



REPUBLIC OF CONGO: CHOLERA IN POINTE NOIRE

No. MDRCG002

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 38,385 (USD 30,708 or EUR 23,694) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to respond to the needs in this operation. This operation is expected to be implemented over three months, and will be completed by the 6 May 2007; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Background and current situation

In late December 2006, several cases of diarrhoea were reported in Pointe Noire, the port city of the Republic of Congo. Initially it was thought that they were caused by food poisoning but authorities at divisional and national levels later confirmed them to be cholera, following clinical observations and laboratory tests in Brazzaville. Towards the end of December 2006, 60 cases had been registered (including 7 deaths) and on 27 January 2007, the Ministry of Health (MoH) officially declared a cholera outbreak. Since then, the epidemic has spread rapidly, affecting several families at the same time. By 30 January 2007, the figures rose to 3,030 (with 50 fatalities).

Pointe-Noire is the economic hub of the country and is located in a semi swampy area south east of the country, along the Atlantic Ocean. Some surroundings of Pointe Noire are named *Ndjindji*, a local word for swampy area. This geographical position exposes the town to the risks of waterborne diseases. The majority of the Congolese populations migrated to Pointe Noire, which is 500km south of the capital – Brazzaville, in the 1990s because of conflicts that prevailed at the time. The migration resulted in an increase in the number of inhabitants from 300,000 then to approximately 1 million today.

Several surroundings of Pointe Noire have been affected and there are fears that the situation might deteriorate as the rainy season continues. Currently, cholera patients are being taken care of in four cholera treatment centres (CTCs); Adolfe Scicé, Tsié Tsié, Loandjili and the Army's Central Hospital. However, the teams on duty in these centres are facing a shortage of beds and a limited number of skilled staff. The Pointe Noire Central Prison has also been affected, but sick inmates have not yet received medical attention. As of now, the epidemic has already spread to Brazzaville where 38 cases have been registered, including 4 deaths.

Red Cross and Red Crescent action

In response to the outbreak, 20 volunteers from the Pointe Noire Division of the Congolese Red Cross (CRC) were mobilized to launch an information, education and communication (IEC) campaign. The volunteers are also actively involved in conducting house-to-house visits and epidemiological surveillance in the port city and neighbouring villages affected by the epidemic. At national level, the health and disaster management departments of the CRC are currently developing a multi-sector plan of action to assist the affected people. The CRC is also participating in meetings of the crisis committee set up by MoH.

Government action

Following the outbreak, the government deployed a team to assess the situation in the field and to take necessary actions. It also set up a coordination committee which is jointly led by the Disease Control Department of MoH and the Divisional Health Unit of Pointe Noire.

Action of other partners

United Nations (UN) agencies such as the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) have been supporting the government in its action. WHO made available drugs, disinfectants as well as sprayers, and put three workers (local and regional) at the disposal of the MoH. UNICEF has provided oral rehydration salts (ORS) and disinfectants. In addition, within the framework of collaboration among partners, Médecins Sans Frontières (MSF) expressed the wish to work with local Red Cross volunteers in the treatment of cholera patients.

Coordination

A crisis committee has been set up to respond to the epidemic. The committee is jointly headed by the Kouilou and Pointe Noire divisional officers. In the same vein, five technical commissions – epidemiological surveillance, cases management, logistics, hygiene and sanitation, and social mobilization – have been set up to facilitate the task of the crisis committee. All the sectors likely to impact the fight against cholera have been associated in the various commissions according to their respective mandates. The Congolese Red Cross is represented in the hygiene and sanitation, and social mobilization commissions.

The needs

Short-term: In order to contain the epidemic in Pointe Noire and environs, there is an immediate need to efficiently continue and scale up the sensitization campaign that has been launched by the local committee of CRC. To that effect, sensitization materials – such as leaflets and posters – are required. Sensitization should be conducted on a door-to-door basis so as to reach a wider target group and, in the process, maximize behavioural change.

There is limited access to potable water in the port city and it is suspected that this might be one of the causes of the epidemic. Therefore, chlorinating water – right at water points – might contribute to interrupting the vibrio transmission line. Sanitation actions such as disinfection and hygienic burial of corpses need to be practised in CTCs and in the houses of affected people.

Medium-term: Environmental hygiene (sanitation campaigns and destruction of vibrio breeding places), chlorination of water points, and diffusion of simple hygiene information. This should be accompanied by advocacy before administrative authorities.

Long-term: Training of Red Cross volunteers in the Pointe Noire and Brazzaville divisional committees of CRC on the ARCHI 2010 approach.

Plan of action

Goal: Improve the health situation of the populations at risk of contracting cholera.

Objective 1: Sensitize the populations about the signs and symptoms of cholera and encourage them to refer suspected cases to the nearest health centres.

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Objective 2: Promote individual and environmental hygiene in order to breach the transmission line of the epidemic.

Objective 3: Initiate populations to water disinfection and use of adequate latrines.

