

UNICEF SOUTH AFRICA

Immediate Needs of Children and Women Affected by the Cholera Outbreak



16 December 2008

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

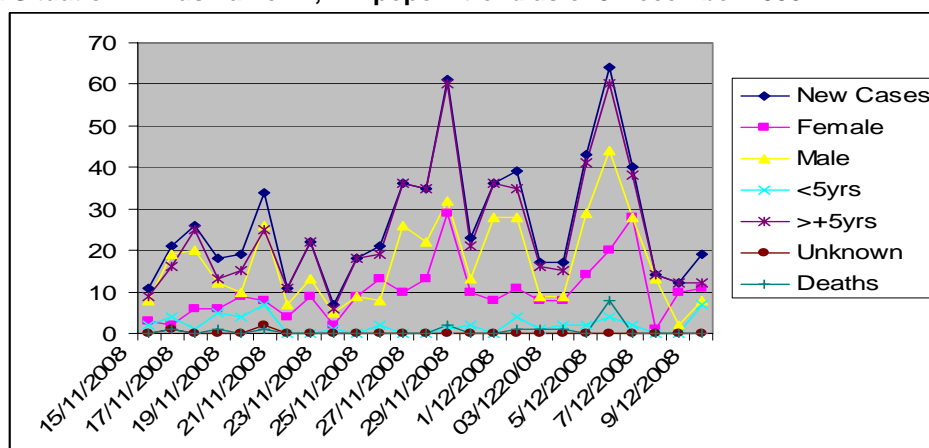
The humanitarian crisis in Zimbabwe is increasingly taking on a regional dimension. The outbreak of cholera which started in Zimbabwe is now spreading to neighboring countries, namely Mozambique, South Africa and Botswana. According to the UN in Zimbabwe, as of 9 December, there were 13,960 suspected cases of cholera and 589 related deaths. In South Africa, the first case was registered on 15th November in Musina town in Limpopo Province situated 15 km from the Zimbabwe border and with a population size of approximately 50,000. Since November, cholera has spread to all nine provinces in South Africa. According to a joint Government of South Africa/WHO report, as of 10 December 2008, there were a total of cumulative 720 cases of cholera since 15 November and 11 deaths (1.5% CFR). The most affected province is Limpopo which has recorded 664 out of a total of 721 cases in the country.

On 11 December 2008, following the visit of the Minister of Health to Musina on 9 December, the Government of South Africa declared the Vhembe district (where Musina town is situated) a disaster area. The below graph and table give the trend and latest official statistics:

EPIDEMIOLOGICAL DATA: as of 10 December 2008

	Limpopo	Gauteng	Mpumalanga	Kwa Zulu Natal	North west	East cape	Northern Cape	Total
Cumulative number of cases	664*	40	1	2	1	1	1	720
Cumulative number of deaths	8	2	0	1	0	0		11
Cumulative number lab confirmed	21	15	1	2	1	1	1	41
Patients in the wards	46		0	1	0	1		48
New cases of the day	19	1**	0	0	0	0		20
Discharged today	Pending		0	0	0	0		
Cumulative total < 5 years	51	pending	pending	Pending	pending	pending		

Cholera Situation in Musina Town, Limpopo – trend as of 9 December 2008



The situation is exacerbated by the clandestine movement of illegal immigrants into South Africa and the inadequate water and sanitation facilities and poor hygiene at the “show ground”, a temporary processing centre (open space) established by SA authorities to review the cases of asylum seekers. Hundreds of Zimbabweans spend days and nights on end at the show ground under very poor conditions waiting to have their cases reviewed. Most asylum seekers are men but there are also women and some children. There are no adequate measures in place for the protection of women and children against abuse and exploitation. Some support is being provided by UNHCR and MSF in the areas of WASH and health at the showground but access to basic services remains inadequate. In addition, the Limpopo River was found to be contaminated by cholera.

While joint efforts by Government and partners have helped to contain the epidemic, more can be done to improve case management and intensify health education and hygiene promotion in Limpopo Province and beyond so as to control the spread of the epidemic. In addition, the increased movement of population expected during the upcoming holiday season could contribute to a further spread of cholera in the country unless aggressive there is an aggressive health education campaign.

