

Western Cape Province:
Guidelines for Emergencies
August 2008

1. Purpose of this Document

The purpose of this document is to provide guidance to any institution, organisation or department responsible for delivery of emergency support with reference to both short and long term relief.

2. Introduction

The primary aim of emergency interventions should be to ensure that the nutritional and health status of the affected population is not negatively affected by the disaster. The affected people are likely to be distraught about the loss of their homes, belongings, and should not have to worry more about where the next meal will come from.

The immediate objective of emergency support is SURVIVAL. The provision of the necessary services will go a long way towards boosting morale and preventing panic.

3. Classification of Emergency Situations and Response

An emergency situation is an unexpected situation or sudden occurrence of a serious nature that demands an immediate intervention. Food shortages can be a primary feature of an emergency, as in droughts, floods, economic disaster, population displacement or war that could lead to famine.

The Western Cape Provincial Government provides three days (3) support in the event of natural disasters. This can however be extended depending on the nature of the disaster.

The following standard package of services is provided depending on the circumstances. This includes:

- Food, including infant formula and disposable nappies
- Blankets
- Clothing is provided when donated
- Trauma Counseling
- Chronic Medication
- Removal of children and women at risk
- Beneficiary identification and verification
- Referral to other services e.g. health, education
- Mattresses are provided in exceptional circumstances

A once-off payment of R500,00 per household can be made by government to victims to cover losses on condition that:

- The victims of the disaster are uninsured
- The victims of the disaster have lost everything (e.g. shack fire)
- The payment is subject to a thorough assessment to ensure the criteria are met

It should be noted however that in the cases of long-term emergencies, mediation, security, extended accommodation and feeding, and reintegration support can be provided.

4. Standards pertaining emergencies longer than 4 weeks

4.1 Food and Nutrition

4.1.1 Emergency Food Options

Individual nutrient requirements are estimated according to age, weight and physical activity. Planning for every individual in need would therefore be very difficult. To facilitate planning of meals or food rations it is recommended that the food should at least supply the recommended dietary allowance (RDA) for energy, protein, fat, calcium, iron, vitamin A and C for the following groups:

- Six months to two years;
- Two to ten years; and
- Individuals above ten years

4.1.2 Food Quality and Non-Food Commodities

All food and commodities must conform to government legislation regarding storage, preparation and distribution.

4.1.3 Rations for Vulnerable Groups

Should emergency feeding be long term specific attention will need to be given to vulnerable groups and rations adapted accordingly. Such groups include:

- HIV /AIDS and other debilitating conditions in emergency situations
- Low birth-weight or premature infants
- Infants and young children who are malnourished
- Pregnant and lactating mothers
- Adolescent mothers and their infants
- Elderly people
- People with disabilities

4.1.4 General principles for long-term emergency food provision for the needs of affected people

- Provide meals that are energy-dense and bulky to provide for the needs of affected people
- Ensure that food is handled and stored properly
- Foods are culturally acceptable
- Meals should provide at least 80% RDA for the various age groups' needs for the following nutrients: energy, protein, calcium, iron, Vitamin A, Vitamin B Niacin, Vitamin B1 and Vitamin C.
- It is recommended that children be given Vitamin A capsules at 6 month intervals
- Exclusive breastfeeding for six months should be promoted
- Breast milk substitutes should only be given to mothers:

- who have not been breast feeding their infants before occurrence of the emergency,
- who are unable to breastfeed their infants for some reason and
- who can sustain this method of feeding after the emergency situation
- Breast feeding should still be continued until 2 years and beyond. The frequency of feeding should be increased and be age appropriate for this age category.
- Formula milk should be given ONLY to children that are formula feeding and care should be taken for formula not to spill over to breastfeeding mothers.
- Mothers who are HIV positive should be supported, including- demonstrations of how to prepare the formula safely
- Sick children will need an extra meal for catch up growth.
- Food hygiene should be practiced at all times

4.2 Health

4.2.1 Access and Practices

All members of the community, including vulnerable groups, must have access to priority health interventions, including adequate supplies of safe water, sanitation, food and shelter, infectious disease control and disease surveillance.

The number, level and location of health facilities must be appropriate to meet the needs of the population, within the resources available to the State for general health services.

