

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 THE CONGO: CHOLERA IN BUKAVU

4 January 2007

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 Bulletin (no. 1/2007) is being issued for information only, and reflects the situation and the information available at this time. The Federation is not seeking funding or other assistance from donors for this operation at this time. However, based on the evolution of the situation, support from the international community may be sought to respond to this disaster.

Activities undertaken are 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.

The situation

Cholera has become endemic in areas surrounding Kivu and Tanganyika lakes of the South Kivu Province, Democratic Republic of the Congo, since it first hit in 1998. In 2006 alone, 3 outbreaks were registered. The first occurred in Uvira during week 10, affecting 760 people and killing 10 others. The second occurred in Fizi and Uvira from week 28 to week 36, affecting 541 and killing 3 people. The third outbreak hit Bukavu (with 700,000 inhabitants) as from week 41. From then, the number of cases has been increasing and the epidemic line was crossed during week 44, with over 65 cases registered. 142 cases were registered in week 47 (with no deaths) in 3 health zones of Bukavu; 126 in Kadutu, 4 in Bagira and 12 in Ibanda. By week 48, the number of cases increased to 246 and 10 deaths, translating to a case fatality rate (CFR) of 4%.

This situation is exacerbated by poor access to potable water, precarious hygiene and sanitation conditions as well as failure to respect prevention measures, especially in the suburbs of Kadutu which is the most affected area. In addition, the slow down of sensitization activities that were initiated during the last outbreak by "community relays"¹ and Red Cross volunteers contributed to the resurgence of the disease.

Red Cross and Red Crescent action

In response to the cholera outbreak, the Red Cross of the Democratic Republic of the Congo (RCDRC) provided immediate support by deploying trained volunteers to the affected areas. The Red Cross volunteers organized themselves into 15 operational teams and intensified their sensitization activities on hygiene rules in order to achieve behavioural change among the populations. 45 Red Cross volunteers ensured water chlorination at water points in Bukavu while 15 others have been assisting patients in 2 CTCs as well as cleaning areas in and around the centres.

¹ These are mainly community volunteers (non-Red Cross), proposed by the opinion leaders and local decision-makers.

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Government action

Immediately after the official announcement of the disaster on 4 December 2006, the South Kivu Provincial Committee to Combat Epidemics and Respond to Disasters met under the coordination of the governor. Since then, the crisis committee has been meeting twice a week under the supervision of the Provincial Health Inspectorate (IPS²) to coordinate and plan actions to be taken. The Provincial Health Inspectorate has been treating patients in two CTCs installed at the provincial reference hospital and the Panzi Hospital while 30 community relays have been carrying out sensitization activities.

Actions of other partners:

- The World Health Organization (WHO) – 978 litres of ringer's lactate solution (RLS), 2,400 sachets of oral rehydration salts (ORS) and other inputs for the treatment of patients in CTCs;
- Médecins Sans Frontières (MSF) Holland – 370 litres of RLS and other inputs for the care of patients in Bukavu Reference Hospital as well as in CTCs;
- The United Nations Children's Fund (UNICEF) – ORS and chlorine to support chlorination and sanitation in CTCs;
- The International Rescue Committee (IRC) – Reinforced and equipped the CTC at Panzi Hospital and supported the treatment of patients therein. It has also supported the retraining of Red Cross chlorination agents.

Needs

Sensitization activities need to be intensified in Bukavu and the surrounding localities. Other needs are: increasing water chlorination points; more material and inputs (chlorine) for water treatment; sanitation materials; incentives for Red Cross volunteers and community relays as well as fuel and lubricants for vehicles that are being used in coordination and supervision of activities.

Coordination

The response to cholera in Bukavu is being coordinated by the Provincial Health Inspectorate, with the assistance from chief medical officers of the various health zones. Inter-agency meetings are held weekly to assess what has been achieved and to ensure follow-up of activities carried out by the various stakeholders. Technical meetings are being organized by partners when necessary, under the coordination of the Provincial Health Inspectorate.

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All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

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² In French: inspection provinciale de santé (IPS).