Nepal: Potential diarrhoea outbreak

Period covered by this operations update: 14 May 2010 to 23 May 2010.

Appeal target (current): CHF 738,960 (USD 664,175 or EUR 527,232). <click here to view the Emergency Appeal Budget>

Appeal coverage: With contributions received to date, the appeal is 9.3 per cent covered in cash and kind; and those in the pipeline, the appeal is currently approximately 12.6 per cent covered. Funds are urgently needed to support the Nepal Red Cross Society operation in reducing the risk of a diarrhoea outbreak in the vulnerable districts of Nepal. <click here for the donors’ response list or here for contact details>

Appeal history:
- This Emergency Appeal was launched on 13 May 2010 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.
- 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.

Summary: With the increase in temperatures over the past few weeks and scarcity of safe drinking water sources, diarrhea cases are on the rise in remote districts of the mid- and far-western regions of Nepal. The latest reports from the government’s Epidemiology and Disease Control Division (EDCD) of the Department of Health Services indicate that 19 deaths and 369 cases of infection were registered to date. The diarrhoea situation has been gaining more attention over the past two weeks, with mass media reporting a higher number of deaths. As the monsoon season is fast approaching, it is anticipated that a greater number of communities and districts are
at risk of a rapid spread of diarrhea, as has been seen in previous years. The government is on high alert and has given instructions to authorities at district level to be well prepared for possible diarrhea outbreaks.

Building on last year's experience and to prevent the further spread of diarrheal diseases through taking early and sustained action, the Nepal Red Cross Society (NRCS) has been mobilizing volunteers teams to undertake emergency hygiene promotion campaigns and preposition relief supplies. Funds are urgently needed to scale up the national society's efforts for reducing the risk of potential outbreaks in the vulnerable mid- and far-western remote districts where NRCS is the only operational organization.

Over the reporting period, NRCS, in coordination with the the water, sanitation and hygiene (WASH) cluster, has identified the target village district committees (VDCs) in the selected seven districts of Jajarkot, Rukum, Achham, Dadeldhura, Bajura, Baitadi and Bhajang. The operation management team has been appointed as well as the NRCS inter-departmental committee for quality assurance, technical assistance, long-term planning and monitoring is being established. The NRCS team has prepared the detailed plan of action, considering the priorities for the next six weeks and available funds. Preliminary monitoring and evaluation and training plans were drafted. Procurement of the diarrhoea prevention kits and the information, education, communication (IEC) materials has commenced. The deployment of the water and sanitation kit 2 through the International Federation Asia Pacific regional logistics unit (RLU) has been initiated. The Asia Pacific disaster management unit has deployed an operations coordinator to support NRCS for two weeks.

This operation is expected to be implemented over nine months, and will therefore be completed by 13 February 2011. A final report will be made available three months after the end of the operation (by 13 May 2011).

Partners which made contributions to the appeal to date include the American Red Cross and Spanish Red Cross.

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

The situation

The increasing number of reported diarrhoea cases across the country and confirmed deaths have triggered concerns in Nepal, which faces an outbreak of diarrhoea every year due to unsafe hygiene practices, open defecation and lack of access to safe drinking water. The peak of diarrhoea outbreaks usually occur during the monsoon period when higher temperatures and heavy rains increase the spread of water-borne diseases. Although it is still pre-monsoon, there have already been reports of 19 deaths in the mid- and far-western districts and a total of 369 reported cases of infection across the country. All deaths reported this year have occurred in people’s homes, which reflect the experience of the outbreak in 2009. It is estimated that the total number of cases is under-reported. Poor infrastructure and difficult access to health services in remote districts continue to pose great challenges for remote communities. This is particularly so for marginalised groups and for those whose traditional beliefs and practices discourage them from seeking medical treatment.

