

2025

# PROVINCIAL HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PLAN

LUMBINI PROVINCE



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# Provincial Health Emergency Preparedness and Response Plan

## Lumbini Province



November 2025

## List of Abbreviations

DRRMA	Disaster Risk Reduction and Management Act
EDCD	Epidemiology and Disease Control Division
EMT	Emergency Medical Team
EMTOC	Emergency Medical Team Operational Committee
EWARS	Early warning and reporting system
FETP	Field Epidemiology Training Programme
HD	Health Directorate
HEOC	Health Emergency Operations Center
HEDMU	Health Emergency and Disaster Management Unit
HOPE	Hospital Preparedness for Emergencies
ICS	Incident Command System
IHR	International Health Regulations
LDCRP	Local Disaster and Climate Resilience Planning
MoHP	Ministry of Health and Population
NPHL	National Public Health Laboratory
PHEOC	Provincial Health Emergency Operation Center
PHLMC	Provincial Health Logistic Management Center
PHTC	Provincial Health Training Center
PPHL	Provincial Public Health Laboratories
RCCE	Risk Communication and Community Engagement
RRC	Rapid Response Committee
RRT	Rapid Response Team
STAR	Strategic Toolkit for Assessing Risks
WHO	World Health Organization



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# 1. Introduction

## 1.1 Background

Lumbini Province, one of the seven provinces of Nepal, is geographically diverse with land covered by mountains, hills and plain lands. This province comprises of Lumbini, birthplace of Lord Gautam Buddha and Tilaurakot, kingdom of Shakya clan. However, the province remains highly vulnerable to a range of natural and human-induced hazards, such as earthquake, landslide, heat wave, cold wave, lightening, disease outbreaks, food poisoning, insect and animal bite, fire, and road traffic accidents. Most of the emergencies emerge rapidly and are short-lived, while others develop slowly and cause prolonged disruptions to healthcare delivery, the health system, and broader social and economic structures.

Public health emergencies, regardless of their origin, often result in increased morbidity and mortality, disruption of essential health and social services, displacement of populations, and economic setbacks. With increasing frequency and severity of climate-related and other complex emergencies, the need for a coordinated and structured approach to health emergency preparedness and response is becoming more critical.

The Provincial Health Emergency Preparedness and Response Plan for Lumbini Province has been developed as a strategic and operational tool to enhance the province's readiness and resilience to public health emergencies.

## 1.2 Purpose of the Plan

The purpose of this plan is to enhance the capacity of Lumbini province to mitigate, prepare, detect, respond and recover from public health emergencies through timely and coordinated multisectoral action. It provides a structured framework for health emergency preparedness and response.

## 1.3 Objectives

- To identify and prioritize potential public health emergencies and health impacts of disasters relevant to Lumbini Province.
- To define clear roles, responsibilities, and coordination mechanisms among all stakeholders at provincial, districts, and local levels.
- To strengthen multisectoral collaboration, coordination and dissemination of information.
- To develop a unified online platform for emergency related information sharing among multi sectors (health, security, local government, humanitarian partners, civil society and other relevant stakeholders).



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- To strengthen health systems for emergency response including surveillance, early warning, risk assessment, risk communication and community engagement, logistics and human resource mobilization.
- To ensure effective implementation of preparedness and response activities through a phased All-Hazard Approach.

## 1.4 Scope

This plan covers all hazards with potential public health impacts in Lumbini Province. It outlines procedures for prevention, mitigation, preparedness, response, and recovery at the provincial level. The plan is designed to complement federal and local emergency plans and aims to ensure smooth coordination among all three tiers of government

## 1.5 Guiding Principles

- **Risk reduction:** Focus on minimizing the risk and vulnerability before a health emergency occurs.
- **All-hazard approach:** Recognizes and prepares for a broad spectrum of emergencies including natural, biological, chemical, radiological/nuclear and technological events through early warning systems.
- **Whole-of-society engagement:** Encourages coordinated and inclusive action across sectors, agencies, and communities to ensure a unified response.
- **Equity and inclusion:** Prioritizes the protection of vulnerable and marginalized populations to ensure no one is left behind in prevention, mitigation, preparedness, response and recovery efforts.
- **Evidence-based action:** Use surveillance data, risk assessments, and scientific evidence to guide decision-making.
- **Transparency and accountability:** Promotes regular public updates, clear communication and tracking of resources used.
- **One Health approach:** Promotes coordination among human, animal and environmental aspects.
- **Resilience-building:** Strengthens the capacity of the health system and communities to anticipate, withstand and recover from health emergencies.



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## 2. Context

### 2.1 Provincial Information

#### 2.1.1 Demographic and geographic situation

Lumbini Province, one of the seven provinces established under the Constitution of Nepal 2072, lies in the mid-western part of the country. It borders Gandaki Province to the northeast, Karnali to the northwest, and Sudurpaschim to the west, while sharing its southern boundary with India's Uttar Pradesh state. The province takes its name from Lumbini, the birthplace of Lord Buddha and a UNESCO World Heritage Site that symbolizes peace and spiritual heritage. Administratively, Deukhuri in Dang District serves as the provincial capital, though many governmental and economic activities are still centered in Butwal, the largest and most developed city in the province.

The province is home to 51,22,078 population. The province occupies 22,288 square kilometers, covering 15.1% area of Nepal. The province holds the population density of 230 per square kilometer. Likewise, sex ratio stands at 92.01 per 100 females in the province. Administratively, Lumbini Province is divided into 109 local level governments (LLG's), with 4 sub-metropolitan cities, 32 municipalities and 73 Rural Municipalities, and 983 ward offices.

Lumbini was formed from the former Lumbini, Rapti, and parts of the Dhaulagiri zones, bringing together the fertile Terai plains, mid-hills, and parts of the Siwalik and Mahabharat ranges. This diversity in landscape is matched by cultural and linguistic richness, as the province is home to numerous ethnic groups and traditions that reflect Nepal's broader social mosaic.

The province experiences a wide range of climatic conditions due to its varied topography. The southern Terai region has a humid subtropical climate, characterized by extremely hot summers and mild winters, making it one of the most productive agricultural areas in Nepal. The Siwalik and Inner Terai zones provide a subtropical to warm temperate climate with moderate winters and humid summers, though the region encounter frequent flooding and erosion during the monsoon season. The northern hilly areas, including Arghakhanchi, Rolpa, and Gulmi, experience a temperate climate with cooler summers and cold winters, sometimes accompanied by frost or light snowfall. This climatic variation supports diverse agricultural activities, ranging from paddy cultivation in the plains to horticulture and livestock rearing in the hills.

Agriculture remains the major backbone of Lumbini Province's economy, employing most of its population. The fertile Terai plains are the main agricultural belt, producing staple crops such as rice, wheat, maize, and lentils, as well as cash crops like sugarcane, oilseeds, and vegetables. Extensive irrigation networks, supported by rivers such as the Rapti, Babai, Tinau, and West Gandaki, have made large-scale farming possible. In the hill districts, terrace farming is common, with crops such as maize, millet, and barley dominating, along with seasonal fruits



and vegetables. Livestock farming, poultry, and dairy production also contribute significantly to rural livelihoods. In addition to agriculture, industrial and service sectors are expanding, particularly in urban and semi-urban centers like Butwal, Bhairahawa, Nepalgunj, and Tulsipur. Remittances from migrant workers, especially those employed in India and Gulf countries, form an important part of household income and the provincial economy.

Lumbini Province has one of Nepal's most extensive transport networks, especially in the southern plains. The East-West (Mahendra) Highway runs across the Terai districts, serving as the main link between the province and other parts of Nepal. The Postal Highway runs parallel to the Indian border, facilitating trade and travel. The Mid-Hill Highway passes through the northern districts, improving access to remote hilly areas like Rolpa and Pyuthan. The Siddhartha Highway, connecting Butwal to Pokhara through Palpa, plays a vital role in linking the hills to the plains. Air connectivity is another strength, with Gautam Buddha International Airport in Bhairahawa serving as Nepal's second international airport and a gateway for international tourism. Domestic airports in Nepalgunj, Dang, and Bhairahawa further enhance regional mobility.

The province is rich in water resources, with several major rivers flowing southward from the mid-hills into India. The Rapti, Babai, and Tinau rivers are the most significant, providing water for irrigation, hydropower, and drinking purposes. Other rivers, such as the Rohini and West Gandaki, also play vital roles in local agriculture and biodiversity. However, the province is prone to monsoon-related challenges such as flooding and riverbank erosion, especially in low-lying areas of the Terai.

Lumbini Province shares a long and open border with India, which is dotted with several official Points of Entry (PoEs). The main PoEs include Belahiya in Rupandehi, Jamunaha in Banke, Krishnanagar in Kapilvastu, and Koilabas in Dang. Among them, Belahiya is the busiest international trade and passenger crossing point in Nepal, linking the country to India's Gorakhpur region. Health desks have been established at major border points like Belahiya, Jamunaha, and Krishnanagar to conduct screening and public health surveillance, particularly for infectious disease control.

Culturally and historically, Lumbini Province is one of Nepal's richest regions. The birthplace of Lord Buddha, Lumbini, is a global center of pilgrimage and tourism. Nearby Tilaurakot, believed to be the ancient capital of the Shakya Kingdom where Prince Siddhartha spent his early life, adds to the province's historical importance. Other major attractions include Rani Mahal in Palpa, known as the "Taj Mahal of Nepal," the historic town of Tansen, and the biodiversity-rich Banke and Bardia National Park, Sworgadwari Temple of Pyuthan. The Rapti and Babai valleys, Thabang and Takasera village offer scenic beauty and eco-tourism potential. With the expansion of infrastructure, improved connectivity, and the opening of the international airport, tourism is becoming an increasingly vital component of Lumbini's economy and identity.



