ul style="list-style-type: none"> 1. Changes in local market for critical items/Financial management of shift in market (mask, mosquito repellent) 2. Challenge to work during epidemic and threat to health of volunteers 3. Increasing expectation from community 4. Fund Dependency mainly during emergency 5. Dengue and Cholera taken lightly at communities 6. Language barrier/diverse need of the communities 7. Lack of epidemiological study 8. Environmental impact (new disease/pandemic) seen 9. Challenge in management of policy (professional)

Panel Discussion

A panel of four members (Health Programme Officer, IFRC; Section Chief, EDCD; President, Dhading NRCS, and Programme Manager, Canadian Red Cross) addressed queries and concerns participants raised during the workshop. Some of the queries raised are listed below:

- Health risks of frontliners and volunteers and developing enabling environment where it was informed that insurance of FCHVs have been started.
- Cholera Response preparedness plan developed and role of EDCD.
- IEC materials to be developed in local languages as well.

- Two major things that NRCS should institutionalized are picked as school health awareness activities for sustainable knowledge transfer and volunteers' mobilization with technical support.
- Local response, coordination and use of local resources should be done by NRCS.
- Disease surveillance and prioritization to be done.

The IFRC Programme Coordinator thanked all DCs, government stakeholders, EDCC, WHO and PNS for active participation and requested to develop the matrix with timeframe and responsibility to address the recommendations from the lesson learnt workshop.

Closing

The Deputy Director of NRCS wrapped the lessons learnt workshop with sharing the way forward or recommendations drawn from the presentation, panel discussion and SWOT analysis conducted. These recommendations are listed below:

1. Engage volunteers, capacitate and strengthen them in technical knowledge and diseases through youth led projects using local funds.
2. Expand the coverage and RCEC deployments.
3. Publish bulletins in regular phase.
4. Increase in localized IEC materials.
5. Staff health insurance must be a priority.
6. CEA integration in each response (expand feedback mechanism).
7. Focused key message delivery on types of diseases and activities rather joint approach
8. Optimal utilization of local resources and collaborate with CBOs for funding
9. Involve DCs through planning process for smooth functioning of the operation
10. Use of virtual platform for planning preparedness part
11. Cash and Health based intervention to be initiated
12. Link NRCS volunteers with FCHV for health actions.
13. Enhance school health awareness programme and use child-to-child approach
14. Monitoring of the action plan
15. Preparedness and contingency plan to be developed at municipal level.
16. Pre monsoon preparedness plan to be in place and coordinate jointly with EDCC
17. Continue funding collaboration with CBOs/good practice of project

Annex 1: Photos of Lessons Learned Workshop



Annex 2: List of Participants of Lessons Learned Workshop

S.N	Name	Designation	Organization	Email	Contact Number
1	Bharat Saud	Focal Person	NRCS, Kailali	Bharat.saud2020@gmail.com	9848426225
2	Puja Sapkota	Focal Person	NRCS, Kathmandu	poojasapkota@gmail.com	9860138347
3	Puja Koirala	Director	NRCS,	puja.koirala@nrcs.org	9851172628
4	Herve Gazeau	PC/IFRC	IFRC	Herve.gazeau@ifrc.org	9851221996
5	Deepak Pokhrel	Health Officer	NRCS	Deepak.pokhrel@nrcs.org	9857061450
6	Dibya Raj Poudel	Director	NRCS	Dibya.poudel@nrcs.org	9841699068
7	Yasodha Shrestha	Vice-chairperson	Makwanpur DC		9845289406
8	Anjali Maharjan	Volunteer	NRCS, Lalitpur	Anjalimaharjan2011@gmail.com	9843768422
9	Sachin Raut	Finance Officer	NRCS, HQ	Sachin.raut@nrcs.org	9841934269
10	Dr. Kiriti Ray	Country Manager	BRC/IFRC	kiritiray@redcross.org.uk	9818678544
11	Dr. Nishant Thakur	ARO	WHO-WHE	nthakur@who.int	9818008069
12	Rajesh GC	Focal Person	NRCS, Rupandehi	Rajgc721@gmail.com	9857012721
13	Bipul Neupane	Director	NRCS HQ	Bipul.neupane@nrcs.org	9851012617
14	Surakshya Poudel	Program Coordinator	HQ	Surakshya.poudel@nrcs.org	9861167094
15	Hari Psd. Poudel	Secretary	Chitwan		9855061589
16	Narayan Timalisina	President	Dhading	timalisina@gmail.com	9851278213
17	Sudarshan Adhikari	DY.ED	NRCS HQ	sudarshan@nrcs.org	9851058548
18	Kalpana Rijal	Program Support Officer	FRC	kalpanarijal@finrc.fi	9851320083
19	Sagar Shrestha	Director	NRCS		9803207129
20	Gyanendra Man Shakya	HOD, Finance	NRCS		9841293619
21	Uma Thapa	District Officer	NRCS Bhaktapur	Thapauma99@gmail.com	9849894778
22	Geeta Shrestha	PMER Officer	IFRC	Geeta.shrestha@ifrc.org	9851320322

23	Mona Aryal	Director	NRCS JYRC Dept	Mona.aryal@nrcs.org	9851146777
24	Shyam Dotel	President	NRCS Kathmandu	Inforktmredcross.org.np	9851033967
25	Umesh Prasad Dahal	Executive Director	NRCS, HQ	umesh@nrcs.org	9851056369
26	Dr. Chuman Lal Das	Director	EDCD		9851330592
27	Shiva Ram Gautam	DY. Director	NRCS HQ	Shivaram.gautam@nrcs.org	9851251619
28	Pradhunna KC	Sr. Logistic Assistant	NRCS HQ	Sr. Office Assistant	9841507777
29	Sarita Maurya	PSO	IFRC	Sarita.maurya@ifrc.org	9851336080
30	Mimba Tamang	Member	Dhading	mimbatmaang@gmail.com	9841953251
31	Hari Bdr Aryal	Driver	Dhading		9841601670
32	Kiran K Acharya	WASH Engineer	NRCS/CDD/WASH	Kiran.acharya@nrcs.org	9851232262
33	Tank Psd Bhatt	Finance Officer	IFRC	Tankprasad.bhatt@ifrc	9851172528
34	Dr. Abhiyan Gautam	Section Chief, EDCD Deputy Health Administrator	EDCD	gautamabhiyan@gmail.com	9851111886
35	Pratima Rai	Health Program Officer	IFRC	Pratima.raif@ifrc.org	9851193046

Annex 3: Schedule of Lesson Learned Workshop, 26 December 2022

S.N	Time	Subject	Responsible
1	8:00-9:00	Breakfast	
2	9:00-9:30	Opening session /Objective highlight	
3	9:30-10:00	Brief presentation on NRCS's response on <i>Acute Watery Diarrhea and Dengue</i>	Surakshya Poudel
4	10:00-12:30	Gallery walk/poster presentation/success story -- Sharing of best practice/ success story from selected district	Kiran Acharya
5	12:30-01:30	Lunch	
6	01:30-02:30	SWOT Analysis-Group work	Geeta Shrestha Group work (Deepak Pokharel, Pratima Rai, Geeta Shrestha, Surakshya Poudel)
7	02:30-3:30	Panel Discussion (Activities of the AWD response, learnings, challenges, future preparedness, coordination): To include: ED, one from PNS/IFRC, HEOC/EDCD, one from DC President/secretary.	Shivaram Gautam
8	3:30-3:45	Tea Break	
10	3:45-4:15	Way forward/key learnings	Umesh Dhakal
11	4:15-4:30	Closing	