Emergency transport must be organised for patients in an emergency situation as per provincial policy regulating the Emergency Medical Services.

People must have access to a consistent supply of essential drugs at the nearest health facility

4.2.2 Administration of Vitamin A Capsules

The high dosage vitamin supplements are to be administered by registered health care workers in clinics, health care centers and hospitals, and should be linked to existing systems and programmes, i.e. The Integrated Management of Childhood Illnesses (IMCI) at provincial facilities.

Routine Vitamin A Supplement Schedule

Target Group	Dosage	Schedule
Non breast fed infants	5000 000 IU (1 white capsule)	A single dose at the age of 6 weeks
All infants 6-12 months	1000 000 IU (1 blue capsule)	A single dose at the age of 6 months or up to 11 months)
All children 12-60 months	2000 000 IU (1 yellow capsule)	A single dose at 12 months and then every 6 months until 60 months
All post partum Women	2000 000 IU (1 yellow capsule)	A single dose at the delivery (not later than 6-8 weeks after

		delivery
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In a situation where the child is seen for the first time at the age of 15 months, the routine Vitamin A supplement should be administered immediately and given at 6 monthly intervals thereafter.

To prevent overdosing, care has to be taken to wait at least one month between dosages.

4.2.3 Communicable Diseases

Initiation of an outbreak investigation should occur within 24 hours of notification. All children will be immunised as per normal South African Department of Health protocols. A TB control programme must be implemented which is fully congruent with the existing National Department of Health programme.

With regard to HIV and AIDS, South Africa's national treatment protocols for the provision of anti-retroviral treatment (ART) will be followed. Cotrimoxazole prophylaxis will be provided to people living with HIV/AIDS at the nearest health facility. WHO Essential Drugs for HIV/AIDS management should be accessible at the nearest health facility. Condoms will be provided per site.

4.3 Water

South African policy determines a minimum of 25 liters per person per day will be provided. The maximum distance from any household/family to the nearest water point should be 100 meters. There must be at least one tap per 80 to 100 people.

4.4 Sanitation and Hygiene

Toilets should be allocated on a household/family unit basis for the best guarantee of proper maintenance of hygiene. As a second option, sufficient toilets must be provided so that there are no more than 25 people per toilet. Appropriate cleaning materials should be available at or near all toilets. They should be no more than 50 meters from dwellings and must be safe for women and children with lighting provided for safe use at night. Clearly marked separate toilets should be provided for men and women.

4.5 Solid Waste

All households/family units must have access to a refuse container and/or should be no more than 100 meters from a communal refuse pit. At least one 100 liter refuse container must be available per 50 families, where domestic refuse is not buried on site. Refuse collection should be done on a regular basis

4.6 Accommodation

Individual shelter should always be preferred to communal accommodation as it provides the necessary privacy, psychological comfort, and emotional safety. This will be provided subject to available resources. Safe play areas should be made available for children, and access to schools and other facilities provided where possible.

Family units to be considered with space of 3.5m² per person. A clear area between shelters 50m wide should be provided for every 300m of built up area.

4.7 Bathing and Washing

Sufficient bathing cubicles must be provided, with separate cubicles for males and females. Facilities must be located in central, accessible and well-lit areas. At least one washing basin per 100 people must be provided, and private laundering areas must be available.

4.8 Personal Hygiene

Each person must be furnished with or have access to bathing and laundry soap. Women and girls must have access to sanitary materials for menstruation. Sufficient diapers must be provided for infants and children up to 2 years old or where necessary.

4.9 Social and Mental Health

Individuals experiencing acute mental distress after exposure to traumatic stressors must have access to psychological first aid at health service facilities and in the community.

4.10 Communication

Access to an ongoing, reliable flow of credible information on the disaster and associated relief efforts must be given. Communication must be uncomplicated and in the language of the affected community.

4.11 Safety and Security

A security threat assessment will determine the extent of security required. The following should be addressed:

- Access Control
- Protection issues of women and children
- Coordination and clear role clarification of SAPS, Metro Police, Law Enforcement, National Intelligence Agency and Home Affairs.
- Call-out procedures for security incidence
- A fire risk assessment should be conducted and fire protection equipment should be provided determined by the SABS codes