

SOUTH AFRICA: CHOLERA

16 February, 2001

appeal no. 32/00

situation report no. 3

period covered: 20 December, 2000 - 30 January, 2001

Cholera may well remain a long term problem with the coming of rains coupled with the epidemic present in the Umfolozi and Eshowe/Nkandla areas. The South Africa Red Cross Society (SARCS) is mobilizing more volunteers to carry out health education in the endemic areas. With the technical advice and support of the Federation's regional water and sanitation technician, the SARCS is actively assisting in alleviating the suffering among the most vulnerable groups in the two target areas planned in the appeal. The success of the dissemination by the SARCS volunteers in the two Red Cross areas demonstrates how important it is to carry out early and effective training of the volunteers.

The context

An outbreak of cholera in Kwazulu Natal Province, on South Africa's eastern seaboard, was first identified in August 2000 and later officially confirmed in the northern coastal area of the Province. An increase in the number of cases (more than 27,451) and deaths (more than 74) 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 safe water and sanitation facilities coupled with poor hygiene practices and the lack of knowledge among the rural population on how to prevent cholera. The rainy season adds to the problem of the outbreak.

The main affected areas are the Port Shepstone area, Eshowe/Nkandla and Lower Umfolozi Districts. 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 which welcomed the support and expertise offered by the Red Cross.

Responding to a request by the South Africa Red Cross Society (SARCS), the Federation's Harare Regional Delegation sent a Regional Field Assessment and Co-ordination Team (FACT) to assess the situation at an initial stage. This team assisted the SARCS in organizing the operation. Subsequently a water sanitation engineer on loan from Malawi Red Cross Society was commissioned by the Regional Delegation to provide technical support to the SARCS.

The operation is co-ordinated by the Government Cholera Task Force based in Pietermaritzburg and a 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 appeal 32/00 on 8 November 2000, 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

Despite the initial cholera interventions mainly by the Government and the Red Cross, the number of cases is increasing. The spreading cholera situation presents very real concerns to South African authorities as new cases continue to appear. As of February 7, 2001, some 37,204 cases had been registered, with 85 deaths, and the potential for similar outbreaks in the neighbouring countries of Swaziland (141 cases, 8 deaths), Zambia (total of 177 cases, 56 deaths), Zimbabwe (400 cases), Mozambique (2,800 cases, 36 deaths) is very high.

Recent heavy rains and floods have increased the risk of contamination. The floods have resulted in widespread water stagnation and pollution, and rivers, dams, wells and other water sources are submerged, resulting in further outbreaks. The increase in population movement during the Christmas holiday period is also believed to have been a contributory factor to the increase. The SARCS observed that the contamination of water in the dams appears to be very high due to the ongoing rains. Since many people use the bush for lack of latrines, all waste is washed into the dams. People wading into the water for daily usage also contribute to the spread of cholera. Despite the supply of the water makers there is a great need for the communities to have safe potable water.

Red Cross/Red Crescent action

CHF 100,000 was allocated from the Federation's Disaster Relief Fund (DREF) to start the operation. The SARCS mobilized donations from local companies to assist the operation in the affected areas. The SARCS assistance is concentrated in two areas of the Kwazulu Natal province; Qwabe on the South Coast and Dlangubo on the North Coast.

Hygiene promotion ●

Currently the SARCS is addressing the issue of health education by training volunteers. The volunteers have been encouraging the communities to start digging pits for latrine construction and the production of sanplats for toilet slabs. At present within the area of Dlangubo, 6 slabs have been constructed and 39 pits dug. Construction materials were supplied to the Dlangubo community and construction was scheduled to start on 16 January 2001. Eight (8) local builders will be helping the volunteers and local community in the construction of the latrines.

Red Cross trained volunteers are carrying out health education on hygiene, water purification and cholera prevention. They have been supplied with water makers which they are distributing to the

community. They are also collecting data in each household showing the number of persons, family members with suspected cholera and whether or not the family has a toilet. The SARCS is supervising and monitoring the performance of the volunteers working on the sanplat casting, the digging of the latrine pits, and with the health and hygiene promotion.

