

**Emergency Health and Water Sanitation and Hygiene (WASH)  
Joint coordination meeting  
EDCD, Teku, Kathmandu  
Thursday 29 April 2010 at 11:00 am – 1:00 pm**

**AGENDA**

- Discussion on current situation
- Priority areas
  - Coordination
  - Response coverage and package (*Technical areas & Geographical areas*)
  - How to contribute and way forward
- AOB

**PARTICIPANTS**

SN	Name	Organization	Email/Phone #
1.	Dr. G. D. Thakur	EDCD, DOHS, MOHP	thakur85@hotmail.com; thakurgd@gmail.com
2.	Dr. B. R. Khanal	EDCD, DOHS, MOHP	brkhanal@hotmail.com
3.	Mr. Pranaya Upadhaya	EDCD, DOHS, MOHP	pranayap@yahoo.com
4.	Dr Nirmal Kandel	WHO	Kandeln@searo.who.int
5.	Sapana Joshi	PSI Nepal	sapana@psi.org.np
6.	Saroj Kalyan Shrestha	PSI Nepal	sarojk@psi.org.np
7.	Dr. Amit Bhandari	Save the Children	amit.bhandari@saethechildren.org.np
8.	Dr Pradeep Pyakurel	Bagmati Dev. Foundation	p.pakral@gmail.com
9.	Choodamani Bhandari	FAO	chooda.bhandary@fao.org
10.	Dr Kishor Man Shrestha	KBI	kishor233@yahoo.com
11.	Reshma Shrestha	AIN	reshma@ain.org.np
12.	Amogh Dhital	DWSS	amogh@yahoo.com
13.	Phadindra Adhikary	IRD & AIN Health ...Group	padhikary@ird-np.org
14.	Ram Prasad Luetel	UNOCHA	luetel@un.org
15.	Smriti Pant	UNOCHA	pant2@un.org
16.	Debendra Pd. Adhikari	KHI, Nepal	dedhikari@hki.org
17.	Victoria Bannon	IFRC	Victoria.bannon@ifrc.org
18.	Kalpna Aryal	NRCS	kalpana.aryal@nrcs.org
19.	Dr Suzanne Walton	UMN	suzanne.walton@umn.org.np
20.	Jayoung Lee	WFP	jayoung.lee@wfp.org
21.	Luc Verna	ECHO	hoo@echo.kathmandu.org
22.	Piush Kayashta	ECHO	program@echo.kathmandu.org
23.	Ram Mani Paudyal	FAO	rammani.paudyal@fao.org
24.	Rajesh Dhungel	OXFAM	rdhungel@oxfam.org.uk
25.	Om Prasad Gautam	Water Aid Nepal	omprasadgautam@wateraid.org
26.	Lakshmi Narayan Deo	NHEICC	in_deo2000@yahoo.com
27.	Pradiumna Dahal	WVI	pradiumna_dahal@wvi.org
28.	Knapp Andreas	UNICEF-Wash	aknapp@unicef.org
29.	Anirudra Sharma	UNICEF-HBN	ansharma@unicef.org
30.	Dr Pankaj Mehata	UNICEF	pmehata@unicef.org
31.	Sharad Ranjit	UNICEF	sranjit@unicef.org
32.	Dhruba Devkota	Save the Children	dhruba.devkota@savethechildren.org.np
33.	Rajan Pandey	MOPPW	pandeynepal@yahoo.com
34.	Madhav Paahari	UNICEF	mpahari@unicef.org

35.	Krishna Pathak	Lutheran World Federation	<a href="mailto:pc@lwf.org.np">pc@lwf.org.np</a>
36.	Sathya Doraswamy	UNFPA	<a href="mailto:Sathya.Doraswamy@unfpa.org">Sathya.Doraswamy@unfpa.org</a>
37.	Bidya Mahat	ADRA	<a href="mailto:bidya.mahat@adranepal.org">bidya.mahat@adranepal.org</a>
38.	Nam Raj Khatri	WHO	<a href="mailto:khatri@searo.who.int">khatri@searo.who.int</a>
39.	Damodar Adhikari	WHO	<a href="mailto:adhikari@searo.who.int">adhikari@searo.who.int</a>
40.	Rudra Neupane	UNDP-DRRNCN	<a href="mailto:Rudra.neupane@undp.org">Rudra.neupane@undp.org</a>
41.	Sarada Pandey	MOHP	<a href="mailto:sharadapandey@gmail.com">sharadapandey@gmail.com</a>
42.	Dr Surya Prasad	DHO, Baitadi	9841305520
43.	Dr Janardan Lamichhane	NFHP, USAID	<a href="mailto:jlamichhane@nfhp.org.np">jlamichhane@nfhp.org.np</a>
44.	Heem Shakya	NFHP, USAID	9851046567
45.	Madhu Vilas Pandit	MOHP	<a href="mailto:pandit_madhu@yahoo.com">pandit_madhu@yahoo.com</a>
46.	Rajendra Shakya	UNICEF	<a href="mailto:rshakya@unicef.org">rshakya@unicef.org</a>
47.	Dr. S. Khanal	UNICEF	<a href="mailto:skhanal@unicef.org">skhanal@unicef.org</a>

## PRESENTATION AND DISCUSSIONS:

The meeting was organised under the chairmanship of Dr. G. D. Thakur, Director, Epidemiology and Diseases Control Division (EDCD), Department of Health Services, Ministry of Health and Population.

