

Operations update



International Federation
of Red Cross and Red Crescent Societies

Nepal: Potential diarrhoea outbreak

Emergency appeal n° MDRNP004
Operations update n° 6:
6-month consolidated report
14 January 2011

Six-Month Consolidated Report

Period covered by this Operation

Update: 14 May 2010 to 31 December 2010.

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

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

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 (to assist 189,000 beneficiaries for nine months in seven districts of Jajarkot, Rukum, Achham, Dadeldhura, Bajura, Baitadi and Bajhang.
- CHF 200,000 (USD 179,855 or EUR 142,718) was allocated from the International Federation of Red Cross and Red Crescent's Disaster Relief Emergency Fund (DREF) to support this operation.



The Nepal Red Cross Society water, sanitation and hygiene (WASH) mobiliser demonstrating the proper way of hand washing in Rukum district. Photo: Nepal Red Cross Society.

The donor response to this Appeal has been slow and limited so the operational plan was adjusted to ensure that the core activities could be undertaken in a timely manner. These activities are now in the final stages of completion. A number of the capacity building activities were removed from the operational plan and are being integrated into longer term Nepal Red Cross Society (NRCS) programmes.

No further funds are being sought for this Appeal; however contributions for the reimbursement of the DREF are welcome.

Summary:

Almost every year, Nepal faces a diarrhoea outbreak due to unsafe hygiene practices, open defecation and lack of access to safe drinking water. Additionally, poor health infrastructure, surveillance and laboratory facilities mean that highly transmissible pathogens such as *Vibrio cholerae* cannot be detected quickly at the local level, resulting in a delay in diagnosis and management, leading to high mortality and morbidity rates. The peak of diarrhoea outbreaks usually occur during the monsoon period when higher temperatures and heavy rains increase the spread of water-borne diseases.

In 2010, cases of diarrhoea began early in the pre-monsoon season. By the beginning of May there were already a total of 17 deaths and over 300 cases reported across 18 districts, triggering concerns that the number of cases could equal or even exceed the previous year which affected of 67,000 people and caused over 300 deaths. Given this ominous sign, the International Federation of Red Cross and Red Crescent Societies (IFRC) and NRCS, in consultation with the Government of Nepal and other humanitarian agencies, decided to launch an Emergency Appeal to take early and sustained action to prevent the risk of a major outbreak in seven districts of Jajarkot, Rukum, Achham, Dadeldhura, Bajura, Baitadi and Bajhang of the mid- and far-western regions.

In the following months, a total of 65 deaths and more than 3,972 diarrhoea cases have been reported over 29 districts throughout the country. However, the actual number of cases across the country is feared to be higher as many people in remote areas are not seeking treatment at health service centres but they stay at home.

With support covered by this emergency appeal, NRCS has been able to provide assistance to 189,000 people in 70 village development committees (VDCs) in the seven districts of Jajarkot, Rukum, Achham, Dadeldhura, Bajura, Baitadi and Bajhang. These districts were selected based on disadvantaged group and resource mapping and gaps identified by the District Disaster Relief Committee (DDRC) and water, sanitation and hygiene (WASH) cluster, as well as the presence of the Red Cross networks (sub-chapters, youth and junior circles) and availability of trained personnel. Most of the VDCs selected were amongst those severely affected by the outbreak in 2009.

Over the past six months, NRCS has been conducting WASH promotion activities through orientations, door-to-door visits, health education, and distribution of diarrhoea prevention kits (soap, chlorine solution, oral rehydration solution) and information, education and communication (IEC) materials to reduce the risk of potential diarrhoea outbreak in the operation districts.

As a result of these early prevention efforts, together with those of government and other agencies across the country, there have been far fewer cases and deaths than were predicted, particularly when compared to the corresponding period in 2009. This operation is also considered important given the increase in cases of H1N1 in some parts of Nepal. Given the coming flu season, these hygiene promotion activities will also help to reduce a possible influenza outbreak. Additionally, NRCS has integrated a human pandemic preparedness component in its training curriculums and has been conducting trainings accordingly.

Given the limited funding received at the start of this operation, a revised plan and budget has been developed which excluded some of the capacity building activities at NRCS headquarters. The remaining activities for this operation have nearly been completed and will be finalized according to schedule by 13 February 2011. A final report will be made available three months after the end of the operation (by 13 May 2011).

