

CHOLERA OUTBREAK AND SBC RESPONSE IN BIRGUNJ METROPOLITAN CITY (2025)

Managing health crisis through strategic community engagement

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CAPACITY BUILDING AND VOLUNTEER MOBILIZATION



Rapid Training for Volunteers and School teachers

Volunteers received quick training on cholera transmission, prevention, risk communication, and community engagement techniques.

Community Engagement and Mobilization

Volunteers from local groups conducted door-to-door awareness and monitored vulnerable households using local languages and cultural knowledge.

Strengthening Supervision and Coordination

Supervisors and coordinators were trained to ensure consistent messaging and quality control in outbreak response activities.

Long-Term Community Preparedness

Investing in local capacity created a multiplier effect, fostering community ownership and sustained prevention efforts post-outbreak.

CAPACITY BUILDING AND VOLUNTEER MOBILIZATION



Megaphone Announcements

Megaphone announcements targeted high-risk wards to quickly inform communities about cholera symptoms and prevention.

Media Broadcasts

Local FM radio and print media broadcast frequent, consistent cholera prevention messages for wider community reach.

Information Booths

Information booths at public places facilitated interpersonal communication, IEC material distribution, and water chlorination demos.

Culturally Appropriate Outreach

Outreach activities used local languages and culturally relevant examples to effectively engage diverse community members.

COMMUNITY FEEDBACK, SURVEYS, AND RUMOR MANAGEMENT



Two-Way Communication

Systematic efforts ensured community feedback shaped the response, fostering dialogue and trust.

Surveys and Assessments

Rapid surveys identified knowledge gaps and misconceptions about cholera prevention and treatment.

Rumor Identification and Management

Trained workers tracked and analyzed rumors to develop targeted counter-messages effectively.

Community Engagement Platforms

Meetings with local leaders enhanced communication, clarification, and community trust building.

MAJOR ACHIEVEMENTS OF THE RESPONSE



Improved Detection and Treatment

Early detection and referral systems increased timely treatment, reducing severe cholera cases and fatalities.

Behavior Change and Communication

SBC and RCCE efforts improved water purification and handwashing practices in high-risk households.

Enhanced Community Awareness

Community awareness of cholera symptoms and prevention increased significantly through surveys and feedback.

Collaborative Response Success

Coordination reduced duplication and directed resources efficiently, strengthening partnerships and reducing cases.

ROLE OF SBC AND KEY LEARNINGS



Early Transparent Communication

Early and clear risk communication reduces panic and misinformation, enabling protective community actions.

Trusted Local Involvement

Engaging trusted volunteers and leaders ensures message acceptance in marginalized communities.

Two-Way Communication

Adapting messages based on community feedback improves relevance and effectiveness of health campaigns.

Integration with Services

Combining SBC with accessible health services supports promoted behaviors and sustainable outcomes.

WAY FORWARD

STRENGTHENING PREPAREDNESS AND RESILIENCE



Early Warning and Surveillance

Strengthening early warning systems and routine disease surveillance enables quick detection and response to outbreaks.

Community Engagement and Training

Ongoing community involvement and refresher trainings for health workers maintain readiness and institutional memory.

Infrastructure and Sanitation

Investing in safe water infrastructure, sanitation, and solid waste management addresses underlying health risk factors.

Preparedness Drills and SBC Strategies

Regular drills and social behavior change strategies improve emergency response and promote healthy WASH behaviors.

Summary of UNICEF Engagement in Cholera Response

WASH and SBC:

1. Critical WASH Supplies:

- Piyush (5,400 bottles), bleaching powder (10 bags), buckets/mugs (500), PA vials (500), flipcharts, posters, and over 7,000 IEC materials

2. Capacity Building:

- Trained 53 BN students, 60 BMC health Workers, 25 SODCC WASH volunteers and 25 NRCS volunteer on RCCE, water purification, chlorination, sanitation, hygiene promotion, and the use of the KOBO tool.

3. Community Engagement:

- The volunteers has reached over 3,000 households, covering approximately 10,000 people with messages on safe water, sanitation, and hygiene through door-to-door visits, school programs, and awareness campaigns.
- One WASH Promotional booth established in Ward No. 13 and 9 more booths are under process and will operate for 15 days.

Health:

- Coordination with DHO, BMC, PHLMC, Narayani Hospital, PHD, EDCCD/MoHP for managing the cholera related commodities.
- (2000 ORS, RDT kits through EDCCD).
- Joint monitoring, ensure medicine and coordinated with PHD/PHLMC

Activities:

- Volunteers' mobilization for a month.
- Training/orientation to religious leader, FCHVs and Child Club Network.
- Operating 10 WASH promotional booths for 15 days.
- PSA on airing through megaphone announcement & local radio & social media

THANK YOU