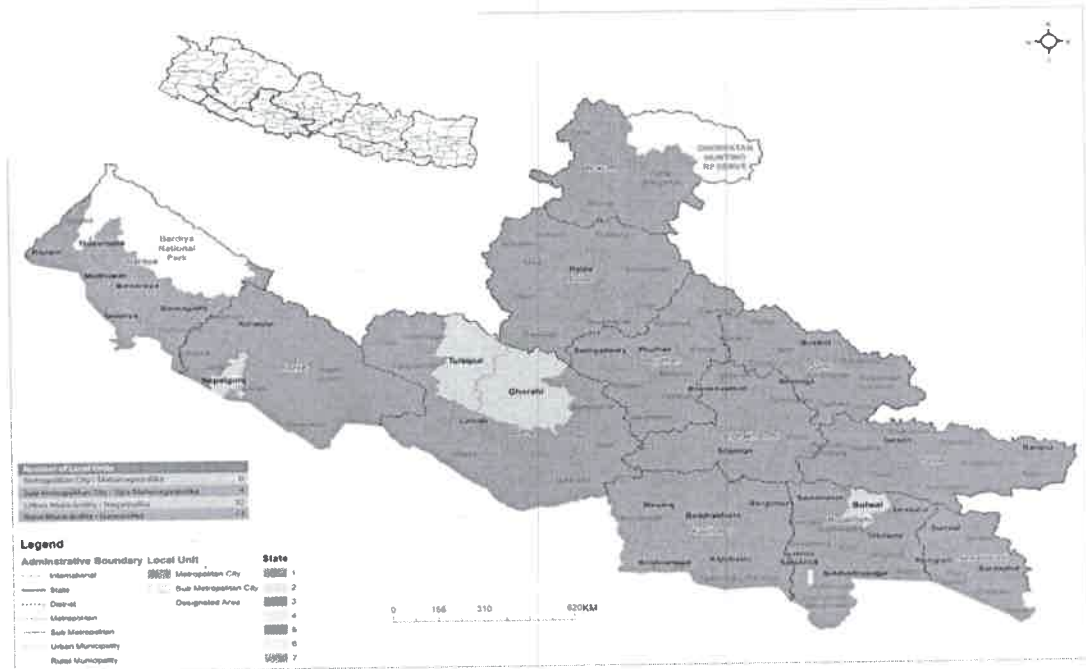


Figure 1. Administrative map of Lumbini province

Table 1. Number of households, population by sex, average household size, sex ratio, population density and annual population growth rate, NPHC 2021

Area	Number of households	Population			Average household size	Sex ratio	Population density	Annual growth rate* (%)
		Total	Male	Female				
Rukum (East)	12,886	56,786	27,516	29,270	4.41	94.01	34	0.63
Rolpa	52,221	234,793	109,871	124,922	4.5	87.95	125	0.43
Pyuthan	56,203	232,019	104,132	127,887	4.13	81.43	177	0.16
Gulmi	66,125	246,494	112,025	134,469	3.73	83.31	215	-1.23
Arghakhanchi	48,465	177,086	80,672	96,414	3.65	83.67	148	-1.05
Palpa	65,049	245,027	112,761	132,266	3.77	85.25	178	-0.61
Nawalparasi (Bardaghat Susta West)	82,738	386,868	188,182	198,686	4.68	94.71	527	1.47
Rupandehi	238,320	1,121,957	550,478	571,479	4.71	96.33	825	2.33
Kapilbastu	121,946	682,961	334,687	348,274	5.6	96.1	393	1.7
Dang	162,316	674,993	320,573	354,420	4.16	90.45	228	1.92
Banke	129,307	603,194	296,745	306,449	4.66	96.83	258	1.97
Bardiya	106,326	459,900	216,766	243,134	4.33	89.15	227	0.72

Source: National Population and Housing Census 2021



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## 2.1.2 Historical Emergency Data

Over the past 10 years, Lumbini Province has faced a variety of public health emergencies and natural disasters. Notable health-related events have included outbreaks of dengue and COVID-19. In addition, the province has experienced cholera outbreak.

Natural disasters such as earthquake, landslide, fires, and road traffic accidents have been frequent, affecting multiple districts. These events have often resulted in casualties, infrastructure damage and disruption of health services.

This historical context underlines the importance of strengthening health emergency preparedness and response systems to address both endemic and emerging threats in a timely and effective manner.

**Table 2. Summary of Key hazards in Lumbini province from 2015-2025**

Hazard	Year	District	Location	# Cases
Mushroom Poisoning	2016	Palpa	Tansen Municipality	5
Leptospirosis	2016	Banke	Bardghat Municipality	1
Mushroom Poisoning	2017	Palpa	Rampur Municipality	14
AGE	2018	Dang	Shantinagar Rural Municipality	1453
Mushroom Poisoning	2018	Palpa	Nisdi Rural Municipality	3
Mushroom Poisoning	2019	Palpa	Nisdi Rural Municipality	11
Dengue	2019	All District	Scattered	3115
COVID-19	2020	All District	Scattered	144793
Cholera	2021	Kapilbastu	Krishnanagar Municipality	1570
AGE	2021	Dang	Tulsipur Sub-Metropolitan City	28
Cholera	2021	Kapilbastu	Bijayanagar Rural Municipality	8
Food Poisoning	2022	Rupandehi	Rohini Sub - Metropolitan City	5
Food Poisoning	2022	Palpa	Bagnaskali Rural Municipality	179
Food Poisoning	2022	Nawalparasi West	Ramgram Municipality	162
Scrub Typhus	2022	Arghakhanchi	Bhumikashtan Municipality	77
Scrub Typhus	2022	Arghakhanchi	Sandikharka Municipality	104
Mushroom Poisoning	2022	Rupandehi	Butwal Sub-Metropolitan City	15
Dengue	2022	All District	Scattered	2388
Cholera	2022	Dang	Ghorahi Sub-Metropolitan City	20
Measles	2023	Banke	Nepalgunj Sub-Metropolitan City	322
Food Poisoning	2024	Bardiya	Madhuban Municipality	87
Food Poisoning	2024	Banke	Rapti Sonari Rural Municipality	29
Food Poisoning	2024	Arghakhanchi	Sandikharka Municipality	36
Food Poisoning	2024	Banke	Narainapur Rural Municipality	22 (4 Death)
Cholera	2024	Rolpa	Rolpa Municipality	6
Food Poisoning	2025	Rolpa	Rolpa Municipality	116
Mushroom Poisoning	2025	Rukum East	Bhume Rural Municipality	4 (2 Death)
Mushroom Poisoning	2025	Rolpa	Paribartan Rural Municipality	2 (2 Death)
Food Poisoning	2025	Banke	Khajura Rural Municipality	13

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## 2.2 Health System Organization

### 2.2.1 Structural organization of the health system

**Table 3. Health System Structures in the Province**

<b>Provincial Health Structures</b>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• Health Directorate</li> <li>• Province Public Health Laboratory</li> <li>• Province Health Logistic Management Center</li> <li>• Province Health Training Center</li> </ul>
<b>Health Offices</b>	<ul style="list-style-type: none"> <li>• Health Office Arghakhachi</li> <li>• Health Office Banke</li> <li>• Health Office Bardiya</li> <li>• Health Office Dang</li> <li>• Health Office Gulmi</li> <li>• Health Office Kapilvastu</li> <li>• Health Office Nawalparasi - west</li> <li>• Health Office Palpa</li> <li>• Health Office Pyuthan</li> <li>• Health Office Rolpa</li> <li>• Health Office Rukum - East</li> <li>• Health Office Rupandehi</li> </ul>
<b>Major Hospitals</b>	<p><b>Centre level Hospital</b></p> <ul style="list-style-type: none"> <li>• Bheri Hospital (Hub)</li> </ul> <p><b>Secondary B Level Hospitals</b></p> <ul style="list-style-type: none"> <li>• Lumbini Provincial Hospital (Hub)</li> </ul> <p><b>Secondary A Level Hospitals</b></p> <ul style="list-style-type: none"> <li>• Rapti Provincial Hospital</li> <li>• Rukum East Hospital</li> <li>• Bardiya Hospital</li> <li>• Pyuthan Hospital</li> <li>• Rolpa Hospital</li> <li>• Arghakhachi Hospital</li> <li>• Bhim Hospital</li> <li>• Kapilvastu Hospital</li> <li>• Bhalubang Hospital</li> <li>• Palpa Hospital</li> <li>• Gulmi Hospital</li> <li>• Prithvi Chandra Hospital, Nawalparasi - West</li> <li>• Rampur Hospital, Rampur, Palpa</li> <li>• United Mission Hospital, Palpa</li> <li>• Amda Hospital, Butwal</li> </ul> <p><b>Primary Hospitals</b></p> <ul style="list-style-type: none"> <li>• Pipara Hospital</li> <li>• Chisapani Hospital</li> <li>• Shivaraj Hospital</li> </ul>



- Lamahi Hospital
- Provincial Ayurved Chikitsalaye
- **Academic and Teaching Hospitals**
- Rapti Academy of Health Sciences (Hub)
- Devdaha Medical College, Rupandehi
- Universal College of Medical Sciences, Rupandehi
- Nepalgunj Medical College, Nepalgunj
- Sanjeevani College of Medical Sciences, Banke
- Lumbini Medical College Hospital, Palpa
- **Super Specialty Hospitals**
- Sushil Koirala Prakhar Cancer Hospital
- Gautam Buddha Heart Hospitals, Butwal

Table 4. Type of health facilities in the province

Type of Health facility	No. of Health facility
Academy and Teaching Hospitals (300+ beds)	6
Super Specialty Hospitals (50+ beds)	2
Specialized Hospitals (100 beds and above)	4
General Hospitals (25-50 beds; 100-300 beds)	25 – 50 beds: 50 100 – 300 beds: 12
Public Hospitals	23
Basic Hospitals (5- 15 Beds)	38
Basic Health Service Centre (BHSC)	437
Primary Healthcare Centre (PHCC)	27
Health Post (HPs)	568
Non-public facilities	307
Other type of health facilities (Polyclinic, Diagnostic centers clinics, dialysis center, Eye center, etc.)	2610

Source: Annual Report 2080/81

## 2.2.2 Functions of health system organization structures during emergencies

### Ministry of Health

The Ministry of Health, Lumbini Province, is the lead authority for health policy, planning, and administration.

#### Major tasks of the Ministry of Health

1. Validation and approval of the action plan for the development and management of concerned authorities engaged in public health emergencies,
2. Approval of health-related disaster and pandemic preparedness and response plans designed by concern authorities.

  
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3. Appropriate distribution and mobilization of resources, including financing, logistics, human workforce to bring effectiveness in health services during emergency across the province.
4. Coordinate with Federal Level Government to manage disaster when necessary.
5. Management and Regulation of Records of Educational, Professional and Professional Associations at the Provincial Level in Health Care,
6. Assessing, monitoring and regulating the health services in the province,
7. Institutional management of health accounting systems, management of information flow systems, health care studies and research at the provincial level.
8. Establishing, health care standards
9. Formulation of laws and plans, implementation and regulation on population migration in case of public health emergencies.
10. Establishment of integrated information system and conduction of regular media briefings during emergencies.
11. Establishment of healthcare standards.

### **Health Directorate**

Health Directorate, Rapti Valley, Bhalubang is the major technical and administrative unit of health in the province. Health Directorate ensures proper delivery of promotive, preventive and curative health services through different health institutions in the province.

### **Major tasks of health directorate**

1. Health Directorate ensures proper delivery and effective implementation of promotive, preventive and curative health services through different health institutions in the province.
2. To determine requirement of manpower for health institutions in the province.
3. To ensure effective implementation of public health programs in the province.
4. To manage the immediate solution of problems arising from natural disasters and epidemics in the province at different levels.
5. To foster coordination with external development partners for effective delivery of resources and health services in the province.
6. To ensure supply of drugs, equipment, instruments and other materials at different health institutions in the province.
7. To monitor and supervise health institutions in the province.
8. To systematically maintain data, statements and information regarding health services, update and publish them as required.