Financial situation: To date, this appeal is 59 per cent covered (including DREF) with contributions received totaling CHF 438,870 (USD 456,063 or EUR347,476).

Partners which have made contributions to the appeal to date include the American Red Cross, Austrian Red Cross, Australian Red Cross, Hong Kong branch of the Red Cross Society of China, Japanese Red Cross,

Monaco Red Cross, Spanish Red Cross and GTZ, on behalf of the German Ministry for Economic Cooperation and Development (BMZ).

Additionally, discussions are underway with UNICEF to provide some additional funds and in-kind donations bilaterally to NRCS to expand their activities to other locations.

On behalf of the Nepal Red Cross Society, IFRC would like to thank all partners and contributors for their response to this appeal.

The situation

Diarrhoea cases and deaths were reported in the mid- and far-western regions of Nepal since mid-April 2010. By the end of April, there had already been reports of 17 deaths in the mid- and far-western districts of the country and a total of 300 reported cases of infection across 18 districts. These numbers peaked with the start of the monsoon period when higher temperatures and heavy rains increased the spread of water-borne diseases. So far, 65 deaths with more than 3, 972 diarrhoea cases have been recorded across 29 districts throughout the country. However, many people in remote areas are not seeking treatment at health posts but they stay at home. Hence the actual number of cases across the country is feared to be higher.

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	N/A	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 have been reported in December.
4	Bajura*	2	0	All the deaths were between July to August.
5	Banke	12	1,738+	All the deaths were between July to August.
6	Dadeldhura*	1	24	All the deaths were between July to August.
7	Dailekh	3	28	All the deaths were between July to August.
8	Dang	8	292	Altogether, six 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 and a case was reported in the first week of November.
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	Diarrhoea cases were recorded by 1 August.
18	Tanahu	1	27	Death was recorded by 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	Recorded cases by 8 August.
22	Morang	0	161	Recorded cases by 8 August.
23	Gorkha	4	6	All deaths occurred on 4 August.
24	Lamjung	1	140	Death occurred in August.
25	Myagdi	1	NA	Death occurred in September and a case reported in the last week of November.
26	Kailai	2	13	Death occurred on 14 September.
27	Kathmandu	0	3	All the cases were diagnosed as cholera.
28	Nawalparasi	0	65	The diarrhoea cases were reported by November and some of them were diagnosed as cholera.
29	Dolakha	2	32	The death occurred on 17 October.
Total		65	3,972 +	

Sources: EDCD, NRCS District Chapters, UNFCO

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

The situation has been further exacerbated by the geographic and logistical difficulties of reaching communities in remote areas to provide hygiene awareness, medical treatment and safe drinking water, as well as the traditional beliefs and practices of some communities which discourage them from seeking medical attention.

The government's Epidemiology and Disease Control Division (EDCD) of the Department of Health Services has been leading the response activities in coordination with district committees as well as the water, sanitation and hygiene (WASH) cluster, which includes the Nepal Red Cross Society (NRCS).

NRCS has been mobilising trained volunteers to create awareness on water, sanitation and hygiene promotion activities and distribute diarrhoea prevention kits in the communities of 70 selected village development committees (VDCs) in seven operation districts.

Coordination and partnerships

National / district coordination mechanisms

EDCD, under the government's Ministry of Health and Population and district disaster relief committees, have been leading efforts to reduce potential risk of diarrhoea outbreak in coordination with the WASH cluster (including NRCS as partner) at both national and district levels. Regular meetings are being held among the WASH cluster members national level as well as in district level to exchange information on the progress of the operation.

NRCS has been working collaboratively and in partnership with other concerned stakeholders including the District Drinking Water and Sanitation Section (DDWSS), District Health Offices (DHO), district committees, UNICEF, Save the Children, CARE Nepal and OXFAM to avoid duplication of limited resources and make the operation more effective.

NRCS organized a coordination meeting in July to update key partners on the overall diarrhoea situation and to exchange operation information. Participants included representatives from the EDCD, IFRC, Belgian Red Cross, World Health Organization, UNICEF, DDWSS, Save the Children and key personnel of NRCS. The meeting was crucial in bringing partners together to discuss the current situation, lessons learned from previous outbreaks and the way forward for preventing outbreaks during the current monsoon period.

