

Information bulletin



International Federation
of Red Cross and Red Crescent Societies

Nepal: Acute Watery Diarrhoea

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The Acute Watery Diarrhoea (AWD) has spread to 17 of Nepal's 75 districts – up from nine districts since the last information bulletin. Most of the districts are in the mid and far western regions of Nepal while two districts lie in the central region. A total of 116 village development committees (VDCs) have been affected.

So far, almost 50,000 people from 21,880 families have been affected by the disease, attributed, in large measure, to *Vibrio cholerae*, the causative pathogen for cholera. A total of 268 people have been confirmed to have died.



The Nepal Red Cross Society volunteers who are mobilized to assist in the raising awareness in the remote villages while also providing care to the ailing. Photo: Nepal Red Cross Society.

The Nepal Red Cross Society district chapters are leading and participating in the coordination for the humanitarian sector and supporting the government in coordination as well. Red Cross volunteers have been mobilized to assist in conducting hygiene promotion sessions and distribution of water purification tablets in the remote villages while also providing care to the ailing. The Nepal Red Cross Society has organized two orientation workshops on water and sanitation and hygiene promotion at its headquarters in Kathmandu for 70 volunteers before deploying them in the field. The orientations were based on the International Federation manual *Epidemic Control for Volunteers*.

Though the number of people affected by AWD has increased, the mortality rate is slowly reducing – an indication of the advances being made by the treatment of the AWD in the health camps as well as the hygiene promotion activities.

This bulletin is being issued for information only, and reflects the current situation and details available at this time. The International Federation is not seeking funding or other assistance from donors for this operation. The Nepal Red Cross Society, however, is accepting direct assistance from in-country partners to provide support to the affected population.

[<click here to view the map of the affected area, or here for detailed contact information>](#)

The Situation

Beginning May 2009, cases of acute watery diarrhoea (AWD) were first observed in three village development committees (VDCs) of Jajarkot district in Nepal's mid-western region. The diarrhoea outbreak has spread to 116 VDCs in 17 of Nepal's 75 districts. So far, almost 50,000 people (from approximately 21,880 families) have been affected by AWD, attributed, in large measure, to *Vibrio cholerae*, the causative pathogen for cholera. A total of 268 people have been confirmed to have died.

S.N.	District	Affected VDCs/Municipalities	Deaths
1	Jajarkot	30 Affected VDCs	133
2	Rukum	12 VDCs	46
3	Dadeldhura	1 VDC	3
4	Kanchanpur	Muni-9	1
5	Dolpa	Jufal, Lawan	6
6	Dang	Deukhuri	3
7	Surkhet	Lekhparajul, Lagam, Taranga, Ghoreta	13
8	Dailekh	Katti, Jagatnath, Ruma, Badabhairab, Bhairi, Kalikathum, Laiti, Bindrasaini, Jammukath, Gamudai	17
9	Bajura	jugada, mankot	4
10	Bajhang	1 VDC	4
11	Rolpa	Uwa VDC	3
12	Salyan	Suikot	7
13	Doti	Banlekh, Latamandau, Durgamandau, Bamata	6
14	Baitadi	Sharmali, Maharudra, Pancheswor, Thalakada, Dhungaar, Shivalinga, Hatairaj, Shankarpur, Deilekh	9
15	Achham	30 VDC	13
16	Kailali		
17	Puythan		
			268

Though the number of people affected by AWD has increased, the mortality rate is showing a reducing trend – an indication of the advances being made by the treatment in the health camps as also the outreach efforts.

Nepal was free of cholera for 10 years until 1997, when the disease first showed up in Saptari district bordering India in the country's south-east. Since then, there have been a number of reported cases, the last being in 1997, in the Kathmandu valley.

At this time, there are 120 government-run health camps where affected people are being brought for treatment. Most of the severely affected districts are very remote and access to these districts remains a challenge.

The affected population is among the poorest in Nepal and most households are headed by women as men have migrated for employment. This is also one reason why most of those being brought to the health centres are women and children; often those from the most disadvantaged sections. The water and sanitation infrastructure and general hygiene practices among the people are poor, making them more vulnerable to the spread of AWD.

The remote location is causing challenges in carrying out hygiene promotion. For instance, while there are a number of FM radio broadcasting stations in the vicinity, the key hygiene promotion messages are not reaching because the population does not have access to batteries to operate the radios. The affected region is also difficult to reach, given its geographical remoteness and difficult terrain and as such communication, including telecommunication, remains a challenge to humanitarian workers. Police radio handsets remain the best means to gather information. Confirming the exact numbers of deaths still remains a challenge and the numbers vary from time to time.

Safe drinking water remains a challenge as well, given the elevation and the distance from the surface water sources. However, it is expected that with the onset of the monsoon, the population may be able to access rain water for drinking purposes, which can enable them to have a safer drinking water supply. Water purification through chlorine tablets or liquid have been distributed as well to assist with providing safe drinking water. However, the tablets should not be distributed without awareness sessions on how to use them, which has reportedly been a problem and there are reports of people consuming chlorine tablets, mistaking these for diarrhoeal medication.

