

# DREF operation update

 International Federation  
of Red Cross and Red Crescent Societies

## South Africa Rift Valley Fever

DREF operation n° MDRZA003  
GLIDE n° EP-2010-00080-ZAF  
Update n° 1  
24 August, 2010

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

### Period covered by this update:

14 April 2010 to 31 July, 2010.

**Summary:** CHF 41,159 (EUR 28,671 or USD 38,360) was allocated on 14 April 2010, from the International Federation of The Red Cross and Red Crescent's (IFRC)'s Disaster Relief Emergency Fund (DREF) to support South Africa Red Cross Society (SARCS) in delivering immediate assistance to 15,000 people affected by the Rift Valley Fever (RVF).

The main objective of the operation is to support SARCS Branches to effectively respond to the outbreak of RVF through the promotion of hygiene and the provision of health education to the affected communities. During the reporting period SARCS has been actively involved in health education and the distribution of personal protective equipment (PPE) for 3,000 vulnerable people working at the farms in three most affected provinces, namely; the Free State, Northern Cape and Eastern Cape. The Department of Health (DOH) as well as the Department of Agriculture, Forestry and Fisheries (DAFF) assisted SARCS volunteers to access the farms and conduct health education. However, during the Soccer World Cup hosted in South Africa, it was difficult to access some of the affected farms as the DOH officials were engaged in the World Cup activities. As a result, SARCS was not able to meet the 30 June 2010, deadline for completing the planned activities. Given this background the SARCS is requesting to extend the operation two months in order to complete the planned activities. The operation is thus expected to be completed by 31 August 2010. A final report will be made available three months after the end of the operation (i.e. November, 2010).



South African Red Cross volunteer hands out IEC materials on Rift Valley Fever to a farm worker

### The situation

South Africa has been experiencing outbreaks of RVF since 1999. The Free State and Northern Cape Provinces have been the most affected by the recent outbreak. A total of 229 confirmed human cases and 26 deaths have been reported as at 30 July, 2010<sup>1</sup>. The cases ranged in age from 1 – 86 years (median 43 years), and the majority (86 percent) were male. The Free State with 123 cases and Northern Cape with 75 cases remain the worst affected provinces. Each of the two provinces reported 11 deaths from the disease. Over 50,000 animals are estimated to have been infected with over 1,500 reported to have died from RVF. The distribution of human cases and deaths by province is shown in Table 1 below. In support of the government, SARCS targeted to assist an estimated 3,000 people working at the farms in the two provinces, through mitigation activities.

**Table 1. Distribution of RVF Cases and Deaths by Province**

Province (place exposed)	Cases	Deaths
Eastern Cape	17	1
Free State	123	11
Gauteng	0	0
KwaZulu-Natal	0	0
Limpopo	0	0
Mpumalanga	0	0
Northern Cape	75	11
North West	9	2
Western Cape	4	1
Unknown	1	-
<b>South Africa Total</b>	<b>229</b>	<b>26</b>

The IFRC Southern Africa Regional Representation office provided technical and funding support to assist SARCS in responding to the RVF outbreak. The National Society has been actively involved in health education and the provision of infection control kits to the affected people that include those working at the farms and small scale farmers. The response operation is in three most affected provinces namely the Free State, Northern Cape and Eastern Cape. It has been however difficult to get farmers to give their workers time off to attend health education sessions provided by SARCS.

### Coordination and partnerships

The SARCS continues working closely with the DOH and the DAFF. The training of volunteers and community members on hygiene promotion and health education was conducted jointly with the DOH in Northern Cape and Free State Provinces. DAFF works very closely with the farmers' consortium, AGRIFORUM, through which permission is granted to SARCS via the DOH to visit affected farms. SARCS also on a regular basis participates in coordination meetings with representatives from the national DOH and WHO.

