DREF Operational Update

Cholera Outbreak in Chad - 2026

Market Awareness-Raising Activities in Karal Market, Hadjer Lamis Province.

Appeal: **MDRTD026**	Total DREF Allocation: **CHF 375,000**	Crisis Category: Yellow	Hazard: **Epidemic**
Glide Number: -	People Affected: **891,704 people**	People Targeted: **124,300 people**	
Event Onset: **Slow**	Operation Start Date: **23-07-2026**	New Operational End Date: **31-12-2026**	Total Operating Timeframe: **5 months**
Reporting Timeframe Start Date: **23-07-2026**		Reporting Timeframe End Date: **31-01-2027**	
Additional Allocation Requested: **0**		Targeted Regions: **Hadjer Lamis, Lac, N'Djamena**	

Description of the Event

Date when the trigger was met

15-07-2026

What happened, where and when?

On 15 July 2026, the Secretary General of the Ministry of Public Health and Prevention (MoPHP), through the Public Health Emergency Operations Centre (PHEOC), issued official correspondence No. 2533/MSPP/SE/SG/COUSP/2026 requesting urgent support from technical and financial partners to strengthen cholera preparedness and response efforts in Chad. The request aimed to mobilize additional resources to support the implementation of the national response plan and limit the spread of the outbreak to other provinces within the country and across its borders.

The cholera outbreak was initially detected in Karal Health District, Hadjer-Lamis Province. The first suspected cases were reported on 13 June 2026, and laboratory testing confirmed the presence of Vibrio cholerae O1 serotype Ogawa. Following laboratory confirmation, the Ministry of Public Health and Prevention officially declared the outbreak on 18 June 2026.

The outbreak subsequently spread to other parts of the country. On 19 July 2026, three suspected cholera cases were reported in N'Djamena North Health District. Laboratory analyses confirmed Vibrio cholerae O1 Ogawa in three samples on 21 July 2026, leading the Ministry to officially declare a cholera outbreak in N'Djamena on 24 July 2026. On 3 August 2026, three additional suspected cases were reported in Kangalom Health District, Lac Province. Two samples tested positive for Vibrio cholerae O1 Ogawa on 6 August 2026, confirming the extension of the outbreak into Lac Province.

As of 16 August 2026, the cholera outbreak had affected three provinces of Chad (Hadjer-Lamis, N'Djamena and Lac). Six health districts had confirmed cases through laboratory culture, namely Karal, N'Djamena North, N'Djamena Centre, N'Djamena South, Kangalom and Bagassola. A total of 14 active catchment areas and 65 villages or neighbourhoods had reported at least one case.

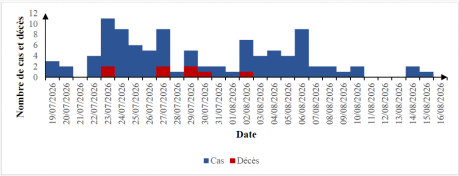
Since the start of the outbreak, 484 cases and 21 deaths have been reported nationwide, including 11 community deaths, representing 52.4 per cent of all reported deaths. The national case fatality rate (CFR) stands at 4.3 per cent, while the overall attack rate is estimated at 19 cases per 100,000 population.

Hadjer-Lamis Province remains the earliest and most affected area, with 168 cumulative cases and five deaths reported in Karal Health District. No new cases have been reported there since 22 July 2026. In N'Djamena Province, 98 cases and eight deaths have been reported, with transmission observed across N'Djamena North, N'Djamena Centre, N'Djamena South and N'Djamena East districts. In Lac Province, transmission remains active, with 218 cases and eight deaths reported, mainly in the districts of Bol, Kangalom, Liwa and Bagassola. During the most recent reporting period, 29 new cases were recorded, including 28 in Lac Province and one in N'Djamena.

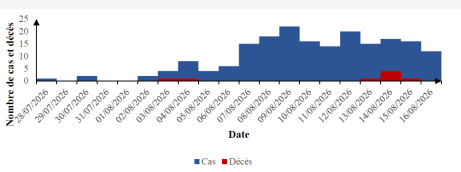
Of the 76 samples tested to date, 32 were confirmed positive by culture, corresponding to a positivity rate of 42 per cent. The median age of cases is 10 years (range: 0-90 years), and the female-to-male ratio is 0.9.

Case management is being provided through 11 treatment sites, including six in N'Djamena and five in Lac Province. To strengthen outbreak control, the Ministry of Public Health and Prevention, with support from its partners, received 1,924,650 doses of oral cholera vaccine (OCV) on 11 and 15 August 2026. A vaccination campaign is currently underway in N'Djamena, while deployment in Lac Province is scheduled to begin on 21 August 2026.

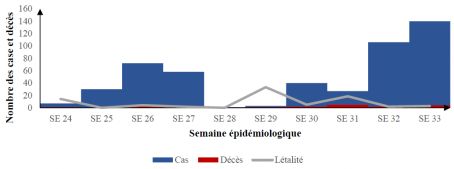
Despite ongoing efforts by the Government and humanitarian partners, the risk of further spread remains high. Population movements between affected provinces, commercial exchanges, the mobility of nomadic populations, and the presence of displaced and vulnerable communities continue to facilitate disease transmission. The response is also challenged by difficult access to remote localities and islands in the Lake Chad area, security constraints, overcrowded living conditions, limited access to safe water and sanitation services, and communication challenges linked to unstable mobile phone networks. These factors increase the risk of the outbreak spreading to neighbouring provinces, including Chari-Baguirmi, Mayo-Kebbi Est and Kanem.