9. Formation of provincial RRT and EMDT and mobilization to support district and local levels.
10. Coordinate with central level government when necessary.

#### Province Health Logistic Management Center (PHLMC), Butwal

PHLMC ensures the timely availability of essential supplies and logistics during health emergencies.

##### *Major tasks of PHLMC are:*


- **Logistics and Supply Chain Management:** Forecasts, procures, stores, and distributes emergency medical supplies, PPE, and medicines.
- **Ensures activation** of the logistic supply system to track stock status and prevent shortage
- **Cold Chain Maintenance:** Manage cold chain systems for vaccines and temperature-sensitive commodities.
- **Inventory Control:** Maintains updated stock records and ensures readiness of emergency supplies.
- **Support to Facilities:** Assists hospitals and local health offices in replenishment and emergency logistics coordination.
- Also contributes to preparedness, planning and coordination to ensure regular supply.

#### Province Health Training Center (PHTC), Butwal

HTC builds the capacity of health workers to respond effectively during emergencies.

##### *Major tasks of PHTC are:*

- **Capacity Building:** Design and provide training on emergency response, IPC, surveillance, case management, and disaster risk reduction.
- **Simulation Exercises:** Organize mock drills and tabletop exercises in collaboration with the PHEOC.
- **Curriculum Development:** Develop training materials aligned with national and provincial standards.
- **Training Database Management:** Track trained personnel and maintains a roster of emergency responders.
- Training follow up and evaluation.

  
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## Health Offices

Located in each of the 12 districts of Lumbini Province, these offices are the frontline implementers of emergency response. Their roles include:

- **Local Surveillance and Response:** Detect, report, and respond to outbreaks in coordination with local governments.
- **Risk Communication and Community Engagement (RCCE):** Lead community awareness and mobilization campaigns.
- **Coordination with Local Governments:** Work closely with municipalities and rural municipalities, local, provincial, federal governments, NGOs, INGOs, multisector, private sector to implement emergency plans.
- **Health Facility Supervision:** Monitor readiness of public and private health facilities and assist in emergency referral and transport.
- Formation and mobilization of district RRT, mobilization of DRRT and support local level RRTs.
- Coordination with health directorate.

## Provincial Public Health Laboratory (PPHL)

This is the core section for diagnosing, confirming, and monitoring infectious disease outbreaks. It acts as a reference lab for province and local level laboratories.

- Use advanced techniques like PCR (Polymerase Chain Reaction) and ELISA to diagnose viral diseases (e.g., Dengue, Chikungunya, Hepatitis, HIV, Influenza, SARS-CoV-2, Measles, Rubella).
- Diagnose parasitic infections like malaria, kala-azar (visceral leishmaniasis), lymphatic filariasis, and soil-transmitted helminths through microscopic examination and serological tests.
- Provide confirmatory testing for pathogens during disease outbreaks (e.g., cholera, typhoid, dengue) to enable a rapid public health response.
- Implement and monitor Internal Quality Control (IQC) procedures within the PPHL.
- Develop and conduct training programs for laboratory technicians and healthcare. Provide on-site mentoring and supervision to district and other provincial labs.
- Conduct surveillance of infectious disease to prevent further infection
- Facilitate sample transport to NPHL for advanced test which are not available in PPHL.

  
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### Province Health Emergency Operations Center (PHEOC)

The Province Health Emergency Operations Center, in Lumbini, serves as the primary body coordinating for health emergency preparedness and response.

#### **Core responsibilities of PHEOC are:**

##### *Pre-emergency:*

- **Planning:** Maintaining updated emergency preparedness plans and surge capacity frameworks, risk assessment, monitoring early warning signs
- **Orientation and Training:** Supporting simulations and trainings
- **Resource Mapping:** Mapping of resources (human and material) in the hospitals every 4 months through a template.

##### *During emergencies:*

- **Command Centre for health response:** Functioning as the command-and-control hub during emergencies for timely information sharing, coordination, and decision-making.
- **Coordination and communication** with related stakeholders, HEOC, Hub-satellite hospitals, Local governments.
- **Resource Mobilization,** ambulance dispatch, mobilization of RRT, EMT, real-time incident management
- **Situation reports**
- **Risk Communication**

##### *Post emergency:*

- **Recording and Reporting**
- **Study, analysis and Recommendation**
- **Restoration of Functions**

## 2.3 Public Health Risk Profile

### 2.3.1 Provincial Health Emergency Risk Assessment

Risk assessment is a systematic process used to determine the nature and magnitude of risks by analyzing potential hazards and evaluating existing vulnerabilities that, when combined, could harm populations, disrupt services, damage infrastructure and livelihoods, and degrade the environment. This process involves identifying and characterizing the hazard, estimating the level of exposure, and analyzing disparities in vulnerability and coping capacity across the affected population.

In Lumbini province, an all-hazard risk assessment was conducted in November 2024 using the World Health Organization (WHO) Strategic Tool for Assessing Risks (STAR). The

assessment brought together multi-sectoral stakeholders at the provincial level and involved the evaluation of 24 hazards across biological, natural, technological, and societal domains. The STAR methodology enabled a structured comparison of risks by scoring each hazard based on likelihood, impact on health, economy, an essential services, as well as existing preparedness and response capacities. The outcomes of this assessment serve as a critical input to prioritize preparedness actions, allocate resources, and guide decision making for risk reduction across all sectors of the provincial health emergency management system.

Table 5. List of hazards, risk level and seasonal calendar

Specific hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Earthquake	High												
Landslide	High												
Road Traffic accidents	High												
Fire	High												
Heat wave	High												
Cold wave	High												
Antimicrobial resistant microorganism	High												
Dengue	High												
Suicide	High												
Cholera / Acute watery diarrhea	High												
Chemical agents	High												
Cyber attack	Moderate												
Flood	Moderate												
Thunderstorm	Moderate												
Drug abuse	Moderate												
Measles	Moderate												
Influenza	Moderate												
Air pollution	Moderate												
Scrub typhus	Moderate												
Foodborne/waterborne disease	Moderate												
Animal / dog bite	Moderate												
Snake bite	Moderate												
Malaria	Moderate												
Leishmaniasis	Moderate												

### 2.3.2 Priority hazards or scenarios identified for contingency planning

The following priority hazards have been identified for contingency planning, categorized by type and geographic areas where they are most prevalent or likely to occur.

Table 6. Priority hazards in the province

S.N.	Hazards	Prone Areas
1.	Flood (Food and water borne disease)	Banke, Bardiya, Rupandehi, Nawalparasi, Dang and Kapilvastu
2.	Landslide (food and water borne disease, malnutrition)	Rukum East, Rolpa, Pyuthan, Gulmi, Palpa, Arghakhanchi
3.	Vector borne disease (Dengue, Scrub Typhus, JE, Kalaazar, Malaria)	12 districts
4.	Respiratory illness (Influenza, Measles)	12 districts
5.	Animal bites (dog, snake, etc.)	12 districts
6.	Earthquake	12 districts
7.	Flood (Food and water borne disease)	Banke, Bardiya, Rupandehi, Nawalparasi, Dang and Kapilvastu

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### 3. Existing legal frameworks and arrangements for emergencies

#### The Constitution of Nepal, 2072

- Article 35 (1) states that every citizen shall have the right to free basic health services from the State.
- Article 51 (g)(9) states that the State shall pursue the policy relating to protection, promotion and use of natural resources to make advance warning, preparedness, rescue, relief and rehabilitation in order to mitigate risks from natural disasters.
- Schedule 7 in (S.N. 17) states concurrent power of Federation and State regarding “the early preparedness for, rescue, relief and rehabilitation from, natural and manmade calamities”.
- Schedule 8 in (S.N. 20) states local level power regarding “disaster management”
- Schedule 9 in (S.N. 9) states all concurrent power of Federation, States and Local level regarding “disaster management”

#### National Disaster Risk Reduction and Management Act, 2074 (NDRRMA)

The DRRMA was enacted in 2074 to consolidate and modernize Nepal’s disaster risk reduction and management laws. Its goal is to protect lives and property, preserve natural and cultural heritage, and safeguard infrastructure from both natural and human-induced disasters through coordinated and effective action.

- Chapter 6, Section 13(a): Provides for a Provincial Disaster Management Council, chaired by the Chief Minister, to guide provincial disaster risk reduction policy.
- Section 14: Establishes the Provincial Disaster Management Executive Committee, chaired by the Minister for Internal Affairs, responsible for disaster coordination at the provincial level.
- Chapter 9, Section 23: Mandates the establishment of provincial disaster management fund to support preparedness, response, relief and recovery activities within the province.
- Chapter 7, Section 17: Local Disaster Management Committee: Every local level shall establish a local disaster management committee consisting of such members, not exceeding fifteen, chaired by the chairperson of village body or mayor of the municipality.

  
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**Public Health Service Act, 2075**

Under section 48 (Emergency Health Service and Management):

- The province is mandated to develop and enforce an emergency health plan in alignment with federal standards and directives.
- The Provincial Government may declare a public health emergency if a disaster affects more than one local level within the province.
- The government has officially gazetted a list of 52 infectious diseases, as per Section 49(1) of the Public Health Service Act, 2075.

**Infectious Disease Act, 2020**

Under the Infectious Disease Act, 2020 (1964), Government of Nepal may designate official and confer necessary powers to such official to make necessary arrangements in order to root out or prevent any infectious disease that has been developed or spread or is likely to spread.

**National Health Policy 2019**

- 6.3 Access to basic health emergency services shall be ensured for all citizens.
- 6.11 Integrated preparedness and response measures shall be adopted to combat communicable diseases, insect-borne and animal-borne diseases, problems related with climate change, other diseases, epidemics and disasters.

**One Health Strategy, 2076**

The One Health Strategy, 2076 promotes multisectoral coordination and collaboration among relevant sectors. It emphasizes effective information exchange and mobilization of financial resources to address public health risks. The strategy aims to establish standardized risk assessment processes and ensure continuous surveillance. It also focuses on the timely detection, prevention, and control of health threats. Overall, it strengthens preparedness and response capacities through an integrated and collaborative approach.

**National Health Sector Strategic Plan (2079/80 – 2087/88)**

Under Strategic Objective 1 of the National Health Sector Strategic Plan (2079/80 – 2087/88) which aims to enhance the efficiency and responsiveness of the health system, Outcome 1.6 focuses on ensuring that public health emergencies are managed effectively through improved preparedness and response mechanisms.

In line with Outputs 1.6.1 and 1.6.2, provinces are expected to play a key role in strengthening preparedness and ensuring timely response to public health emergencies by contributing to risk-informed multi-sectoral planning, enhancing coordination with



federal and local levels, supporting hospital and emergency preparedness, strengthening Provincial Health Emergency Operation Centers, building capacities of Rapid Response Teams (RRTs) and Emergency Medical Teams (EMTs), and facilitating integrated surveillance and continuity of essential services during crises.

