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DRC: Fighting cholera with chlorinated water

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Residents of Bukavu, in South Kivu, queue up to collect water from a clean-water point. Credit: OCHA Bukavu/Philippe Kropf

Sometimes it requires only a small, simple intervention to save lives. About one teaspoon of diluted chlorine solution renders 20 litres of water safe for human consumption and helps protect people from deadly waterborne diseases.

Mrs. Menekito, a volunteer for the Congolese Red Cross, is making that intervention. She sits under a tree for up to 12 hours every day at the Kalema chlorination site in the outskirts of Bukavu, the capital of South Kivu province in the Democratic Republic of the Congo (DRC). Mrs. Menekito adds milky-white chlorine solution to the plastic jugs of water that women and children lug over from the source – a bare cement wall with five water pipes. The water comes from a natural spring as many parts of Bukavu have no water supply or drainage system.

Lack of access to safe drinking water and sanitation facilities is the underlying cause of a severe cholera epidemic that has infected over 26,000 people across DRC since early 2011.

Cholera, a bacterial infection transmitted by contaminated food or water, leads to diarrhoea and vomiting, causing dehydration and death if not treated in time.

"People wash their clothes and their kitchen wares above the source, and often the collective latrines drain into the water catchments," explains Mrs. Menekito.

Chlorination sites like this one, which are often supported by international organizations, are labour intensive because they require constant attention to ensure water quality. Antoine Bugale, who works for the NGO Action Contre la Faim (ACF) USA, monitors more than 20 chlorination sites every day, taking samples of treated water to check the chlorine concentration levels. "If there is too much chlorine in the water it will taste bad. People will not come back to our sites and continue to drink untreated water," he says.

Response to cholera outbreak

Chlorination sites were established in Bukavu in response to a cholera outbreak that began last year and peaked in mid-January 2012, with over 350 cases per week.

The response to the crisis was initiated by staff from OCHA. They noticed a marked increase in cholera cases and brought humanitarian actors to work together.

Working with the provincial health services, aid partners responded by installing chlorination sites in the affected areas and strengthening medical services. By mid-March, the number of cholera cases was declining.

Simple messages with big impact



Young Congolese collecting water from a clean-water point in South Kivu, east DRC. Credit: OCHA Bukavu/Philippe Kropf

ACF is also teaching people how to avoid catching cholera by washing their hands frequently, particularly around food and after using the bathroom. In a country where water has to be carried on foot, and where cities suffer from severe water outages, these precautions mean extra work for women. Aid workers will often go from door to door to explain the importance of these messages, which are also carried by local radio stations.

Actors from Bukavu's street theatre group, Theatre Mutunimutu, have also joined the education campaign, armed with loudspeakers, a wooden stick, big buckets of dirty water and blue sachets containing a blue powder called PuR. This acts like a dirt magnet, as it has both purifying and coagulating properties. Unlike chlorine, PuR can be used even

on muddy water.

Dozens of people on their way to the water source flock around the theatre group's truck, watching a comedian

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as he stirs a bucket of dirty water while barking into his microphone. Five minutes later, he pours the water through a cloth, dips a glass into the bucket and shows it to his audience: it is clear. He takes a gulp from the glass as proof that the blue powder works.

Reporting by Philippe Kropf/ OCHA Bukavu

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