Similarly, NRCS participated in a joint monitoring visit led by UNICEF in Dadeldhura district in September. Other organizations participating in the visit were OXFAM, DDWSS, Karnali Integrated Rural Development and

Research Centre, UNOCHA, Save the Children and CARE Nepal. The team monitored the overall diarrhoea situation in all VDCs of the district. The significant finding of the visit was that the communities which had been targeted were more aware on health and hygiene.

Also during the reporting period, NRCS and IFRC continued coordination with the WASH cluster through exchange of information on planned activities, target VDCs and discussions over the standard approach for diarrhoea prevention in all districts. IFRC has also been active in sharing information with the multi-agency Humanitarian Country Team, partner national societies and the International Committee of Red Cross (ICRC) about the progress of this appeal.

Coordination within NRCS and with Movement Partners

Within the national society, the disaster management department has been conducting the operation in close coordination with the health and other concerned departments, including the drinking water and sanitation section. The communications department has been broadcasting updates and messages on WASH promotion through the Red Cross radio programme while the planning, monitoring, evaluation and reporting (PMER) unit has been preparing the operation updates regularly for IFRC.

NRCS has established an internal coordination mechanism for the management of this operation:

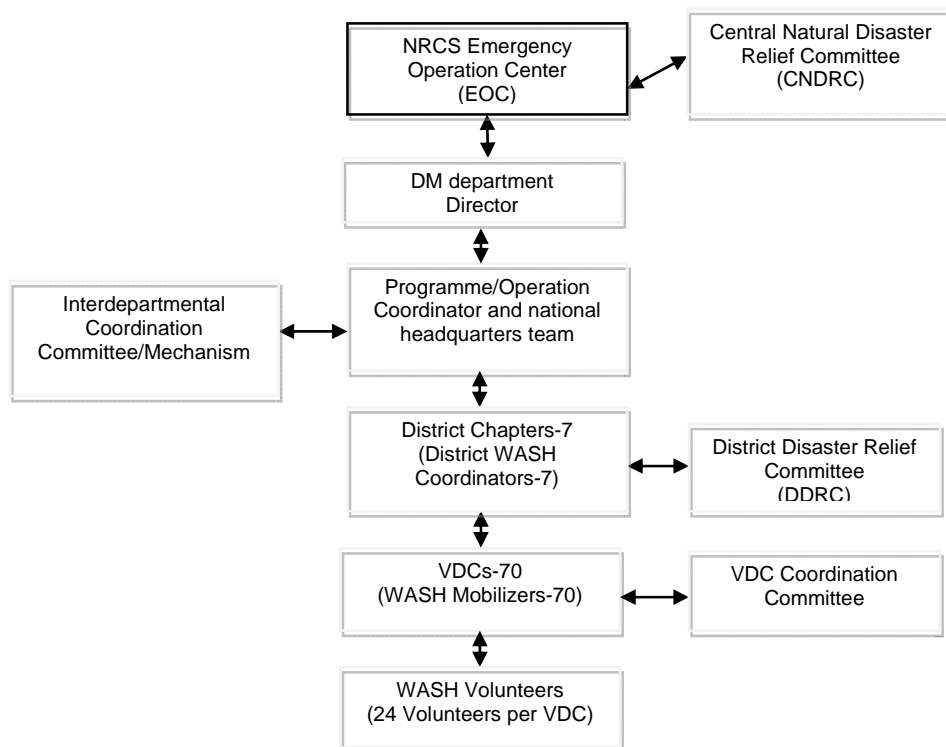


Figure: NRCS's internal coordination mechanism

IFRC and NRCS have continued to share information about this operation with partner national societies and ICRC. In-country partner national societies were involved in the planning of this operation. Moreover, the IFRC Asia Pacific disaster management unit deployed an operations coordinator from 16-31 May to support with coordination, planning and fundraising for the appeal, and the Asia Pacific water and sanitation coordinator was deployed to provide technical support and training facilitation from 29 May-5 June.

Bilateral partnership

During the reporting period, UNICEF has allocated/committed approximately USD 75,000 (CHF 72,356 or EUR 56,256) and a number of diarrhoea prevention kits to support bilaterally the activities of NRCS to undertake similar activities in other areas.

National Society Capacity Building:

Through this operation, NRCS has trained national level staff, 21 district level volunteers (including district chapter executive body) and staff, 70 social mobilisers and more than 1, 800 local level volunteers on water, sanitation and hygiene to ensure effective responses by the local Red Cross units. Already, NRCS has 24 personnel trained in national disaster response team specialized on water and sanitation, and 27 personnel trained in public health in emergencies. Moreover, the national society is conducting trainings on epidemiology and communication in emergency for 21 staff and volunteers, including district level operation coordinators, district chapter governance volunteers and staff in January to strengthen the local capacity for the future.