Mr. Damodar Adhikari, EHA Programme Officer, WHO started the meeting with welcoming all participants followed by a round of introduction.

Dr. G. D. Thakur, Director, Epidemiology and Diseases Control Division (EDCD), DHS highlighted the importance of coordination and one door mechanism during disaster responses. He referred to his experiences during Koshi floods where he was assigned for the coordination in Saptari in 2008 and in Rukum in 2009 during the diarrhoeal outbreak.. The key lessons that led to success in Rukum were as follows:

- Coordination among agencies/partners .
- Community involvement, mobilising community health workers, school teachers, civil society for awareness campaign
- One-door support/response mechanism.

With this lessons learnt, he urged the participants to not repeat the mistakes. He also asked the participants to work together on the preparedness and response so as to prevent another outbreak. He asked the participants to contact EDCC if further information was required.

Dr. Bishwa Ram Khanal, Chief, Epidemiology and Communicable Diseases Section shared the information that based on the possible intensity of the outbreak occurrence in the district, the districts are categorised in 3 different categories. The first high risk category has 26 districts (experiencing more than 3 outbreaks in a year). The second category has 33 districts (experiencing 1-2 outbreaks in a year). The rest of the districts are in the 3<sup>rd</sup> category (classified as low risk districts ) in-terms of outbreak in the country.

### Current situation

- 3 deaths in Majkot, Jugathapachaur and Khagenkot VDCs in Jajarkot District and no evidence of diarrhea outbreak
- 3 deaths in Rawatkot, Bisalla and Jagannath VDCs in Dailekh Districts. No diarrhea outbreak

- 2 deaths in kanda and jageda VDCs in Bajura Districts and no evidence of diarrhea outbreak.
- 1 death due to diarrhea in Belapur VDC of Dadheldhura districts and no outbreak
- 7 deaths were reported from Baitadi district in Gajari, Sigas, Sibling and Thalakanda VDCs.
- RRT mobilization in affected VDCS and strengthen of surveillance activities and varification of death is ongoing.
- 3 members team sent from EDCCD in Baitadi District

#### Preparedness for diarrhoea epidemic

- RRT in districts, Region and centers are ready to respond any outbreak.
- Districts were divided in 3 categories as most affected, affected and less affected districts and medicines were prepositioned accordingly.
- Sending of medicines to Regional Medical Store for buffer stock because a district may need more medicines during an outbreak.
- To initiate early investigations, test kit transfer media for cholera sent to outbreak prone districts
- To enhance effective awareness in relation to outbreak more emphasis was given to different media channels and activities have already started in districts.
- Every FCHV should be able to give at least 10 packets of Jeevanjal.
- Conducted 3 days orientation program on preparedness and management of outbreak to health workers in Rukum, Jajarkot, and Dailekh and also conducted Stake holders interaction program .
- CRRT formed in Jajarkot, Rukum and Dailekh for quick response and management of outbreak and districts also decided to keep medicines for buffer stock at the CRRT center.
- In all districts District Outbreak Preparedness and Management Committees have been formed and they have started work in Rukum, Dailekh and Jajarkot.
- On 2067-1-8 conducted one initial discussion with different organizations on problems and strategies to control diarrhea outbreaks in the community.

#### The key strategies are as follows:

- Formation and activation of a communicable disease outbreak preparedness and management committee in districts in which outbreak will be managed through multi-sectoral approach in a coordinated way
- Advise to construct 3-6 CRRT in Districts according to geographical situation hopping that outbreak will be managed and controlled at local level.
- Region and Center should manage medicines for Buffer Stock to control diarrhea outbreak and districts will manage buffer stock for CRRT.
- Every district should construct an outbreak preparedness and management committee through which they can recognize outbreaks and coordinate management and control. Also they can disseminate the correct information of outbreak in district using this mechanism.
- One group of FCHVs, NRCS, Teachers, Civil societies, and other Organizations in ward level can better mobilize to create awareness for safe drinking water and sanitation and use of ORS, (food based) at household level during outbreaks. Emphasis should given to visit health institutions for treatment of diarrhea.

Mr. Madhav Pahari, WASH Cluster Lead, UNICEF presented the plan WASH cluster prepared for preventing from possible outbreak. He also requested EDCCD to inform this group the priority districts and VDCs where hygiene preventive campaign should be conducted before the epidemic happens.. It would be helpful to the districts if Ministry of

Health and Population and Ministry of Physical and Planning and Works send the joint guidelines and directives to work in these areas. For the identification of reliable partner and identification of high risk VDCs, WASH cluster will work closely with District Disaster Relief Committee (DDRC) and District Public/Health Offices and WSSDO. For mass awareness campaign, door to door visit the WASH cluster had jointly worked with National Health Education, Information Communication Centre (NHEICC) and already developed the key messages and IEC. UNICEF and WHO is providing the technical support to NHEICC. Please find attached note that I shared during the meeting.