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<sup>1</sup> Report of the National Department of Health

# Red Cross and Red Crescent action

## Progress towards objectives

Emergency Health	
<b>Objective: To reduce health risks, morbidity and mortality as a result of the emergency on the affected population and livestock through the provision of health promotion and preventive community-level services (health education) to farm workers in affected regions for three months</b>	
Expected Results	Activities Planned
The number of cases of RVF in humans and animals is significantly reduced.	<ul style="list-style-type: none"> <li>Distribute and support the use of personal protective equipment (gloves, masks and aprons) amongst 3,000 farm workers and residents in neighbouring informal settlements.</li> <li>Conduct hygiene promotion campaigns within the affected population, focusing on behaviour change.</li> <li>Provide 3,000 copies of information, education and communication (IEC) materials on RVF, hygiene promotion (printed materials, posters, flyers etc).</li> <li>Train 50 volunteers in community-based health and First Aid (CBHFA) approach.</li> <li>Equip 50 community-based volunteers with protective clothing (gloves, masks, apron, etc).</li> <li>Provide 50 volunteers with logistical support to carry out awareness activities (e.g. fuel, transport, stipend, communication).</li> </ul>

### Progress:

So far SARCS has distributed 2,767 personal protective kits to small scale farmers and farm workers from over 200 farms and informal settlements in the Northern Cape and 50 farms in the Free State Provinces. The National Society also conducted hygiene promotion campaigns with the affected communities. By the end of July 2009, a total of 5,140 people had been reached with hygiene promotion activities on farms and informal settlements in the Northern Cape Province. Overall, SARCS reached over 250 farms in two provinces; thus 1,000 farm workers and 2,500 family members. The National Society conducted health education sessions in 25 informal settlements reaching 1,679 homes with over 5,600 people.

SARCS also distributed personal protective kits to 50 volunteers in Free State and the Northern Cape Provinces. The equipment consisted of N95 respirators, gloves, aprons, plasters, masks, bandages and hand sanitizer spray. The volunteers were also trained on proper use of the infection control kits.

In Kimberley, in the Northern Cape Province, SARCS broadcasted messages on prevention and control of RVF through a local radio station in Platfontein, which reached the San community who hardly understands any other language apart from the local languages. Door-to-door awareness campaigns on RVF were also conducted in informal settlements and small farm holdings in the province.

Community awareness campaigns on RVF were also conducted in the Free State Province. In addition, a total of 475 households were reached through door-to-door campaigns in Thabo Mofutsuyana District.

**Table 2: Number of people reached through RVF awareness campaigns in Free State Province:**

Locality	Number of People Reached	
	Farms	Informal Settlements
Grootdam	119	-
Thaba Nchu	89	-
Thabo Mofutsanyana	129	638
<b>Total</b>	<b>337</b>	<b>638</b>

SARCS collaborated with DOH in training 25 Red Cross volunteers in the Northern Cape Province on community mobilization and mitigation of RVF. A further 46 volunteers comprising of 25 from the Northern Cape and 21 from Free State Provinces were trained on CBHFA focussing on epidemic control. The trained volunteers were deployed to affected farms and communities, as well as to the neighbouring villages and informal settlements to conduct health education activities and mobilisation campaigns on CBHFA.

During the reporting period, SARCS volunteers referred 108 females and 72 males with severe headache, prolonged coughing, diarrhoea, vomiting, nausea, night sweats, and general body pains to hospitals, clinics and voluntary counselling and testing (VCT) centres. The National Society managed to provide travel allowances to the volunteers to enable them to visit the affected farms. In areas where the farms were too far away, transport was provided to take the volunteers to and from the farms. Each volunteer received a daily stipend totalling ZAR 500 for the twenty days of the campaign.

**Impact:**

- The operation facilitated strengthened working relations between SARCS, DAFF, DOH, community leaders, councillors and farmers.
- The protective clothing was well received, as evidenced by the continued use by the recipients.
- Farm workers demonstrated high level of awareness of the consequences of contracting RVF and other diseases.
- Most farm workers were unwilling to go to clinic for treatment due to the distance between their homes and health facilities. The close working relationship between SARCS and the local clinics has helped the Red Cross staff and volunteers to refer the vulnerable people to the health facilities for tests and medical attention.

**Challenges:**

- Most areas particularly in the Northern Cape have many stray animals such as pigs and goats, which increased the risk of spreading RVF and other animal-borne diseases.
- In Platfontein, a Khoisan village has language barrier as residents only understand and speak local languages which are Xhnu and Khwe; a few people can speak and understand Afrikaans or English.
- In the Free State, SARCS volunteers had to make contact first with their local health authorities, a process that longer than anticipated. This contributed to the delays in relief activities.
- In some areas such as Thabo Mofutsuyana District, it was difficult to mobilise farmers to allow their employees time to attend health education sessions. In addition, some farmers did not give enough time to SARCS volunteers to go through the full health education sessions.
- Practices such as eating meat from sick animals to avoid wastage were difficult to overcome and most animals especially in some communities were sick and abused. Some farm workers were unwilling to leave their livestock unattended to go to clinics or hospitals as they fear they would be stolen.