Daily trend of cholera cases and deaths in N'Djamena from 15 to 16 August 2026



Daily trend of cholera cases and deaths in Lac from 15 to 16 August 2026



Weekly evolution of cholera cases and deaths in Chad from 15 to 16 August 2026

Scope and Scale

The cholera outbreak continues to spread across Chad and is currently affecting three provinces: Hadjer-Lamis, N'Djamena, and Lac. As of 16 August 2026, six health districts had confirmed cholera cases through laboratory culture (Karal, N'Djamena North, N'Djamena Centre, N'Djamena South, Kangalom, and Bagassola), while active transmission was being observed in several districts within the provinces of N'Djamena and Lac.

Since the beginning of the outbreak, a cumulative total of 484 cases and 21 deaths, including 11 community deaths (52.4%), have been reported across the three affected provinces, resulting in an overall case fatality rate (CFR) of 4.3%. Hadjer-Lamis Province accounts for 168 cases and 5 deaths (CFR: 3.0%), N'Djamena Province for 98 cases and 8 deaths (CFR: 8.3%), and Lac Province for 218 cases and 8 deaths (CFR: 3.7%). These CFRs remain significantly higher than the World Health Organization (WHO) emergency benchmark of less than 1%, highlighting persistent challenges related to early case detection, timely referral, and access to adequate treatment.

Although the outbreak remains concentrated in the currently affected provinces, the risk of further spread remains high. Population movements, trade activities, the mobility of nomadic communities, and livelihood-related displacement continue to facilitate the transmission of the disease both within the affected provinces and to neighbouring areas. The provinces of Kanem, Chari-Baguirmi, and Mayo-Kebbi Est are considered particularly vulnerable due to their geographical proximity and strong socio-economic links with the affected areas.

The risk of regional spread is also a major concern. Lac Province shares borders with Nigeria, Niger, and Cameroon, while N'Djamena maintains intensive daily exchanges with the Cameroonian city of Kousseri. The continuous cross-border movement of people and goods throughout the Lake Chad Basin increases the likelihood of sustained transmission, particularly as neighbouring countries are also experiencing cholera outbreaks.

The population estimated to be at risk within the affected health districts is approximately 2,511,608 people. The most vulnerable groups include children under five years of age, pregnant and lactating women, older persons, persons with disabilities, people living with chronic illnesses, and poor households with limited access to essential health, water, sanitation, and hygiene services. Internally displaced persons (IDPs) in Lac Province, mobile populations, fishing communities, and populations residing on the islands and shores of Lake Chad are particularly vulnerable due to their limited access to basic services and humanitarian assistance.

Limited access to safe drinking water, inadequate sanitation coverage, overcrowded living conditions, security constraints, and difficulties accessing remote locations, particularly in Lac Province, continue to facilitate cholera transmission. These factors justify the continuation of a multi-sectoral emergency response aimed at reducing morbidity, mortality, and the risk of the outbreak spreading to new geographical areas.

Source Information

Source Name	Source Link
1. SITREP-Choléra_022_du 08 au 09 juillet_2026_ (1)	https://ifrcorg.sharepoint.com/:b:/s/RdactionduDREFCholra/IQBKKaIYE3_IRYmVDBxRQ8yAAfXEeqDK8ZXPLvXKMNME6ac?e=gq5uth
2. Note N°2533/MSPP/SE/SG/COUSP/2026 du 15 juillet 2026	https://ifrcorg.sharepoint.com/:b:/s/RdactionduDREFCholra/IQD2QfvGKQD7T6f_UBBP8KfuATujmu-MRlRaB_qCpkTMBIQ?e=048oCh

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	No
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

This update reflects the evolution of the cholera outbreak and the expansion of transmission beyond the initially affected area. Since the approval of the DREF, the outbreak has spread from Hadjer-Lamis Province to N'Djamena and Lac provinces, with laboratory confirmed cases reported in additional health districts. Consequently, the geographical scope of the operation has been revised to include the newly affected provinces and districts where active transmission is ongoing.

As a result of the outbreak expansion, and to remain in compliance with the initially validated resources, the target population (124 300 people) has not changed. Approximately 14% of the population in each targeted health district (Karal, N'Djamena North, N'Djamena South, and Bol) will be covered by the DREF in order to remain in compliance with the initially approved target., prioritizing communities in active transmission areas and the most vulnerable groups.

No changes are proposed to the operational timeframe, or DREF allocation amount However, the operational strategy as well as adjustments have been made to certain budget lines (health-WASH-PGI, etc.) in order to respond to the new epidemiological developments and the redeployment of the National Society. Indeed, taking into account the reduction of activities in the Karal Health District, the focus on N'Djamena and Lac has led to adjustments in the overall plan to address the specific issues of each intervention area.

In terms of human and material resources, the reallocation of resources will be carried out as follows: the volunteers deployed in the Karal area at the beginning of the epidemic will be supported during the period covering their field activities, starting from mid-July for some volunteers in N'Djamena and September for those in Bol, and continuing until the end of the operation. As for the material resources, the various tools and kits validated within the framework of the operation will be deployed in the health districts of Karal, Bol and N'Djamena.

The operation will continue to focus on community-based surveillance, Risk Communication and Community Engagement (RCCE), Water, Sanitation and Hygiene (WASH) interventions, epidemic preparedness and response, and support to case management in coordination with the Ministry of Public Health and Prevention and Movement partners.