### Monsoon Preparedness and Response Plan

The Monsoon Preparedness and Response Plan aims to reduce the risks of monsoon-related hazards such as floods, landslides, and disease outbreaks in Lumbini province through early warning systems, risk mapping, and preparedness measures such as pre-positioning of health supplies and deployment of response teams. The plan outlines coordination mechanisms among provincial, district, and local levels to ensure timely evacuation, health service continuity, and multisectoral action during emergencies.

The plan aligns with the Disaster Risk Reduction and Management Act (2017) and the Local Disaster and Climate Resilience Planning (LDCRP) Framework (2021), integrating health sector actions into broader local disaster plans. It was developed based on consultations across Lumbini province and draws on recent experiences to guide roles and responsibilities of health institutions, support agencies, and stakeholders in preparedness, response, and recovery during monsoon emergencies.

### Province Level Act and Strategies

- प्रदेश विपद् व्यवस्थापन ऐन, २०८१
- प्रदेश आपतकालिन कार्यसञ्चालन केन्द्र निर्देशिकाको मस्यौदा तयार गरिएको,
- प्रदेश विपद् व्यवस्थापन कार्य सञ्चालन निर्देशिका, २०७६
- विपद् उद्धार खर्च सञ्चालन कार्यविधि, २०७७,
- विपद् कोष संचालन निर्देशिका, २०७७,
- विपद् जोखिम न्यूनिकरण रणनीतिक कार्ययोजना २०७९-२०८७ कार्यान्वयनमा रहेको,
- हवाइ उद्दार सम्बन्धि कार्यविधि २०७९
- स्वयमसेवक परिचालन कार्यविधि २०७९
- मनसुन पूर्वतयारी तथा प्रतिकार्य योजना २०८१ ( नियमित अद्यावधिक)
- प्रदेश विपद् प्रतिकार्य कार्यढाँचा २०८१

  
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## Global Guidance

### 1. International Health Regulations (IHR) 2005

The International Health Regulations (IHR) (2005) is a legally binding agreement among 196 countries, including all WHO member states, that aims to prevent, protect against, control, and respond to the international spread of disease. It requires countries to develop minimum core public health capacities at all levels including subnational levels such as provinces to detect, assess, report, and respond to public health risks and emergencies of international concern.


### 2. Sendai Framework for Disaster Risk Reduction

The Sendai Framework is a global strategy for reducing disaster risks and losses across natural, biological, and technological hazards. It promotes a multi-hazard, multisectoral approach and recognizes the importance of decentralized action, assigning responsibilities to all levels of government, including provincial and local authorities, for risk assessment, preparedness, response, and resilience building. Provincial governments are therefore expected to integrate disaster risk reduction into their health emergency planning and coordination efforts.

### 3. Sustainable Development Goals (2015-2030)

- SDG 3- Good Health and well-being: Ensuring healthy lives for promoting well-being for all at all ages.
- SDG 6- Clean water and sanitation
- SDG 11- Healthy cities: Making cities and human settlement inclusive safe resilient and sustainable.
- SDG13- Climate Action: Urgent steps to combat climate change and its impacts.



  
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## 4. Existing routine & emergency coordination mechanisms

### PHEOC Lumbini Province

The Provincial Health Emergency Operations Centre is responsible for coordinating preparedness and response to disasters and public health emergencies across all three tiers of government and with relevant stakeholders. Established in line with federal restructuring, PHEOCs were set up in all seven provinces to serve as command centers and coordination hubs, functioning with roles aligned and complementary to the national HEOC.

PHEOC acts as an information hub, facilitating horizontal coordination within the health sector and with other sectoral EOCs. It collects and analyzes data, ensuring interventions within legal frameworks, and disseminates decisions and guidance to concerned agencies and partners. A key role of the PHEOC is coordination with the province's hub and satellite hospital network to enable timely, efficient, and effective health emergency response.

### Hub and Satellite hospital network – Lumbini Province

The Provincial HEOC in Lumbini coordinates closely with a network of 3 hub hospitals (Lumbini provincial hospital, Rapti Academy of Health Science and Bheri Hospital) and its satellite hospitals across the province to strengthen disaster preparedness and emergency response across the province. This network ensures timely coordination, communication, and resource mobilization during all phases of emergencies, particularly at the provincial and district levels.

Three hub hospitals in the province and its satellite hospitals:

- Bheri Hospital – Coordinate with satellite hospitals namely Bardiya Hospital, Rukum East Hospital and all other government and private hospitals in the province.
- Lumbini Provincial Hospital – Coordinate with satellite hospitals namely Bhim hospital - Rupandehi, Prithvi Chandra hospital - Nawalparasi West, Palpa Hospital, Rampur Hospital, Gulmi Hospital, Arghakhanchi Hospital, Kapilvastu Hospital and all other government and private hospitals in the province.
- Rapti Academy of Health Sciences (RAHS) – Coordinate with satellite hospitals namely Rolpa Hospital, Pyuthan Hospital, Rapti Provincial Hospital Dang and all other government and private hospitals in the province.

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### Coordination of RRCs and RRTs in the Province

The coordination of Rapid Response Committees (RRCs) and Rapid Response Teams (RRTs) follows the National RRT and EMT Mobilization Guideline, 2079, which outlines standardized procedures for activation, team composition, roles, and inter-level coordination. In line with the structure outlined in the Disaster Risk Reduction and Management Act, 2074, the provincial-level Rapid Response Committee serves as the key coordinating body for outbreak and emergency response. Chaired by the Director of the Provincial Health Directorate and supported by the Provincial Health Emergency Operation Center (PHEOC), the Provincial RRC provides oversight, mobilizes resources, and ensures coordination with federal-level structures. The Provincial RRT, under the guidance of the RRC, is activated for risk assessment, rapid deployment, and technical support in affected areas.

At the local level, municipalities (Nagarpalika or Gaunpalika) form their own RRCs, led by the Mayor or Chairperson,

the Mayor or Chairperson, and coordinate closely with the local health unit. Local RRTs are responsible for immediate field response and reporting, and they work in alignment with provincial guidance. While there are no RRCs at the district level in this plan, local RRTs may be supported directly by the provincial RRT or PHEOC, depending on the scale and urgency of the event. Coordination is maintained vertically between the provincial and local levels, ensuring timely information flow, decision-making, and response mobilization.

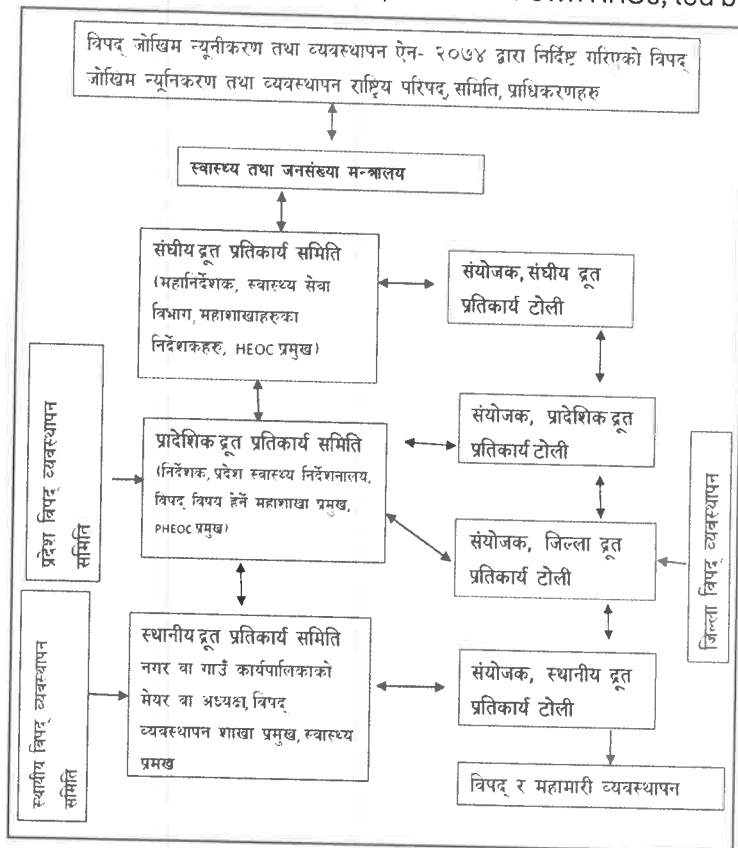


Figure 2. Structure of RRC and RRT

### Coordination for deployment of EMTs

The Emergency Medical Teams (EMTs) Deployment Framework outlines a structured coordination process for the deployment of EMTs during disasters. Upon the occurrence of a disaster, alerts may come from hub hospitals, satellite networks, or the Provincial



Health Emergency Operation Center (PHEOC). A rapid assessment is conducted to determine the need for EMT support. If no support is required, local management continues under the coordination of PHEOC, with ongoing updates to higher authorities. If EMT support is needed, the Health Emergency and Disaster Management Unit (HEDMU) and Emergency Medical Team Operational Committee (EMTOC) oversee the deployment process. After 48 hours, a reassessment is done to review the continued need for EMTs. If needed, EMTs are deployed through coordination between HEDMU and EMTOC. After 7 days, the need for further deployment is evaluated again, and EMTs may be re-deployed or demobilized accordingly. Daily reporting and coordination with disaster management authorities are maintained throughout the deployment. The process ensures timely, need-based EMT deployment and efficient coordination between local and central health authorities.

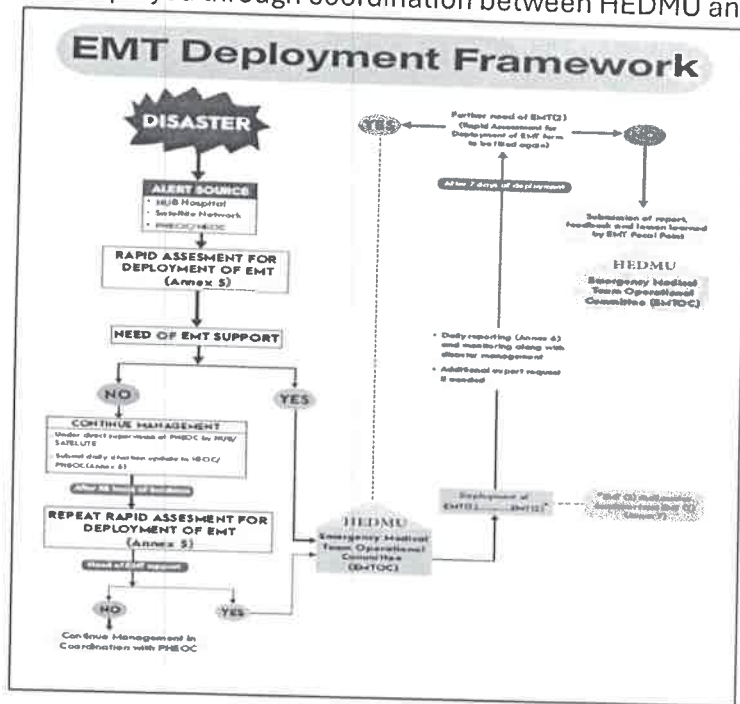


Figure 3. EMT deployment framework

**Coordination mechanisms for Sample transportation and laboratory Diagnosis.**

During acute public health events, coordination for sample collection and transportation is guided by the national guideline to ensure timely and accurate laboratory diagnosis. Samples are collected at the local level and prioritized for testing at nearby hospital-based laboratories. If local testing is unavailable, samples are systematically referred to Provincial Public Health Laboratories (PPHLs) or the National Public Health Laboratory (NPHL), with all results integrated into the national database for surveillance and response.