However, there is still a need for NRCS to further strengthen its preparedness and response mechanisms to reach the most vulnerable and isolated communities and to ensure that interventions are focused not only on the short term needs of communities but are able to address underlying risk factors. To ensure sustainable positive change and community resilience, NRCS has been encouraging an ethnic and gender-based approach with meaningful representation of men and women from disadvantaged groups in activities of the operation.

Red Cross and Red Crescent action

The focus of the NRCS operation covered by this Emergency Appeal is to address the gaps identified from the resource mapping undertaken by the government and the WASH cluster to reduce the immediate risk of a diarrhoea outbreak as

The face of village would surely change



Bhajang is among the rural and inaccessible hilly districts of Nepal situated in the country's far western region. Lack of education, poor sanitation and far from bare necessities in terms of hygiene have added vulnerability in this district. Luyata, a village development committee VDC almost a kilometer away from Chainpur (headquarter of the district), represents the situation of this district. Open defecation could be seen everywhere - in open spaces, in pits or near rivers before the conduction of "Potential Diarrhoea Outbreak Operation" in VDC. But the sanitary situation has now been improved now in Bhajang.

"There is a noticeable decrease in open defecation and increase awareness on water, sanitation and hygiene throughout the village with the implementation of the diarrhoea operation by the Red Cross," says Keshav Raj Upadhyay, a beneficiary of the operation in the Luyata VDC.

Keshav and his family had to face many problems for defecation earlier when they did not have a toilet near their house. Keshav and his family had to walk for 30 minutes to reach the river, and the fear of wild animals, snakes and insects and the threat of landslides prevailed. He recalls an incident of the past year where he fell inside a pit during the rainy season while going to the river for defecation. Keshav could not construct a toilet earlier because of his weak economic condition. He even thought of taking a loan for the construction of a toilet to relieve himself and his family from all these problems they faced during open defecation.

With the support of the Nepal Red Cross, Keshav could construct a toilet near his house. With the national society's help, Keshav managed to purchase a toilet pan, a sack of cement, one meter-long pipe and two pieces of tin worth NPR 3,500 (CHF 54), and some investment from his own side for wood. He and his family – including his 70-year-old mother and four-year-old son – have already started using the toilet. Now, they do not have to walk all the way to river and face the problems they used to encounter earlier.

Like Keshav, many other community people have constructed toilets near their homes. They have been using the toilets regularly. They wash their hands with soap and water after using the toilet. They keep their water sources and surroundings clean. These activities have obviously prevented further spread of diarrhoea in the village.

Keshav says that he is happy with the Nepal Red Cross's support in constructing the toilets and improving water, sanitation and hygiene behaviour to prevent communicable diseases in his community. He concludes if the community takes initiation on construction and use of toilet, the face of village would surely change.

well as the long-term risk of waterborne diseases.



NRCS, in coordination with the WASH cluster and DDRC, selected 10 VDCs within each district and has been conducting intensive water, sanitation and hygiene promotion campaigns in seven districts of Jajarkot, Rukum, Achham, Dadeldhura, Bajura, Baitadi and Bajhang. The major components/areas of the operation include awareness-raising activities and orientation sessions on water purification techniques, distribution of diarrhoea prevention kits (soap, oral rehydration solution and chlorine solution) and other supplies like IEC materials, and supporting water safety. For this purpose, NRCS has deployed seven district level coordinators and mobilized more than 1,800 trained volunteers in addition to the operation coordinator and other staff at national headquarters.

In addition, NRCS will undertake longer term activities to ensure the vulnerable communities remain

A Nepal Red Cross Society water, sanitation and hygiene (WASH) mobiliser monitoring the usage of a toilet in Bajhang district. Photo: Nepal Red Cross Society.

resilient to outbreaks in the future. NRCS has recently drafted a long-term five-year emergency water and sanitation strategic framework with the support of IFRC. This will also be important for the mobilisation of additional technical expertise and longer term resources where needed.

During the reporting period, the NRCS headquarters carried out monitoring field visits to all the operational districts except Jajarkot. In addition to visiting the selected communities, the monitoring team conducted meetings with WASH volunteers, district and local level key stakeholders (chief district officers, local development officers, representatives from DWSSO, DHO and the WASH cluster) as well as district chapter staff to analyze the progress, receive feedback and understand the challenges and constraints of the operation.