This update ensures that the operation remains aligned with the evolving epidemiological situation and geographical spread of the outbreak while maximizing the impact of the resources already allocated under the DREF.

IFRC Network Actions Related To The Current Event

Secretariat	The International Federation of Red Cross and Red Crescent Societies (IFRC) maintains a presence in Chad through its country delegation based in N'Djamena and provides direct support to the Chad Red Cross Society (CRCS) in responding to the cholera

	outbreak. The IFRC has participated in joint assessments conducted with the CRCS and Movement partners to analyse the evolving situation, identify priority needs, and define key intervention priorities. The IFRC has also mobilized a training consultant to strengthen the capacities of Chad Red Cross trainers on the Case Area Targeted Interventions (CATI) approach, as well as on the establishment and operation of oral rehydration points in affected areas. At the strategic level, the IFRC supports the National Society in coordinating with health authorities, Movement partners, and other response actors, including the World Health Organization (WHO), UNICEF, and the Health Cluster. The IFRC also supports the implementation, monitoring, and updating of the DREF operation. In addition, the IFRC is providing human resource support through the deployment of an operations Manager, while the deployment of a Public Health in Emergencies (PHIE) Surge is underway to further strengthen the technical capacity of the response. Technical support in the Water, Sanitation and Hygiene (WASH) sector is also being provided through a WASH Surge deployed by the Norwegian Red Cross under the Population Movement Appeal funded by the United Arab Emirates (UAE).
Participating National Societies	The French Red Cross (FRC) has been closely involved in the development of the DREF operation and remains the lead Partner National Society supporting the health component of the response. It also participated in the joint assessment mission conducted with the Chad Red Cross Society and other Movement partners to assess the situation, identify priority needs, and contribute to response planning. The Luxembourg Red Cross International Aid (LRCIA) participated in the first cholera response coordination meeting organized by the Chad Red Cross Society and continues to monitor the evolution of the situation in coordination with Movement partners.

ICRC Actions Related To The Current Event

- Probable support to the Chad Red Cross in first aid equipment and logistical support.
- Participation in the Red Cross and Red Crescent Movement meeting.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Following laboratory confirmation of the first cholera cases, health authorities responded rapidly by officially declaring the outbreak on 18 June 2026 and deploying a multidisciplinary team from the Public Health Emergency Operations Centre (PHEOC) to support coordination and implementation of the response. Two Cholera Treatment Centres (CTCs) were established, one in N'Djamena North Health District and the other in Lac Province, complemented by several treatment and rehydration units set up within hospitals and affected health districts. Seven technical sub-committees were established to coordinate the response:

	Coordination; Surveillance and Laboratory; Case Management; Logistics; Infection Prevention and Control (IPC)/WASH; Risk Communication and Community Engagement (RCCE); and Vaccination. The Chad Red Cross participates actively in all of these coordination mechanisms. The Government and its partners have made available 1,924,650 doses of Oral Cholera Vaccine (OCV) to support the implementation of preventive and reactive vaccination campaigns targeting populations at risk in affected areas. Risk Communication and Community Engagement (RCCE) activities, as well as Water, Sanitation and Hygiene (WASH) interventions, have been strengthened through the support of civil society organizations (CSOs), United Nations agencies, and humanitarian organizations involved in the response.
UN or other actors	Médecins Sans Frontières (MSF) WACA and MSF Holland support case management activities in Cholera Treatment Centres (CTCs), with assistance from Chad Red Cross volunteers who contribute to patient reception, referral, and community awareness activities. The World Health Organization (WHO) supports the Ministry of Public Health and Prevention in coordinating the response, strengthening epidemiological surveillance, enhancing laboratory capacity, improving health information management, implementing the Oral Cholera Vaccine (OCV) campaign, and deploying multidisciplinary technical teams. UNICEF supports Risk Communication and Community Engagement (RCCE) activities, the implementation of the Oral Cholera Vaccine (OCV) campaign, and Water, Sanitation and Hygiene (WASH) interventions in affected areas. Several Civil Society Organizations (CSOs) are also engaged in awareness-raising, community mobilization, and the promotion of hygiene practices among at-risk populations.

Are there major coordination mechanism in place?

The Ministry of Public Health and Prevention (MoPHP) leads the overall coordination of the cholera response through the Public Health Emergency Operations Centre (PHEOC), with support from the World Health Organization (WHO) and UNICEF. These partners also support sector coordination mechanisms, including the Health-WASH Cluster, which remains the primary coordination platform for outbreak response interventions.

Coordination meetings are held daily under the leadership of the Minister of Public Health to monitor the epidemiological situation, harmonize partner interventions, and support operational decision-making.

With the support of the IFRC and Partner National Societies, the Chad Red Cross Society (CRCS) plays a critical role in the community-level response. The National Society contributes to community-based surveillance, Risk Communication and Community Engagement (RCCE), and cholera prevention and control activities. The CRCS also serves as a key operational link between affected communities, health authorities, and response partners, facilitating alert reporting, community awareness, and the timely referral of suspected cases.

Needs (Gaps) Identified

Health

The cholera outbreak, initially concentrated in Karal Health District in Hadjer-Lamis Province, has expanded to N'Djamena and Lac provinces. While Karal was the original epicentre, active transmission is now predominantly occurring in Lac and N'Djamena, with Lac Province reporting the highest number of cases and the majority of recent notifications. This geographical expansion increases the risk of

further spread to neighbouring provinces and across borders within the Lake Chad Basin.

