

Final report



International Federation
of Red Cross and Red Crescent Societies

Nepal: Potential diarrhoea outbreak

Final report
Emergency appeal n° MDRNP004
24 May 2011

Period covered by this Final Report: 13 May 2010 to 13 February 2011;

Appeal target (current): CHF 738,960 (USD 664,175 or EUR 527,232)

Final Appeal coverage: With contributions received to date, the appeal is 59 per cent covered (including DREF) in cash and kind.

[<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

- This Emergency Appeal was launched on 13 May 2010 (where the total of DREF allocation is included in the appeal) seeking CHF 738,960 (USD 664,175 or EUR 527,232) in cash, kind, or services to support the Nepal Red Cross Society (NRCS) assist 31,500 families (189,000 persons) in seven districts in mid- and far-western regions address the imminent threat of a diarrhoea outbreak during the 2010 monsoon season. During the course of the operation, the total target population was expanded to more than 52,000 families (approximately 312,000 people) reflecting the actual population in the target areas.
- CHF 200,000 (USD 179,855 or EUR 142,718) was allocated from the International Federation of Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF) to support this operation.



Hoarding board with a message on methods to reduce and prevent the spread of diarrhoeal diseases. Photo: Nepal Red Cross Society.

The donor response to the appeal was slow and limited, so the operational plan was adjusted to ensure core activities are delivered to the target population in a timely manner. A number of the capacity building activities were removed from the operational plan and are being integrated into the long-term NRCS health programme. Additionally, NRCS received a contribution from UNICEF in November 2010 which was used

to extend some of the activities to additional communities in Rukum, Baitadi, Achham, Jajarkot, and Bajura districts until June 2011.



A woman from a community in Jajarkot district demonstrating the proper way of hand washing. Photo: Nepal Red Cross Society.

Summary:

In April 2010, a number of diarrhoea cases were reported in the mid- and far-western regions of Nepal raising concerns that a widespread outbreak was imminent, given statistical data from the previous five years. Indeed, by the beginning of May, there were already 17 deaths and over 300 cases reported across 18 districts, and many feared that the number of cases could equal or even exceed the previous year which claimed over 300 lives and

affected more than 67,000 people.

Considering this ominous sign, NRCS, in consultation with the Government of Nepal and other humanitarian agencies and with support of IFRC launched an Emergency Appeal to take early action to prevent a major outbreak, particularly in 70 village development committees (VDCs) in the districts of Jajarkot and Rukum in the mid-western region, and Achham, Dadeldhura, Bajura, Baitadi and Bajhang in the far-western regions. The operation was for nine months.

With this emergency appeal, NRCS trained more than 1,800 volunteers on water, sanitation and hygiene (WASH) promotion and mobilized them to undertake intensive hygiene promotion campaigns in the targeted VDC. These campaigns included orientations and demonstrations on household level water treatment techniques (such as boiling, use of chlorine and solar disinfection), rehydration solution preparation and personal hygiene such as hand washing. Moreover, they carried out door to door visits and disseminated WASH messages using brochures produced by NRCS and posters provided by UNICEF. NRCS volunteers also installed hoarding boards in public places and conducted street dramas in schools and community centres.

Volunteers, together with village coordination committees, were also mobilised to distribute diarrhea prevention kits (DPK) to more than 52,000 families (covering around 312,000 people). Additionally, NRCS encouraged and provided in kind support for low cost toilet construction to 700 of the most economically vulnerable families in the operation districts. Similarly, support was provided to 700 households for animal shed management and 700 water sources were improved through minor construction and repairs.

Following a revised plan of action based on the available funding, most of the planned activities were successfully completed (except some capacity building activities such as trainings on rapid assessment and emergency health). The operation was concluded on 13 February 2011.

As a result of the early prevention efforts of the NRCS in close collaboration with government and relevant agencies in priority districts, the 2010 monsoon season saw only 65 deaths and around 4,000 cases (over 29 districts), far fewer than the previous year when over 300 deaths and more than 67,000 cases were recorded across 19 districts.

