

Cholera Outbreak in Greater Kasai

1,149 cholera cases (including 92 deaths) have been reported in Kasai Oriental, Sankuru, and Lomami provinces since February, with the outbreak intensifying since June, with over 270 cases reported. This is the second cholera outbreak in Greater Kasai region since the crisis first erupted in August 2016. Kasai was cholera-free since 2004, and these outbreaks are a significant indication of a deteriorating humanitarian situation. Poor WASH and health infrastructure within the context of on going insecurity and displacement is exacerbating the fairly quick spread of the disease.

NEED FOR INTERNATIONAL ASSISTANCE



IMPACT



Affected areas	Mbuji-Mayi	Bena Dibele (Kole territory)	Ngandajika territory (Lomami province)
Resident pop.	3,367,582	844,285	1,388,408
Pop. density	28 inhabitants/km2	N/A	N/A
No. confirmed cases	883	256	10
No. deaths (CFR)	48 (5.4%)	43 (16.8%)	1 (10%)

Source: CAID 15/04/2016

Anticipated scope and scale

As of late June, over a thousand cases and almost a hundred deaths have been reported in Kasai Oriental (Mbuji Mayi) and Sankuru (Bena Dibele), but the outbreak is likely to quickly spread to other provinces due to poor health and WASH infrastructures, displacement due to on going insecurity, and limited local capacity to respond.

Key priorities



+ 1,000 cholera cases
in Kasai Oriental and Sankuru



Poor WASH facilities
enabling the spread of Cholera



896,000 IDPs
Across all 5 Kasai provinces

Humanitarian constraints



Although some improvements were observed this past year, humanitarian access in the region is still difficult due to insecurity and physical constraints. The presence of aid agencies in the region is relatively new, and underfunding remains a problem.

Limitations

There are some inconsistencies with the number of cases and deaths reported across different sources. There is no breakdown of cholera cases by health zones.

Crisis impact

An outbreak of cholera was declared in Mbuji-Mayi, Kasai Oriental province, on 28 February 2018 when the DRC National Institute for Biomedical Research confirmed the prevalence of the disease via collected samples from suspected cases. (Radio Okapi 01/03/2018)

Most cases are concentrated in two zones: Mbuji-Mayi (Kasai Oriental) and Bena Dibele (Sankuru), but the disease is spreading relatively fast, with a high number of deaths. Due to poor health and WASH infrastructures, and displacement caused by insecurity, it is feared the situation will further deteriorate and the outbreak might spread to other parts of the Greater Kasai region. In the city of Mbuji-Mayi, at least 883 cholera cases including 48 deaths (5.4% CFR) were recorded between February and June 2018. (OCHA 26/06/2018). In this city of over three million inhabitants, cholera is spreading at a fast pace: in June only, 166 new cases were reported. (Radio Okapi 17/06/2018) In Bena Dibele health zone (Sankuru province) 256 cases (including 43 deaths, 16.8% CFR) were reported as of 25 June. (ACP 25/06/2018 ; RFI 16/06/2018) During the second part of June, 10 new cases and one death were reported in Ngandajika (Lomami province). (Actualite CD 26/06/2018)

The disease has been spreading and impacting the Greater Kasai region, consisting of five provinces (Kasai, Kasai Central, Kasai Oriental, Lomami, and Sankuru), with a surface area of 319,383 km² and over 18 million inhabitants. (CENI, 2006)

Since the beginning of 2018, a total of 11,582 cholera cases and 308 deaths were reported in DRC. Kasai-Oriental was one of the most affected provinces, recording almost 10% of overall deaths. (WHO 22/06/2018)

Health: Health facilities in Kasai region have been severely affected by armed conflict. Since the beginning of the crisis in 2016, 224 health centres have been looted or destroyed. (UNICEF 08/05/2018) Across all five Kasai provinces, both displaced and host populations were impacted by the collapse of the health system. In Lomami, for instance, 85% of health centres were destroyed, and 58 health districts were affected across the 5 provinces. (IFRC 09/01/2018 ; DG ECHO 18/04/2017)

Insecurity and displacement also hampers populations' access to healthcare. Due to widespread insecurity in the Kasai region, a lot of people lost their livelihoods, and are currently unable to afford medical services (Devex 22/06/2018) Persistent looting of health facilities by armed groups caused a shortage of medical supplies. (DG ECHO 18/04/2017)

