

# Information bulletin



International Federation  
of Red Cross and Red Crescent Societies

## Nepal: Potential diarrhoea outbreak

Information bulletin n° 1  
6 May 2010

**This bulletin is being issued for information only, and reflects the current situation and details available at this time. The Nepal Red Cross Society (NRCS), with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), is currently assessing the needs of the affected population and determining the level of external support required.**

A total of 17 diarrhoea-related deaths were reported by district public health offices (DPHOs) in Jajarkot, Bajura, Baitadi, Dadeldhura and Dailekh, with reports from the government, media and the UN indicating that up to eight districts are severely affected. The health authorities at national and district levels are mapping available resources. It was agreed at the joint health and water, sanitation and hygiene (WASH) cluster meeting held on 29 April 2010 that cluster members would start hygiene campaigns in high-risk districts through the use of coherent information, education and communication materials and recommended items as a part of a standard kit in distributions.

Nepal Red Cross Society (NRCS) chapters and sub-chapters are mobilizing volunteers to raise awareness in affected village district committees and assisting patients through referral services to the nearest health posts and hospitals. NRCS is also prioritizing hygiene kits and relief distributions, in coordination with other WASH cluster members.

[<click here for map of the affected areas; or here for detailed contact information>](#)

### The situation

With the increase in temperatures over the past few weeks and scarcity of safe drinking water sources, diarrhoea cases are on the rise in several districts. Earlier reports from different sources, including government, media and the UN, indicated that eight districts were the most severely affected by diarrhoeal diseases: Jajarkot, Baitadi, Achham, Bajhang, Bajura, Rukum, Dailekh and Dadeldhura. However, recent updates indicate that almost 15 districts are reporting increased diarrhoea cases within a short period of time. Most of the affected districts fall under the high and medium risk categorized by the government authorities. Looking at the trends of diarrhoeal diseases for the last five years, these districts have faced recurring problems and were also affected by the acute watery diarrhoea outbreak in 2009.

A total of 17 diarrhoea-related deaths were reported by district public health offices (DPHOs) in Jajarkot, Bajura, Baitadi, Dadeldhura and Dailekh; however not all districts are officially reporting cases and further assessments are being undertaken. In all cases, the deaths occurred in homes where affected people did not seek treatment at local health posts, according to the respective DPHOs. So far, according to NRCS district chapters and government reports, almost 300 cases of infection have been reported. However, it is estimated that actual numbers are much higher. The number of deaths and people affected are likely to increase in the days to come with the changing climate pattern, lack of clean drinking water and lack of awareness of preventive measures. Moreover, experts predict there is a high possibility of further outbreaks once the monsoon season starts in the coming months.

Several meetings with government and line agencies were conducted and emergency meetings of district disaster relief committees (DDRC) were held in some of the affected districts including Jajarkot, Baitadi, Achham and Rukum. Many of the affected village development committees (VDCs) are remote, making it difficult for DPHOs to gather accurate information from health posts and sub-health posts. District health offices

of the affected districts are on high alert. Medicine and supplies have been prepositioned and medical human resources are standby. However, the most important challenge lies the capacity of the affected to access the service centres.

The government authorities both at national and district levels are holding coordination meetings, and has divided all 75 districts in the country into the three categories of high (A), medium (B) and low (C) risk, based on historical and likely frequency of disease occurrence. Category A consists of 26 districts, category B consists of 33 districts and category C consists of 16 districts. The health authorities at national and district level are mapping resources and taking stool samples to verify the disease and its severity. In line with this, government authorities are focusing on the districts falling under the category A and are advocating with partners to do the same.

The joint health and water, sanitation and hygiene (WASH) cluster meeting held on 29 April 2010 agreed to start hygiene campaigns in category A districts. The DDRRC at district level will play a coordinating role for all responses and will nominate a humanitarian agency from the WASH sector to provide assistance to the DDRRC/DHO and water supply and sanitation divisional office (WSSDO). Participants of the meeting also agreed to use coherent information, education and communication materials in the affected areas and recommended items<sup>1</sup> as part of a standard kit.

## Red Cross Red Crescent action

Currently, Nepal Red Cross Society (NRCS) chapters and sub-chapters are mobilizing volunteers including junior and youth circles together with DHO authorities and other stakeholders to raise awareness in affected VDCs. NRCS volunteers are also assisting patients through referral services to the nearest health posts and hospitals. Volunteers involved in the outbreak response in 2009 are providing training to female community health volunteers to support awareness-raising activities.

NRCS, with support from IFRC, is identifying the priority areas for further interventions based on the current situation and gaps being observed in the field. An inter-departmental coordination meeting was held on 4 May 2010 and as requested by the government, the National Society prioritized social mobilization for generating awareness at affected VDCs. NRCS is also prioritizing hygiene kits and relief distributions, in coordination with other WASH cluster members. The need to address the underlying causes of the diarrhoea situation was also highlighted, as well the need to scale up and strengthen the National Society's public health in emergencies' capacity at all levels.

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<sup>1</sup> Each kit to contain 2 -4 bars of soap, 2-4 sachets of oral rehydration salts (ORS), 2-4 chlorine solutions and zinc tablets (if possible) per family.

