

EHNWG MEETING MINUTES
WHO Conference Room
Tuesday 4 August 2009, 10:00 – 11:30 am

AGENDA

- Update on the situation
- Discussion on the next steps
- AOB

PARTICIPANTS

No.	Name	Organization	Email
1.	Alexander Andjaparidze	WHO	andjaparidzea@searo.who.int
2.	Achyut Lamichhane	EDCD	achyutlamichhane@yahoo.com
3.	Laurence Shakya	KBI	laurenceshakya@gmail.com
4.	Geeta Pradhan	LWF – Nepal	hham@lwf.org.np
5.	Bidya Mahat	ADRA - Nepal	Bidya.mahat@adranepal.org
6.	Nirmal Kandel	WHO	kandeln@searo.who.int
7.	Poojan Shrestha	WHO	shresthap@searo.who.int
8.	Rajendra Karki	UNICEF	Rkarki@unicef.org
9.	Zivai Murira	UNICEF	zmurira@unicef.org
10.	Prem Bdr. Subba	World Vision Intl.	Prem_bahadur_subba@wvi.org
11.	Christina Ambrose	MSF	msfh-nepal-medco@field.amsterdam.msf.org
12.	Hyo-Jeong Kim	WHO	kimh@searo.who.int
13.	Keshab K. Pokhrel	Concern World Wide	Keshab.pokharel@concern.net
14.	Sushil Baral	DFID	Sc-baral@dfid.gov.uk
15.	Damodar Adhikari	WHO	adhikarid@searo.who.int
16.	W. William Schluter	WHO	schluterw@searo.who.int
17.	Wendy Cue	OCHA	cue@un.org
18.	Rita Dhakal	OCHA	dhakal@un.org
19.	Linda Kentro	USAID	lkentro@usaid.gov
20.	Dr. Sarita Pandey	UN Dispensary	sarita.pandey@undp.org
21.	Umesh Kattel	Merlin/UK	chd@merlin-nepal.org
22.	Santosh Sharma	Care Nepal	santoshs@carenepal.org
23.	Sher Bahadur Karki	NRCS	Sherbahadur.karki@unicef.org
24.	Rajendra Shakya	UNICEF	rshakya@unicef.org
25.	Madhav Pahari	UNICEF	mpahari@unicef.org
26.	Sudyr Khanal	UNICEF	skhanal@unicef.org

PRESENTATION AND DISCUSSIONS:

Dr. Alexander Andjaparidze, WHO Representative, chaired the meeting and started with brief introduction of the participant. He informed the members of the EHNWG that Ministry of Health and Population submitted the request to WHO to support the outbreak response, but the proposal is for long term. We already forwarded the proposal to the Regional Office in Delhi for technical evaluation.

WHO presented the current situation on the diarrhoea outbreak in the country. Based on the recent information received from the District Health Offices and Epidemiology and Diseases Control Division (EDCD) the number of deaths and cases in Surkhet and Dhailekh are increasing. (Presentation attached)

Epidemiology and Diseases Control Division (EDCD) representative informed to the group that he visited Dadeldhura, Doti, Baitadi and Kailali districts to respond to the outbreak. He visited all affected households in Dadeldhura and found that they are using the same source of water (from open paddy field).

DFID colleagues raised concern on the coverage of diarrhoea geographically rather than increasing/decreasing number of cases in particular district. He questioned on what needs to be done to control the outbreak.

WHO Representative also reinforced the statement and mentioned that we should have a clear idea of what resources we have as a group and go forward with one voice. Basically we need to focus on the following key areas:

- Human Resource issues
- Sanitation
- ORS/Medical supplies

EDCD colleague informed the group that they have mobilized the district water supply and sanitation people to treat the water. Geographically Dadeldhura is an easy district where you can reach any part of the district within one day from the district centre. But the Jajarkot district is geographically very inaccessible and the settlements are very scattered. He emphasized the point that where there were health workers, there were no deaths. The basic problem in the affected districts is the large number of health facilities that are not manned by health workers. He also noted that in the four districts that he visited, there were no shortage of medicine. People are also taking ORS and using boiled water.