WASH: Cholera is an acute waterborne bacterial infection, and outbreaks occur due to a lack of hygiene and adequate WASH infrastructures, and can be transmitted through diarrhoea, vomiting, unclean hands, as well as through water and food. (RFI 16/06/2018 ; WHO 01/02/2018)

Even before the crisis, access to WASH facilities and clean water in Kasai region was very poor, and the lack of sanitation already led to previous cholera outbreaks (between 2002 and 2004, and in 2017). (NRC 28/05/2018) The resurgence of cholera in Kasai after over 10 years is largely a result of the extreme deterioration of the political and socio-economic situation in the region. The complete collapse of the health system and deterioration of WASH infrastructures facilitated the development and spread of the current cholera outbreak. (IFRC 09/01/2018)

A lack of latrines was reported in Bena Dibele and villages along the Sankuru river. Despite awareness raising campaigns about cholera, open-air defecation in the river is common, and exacerbates the risk of disease spread. (Le Maximum 22/06/2018)

In Mbuji-Mayi, the community and health personnel blame the cholera outbreak on the waste dumped in the open air by the city's central prison. (AfricaNews 25/06/2018)

Shelter: As of December 2017 there were some 896,000 IDPs in Greater Kasai region most of them residing in substandard housing. Over 100,000 shelters have been destroyed as a result of the conflict in Kasai, forcing IDPs to live in very difficult and informal conditions, sometimes even out in open air, which promotes spread of waterborne diseases such as cholera. (REACH 04/05/2018)

Humanitarian and operational constraints

Because of insecurity and the presence of armed groups, several areas in Kasai region are inaccessible. In Lomami and Sankuru provinces, physical constraints such as poor road quality also limit humanitarian access. (OCHA 26/06/2018)

The crisis in Kasai is quite recent, and the presence of humanitarian actors is not always welcome by local communities. (DG ECHO 18/04/2017) Attacks on aid workers have been reported. (The Guardian 24/04/2018)

Vulnerable groups affected

An estimated 3.8 million people, including 2.3 million children are in need of humanitarian assistance in the Kasai region. The five provinces in Greater Kasai are among the poorest in the country: prior to the crisis, 74% of the population lived under the poverty threshold, and the ongoing crisis further deteriorated the situation. Furthermore, 50% of children under five suffer from chronic malnutrition. (UNICEF 08/05/2018 ; DG ECHO 18/04/2017) Populations affected by poverty and malnutrition are more vulnerable to disease outbreaks.

Since August 2016, the crisis in Greater Kasai has led to the displacement of about 1.7 million of people, most of which fled from intercommunal violence or land disputes. (OCHA 31/01/2018) Not only do a lot of IDPs live in precarious conditions, their presence

also puts pressure on an already impoverished host population. This increases the risk of waterborne diseases such as cholera, as living conditions become overcrowded and WASH and health facilities cannot meet the need. (IFRC 09/01/2018)

Aggravating factors

Population density

In Mbuji-Mayi, a city of over 3 million inhabitants, with a density of 28 inhabitant/km², the cholera outbreak has been spreading at an alarming rate. It is easier for the disease to spread in dense and highly populated areas, which raises serious concerns regarding the evolution of the outbreak. (Radio Okapi 17/06/2018 ; UNDP 2009)

The majority of the urban population draws its water from the Mbuji-Mayi river. This water is not treated, and represents a high risk of further contamination. (RFI 16/06/2018)

Political stability and security

One of the current drivers of the cholera outbreak in Greater Kasai is the conflict that started in August 2016, when local militia Kamuina Nsapu began to clash with the FARDC. The conflict soon deteriorated: violent acts against civilians became increasingly frequent, intercommunal tensions between populations flared, and basic services such as health, education, and agriculture were disrupted. (UNHCR 06/03/2018 ; OCHA 26/06/2018)

In 2018, the situation has stabilised, and FARDC have regained control of most areas in Kasai. However, intercommunal tensions are ongoing, and clashes between armed groups continue to occur. As recently as February, 11,000 people were displaced in Kasai Oriental. (UNHCR 06/03/2018)

Displacement

Displaced people are more vulnerable to cholera, not only because their living conditions are often precarious, but also because population movements increase the spread of the disease. When violence flared up in Kasai in 2016, a lot of people were forced to flee. Displacement continued throughout 2017, and to a lesser extent in 2018. (UNICEF 08/05/2018)

In 2018, the security situation stabilised, but sporadic clashes between militias and governmental forces are still reported, intercommunal tensions are still high, and most displaced population are hesitant to return home. (UNHCR 06/03/2018)