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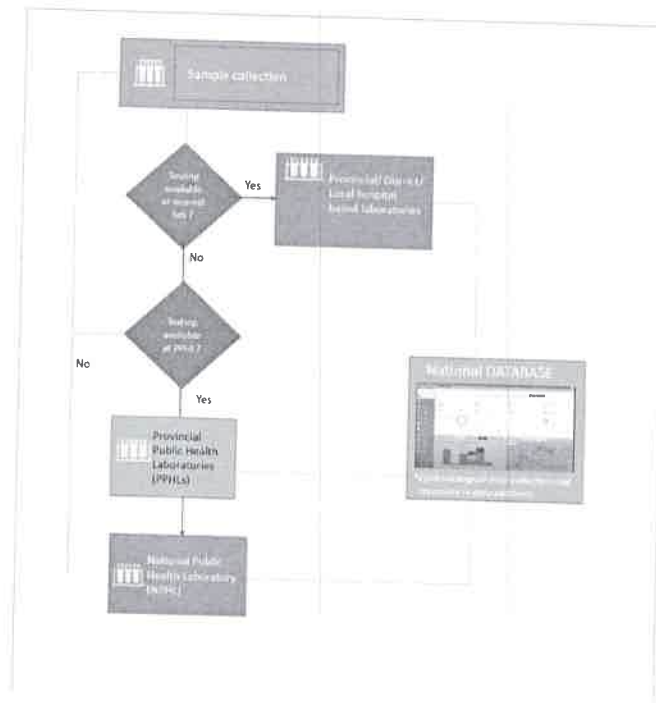


Figure 4. Sample transportation mechanism

Coordination mechanisms for RCCE

Coordination structure for RCCE Units

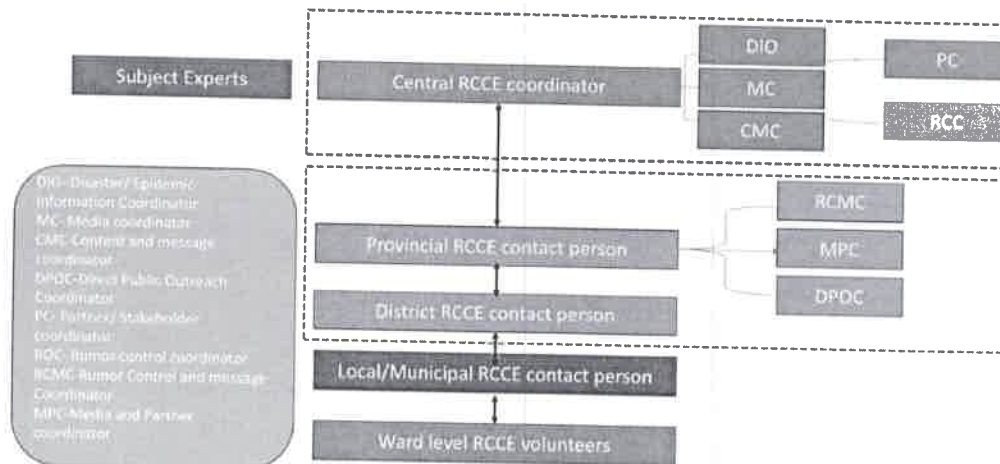


Figure 5. Coordination structure of RCCE units

Effective coordination mechanisms for Risk Communication and Community Engagement (RCCE) are essential for ensuring timely, accurate, and culturally appropriate information reaches all levels of society. The RCCE system involves a structured hierarchy from national experts to federal RCCE coordinators, provincial,



district and local level RCCE contact persons, and down to ward-level volunteers. This interconnected framework enables seamless information exchange, aligning scientific guidance with community needs through various specialized roles such as media, stakeholder engagement, and content coordination. By fostering collaboration across sectors and administrative levels, RCCE helps build public trust, counter misinformation, and promote informed participation during crises.

**Coordination with humanitarian and development partner of health sector**

National Disaster Response Framework defines the cluster approach for coordination with partners. Additionally, there is a National Guidance for coordination among humanitarian health partners develop by MoHP to improve and response to disaster and public health emergencies following cluster approach. At the provincial level, coordination with clusters such as Health, WASH, Nutrition, and Emergency Shelter ensures an integrated and timely response to health emergencies and disasters. These clusters, led by respective government ministries and supported by humanitarian partners like WHO, UNICEF, and others, facilitate efficient resource mobilization and service delivery.

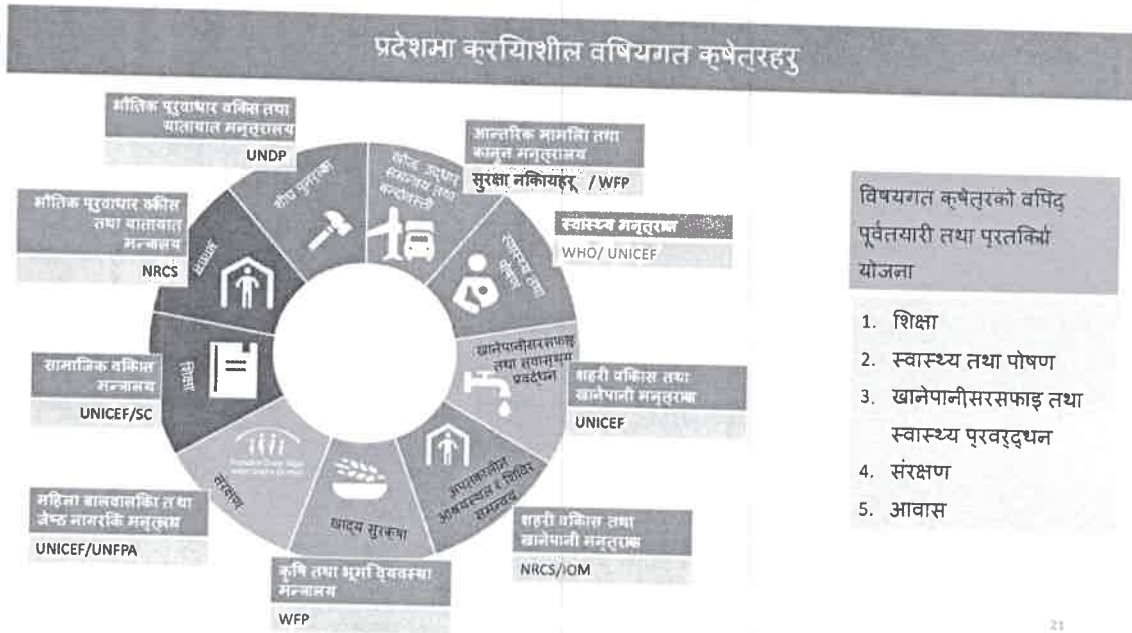


Figure 6. Cluster approach coordination with partners

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## 5. Health emergency resources

Health emergency resources are categorized into three key components: human, logistics, and financial. These resources are critical to the effective implementation of this plan, as they directly influence the province's ability to prepare for, respond to, and recover from health emergencies. Strengthening these components ensures timely deployment of trained personnel, availability of essential supplies, and the mobilization of financial means to manage emergencies efficiently.

### 5.1 Human resources

Human resources form the backbone of any health emergency response. Depending on the type and scale of emergency, a diverse range of professionals may be required, from frontline clinical responders and public health professionals to support staff and technical experts. These professionals are drawn from both government and non-government sectors, including trained emergency response professionals, health facility staff, and humanitarian partners.

#### Mapping of Human Resources

To ensure operational readiness during health emergencies, the following human resources are considered relevant for the implementation of this plan:

Table 7. List of human resources

S.N.	List of Human Resources
1	Health secretary
2	Hospital Director
3	Admin and finance
4	MDGP
5	Internal Medicine
6	General Surgeon
7	Orthopedic Surgeon
8	Pediatrician
9	Anesthesiologist/Anesthesia Assistant
10	Radiologist
11	Medical Officer
12	Lab Personnel
13	ENT surgeon
14	Dental surgeon
15	Matron
16	Nursing and paramedics
17	Security personnel
18	Psycho-social counselor
19	Public Health Officer
20	Logistics Personnel



## Training Mapping for Plan Implementation

Training programs are vital to ensure personnel are equipped with the appropriate knowledge and skills, The following key trainings have been identified:

Table 8. List of Training Programme

S. N	Training
1	Basic Emergency Care
2	Primary Trauma Care
3	Advanced Life Support
4	Basic Life Support
5	Rapid Response Team Training
6	Field Epidemiology Training Programme (FETP)
7	Hospital Preparedness for Emergencies (HOPE)
8	Critical Care Training
9	Operation Theatre Technique Management
10	Ambulance Dispatcher Training
11	Basic fire extinguisher
12	Community Health first responder Training
13	Pre-Hospital care Training

### Rapid Response Teams (RRTs)

Rapid Response Teams (RRTs) consist of trained human resources mobilized during health emergencies. As per the 2022 guideline on Rapid Response Team and Emergency Medical Team deployment, Rapid Response Committees (RRCs) at various levels coordinate with RRTs to ensure a timely, structured, and effective response across all tiers of government. The guideline includes specific terms of references (ToR) for each respective committees and team. Compliance with the guideline will improve the efficiency and effectiveness of emergency response by providing a structured approach to managing and coordinating efforts during crises and disasters.

RRTs are multidisciplinary and multi-sectoral teams that provide technical support in risk assessment, outbreak investigation, emergency management, and response coordination. RRTs are deployed within 24–48 hours of notification and operate at the provincial, district, and local levels. These teams typically include medical officers, nurses, public health experts, and logistics personnel, who also support shelter, food, and medical aid distribution.

### Emergency Medical Teams (EMTs)

Emergency Medical Team (EMT) are a group of health professionals including doctors, nurses, paramedics, support staff, logisticians, mobilized for clinical management of people affected by emergencies. They are deployed to support local health systems in



managing sudden surges in patients, ensuring the delivery of life-saving interventions, and restoring essential health services in disaster-affected areas.