## 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 \(NGOs\) 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

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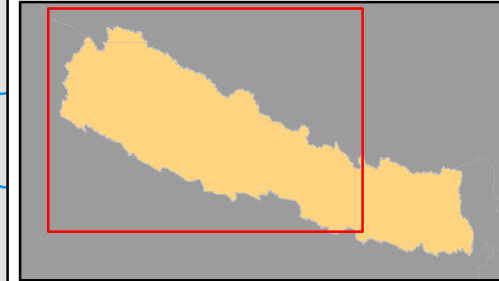
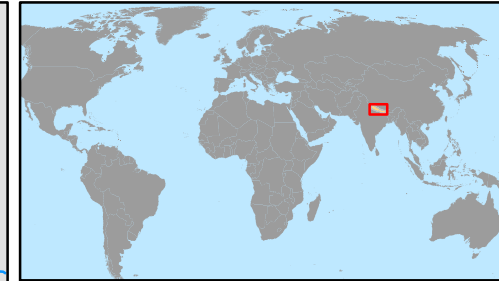
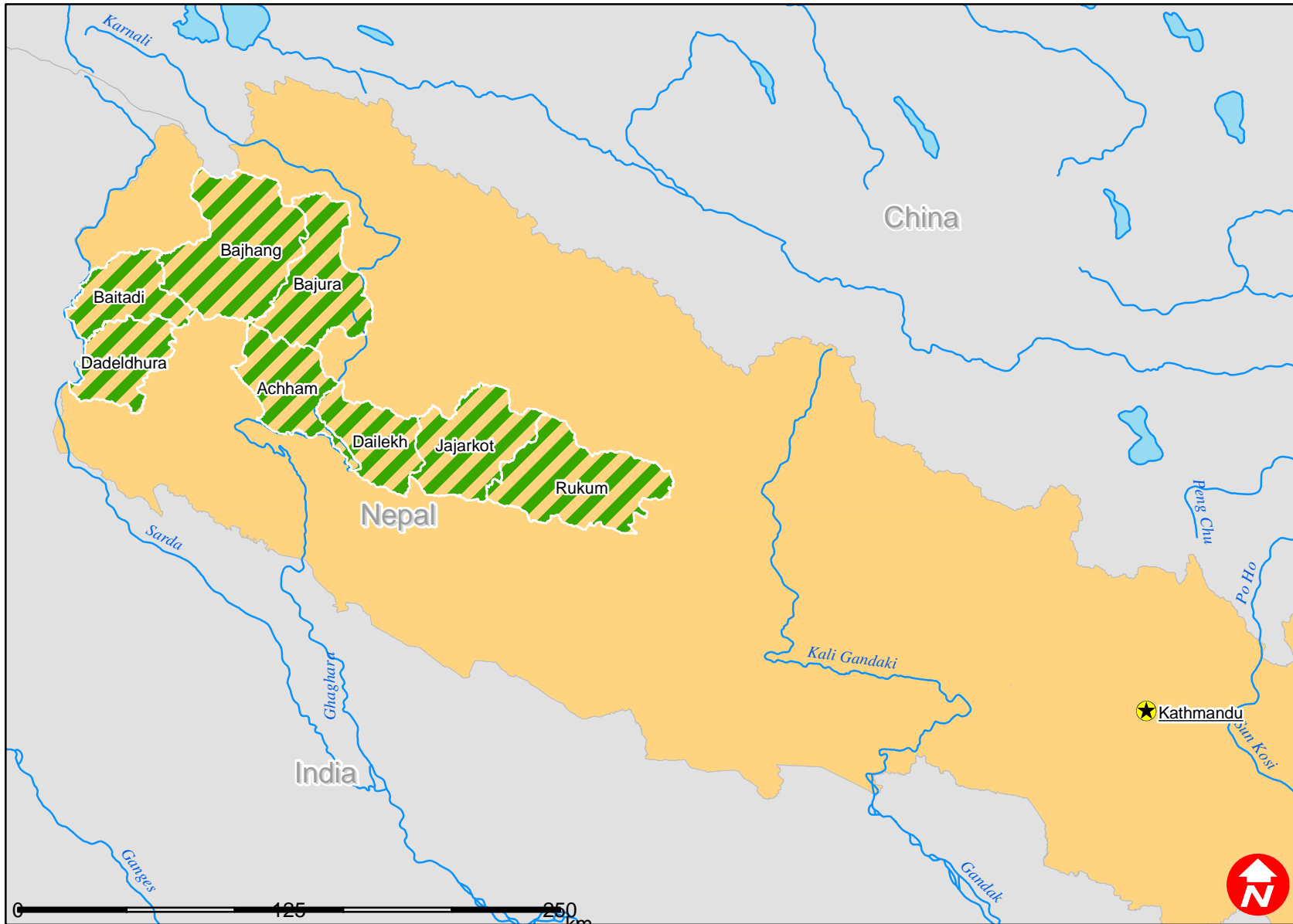
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[<map below; click here to return to title page>](#)



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 Affected districts