DRC: Doctors and engineers team up against cholera in South Kivu

September 2013, Katanga, DRC: A Red Cross volunteer squirts a few drops of chlorine into Helene Manda's water. This simple treatment makes the water safe for her and her six family members. This is part of a project that is being supported by the OCHA-managed Common Humanitarian Fund. Credit: OCHA/Gemma Cortes

As heavy rain pounds the rooftops of Bukavu, the capital of South Kivu Province in the Democratic Republic of the Congo (DRC), Dr. Freddy Birembano closes the window of his tiny office in the health ministry and sighs. "The rainy season has begun, and now cholera cases will be on the rise again," he said.

Dr. Birembano heads the division responsible for tracking and fighting epidemics like malaria, measles, polio and cholera. Last year, cholera sickened more than 4,650 people and killed 24 in South Kivu. This year, health authorities have already reported over 5,100 cases.

Cholera, a highly contagious water-borne disease, can dehydrate and kill a patient in less than 24 hours. Over the last decade, over 250,000 people in DRC have contracted cholera and nearly 8,000 have died, according to the World Health Organization (WHO).

The situation worsens with the seasonal rains, which fill unprotected water sources, contaminating them with trash and faecal matter – a deadly combination. In some places, like Kivu and Tanganyika lakes, the disease is endemic, meaning cases are reported throughout the year.

Outbreaks trigger humanitarian response

When caseloads exceed the epidemic threshold calculated for each zone – for example, 25 cases per week in Uvira, or 23 in Fizi health zone – humanitarian workers mobilize resources to support the state health system and build cholera treatment units (CTUs).

These emergency units – each a series of tents – are surrounded by tarpaulin fencing to isolate patients from the community, minimizing the spread of the disease. In non-endemic zones, even one case is enough to necessitate the installation of a CTU.

To ensure everyone is able to receive treatment, CTUs run by humanitarian organizations offer care free of charge. When medical care is not free, "often they will stay at home because they cannot afford the treatment until it is nearly too late or they have infected their families, too," Birembano said.

Water chlorination and resilience building

But treating patients is only half the work. If nothing is done about contaminated water sources, the disease will continue to spread. Emergency responders are therefore working with development actors to find long-term solutions.

"Together with the emergency medical facilities, chlorination of water and hygiene promotion are put in place by other partners," explains Adelard Muhamba, a UNICEF expert specializing in water, sanitation and hygiene (WASH) in Bukavu.

In cities along the lakes, humanitarian groups are chlorinating water sources in cholera-affected neighbourhoods. Public messages about hygiene are played on local radio stations, and workers crisscross the towns with megaphones, informing residents about the availability of safe drinking water and reminding people to wash their hands.

This year, the European Commission's humanitarian branch (ECHO), a major donor, provided 4 million euros (US$5.48 million) for cholera response in eastern DRC. Their strategy includes collecting data on structural needs and helping humanitarian responders lay the groundwork for long-term development activities.

"ECHO supports the emergency response and aims at promoting affordable access to water treatment product[s] to ensure… sustainability once the humanitarians will move [on], thus building longer-term resilience in the communities," said ECHO's Annabelle Vasseur.

Over the years, the UN's Central Emergency Response Fund, the Kinshasa-based Common Humanitarian Fund and a handful of donor countries have financed the cholera response.

Long-term solutions

"Cholera response implies both an emergency and structural response," says Julien Graveleau, of UNICEF. He is responsible for the WASH cluster for eastern DRC. Over 2 million people have no access to safe water sources, and nearly 4 million have no access to latrines or toilets in South Kivu.

"We need to target the causes of cholera. This vision implies building water systems in whole cities and villages in endemic areas – massive development projects costing millions of dollars," he said.

The WASH cluster recently secured financing from international development donors to build a sanitation system in Bukavu and Uvira. One major donor plans to build a water system in Baraka, another of the hardest hit cities in South Kivu. But it will be years before those projects are completed.

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"Until then, emergency actors and development actors need to continue hand-in-hand to save lives, as they are doing now", Graveleau adds.

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