The operation included both a base line and end line survey, as well as an internal operations review funded by the Asia Pacific Zone Office, which is currently underway. These activities will help to measure the impact of the overall operation in alleviating and preventing diarrhoea and will be used by NRCS for planning purposes as it further expands its capacity to respond to health emergencies. Additionally, this operation was also seen as an important contribution towards raising community awareness about other communicable diseases such as influenza.

Contributions to this appeal has been received from American Red Cross, Austrian Red Cross, Australian Red Cross, Hong Kong Red Cross Branch of the Red Cross Society of China, Japanese Red Cross, Monaco Red Cross, Spanish Red Cross and GIZ.

The International Federation, on behalf of the Nepal Red Cross Society, would like to thank all partners for their generous response to this appeal.

The situation

Diarrhoeal diseases are endemic to Nepal and an outbreak, particularly during the monsoon season, is an almost annual occurrence. This is due to a combination of factors such as: unprotected drinking water sources; poor environmental sanitation; open defecation and unhygienic practices; low health awareness; and a lack of health-seeking behaviour within communities. Based on situation reports and records of disease occurrence over the last five years (2005-2009), the Epidemiology and Disease Control Division (EDCD) of the Ministry of Public Health, has divided districts into three categories: Category A (the 26 districts at highest risk); Category B (33 districts at medium risk); and Category C (16 districts at low risk).

In April 2010, a number of districts were already reporting cases at an unseasonably early time. This triggered government concern, which called on humanitarian agencies – UN, international and national non-government organisations – and the media to support swift and early action to curb the spread of diarrhoea and other diseases and to prevent additional deaths.

In response, NRCS worked with EDCD and the WASH Cluster at national and district levels to determine needs and gaps, to ensure that actions were complementary to the national response and did not duplicate the efforts of other partners. And quickly mobilised its district branches to conduct rapid assessments in high risk communities. Of the 18 districts identified by government as areas where immediate action was needed, NRCS was assigned seven districts: Jajarkot and Rukum in the mid-western region, and Achham, Baitadi, Bajhang, Bajura and Dadeldhura in the far western region. In these districts, NRCS branches worked with district WASH coordination committees to identify 10 VDCs per district where intensive water, sanitation and hygiene promotion interventions were needed for a nine month period.

By the end of the monsoon season, thanks to the concerted efforts of partners across the country, the data revealed that the diarrhoea situation has been mild, particularly in the seven NRCS operational districts where recorded diseases and deaths were very low.

The cumulative number of the deaths and cases of diarrhoea is summarized in the table below.