Despite ongoing response efforts, significant gaps remain in case management capacity. Strengthening Cholera Treatment Centres (CTCs), Oral Rehydration Points (ORPs), referral systems, and the availability of essential medical supplies remains critical to ensure timely treatment and reduce mortality.

Significant gaps remain in Risk Communication and Community Engagement (RCCE) across the affected provinces. Despite ongoing awareness activities, several high-risk communities, remote locations, and vulnerable populations still have limited access to timely and accurate information on cholera prevention, early detection, and available health services..

Important challenges also persist in epidemiological surveillance, including limited capacity for active case finding, case investigation, community-based surveillance, and sample transportation, particularly in hard-to-reach areas of Lac Province. Population movements and cross-border mobility further increase the risk of undetected transmission.

In addition, Infection Prevention and Control (IPC) needs remain significant. Enhanced household and health facility disinfection, increased availability of personal protective equipment (PPE) and IPC supplies, and continuous training of health workers and volunteers are required to reduce transmission and contain the outbreak effectively. Access constraints in remote areas, especially around Lake Chad, continue to hamper response efforts.

Water, Sanitation And Hygiene

Significant WASH gaps continue to drive cholera transmission in the affected provinces of Hadjer-Lamis, N'Djamena, and Lac. Access to safe drinking water remains limited, particularly among vulnerable communities, internally displaced persons (IDPs), and populations living in remote areas around Lake Chad. Inadequate household water treatment, storage, and handling practices further increase the risk of contamination.

Sanitation conditions remain poor, with open defecation still common due to insufficient sanitation infrastructure. There is a pressing need for emergency latrines, handwashing facilities, water treatment products, and hygiene items in communities, schools, health facilities, markets, and displacement sites Disinfection of contaminated water sources, Regular monitoring of residual chlorine at both water sources and household level, Disinfection of households of confirmed cases using an appropriate chlorine solution.

Low levels of hygiene awareness and preventive practices, combined with population movements, cross-border mobility, and difficult access to remote locations, continue to increase the risk of cholera transmission and geographical spread. These challenges highlight the need to scale up targeted WASH interventions, including safe water access, hygiene promotion, sanitation improvements, and community engagement activities in the most affected and high-risk areas.

Community Engagement And Accountability

Persistent rumours, misconceptions, and low risk perception continue to negatively influence health-seeking behaviours and the adoption of preventive measures. In addition, the absence of a robust community feedback mechanism limits the ability to systematically collect and address community concerns, perceptions, and barriers affecting the response.

There is also a need for additional community volunteers and culturally appropriate information, education, and communication (IEC) materials adapted to low-literacy populations. Expanding community engagement activities, strengthening two-way communication mechanisms, and improving community trust in health services remain essential to promote early care-seeking, increase the adoption of preventive practices, and reduce cholera transmission in affected communities.

Any identified gaps/limitations in the assessment

The assessment that informed this DREF operation was conducted during the early stage of the outbreak, when transmission was largely confined to Karal Health District in Hadjer-Lamis Province. Since then, the outbreak has expanded to N'Djamena and Lac provinces, which now represent the main areas of active transmission. However, no additional multisectoral assessments have yet been conducted in these newly affected areas. The specific information used to justify the expansion or modification of the plan comes from the reports of the local Red Cross committees, the weekly sitrebs, and the information shared at the cholera task force meetings chaired by the Minister of Health.

As a result, the current analysis of needs is primarily based on epidemiological surveillance data, situation reports from the Ministry of Public Health and Prevention (MoPHP), observations from response teams, as well as information collected by Chad Red Cross local committees and volunteers deployed within the affected communities. Consequently, the specific needs of some localities, particularly the islands and hard-to-reach areas of Lac Province, may not yet be fully documented.

Particular attention is required for the most vulnerable groups, including internally displaced persons (IDPs), communities living on the islands and shores of Lake Chad, nomadic and fishing populations, children under five years of age, pregnant and lactating women, older persons, and persons with disabilities, whose specific needs may not be fully reflected in the currently available information.

Additional assessments, together with strengthened community feedback mechanisms, will be required to further refine the understanding of needs and ensure that the response remains adapted to the evolving epidemiological situation.

Operational Strategy

Overall objective of the operation

Contribute to interrupting cholera transmission and reducing morbidity and mortality in the affected health districts through improved access to Water, Sanitation and Hygiene (WASH) services, strengthened community-based surveillance, and timely community-level case management for affected and at-risk populations.

Operation strategy rationale

The operational strategy was initially developed based on the findings of the joint assessment conducted by the Chad Red Cross (CRC), the French Red Cross (FRC), and IFRC, which identified significant gaps in Water, Sanitation and Hygiene (WASH), Infection Prevention and Control (IPC), Risk Communication and Community Engagement (RCCE), community-based surveillance, early case detection, and access to community-level cholera care.

Since the activation of the DREF, the outbreak has expanded from Karal Health District to the provinces of N'Djamena and Lac, which now represent the main areas of active transmission. As of 16 August 2026, a total of 484 cases and 21 deaths had been reported nationwide, with case fatality rates remaining well above the WHO emergency threshold of less than 1%. This evolution, combined with high population mobility and persistent challenges related to access to safe water, sanitation, and health services, justifies both the geographical expansion of the operation and the adaptation of the operational strategy.

