

Information bulletin



International Federation
of Red Cross and Red Crescent Societies

Nepal: Acute Watery Diarrhoea

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The spread of Acute Watery Diarrhoea (AWD) across nine districts of mid- and far western Nepal has affected over 5,000 people and so far claimed over 200 lives. The National Public Health Laboratory has confirmed that three out of the seven samples brought to it carried the *Vibrio Cholerae* bacterium, the causative pathogen for cholera.

As an ex-officio member of the government's disaster management set-up, the Nepal Red Cross Society is part of the coordination mechanism in the country's capital, Kathmandu, as well as in the field. Red Cross volunteers have been mobilized to assist in the raising awareness in the remote villages while also providing care to the ailing.



The Nepal Red Cross Society health team reached the affected district of Jajarkot to support the government's health agencies. Photo: Nepal Red Cross Society.

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 for detailed contact information or go to map>](#)

The Situation

Beginning May 2009, cases of acute watery diarrhoea were first observed in three village development committees (VDCs) of Jajarkot district in Nepal's mid-western region. The diarrhoea outbreak spread rapidly across all of the 30 VDCs (look at map, provided by UNOCHA). Since then, the infection has spread to adjoining districts (Rukum, Salyan, Surkhet, Rolpa, Dailekh and Dang) in the mid-western region and in Bajura and Dadeldhura of the far-west region. The government's health department predicts that the cases of diarrhoea could be of similar nature and origin.

So far, over 200 people are estimated to have lost their lives and over 5,000 thousand have been affected. Of the seven samples collected from Jajarkot, three were found to have *Vibrio Cholerae* and others, mixed infection. The government's health authorities have decided to follow the protocols for treatment of cholera.

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.

Between 15 May and 17 July, 11 of Jajarkot district's 30 VDCs reported 2,190 cases with 61 deaths; in community health parlance, a case fatality ratio (CFR) of 2.8 per cent. In the Majarkot VDC alone, there were 15 deaths of the 250 cases reported, giving a CFR of 10 per cent.

The affected region of the country is difficult to reach due to its geographical remoteness. Communication, including telecommunication, is a major challenge in this region, with police radio sets being the only means of communication to gather information on infection and mortality. Thus, confirming the exact number of deaths remains a challenge. As the region is very underdeveloped, most of the menfolk are away from the village working elsewhere as migrant labourers. This has meant that women and children are the most affected and those from disadvantaged sections of the communities, more so. It is expected that the situation will take a few more months to stabilize.

Safe drinking water is difficult to access as most people live far above the river or other sources of water. Whatever sources of water could be accessed have also been scarce because of the demand for water upstream due to the paddy transplanting season which demands a high volume of water. The health situation has been further exacerbated by the food insecurity in the region which has been suffering from a drought.

The Nepal government's Ministry of Health and Population is leading the response with the support of the World Health Organization. Coordination focal points are in place for human resource coordination, logistics and communication. The Ministry of Health and Population, supported by the Nepal Medical Association (NMA), has deployed health teams to health posts, sub-health posts and primary health centres in the most affected districts. Each team comprises of a doctor and three paramedics.

At the district level, authorities are intensively involved in rendering services to affected populations. The World Health Organization, together with the Ministry of Health and Population, district public health offices, epidemiology and disease control division has been conducting surveillance in the affected districts. Various agencies are supplying medicines to the affected areas. However, due to the remoteness and scattered settlements (in many cases, health personnel 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.

Patients are being brought from distant places and the limited health infrastructure of the affected region is being stretched to its limits. Police stations are doubling as health posts and the conditions for treating the patients are far from acceptable.

The immediate needs identified are both clinical (to treat the patients) as well as preventive (involving disseminating information on water, sanitation and hygiene practices). In some cases, the issues are very basic as people prefer to defecate in the open and the number of toilets or latrines at the household level is very low. Soap is not available in most communities either.

Another concern is that many children are being orphaned due to their parents dying – 94 per cent of those affected are above five years of age.

Red Cross and Red Crescent action

- The Nepal Red Cross (NRCS) response focuses on social mobilization for awareness raising on hygiene and sanitation promotion.
- A response team was deployed in the worst affected district of Jajarkot to carry out a rapid assessment which has recommended immediate intensive awareness campaigns in all affected districts.
- Volunteers were identified, orientated and deployed to the field with specific roles and responsibilities which include door-to-door visits; information, education and communication material distribution; public health information and messages over loudspeaker; distribution of chlorine tablets and oral rehydration solutions (ORS); referral of sick people to health centres; and coordination with local networks for effective response. A total of 200 Red Cross volunteers have been mobilized according to the need in all affected districts.
- NRCS is coordinating at the central and district level with line agencies, including the World Health Organization, UNICEF, GTZ, district health offices, drinking water supply office (DDWSO) and other international and national non-governmental organizations in order to carry out a well coordinated response.
- The Swiss Red Cross has committed around CHF 200,000 support for volunteer mobilization activities in the affected districts.
- A total of 100 tents and blankets each were delivered to the affected sites through Nepal Army helicopters. A total of 50 stretchers are on standby.

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.