Beyond cholera - the situation of women and children in the Musina area: While the cholera outbreak on Zimbabwe has caught world attention, it is important to not lose sight of the wider humanitarian crisis which is unfolding in the region. Children form part of the increasing number of migrant flows into South Africa. According to a Save the Children report, there are currently an estimated 2,800 unaccompanied children in the Musina area. A recent study commissioned jointly by Save the Children Alliance, the International Rescue Committee and UNICEF found that children who arrive from Zimbabwe to South Africa they have no shelter, language is a barrier to their integration and schooling, and, without legal status in the country, and their access to basic social services are very limited. The children are also exposed to abuse and exploitation and are under constant threat of being arrested and deported. Many children reported they have been physically abused, including sexual abuse while crossing the border. Ninety two per cent (92%) of the unaccompanied children who were interviewed in Musina as part of the study live on the streets or in dangerous places such as taxi ranks, bushes and at the border between Musina and Beit Bridge, with all the consequences these places imply for their physical and psychological well being. There are many unaccompanied children, especially girls who work in the farming areas. They are exposed to harassment, sexual exploitation, rape and illnesses. The study also found considerable number of single young mothers with babies, who have with insufficient access to food for themselves and their children.

2. UNICEF'S EMERGENCY RESPONSE

On site, UNICEF is providing technical support to the development of district response plans on water, sanitation and hygiene through established social mobilisation and environmental health sub groups and has been involved in monitoring the implementation of identified prevention interventions. In partnership with Mvula Trust, a local NGO with extensive expertise in water, sanitation and hygiene promotion, UNICEF plans to intensify hygiene promotion and to conduct social mobilization through the Province of Limpopo. Efforts are underway to partner with Save the Children to address the protection and education needs of children arriving from Zimbabwe, in particular unaccompanied children.

In line with UNICEF's Core Commitments for Children in Emergencies, UNICEF in South Africa will support the following priorities to respond to the cholera outbreak and the needs of Zimbabwean children in and around Musina area. Specifically, it will:

1. Intensify the response to the cholera outbreak in Musina and other four district in Limpopo Province, namely in the areas of WASH targeting particularly high risk areas such as the show ground, commercial farms, hospitals and other gathering places.
 - **Target:** close to two million people will be reached in the five districts of the Limpopo Province with intense social mobilization in Vhembe district, *Musina* town:
2. Support hygiene promotion and social mobilization to prevent /limit the spread of cholera to other provinces.
 - **Target:** nationwide campaign to sensitise people on cholera prevention targeting millions of people, especially before the holiday season; and
3. Ensure unaccompanied and other children crossing the border have access to basic services, play and recreation activities and are protected against abuse and exploitation.
 - **Target:** children in and around Musina. Exact numbers not known but will include support to about 3,000 unaccompanied children.

The priority actions to be supported to achieve the above are as follows:

Water, Sanitation and Hygiene

- Conduct a rapid assessment to ensure adequacy of water supply, sanitation and hygiene awareness and promotion activities.

- Capacitate local volunteers and community health workers in the application of preventative health and hygiene awareness campaign.
- Implement a social mobilization campaign among the targeted population. This includes both the local population and asylum seekers, using multiple channels of communication;
- Produce and disseminate promotional materials for correct health and hygiene behaviour to prevent water-related diseases, including cholera.
- Where deemed necessary, and at the request of the South African Government, UNICEF will procure and distribute to the affected communities hygiene kits, purification tablets, water buckets, portable latrines, soap for hand washing etc. An estimated number of 20,000 people will benefit from this intervention. Duration; three months.
- Support a national social mobilization and hygiene promotion campaign, using TV, radio and print media, targeting the population nationwide. Duration; three months

Child Protection

- Through civil society networks, UNICEF will establish an internal tracing procedure and mechanism to respond to the needs of children “left behind” in Musina or with relatives elsewhere in SA.
- Capacity of existing drop in centres, feeding points and faith based organizations will be strengthened to provide psychosocial care and facilitate access to social services.
- Child exploitation will be monitored and support will be offered to the children working on commercial farms and girls exposed to sexual exploitation.
- The risks of gender based violence will be reduced through collaboration with key organisations, and establishment and dissemination of standard operating procedures in providing services to survivors of sexual violence, involving health, police, social workers and prosecutors.
- Awareness of border patrol, border-related service providers, truck, taxi and bus drivers, and “gumagumas” will be raised on child protection and SGBV in particular.