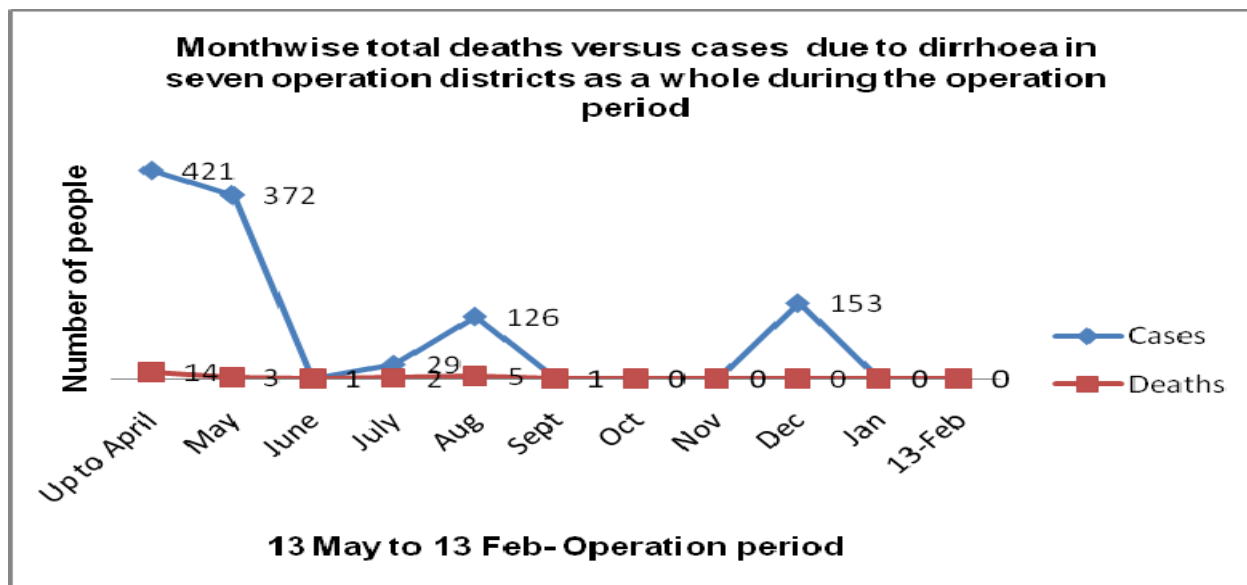
S.N	District	Total deaths	Total Number of recorded cases	Remarks
1	Accham*	2	2	Two more cases have been reported in November
2	Baitadi*	4	295	All the deaths were by 3 August
3	Bajhang*	4	182	All the deaths were by April, however some diarrhoea cases were reported in December
4	Bajura*	2	2	All the deaths were in between July to August
5	Banke	12	1738+	All the deaths were in between July to August
6	Dadeldhura*	1	24	All the deaths were in between July to August
7	Dailekh	3	28	All the deaths were in between July to August

8	Dang	8	292	Altogether 6 deaths were reported due to diarrhoea by first week of August. Two more deaths occurred on 8 and 9 September.
9	Dhading	0	15	-
10	Doti	1	24	The death was recorded in July.
11	Jajarkot*	9	387	All the deaths were by 26 August.
12	Khotang	1	56	The death was in July.
13	Mustang	0	47	
14	Pyuthan	1	1	The death occurred on 16 July.
15	Rolpa	0	99	
16	Rukum*	4	209	Two deaths were reported before 8 August, one on 10 August and a death on September.
17	Surkhet	0	50	All diarrhoea cases were recorded before first week of August.
18	Tanahu	1	27	Death was recorded before 26 April.
19	Arghakanchi	0	11	One cholera case was recorded on 7 September
20	Rupendehi	2	55	One death occurred on 4 August and the other on 28 August. A total of 14 cholera cases were recorded in August.
21	Sunsari	0	12	Diarrhoea cases were reported before 8 August.
22	Morang	0	161	Diarrhoea cases were reported before 8 August.
23	Gorkha	4	6	All deaths occurred on 4 August.
24	Lamjung	1	140	Death occurred in August.
25	Myagdi	1	1	Death occurred in September.
26	Kailai	2	13	Death occurred on 14 September.
27	Kathmandu	0	3	Three diarrhoea cases were diagnosed due to cholera.
28	Nawalparasi	0	65	The diarrhoea cases were reported by November and some of them were diagnosed due to cholera.
29	Dolakha	2	32	The death occurred on 17 October.
Total		65	3976⁺	

Sources: EDCCD, NRCS District Chapters, 30 December 2010

* NRCS Emergency Appeal Operational Districts: Achham, Baitadi, Bajhang, Bajura, Dadeldhura, and Jajarkot, Rukum.

With the onset of winter, the situation in the affected areas began returning to normal across the country. In the seven NRCS operation districts no significant rise in the number of cases and deaths were recorded. Below is the overall picture of the cases and deaths due to diarrhoea in the seven operation districts, as a whole, in 2010:



Red Cross and Red Crescent action

Overview



Participants in Jajarkot district demonstrating the proper way of hand washing during a water, sanitation and hygiene training. Photo: Nepal Red Cross Society.

Since the official reporting of diarrhoea cases in April 2010, NRCS has been engaging regularly with all the international, national and local level partners to analyse the gaps in service provision and strengthen the capacities of communities to cope with the emerging situation. EDCD and District Disaster Relief Committees (DDRC) led these efforts in coordination with the WASH cluster (including NRCS) at both national and district levels.

