

SOUTH AFRICA: CHOLERA

*29 December,
2000*

appeal no. 32/00

situation report no. 2

period covered: 17 November - 19 December

While the cholera operation is moving forward, particularly in the areas of health education activities, latrine construction, and drilling of bore holes, in order to achieve a minimum of 60% coverage the operation urgently requires additional funding of CHF 316,000.

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 7,000) 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 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 the Port Shepstone area, 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 support. 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 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 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

Despite the initial cholera interventions mainly by the Government and the Red Cross, the number of cases is increasing. The cholera situation presents very real concerns to the South African authorities as new cases continue to appear. Recent 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.

As of the 10 December, the Kwazulu-Natal Department of Health had reported a total number of 7,096 cholera cases, with 39 deaths. Updates indicate that 107 new cases had been recorded in the period from the 9 to 19 December, with the majority registered in the Lower Umfolozi district.

Water sources are being monitored by the authorities and tested for cholera. The Mduli and Mnambithi rivers in the Umzumbe area on the south Coast have tested positive for Ogawa -- one of the organisms that cause cholera. The Mhlathuze river in the northern KwaZulu Natal which supplies water to the lower Umfolozi and Ndlagubo areas tested positive for vibro, another organism that causes cholera. Reports also indicate that several water sources (the Mbabe, Ndumangani, Mkhiwane, Mfule, Ofasimba and Uvondlo rivers) in the Empangeni area have tested positive for cholera. The Umhlathuze Estuary has also tested positive for cholera.

According to Kwazulu-Natal Department of Health, piped and municipal water is safe for human consumption, however, the water supply in the areas which the Red Cross has visited is considered inadequate, a factor which adds to the gravity of the situation. With the end of December holiday season many migrant workers have returned home. The Department of Health is trying to educate the public through radio and newspaper advertisements, but it is feared that the new influx of people will further increase the number of cholera cases. Access to clean water remains a problem. Although the Government still provides water through the 159 tanks made available, this solution is not sustainable. The Government has set up 12 rehydration centres in the affected areas and Government support to health and education remains high. It is, however, expected that the number of cases will continue to increase.

The outbreak of cholera is exacerbated by the fact that the region's health system is poorly resourced. The poor or even absence of health and sanitation facilities, due to the remote locations of the affected areas and to the general lack of resources in the region, constitutes a challenge for the Red Cross when addressing the cholera outbreak.

In addition to the cholera disaster the province is affected by flooding, with some 2,600 becoming homeless in the northern Kwazulu Natal province. The affected people are at present accommodated in a town hall at Esikhawini.

Red Cross/Red Crescent action

CHF 100,000 was allocated from the Federation's Disaster Relief Fund (DREF) to start the operation. The SARCS staff members and volunteers in Durban have managed to mobilize donations from local companies to assist the operation in the affected areas. The SARCS and the regional FACT team have concluded their assessments and a plan of action is now being implemented. A major part of the plan entails the construction of latrines, and the recruitment of a volunteer team leader and community health workers. This will, however, depend entirely on additional funding. The SARCS has recruited a watsan technician for a period of 6 months to oversee the implementation during the first phase.

Mobilization and training of Red Cross volunteers for the early detection of cases, rehydration and public health education was carried out successfully. 13 volunteers have been trained in the northern KwaZulu Natal province in Ndlagubo area, in addition to the 11 volunteers which were trained in the south coast in the Mzumbe district in Qwabe. The volunteers are carrying out community health education related to hygiene and sanitation. The beneficiaries are also assisted through chlorination of drinking water sources.

The SARCS has identified central training venues in the communities in collaboration with the Department of Water Affairs and Sanitation, Local Councils, the MoH and Community Leaders. Cholera may remain a long term problem with the coming of rains coupled with epidemic confirmation of cholera in the Umfolozi area. A total of 24 volunteers have been trained at present. The SARCS is mobilizing more volunteers to carry out health education in the cholera endemic areas. With the expertise provided from the regional FACT, the SARCS is confident that it will be able to alleviate the suffering amongst the vulnerable groups in the two targeted areas.