Mr. Anirudra Sharma, Programme Officer, UNICEF shared his 2009 experience in Achham district. In Achham, they formed the WASH committee involving FCHVs for hygiene campaign and awareness. They also realized that community based approach was the best approach for public awareness

Dr. Janardan Lamichhane, NFHP, USAID suggested to form a subcommittee to address the issues of prioritizing districts, intervention areas in-terms of technical as well as geographical coverage. He requested adequate stock of supplies mainly ORS, Zinc tablets up to the community level be ensured and that arrangements should be made for referring the severe cases to the health facilities. He mentioned that NFHP would provide the transportation/logistics support to deliver medicine to the districts and up to the community if there was such a need.

Mr. Laxmi Narayan Deo, NHEICC informed the group that IEC materials are ready. The materials were prepared in close coordination with UNICEF, WHO, EDCD and other partners. He requested financial support for reproducing more IEC materials and transportation support to deliver the materials upto the community.

Dr. Nirmal Kandel enquired from Mr. Deo if there was any gap or any areas that needed support from this group.

Mr. Sharad Ranjit, Programme Officer, UNICEF informed the group that he was working closely with Mr. M. Pahari on the reproduction of IEC materials.

Mr. Ram Prasad Luetel, National Coordinator, UNOCHA informed the group that the recent national pre-monsoon preparedness workshop also highlighted that coordination was the key method for effective response and preparedness in the district. Koshi response was one of the examples of good coordinated response in Nepal.

Mr. Phanindra Adhakary, Director, IRD informed the group that his organization is working closely and also receiving funds from UNOCHA to support DDRC. They are forming Technical Committees under the leadership of district health officer to prepare and response outbreaks in the districts. These Technical Committees are providing direct support to DDRC. He mentioned that there was a need to target the VDCs or even community for a good response.

Mr. Pankaj Mehta, Chief, Health and Nutrition, UNICEF highlighted that it was imperative to coordinate the different clusters and prepare the immediate, medium and long-term intervention plan. We often forget the medium and long-term plans and interventions. After last year's outbreak response, little was done. He thought it was very important to have this sort of continued discussions and also focus on medium and long-term plan. He emphasized the need to immediately provide clear messages and materials for good hygiene practices particularly hand washing. The promotion could be done through house to house awareness campaigns, at immunization sessions and during similar activities. In the long-term the Government should plan for poverty alleviation in the affected districts.

Mr. Knapp Andreas, Chief, WASH, UNICEF highlighted the importance of behavioral change communication and social political involvement and commitment. He also shared that the government is increasing its budget on sanitation by 5 times.

Mr. Rajendra Shakya, Emergency Specialist, UNICEF also highlighted the need for coordination,of logistics and that it was a key area that needed attention. MOHA has a key role in disaster response and he wanted to involve them in this kind of forum. He also mentioned that DDRC contingency plan for the district was the best tool to respond at the district level. He shared examples of Kailali and Kanchanpur district responses.

Ms. Jayoung Lee, WFP informed the group that through food distribution in the region one could maximize the resource utilization and response. UNFPA runs mobile clinics during the food distribution campaign. He requested that they be informed if any support was required in these areas.

World Vision, INF, SCF, ADRA, HKI and other NGOs and INGOs were eager to support the government on providing services through their networks in the district on preventing possible outbreaks in the districts.

Mr. Pandey, MOPPW informed the group that 1000 toilets construction work was completed in Jajarkot and Rukum districts and 4000 more toilets will be erected by July 2010 in these districts as per the government's commitment. They are prepositioning Aqua Tabs in these affected districts at the rate of 2000 tabs per VDCs.

Dr. G. D. Thakur, Director, EDCD thanked all participants. He informed the group that there would be monthly meetings in EDCD for Health and WASH sectors. He also mentioned that they would consult the districts and identify the high risk VDCs. He requested that the awareness campaign on hand washing, chlorine tablets, and to use clean water should start immediately in these areas.

#### **ACTION POINTS:**

- EDCD to provide ORS to agencies for distribution
- Joint guidance to the districts from MOHP and Ministry of Physical Planning and Works (MOPPW) in close coordination with Ministry of Home Affairs (MOHA). EDCD need to follow-up with MOHP and coordinate with MOPPW & MOHA.
- NHEICC needs to prepare the cost estimation and submit to UNICEF for further resource mobilisation
- EDCD needs to coordinate with Nepal Family Health Programme (NFHP), USAID for logistics/transportation support to deliver medicine to the districts and community.
- DP/HO needs to send the list of high risk areas (indicating ward #, VDC)
- Agencies working in the district need to discuss with DHO/DPHO for identification of high risk areas.
- WHO, UNICEF and EDCD to review, finalise and circulate the health, WASH related technical notes and guidelines.
- Next joint meeting will be organised in one month time. WHO need to coordinate with UNICEF and EDCD for suitable date and time.