With the support of IFRC, NRCS launched this Emergency Appeal in May 2010 and carried out intensive water, sanitation and hygiene promotional activities in the seven operation districts through

the training and deployment of more than 1,800 volunteers at the grass roots level. The IFRC Asia Pacific disaster management unit provided additional technical support through an operations coordinator who was based in Kathmandu from 16 -31 May 2010 to support the coordination, planning and fundraising for the

appeal. The Asia Pacific water and sanitation coordinator was also deployed to provide technical support and training facilitation from 29 May-5 June 2010.

Regular meetings were held by the WASH cluster at national as well as in district level to exchange information on the progress of the operation and to discuss a standard approach for diarrhoea prevention across all districts. At national level, the IFRC and NRCS shared information about the operation regularly with partner national societies and the International Committee of Red Cross (ICRC). In-country partner national societies were involved in the planning stages of this operation.

At district level, NRCS worked collaboratively and in partnership with other concerned stakeholders including the District Drinking Water and Sanitation Section (DDWSS), DDRRC, District Health Offices (DHO), UNICEF, Save the Children, CARE Nepal and OXFAM to avoid duplication of limited resources and ensure the effectiveness of the operation.

The operation was completed on schedule on 13 February 2011. With the exception of some national level capacity building activities, all the activities planned under the appeal were successfully completed. The following table provides an overview of the objectives and activities planned as part of this operation.

Water, sanitation, and hygiene promotion	
Outcome: The risk of a diarrhoea outbreak is reduced in seven most vulnerable districts in mid- and far western region of Nepal, through support provided to 31,500 households (189,000 beneficiaries).	
Outputs (expected results)	Activities planned
Provision of safe drinking water, sanitation facilities, diarrhoea prevention kits and referral services to the most vulnerable communities and households in seven districts.	<ul style="list-style-type: none"> • Orientation and training for relevant district level staff and volunteers in WASH, epidemic control and rapid assessment and the mobilization of 2,000 trained volunteers; • Procurement of 33,500 diarrhoea prevention kits (DPK) in accordance with the International Federation procurement procedures; • Immediate distribution of 31,500 DPK to identified households and prepositioning of additional 2,000 DPK in mid and far western region warehouses for use in current and other potentially affected districts in the region; • Training for and deployment of water and sanitation kit 2 from the Kuala Lumpur Regional Logistics Unit warehouse, to provide safe drinking water, sanitation and hygiene promotion to vulnerable households in selected village development committees; • 350 community orientation sessions to promote point of use water treatment options, specifically use of chlorination, boiling and Sodis (solar treatment) during volunteer household visits; • Provision of support to 700 selected households to construct low cost latrines through maximum utilization of local raw materials; • Provision of animal shed management support to 700 vulnerable households; • During household visits, volunteers to provide referral services to people affected by diarrhoea to encourage them to visit health posts for treatment, in coordination with national/local health authorities; • Through grassroot networks of volunteers, support national/local health authorities in household level surveillance of diarrhoea cases.
Improved hygiene practices through increased water, sanitation and hygiene awareness for 31,500 households in 70 VDC.	<ul style="list-style-type: none"> • Practical orientation by volunteers to 31,500 households, to prepare oral rehydration solution and chlorine solution and ensure proper use; • Dissemination of daily WASH messages through FM radio in all seven districts; • Reproduce health education/information, education, communication materials; • Conduct household visits by trained volunteers on hygiene awareness, water

