

# MEDIA RELEASE



*Viva Water Pure and Clean Viva Forests Rich and Green*  
Department of Water Affairs and Forestry - Chief Directorate: Communication  
Services

## **MEDIA STATEMENT BY MINISTER RONNIE KASRILS, MINISTER OF WATER AFFAIRS AND FORESTRY**

**18 January 2001**

**Embargo: 2pm**

Following the report of the World Health Organisation, released on Monday, my department has been discussing the improvement of existing long-term as well as short-term solutions to the Cholera epidemic which is affecting KwaZulu-Natal.

I will be travelling through the Cholera affected areas for the next two days to determine what further measures can be taken to help those who are vulnerable in this tragedy.

I believe the appointment of Mr Lawrence Sithole from our head office in the newly created post of Chief Director for my department in KwaZulu/Natal will go a long way in assisting the regional office to accelerate the delivery of water and sanitation services.

A key aspect of my Department's programme to combat the Cholera epidemic is the acceleration of the provision of sanitation and water.

In 1994, 4,3-million people in Kwa Zulu/Natal had no access to basic water. However, during the last six years, 1,2 million have been given access to basic water at a cost of R890-million.

With regard to sanitation in 1994, 3,7 million people had no access to basic sanitation. Outside of the urban areas where there has been much

progress and a number of pilot projects in rural areas, much needs to be done.

The approach so far has focused on the pilot projects in rural areas and a multi-dimensional approach through a National Sanitation Task Team. Cabinet has recognised the weaknesses of this approach and at committee level this week recommended that my department is to lead and coordinate the sanitation programme in the country and to review the existing policy which clearly needs to be changed.

This is clearly an area that needs urgent acceleration of service delivery.

To this end, I want to announce that a minimum R15-million from the national reprioritisation of funds will be made to the former Ugu Regional Council to be spent this financial year. These funds will provide 65 000 people with sanitation and 30 000 people with water in five communities.

The department has some additional funds in reserve, which will be allocated on the basis of progress. The Ugu initiative will also serve as an important kick-start for acceleration of our rural sanitation programme in the province.

In addition to the R15-million, the department has re-allocated a further R20-million to the Uthungulu region and other affected areas for the provision of sanitation and water before the end of the current financial year.

Short-term solutions under consideration are:

- The provision of emergency water;
- The rehabilitation of existing water sources;
- The distribution of bleach;
- The construction of toilets;

I will be discussing with the provincial Cholera Crisis Operation Centre and officials from the regional office of the Department of Water Affairs and Forestry, the most effective short-term actions to combat the epidemic with the available resources.

A further R100-million will be made available over the next three years for the delivery of water and sanitation services in Cholera-affected areas in KwaZulu/Natal.

With the help of a R320-million European Union grant, the total allocation over the next three years for the provision of water and sanitation to Kwa Zulu/Natal will be R670-million. This represents a 50 percent annual increase on the current expenditure.

Since December, my Department with the assistance of the Kaiser Foundation and the World Bank has erected 23 playground water pumps in KwaZulu/Natal. These measures are aimed at providing clean drinking water to schools. Eleven of these playpumps have been installed in the Empangeni and Eshowe areas following my visit in October.

In its report the World Health Organisation recommended the re-definition of roles and responsibilities of the different sectors involved in the control of the epidemic in order to place intersectoral coordination at a higher level to hold every sector accountable in its relevant areas.

I strongly agree with the WHO recommendation. In this regard I have had discussions with the Minister of Health, Dr Manto Tsabalala-Msimang and the Minister for Provincial Affairs and Local Government, Mr Sydney Mufamadi. We have agreement in principle mobilise the National Disaster Management System.

This will provide coordination resources as well as a mechanism to engage the local governments and their relatively extensive resources and knowledge in a more structured way.

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