The key observations made by the NRCS staff and volunteers during their visits were:

- All operation activities have been undertaken smoothly according to the revised plan of action.
- Most of the community people are aware of the importance of oral rehydration solution as a means to reduce the severity of diarrhoea. Moreover, they are now motivated to visit health posts for treatment when they get diarrhoea.
- Communities are aware of good hygiene practices such as hand washing with soap and water at critical times (such as before and after meals and after using the toilet). Open defecation has been reduced remarkably in the operation VDCs of the seven districts.
- Water treatment being practiced through boiling water or use of chlorine.
- Community participation is significant in the operation activities such as demonstrations for proper hand washing, oral rehydration solution (ORS) preparation, and water treatment options as well as creating awareness on water, sanitation and hygiene promotion through street dramas and water source improvement campaigns.

- Support provided for animal shed management has not brought effective improvement especially in the communities which have tradition of keeping their livestock in the ground floor of their houses. They also do not have sufficient land for dumping the animal waste.

This operation is also considered important given the increase in cases of H1N1 in some parts of Nepal and the hygiene promotion activities being conducted will also help to reduce a possible outbreak particularly ahead of the coming flu season. NRCS has already integrated human pandemic preparedness component in its training curriculums and has been conducting trainings accordingly.

Progress towards objectives

Outcome: The risk of a diarrhoea outbreak is reduced in seven of the most vulnerable districts in the mid- and far- western region of Nepal, through support provided to 31,500 households (189,000 beneficiaries).

Due to funding constraint, the outcome is revised as providing practical orientation to 30,000 households, of which 30,000 households also received diarrhoea prevention kits.

Expected result 1: Provision of safe drinking water, sanitation facilities, diarrhoea prevention kits and referral services to the most vulnerable communities and households in seven districts.

Activities planned	Achievements within the reporting period
<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 diarrhoea prevention kits¹ for 31,500 households in accordance with the IFRC procurement procedures. • Immediate distribution of those diarrhoea prevention kits to identified households and prepositioning of additional 2,000 diarrhoea kits 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 	<ul style="list-style-type: none"> • A three-day training on water, sanitation and hygiene promotion was provided to 21 key personnel from operation districts including coordinators, government representatives and governance volunteers. NRCS oriented more than 1,800 volunteers during a number of two-day WASH trainings. The trained volunteers were mobilized to create awareness on water, sanitation and hygiene promotion activities in the community. • Altogether 157,500 packets of ORS, 75,000 bottles of chlorine solution and 126,000 pieces of washing soap were procured in accordance with the IFRC procurement procedures. • NRCS immediately distributed diarrhoea prevention kits (ORS, chlorine solution and washing soap) to the communities of 70 selected VDCs in the seven operation districts. NRCS is in the process of reviewing the capacities and appropriateness/condition of its regional warehouses for the prepositioning of diarrhoea prevention kits. • Water and Sanitation Kit 2 arrived in Nepal from the IFRC Regional Logistics Warehouse in Kuala Lumpur and a two-day orientation was provided to 20 participants from NRCS headquarters and some districts. Since the diarrhoea prevention kits

¹ Diarrhoea prevention kit includes: 2 bottles of chlorine, 4 pieces of hand washing soap, 5 packets of oral rehydration solution and bag, suitable for 1 household for 2 months. This is the standardised WASH cluster kit for Nepal.

<p>selected village development committees.</p> <ul style="list-style-type: none"> • 350 community orientation sessions to promote point of use water treatment options, specifically use of chlorine liquid, 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 grass root networks of volunteers, support national/local health authorities in household level surveillance of diarrhoea cases. 	<p>procured from this Emergency Appeal are now sufficient, NRCS has planned to keep Kit 2 materials for prepositioning.</p> <ul style="list-style-type: none"> • Community orientation sessions are on-going in the operation districts to promote water treatment options, specifically use of chlorine, boiling and SODIS (solar treatment) in the communities. To date, 287 such orientations have been completed in the operation districts. • NRCS has been supporting for the low cost latrines in the selected households of the operation districts. So far, support to 340 households is completed and this activity is ongoing. • Support for animal shed management is ongoing with priority in operation districts. A total of 453 selected households have already constructed improved animal shed (shed with proper outlet and separate dumping management) with the support of NRCS. • During household visits, volunteers have motivated people affected by diarrhoea to visit health posts or health service centres for treatment. • NRCS volunteers have supported national/local health authorities in household level surveillance of diarrhoea cases.
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Table1: Procurement update/status of diarrhoea prevention kits and other related material for the operation

