



SOUTH AFRICA: CHOLERA

Appeal no: 32/2000
8 November, 2000

***THIS APPEAL SEEKS CHF 676,142
IN CASH, KIND AND SERVICES
TO ASSIST 70,000 BENEFICIARIES FOR 6 MONTHS***

Summary

An outbreak of cholera in Kwazulu Natal Province, on South Africa's eastern seaboard, was first confirmed in mid-August this year. Initially thought to be under control, there has been a confirmed increase of over 4,000 in the last several weeks, with 32 deaths to date. The outbreak has now also spread to the provinces' southern coastal regions. Uncommon in South Africa, the cholera epidemic has severely tested Government resources. The initial intervention by the South Africa Red Cross Society (SARCS) needs to be reinforced and expanded with support from a regional Field Assessment and Co-ordination Team (FACT) to assist the Government in controlling the epidemic while strengthening prevention and mitigation efforts. The emphasis will be on volunteer mobilisation and training for health education, and diarrhoea treatments, distribution of ORS (Oral Rehydration Salts), and water source chlorination in the short term, leading to improved cholera awareness and the establishment of sustainable and appropriate safe water supplies and sanitation facilities. The Red Cross is targeting two districts.

The Disaster

Cholera is endemic in the southern Africa region but uncommon in South Africa. The current incidents of the disease are most probably emanating from Mozambique bordering the north of Kwazulu Natal either by cross border population movements or by sea borne traffic along the coast. Recent cholera outbreaks in the region, most notably in Mozambique, Malawi, Zambia and Zimbabwe, show an increase in frequency and spread which increases the opportunity for the disease to break out in areas formally not effected. This was the case in eastern Zimbabwe during 1999 where cholera cases were traced to cross border movements. The last major outbreak in Kwazulu Natal was in 1982.

The most affected areas are rural communities, mostly subsistence farmers, in the hilly terrain common in the coastal areas. Water sources are mostly unprotected springs, rivers and streams. Safe water

coverage is very low (estimated at less than 20%) and family sanitation facilities are almost non-existent. As an example, one school visited by the Red Cross had 476 pupils and 14 teachers, but no sanitation facilities at all. This, coupled with the onset of the rainy season, has increased fecal contamination of rivers, in particular where E-coli pollution has been tested and identified by the Government as a major source of contamination, and a very probable cause of increased cases. The fact that cholera is uncommon in Kwazulu Natal results in poor knowledge of the disease among those affected and can be a major factor for poor community awareness and high mortality.

Conflicting reports regarding the epidemic and its status have made it difficult to initially determine whether it was under control, but media reports based on Government sources confirmed (1 November) that the cholera outbreak is a real concern for the health authorities. At the meeting of the Joint Operation Cholera Committee on 3 November, it was confirmed that, although the situation was seen as more under control, new cases were appearing every day.

Historically, South Africa has had a well established and strong health sector which was restricted, to some extent, to urban areas. Health facilities and coverage in the poorer, rural areas, however, was not of the same standard although Government efforts in recent years have, with some success, sought to redress that imbalance.

The Response so far

Government Action w

Curative measures at established clinics and hospitals were the first actions taken by Government, but as the epidemic increased in severity, satellite treatment centres (tented) have been set up in some affected areas although new outbreaks in some areas are not covered by treatment centres. However, the Government is moving treatment centres from location to location according to needs. It was noted that due to inadequate shelter suspected cholera cases were often treated along with other patients, while it is considered a wiser practice to isolate cholera cases to avoid further spread of the disease.

The Government, (with assistance from the SARCS) have distributed household bleach to disinfect water and have provided 44 water tanks (500-1000 lt. capacity) at strategic points in the southern part of the province, and have a further 108 tanks deployed in the north which are fed from water tankers. This does not meet the demand and the majority of the population are still taking water from unprotected sources. The Government has indicated that these temporary water supplies can only be maintained for 3 months after which they will be removed. Health education has been stepped up and Government community health workers have been deployed to conduct hygiene education.