	<p>treatment and sanitation including distribution of diarrhoea kits and information, education, communication materials;</p> <ul style="list-style-type: none"> • Initiation by volunteers of five community-organised drinking water source improvement campaigns in all 70 VDC; • Volunteer-organised street drama events in all 70 VDC; • 10 hand washing demonstrations and hygiene promotion in schools and communities in all 70 VDC; • Volunteer-organised 'Ignition Participatory Rural Appraisal', to discourage open defecation in five village clusters in all 70 VDC; • Procurement and distribution of brochures/pamphlets, hoarding boards and banners for awareness for 70 VDC as well as 77 volunteer mobilizer support and visibility packs.
Strengthened capacity of NRCS for responding to public health emergencies and to undertake longer term activities to improve the overall health condition of communities.	<ul style="list-style-type: none"> • Training for relevant headquarter and district level staff and volunteers in water and sanitation national disaster response team and public health in emergencies; • Conduct baseline assessments in all seven districts with a view to developing a transition plan from short term response to a longer term development approach, in consultation with other relevant stakeholders; • Strengthen community-based health and first aid activities to create a sustainable community approach through training of trainers/volunteers, and involvement of community leaders and members; • Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Achievement/Progress

Provision of safe drinking water, sanitation facilities and diarrhoea prevention kits

NRCS distributed diarrhoea prevention kits (DPK) and IEC materials to more than 52,000 households (approximately 312,000 people), covering all households in 70 VDCs of the operation districts.

During the operation, the target beneficiary number for the distribution of DPKs was increased significantly from the initial target of 189,000 people. This was due to the fact that the number of people in each VDC was found to be much higher (by approximately 60 per cent) than the initial estimate. To accommodate this increased number, as well as challenge faced by an initial lack of funds and availability of ORS on the local market, NRCS consulted the DDRCs and other partners in operations districts and decided to adjust the DPK content to provide sufficient supplies for 1 month, rather than 2 months, as originally planned. This enabled life saving supplies to be distributed immediately to all households in the operational area.

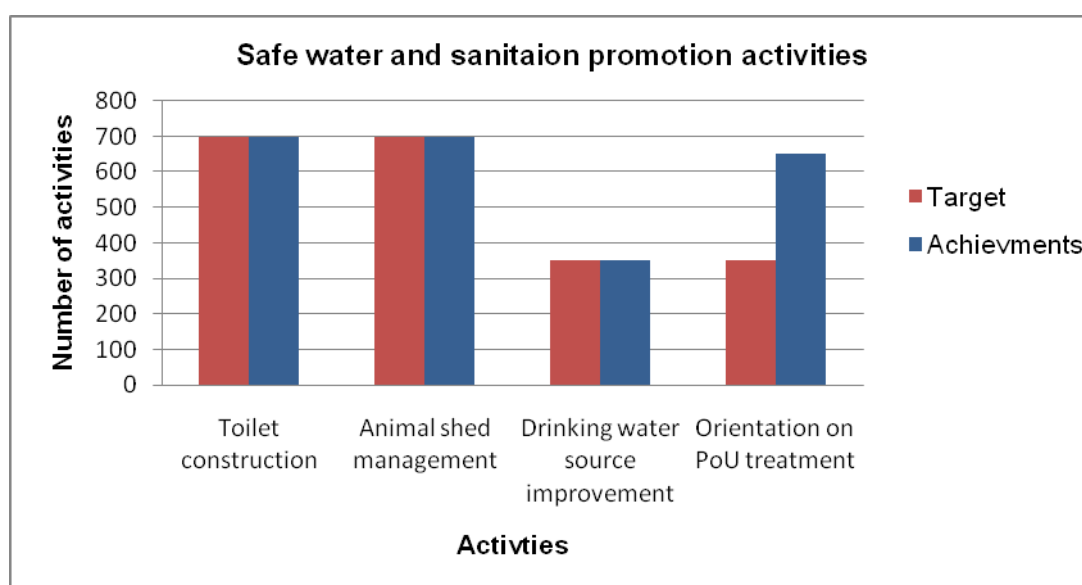
Table: Detail of diarrhoea prevention kits and IEC materials distributed in operation districts

