

CHOLERA INTERVENTION STRATEGY-MPUMALANGA

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SOUTHERN SUN HOTEL:PRETORIA

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Introduction

The interventions that are under discussions covers what Ehlanzeni district did during the outbreak with the support of both provincial and national health

The MJOCs which usually have monthly meeting were activated to have weekly meetings at sub-district level, weekly district and provincial JOCs

All stakeholders were mobilised to participate in the MJOCs

A cholera district office and health promoting teams were established

Introduction

Number of health promoting teams were established in relation to the intensity of the outbreak and the size of the sub-district

5 for Bushbuckridge, 6 for Mbombela and 2 for each of the remaining 3 sub-district

Sub-district managers took charge of management of the situation including reporting daily

Consolidation of the report done by the district cholera team and sent to the province daily

KEY INTERVENTION STRATEGIES

- Three main intervention strategies were defined namely;
- Health promotion and community mobilisation
- Case management and surveillance
- Environmental health

HEALTH PROMOTION AND COMMUNITY MOBILISATION

The action plans for community mobilization were developed and implemented

active surveillance by providing health education to contacts and households

Conduct house-to-house visits in all affected areas

loud hailing to affected communities

Train community based workers to assist with house-to-house health education

Conduct health education at schools, churches, community meetings, funerals

HEALTH PROMOTION AND COMMUNITY MOBILISATION

- Create awareness through the utilization of Bushbuckridge Community Radio Station, Nkwekwezi and Ligwalagwala FM
- Training on the management of cholera at facilities per local area.
- IEC materials distributed
- Chloro-floc sachets distributed
- Jik distributed
- Life serving messages are provided during all health promotion interventions:

CASE MANAGEMENT AND SURVEILLANCE

Training on case management and surveillance

Received support from the NDoH, NICD and WHO with training material

- Training content covered:
 - Case Management
 - Infection control
 - Surveillance
 - Laboratory services
 - Logistics and supplies
- Provide daily updates on cases and deaths and trends of cholera
- Ensure prompt management of all patients within 5 minutes of arrival

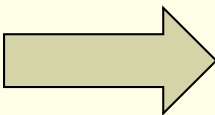
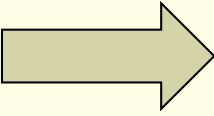
ENVIRONMENTAL HEALTH

- **Water Supply**
- Formation of a collaborating team representing:
 - District and Local Municipality
 - Bush Water Board
 - DWAF
 - Water For All
 - Silulumanzi
 - DoH -EHP`s
- Chlorination of boreholes

ENVIRONMENTAL HEALTH

- DWAF taking samples from all river, also from all sewage plants
- Municipalities to coordinate all the results and all activities taken in terms of water samples
- **Sanitation**
- Asses sanitation conditions at public facilities and households affected during surveillance
- To follow-up on non compliance situations and ensure improvement.

REPORTING

- All cases will be reported immediately through line-lists from the health facilities to Sub-district who must report to the District, Province and the NDoH daily
- Daily outbreak updates will be prepared and shared with all the relevant levels
- Sub-district NDoH  District  Province ⇨

PROGRESS TO DATE

- To date the total number of cases are 5489
- Total death 30, with 22 in BBR, 7 in Mbombela and 1 in Thaba Chweu
- Daily new cases ranges 90 and 120
- Bushbuckridge municipality had the highest number of cases initially but now Mbombela is with 3264 versus 1700 for BBR
- 63% of the affected people are women

CHALLENGES

- During the initial phase of the outbreak resources were a challenge.
- Consolidation of issues raised by different stakeholders were addressed by the MJOCs.
- Each stakeholder was expected to commit support actions which were all carried out per the detailed action plan developed.

THANK YOU FOR LISTENING

■ **KHANIMAMBA!!!!!!**