The revised geographical areas will be supported through a reallocation of resources, taking into account the dynamics of the epidemic. A systematic focus will be placed on active responsibility areas. All other non-active areas will be minimally targeted in border localities adjacent to the active zones. The targets that will be counted will come from these areas based on the dynamics of the epidemic for a readjusted target population compared to the initial targeted population. Thus, we will observe non-significant changes in the initial population of the project (see readjustment of the target population).

Additionally, in its role as an auxiliary to public authorities, the National Society is a participant in the working group on epidemiological surveillance and, in this capacity, actively participates at the cross-border health district level in coordination meetings to monitor population movements. These activities strengthen the system through the establishment of cross-border teams that actively collaborate with sister National Society branches to ensure regular sharing of movements and cross-border events.

The updated strategy remains centred on an integrated public health approach built around the following key pillars:

1) WASH and IPC: Implementation of the Case Area Targeted Interventions (CATI) approach around suspected and confirmed cases, including household disinfection, hygiene promotion, household water treatment, environmental sanitation, and infection prevention and control measures.
2) Risk Communication and Community Engagement (RCCE): Mobilization of 150 community volunteers to conduct awareness-raising activities, address rumours and misinformation, promote preventive behaviours, and strengthen community feedback mechanisms in affected areas.
3) Community-Based Surveillance and Referral: Active case finding, early alert reporting, and rapid referral of suspected cases to health facilities to strengthen early detection and reduce community transmission.
4) Community Case Management: Establishment of eight Oral Rehydration Points (ORPs) in priority areas to ensure early administration of Oral Rehydration Salts (ORS) and timely referral of patients requiring advanced treatment.
5) Coordination and Operational Support: The Chad Red Cross continues to implement the operation under the leadership of the

Ministry of Public Health and Prevention, with technical and operational support from the IFRC, including the deployment of an Operations Manager, a Public Health in Emergencies (PHiE) Surge, and WASH technical support.

This approach complements the interventions of other response partners by focusing on critical community-level actions that are essential for rapidly interrupting transmission chains and reducing cholera-related mortality in the most affected areas.

Targeting Strategy

Who will be targeted through this operation?

The total population living in the nine health districts affected by cholera outbreaks is estimated at 2,511,608 people (Source: Sitrep 035). The geographical area targeted by the Chad Red Cross (CRC) through this DREF revision covers four health districts: Karal (Karal Health District), N'Djamena (N'Djamena North and N'Djamena South Health Districts), and Lac (Bol Health District), representing a total population of 891,704 people. Given the resources available, the operation will target 124,300 people, representing approximately 14 per cent of the population living in the four targeted health districts. Target figures and operational resources have been allocated according to the epidemiological situation, population density, vulnerability levels, and the intensity of cholera transmission observed in each district.

1) In Bol Health District, the operation will target 19,256 people out of a total population of 138,139 people. A total of 1,000 WASH kits and 3 PRO kits will be deployed, supported by 40 CATI volunteers, 32 ORP staff, and 1 supervisor.
2) In N'Djamena North Health District, 23,126 people will be targeted among a population of 165,900 people, with 1,000 WASH kits, 2 PRO kits, 56 CATI volunteers, 8 ORP staff, and 1 supervisor planned for deployment.
3) In N'Djamena South Health District, the operation aims to reach 64,591 people out of a total population of 463,365 people, supported by 400 WASH kits, 3 PRO kits, 54 CATI volunteers, 24 ORP staff, and 1 supervisor.
4) In Karal Health District, 17,327 people will be targeted among a population of 124,300 people, with 600 WASH kits and 1 supervisor allocated to support the planned activities.

Interventions will be implemented through a risk-based and transmission-sensitive approach, ensuring that resources are prioritized in areas with the highest epidemiological risk. Direct response activities will be concentrated in districts experiencing active transmission and will include the establishment and operation of Oral Rehydration Points (ORPs), community-based surveillance, active case finding, case investigation and referral, Water, Sanitation and Hygiene (WASH) interventions, household-level Infection Prevention and Control (IPC) measures, and intensive Risk Communication and Community Engagement (RCCE) activities.

Given the limited resources available under the operation, comprehensive response activities in Lac Province will be primarily concentrated in Bol Health District, which currently reports the highest burden of cholera cases in the province. In the remaining affected districts, as well as in neighbouring high-risk areas, the operation will focus on strengthening community-based surveillance, alert and early warning systems, hygiene promotion, and risk communication activities to enhance preparedness and reduce the risk of further spread.

This targeting strategy seeks to maximize the impact of available resources by focusing on locations exhibiting the highest levels of transmission and vulnerability, while maintaining essential prevention, preparedness, and early warning measures in areas exposed to the risk of outbreak expansion. The strategy also reflects the high level of population mobility within the affected provinces and the continued cross-border movements across the Lake Chad Basin, which remain significant factors in the transmission dynamics of cholera.

Particular attention will be given to the most vulnerable groups, including internally displaced persons (IDPs), mobile and nomadic populations, fishing communities, populations living on the islands and shores of Lake Chad, migrants, border communities, children under five years of age, pregnant and lactating women, older persons, persons with disabilities, and households with limited access to healthcare, safe water, sanitation, and hygiene services.

Chad Red Cross volunteers will be trained to identify, prioritize, and support the most vulnerable households to ensure equitable access to information, referral mechanisms, and humanitarian services delivered through the operation. Through an inclusive, community-centred, and accountability-driven approach, the operation will seek to reach populations most exposed to cholera while strengthening their resilience, preparedness, and capacity to prevent and respond to any further deterioration of the outbreak situation.