Education (including early childhood development)

- Establish one to two child-friendly spaces per camp surrounding asylum centres that will include learning opportunities for literacy and numeracy.
- Provide learning and teaching materials for an estimated 250 school age children
- Establish safe and secure playgroups linked to the child friendly spaces to provide informal and structured early childhood development interventions and activities for children from birth to 6 years of age
- Provide 10 early childhood development emergency kits for an estimated 300 infants and young children.
- Support learning and play group facilitators

Assessment, Monitoring and Evaluation- ongoing as the outbreak evolves

- Assess the situation in Musina and neighbouring locations and identify response gaps.
- Monitor and field reporting on the cholera situation in Musina and neighbouring affected locations for shaping the emergency response.
- Document of lessons learnt from the prevention and control of cholera outbreak to inform interventions in the future.
- In collaboration with NGOs and government social services on both sides of the border, establish cross border family tracing, including identifying of school-age children, and creation of an information management system.
- Periodically report on identified and supported children and women.

COORDINATION AND NATIONAL RESPONSE TO DATE

Internally, UNICEF South Africa has established an Emergency Management Team which provides overall coordination of the response and ensures links with national and UN coordination mechanisms and with the response team on the ground.

At the national level, the response to the immediate threat of the cholera outbreak is led by a National Multi-sectoral Cholera Outbreak Committee, which comprises the departments of Health, Social

Development, Water Affairs, Home Affairs, Provincial and Local Government and Defence; UN agencies – WHO, UNICEF, OCHA, UNHCR, IOM; and NGOs – Doctors without Borders (MSF) and the Red Cross. The Committee meets fortnightly for sharing information, identifying pressing needs and actions to be taken.

In Musina, coordination is done through the existing Joint Operations Committee (JOC) which is a standing coordination mechanism for disaster management under the Musina Municipality. The JOC has five sub-committees - Health, M&E and surveillance, social mobilisation and hygiene promotion, logistics and coordination. The JOC meets weekly with all departments, UN and NGO, to review the cholera and broader humanitarian situation in the area. In addition, the Department of Health meets daily with key departments to review and coordinate the response to the cholera outbreak. WHO, UNICEF and Save the Children attend these daily meetings and give feedback to the other implementing partners on the ground. The Department of Health releases official data on the cholera epidemic in Musina daily. OCHA has deployed staff to support with the coordination of the response on the ground.

Within the UN, WHO leads the UN support to prevention and control of the cholera outbreak, with support from UNICEF, IOM, UNHCR, OCHA and other agencies. A draft inter-agency response plan is being finalized in consultation with the Ministry of Health. In terms of division of labour, WHO is leading the overall coordination, the case-management and the disease surveillance components of the cholera crisis, while UNICEF is taking the lead in the areas of Water and Sanitation, Hygiene promotion and Social Mobilization to prevent and contain the spread of the epidemic. The UN Team is working closely with NGO partners on the ground.

WHO has brought in three experts and one has been deployed to Musina. UNICEF also deployed immediately after the onset of the outbreak, a Water, Sanitation and Hygiene Specialist (staff on loan from UNICEF Malawi) to Musina. Discussions around re-activation of the UN Disaster Management Team are on-going.

At the sub-regional level, inter-agency coordination is being facilitated by OCHA and WHO and through this mechanism; UNICEF Regional Office as well as UNICEF offices in Zimbabwe and surrounding countries take part in weekly conference calls to update each other on the situation and response in each country. OCHA is also considering issuing a regional Situation Report on the cholera outbreak. In the meantime, UNICEF in Zimbabwe and neighboring countries have been sharing regular updates on the situation.

MSF Belgium, Save the Children Alliance, SA Red Cross, Mvula Trust and Gifts of the Givers are some of the NGOs actively supporting the response. MSF Belgium runs a number of mobile clinics, including one at the “show ground”.

Save the Children supports close to 2,000 unaccompanied children in Musina. Ad hoc services are provided through churches, drop-in centres, etc. to unaccompanied and other migrant children but they accommodate few of them. Coordination amongst service providers needs to be strengthened to respond to the increasing magnitude of the phenomenon. Services in other border areas are virtually non-existent.

3. ESTIMATED FUNDING REQUIREMENTS FOR PLANNED ACTION FROM DECEMBER 2008 TO MAY 2009

In order to respond quickly and effectively, UNICEF is requesting US\$1,400,000 to meet the immediate needs of children and women throughout the affected areas. The duration of the interventions will be for an initial period of December 2008 to May 2009. However, UNICEF will closely monitor the situation and adjust the duration as appropriate.

Table 1. Estimated funding requirements from December 2008 to May 2009**

SECTOR	US\$
Water Sanitation and Hygiene Promotion	400,000
Child Protection	400,000

Education (inc. Early Childhood Development)	200,000
Programme Communication, Coordination and Logistics	309,000
Indirect Programme Support Costs (7%)	91,000
Total*	US\$ 1,400,000

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

**Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

Details of the South Africa emergency programme can be obtained from:

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