Contact information

For further information specifically related to this operation please contact:

In Nepal: Nepal Red Cross Society:

- Pitambar Aryal, NRCS director of disaster management; mobile: +977 9851105681; email: pitambar.aryal@nrccs.org

In Nepal: International Federation country office:

- Andrea Reisinger, Federation representative, mobile: +977 9851047071; email: andrea.reisinger@ifrc.org

In New Delhi: International Federation South Asia regional office:

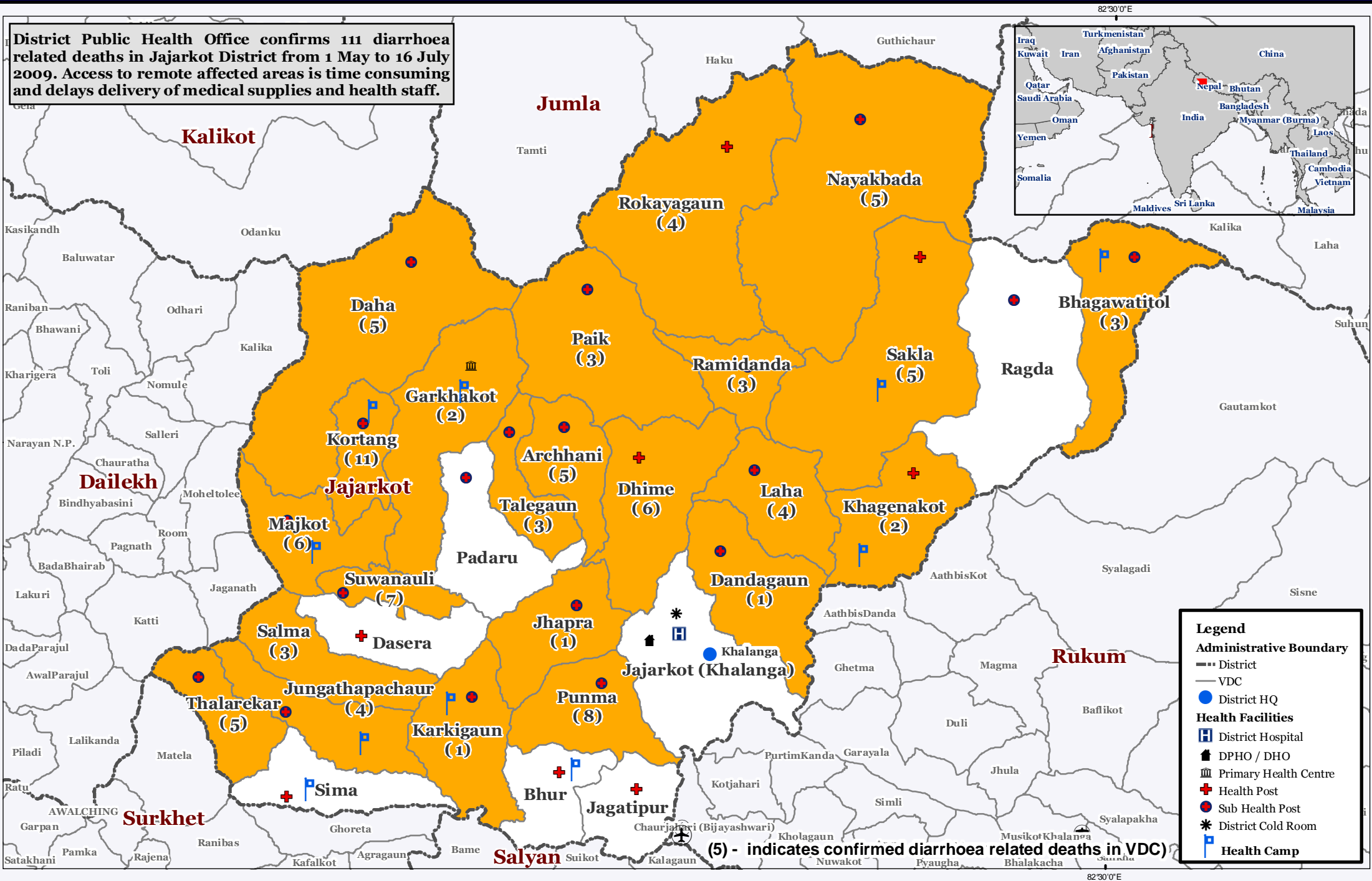
- Azmat Ulla, Head of regional office, phone: +91 11 2411 1125; fax: +91 11 2411 1128; email: azmat.ulla@ifrc.org.

In Kuala Lumpur, International Federation Asia Pacific zone office, phone: +603 9207 5700

- Jagan Chapagain, Deputy Head of Zone, email: jagan.chapagain@ifrc.org
- Daniel Bolanos, Disaster response delegate, phone: +603 9 207 5724; mobile: +6012 283 7305, email: daniel.bolanos@ifrc.org
- Penny Elghady, resource mobilization and PMER coordinator, phone: +603 9207 5775, email: penny.elghady@ifrc.org.
- For media enquiries: Jason Smith (KL), zone communications manager, mobile: +6012 387 0829, email: jason.smith@ifrc.org

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

District Public Health Office confirms 111 diarrhoea related deaths in Jajarkot District from 1 May to 16 July 2009. Access to remote affected areas is time consuming and delays delivery of medical supplies and health staff.



Legend

Administrative Boundary

- District
- VDC

Health Facilities

- District HQ
- District Hospital
- DPHO / DHO
- Primary Health Centre
- Health Post
- Sub Health Post
- District Cold Room
- Health Camp

(5) - indicates confirmed diarrhoea related deaths in VDC



Map Produced by OCHA, Nepal
 Data Source(s): Data are collected from DPHO, UN Agencies and I/NGOs
 Boundaries - Department of Survey, Nepal

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 Web Resources: <http://www.un.org.np>
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