

Cholera Outbreak Ministerial Event
Speech by Mrs LB Hendricks, Minister of Water Affairs and Forestry
Ga-Motodi Village, Tubatse Local Municipality, Sekhukhuni DM
12 March 2009

Programme Director
MEC of Health (Mr S C Sekoati)
Executive Mayors
Councillors
Municipal Managers
Distinguished Guests
Officials
Ladies and Gentlemen

Good Morning, I am very pleased to be here today on this very important occasion to hand over a Package Water Treatment Plant as part of Government's cholera intervention/response plan.

Although our Government has made great progress in providing our people with water and sanitation in various parts of the country, and has already far exceeded the internationally set Millennium Development Goals, of serving half of population who were without water and sanitation in 1990 by the year 2014, the challenge remains enormous and urgent to provide services to those communities that have not yet been reached. We have set ourselves a target of providing universal access to a basic water supply and sanitation by the year 2014. I must therefore assure all of you present here today that all spheres of government are maximising the use of the available resources to ensure that everyone in this country has access to both water and sanitation by the target date.

While we are busy with this programme we are well aware of the impact of the lack of proper sanitation and safe drinking water, and how this has contributed to the loss of lives through cholera in the past few months. We, as caring Government cannot and will not tolerate/accept any loss of life due to waterborne diseases like cholera, typhoid and other waterborne diseases and that is why we have an intervention programme. National, Provincial and Local Government do have the responsibility to ensure that the basic needs of the people, including water and sanitation are met. This responsibility does however go beyond only the provision of toilets and taps, and includes the proper operation and maintenance of the water supply and sanitation systems which is a joint responsibility of the municipality and the residents.

Much as we have seen a significant decrease in the number of reported new cholera cases particularly where the outbreak has been the most serious in Limpopo and Mpumalanga, we are still very worried about the fact that there are new cases reported every day and some of these in areas where we have not had cases reported before. It is our aim to ensure that through our intervention programme we arrest the situation as soon as possible and that we have no new cases of cholera.

In some of the areas of Limpopo and Mpumalanga the cholera outbreaks are directly linked to the lack of sanitation facilities or the poor operations and maintenance of Waste Water Treatment works where the effluent from these plants has not been properly disinfected and has led to the contamination of our rivers with bacteria and viruses. I am also concerned that as reported to me, many households are also not practising good health and hygiene which also gives rise to the spread of disease in the water stored, the food being prepared and through contact as a result of unwashed hands (the human to human spread of cholera). This further illustrates the need for government especially at a local level to look at service delivery in a more holistic manner, with municipalities working much more closely with communities to contain the disease and prevent its spread.

Just by way of providing some very important background information, cholera has been prevalent worldwide and in Sub-Saharan Africa since the early 19th century. It is caused by the bacteria *Vibrio cholerae* and is spread through the faecal-oral route and presents itself in a form of the sudden onset of diarrhoea, with or without vomiting and has an incubation period from only a few hours to 5 days. Whilst everyone is susceptible to cholera during an outbreak, the good news however is, although cholera can be life-threatening, it is easily prevented and treated, but if not treated immediately, can lead to death from the rapid loss of huge amounts of body fluids and electrolytes.

I cannot stress enough the importance of Health and Hygiene education and practises in preventing the spread of cholera which is equally as important as the provision of clean water and adequate sanitation. The contamination route can be successfully broken through the practice of safe and appropriate health and hygiene, and here I refer to the very basic things like washing of hands with soap and water after using the toilets and before handling food, by taking extra caution to clean containers and utensils used to carry and store water. I would therefore encourage all of us to adopt a hygienic lifestyle as part of your day to day activities. I would further urge those communities that are still to be served with water services to be patient, but at the same time to take additional preventative measures against the possible spread of cholera.