Particular	ORS	Chlorine solution (bottles)	Soap	Hygiene promotion kit ²	Tee shirt and cap	Brochure	Flex
Procurement completed	157,500 packets	75,000 bottles of chlorine solution (water guard)	126,000 pieces	77 kits	2,000 pieces each	150,000 pieces	150 pieces

²Hygiene promotion kit includes: 1 box of first aid kit, 1 piece of nail cutter, 1 piece of comb, 1 soap, 1 packet of oral rehydration solution, 1 piece of brush and 1 tube of toothpaste.

Table 2: Detail of materials that have been dispatched from national headquarters to the operational districts

S. N.	District	ORS (packet)	Soap (piece)	chlorine solution (bottle)	Tee-shirt and cap (pair)	Hygiene promotion kit (piece)	Umbrella (piece)	Brochure (piece)	Flex (piece)
1.	Jajarkot	22,500	18,000	9,000	270	11	11	20,000	20

2.	Rukum	22,500	18,000	12,000	270	11	11	20,000	20
3.	Dadeldhura	22,500	18,000	9,000	270	11	11	20,000	20
4.	Baitadi	22,500	18,000	9,000	270	11	11	20,000	20
5.	Achham	22,500	18,000	9,000	270	11	11	20,000	20
6.	Bajura	22,500	18,000	9,000	270	11	11	20,000	20
7.	Bajhang	22,500	18,000	10,050	270	11	11	20,000	20
8.	Kailali	-	-	300	-	-	-	-	-
Total		157,500	126,000	67,350	1,890	77	77	140,000	140

Note: Diarrhoea prevention kits (ORS, soap, chlorine solution), brochure were distributed to the community people in the selected VDCs of the operation districts. Hygiene promotion kits and umbrellas were provided to the district operation coordinators and WASH mobilisers. While the tee-shirts and caps were provided as the visibility packs to WASH mobilisers and volunteers.

Expected result 2: Improved hygiene practices through increased water, sanitation and awareness for 31,500 households in 70 village development committees.

Activities planned	Achievements within the reporting period
<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, IEC materials. Conduct household visits by trained volunteers on hygiene awareness, water treatment and sanitation including distribution of diarrhoea prevention kits and IEC materials. Initiation by volunteers of five community-organised drinking water source improvement campaigns in all 70 village development committees. Volunteer-organised street drama events in all 70 village development committees. Ten hand washing demonstrations and hygiene promotion in schools and communities in all 70 village development 	<ul style="list-style-type: none"> NRCS volunteers have been providing practical orientation to the community people to prepare oral rehydration and chlorine solution. So far, more than 30,000 households of 70 VDCs have benefited from this orientation Water, sanitation and hygiene related messages are being aired twice a day through local FM radios in all seven operation districts. Health education/information and IEC materials like brochure and flex about the water, sanitation and hygiene promotion were reproduced. More than 1,800 trained volunteers have conducted door-to-door visits in the communities to create awareness on water, sanitation and hygiene and distributed diarrhoea prevention kits and IEC materials. Through drinking water source improvement campaigns, 85 water sources have been cleaned together with minor repairs where required. This activity is important to enhance community ownership on the local water sources. Volunteer-organised street drama has found been one of the most effective tools/activities for creating health awareness especially in the communities where the majority remain uneducated. During the reporting period, more than 140 such events have been completed in the 70 VDCs of the operation districts. During the reporting period, more than 600 sessions on hand washing demonstrations and hygiene promotion have been completed in

<p>committees.</p> <ul style="list-style-type: none"> • Volunteer-organised 'Ignition Participatory Rural Appraisal', to discourage open defecation in five village clusters in all 70 village development committees. • Procurement and distribution of brochures/pamphlets, boards and banners for awareness targeting to 70 village development committees as well as 77 volunteer mobiliser support and visibility packs. 	<p>schools and communities of the operation districts.</p> <ul style="list-style-type: none"> • NRCS volunteers organized more than 50 events of 'Ignition Participatory Rural Appraisal' to discourage open defecation in the communities of operation districts. This activity is effective in motivating the community people to build and use toilets and hence discouraging open defecation. • Water, sanitation and hygiene related messages have been displayed in the public places like market, schools through boards in all operation districts. Similarly, other IEC materials like brochure and flex banner (140,000 brochures, 140 flex banner) on water, sanitation and hygiene have been distributed in the communities. Likewise, hygiene promotion kits were provided to district operation coordinators and WASH mobilisers. While packs (tee-shirt and cap) were provided as the visibility packs to operation coordinators, WASH mobilisers and more than 1,800 volunteers.
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Expected result 3: Strengthened capacity of NRCS for responding to public health emergencies and to undertake longer term activities to improve the overall health condition of communities.