Although the current situation is not officially declared as an outbreak, it has triggered the concern of the government, UN agencies, non-governmental organizations and the media to act more rapidly this year to prevent mortalities. On 28 April 2010, the Office of the United Nations Resident and Humanitarian Coordinator issued a press statement in response to the current situation calling for a dramatic increase in investment in water and sanitation facilities in high risk communities to break the tragic cycle of waterborne illnesses. Given previous trends, it is anticipated that without an immediate and sustained intervention, the country could soon be facing an outbreak with numbers of deaths similar to or higher than previous years once the monsoon begins. In 2009, there were more than 370 diarrhoea deaths, mostly in western Nepal, according to the government's Epidemiology and Disease Control Division (EDCD). In addition, there were some 67,000 diarrhoea cases reported across the country in 2009.

Based on the trends of the past five years, the government has classified the 75 districts of the country into three risk categories: high (category A) –26 districts; medium (category B) –33 districts; and low (category C) –16 districts, based on the situation reports and historical frequency of disease occurrence.
Rapid assessments conducted in a number of districts by the Nepal Red Cross Society (NRCS) public health in emergencies unit and concerned district chapters during the last week of April, indicate an urgent need for water, sanitation and hygiene promotion activities. At the household level there is also need for soap, safe drinking water and oral rehydration solution to prevent further infection.

Assessments also indicate the need to address the chronic vulnerabilities in the communities in order to prevent outbreaks from occurring in the future. This can be achieved through increased access to safe water supplies, ensuring sustainable and improved excreta disposal, and the need to change long-standing hygiene behaviour and cultural practices.

**Coordination and partnerships**

**National / district coordination mechanisms**

Current efforts to reduce the risks of an outbreak are being led by the EDCD and district committees together with the water, sanitation and hygiene (WASH) cluster (including the NRCS as partner), at both national and district levels. During the planning process, several coordination meetings have been conducted at district level involving district authorities, WASH cluster partners and other relevant organisations and a mapping exercise has been undertaken to identify the capacities in each highly vulnerable district.

On 29 April, the EDCD called an emergency meeting of the national level health and WASH clusters to identify ways forward for preventing a possible outbreak. The meeting, joined by the NRCS and the IFRC, concluded that:

- District disaster response committees (DDRCs) would provide overall coordination, collection and dissemination to all stakeholders, including media at district level.
- Health and WASH clusters would be established to support DDRCs at district level for preparedness interventions.
- A consistent approach to hygiene promotion campaigns, including information, education, communication materials, hygiene kits and other supplies would be developed (based on standards already agreed by the clusters and from previous experience).
- WASH clusters at district level would identify/map the partners for social mobilisation at village development committee (VDC) level.

During the reporting period, NRCS and the International Federation continued coordinating the activities with the WASH cluster through exchange of information on planned activities, target village district committees, discussions over a standard approach for diarrhoea prevention in all districts for consistency and effectiveness (to include standard prevention kits, training, awareness messages, and monitoring and evaluation tools). NRCS’s plans to scale-up activities were complimented by key stakeholders, considering the immediate needs on the ground and the imminent monsoon season fast approaching.

**Coordination within NRCS and with Movement partners**

NRCS has established an internal coordination mechanism which will be used for the management of this operation.
In-country partner national societies have been involved in the planning of this operation. On 20 May 2010, the NRCS held a meeting with respective NRCS departments, the International Federation and in-country partner national societies to discuss the progress of the operation and seek feedback from participants. The Inter-departmental Coordination Committee is being established, with the finalization of the terms of reference underway.

The International Federation and NRCS will continue to facilitate the coordination and communication with partner national societies and the International Committee of Red Cross (ICRC) throughout the implementation. This will be particularly important during the planning for longer term activities where it is hoped that partners will be active in supporting NRCS to develop a comprehensive five-year plan and will help to mobilise additional technical expertise and resources where needed.