S. N.	District	No. of house holds targeted for DPK (original)	No. of house holds targeted for DPK (revised)	No. of house holds covered with DPK	IEC materials distributed in community	
					Flex (piece)	Brochure (piece)
1.	Jajarkot	4,500	9,000	9,000	20	20,000
2.	Bajura	4,500	7,293	7,293	20	20,000
3.	Dadeldhura	4,500	8,189	8,189	20	20,000
4.	Baitadi	4,500	7,872	7,872	20	20,000
5.	Rukum	4,500	8,096	8,096	20	20,000
6.	Achham	4,500	5,812	5,812	20	20,000
7.	Bajhang	4,500	6,120	6,120	20	20,000
8.	Kailali^a	-	-	-	-	-
Total		31,500	52,382	52,382	140	140,000

Note:

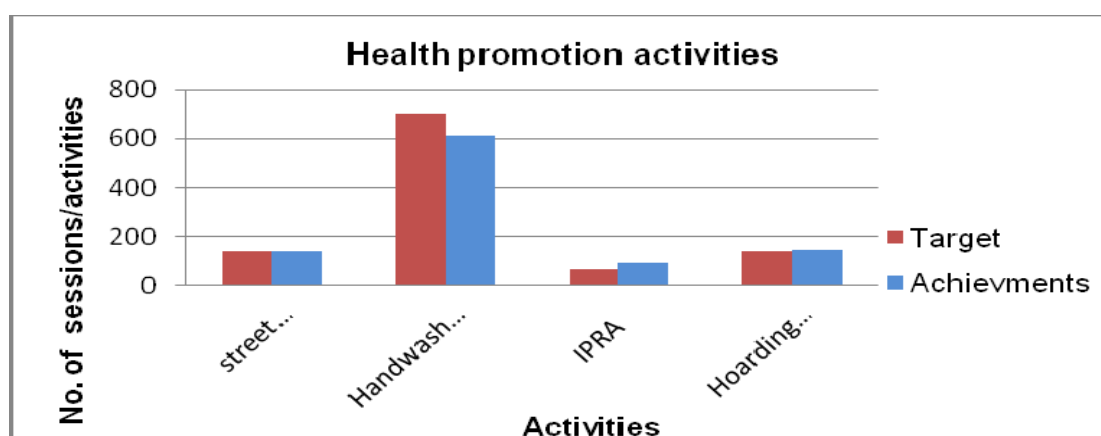
- Diarrhoea prevention kit includes: 2 bottles of chlorine solution, 4 pieces of hand washing soap and 5 packets of oral rehydration solution, suitable for 1 household for 2 months. This is the standardised WASH cluster kit for Nepal. However, NRCS distributed 1 bottle of chlorine solution, 2 pieces of hand washing soap and 3 packets of oral rehydration solution, suitable for 1 household for 1 month only (Reason is given in the constraint/ challenge part of the report).
- ^aKailali is not an operation district

In addition, NRCS also supported the construction of low-cost toilets, minor improvements of unprotected water sources, and preparation/management of animal sheds (so that animals will not be co-habiting with families). Likewise, a number of practical orientation and demonstration sessions were conducted on the point of use-of-water treatment options such as use of chlorine liquid, boiling and SODIS (solar treatment), on the preparation and proper use of oral rehydration solution. The statistical target versus achievements is presented in the table below.



Improved hygiene practices through increased water, sanitation and hygiene awareness

NRCS volunteers conducted door-to-door visits, and distributed IEC materials (such as brochures, flex and hoarding boards) in communities and schools to educate and increase awareness on diarrhoea prevention and treatment. They also conducted a number of demonstration sessions and street dramas in community centers and schools focusing on proper handwashing, use of toilets and environmental sanitation. These activities have been crucial in bringing positive change in the knowledge, attitude and practice of the people in rural communities where there is high illiteracy rate and also help to combat other water-borne and communicable diseases, such as influenza.



Hygiene promotion kits and umbrellas were provided to all district coordinators and social mobilisers, while visibility packs (t-shirts and caps) were given to more than 1,800 volunteers in the operation districts.

Strengthened capacity of NRCS for responding emergency health

The operation was carried out in such a way that it significantly contributed to strengthening the capacities of national society to both effectively respond to disease outbreaks and health emergencies, and also to address the chronic underlying causes of these situations. Through this operation, NRCS has trained few national level staff, 21 district level staff and volunteers (including district chapter executive members), 70 social mobilisers and more than 1, 800 VDC volunteers on water, sanitation and hygiene.