### Role Mapping of Human Resources in Emergency Response

During the emergency, the continuum of care is maintained or provided through the following structures at each response level:

Table 9. Continuum of care at each response level

Response level	Who	When	How
Community-Level	Community First Health Responders	Initial emergency onset	First aid, notify dispatch, support outbreak detection
	Rapid Response Team	Upon outbreak notification	Field deployment, triage, lifesaving care, ambulance arrangement
	FETP/RRT	Post-outbreak notification	Diagnosis verification, outbreak confirmation and investigation
Pre-Hospital	Dispatchers	Upon receiving emergency calls	Coordinate ambulance and responders, guide communication
	BEMT	During patient transport	Stabilize patients, pre-hospital care, handover to facilities
	Trained Ambulance Drivers	During emergency transport	Safe and timely transfer, support EMTs, liaison
Hospital	Hospital Providers (BEC/HOPE)	On patient arrival/emergency	Triage, inpatient care, referral, resource management
Surge support	Emergency Medical Teams	During large-scale emergencies	Strengthen overwhelmed facilities, support surge operations

## 5.2 Logistics

Logistics resources essential for health emergency preparedness and response include physical infrastructure, medical and non-medical supplies, transportation, communication equipment, and emergency stockpiles. These are distributed across various levels from provincial health logistics management centers and hospitals. (Annex2)

### 5.2.1. Physical resources

The physical resources include infrastructure, supplies and utilities needed by emergency response units like buildings, shelters, electric power, vehicles, fuels, medicines, telephones, internet, blood banks etc. provided by logistic units at the level of healthcare facilities and institutions.

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### 5.2.2 Laboratory network

Lumbini Province is equipped with a Provincial Public Health Laboratory (PPHL) and an emergency mobile laboratory, supported by district hospital laboratories, private and academic institution labs, and specialized laboratories for food, water, and livestock testing. These networks are crucial for timely diagnosis, surveillance, and outbreak response. (Annex 3)

### 5.3 Financial resources

Financial readiness for health emergencies is supported through dedicated emergency funds at the provincial level. These funds enable rapid mobilization of resources for early action and response. Funds are available in PHD for procurement of essential equipment and deployment of Rapid Response Teams.

In F/Y 2082/83 total funds allocated for outbreaks management activities is 1 Crore 99 Lakhs of which One Crore Twenty Lakh is conditional Grant from Federal Government and Remaining is allocated from province Government. (Details See Annex 4)

### 5.4 Health Partners

Health partners play a vital role in emergency preparedness and response. They contribute technical expertise, trained personnel, and logistical support during crises. These partners include UN agencies, international and national NGOs, and other development organizations that complement government efforts and strengthen multisectoral coordination during health emergencies. (Annex 4)

  
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## 6. Emergency Activation

There are various existing mechanisms and structures in the province for identification of any infectious, natural, technological and societal hazards and to activate an effective health emergency response.

### 6.1 Early Warning System

Surveillance and early warning system are in place to detect, assess, and respond to public health threats arising from infectious diseases, natural disasters (e.g., landslides, floods), technological incidents, and societal hazards. These systems include well-defined surveillance structures, communication pathways, feedback mechanisms, and the involvement of laboratories and intersectoral coordination at the provincial level.

#### Epidemiological Surveillance System

The province operates within the national early warning and reporting system (EWARS), which is led by Epidemiology and Disease Control Division (EDCD) at the federal level and implemented at the provincial level by the health directorate.

- EWARS sentinel sites (22 in total) are established in government and selected non-government hospitals across the province.
- Weekly indicator-based reporting is conducted for priority epidemic-prone diseases
- Event-based surveillance (EBS) is also conducted through informal reports from communities, media screening, and inputs from partner organizations.

#### National or International Reference laboratories for priority pathogens

The Province Public Health Laboratory in Butwal is the key testing facility in Lumbini, it supports diagnostic services for outbreak-prone diseases and coordinates with the National Public Health Laboratory in Kathmandu for confirmatory testing and referral or samples for advanced diagnostics. The PPHL has an established mechanism for transportation of samples from periphery to district hospital and district hospital to PPHL and NPHL.

PPHL conducts basic microbiological, serological and molecular testing for outbreak prone diseases. For diseases requiring advanced testing (e.g., Influenza subtyping, Dengue serotyping), specimens are referred to NPHL or through NPHL to international reference laboratories in collaboration with WHO.

#### Multi-Hazard Early Warning Systems

The province is exposed to a range of hazards, including hydrometeorological, geological, and human induced events. Multi-hazard early warning systems are in place to ensure timely dissemination of alerts and activation of health sector preparedness and response actions. These include:

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- Meteorological alerts issued by the Department of Hydrology and Meteorology (DHM), shared through hydrology and meteorology office in Kohalpur.
- Landslide and flood alerts generated by DHM's flood forecasting network. Forecasts are disseminated through multiple channels, including SMS alerts, DHM's official website ([www.dhm.gov.np](http://www.dhm.gov.np)) and the DHM Flood Early Warning System portal ([www.hydrology.gov.np](http://www.hydrology.gov.np)).
- Coordination with the National Disaster Risk Reduction and Management Authority (NDRRMA) ensures a linkage between disaster alerts and health response triggers.
- Water quality testing issued by respective Health office, and Water Supply and Sanitation office and local level authority to detect potential health risks, particularly during and after flood events or other water-related emergencies.
- Disaster informers including inputs from the Armed Police Force (APF), Nepal Red Cross Society, and other partners, to support early warning and situational awareness at the local level.
- Food inspection and quality testing of food is done by Department of Food Technology and Quality Control particularly during and after food-related outbreaks.
- Health Desk in point of entry is established to detect unusual health events.
- Also, vertical program surveillance systems like Malaria Disease Information System, VPD surveillance collects case-based data and conducts case investigations.
- The PHEOC receives these alerts and facilitates health sector preparedness and intersectoral coordination for timely response.
- The PHEOC receives the alerts through Epidemic Intelligence from open source (EIOS)

## 6.2 Alert, Verification and Investigation

Potential public health threats are detected through multiple sources, including community reports, health facility alerts, media monitoring, hotlines and informal observations by health workers. These signals are received and reviewed at the local, district, and provincial levels.

The PHEOC and the Health Directorate lead the triaging process in coordination with district and local health authorities. Triageing is conducted through a digital platform, which allows real-time communication and documentation of signals.

Verified events trigger immediate field investigation and response led by provincial, district and local RRTs. In the case of zoonotic or environmental health threats,



coordination is initiated with relevant sectors such as veterinary services, environment, or disaster management authorities.

### 6.3 Rapid Risk Assessments

Rapid risk assessments, conducted in emergencies, will involve a swift evaluation of potential hazards, alongside an assessment of population and infrastructure exposure, and a thorough understanding of the contextual vulnerabilities. This integrated analysis allows for the grading of risk levels, enabling informed and timely decisions regarding resource allocation and response strategies.

**Local Level:** When a public health event is reported in the community, local Rapid Response Teams are deployed by the respective local rapid response committees based on the level of assessed risk. These committees are responsible for selecting team members in accordance with the identified hazards and for ensuring the availability of all necessary resources for effective deployment.

**District Level:** District-level RRTs are mobilized by the provincial rapid response committee when the magnitude of the event exceeds the response capacity of local-level teams or involves multiple local jurisdictions.

**Provincial Level:** Provincial-level RRTs are deployed when public health events impact multiple districts, and the scale of the events surpasses the district-level response capacity.

The provincial authority may request federal level support for technical assistance when the scale or complexity of a public health event exceeds the province's response capacity.

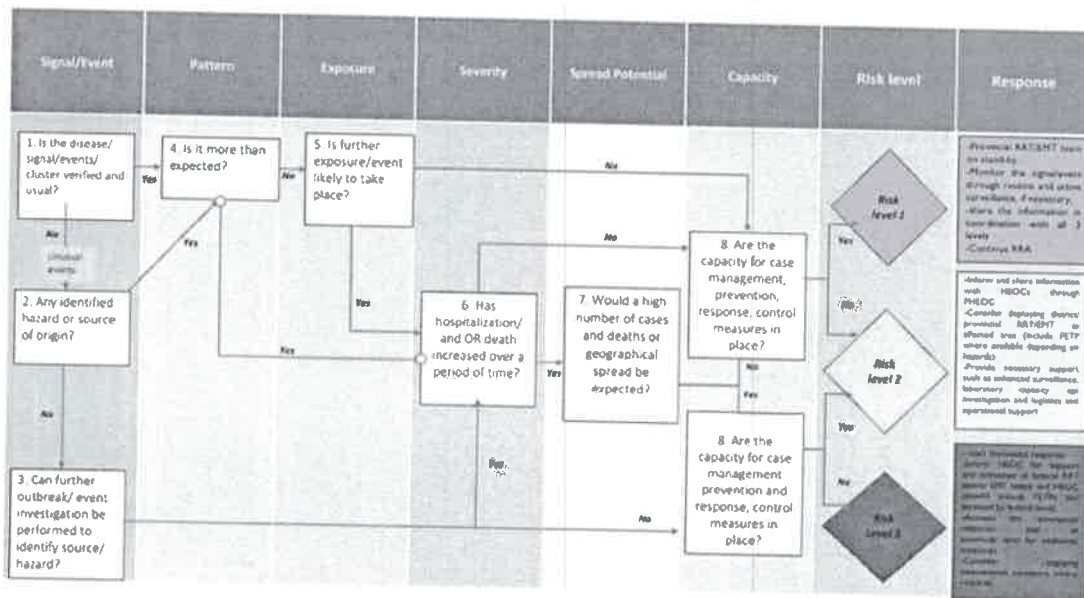


Figure 7. Rapid Risk Assessment Algorithm

## 6.4 Risk Communication and Community Engagement (RCCE) Strategy

The province will follow the national RCCE strategy to raise community awareness, conduct effective evidence-based social mobilization, community engagement and public education that support desired social and behavior change and communication management. In the event of a public health emergency, the RCCE system is rapidly activated through the established health emergency response structure. The focus shifts from routine coordination to an emergency posture, ensuring that risk communication and community engagement are integrated into real-time decision-making and response actions.

Providing timely information and engaging the community regarding various hazards is vital to protecting people's health from emergencies and disasters, attaining health security and building resilient communities and health systems. There will be proper dissemination of prevention related intervention on disaster induced health problems to the community people addressing each stage of the disaster response cycle.

### Main objective

The RCCE strategy aims at contributing to the provincial multi-hazards preparedness and response activities by fostering community engagement in preventing, controlling, and curbing the burden of frequent health hazards identified in Lumbini.