Red Cross/Red Crescent Action w

CHF 100,000 has been released from the Federation's Disaster Relief Emergency Fund (DREF) for the initial emergency phase of the operation. The SARCS's initial involvement came in October where action was taken by mobilising in-kind donations from local companies. Donations included household bleach, 5,000 chlorine sachets, two cholera kits, buckets and basins, soap and toilet paper distributed to schools and affected communities.

The SARCS provincial staff have been monitoring and visiting affected areas regularly. Positive media coverage has been gained for the SARCS, and the Government has welcomed their intervention at all levels. In consultation with the Federation at the regional level, the SARCS welcomed the deployment of a Regional FACT.

Other Agencies' Action w

No direct interventions from other agencies have been noted in the south, but since the cholera outbreak in the north two NGO's have provided some food for cholera victims, generators for treatment centres and water treatment,.

Co-ordination w

The Government chairs a Provincial Joint Operational Cholera Committee to which the SARCS attends as the only non-Governmental body. The committee meets weekly to co-ordinate the cholera response.

The Intended Operation

In order to strengthen Government efforts, a joint SARCS and Federation operation will be immediately organised, coordinated with the Joint Operation Cholera Committee.

Assessment of Needs •

A Regional FACT, consisting of two members recruited from the Zimbabwe and Malawi Red Cross Societies respectively, was deployed to Kwazulu Natal Province on 26 October after consultation between the Regional Delegation and SARCS. Based upon the terms of reference for the mission, the Regional FACT met with the SARCS provincial officers, Ministry of Health officials, local leaders and subsequently toured affected communities in northern and southern Kwazulu Natal. With SARCS staff, the FACT team also attended the Government convened cholera control meeting in Durban.

Findings from the assessment concluded that the epidemic was still a cause for concern in that confirmed cases were increasing and the epidemic had in fact spread from the initial affected areas in the north of the province to the southern coastal regions. The Government has also indicated that areas where they are not active are reporting new cases.

Safe water supply is minimal and sanitation facilities almost non-existent in the affected areas. Those facts coupled with poor hygiene practices and the lack of knowledge of the cholera disease are seen as the major contributory factors to the epidemic. Data collection on the outbreak shows a general negative trend, but information is not conclusive.

Immediate Needs •

- Chlorine sachets.
- Health education material.
- Hygiene products such as soap, basins and buckets.
- Transport for co-ordination and material supply (two 4 by 4 vehicles).
- ORS (Oral Rehydration Salts) and other cholera material (cholera kits), and appropriate training on their use.
- Tents for establishing sentinel and rehydration centres, where necessary.
- Red Cross dissemination material such as bibs and T-shirts.
- Identification/training of two locally recruited volunteer team leaders.
- Identification and training of volunteer groups.
- Deployment of a Regional FACT team consisting of a team leader and 2 team members all with previous cholera intervention experience.

Anticipated Later Needs •

- Recruitment of a Water/Sanitation (WatSan) technician.
- Identification of water supply contractors.
- Identification of local builders to supervise participatory latrine construction.
- Identification of suppliers for construction materials.

National Society/Federation Plan of Action**Red Cross Objectives •**

- To assist the Government in containing the epidemic and controlling morbidity-mortality cases by reducing risk factors.
- To intervene directly in two target districts by providing community first aid activities such as health education, re-hydration and awareness raising, volunteer support to treatment centres where appropriate, chlorination of water supplies and participatory construction of sustainable, improved water and sanitation facilities. The population targeted for health education and chlorination is 50,000, while 20,000 persons are targeted for improved WatSan facilities.
- To encourage community participation and Red Cross dissemination.
- To strengthen SARCS disaster response capacity, encourage volunteer mobilisation and training while encouraging skill sharing and networking in the region.

