

## ***SOUTH AFRICA: CHOLERA***

21 November,  
2000

*appeal no. 32/00*

*situation report no. 1*

*period covered: 8 - 17 November, 2000*

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*The South African Red Cross Society (SARCS), supported by the Federation, has developed a focused and effective response to the cholera outbreak, with a volunteer and community-based approach concentrating on two areas. Despite the well-designed plan of action, the operation lacks critical support and the Federation encourages donors to respond positively to this appeal.*

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### ***The context***

An outbreak of cholera in Kwazulu Natal Province on South Africa's eastern seaboard was first identified in August this year and later officially confirmed in the northern coastal area of the province. An increase in the number of cases (more than 4,000) and deaths (more than 30) and the spread of the disease to the southern coastal area clearly indicated the severity of the situation.

The main contributory factors to the epidemic are the minimal sources of safe water and sanitation facilities coupled with poor hygiene practices and the lack of knowledge among the rural population of how to prevent cholera. The rainy season adds to the problem of the outbreak.

The main affected areas are Port Shepstone, Eshowe/Nkandla, and Lower Umfolozi districts. Although a few cases were reported at the beginning in Durban, there have been no reports of new cases.

The Government has established re-hydration centres in the affected areas, deployed health teams and provided water tanks. Cholera is uncommon in South Africa, and the outbreak was a challenge to the Government who welcomed the support and expertise offered by the Red Cross. The South Africa Red Cross Society (SARCS) assisted the Government in distributing household bleach to disinfect water and also helped mobilized other donations. Responding to a request by the SARCS, the Federation (Harare Regional Delegation) sent a regional Field Assessment and Co-ordination Team

(FACT) to assess the situation at an initial stage. This team is assisting SARCS in organizing the operation.

The operation is co-ordinated by the Government Cholera Task Force based in Durban and Joint Operation Cholera Committees (JOC) in various areas with the involvement of the Ministry of Health, the Red Cross, and other institutions.

Responding to the situation and to provide support and assistance to the SARCS, the Federation launched an appeal on 8 November targeting two districts with an emphasis on volunteer mobilization 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.

## ***Latest events***

The cholera situation still presents very real concerns to the South African authorities as new cases continue to appear. Recent rains have worsened the risk of contamination. As of the 19 November, the Kwazulu-Natal Department of Health had reported a total number of 5,353 cholera cases, with 35 deaths. Updates indicated that some over 100 new cases had been recorded from 15 to 21 November, with the majority registered in the Lower Umfolozi district.

The Mhlathuze river in the northern KwaZulu Natal which supplies water to the Lower Umfolozi and Ndlagubo areas tested positive for Ogawa -- one of the organisms that cause cholera. Random rectal swabs were taken from residents in these areas, with positive test results indicating endemic cholera conditions. If health education and water/sanitation facilities are not provided in these areas, there will be continuous cholera outbreaks.

The number of cases may need to be reviewed and could be higher or lower than reported by the Ministry of Health which has confirmed that a system needs to be put in place to avoid double registration. Duplication may occur when a patient is moved from a re-hydration centre, to a clinic and perhaps finally to hospital. The Ministry is currently addressing this problem. Adding to the insecurity regarding the number of cases is the fact that only patients who attended one of the official centres are registered. This may imply that the number of cases is in fact much higher in that some patients in remote areas live too far away to seek assistance from these facilities.

The provision of clean water remains a problem. Although the Government still provides water through the 139 tanks initially made available, this solution is not sustainable. 38 water tankers provide water to the tanks at a daily cost of approximately CHF 37,000, and alternative solutions must be found. The distribution of 'Jik' (bleach) for communities has itself added to the problem of clean water access because they are familiar with the product as only a use for bleaching clothes and they have resisted adding it to their drinking water for consumption. The water supply in the areas which the Red Cross has visited is considered completely inadequate, a factor which adds to the gravity of the situation.

## ***Red Cross/Red Crescent action***

CHF 100,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to start the operation. Following the efforts of SARCS staff members and volunteers in Durban who managed to mobilize large donations from local companies to assist the affected areas, the SARCS and the FACT team are currently in the process of establishing Red Cross assistance. Although the SARCS has 5 branches (Pietermaritzberg, Midlands, Port Shepstone, Richard Bay, Durban Metro), more capacity than had been anticipated is needed to move the operation forward.

The first step of the implementation of the plan is the establishment of agreements with local authorities and communities to build the framework for a successful intervention in the two target areas.

Recruitment of volunteers to assist the health teams deployed by the Government is ongoing. These teams are currently facing an overwhelming task educating communities on recognizing the signs and symptoms of cholera and on re-hydration treatment. Although this effort is supported by the treatment centres which the Government runs in the affected areas, the education messages put across are not accompanied by other necessary facilities. For example, messages concerning safe hygienic behavior may seem out of place when the lack of sanitation facilities and adequate water remains unresolved.

The Red Cross volunteers will be trained in conducting health education (water purification, re-hydration, hygiene). Training is taking place from 20 to 23 November, and the teams will then be deployed to the affected areas, particularly those planned for water/sanitation installations by the Red Cross. Presently, two team leaders seconded by the Government have been identified for the transition period until more permanent staff is in place. A post for a water/sanitation technician has also been advertised in the papers.