**Red Cross and Red Crescent action**

**Overview**

As part of its role as auxiliary to the public authorities, NRCS mobilised volunteer teams in April to support the efforts of government authorities and humanitarian agencies to undertake hygiene promotion campaigns and preposition medical and relief supplies. Several NRCS district chapters, in partnership with other organizations, were involved in distribution of water purification tables, providing referral services, and conducting awareness raising campaigns by trained volunteers. Rapid assessments were also conducted in a number of districts by the NRCS public health in emergencies unit and concerned district chapters during the last week of April.

The current operation was developed bringing in the lessons learnt from the NRCS’s acute watery diarrhoea outbreak response in 2009, during which the national society responded in 17 outbreak-affected districts and reached nearly 790,000 people. 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 well as the long-term risk of waterborne diseases. NRCS will conduct intensive water, sanitation and hygiene promotion campaigns including awareness-raising and information about treatment facilities through volunteer mobilisation and will provide diarrhoea prevention kits (soap, oral rehydration solution and chlorine tablets) and other supplies like information, education, communication materials, and stretchers at community level. In addition, NRCS will undertake longer term activities to ensure the vulnerable communities remain resilient to outbreaks in the future.

Progress towards outcomes

| 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). |
| **Outputs (expected results)** | **Activities planned** |
| Provision of safe drinking water, sanitation facilities, diarrhoea prevention kits and referral services to the most vulnerable communities and households in seven districts. | • Orientation and training for relevant district level staff and volunteers in WASH, epidemic control and rapid assessment and the mobilization of 2,000 trained volunteers;  
• Procurement of 33,500 diarrhoea prevention kits in accordance with the International Federation procurement procedures;  
• Immediate distribution of 31,500 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 selected village development committees;  
• 350 community orientation sessions to promote point of use water treatment options, specifically use of chlorine tablets, 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. |
| Improved hygiene practices through increased water, sanitation and hygiene awareness for 31,500 households in 70 village development committees. | • 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, information, education, communication materials;  
• Conduct household visits by trained volunteers on hygiene awareness, water treatment and sanitation including distribution of diarrhoea kits and information, education, communication 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; |

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1 Diarrhoea prevention kit includes: chlorine, hand washing soap, oral rehydration salts and bag for 1 household for 2 months. This is the standardised WASH cluster kit for Nepal.
Strengthened capacity of NRCS for responding to public health emergencies and to undertake longer term activities to improve the overall health condition of communities.

- 10 hand washing demonstrations and hygiene promotion in schools and communities in all 70 village development committees;
- 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, hoarding boards and banners for awareness for 70 village development committees as well as 77 volunteer mobilizer support and visibility packs.

Training for relevant headquarter and district level staff and volunteers in water and sanitation national disaster response team and public health in emergencies;

- Conduct baseline assessments in all seven districts with a view to developing a transition plan from short term response to a longer term development approach, in consultation with other relevant stakeholders;
- Strengthen community-based health and first aid activities to create a sustainable community approach through training of trainers/volunteers, and involvement of community leaders and members;
- Ensure the implementation of a common approach to volunteer mobilisation, induction, support and recognition across all programmes that leads to strengthened branch volunteer base and volunteer management capacities for the future.

Progress:
Over the reporting period, NRCS, in consultation with the the WASH cluster, has identified the target VDCs in the selected seven districts of Jajarkot, Rukum, Achham, Dadeldhura, Bajura, Baitadi and Bhajang. These VDCs will be further confirmed in the districts through the local coordination mechanisms led by the district disaster response committees (DDRCs).

NRCS appointed the operation management team at the headquarters as well as identified the seven district focal points for this operation. Mobilization of 70 additional volunteers in the districts is ongoing. The inter-departmental committee members have been identified and will include the representatives of the NRCS disaster management, health, and water and sanitation units, with the disaster management department leading the process. The committee will meet on a monthly basis and will serve as a platform for quality assurance, monitoring and long-term planning. Additionally, finance management, organizational development, communications and humanitarian values departments will also be complementing the operation as and when required. The seven district WASH coordinators will receive a briefing in NRCS national headquarters.

