

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: 5 November, 2002

CHOLERA

Information Bulletin N° 2/2002

Disaster Relief Emergency Fund (DREF) Allocated: CHF 10,000

This second Information Bulletin is based on the latest update and details received from the field. Should the situation deteriorate further, the Federation may consider issuing an international appeal. Unearmarked funds are needed to replenish the DREF.

The Disaster

The cholera situation continues to worsen. Within a seven day period, another 222 cholera cases (representing an increase of 33%) have been reported bringing the total to 672 persons affected by the epidemic which broke out on 19 September. With 10 more deaths within a week, the number has risen to 50, representing an increase of 20 %. Health authorities say that this trend is continuing particularly in the city of Mbuji-Mayi and the villages of Bakamba, Kamaleka, Kambanga and Tshilunde. Government health officials say the total number of cases and deaths may be unknown due to problems of accessibility, communications and cultural traditions. The epidemic may therefore be affecting a greater number of people than recorded. Ministry of Health (MoH) officials see the epidemic continuing. The situation will certainly be exacerbated by the rainy season which has just started. Urgent actions may be required from local authorities and humanitarian agencies if the situation deteriorates further.

<i>Cholera Treatment centre</i>	<i>Total cases</i>
Kamaleka	126
Dipumba	113
Cilunde	104
Bakamba	112
Kabengele	126
Muya	44
Others	47
Total	672

Government, humanitarian and Red Cross/Red Crescent Action

The "Crisis Committee" called "STOP CHOLERA" hold regular meetings and co-ordinate the activities of the different agencies including the provincial DRC Red Cross (DRC RC) committee who is an active participant.

The MoH and humanitarian agencies such as MSF-Belgique, Health Net and the Red Cross Movement (represented by the DRC RC, Federation and ICRC) have opened 7 CTCs (Cholera Treatment Centres); 2 in Mbuji-Mayi: Dipumba in Kanshi commune and Muya in the Muya commune; 5 in the interior where the

epidemic originated: Bakamba, Kamaleka (which the Federation and national society team from Kinshasa visited on Nov. 2, 2002), Tshilunde, Kabengele and Tshibile. The latter has just been set up to accommodate increasing number of cases in that area. To cope with the patient overload in Mbuji-Mayi another centre is in the process of being opened in the commune of Bipemba which receives an important number of people with cholera from the mining areas. MSF-B has trained volunteers in cholera-treatment and they currently disinfecting houses, performing burials, transporting patients and keeping close communications between the Red Cross Movement and the MSF team. MSF is providing the vehicle used for the transport of patients, of volunteers and the medicines for the centres.

The DRC RC has a local branch and a group of 60 volunteers trained in preventive health, community health and First Aid. Red Cross volunteers are assisting in patient care, in sanitation, in disinfecting the contaminated houses, providing ORS to patients outside the CTCs, in transportation and in community sensitisation IEC (Information Education Communication) activities. Red Cross volunteers continue to reinforce staffing at care centres.

The Federation's Health delegate, with the Reporting Officer and the Head of Information and Communication of the DRC RC spent four days in Mbuji-Mayi providing technical advice and supporting the work of the local Red Cross branch. It is good to note that the two later members of the team have just been trained at the Regional Disaster Response Team (ERDAC) workshop recently held in Kribi, Cameroon.

The allocation of DREF funds allowed the Federation to support the DRC RC with the following equipment: 30 pair of boots, 4 bicycles (with spare parts), 30 rucksacks, 50 kg of sugar, 50 kg of salt, 3 cooking kits, 50 blankets, 4 boxes of pens, 1 water tap (for water barrel), 10 flashlights, 1 drainpipe to collect rainwater, 2 mobile phones, 20 mobile cards, plastic sheeting to manufacture body bags and stretchers, 100 1 litres plastic bottles, 100 note-pads, 50 pairs of household gloves, 30 plastic cups, 1140 bars of soap, 75 meters of materials for aprons, 4 plastic barrels to collect rainwater.

The Federation is also supporting volunteers with allowances for food and local transport.

Medical supplies and equipment for CTCs which are in short supply will be purchased as well as additional sanitation items such as buckets, bottles for ORS, cotton blankets, disinfectants, spraying machines (at least 1 for each CTC) and body bags.

The ICRC has provided chlorine, basins, plastic buckets, pair of household gloves, body bags and other material, with further materials on standby if required.

The DRC RC Health Department from the headquarters in Kinshasa and the Federation Health Delegate are providing guidance and technical support to the Provincial branch. The activities of the Red Cross have been receiving good media coverage in Mbuji-Mayi and in Kinshasa and the Governor's office has expressed satisfaction with the work of the local DRC RC branch's response to this epidemics.

The Red Cross and Red Crescent response -- projected operation

The situation will be monitored during the coming days and if necessary, an appeal for further support to the operation may be launched.

To increase support for disinfecting and burials, the MSF-B will work with the DRC RC and train additional volunteers, adding three more groups of four volunteers each in the communes of Kamaleka, Tshilunde and Kabengele. Volunteers will continue to sensitise the population, communicating door-to-door, in churches and schools, assist in patient care, provide hygiene and sanitation services. A plan of action for this purpose has been put in place by the management of the Red Cross, the Bourgmestres concerned and the Head of neighbourhoods.

The Needs

The Federation has been advertising since several months to recruit a Provincial Health delegate according to the findings of a needs assessment mission which was undertaken earlier in the year. There is a real need to reinforce

the Red Cross capacity for response to disasters, particularly to chronic epidemics and working with the communities on disaster preparedness plans.

Transportation is a major problem in the country and some solutions must be envisaged to provide adequate support to the local branch with the purchases of more bicycles and eventually a 4WD vehicle. Communications, information and education material must be provided for the IEC campaigns.

For further details please contact: In the field, the Health Delegate, Lena Netjaeff, Phone 00243 88 01 488, email lenetjaeff@hotmail.com or the Desk Officer, Terry Carney Phone 41 22 730 42 98; Fax 41 22 733 0395; email carney@ifrc.org

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

For longer-term programmes, please refer to the Federation's Annual Appeal.

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