Explain the selection criteria for the targeted population

The selection of the target population is based on the evolving epidemiological situation, the vulnerability of communities, and the risk of cholera spread across Hadjer-Lamis, N'Djamena, and Lac provinces.

The operation targets 124,300 people, representing approximately 14 per cent of the population living in the health districts affected by the outbreak. Priority interventions will be implemented in districts reporting active transmission, with targeting guided by the Case Area Targeted Interventions (CATI) approach, focusing on households affected by suspected or confirmed cases, neighbouring households at risk, and communities located in transmission hotspots.

Given the limited resources available, direct response activities in Lac Province will be primarily concentrated in Bol Health District, while the other affected and high-risk districts will mainly benefit from community-based surveillance, early warning, hygiene promotion, and risk communication activities.

Particular attention will be given to the most vulnerable groups, including internally displaced persons (IDPs), mobile and nomadic populations, fishing communities, people living on the islands and shores of Lake Chad, children under five years of age, pregnant and lactating women, older persons, persons with disabilities, and households with limited access to health, water, and sanitation services.

Chad Red Cross volunteers will apply community-based targeting mechanisms to ensure equitable access to information, services, and referral pathways for the populations most at risk and most vulnerable.

Total Targeted Population

Women	62,274	Rural	-
Girls (under 18)	-	Urban	-
Men	62,026	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	124,300		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**Yes**
Does your National Society have prevention of sexual exploitation and abuse policy?	**Yes**
Does your National Society have child protection/child safeguarding policy?	**Yes**
Does your National Society have whistleblower protection policy?	**Yes**
Does your National Society have anti-sexual harassment policy?	**Yes**

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Propagation rapide de l'épidémie aux districts des provinces voisines (Chari Baguirmi, Mayo Kebbi Est et Kanem).	Strengthen community-based epidemiological surveillance, active case finding, risk communication and awareness-raising activities in high-risk areas and enhance coordination with neighbouring districts to ensure early detection and rapid response to new cases.
Increased mortality due to delayed healthcare-seeking behaviour.	Intensify Risk Communication and Community Engagement (RCCE) activities, promote early referral of suspected cases, and establish community Oral Rehydration Points (ORPs) to facilitate timely access to treatment and reduce the risk of severe dehydration and death.
Insufficient health facility capacity in the event of a major outbreak escalation.	Pre-position health supplies, including WHO peripheral cholera kits, train volunteers, support the expansion of community-based case management capacities, and strengthen referral mechanisms for suspected and severe cases.
Limited access to safe drinking water, non-functional water points, inadequate sanitation coverage, and persistent open defecation.	Scale up water chlorination activities, rehabilitate damaged and non-functional water points, promote hygiene practices, and implement community sanitation and environmental clean-up campaigns to reduce the risk of cholera transmission.
Security and access constraints (Lake Chad islands).	Maintain regular security monitoring, coordinate field movements with local authorities, and adapt operational planning and deployment strategies according to access conditions and the evolving context.

Please indicate any security and safety concerns for this operation:

No major security incidents have been reported in the main intervention areas. However, in Lac Province, the presence of non-state armed groups (NSAGs) and access constraints to certain locations, particularly islands and hard-to-reach areas during the rainy season, may affect the implementation of activities and the movement of teams.

The main safety risk for staff and volunteers remains exposure to cholera during community-based activities. Population movements within the Lake Chad Basin also increase the risk of disease spread and may complicate surveillance and response activities.

To mitigate these risks, the Chad Red Cross will apply its security procedures and Infection Prevention and Control (IPC) measures, including the use of personal protective equipment (PPE), security briefings prior to deployments, and close coordination with local authorities, health authorities, and relevant security actors throughout the operation.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Health

Budget: CHF 73,111
Targeted Persons: 124,300
Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of functional Oral Rehydration Points (ORPs)	8	1
# of volunteers trained in cholera case management	64	32
# of ORPs supplied with essential commodities	8	1
# of investigations conducted (reported alerts)	500	0
# of volunteers trained in Community-Based Surveillance (CBS)	218	107
% of CBS volunteers reporting on time (target 100%)	100	0
% of alerts investigated within 48 hours (≥ 90%)	90	0
# of sprayers distributed	20	20
Percentage of true alerts reported within 24 hours (90%)	90	0

Progress Towards Outcome

Health activities commenced with the strengthening of Chad Red Cross volunteers' capacities to effectively support the national cholera response. As part of these efforts, 32 volunteers were trained on the establishment and management of Oral Rehydration Points (ORPs), leading to the installation of the first ORP in N'Djamena's 1st District. The Ministry of Public Health and Prevention supported the training through the deployment of a technical officer.

The National Society further strengthened its operational readiness through an online briefing for 10 trainers on the Case Area Targeted Intervention (CATI) approach and ORP management. Building on this capacity-development effort, 75 additional volunteers were trained on the CATI approach with technical support from the Ministry of Public Health and Prevention and the World Health Organization (WHO). WHO deployed two technical experts to facilitate several training modules, while the Ministry assigned one technical officer to support both the CATI and ORP training sessions.

As a key auxiliary to the public authorities in the humanitarian field, the Chad Red Cross played an active role in supporting and promoting the national cholera response. In this regard, the President of the Chad Red Cross participated alongside the Minister of Public Health and Prevention in the official launch of the Oral Cholera Vaccination (OCV) campaign in Lac Province. This high-level engagement reaffirmed the National Society's commitment to supporting government efforts to reduce cholera transmission and strengthen community protection in the most affected areas.