If you are forced due to circumstances to have to use untreated water, or you are unsure of the quality of your water, you must either boil your water for at least one minute before use, or when you have collected your water pour the water through a clean cloth into a clean container, add one tea spoon of bleach or Jik in each 20 litres water containers and let the water stand for at least 30 minutes before use. You must store your water in a clean closed container and you must use clean cup when you scoop water out of the container. You must also make sure that you wash your hands with soap after you have been to toilet and keep the toilet clean. I would

urge all of you to tell others what I have just told you to do, If we all work together in a responsible way we can stop the spread of cholera.

My Department is implementing appropriate interventions, in high risk areas where incidents of cholera and other water borne diseases have already occurred or are likely to occur. These are areas where there is a very high number people without access to services, or where the infrastructure is in a poor state, or where there are high incidents of faecal pollution, particularly of the water resources. These interventions could include the carting of water by tanker to communities, the provision of emergency package water treatment plants, the provision of jik and soap and the provision of suitable hygienic containers to store water.

I am also very concerned about the number of cases of non-compliance of water treatment and wastewater treatment plants by municipalities and other role players. This non compliance just serves to make the situation worse and threatens both human health and the environment. I have instructed my officials to take swift action to ensure that there is compliance with the legislation and where appropriate to provide support to municipalities to rectify problems. Where there is a total disregard of compliance directives will be issued to municipalities, the private sector, individual farmers, and other government departments with the aim of ensuring that our water resources are protected and utilised efficiently for the benefit of all. Failure to comply with the directives could lead to legal action being taken

We will also continue to monitor and assess the quality of drinking water provided to consumers through our nation wide water quality monitoring programme and identify “hot spots” where it may be necessary to intervene. We will also continue to monitor the quality of both tap and raw (untreated) water. For example, in the Greater Tubatse Municipal area , when we found the presence of bacteriological contamination at Ga-Motodi Village (on 27 December 2008) we were immediately able to requested the municipality to issue a “Boil Water” alert as a preventative measure until such time when adequate disinfection could be guaranteed. Such steps are of critical to minimise the opportunity for the spread of disease. As a

response in areas cases where contamination has been detected, we also as an interim measure to send water tankers to cart water to communities.

I must say that while it is encouraging to see an improvement in water quality management since January of this year, we will nevertheless continue to apply pressure on the municipality until such time that we are entirely satisfied with the operations. While my Department has issued a directive to the municipality to ensure the problems at the Steelpoort and Burgersfort waste water treatment facilities are rectified as soon as possible, we will also continue to work with the Greater Sekhukhune District Municipality in repairing non-functional schemes and to monitor water quality. I must also acknowledge the step taken by the Municipality to appoint Lepelle Water Bord to assist them with dealing with the problems at the waster water treatment plants.

I am informed that since 2003, MIG funded water and sanitation projects which have been implemented in the Sekhukhune to the value of R3.2bn which comprises 208 water projects and 20 sanitation projects of which 10 have been for rural household sanitation. In order to address some of the most urgent backlogs my Department will be allocating additional funds to accelerate rural sanitation delivery. These projects will also create additional job opportunities in the communities. Furthermore as an emergency intervention my department has purchased a number Package Water Treatment Plants and one of these has been handed over this morning at Bothashoek.

In order to combat the cholera outbreak, we will, in collaboration with the Department of Health and the Municipalities (including Tubatse), continue to spread the messages to make people aware of what they must do to prevent the spread of cholera by placing Radio adverts in both Capricorn FM and Limpopo Combo. We will continue with the distribution of cholera awareness raising material, door to door visits, road shows, and installing emergency water purifying plants as we have just done this morning at Bothashoek.

In conclusion I would like to acknowledge the work that has been done by the Sekhukhune Joint Operation Committee (JOC) together with the stakeholders who have played a role in dealing with the cholera outbreak.

Lastly, I would like to indicate that even with all the support systems in place, It will take some more time to completely eradicate cholera due to the movement of people from affected areas to non affected areas. In addition the rainy season will also contribute to the spread of cholera. We must therefore continue to actively take up this challenge, and practice good hygiene and sanitation and keep all these preventative measures in mind as we are all vulnerable to these bacteria. We must make Health and Hygiene every ones responsibility.

I Thank You!