In brief, the emphasis in this first phase of the operation is for the health teams to concentrate on water chlorination and general health education among the target groups using general open meetings with the community followed by house to house visits. Geophysical work for the siting of water points is also being initiated.

To assure it is community based, support is being provided by two SARCS members from other provinces in South Africa who attended the branch development workshop held at the regional delegation earlier this autumn. Their role is to ensure the establishment of capacity building of the branches involved in the operation. This development would also involve working to achieve a clearer Red Cross profile. The Red Cross image is being built as the operation progresses, but the role of the Red Cross is not well-known to the communities in the remote areas.

The two target districts are situated at the south and north coast areas respectively. These areas are both characterized by having a relatively small permanent population (referred to below) which expands when other parts of the population return from work or boarding schools during weekends or holidays.

#### **South Coast •**

One of the two districts to which the Red Cross will provide assistance is Quabe area in Mzuzembe district which is situated at the south coast of the province. Quabe has seven villages (Mayeveni, Enkulu, Marabi, Mgongolweni, Elanzeni, Gwalagwala and Thuntotha) and a population of 10,020. The Red Cross team visited several clinics and assessed the cholera situation there. One information dissemination session was held at the Maphumelele clinic where 25 people attended.

In order to further the process of embarking upon actual intervention, the Red Cross met with the Quabe chief at the beginning of November and again this week where seven headmen, three councilors and 140 or more community members were also present and a basis for moving the operation forward was established. Ten volunteers were identified for the cholera health education training.

#### **North Coast •**

The other district which will be targeted by the Red Cross is Empangeni which is the rural service centre of Uthungulu. Following a meeting with the heads of various health institutions in the northern region of the province, the Red Cross was allocated a specific area for intervention. This area, notably Ndlangubo, is situated 25 km west of Empangeni and has a population of approximately 16,000. Out of 1,492 households, 970 use unprotected water and 955 do not have toilets.

During the first visit to the area, the Disaster Manager from the SAPRCS Head Office, the Assistant Branch manager from Richards Bay and the regional FACT team, also accompanied by local health personnel, visited a township clinic used as a re-hydration centre. The Red Cross assessed the procedures and standards for treatment communicating the few concerns they had to the staff. The team also assessed the safe water provision which, in the case of the clinic, is assured in that it has its own water tank guarded by a soldier. For the general community, however, access to water is restricted to a water tap with unsafe water which thus poses a continuous health threat. The Red Cross team also met with the Ndlangubo area chief. He welcomed the Red Cross support and invited the team to attend the next meeting with the local headmen (Indunas) whom he has involved in the process of deciding on the proposed intervention. According to the area chief, with one available borehole the need for water provision in the area is enormous. The Red Cross team has now also met with the indunas and parts of the community and will discuss issues further with them on the weekend when husbands and others are back in the area. This is to reinforce the commitment and the willingness of the community to work with the Red Cross.

The work on recruitment of volunteers for the operation was started. 11 Red Cross volunteers already engaged in a community based health care project in the area are willing to assist and more are available according to local clinic staff.

#### **Harare Regional Delegation •**

The regional FACT has been strengthened by the arrival to the area of the Regional Health Officer and two water/sanitation technicians kindly made available by the Baphalali Swaziland Red Cross Society and the Swiss Red Cross. Other than organizing the human resources to the operation, two cholera kits have been provided to the operation and two four-wheel drive vehicles are being sent from Harare. The regional delegation has a Task Force which supports the operation and National Societies in the region have been requested to put people recently involved in the FACT training on stand by for further support to the SARCS.

## ***Outstanding needs***

Although the DREF money allows for initial action to take place, more contributions are needed to allow for long-term planning. The budget for the initial part of the operation, in combination with health education and some re-hydration, purification, and hygiene articles, covers supplies and other expenses (geophysical surveys and hiring a water/sanitation technician) and water installations. These components of the operation are crucial in order not to allow the outbreak to worsen through continued poor hygienic conditions. The coverage of transport costs is also crucial to the operation as access to the rural communities requires four-wheel drive vehicles. Please see the appeal budget for details.

## ***External relations - Government/UN/NGOs/Media***

The Red Cross enjoys good relations with authorities at provincial and local levels where the Red Cross participates in the co-ordinating meetings about the operation. The team has met with several representatives of authorities in the province in order to further plan the operation.

The Red Cross is receiving positive media coverage such as frequent mentioning in the national newspapers and also on national television. The SARCS is also putting together a video showing aspects of the disaster and the operation.

## ***Contributions***

See Annex 1 for details.

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<b>SOUTH AFRICA CHOLERA</b>						ANNEX 1
<b>APPEAL No. 32/2000</b>		<b>PLEDGES RECEIVED</b>				11/22/00
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				676,142		<b>TOTAL COVERAGE 0.0%</b>
SUB/TOTAL RECEIVED IN CASH				0	CHF	0.0%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
<b>THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:</b>						