Some 25 NHQ and district chapter staff and volunteers involved in the operation completed a three-day epidemic control for volunteers (ECV) training, and a two-day communication and media relations in emergencies training.

Impact:

A base line survey was conducted in July 2010 and a follow up end line survey was undertaken at the completion of this operation in 2011. Initial analysis of the end line survey, as well as other statistical data, indicates that the 2010 monsoon season passed with diarrhoea cases and deaths significantly lower in comparison to the last few years. This is particularly so in districts where NRCS carried out the nine-month operation.

The end-line survey also indicates improvements in the knowledge of the importance of clean water, environmental sanitation and personal hygiene. This has been corroborated by initial findings of an internal operations review which just completed its field work this week, which aims to bring forward conclusions and recommendations on the effectiveness, relevance, efficiency, sustainability and impact of the operation.

Key lessons learned / good practices

The end line surveys, together with a lessons learned workshop conducted in Nepalgunj on 9 January 2011 have highlighted a number of lessons and good practices which NRCS will be taking into consideration during the further development of its emergency health programmes:

- Having a strong in-country coordination mechanism is essential for the success of an emergency operation to maximise the use of information and resources and avoid duplicated effort.
- Promotion of locally-accepted and indigenous practices for treating water (such as boiling instead of chlorine solution) is the best way to ensure community engagement and sustainability.
- Behaviour change at community level requires not only short term, emergency interventions, but also long term development programmes in water, sanitation and hygiene is necessary to ensure the results are sustainable.
- Diarrhoea prevention kits should be distributed early in high risk communities well before the rainy season to prevent potential outbreaks.
- IPRA programme is effective for motivating the community people to construct and use toilet.
- Child to child approach of learning has been very effective to disseminate messages on water, sanitation and hygiene in the community.
- Social mobilization through local volunteers especially through female community health volunteers (FCHV) has been effective for raising awareness and monitoring of the activities
- Community participation in operation activities like toilet construction is effective for ensuring community ownership.

Key challenges and constraints

Some of the programmatic challenges faced by NRCS during this operation were as follows:

- As many people affected by diarrhoea remained in their homes and did not seek treatment in health service centres, access to adequate authentic information on the diarrhoea situation was challenging.

- Geographical remoteness was another challenge; in some cases, the distance between one selected VDC to another VDC was almost a three-day walk, making it more difficult following the onset of the monsoon. Nevertheless, the operation remained largely on track.
- Improving sanitation conditions and practices, as well as motivating communities to use toilets, was a great challenge in the communities where there was no easy access to water. In these communities there is a reluctance for people to use their scarce water supplies for hygiene purposes. Hence, for the future effectiveness of such operations, the hardware and software components of the operations should be carried out together, so that water supplies for sanitation and hygiene purposes can be secured.

However, the overriding challenge of this operation was the lack of adequate financial coverage of the Emergency Appeal which led to a necessary adjustment of the initial work plan, including the removing of some capacity building and sustainability efforts. Although there was positive recognition by donors that early action was required to prevent an outbreak, many donors had difficulty allocating emergency funds prior to any official outbreak declaration by Government of Nepal. This is an issue that will be taken up with donors, government and humanitarian partners alike to find ways of ensuring that early action to prevent the seasonal outbreak of diarrhoea can be properly resourced. Nevertheless, the International Federation and NRCS treated the operation with priority and urgency and have managed to integrate the longer term capacity building and sustainability efforts into longer term NRCs programmes.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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[<Final financial report below; click here to return to the title page>](#)