Merlin Nepal informed on the control measures Merlin took in Owa VDC of Rolpa district. They mobilized 3 teams for treatments, and demonstration on how to use ORS in the affected area. They also identified the water source that was contaminated. They cleaned the water source/tank with DHO and DWSSDO and now the situation is under control.

WHO Representative informed to the group that there was an article relating food distributed by WFP to the outbreak. On 3rd August WHO and WFP issued a joint press release emphasizing that cholera cannot be spread by food sources.

DFID colleague raised concern about articles talking about the difficulties the health teams are facing in the field regarding basic support for living there. It would be good if the other

agencies working in the field can share the issues and challenges they are facing. And may be we need to find the right solutions here in this forum.

WHO Representative also raised the concern on the number of health personnel in the district. It would be good if the exact numbers of the doctors, health assistants and health volunteers can be provided.

He also suggested that agencies working in the field should come up with a paragraph on

What are the activities taken?

What is the staffing structure?

What are the issues/constraints?

What are the recommendations to solve the problems in the districts?

So far only the interns from different medical colleges have returned to Kathmandu from; the staff deployed from the MOHP are still working in the field. Upon request of the team leader in the field, MOHP is replacing the team if they need to return back.

ADRA Nepal is also sending two teams to Jajarkot and Rukkum districts. Their main areas of intervention are on RH issues but because of the outbreak situation, they are supporting the diarrhoea cases in affected VDCs. They are also supporting medicine to Rolpa and Rukkhum district through the Safe Motherhood Programme. They are planning to send a team to Kalikot district within the next two weeks. They work in close coordination with district health offices in the district and informed to Region and Centre accordingly.

OCHA colleague raised the concern on coordination in the district. Since OCHA is working closely with DDRC at the district and MOHA at the central level, if there is a need OCHA can support on multi-sector coordination at the district level.

NRCS representative informed to the group that their district chapter is supporting in each district where they have diarrhoea outbreak. They are supporting on hygiene awareness raising, including on the use of chlorine solutions in the districts.

WHO Representative focused more on the compilation of inventory of human resources and medicines sent to the response. The main challenges in the districts are logistics. After compiling the inventory we can set a meeting with MOHP and inform them on “What is available with partner agencies in-terms of HR and medicine?”. Information from the MoHP must also be compiled in order to have a clear picture on the gaps.

LWF discussed with EDCD and found out that they need essential medicine to support the outbreak response in other districts. Jajarkot and Rukkum are well covered.

USAID Representative raised concern on the confusion coming from putting medical supplies and WATSAN supplies under the same heading; the two should be identified separately. She requested the MoHP to be clear on this when making any statements.

WHO already processed the request from MOHP for essential medicine for around US\$ 40,000 to support this response.

DFID colleague suggest to the agencies that instead of visiting EDCD individually, can WHO lead the process with EDCD, MOHP and let the agencies know what are the requirements and how we can support.

WHO Representative informed that after compiling the inventory from agencies we can discuss with the ministry and plan the district level intervention.

The WR also suggested that there should be focal points for speaking to the media. This time the spokesperson from the ministry was out of the country and media quoted bits and pieces from here and there.

UNICEF colleagues questioned whether we are in a position to categorize the district as high priority, medium and low priority based on the extent of the outbreak in the districts. He also questioned how we could support the districts in terms of coordination.

WHO Representative informed him that first we need the inventory of HR and medicine then in the next meeting we will be able to discuss and decide on how to support to the ministry.

WHO TO EHA informed to the group that they already compiled the matrix with the agencies. The meeting feels that **we need to have information from the ministry to complete the matrix.** After completing it, we will analyze the information and circulation among the group for your review and recommendation.

DFID colleague also suggested having discussion with concerned divisions at the ministry to identify the gaps.

EDCD colleague informed to the group that they already estimated the requirements to support all districts and forwarded to the MOHP.

WHO Representative requested group members any suggested agenda item for the next meeting. Few participants suggested as follows:

- Identifying the gap.
- Diseases progression – surveillance system
- Constraints from agencies to respond to the outbreak

Action Points:

- WHO to support the finalization of the matrix and analysis of the gap
- Discuss with the MoHP on areas in which the health cluster can support