Malnutrition

Malnutrition is an aggravating factor in the context of a cholera outbreak. The Kasai region has been struck by a severe food and nutrition crisis, across the five province, 770,000 children are suffering from acute malnutrition, including 400,000 severely malnourished. (UNICEF 11/05/2018)

Ebola Crisis

International and national response is currently focusing on the ongoing Ebola outbreak in Equateur province. This likely means that as resources are directed towards Ebola, responding to cholera in Kasai is of lower priority (Radio Okapi 17/06/2018 ; Radio Okapi 23/06/2018)

Contextual information

Cause and symptoms

Cholera is a waterborne disease causing an acute diarrhoeal infection. The majority of people infected only develop mild symptoms. Cholera is highly contagious and if untreated, it can kill within hours. Cholera outbreaks are usually caused by disrupted drinking water system, lack of chlorination, and population movements. (WHO 01/02/2018)

Treatment

Cholera can easily be treated through oral rehydration solutions. In the event of severe dehydration, intravenous fluids or antibiotics can diminish the duration of diarrhoea, increase rehydration, and help kill the bacteria. When treated properly, cholera is fatal in only 1% of the cases. (WHO 01/02/2018)

There are currently three types of WHO-approved oral cholera vaccines that have been frequently used during outbreaks. (WHO 01/02/2018)

Awareness raising campaigns, the promotion of appropriate hygiene practices (hand washing, safe storage and preparation of food, safe disposal of children's faeces), and safe burial practices can reduce the risks of cholera outbreaks. Health education campaigns, adapted to local culture and beliefs, should promote the adoption of appropriate hygiene practices. (WHO 01/02/2018)

Previous outbreaks

In recent years, there have been two significant cholera outbreaks in Greater Kasai.

2002 - 2004: Between 2002 and 2004, 14,728 cholera cases and 759 were reported in Kasai Oriental. The most affected areas were Bakamba, Kambanga, Tshilunde and Mbuji-Mayi (IFRC 17/12/2002 ; IRIN 06/11/2002 ; Habari RDC 06/11/2017)

2017: In 2017, the whole country was affected by a cholera outbreak of unprecedented proportions: 21 out of 26 provinces were affected, and 55,000 cases were reported, representing 84% of all cases in West and Central Africa. In Greater Kasai, cholera returned after more than a 10 years lull, and 9,870 cases were reported during the outbreak. (UNICEF 27/01/2018 ; IFRC 09/01/2018)

Key characteristics

Province	Total population	Surface Area
Kasai	4,215,517	95,360 km ²
Kasai Central	4,253,591	57,769 km ²
Kasai Oriental	5,552,225	10,200 km ²
Lomami	2,930,836	52,417 km ²
Sankuru	1,846,755	103,637 km ²
Total	18,798,924	319,383 km²

Source: CENI, 2006 ; UNHCR 20/04/2017

Food security figures: Kasai, Kasai Oriental, and Kasai Central are currently in Crisis Phase (IPC-3), and food insecurity is expected to continue through September 2018. Sankuru and Lomami provinces are in Stressed Phase (IPC-2). (FEWSNET 05/2018)

Nutrition levels: In the Greater Kasai region, over 1 child out of 10 dies before the age of 5, 50% of children suffer from chronic malnutrition, and 10% of children under 5 suffer from SAM. (UNICEF 05/2018)

Health statistics: There are 10 hospitals and 577 health centres in the city of Mbuji Mayi, while Kole territory (where Bena Dibele is located) only counts 2 hospitals and 28 health centres. (CAID 15/04/2016) However, limited information is available regarding their current capacities.

Response capacity

Local and national response capacity

The Kasai-Oriental representative and governor requested intervention from the central government to eradicate the cholera outbreak. While the government response to the recent Ebola crisis in Equateur province has been reactive, so far the local government in Kasai felt that the support from the DRC government was insufficient to tackle the cholera outbreak, despite the number of cholera casualties being higher than Ebola deaths. Due to limited funding and lack of health infrastructures, the local response has been quite limited. The local government recently set up a solidarity fund for the victims, (Radio Okapi 17/06/2018 ; Radio Okapi 23/06/2018)

International response capacity

Historically, Kasai has not been a region particularly prone to armed conflict, and very few humanitarian actors were on the ground when the crisis first broke out in 2016. While there are currently aid agencies assisting populations in need, humanitarian actors still struggle to access the area and secure sufficient funding. (UNICEF 08/05/2018)