To support the national cholera response, 18 Chad Red Cross volunteers were deployed to cholera treatment facilities, where they contributed to infection prevention and control efforts and supported the disinfection of more than 1,000 households exposed to the risk of transmission. In addition, 15 volunteers were deployed to Farcha Peace Hospital in N'Djamena to support the preparation of chlorinated solutions and reinforce Infection Prevention and Control (IPC) measures within the health facility.

Considering the persistent gaps in Risk Communication and Community Engagement (RCCE) in the affected provinces, the CRT is planning actions in collaboration with other involved actors to strengthen community awareness about risks in order to stop the chain of contamination. These actions are planned and coordinated with the risk communication and community engagement working group established by the government. The overall approach is based on the CATI Framework.

Water, Sanitation And Hygiene

Budget: CHF 102,131
Targeted Persons: 25,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of water points regularly treated	50	0
# of people benefiting from improved access to water	3,000	0
# of households receiving WASH kits	3,000	0
# of handwashing facilities installed	16	6
# of people reached with hygiene promotion and awareness activities	30,000	0
# of latrines constructed	16	2
# of waste bins installed	10	2
# of sanitation campaigns conducted	8	0

Progress Towards Outcome

Regarding WASH activities, two emergency latrines were constructed at the first Oral Rehydration Point (ORP). In addition, two waste bins and two handwashing stations were installed to strengthen hygiene, sanitation, and infection prevention measures at the site.

Protection, Gender And Inclusion

Budget: CHF 12,959
Targeted Persons: 25,000
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers trained on Protection, Gender and Inclusion (PGI)	218	109

% of complaints/feedback addressed and resolved (≥ 90%)	90	0
# of people reached with Protection, Gender and Inclusion (PGI) activities of people reached with Protection, Gender and Inclusion (PGI) activities	25,000	0

Progress Towards Outcome

As part of the integration of Protection, Gender and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA) into the operation, 107 volunteers and 2 supervisors were briefed on these topics prior to their deployment. The 107 volunteers included those trained on the Case Area Targeted Interventions (CATI) approach (75 volunteers) and those trained on the establishment and operation of Oral Rehydration Points (ORPs) (32 volunteers) in N'Djamena. These sessions helped strengthen participants' knowledge and capacities to ensure that response activities are implemented in an inclusive manner, while respecting protection principles and addressing the needs of the most vulnerable groups.

Community Engagement And Accountability

Budget: CHF 13,440
Targeted Persons: 124,300
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers trained and deployed	218	0
# of people reached through awareness-raising activities	124,300	1
# of volunteers provided with flipchart communication kits (image boxes)	218	0
% of community members who know how to provide feedback on the operation	80	0
% of community feedback responded to and/or acted upon.	100	0
# of community engagement and participation meetings conducted.	12	0
# of community feedback collected and documented during the operation	450	0

Coordination And Partnerships

Budget: CHF 0

Targeted Persons: 231
Targeted Male: 1
Targeted Female: 1

Indicators

Title	Target	Actual
# of activity coordination meetings organized (1 per week)	48	19
# of supervision/monitoring missions conducted	6	2
# of Situation Reports (SitReps) produced	15	3
# of workshops organized	1	1

Progress Towards Outcome

A Cholera DREF launch workshop was organized with the participation of the IFRC, the ICRC, and Partner National Societies to present the operation, share its objectives, and strengthen Movement coordination.

The Chad Red Cross actively participates in the coordination mechanisms of the cholera response, including the daily coordination meetings chaired by the Minister of Public Health and Prevention and the weekly Health Cluster meetings held every Thursday. With IFRC support, a daily Red Cross and Red Crescent Movement coordination meeting has also been established to ensure activity monitoring and information sharing among Movement partners.

In addition, a weekly Situation Report (SitRep) is produced and shared with Movement partners and external stakeholders to provide updated information on the evolution of the outbreak and the response activities carried out by the Chad Red Cross.

Secretariat Services

Budget: CHF 70,467
Targeted Persons: 235
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
monitoring mission	4	1
# volunteers insured	218	0
# SURGE deployed for PHIE for 2 months	2	1

Progress Towards Outcome

A joint monitoring visit was conducted by the Chad Red Cross and the IFRC to the first Oral Rehydration Point (ORP) established in N'Djamena to assess its functionality and identify any improvement needs. In addition, an Operations Manager Surge has been deployed by the IFRC to strengthen operational coordination and monitoring of the response. The deployment process for a Public Health in Emergencies (PHiE) Surge is also underway to provide additional technical support to the operation.

National Society Strengthening

Budget: CHF 102,892
Targeted Persons: 235
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# Of technical and strategic monitoring	8	2
#LESSON LEARNT workshop organised and documented	1	0
#volunteers and staff with duty of care	230	0

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

As part of this operation, the Chad Red Cross is mobilizing 214 volunteers and 4 supervisors to implement community-based cholera response activities. The intervention is based on the Case Area Targeted Interventions (CATI) approach, which aims to rapidly interrupt transmission around suspected and confirmed cases through a combination of community-based surveillance, active case finding, referral to health facilities, risk communication, and WASH interventions.

To date, 75 volunteers have been trained on the CATI approach with technical support from the Ministry of Public Health and Prevention (MoPHP) and the World Health Organization (WHO) and deployed in the affected districts of N'Djamena. In addition, 32 volunteers were trained on the establishment and operation of Oral Rehydration Points (ORPs), leading to the installation of the first ORP in N'Djamena's 1st District. These volunteers support community awareness activities, early case identification, early administration of oral rehydration salts, and timely referral of patients to treatment facilities.