South Coast •

The Red Cross is targeting assistance on the Mzumbe in Qwabe area. As a follow up to the results of the assessments and in order to start the implementation of the activities, a feasibility study in the two target areas and the pre-siting exercise has been carried out by the Red Cross with assistance from the Nduna (the headmen) and volunteers from the two areas.

25 sites have been identified and pre-sited for bore hole drilling, and a geophysical surveyor has been hired to do the final siting. So far, according to the studies carried out by the Red Cross watsan technician, the two areas have a high water table and the sites are accessible at the moment although this could prove to be more problematic if the rains and floods continue.

North Coast •

The Red Cross activities in the district of Empangeni are taking place in the area of Ndlagubo, located about 25 km from Empangeni town. The approximate population of 16,000 comprises 6 villages with 1,492 households, 970 which have no safe drinking water while another 955 households have no toilets. The SARCS has 13 volunteers assisting the communities with health education and the distribution of water purification tablets.

Harare Regional Delegation •

The present task in the region where cholera is endemic is to increase preparedness activities and develop early anti-cholera plans in co-ordination with the government health authorities. The Regional Delegation continues to support the SARCS in such preventive activities, with a volunteer and community-based approach.

The Regional Task Force still renders technical backup and support to the operation and a watsan technician (staff-on loan) from the Malawi Red Cross is providing the technical expertise. The Regional Delegation has supplied 50,000 water purification tablets. The two cholera kits and the two vehicles mentioned in the previous situation report have arrived and are operating. The Regional Branch Development officer is assisting in the most affected areas, supporting the SARCS activities in the affected areas and at the same time ensuring that capacity is built within the National Society. The

focus is particularly on strengthening the regional branches and local committees, the recruitment of new volunteers, and carrying out dissemination workshops for the current members and volunteers.

Outstanding needs

Donor support has been insufficient to fully implement the planned operation, and a revision is being considered to meet the SARCS's main objective of reducing the incidences of cholera cases by 60% during phase one by focusing on the areas of water chlorination, intensive public health education and latrine construction. In terms of latrine construction, 262 latrines are planned to be built with the Red Cross supplying materials and the community building the latrines.

The SARCS is presently engaged in a nation-wide fund raising drive to solicit funds for the appeal. In order to support the health education activities (accompanied by water purification in the communities) further personnel resources are needed, particularly for a watsan technician and a team leader. Funds are also needed in order to proceed with latrine construction and drilling of bore holes, otherwise these interventions which are crucial for combating cholera effectively will have to be suspended. In order to achieve a minimum of 60% coverage the operation needs an additional CHF 100,000.

External relations - Government/UN/NGOs/Media

The Red Cross enjoys productive relations with authorities at provincial and local levels where the Red Cross participates in the operational co-ordination meetings. The team has met with several representatives of authorities in the province in order to further implement or adjust the operation.

Contributions

See Annex 1 for details

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This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>

SOUTH AFRICA CHOLERA							ANNEX 1
APPEAL No. 32/2000		PLEDGES RECEIVED				12/28/00	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
CASH							
REQUESTED IN APPEAL CHF ----->				676,142		TOTAL COVERAGE 13.2%	
ICELANDIC - RC		200,000	ISK	4,055	14.12.00		
NETHERLANDS - RC		22,000	NLG	15,196	21.12.00	1 BOREHOLE	
SPANISH - RC		5,000,000	ESP	45,905	21.11.00		
SUB/TOTAL RECEIVED IN CASH				65,156	CHF	9.6%	
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 SHEL LIFE AND TRANSPORTATION	
SUB/TOTAL RECEIVED IN KIND/SERVICES				24,014	CHF	3.6%	
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:							