The deployment of a water and sanitation kit 2 through the International Federation Asia Pacific regional logistics unit (RLU) in Kuala Lumpur has been initiated. The kit 2 is expected to arrive in Kathmandu by 29 May. The International Federation Asia Pacific water and sanitation coordinator will visit the country during 29 May – 5 June to provide technical assistance to NRCS on the utilization and deployment of the kit 2 as well as on other programme aspects. A two-day training on the practical use of the water and sanitation kit 2 will be conducted in the first week of June.
The NRCS team has prepared the detailed plan of action, considering the priorities for the next six weeks and available funds. The focus over the next few weeks will be on mobilization of volunteers, procurement of the supplies (diarrhoea prevention kits, information, education and communication materials and volunteer support supplies), WASH training for district mobilizers and community volunteers, community education and awareness raising campaigns, and community-based low cost latrine construction and animal shed management activities.

Preliminary monitoring and evaluation and training plans were drafted. Discussions with the WASH cluster is ongoing with regard to having a joint monitoring and evaluation process, including the joint baseline assessment, to analyze the impact of the early action in the affected districts.

Procurement of diarrhoea prevention kits, information, education and communication materials, stretchers, cards for referral services, hoarding boards, and volunteer support supplies has commenced.

NRCS plans to hold an orientation meeting on 25 May for the headquarters and district staff to review the operation working modalities, including coordination, reporting, monitoring and evaluation, communications aspects.

The Asia Pacific disaster management unit has deployed an operations coordinator to support NRCS for two weeks, from 16 – 31 May.

**Challenges:**
An unstable political situation in Nepal may pose challenges during the implementation.

**Logistics**
For the success of this operation, efficient and timely coordination and delivery of logistical support should be met. The International Federation will liaise and coordinate actions with all appropriate key logistics actors to ensure that the operation uses all information and resources as efficiently and effectively as possible.

Where required, this operation will:
- Liaise with the International Federation Kuala Lumpur RLU to mobilize in the most appropriate way the health and watsan materials/items required for this operation.
- Where required, and in conjunction with the Kuala Lumpur RLU, carry out local and international procurement following the International Federation procedures and processes.
- Ensure the operation has the fleet assets – light and heavy – as required to carry out the planned activities.
- Assess and reinforce the local logistics capacity of NRCS.

During the reporting period, the International Federation Kuala Lumpur RLU has commenced the deployment of a water and sanitation kit 2 to Nepal. The air transport supplier has been identified and the kit 2 is expected to arrive in Kathmandu by 29 May.

**Communications – Advocacy and Public information**
The steady flow of timely and accurate information between those working in the field and other major stakeholders will support the programme objectives of this emergency appeal, increase the profile, funding and other support for NRCS and the International Federation, and provide a platform on which to advocate in the interests of vulnerable populations.

In close collaboration with the operation, information about the operation will be provided at district level for affected communities to support their relief and recovery.

Donors and partner national societies will receive information and materials they can use to promote this operation such as news stories, profiles of beneficiaries and audio visual resources showing the impact of the operation on affected communities.

The provision of additional audio visual equipment and support from external communications experts will help to build the information and public relations capacity of NRCS for future emergencies, and emergency communications training will be provided to district chapters.
During the period under review, the NRCS coordinator for this operation and the director of the government’s EDCD of the Department of Health Services were jointly interviewed on Radio Sagarmatha on the diarrhoea situation and preparedness of the government agencies and NRCS. Comprehensive update and analysis was provided through this interview to the audience (Radio Sagarmatha covers 12 districts of Nepal) on the current situation and the essentials to prevent the disease.

The first joint field visit with media to ensure good visibility and support for the operation is planned for mid-June. In addition, discussions are ongoing with the WASH cluster to carry out joint communications events during the National Sanitation Action Week (first week of June).

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:
1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. 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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<Map of affected area below; click here to return to the title page>
The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, International Federation, MDRNP004.mxd