The general health situation has also been aggravated due to the food insecurity as the region is suffering from a drought.

The Government of Nepal has appealed for international support and has plans to deal with the disaster on a long-term as well as a short-term basis.

The government's Ministry of Health and Population is leading the response with support from the World Health Organization which is leading surveillance in the affected districts. At the district level, authorities are intensively involved in rendering services to affected population. Various agencies are supplying medicines to the affected areas. However, due to the remoteness and scattered settlements (in many cases, health personnel and volunteers face a one-day trek to reach a single household), access to the affected area, delivery of supplies as well as promotion of awareness raising activities are complicated.

The fragile health infrastructure continues to be stretched to its limits as patients are being brought from distant communities by volunteers – much of this is due to the huge humanitarian effort reaching the remote villages from where people are being carried to the health centres.

The immediate needs that remain are both clinical (to treat patients) and preventive (involving disseminating information on water treatment, sanitation and hygiene practices. (This was also mentioned in [Information Bulletin Number One](#)).

Red Cross and Red Crescent action

The Nepal Red Cross Society (NRCS) headquarters has activated emergency operation centre focusing on AWD and a working team has been formed. The NRCS management has now decided to fully involve NRCS systems and capacities after the Nepal government proclamation for the national as well international appeal to fight against AWD. NRCS is also seeking support from both its Movement and non-Movement partners with coordination support of the International Federation.

- The emergency response operation has been expanded to cover all the 17 affected districts.
- Two orientations on water and sanitation and hygiene promotion were given to 70 volunteers from districts across the country. The orientations were based on the International Federation manual, *Epidemic Control for Volunteers*.
- These 70 water and sanitation and district disaster response team (DDRT)-trained volunteers have been well equipped and were deployed for 15 days to the affected districts in groups of three and four to support the district chapters to carry out the proposed actions effectively and efficiently.
- The NRCS plans to mobilize 1,700 local volunteers, including those from the Junior and Youth Red Cross as well as peer educators from the ongoing HIV programme.

- The plan is to recruit 15 staff members in the most affected districts to support the district chapters to carry out the implementation of the activities.
- So far, the NRCS has distributed 10,000 bottles of water-guard (household water treatment liquid), 1,000 sachets of oral rehydration salts (ORS), 120 blankets, and 105 tarpaulins to health centres as well as families.
- Information, education, communication (IEC) materials on hygiene, water and sanitation, such as leaflets and brochures jointly developed by NRCS, UNICEF and the Government of Nepal have been printed and distributed in the affected districts. The NRCS headquarters has dispatched 5,000 posters on health and hygiene, water and sanitation with the volunteers
- For an effective hygiene promotion campaign that suits the local and cultural contexts, mass media campaigns and door-to-door visits are being intensively carried out in the affected districts.
- Based on a preliminary proposal, the NRCS's response is currently supported by the Finnish embassy, Swiss Red Cross, Save the Children, UNICEF, Rotary Club, Austrian Red Cross, Luxemburg Red Cross, Swiss Development Cooperation and Nepal Family Health Programme.
- A comprehensive proposal is currently being drafted and is to be finalized by mid-August. The proposed objectives are to contribute to the reduction of diarrhoea related mortality and morbidity in the affected areas through intensive water, sanitation and hygiene promotion campaign and also to strengthen the NRCS's capacities to respond to such emergencies in the future.

Based on the findings of an initial NRCS assessment, the Red Cross will be carrying out household water treatment and storage, sanitation and hygiene promotion activities, strengthen coordination mechanism and support in surveillance.

In the most affected districts of Jajarkot and Rukum, NRCS volunteers were identified, oriented and deployed to the field with specific roles and responsibilities including door to door visit, IEC material distribution, information dissemination, distribution of chlorine tablets and ORS, immediate referral to health centres and coordinate with local networks for effective response. As of now, 200 volunteers have been mobilized according to the need in all affected districts.

Below is a brief account of the NRCS interventions in the most affected districts of Jajarkot and Rukum respectively.

Jajarkot: Volunteers are conducting a door-to-door awareness campaign using IEC materials and distributing ORS and water purification tablets. The team is also helping affected families by providing evacuation service for the medical treatment. The NRCS district chapter has distributed 100,000 water treatment tablets and 1,000 ORS sachets. Similarly, 100 tarpaulins and 100 blankets have been distributed to the health-care centres.

Rukum: The NRCS district chapter has helped the operational unit (hospitals) to set-up emergency treatment units by providing blankets and tarpaulins. The NRCS chapter has so far distributed 5,500 bottles of water purification liquid and 8,000 satchels of ORS. The NRCS headquarters has dispatched 20,000 posters on water and sanitation and health and hygiene. A technical team from the NRCS headquarters oriented 100 volunteers in the field, particularly on water and sanitation.

How we work

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

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

Global Agenda Goals:

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

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