Activities planned	Achievements within the reporting period
<ul style="list-style-type: none"> • Training for relevant headquarters and district level staff and volunteers in national disaster response team specialized on water and sanitation 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, 	<ul style="list-style-type: none"> • Trainings on epidemic control and communication in emergency have been planned for January. The participants of the trainings are the operations team from national headquarters and three people from each operation district (including the operation coordinator, governance volunteer and a staff person from the district chapter). • A baseline survey was carried out in all operation districts in July. NRCS has almost completed analyzing the baseline survey data and will undertake another comparative survey at the end of the operation. • This activity was originally planned for July. However, it has been cancelled in the revised plan due to lack of timely Appeal coverage. • Common approach has been practiced since the beginning of the operation for volunteer

induction, support and recognition across all programmes that lead to strengthened branch volunteer base and volunteer management capacities for the future.	mobilisation, induction, support and recognition across all programmes to strengthen branch volunteer base and volunteer management capacities for the future.
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Key challenges and constraints

Lack of early and adequate coverage of the Emergency Appeal has been a major challenge for carrying out the planned activities as per the plan of action. Some donors have had difficulty allocating emergency funds prior to the declaration of an outbreak by the Government of Nepal. Nevertheless, IFRC and NRCS have been continuing to treat this operation with priority and urgency, to prevent the further loss of life from diarrhoea in the identified districts and VDCs.

Besides this, the other challenges that NRCS has been facing in this operation were as follows:

- As many people affected by diarrhoea remain in their homes and do not seek treatment in health service centres, access to adequate authentic information on the current diarrhoea situation is challenging. The government has, so far, provided situation updates only during times of severe outbreak, making it difficult to access official numbers in different districts for monitoring purposes.
- Majority of the communities are in areas with no internet connections, and/or fax machines, and often mobile telecommunications coverage is poor. This delays the flow of information among the national headquarters, district chapters and communities thereby slowing down the reporting for the operation.
- Geographical remoteness is another challenge; in some cases, the distance between one selected VDC to another VDC is almost a three-day walk, making it more difficult following the onset of the monsoon. Nevertheless, the operation remains largely on track.
- It has been another challenge to scale up the sanitation conditions as well as increase use of toilets, especially in the communities where there is no easy access to water. Hence, for the effectiveness of the operation, the hardware and software parts need to be carried out together. Unless there is easy availability of water, the use of toilets and improved sanitation could not be achieved in the community.

Logistics

For the success of this operation, IFRC and NRCS have been liaising and coordinating actions with all appropriate key logistics actors to ensure that the operation uses all information and resources as efficiently and effectively as possible.

Communications – Advocacy and Public Information

Communication has been identified as a key area of development for the district level WASH coordinators. A media and communications session was conducted as part of the orientation training provided to operation coordinators, which focused on media relations and external communications, ensuring consistent messaging in times of emergency and dealing with media at the district level. Moreover, training on communications in emergency has been planned for January 2011 for 21 people, including operations coordinators, district chapter governance volunteers and staff of all seven operation districts. The training will be crucial in building the communications capacity of the district chapters.

The NRCS communications department has been collecting information related to the diarrhoea situation throughout the country and providing information to stakeholders when required. During the reporting period, the department prepared a Red Cross radio programme focusing fully on diarrhoea situation throughout the country and NRCS's response on it. The programme was broadcast to approximately 150,000 people through 10 FM stations (Ujalo FM Lalitpur, Nepalbani FM Ilam, Saptakoshi FM Sunkoshi, Kalika FM Chitwan, Radio

Vehri Surkhet, Karnali FM Jumla, Suklafata FM Mahendranagar FM Kanchanpur, Radio Swaradwari Dang) from different strategic locations of the country. The voice of beneficiaries from different parts of country including the operation districts was also incorporated in the programme. Moreover, public service announcements on water, sanitation and hygiene promotion have regularly been broadcast on the Red Cross radio programme through FM stations. Similarly, daily messages on water, sanitation and hygiene as well as preventive measure of the diarrhoea are being aired through local FM stations in the all the operation districts.