About 30 operational actors are currently present in Greater Kasai, with protection, education, and food security accounting for about 60% of humanitarian projects. Out of the 44 ongoing projects, 5 are focusing on health (2 in Kasai Central, 2 in Kasai, and 1 in Kasai Oriental), targeting about 15,000 people in need. (OCHA 05/05/2018)

Population coping mechanisms

Because of the ongoing crisis, a lot of the population, including medical staff, have fled to the forest. This population is difficult to reach. Furthermore, people adopt coping strategies like using traditional medicine in the bush because they cannot access healthcare or medical supplies. (ALIMA 24/08/2018 ; DG ECHO 18/04/2017)

Information gaps and needs

There are some inconsistencies with the number of cases and casualties reported. Information about health zones and health infrastructures in the 5 Kasai provinces is lacking.

Lack of information about the current capacities of health infrastructures.

There is a lack of information on WASH and the extent to which the affected populations have access to potable water in unknown.

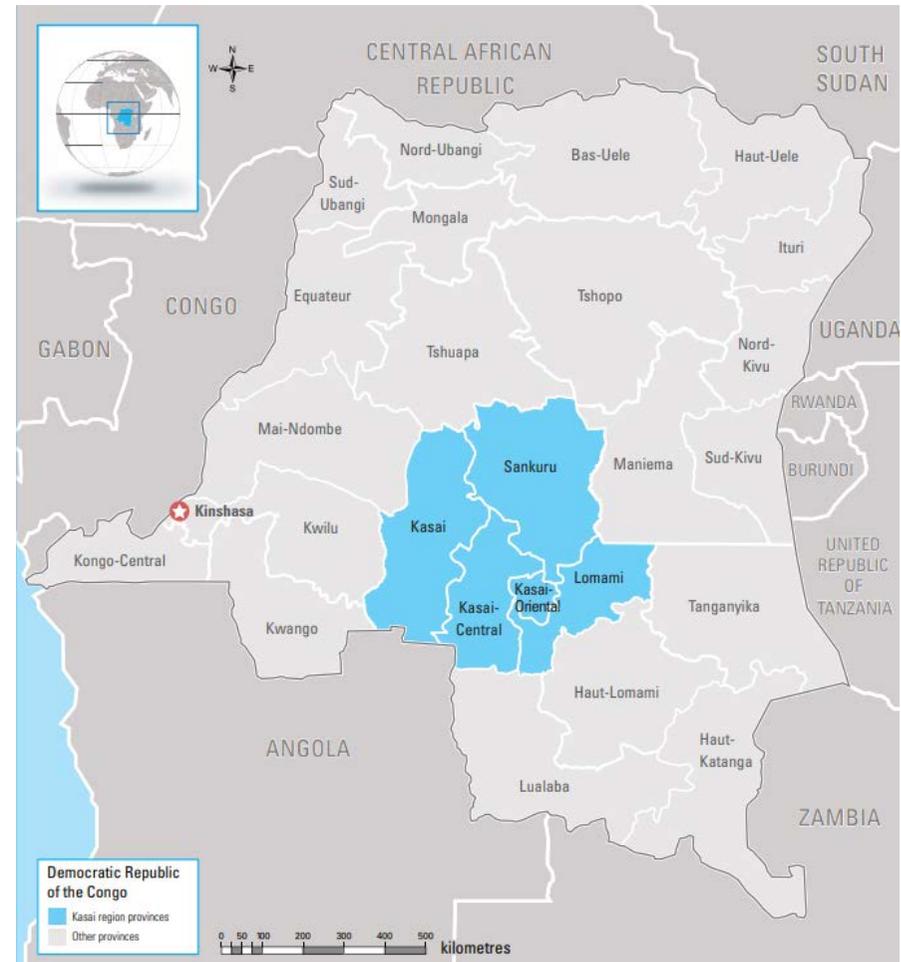
Lessons learned

Early detection, quick and multisectoral response are key not only to contain cholera outbreaks, but also to prevent their reoccurrence. (WHO 01/02/2018)

It is crucial to engage communities for cholera prevention, and to raise awareness among community leaders and political authorities. (Plateforme Cholera 08/12/2017)

The improvement of WASH infrastructures is necessary to eradicate cholera. (WHO 01/02/2018)

Democratic Republic of the Congo, Greater Kasai Region



Source: UNICEF 05/2018