At the beginning of this reporting period, only 262 of the planned 800 latrines could be targeted for construction. In the second week of January, however additional funding was provided by donors and the number of latrines to be constructed will be proportionately higher. To date 28,000 water maker sachets have been distributed by the volunteers to the community. These sachets have proved far more acceptable to the local community and consequently more successful than the use of Jik. This success with water makers will be continued in the Red Cross targeted areas as there is an identifiable reduction in the amount of new cholera cases in these areas.

Institutional Development ●

More volunteers have been recruited for the cholera prevention and the control programme, as the outbreak is still escalating. The volunteers are well accepted by the communities of Dlangubo and in Qwabe. The appointment of 2 team leaders in Qwabe and Dlangubo has helped with monitoring of the increasing number of volunteers in each of the two areas. In addition, a project steering committee has been formed at the local level in Qwabe. It is planned that these volunteers will form the nucleus of new SARCS branch committees.

Outstanding needs

The SARCS has been requested by the Department of Health in the northern Kwazulu Natal to extend its services to the Eshowe and Inkandla district. A meeting was held on 12 January at Empangeni Health Department. At the time of the meeting, SARCS saw little hope to take on this role due to the serious lack of funding. In order for the SARCS to make this commitment additional funding is required. Approximately CHF 100,000 is required to construct more latrines according to the original plan. Due to the complete and irreparable breakdown of the vehicle used by the SARCS Regional Office in the support of the cholera outbreak, there is an urgent need to purchase a replacement. A 4 x 4 double cabin pick-up (approximately CHF 27,028) is urgently needed.

External relations - Government/UN/NGOs/Media

The Red Cross enjoys close relations with authorities at provincial and local levels. Several meetings have been conducted with relevant Government Departments to maintain the good working relationship. A project Steering Committee which involves the Department of Water, Department of Forestry, Ugu Regional Council, Department of Environmental Health and SARCS was formed to promote and perpetuate the good collaboration currently existing.

Contributions

See Annex 1 for additional details. The SARCS has also been able to raise some contributions locally in the form of both goods and services. The Portland Cement Company of SA donated SA Rand 800, reducing the cost of cement for latrine construction. Federated Timber reduced the cost of procurement for the construction of latrines. The Printing Company funded the printing of promotional posters on hygiene and cholera prevention.

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SOUTH AFRICA CHOLERA						ANNEX 1
APPEAL No. 32/2000		PLEDGES RECEIVED			02/16/01	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				676,142		TOTAL COVERAGE 87.4%
AMERICAN - RC		25,000	USD	41,875	09.01.01	
AUSTRIAN - RC		500,000	ATS	54,646	10.01.01	CONSTRUCTION, REHABILITATION OF WATER POINTS, PURCHASE OF WATER TABLETS
BRITISH - RC		10,000	GBP	24,700	11.01.01	
GERMAN - GOVT/RC		285,150	DEM	224,298	30.01.01	10 BOREHOLES
ICELANDIC - RC		200,000	ISK	4,055	14.12.00	
NETHERLANDS - RC		22,000	NLG	15,196	21.12.00	1 BOREHOLE
NORWEGIAN - GOVT/RC		500,000	NOK	93,546	13.02.01	
SPANISH - RC		5,000,000	ESP	45,905	21.11.00	
SWEDISH - RC		350,000	SEK	61,005	10.01.01	
SUB/TOTAL RECEIVED IN CASH				565,226	CHF	83.6%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DANISH - RC		117,370	DKK	24,014	21.11.00	TWO CHOLERA KITS 18 MONTHS SHELL LIFE AND TRANSPORTATION
SWISS - RC				1,561	08.11.00	WATSAN DELEGATE FOR FACT MISSION
SUB/TOTAL RECEIVED IN KIND/SERVICES				25,575	CHF	3.8%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	
THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:						