### Specific objective of provincial RCCE strategy/guideline

1. Strengthen the technical capacity of RCCE unit at the provincial level and sustain a well-coordinated, multisectoral team of RCCE implementing partners for preparedness and responses to emergency health hazards.
2. Guide and ensure development of evidence-based messages, communication materials and approaches for various participants groups to enable people at risk to make informed decisions to mitigate the effects of a threat.
3. Continuously inform, engage, and empower the public through timely and consistent provision of key messages and tools through appropriate channels such as local level health related (FCHVs) and non-health related organizations (Red Cross circle, Disaster Informers) on emergency health hazards.
4. Strengthen evidence based RCCE programming for all hazards through well-structured monitoring and evaluation system, information management, feedback collection and rumor tracking mechanisms.

At the province level, there is a provincial RCCE unit that will comprise of RCCE contact person under health directorate who will coordinate with federal teams and assign technical experts.

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## 7. Activation of this Plan

Local RRTs should ideally verify the signals received through various sources (hospitals, labs, communities, news, media sources etc.) within 24 hours of detection. If they are unable to do so, the district/provincial level should reach out to the local RRTs and complete the verification within the next 48 hours as stated in “National Alert and Response Framework for Acute Public Health Events”. Local, district, provincial, or federal RRTs will conduct rapid risk assessment, depending on the available resources and expertise and propose action to manage and minimize the negative consequences of serious public health events.

### Health Emergency Levels

Depending upon the affected area and severity of the event, health emergency level can be graded as below:

- **Level 1 (Local):** A public health event occurring at one local level, causing minimal public health consequences, and/or manageable by local level using its own resources in collaboration with its partners.
- **Level 2 (District):** A public health event occurring in one district (more than one local level), that is causing minimal public health consequences, and/or manageable by district level using its own resources and its partners. The Provincial Health Emergency Operation Center will keep monitoring the evolution of the incident and support immediately whenever required.
- **Level 3 (Province):** A public health event occurring in one or more districts or exceeding districts capacity for the level of response requiring resources from provincial level and partners. The PHEOC is fully activated immediately. PHEOC regularly communicates with HEOC updating the situation and support required. Federal level/HEOC will keep monitoring the situation and support if required. Regular communication and sharing of updates with provincial level is done in all levels of emergency.
- **Level 4 (Beyond province):** A public health event occurring in one or more districts/ entire province is affected, and province is unable to manage the public health event and requires support from federal level.

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Table 10. Response action at different levels of emergency response

S.N.	Level	Responsibility	Response
1	One	<ul style="list-style-type: none"> <li>Response from Local RRT and local level health facilities</li> <li>District RRT, hospital and PHEOC on alert</li> </ul>	<ul style="list-style-type: none"> <li>Notification to district RRT, which should notify to PHEOC</li> <li>Verification of signals/events</li> <li>Facilitation for diagnosis and management</li> <li>Others as per RRT guidelines</li> </ul>
2	Two	<ul style="list-style-type: none"> <li>Response from district RRT and hospital</li> <li>Provincial RRT and PHEOC on alert</li> </ul>	<ul style="list-style-type: none"> <li>Notification to PHEOC</li> <li>Hospital should response as per HDPRP</li> <li>RRT should response as per RRT guidelines</li> <li>PHEOC should monitor, be alert and response if required.</li> </ul>
3	Three	<ul style="list-style-type: none"> <li>Response from all level RRT, hospitals</li> <li>PHEOC activated</li> <li>HEOC on alert</li> </ul>	<ul style="list-style-type: none"> <li>Hospitals should response as per HDPRP</li> <li>RRT should response as per RRT guidelines</li> <li>Notification to HEOC</li> <li>ICS activation</li> </ul>
4	Four	<ul style="list-style-type: none"> <li>Response from HEOC</li> </ul>	<ul style="list-style-type: none"> <li>All RRT activation</li> <li>Support from federal level</li> </ul>

### 7.1 Incident Command System

The Incident Command System (ICS) is used for coordination of response to public health emergencies. The ICS is an internally recognized standard emergency coordination mechanism that provides a common organizational model for all hazards and emergencies.



Figure 8. Provincial Incident Command System

Under leadership of Secretary, Ministry of Health, Lumbini Province, the ICS for health sector response will be formed. Decisions of the Incident commander while activation of ICS is considered as the final decision. The PHEOC will function as the secretariat of the ICS. Under leaderships of Incident commander, following pillar shall be formed for coordinated and timely implementation of the response activities.

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**Roles and Responsibilities:**

Operations	Planning	Logistics	Admin/finance	Health Information Management
Technical and field operations coordination.	Situational analysis, phase wise planning and coordination	Coordination, management and procurement (essential equipment, materials, medicines, testing kits), storage and distribution of essential medical commodities.	Coordination for Tracking incident costs, forecasts, and payment to responders, service provider and claims as per the need, deployment of human resources.	Data collection, analysis, interpretation and Dissemination of report.

**Emergency Response Framework**

S. No	Time Frame	Activity	Responsible Authority	
			ICS not activated	ICS Activated / Emergency declared
1	Within 24 hours	Verify the event, Situation analysis, Coordination with the rescue team, local RRT team mobilization	District RRT, Local Level Rapid Response Committee, Emergency Medical Deployment Team (Province), APF, Nepal Police	
2	Day 1 (if possible) or Day 2	Continue Information collection and dissemination, Appoint a communication Focal Person Continue Rescue and medical management of cases Provide timely update through communication focal point Arrange and supply necessary medical logistics including	Local government/HO/PHD /PHLMC- Continue Mobilization of Local Level RRT, DRRT, EMDT, APF and Nepal Police.	



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S. No	Time Frame	Activity	Responsible Authority	
			ICS not activated	ICS Activated / Emergency declared
		diagnostic as well as treatment.		
3	Day 3	Call a Meeting for preparedness plan (if possible, Day 2), Start of surveillance activities, control activities – ppl living in groups Identify the chances of spread of communicable diseases, Assessment of proper management of waste, Reassessment of Resources including medical and surgical logistics.	partner organization, PHLMC, PPHL, PHEOC, Security agencies, DDRC, and activate other clusters.	
4	Day 4-10	Mitigation activities Continue coordination with relevant partners Continue of surveillance activities Situation update to concerned authorities and call for further support,	PHD, HO, PHEOC, Local levels.	
5	Day 11	Continue Situation analysis, Assurance of no further casualties following Deactivation of emergency response system by PRRC in coordination with ICS.	RRC of local level, DDRC, PRRC, Relevant partners.	
6	Day 15-30	Plan for Recovery and deactivation of Response program.	Partners, Nutrition Cluster, WASH Cluster and Local, Province and Federal Level Government.	





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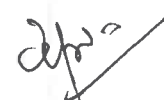


## 8. Deactivation and Post Emergency Response

The decision to deactivate the emergency response involves a systematic review of the ongoing situation, led by the Provincial Rapid Response Committee (PRRC) in coordination with the Incident Command System. These entities assess epidemiological data, health service continuity, and remaining risks to determine the appropriate timing and scope of deactivation. A key priority during this phase is to ensure the continuation of public health surveillance. Active case finding, event-based surveillance, and laboratory confirmation must be sustained to detect any resurgence or late-onset health impacts related to the emergency. As part of the deactivation process, there is a progressive handover of responsibilities to the Health Office at the district level and the respective Palika (local government authorities).

### 8.1 After Action Review

The International Health Regulations (IHR, 2005) require countries to develop core public health capacities to prevent, detect and respond to public health events. After action review helps to assess actions taken in response to a public health emergency as a means of identifying best practices, gaps, and lessons learnt to take corrective actions to improve future response. It is highly recommended to conduct the AAR immediately after the declaration of the end of the public health event and up to three months after the event.



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## Annex

### Annex 1: Terms of reference for the provincial and district RRTs

#### Composition, Roles and responsibilities of the provincial Rapid Response Committee (RRC)

##### Provincial RRC member

- (a) Director, Provincial Health Directorate - **Coordinator**
- (b) Chief of the Division overseeing Disaster Management, Representative from the Provincial Council of Ministers' Office - **Member**
- (c) Chief, Hospital Development and Medical Services Division, Ministry overseeing Health - **Member**
- (d) Director of the Province Public Health Laboratory or a Technical Officer-level representative - **Member**
- (e) Director of the Provincial Health Logistics Management Center or a Technical Officer-level representative - **Member**
- (f) Chief of the Provincial or Infectious Disease Hospital located in the district where the Directorate is situated - **Member**
- (g) Chief, Provincial Health Emergency Operations Center - **Member**
- (h) Provincial Technical Expert, World Health Organization - **Member**
- (i) Chief, Medical Services and Disease Control Section or the Epidemiology-related Section, Provincial Health Directorate - **Member Secretary**

##### Roles and Responsibilities of committees

- Coordinate with federal and local rapid response committees during all phases of disease outbreaks (preparedness, response, and post-outbreak) within the province. Facilitate inter-agency coordination.
- Establish and deploy provincial rapid response teams for disaster and outbreak management and investigation.
- Conduct regular meetings to analyze available data (e.g., surveillance system data) and assess the situation. Provide necessary directives.
- During disasters and outbreaks, adhere to orders from the Provincial Disaster Management Committee as specified by the Disaster Risk Reduction and Management Act-2074. Ensure multi-agency coordination and response across various levels.
- Develop and implement disaster and outbreak management plans, procedures, and emergency health plans.
- Document rapid response best practices and lessons learned.
- Identify and ensure the availability of personnel, supplies, and financial resources needed for rapid response team deployment.
- Monitor and supervise rapid response team activities and provide necessary feedback.

- Facilitate rapid risk assessments for disaster and outbreak management and disseminate necessary information.
- Evaluate and classify public health risks according to the framework for health emergency preparedness and disaster risk management planning and prioritization.
- Coordinate with relevant agencies to ensure the safety of rapid response team personnel.
- Coordinate with relevant focal agencies as needed to assess the situation and conduct risk assessments.
- Create and implement plans and procedures related to emergency health situations.
- To ensure the safety of all levels of the rapid response team.
- Identify and periodically update a list of relevant experts and stakeholders for disaster and outbreak management.
- Maintain rapid response team reports and submit them to the federal rapid response committee as required.
- Deploy rapid response teams immediately upon the order of the committee's coordinator when necessary for disaster or outbreak management.