## How we work

All International Federation assistance seeks to adhere to the **Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief** and is committed to the **Humanitarian Charter and Minimum Standards in Disaster Response** (Sphere) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### **Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

### **For further information specifically related to this operation please contact:**

- **In South African Red Cross Society:** Mandisa Kalako-Williams, Secretary General; Email: [mandisak@redcross.org.za](mailto:mandisak@redcross.org.za); phone: + 27.12.431.2000/02/04/05; fax: + 27.12.431.2006
- **In IFRC Southern Africa Region:** Ken Odur, Regional Representative, Johannesburg, Email: [ken.odur@ifrc.org](mailto:ken.odur@ifrc.org), Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- **In IFRC Southern Africa Region:** Health and Care Unit: John Fleming; Email : [john.fleming@ifrc.org](mailto:john.fleming@ifrc.org); Phone: Tel: +27.11.303.9700; +27.11.303.9743; Fax: +27.11.884.3809; +27.11.884.0230
- **In Geneva:** Christine South, Operations Coordinator for Southern Africa region; phone: Tel +41.22.730.4529; fax: +41.22.730.0395; email: [Christine.South@ifrc.org](mailto:Christine.South@ifrc.org)

For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):

- **In IFRC Africa Zone:** Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email: [terrie.takavarasha@ifrc.org](mailto:terrie.takavarasha@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

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# International Federation of Red Cross and Red Crescent Societies

MDRZA003 - South Africa: Rift Valley Fever

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/1-2010/12
Budget Timeframe	2009/04-2010/07
Appeal	MDRZA003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	25,433					25,433
B. Opening Balance	0					0
<b>Income</b>						
<u>Other Income</u>						
Voluntary Income	41,159					41,159
<b>C6. Other Income</b>	<b>41,159</b>					<b>41,159</b>
C. Total Income = SUM(C1..C6)	41,159					41,159
D. Total Funding = B + C	41,159					41,159
Appeal Coverage	162%					162%

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	41,159					41,159
E. Expenditure	-41,292					-41,292
F. Closing Balance = (B + C + E)	-133					-133

Selected Parameters	
Reporting Timeframe	2009/1-2010/12
Budget Timeframe	2009/04-2010/07
Appeal	MDRZA003
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>25,433</b>					<b>25,433</b>	
<b>Supplies</b>								
Clothing & textiles	3,558							3,558
Other Supplies & Services	470							470
<b>Total Supplies</b>	<b>4,028</b>							<b>4,028</b>
<b>Transport &amp; Storage</b>								
Storage	1,458							1,458
Transport & Vehicle Costs	5,958							5,958
<b>Total Transport &amp; Storage</b>	<b>7,417</b>							<b>7,417</b>
<b>Personnel</b>								
National Staff	4,853							4,853
<b>Total Personnel</b>	<b>4,853</b>							<b>4,853</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	3,720							3,720
<b>Total Workshops &amp; Training</b>	<b>3,720</b>							<b>3,720</b>
<b>General Expenditure</b>								
Information & Public Relation	1,075							1,075
Office Costs	1,000							1,000
Communications	1,250							1,250
Financial Charges	438	1,244				1,244		-807
<b>Total General Expenditure</b>	<b>3,763</b>	<b>1,244</b>				<b>1,244</b>		<b>2,518</b>
<b>Programme Support</b>								
Program Support	1,653	2,520				2,520		-867
<b>Total Programme Support</b>	<b>1,653</b>	<b>2,520</b>				<b>2,520</b>		<b>-867</b>
<b>Operational Provisions</b>								
Operational Provisions		37,528				37,528		-37,528
<b>Total Operational Provisions</b>		<b>37,528</b>				<b>37,528</b>		<b>-37,528</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>25,433</b>	<b>41,292</b>				<b>41,292</b>		<b>-15,859</b>
<b>VARIANCE (C - D)</b>		<b>-15,859</b>						<b>-15,859</b>