Deployed volunteers have also supported Infection Prevention and Control (IPC) activities, including the disinfection of more than 1,000 households around reported cholera cases and support to health facilities in the preparation of chlorinated solutions. In addition, 107 volunteers and 2 supervisors received briefings on Protection, Gender and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA) prior to deployment.

These actions are contributing to strengthened early case detection, improved access to essential cholera prevention and treatment services, and reduced transmission risks within affected communities.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Chad Red Cross volunteer network broadly reflects the cultural and linguistic diversity of the communities targeted by the operation, as many volunteers originate from the affected areas and are familiar with local customs and languages. To strengthen inclusiveness, the operation will promote the participation of both female and male volunteers, with particular attention to increasing the involvement of women in community outreach, awareness raising, surveillance, and referral activities. Volunteers will be trained on community engagement, gender and inclusion, and protection principles to ensure that the specific needs of women, children, older persons, persons with disabilities, internally displaced persons, and other vulnerable groups are adequately considered. Community leaders and local stakeholders will also be engaged to ensure that the response remains culturally appropriate, inclusive, and accessible to all affected populations.

Will surge personnel be deployed? Please provide the role profile needed.

To strengthen operational coordination and ensure the effective implementation of the response, the IFRC will mobilize for two months two surge resources: a Public Health in Emergencies (PHiE) specialist and an operations Manager. These deployments will support the overall coordination of the DREF operation, including operational planning, monitoring, management, and reporting. The surge personnel will work closely with the Chad Red Cross, health authorities, and operational partners to ensure that interventions are aligned with the national cholera response strategy, strengthen coordination mechanisms, and ensure consistency across all response pillars.

In addition, through funding provided under the Population Movement Emergency Appeal supported by the United Arab Emirates, the Norwegian Red Cross plans to deploy a Water, Sanitation and Hygiene (WASH) surge specialist to provide technical support for the design, implementation, monitoring, and evaluation of WASH interventions. This resource could be mobilized in support of activities under this DREF operation, particularly to strengthen the National Society's capacity to improve access to safe water, reinforce sanitation infrastructure, promote good hygiene practices, and implement Infection Prevention and Control (IPC) measures. The specialist will also contribute to strengthening community-based cholera prevention and control activities in both affected areas and locations identified as being at high risk.

If there is procurement, will it be done by National Society or IFRC?

Procurement activities under this operation will be primarily carried out by the Chad Red Cross, with technical support and oversight from the IFRC, in accordance with the Movement's procurement procedures and regulations.

The majority of procurement will be conducted through local suppliers in order to ensure the timely availability of response items and to support local markets. The items to be procured include WASH kits, water treatment products, personal protective equipment (PPE), disinfection supplies and equipment, community-based surveillance materials, and communication and awareness-raising tools.

However, for specialized equipment or when the required items are not available on the local market in adequate quantities or at the required quality standards, IFRC support may be requested to facilitate procurement through regional or international suppliers, in line with applicable procurement procedures and regulations.

How will this operation be monitored?

Monitoring of the operation is carried out through regular field supervision visits, activity reports from volunteers and supervisors, community feedback mechanisms, and data collected across the intervention areas. Monitoring is coordinated by Chad Red Cross Headquarters with support from local branches, the IFRC, and the PMER team.

Since the launch of the DREF operation, a joint monitoring visit was conducted by the Chad Red Cross and the IFRC to the first Oral Rehydration Point (ORP) established in N'Djamena to assess its functionality and identify any improvement needs. The Chad Red Cross

also actively participates in response coordination mechanisms, including the daily coordination meetings organized by the Ministry of Public Health and Prevention and the weekly Health Cluster meetings.

The quality and monitoring of the operation are further strengthened through IFRC technical support, including the deployment of an Operations Manager, while the deployment process for a Public Health in Emergencies (PHiE) Surge is underway. Regular monitoring reports, including a weekly SitRep, are produced to document progress, challenges, and any adjustments required during implementation.

Please briefly explain the National Societies communication strategy for this operation

The Chad Red Cross maintains regular communication throughout the operation to support response coordination and accountability to affected populations. A dedicated WhatsApp group, daily operational follow-up meetings, and weekly SitReps (three produced and shared to date) facilitate information sharing among response stakeholders.

A cross-border coordination meeting involving Cameroon, the Central African Republic, Niger, Nigeria, and Chad was also organized with IFRC support to strengthen information sharing and regional coordination.

External communication is primarily delivered through Risk Communication and Community Engagement (RCCE) activities implemented by volunteers. Community feedback mechanisms are also being established to collect concerns, rumours, and suggestions from communities and ensure that the response is adapted accordingly.

Budget Overview

IFRC

DREF OPERATION

MDRTD026 - Croix-Rouge du Tchad
Cholera outbreak - 2026

Operating Budget

Planned Operations	**201,641**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	73,111
Water, Sanitation & Hygiene	102,131
Protection, Gender and Inclusion	12,959
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	13,440
Environmental Sustainability	0
Enabling Approaches	**173,359**
Coordination and Partnerships	0
Secretariat Services	70,467
National Society Strengthening	102,892
TOTAL BUDGET	**375,000**

all amounts in Swiss Francs (CHF)

Internal 9/3/2026 #V2022.01

Click here to download the budget file

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Click here for the reference