During the reporting period, a success story on sanitation featuring a local community in Lalitpur was also broadcast through Radio Nepal.

NRCS and IFRC have been attending different coordination meetings and seminars and updating the progress on operation among the stakeholders regularly. NRCS also involved in activities during National Sanitation Week (5-11 June), particularly through a mass campaign on level special awareness through schools and communities to promote sanitation in 13 districts.

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 Disaster 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.

The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:
Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
Enable healthy and safe living.
Promote social inclusion and a culture of non-violence and peace.

Contact information

For further information specifically related to this operation please contact:

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**[<Updated donor response report attached below;
click here to return to the title page>](#)**

Selected Parameters	
Reporting Timeframe	2010/5-2010/11
Budget Timeframe	2010/5-2011/2
Appeal	MDRNP004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
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>China Red Cross, Hong Kong branch</i>	26,377					26,377
<i>German Government</i>	59,976					59,976
<i>Japanese Red Cross</i>	24,400					24,400
<i>Monaco Red Cross</i>	13,360					13,360
<i>Spanish Red Cross</i>	12,172					12,172
C1. Cash contributions	205,638					205,638
<u>Outstanding pledges (Revalued)</u>						
<i>Austrian Red Cross</i>	26,585					26,585
<i>German Government</i>	6,646					6,646
C2. Outstanding pledges (Revalued)	33,231					33,231
<u>Other Income</u>						
<i>Voluntary Income</i>	200,000					200,000
C6. Other Income	200,000					200,000
C. Total Income = SUM(C1..C6)	438,870					438,870
D. Total Funding = B + C	438,870					438,870
Appeal Coverage	59%					59%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	438,870					438,870
E. Expenditure	-322,947					-322,947
F. Closing Balance = (B + C + E)	115,923					115,923

International Federation of Red Cross and Red Crescent Societies
MDRNP004 - Nepal - Potential Diarrhoea Outbreak

Appeal Launch Date: 13 may 10

Appeal Timeframe: 11 may 10 to 13 feb 11

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2010/5-2010/11
Budget Timeframe	2010/5-2011/2
Appeal	MDRNP004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

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	
Supplies								
Construction Materials	11,669						11,669	
Water & Sanitation	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 Supplies	392,160	20,517				20,517	371,643	
Land, vehicles & equipment								
Computers & Telecom	4,584						4,584	
Total Land, vehicles & equipment	4,584						4,584	
Transport & Storage								
Storage		69				69	-69	
Distribution & Monitoring	14,503	3,401				3,401	11,102	
Transport & Vehicle Costs	38,941						38,941	
Total Transport & Storage	53,444	3,470				3,470	49,974	
Personnel								
International Staff	32,256	23,900				23,900	8,356	
National Staff	6,001	5,266				5,266	735	
National Society Staff	64,363						64,363	
Consultants	10,002						10,002	
Total Personnel	112,623	29,167				29,167	83,456	
Workshops & Training								
Workshops & Training	47,735						47,735	
Total Workshops & Training	47,735						47,735	
General Expenditure								
Travel	20,004	3,068				3,068	16,936	
Information & Public Relation	3,001						3,001	
Office Costs	20,254	1,059				1,059	19,195	
Communications	13,578	395				395	13,183	
Professional Fees	4,168						4,168	
Financial Charges	2,100	2,229				2,229	-128	
Other General Expenses	20,209	35				35	20,174	
Total General Expenditure	83,314	6,786				6,786	76,528	
Contributions & Transfers								
Cash Transfers National Societies		241,978				241,978	-241,978	
Total Contributions & Transfers		241,978				241,978	-241,978	
Programme & Service Support								
Programme & Service Support	45,101	19,702				19,702	25,399	
Total Programme & Service Support	45,101	19,702				19,702	25,399	
Services								
Services & Recoveries		1,187				1,187	-1,187	
Services & Recoveries		141				141	-141	
Total Services		1,327				1,327	-1,327	
TOTAL EXPENDITURE (D)	738,960	322,947				322,947	416,013	
VARIANCE (C - D)		416,013				416,013		