Planned activities

- Train 30 volunteers on IEC in order to enable them maintain permanent campaigns in their respective communities.
- Carry out sensitization and sanitation activities for three months, through 130 volunteers, on the basis of three sessions per week.
- Promote personal hygiene.
- Advocate before administrative authorities and partners.

Expected results

- By the end of the operation, CRC volunteers have become community-based cholera watchers, agents of an early alert system, liaisons between health centres and the community as well as the Red Cross Movement, the government and local authorities.
- By the end of the operation, 80% of the population is aware of the signs and symptoms of cholera, and rushes to the nearest health centres immediately they notice such symptoms.
- By the end of the operation, 80% of the population follows simple hygiene rules and knows how to disinfect water, use latrines and stop defecating in the open air.

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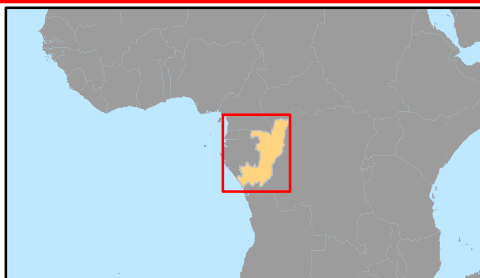
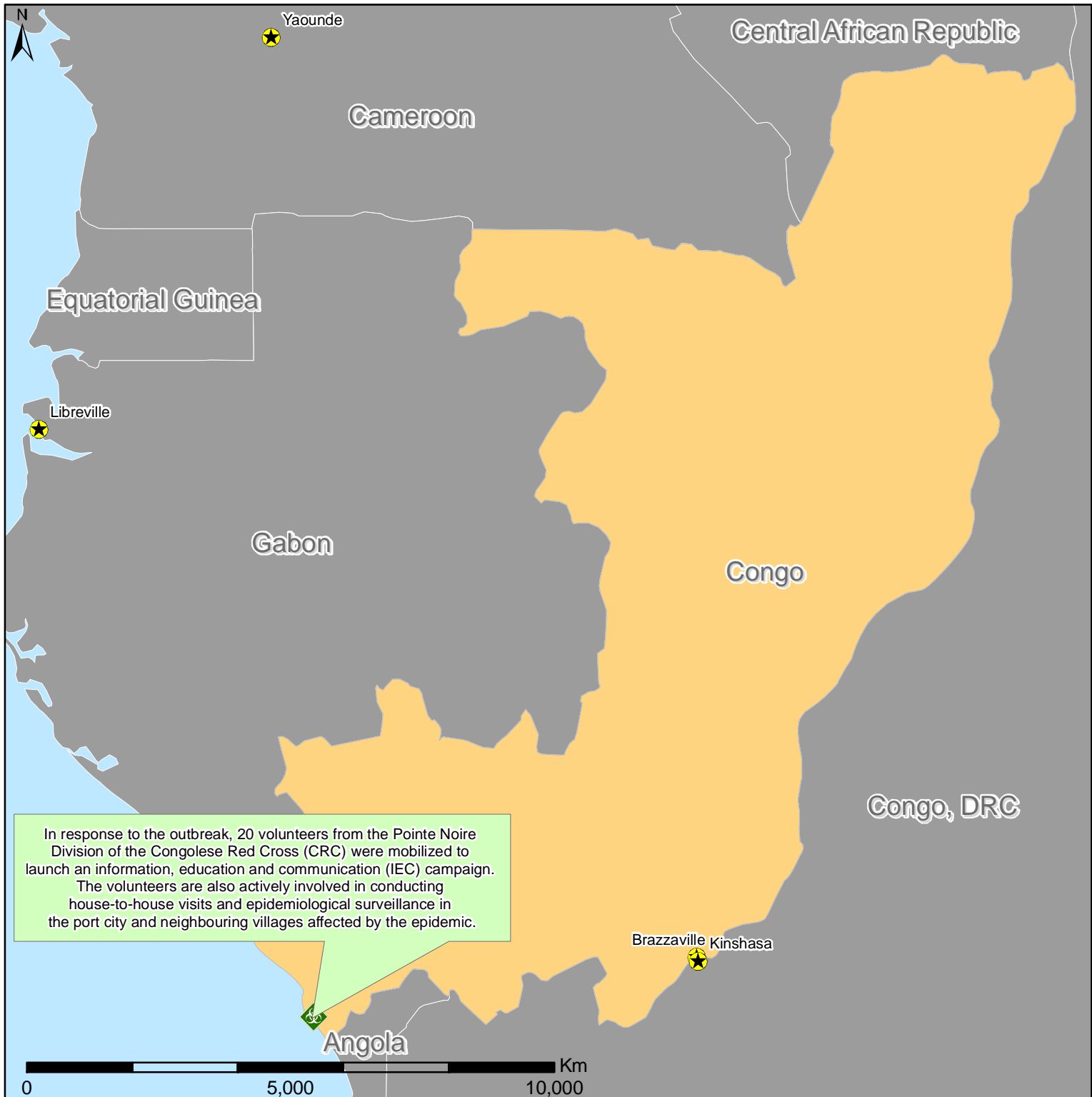
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 Cholera outbreak

 Capitales