

# INFORMATION BULLETIN



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## DEMOCRATIC REPUBLIC OF CONGO: RE-OCCURRENCE OF CHOLERA IN KASAI ORIENTALE PROVINCE

3 July 2003

Information Bulletin N° 2/2003

Disaster Relief Emergency Fund (DREF) allocated: None

**This Bulletin is based on the latest information provided from the field. The initial cholera operation was completed, and an interim final report was issued.**

### The Disaster

The cholera epidemic resurgence in Mbuji-Mayi and the outlying villages in the province of Eastern Kasai (Kasai Oriental), Democratic Republic of the Congo, has raised the concern of the population, the Government and the humanitarian agencies. According to the reports issued at the end of May 2003, there were 5,008 cases with 263 deaths representing a mortality rate of 5.25%. Reports issued during the second week of May appeared to be more promising reporting some 23 new cases for the entire province, and no deaths.

According to the Province Governor's official letter to the Minister of Health, Minister of the Interior and health partners, dated June 5, 2003; the epidemic showed a significant increase in the third week of May week rising to some 113 reported cases, and some 270 cases over the following week.

During the week 24 May 24 to June 1, 2003, the Red Cross of the Democratic Republic of Congo (DRCRC) registered 333 cases, all from the mining zones of Luamuéla, Matembo and Tshitenge. According to the WHO representative in Mbuji-Mayi's 20 June report the mortality rate stood at 8.75 cases per week or 5%. Following an assessment mission carried out on May 27, 2003 in the mining zones by the area's "Stop Cholera" committee, of which the DRCRC is a member, the reoccurrence of the epidemic can be attributed to the relaxation of hygienic rules, and lack of drinking water and latrines.

Tents currently being provided by MSF in most Cholera Treatment Centres (CTC) can accommodate only 7 to 10 patients and are overwhelmed by the increasing number of patients, most of whom prefer Mbuji-Mayi to other centres in the outlying villages. The Governor who is the co-ordinator of the Crisis Committee called "Stop Cholera" has stated that there is an insufficient supply of disinfectant solution (chlorine), as there are only 2,420 litres in stock (June 5, 2003). There is also a shortage of supplies of Oral Rehydration Salts.

### *Government, humanitarian action*

The Crisis Committee, which is composed of the provincial health authorities, and a handful of humanitarian partners such as the ICRC, OXFAM-GB, MSF-B, the DRCRC, is a mechanism set up by the Government to coordinate the operations responding to the epidemic. With the departure of some of the partners from Mbuji-Mayi, the committee is missing necessary supplies and is now facing problems to fight the epidemic. For this reason the province's Governor issued a letter on 5 June 2003 requesting assistance.

The results of an assessment mission carried out by the Crisis Committee on 27 May 2003 revealed that:

- there is a need to provide extra shelter and bedding material to accommodate the increasing number of patients;
- there is a need to reinforce the existing centres with hygiene material, medicine and Oral Rehydration Salts(ORS), protective materials, vaporisers, etc.
- there is a need to increase the medical staff appointed by the Ministry of Health;
- hygiene procedures need to be reinforced and hygiene rules undertaken;
- social mobilisation and hygiene measures in mining areas need to be intensified.

These assessment results have led the Crisis Committee to take the following action:

- reactivate the crisis committee (meeting on a daily basis now);
- increase tents for the CTCs;
- provide the CTCs with inputs (ORS, chlorine, etc.);
- reinforce supervisions;
- reassess the situation in the mining areas to identify more concrete actions;
- appoint doctors where the situation appears to be more serious.

## Red Cross/Red Crescent Action

With the support of the Federation, 150 DRCRC volunteers of the provincial branch of the Eastern Kasai have been trained in CBFA (Community-Based First Aid), and in social mobilisation. Eighty-six others were trained by ICRC and MSF. These 236 volunteers are involved in mobilisation and sensitisation work in affected and non affected areas (churches, schools and market places are the most target places) to raise awareness among the population.

Since the epidemic outbreak in September 2002, Red Cross volunteers have also been involved with disinfecting houses, burying dead persons and taking sick persons to Cholera Treatment Centres. Thanks to the financial support of the Canadian International Development Agency, 176 DRCRC volunteers are involved in water and sanitation activities with the construction of 30 family latrines (20 in the quarter of Misesa in the commune of Dibindi, and 10 in the quarter of Mukelenge in the commune of Bipemba); and, three public toilets (one at Marché Congo and two at Marché Tshibombo and Comptoir Mukangala); and three water points in the quarter of Misesa, commune of Dibindi. Two water tanks of 200,000 litres each have been built beside the two public latrines to collect rainwater.

The ongoing DRCRC operation mainly consists of the following:

- The continuation of sensitisation activities by the Red Cross volunteers in the most affected mining zones;
- The reinforcement of operational teams in Luamuella, Matembo, Tshitenge and Bakua Tshimuna through the mobilisation of sensitisation teams in the city of Mbujimayi;
- The briefing of Red Cross sections in mining zones to reinforce their operational capacity;
- The continuation of disinfecting activities of contaminated places, materials and dead bodies by DRCRC volunteers in the concerned mining areas;
- Providing chlorine to the Cholera Treatment Centres;
- Provide the Luamuella branch with one sprayer, two megaphones with three boxes of batteries, and one bicycle.

*For further details please contact:*

- *In Geneva: Regional Officer, Terry Carney; Phone: 41 22 730 42 98; Fax 41 22 733 0395; email: terry.carney@ifrc.org*

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