MDRNP004 - Nepal - Potential Diarrhoea Outbreak

Appeal Launch Date: 13 may 10

Appeal Timeframe: 11 may 10 to 13 feb 11

Final Report
I. Funding

Selected Parameters	
Reporting Timeframe	2010/5-2013/2
Budget Timeframe	2010/5-2011/2
Appeal	MDRNP004
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	738,960					738,960	
B. Opening Balance	0					0	
Income							
<u>Cash contributions</u>							
<i>American Red Cross</i>	51,419					51,419	
<i>Australian Red Cross</i>	17,934					17,934	
<i>Austrian Red Cross</i>	25,870					25,870	
<i>China Red Cross, Hong Kong branch</i>	26,377					26,377	
<i>German Government</i>	66,240					66,240	
<i>Japanese Red Cross Society</i>	24,400					24,400	
<i>Red Cross of Monaco</i>	13,360					13,360	
<i>Spanish Red Cross</i>	12,172					12,172	
C1. Cash contributions	237,772					237,772	
<u>Other Income</u>							
<i>DREF Allocations</i>	196,765					196,765	
C4. Other Income	196,765					196,765	
C. Total Income = SUM(C1..C4)	434,538					434,538	
D. Total Funding = B + C	434,538					434,538	
Coverage = D/A	59%					59%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	434,538					434,538	
E. Expenditure	-434,538					-434,538	
F. Closing Balance = (B + C + E)	0					0	

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)	738,960						738,960	
Relief items, Construction, Supplies								
Construction Materials	11,669							11,669
Water, Sanitation & Hygiene	137,551	19,115				19,115		118,436
Medical & First Aid	181,911							181,911
Teaching Materials	55,194							55,194
Utensils & Tools		1,402				1,402		-1,402
Other Supplies & Services	5,835							5,835
Total Relief items, Construction, Sup	392,160	20,517				20,517		371,643
Land, vehicles & equipment								
Computers & Telecom	4,584	98				98		4,486
Total Land, vehicles & equipment	4,584	98				98		4,486
Logistics, Transport & Storage								
Storage		69				69		-69
Distribution & Monitoring	14,503	3,401				3,401		11,102
Transport & Vehicles Costs	38,941							38,941
Logistics Services		1,187				1,187		-1,187
Total Logistics, Transport & Storage	53,444	4,657				4,657		48,787
Personnel								
International Staff	32,256	32,034				32,034		222
National Staff	6,001	6,050				6,050		-48
National Society Staff	64,363							64,363
Total Personnel	102,621	38,084				38,084		64,537
Consultants & Professional Fees								
Consultants	10,002							10,002
Professional Fees	4,168	7,821				7,821		-3,654
Total Consultants & Professional Fe	14,170	7,821				7,821		6,348
Workshops & Training								
Workshops & Training	47,735							47,735
Total Workshops & Training	47,735							47,735
General Expenditure								
Travel	20,004	3,292				3,292		16,712
Information & Public Relations	3,001							3,001
Office Costs	20,254	4,021				4,021		16,233
Communications	13,578	1,039				1,039		12,538
Financial Charges	2,100	3,914				3,914		-1,813
Other General Expenses	20,209	390				390		19,819
Total General Expenditure	79,146	12,656				12,656		66,490
Contributions & Transfers								
Cash Transfers National Societies		323,287				323,287		-323,287
Total Contributions & Transfers		323,287				323,287		-323,287
Indirect Costs								
Programme & Services Support Recov	45,101	26,463				26,463		18,638
Total Indirect Costs	45,101	26,463				26,463		18,638
Pledge Specific Costs								
Pledge Earmarking Fee		255				255		-255
Pledge Reporting Fees		700				700		-700
Total Pledge Specific Costs		955				955		-955
TOTAL EXPENDITURE (D)	738,960	434,538				434,538		304,423

MDRNP004 - Nepal - Potential Diarrhoea Outbreak

Appeal Launch Date: 13 may 10

Appeal Timeframe: 11 may 10 to 13 feb 11

Final Report

Selected Parameters	
Reporting Timeframe	2010/5-2013/2
Budget Timeframe	2010/5-2011/2
Appeal	MDRNP004
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
	A						B	A - B	
BUDGET (C)		738,960					738,960		
VARIANCE (C - D)		304,423					304,423		