#### **Composition, Roles and responsibilities of the provincial and district RRT**

##### **Provincial RRT members (maximum 11 members)**

- Family Physician (Provincial Hospital)-1
- Medical Officer- (Provincial Hospital) -1
- Public health Officer/ Public health inspector -1
- Health Assistant (HA)/ AHW/Senior AHW/ -1
- Senior Staff Nurse/ Senior Auxiliary nurse midwife -1
- Medical Lab Technician/ Lab technician/Lab assistant- 1
- Technical and academic experts/ Subject matter experts (SME)- Based on nature of outbreak
- The team can invite experts from multiple sectors based on nature of outbreak

##### **District RRT members (maximum 11 members)**

- Medical Officer- (related district hospital and federal hospital/ provincial hospital from affected districts) -1
- Public health Officer/ Public health inspector -1
- Health Assistant (HA)/ AHW/Senior AHW/ -1
- Staff Nurse/ Auxiliary nurse midwife -1
- Lab technician/Lab assistant- 1
- Medical recorder/Statistics officer/ data assistance
- Technical and academic experts/ Subject matter experts (SME)- Based on nature of outbreak
- The team can invite experts from multiple sectors based on nature of outbreak

##### **Roles and Responsibilities of team (provincial and district teams)**

- Implement action plans and directives from federal/provincial rapid response committees to investigate, manage, and control public health emergencies.
- Conduct investigations of public health emergencies, including confirming outbreaks, establishing case definitions, creating detailed case lists, identifying disease patterns and



transmission modes, conducting contact tracing, collecting and sending laboratory samples, and performing epidemiological analysis.

- Implement disease control and prevention measures, such as infection prevention for healthcare workers and the public, prophylaxis, isolation and quarantine, case finding and contact tracing, environmental interventions, and public communication.
- Facilitate appropriate patient care and treatment, including hospital surge management, treatment protocol evaluation, problem identification, inter-institutional coordination, medication and equipment provision, staffing support, and patient referral system evaluation.
- Coordinate with local communities, government and non-government organizations, provincial health emergency operation centers, and media for resource mobilization and collaboration.
- Coordinate with local and higher-level health facilities for additional support.
- Provide regular reports to federal and provincial rapid response committees.
- Immediately notify the Epidemiology and Disease Control Division of any internationally notifiable or declared public health emergencies.
- Identify causes of public health emergencies and recommend preventive measures.
- Provide feedback to rapid response committees for preparedness and mitigation.
- Participate in reviews conducted by rapid response committees.



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Annex 2: List of Logistics

List of logistics	Location
Vaccines and cold chain (Vaccines of NIP and Anti Rabies Vaccine)	, PHLMC
RDT kits for (Cholera, Scrub Typhus, Malaria, Kala Azar, Drug Abuse)	PHLMC/PPHL
Cholera Outbreak Management Kit	PHLMC
Emergency Life Saving, Psychotropic and Essential Drugs	PHLMC
ASVS	PHLMC
Medical and Surgical Equipment's	PHLMC
Culture Media and Discs	PPHL
Emergency Backpack/EMDT Backpack	PHLMC, Butwal RAHS Dang Bheri Hospital, Banke Lumbini Provincial Hospital, Butwal
Ambulance	Provincial Dispatch Center
Communication	PHEOC / APF/Nepal Police/Nepal Army

Centers/facilities	
Warehouse/emergency stockpile	PHLMC Bheri Hospital, Banke Rapti Academy for Health Science, Ghorahi Dang Gautam Buddha International Airport Godown House (Foods) Nepalgunj Airport Godown House-(Foods)
Blood Bank	NRCS, Butwal, Butwal SMP-6, Rupandehi NRCS, Bhairahawa- Siddharthanagar 13, Rupandehi NRCS, Banke- Nepalgunj SMP-12, Banke NRCS- Kapilvastu, Kapilvastu Municipality-5 NRCS-Pyuthan, Pyuthan MP-6 NRCS- Bardiya, Gulariya MP-6 NRCS- Dang, Tulsipur SMP-6 NRCS- Gulmi, Tamghas- 4 NRCS- Palpa. Tansen 15

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	NRCS- Rolpa, Liwang-6 NRCS- Nawalparasi West, Parasi
<b>Holding Center</b>	Holdiing Center, Krishnanagar, Kapilvastu Holding Center, Nepalgunj, Banke Holding Center, Bhairahawa, Rupandehi
<b>Snakebite Management Center</b>	Buddhabhumi-2, Gorusinge Samshergunj, Banke Triveni, Nawalparasi Gadhawa, Dang Thakurbaba, Bardiya

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## Annex 3: Laboratory network

S. N	Name of Lab	Category (A/B/C/D)	Testing Capacity	Location	Available Services	Capacity in case of Emergency
1.	Province Public Health Laboratory	A	Fully automated laboratory	Butwal	RDT Culture Molecular	Province Public Health Laboratory
2.	Prithvi Chandra Hospital, Nawalparasi	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Prithvi Chandra Hospital, Nawalparasi
3.	Bhim Hospital Bhairahawa	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Bhim Hospital Bhairahawa
4.	Lumbini Provincial Hospital, Butwal	B	Fully Automated	Parasi, Nawalparasi	RDT Culture	Lumbini Provincial Hospital, Butwal
5.	Palpa Hospital, Tansen Palpa	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Palpa Hospital, Tansen Palpa
6.	Rampur Hospital, Rampur, Palpa	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Rampur Hospital, Rampur, Palpa
7.	Gulmi Hospital, Tamghas Gulmi	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Gulmi Hospital, Tamghas Gulmi
8.	Arghakhanchi Hospital, Sandhikharka	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Arghakhanchi Hospital, Sandhikharka
9.	Kapilvastu Hospital, Taulihawa Kapilvastu	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Kapilvastu Hospital, Taulihawa Kapilvastu
10.	Pyuthan Hospital, Bijuwar	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Pyuthan Hospital, Bijuwar
11.	Bhalubang Hospital, Deukhuri	C	Semi Automated	Parasi, Nawalparasi	RDT Culture	Bhalubang Hospital, Deukhuri
12.	Rapti Provincial Hospital- Tulsipur Dang	A	Fully Automated	Tulsipur Dang	RDT Culture	Rapti Provincial Hospital- Tulsipur Dang
13.	Bheri Hospital, Nepalgunj Banke	A	Fully Automated	Nepalgunj, Banke	RDT Culture Molecular	Bheri Hospital, Nepalgunj Banke

  
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S. N	Name of Lab	Category (A/B/C/D)	Testing Capacity	Location	Available Services	Capacity in case of Emergency
14	Bardiya Hospital Gulariya	C	Semi-Automated	Gularia, Bardiya	RDT Culture	Bardiya Hospital Gulariya
15	Chisapani Hospital, Bardaghat, Nawalparasi	D	Semi-Automated	Bardaghat, Nawalparasi	RDT Culture	Chisapani Hospital, Bardaghat, Nawalparasi
16	Pipara Hospital, Banganga Kapilvastu	D	Semi-Automated	Banganga, Kapilvastu	RDT Culture	Pipara Hospital, Banganga Kapilvastu
17	Shivaraj Hospital, Bahadurgunj, Kapilvastu	D	Semi-Automated	Bahadurgunj, Kapilvastu	RDT	Shivaraj Hospital, Bahadurgunj, Kapilvastu
18	Lamahi Hosdpital, Lamahi Dang	D	Semi-Automated	Lamahi, Dang	RDT	Lamahi Hosdpital, Lamahi Dang
19	Universal College of Medical Science	A	Fully Automated	Ranigau, Bhairahawa, Rupandehi	RDT Culture Molecular	Universal College of Medical Science
20	Devdaha Medical College	A	Fully Automated	Devdaha, Rupandehi	RDT Culture Molecular	Devdaha Medical College
21	Lumbini Medical College, Palpa	A	Fully Automated	Pravash, Palla	RDT Culture Molecular	Lumbini Medical College, Palpa
22	Rapti Academy of Medical Science, Ghorahi Dang	A	Fully Automated	Ghorahi, Dang	RDT Culture Molecular	Rapti Academy of Medical Science, Ghorahi Dang
23	Nepalgunj Medical College, Kohalpur	A	Fully Automated	Kohalpur Banke	RDT Culture Molecular	Nepalgunj Medical College, Kohalpur
24	Basic Health Service Hospitals in Local levels and PHCCs	E	Semi-Automated	Local Levels	RDT	Basic Health Service Hospitals in Local levels and PHCCs

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## Annex 4: Financial Details F/Y 2082/83


SN	Office	Amount	Activities
<b>Unconditional Grant from Province</b>			
1	Health Offices (12)	16 Lakh	RRT Mobilization and Epidemic Control
2	Health Directorate	5 Lakh	RRT Mobilization and Epidemic Control
3	PHLMC	50 Lakh	Emergency Medicine Procurement for Epidemic Management
<b>Conditional Grant from Federal Government</b>			
4	Health Offices (12)	11 Lakh 40 thousand	RRT Mobilization and Epidemic Control Emergency Medicine Procurement
5	Help Desk (Belahiya, Krishnanagar, Jamunaha)	65 Lakh	Salaries for staffs
6	Health Offices (11)	41 Lakh 16 thousand	Insecticide spray to control Malaria, Kala Azar, and other VBDs
7	PPHL	6 Lakh 65 thousand	Sample Collection and transportation during outbreaks
Total		19,521,000	

## Annex 5: Health Partners Mapping

Organization name	Location	Area of work	Coverage area
WHO		Health Emergencies, IPD, CDS	12 districts
Red-cross		Health Services, WASH	12 districts
UNICEF		Nutrition, Maternal, Newborn, Child and Adolescent, WASH	12 districts
Fairmed		Neglected Tropical Disease	
BEE-GROUP	Nepalgunj, Banke	Education, Agriculture, Health and Nutrition, Water and Sanitation, WASH, DRR,	Banke and Bardiya
BAS Nepal	Nepalgunj, Banke	Education, Water and Sanitation, WASH,	Banke Bardiya
ENRUDEC Naepal	Kohalpur	Water and Sanitation, WASH, DRR,	Banke, Bardiya
NICE Nepal		Water and Sanitation, WASH,	
IPAS		Safe abortion, SRHR, GBV	
CARE Nepal	Surkhet	Health and Nutrition, Water and Sanitation, WASH, DRR,	Banke,
IDE	Nepalgunj	Health and Nutrition, Water and Sanitation, WASH, DRR, Agriculture,	Banke, Dang Rupandehi
UNDP	Bhalubang	Malaria, HIV, tuberculosis	12 districts
BASE nepal	Dang	Education, Health and Nutrition, Water and Sanitation, WASH, DRR, Agriculture,	Bardiya, Dang
BMNT		Tuberculosis	Palpa, Dang, Kaplibastu, Banke

- Establish and maintain links with other emergency response websites.
- Prepare a report by analysing what information is available to the public and whether the information is correct (such as analysis trends, concerns and misleading information).
- Identify the communication related needs of the target group.
- Develop communication plans to reach the general readers / viewers listeners or those in crisis and stakeholders.
- Coordinate with the provincial, district and local RCCE units and partner to collect feedback from the community about the activities of the RCCE unit.
- Submit report to RCCE coordinator.

At the district level, the district's RCCE focal person will coordinate with the health coordinator through a provincial health office chief. The district level acts as a bridge between the provincial coordinator and the local level. The Focal person will be based in the District Public Health Emergency Centre.



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