Emergency Phase:

- Establishing safe water points; supply and distribution of chlorine sachets in those target districts through the volunteer groups who will disinfect water supplies.
- Distribution of health education material in local languages underlining cholera prevention and awareness.
- Supply and distribution of soap, basins and buckets to target groups in the target areas where needs are greatest related to cholera cases recorded.
- Conducting a house to house public education campaign (Empangeni and Quabe Districts) and other information dissemination campaigns including use of drama groups.
- Distributing ORS (Oral Re-hydration Salts) and educating people on their use.
- Establishing sentinel and re-hydration centres in co-ordination with the MoH facilities providing volunteer support to the centres where appropriate.
- Mobilisation and training of two volunteer groups, one for the north and one for the south, to undertake health education campaigns in the two target districts of Empangeni and Quabe. The volunteers will be targeting 50,000 people. Identification of two team leaders to be recruited locally.
- Deployment of a Regional FACT team and basic means to immediately respond in the most affected areas and strengthen the SARCS intervention until such time that the SARCS have an established cholera response team in place.

Phase Two:

- Identification of target groups (to run concurrently with emergency phase) who can most benefit from family latrine construction and water point construction.
- Recruitment of a WatSan technician.
- Geophysical survey to identify suitable sites for water point construction.
- Establishing safe water points either through digging and protection of wells and drilling boreholes.
- Design of a suitable pit latrine type for the target areas. Construction of several pilot latrines.
- Continuation of health education linked to a participatory construction phase for latrines and water points (800 latrines and 25 water points serving 20,000 beneficiaries).
- Community Based Management (CBM) training for water point committees and handpump maintenance training to encourage sustainability.

Capacity of the National Society •

The SARCS at the provincial level in Durban has an established office and training centre which would be a base for the operation. The SARCS Provincial Disaster Relief Manager would be the primary counterpart for the Regional FACT until such time that this team can be phased out with SARCS capacity strengthened to cope with the cholera intervention.

Logistics for the operation will be mostly handled by the SARCS branch which has the most accurate knowledge of local suppliers and contractors. The SARCS will take the lead role in co-ordination with Government.

Present Capacity of the Federation in Harare •

Regional human resources will be utilised fully, initially by deployment of the Regional FACT and then followed-up by experienced members of the team (recently strengthened through a training for 50 participants from National Societies in the region). Their efforts will be backed up by the Regional Delegation, in particular, the Regional DP as lead delegate, and the Health and WatSan delegates. The Regional Delegation has established a task force to ensure proper support to and monitoring of the operation. The Regional Delegation can also provide support with cholera kits which are available thanks to the pre-positioning made possible through support to the regional cholera appeal launched earlier this year. The costs and replacement of these items, however, are to be recovered through this appeal.

Evaluation •

Evaluation and monitoring of the operation will be undertaken by a combined SARCS and Federation team initially after one month, then after three months, with a final evaluation after six months.

Budget summary

See Annex 1 for details.

Jean Ayoub
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		ANNEX 1
<u>BUDGET SUMMARY</u>		APPEAL No. 32/2000
SOUTH AFRICA CHOLERA		
TYPE	VALUE	
RELIEF NEEDS	IN CHF	
Shelter & constructions (latrines/Boreholes)	310,000	
Clothing & textiles		
Food & seeds		
Water		
Medical & first aid (ORS/Cholera kits)	20,500	
Teaching materials		
Utensils & tools (Jerry cans/Bucket/basins)	20,270	
Other relief supplies (Chlorine tablets/Soap/Tents..)	65,400	
TOTAL RELIEF NEEDS		416,170
<u>CAPITAL EQUIPMENT</u>		
Computers	6,000	
Telecom. equipment		
<u>PROGRAMME SUPPORT</u>		
Programme management (automatic calculation)	45,592	
Technical support (automatic calculation)	13,648	
Professional services (automatic calculation)	15,135	
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	26,400	
<u>PERSONNEL</u>		
Expatriate staff	7,400	
National staff	63,090	
Training	8,500	
<u>ADMINISTRATIVE & GENERAL SERVICES</u>		
Travel & related expenses	12,000	
Information expenses	6,500	
Administrative & general expenses	55,706	
External workshops & seminars		
TOTAL OPERATIONAL NEEDS		259,972
TOTAL APPEAL CASH, KIND, SERVICES		676,142
LESS AVAILABLE RESOURCES (-)		
NET REQUEST		676,142